

Integrated workforce thinking

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Partners



About us

NHS Employers is the employers' organisation for the NHS in England. We support workforce leaders and represent employers to develop a sustainable workforce and be the best employers they can be. We also manage the relationships with NHS trade unions on behalf of the Secretary of State for Health and Social Care.

Historical context

In 2022, NHS Employers, Skills for Care, and Partners in Health and Care (a partnership of the LGA and ADASS) came together to develop a guide to support people in understanding how they can best integrate their workforce and services to provide better and more joined up person-centred care. The guide supported the move toward integrated working following the formal establishment of the 42 Integrated Care Systems (ICSs) on 1 July 2022, under the Health and Care Act 2022.

Since then, significant changes have taken place, particularly affecting Integrated Care Boards (ICBs), which have faced a 50 per cent reduction in their headcount following the government's March 2025 announcement. As part of this restructuring, some ICBs have been merged and clustered with 27 ICBs now remaining with a responsibility for strategic commissioning. This means that the way ICBs operate including the four purposes of the ICBs to improve health outcomes, reduce inequalities, boost efficiency, and support wider social and economic development will change.

The publication of the 10-year health plan in July 2025, champions the shift from the current model of care in the NHS to a more neighbourhood and community driven approach. This shift relies upon integrated working and teams coming together across health and social care to provide good person-centred care.

We, therefore, believe that the tips, guidance and good practice we established in 2022 on how to integrate your workforce will still be valuable for people who are moving towards a more neighbourhood-based model.

While we've streamlined some of the content, we've retained the most useful and practical insights to support colleagues

navigating this transition.

For more information on neighbourhood working, read [The case for neighbourhood health and care on the NHS Confederation website](#).

Read the [Skills for Care position statement on integration and access further resources, including What's happening with integrated working right now and Why integrated working matters for social care](#).

About this guide

This guide provides tips and insight to multi-system leaders and others who work in health and care. It aims to help them plan for and achieve a whole workforce that supports the prevention, health and wellbeing needs of their local population.

It is aimed at those who are responsible for integrated workforce thinking across health and social care.

It has been produced in partnership with NHS Employers, Skills for Care (SfC), and Partners in Care and Health, which is a collaboration between the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS).

This guide will help you to:

- understand what is meant by integrated workforce thinking across systems and how it can support the development of integrated workforce plans
- understand what data helps inform a good integrated workforce plan
- learn from examples and tips that have had success with integrating their workforces to deliver better care across their systems
- find external resources on integrated workforce planning.



What is integrated workforce thinking?

Integrated workforce thinking is about partners across the health and social care working collaboratively to understand population health needs and local priorities, so they can plan for a workforce that delivers joined-up, person-centred care tailored to their communities. This means thinking locally and understanding what people need in their own neighbourhoods and making sure the workforce is shaped around those needs.

However, integrated workforce thinking is more than just about bringing together what different organisations are already doing; it recognises the complexity of the health and social care, the challenges, and the need to build on strengths so that new and creative solutions can be formulated through joint working.

Neighbourhood working plays a vital role by focusing on smaller, local areas. By concentrating on these neighbourhoods, partners can build stronger relationships, respond more quickly to local issues, and make better use of community assets like local groups, trusted spaces, and the knowledge of individuals.

Current workforce capacity pressures mean that new ways of working will be paramount to delivering health and social care across our communities. Building relationships across partners within neighbourhoods at place, where there is a shared understanding of each organisation's strengths, is key to successful future delivery.

Neighbourhoods are where people experience community and care first-hand, engaging in passions to support them in living and ageing well, and accessing care and support, whether it's through their GP, a local support group, third sector, a social worker or

community nurse. Integrated workforce thinking helps bring these services together.

Successful workforce integration provides a positive experience for people who draw on care and support. This is achieved when health, social care, mental health, primary care, voluntary sector, unpaid carers and local partners come together, to ensure that people in their communities are always at the centre of their care in the context of their whole lives.

This joined-up way of working is achieved through leaders building strong relationships together to create a culture and workforce that champions integration and the opportunities that it provides for both the people who draw on care and the workforce that delivers it.

