Health Education England

Integrated Care Systems: Guidance on the HEE and ICS Relationship

Version 1, November 2021

HEE may update this Operating Model during the 2021/22 transition year as the Health and Care Bill passes through Parliamentary stages to Royal Assent; as ICSs move towards statutory status and as NHSE&I guide that process and develop their Operating Model. We will engage with ICSs and other stakeholders and partners to continuously improve this guidance. This guidance forms part of a suite of documents making up our Operating Model.

Contents

Introduction

We have developed our Operating Model in response to the changes to the health and care system set out in the Health and Care Bill; in particular to the development of statutory Integrated Care Systems (ICSs). Our Operating Model sets out how our business will be delivered through our national and regional teams. Our Regions will lead our collaborative relationship with ICSs. ICSs are positioned as the default system level through which we will conduct our business.

Our Operating Model is designed to ensure that we in HEE enable ICSs to plan and deliver joined up services for their local populations and to improve population health. It is also designed to enable ICSs to collaborate with us in delivering:

- our primary duty to secure an effective system for the planning and delivery of education and training of healthcare workers;
- our duties relating to continuous improvement in quality of education and training, and health services; and
- our postgraduate medical and dental education provider responsibilities.

This guidance is part of the suite of documents making up our Operating Model. Its prime purpose (in Part 2) is to describe the key areas of activity in which ICSs and HEE will work together. These areas of activity are categorised according to the 10 ICS People function outcome areas that NHSE&I have stated ICSs are expected to deliver, as set out in Building strong integrated care systems everywhere: guidance on the ICS people function Version 1, August 2021.

Part 1 describes an integrated 'all levers, all levels' planning framing which describes how workforce planning can be integrated with population health and service and financial planning; which is positioned in the ICS People function guidance (p10) as a significant role for ICSs, regional and national teams. This enables the key areas of workforce and education activity in which HEE and ICSs will work; along with other activity to be framed as it relates to system goals and service need.

We look forward to building on this guidance in our work with ICSs over the implementation period to statutory change, and beyond.

Dr Navina Evans CBE
Chief Executive

David Farrelly
Chief Operating Officer

Part 1: Integrated Planning

In our role relating to ICS People Function Outcome area 9 'Leading coordinated workforce planning using analysis and intelligence' (*also see p10, Appendix 1*); we will:

- support understanding of workforce planning and its elements within service planning architecture;
- help consider how developing ICS governance and planning infrastructure best enables integrated population health, service and workforce planning;
- support workforce planning as part of statutory or mandated service planning (eg annual, multi year); and
- enable ICS and wider stakeholder engagement in longer term strategic workforce planning (including HEE's Strategic Framework development) and support maximising interventions which demonstrate benefit over different timeframes

Integrated planning seeks to set out how workforce planning can best be integrated with population health, service and financial planning. Currently, planning takes place at different spatial levels (eg provider, place, ICS, region, national); over different timeframes (eg in-year, annual, multi-year) and through different lenses of eg place, programme, pathway, profession. The 'levers' in/for these planning units are held by different and disparate