Integrated thinking should always ensure that the person-centred principles of autonomy, choice, self-determination, freedom, and responsibility are at the forefront of every decision made for the delivery of care.

Any service redesign that leads to workforce reorganisation or reskilling should be grounded in population health insights and a commitment to person-centred care. This approach is strengthened by considering the wider social and environmental factors that shape health, such as employment, and housing, as well as recognising the strengths, talents, and assets of individuals and communities.

Personalised care means that people have the resources and information to look after their own health, as well as having control over the way that their care is planned and delivered when needed. Preventative support to maintain the wellbeing and independence of individuals in the community must also play a part in decisions made about use of resources. These person-

centred principles will help people live the lives they choose based on what matters to them.

Neighbourhood teams are often best placed to offer this kind of support because they understand the local context and can build relationships that last.

For example, a person living with dementia, a learning disability or autism should be empowered to make decisions about their own care, based on what matters to them. Care and support plans should be created with the individual, their representative, where appropriate, and support from a health or social care professional, so they can make decisions about their care. Through doing this, staff have an instant understanding of what care and support that person needs, as well as learning about their life and what matters to them in their care. The individual then has confidence that they are going to get access to the best care for them, which continues to promote their choice and independence.

Changing the way multi system teams work and think to become more integrated can be a challenge at first. However, understanding what each sector can bring can significantly improve outcomes for people in our communities and the experience and opportunities for the workforce.

Neighbourhood working makes this change feel more achievable because it starts with people, places, and relationships that already exist. It's about building on what's strong locally, not just fixing what's wrong.

Checklist of readiness

This checklist will help to ensure partners are aligned and have a clear shared purpose, vision and agreement on the outcomes they wish to achieve together.

Checklist of readiness

Understanding the vision

- Begin with a clear joint statement about the vision, purpose and priorities of the system transformation.
- Consider what organisations need to be involved to deliver that vision and priorities.
- Consider involving those who draw on health and care services and their carers in developing the vision and priorities.
- Do you have a timeframe for delivery?
- Ensure you have a collective definition of 'workforce' that is shared and understood, and which includes both registered and non-registered professionals, service areas and statutory and independent workforce. This will give a complete picture of the total workforce across the system, to make best use of your resources.

Who needs to be involved

- Consider appointing someone who has the capability and capacity to develop an integrated workforce plan, implementing it and monitoring delivery.
- Do you have leaders and champions who are willing and open to challenge themselves to work in different ways and provide the leadership to inspire others to do the same?
- Consider who the right people are to be involved in developing the plan so that it is co-produced. Include staff groups from the public, private, voluntary and community sectors and their trade union representatives.
- Identify who from each external organisation you need to engage in the process of development.
- Ensure to source people with lived experience to engage in the plan.

Developing an integrated workforce plan

- Do you have a project plan that sets out how you will develop an integrated workforce plan in line with your system or place-based vision?
- Do you have someone who can project manage the process? Do you need to fund external expertise?
- Do you have access to data, evidence and insight that enables you to undertake a current assessment of supply and demand and anticipate future demand?
- Consider what external influences may impact the delivery of the plan.
- Do you have allocated funding to enable implementation of the plan?

Top tips for integrated workforce thinking

We have pulled together a series of top tips from a range of people across health and social care with some experience of integrating their workforce thinking.

Governance

It is important that the people responsible for integration set out governance arrangements to ensure collaborative working across multi-system teams.

1. Agree and model the behaviours of integrated thinking and working.
2. Set and agree a transparent framework and system governance that incorporates risk share and clear ownership.
3. Think about how to incorporate checks and challenges to ensure agility in the process.
4. Do not overcomplicate decision-making. Agree how you will prioritise as a team by concentrating on something that is important to everybody, for example, getting people home.

5. Consider pooling funding to bring in external expertise, to maximise resources to achieve the desired outcomes.
6. Consider identifying a cross-sector project team to lead development of the thinking and planning.
7. Consider how digital solutions such as virtual wards and digital care plans can support the development and implementation of the workforce plan.

Changing cultures

Culture is an integral part of establishing an integrated working environment. Historically, people and organisations have often been working in silos, so culture change must be addressed from the offset when beginning to integrate workforce thinking.

Everyone needs to invest time in creating a culture to support integration across services. To help systems, we have identified Six ways to create a culture for integration:

1. Be prepared to experiment and learn together by having a test-and-learn mindset.
2. Have a clear shared vision of the aims that your multi system team wants to achieve.

3. System leaders need to set the tone by fostering a shared sense of belonging and holding systems to account.
4. Get to know each other and understand each other's worlds. You will need to understand each other's knowledge and perspectives to be successful.
5. Use data on population health to facilitate conversation and prompt discussion.
6. Bring people together from different health, care and the community to share challenges and strengths.

For further information, read our [Six ways to create a culture for integration](#).

Communication

Communication is key to developing a shared understanding of what an integrated working looks like. We are all new to this way of working so it is important that learning is shared continuously.

1. Communicate across the multi system team and its partners at every stage of the process, internally and externally.

2. Celebrate success and share learning from what has worked locally, within the system and nationally.

Data

Data is crucial to integrating workforce thinking, to provide a shared understanding of the challenges across systems.

1. Ensure a clear understanding of the current and future health, care and support needs of your local population through [Projecting Older People Population Information \(POPPI\)](#) or [Projecting Adult Needs and Service Information \(PANSI\)](#).
2. Identify where the local workforce demographics can be obtained and analysed along with any other complementary data sources, such as the [Office of National Statistics](#), [ESR system](#), [NHS Digital](#), [Workforce Disability Equality Standard \(WDES\)](#), [Workforce Race Equality Standard \(WRES\)](#), [NHS Staff Survey](#) and the [Adult Social Care Workforce Data Set \(ASC-WDS\)](#).
3. Consider having a data lead to collect information and share across all partners within the system.

4. Demonstrate how data analysis has informed any decisions, and particularly potential biases of the data sets, to ensure any data gaps. For example, make sure geographical or ethnic indicators are noted and considered during decision-making.

On [Skills for Care's workforce intelligence website](#), you'll find lots of information, reports and data about the adult social care sector and workforce. This includes insights about recruitment and retention, pay, qualifications, workforce demographics and much more. You can find information broken down nationally, regionally and more locally, including at local authority level.

Data and integration



Every day, information and data are used to inform decision-making across health and adult social care in England. Workforce leads, local authorities, and multi system teams use data to gain insight on the local labour market; future demand for care and support services in

their areas; and trends and patterns in workforce issues such as turnover and pay rates. System leaders need to know their market and the workforce that supports it to help shape it. At a strategic level, data is essential to gain a shared understanding of challenges and opportunities.



True integration and genuine person-centred care and support is underpinned by collecting and sharing this data effectively. A health and social care system where someone can access high-quality care and support is reliant on data being accessible, accurate,

reliable, and readily available between sectors and organisations.



Integrated workforce planning presents both the opportunity of thinking across the whole system, as well as the challenge of bringing incomplete and distinct data systems together across different partner organisations. If comprehensive, accessible and robust

data flows support informed decisions, then standardisation is needed in the collection, full sector(s) coverage and interoperability of data architecture. This will give decision-makers a more complete picture of local needs and therefore more certainty on potential outcomes when planning for population health or workforce requirements.



Data collection and reporting for adult social care providers is currently not as accessible as it is for health, and at present, there is no central data set combining health and social care workforce information. However, the adult social care workforce data set

collects information from around 20,000 social care providers, offering an overview of the adult social care workforce in England. NHS workforce data is held in the ESR system, Office of National Statistics, POPPI or PANSI, NHS England, WDES, WRES, and the NHS Staff Survey (see resources section below).

Facilitated discussions about data, evidence and insight help to forge connections and trust between partners as well as generate a shared narrative.

Further resources

- [Using AI to transform wound care in the community](#)
- [Be well, care well](#)
- [Building Bridges](#)
- [Supporting integrated working through blended roles](#)
- [One Devon](#)
- [Delegated healthcare activities in action](#)
- [Digitisation in neighbourhood health: the key to true integration](#)
- [How my role as a trusted assessor supports integrated working](#)

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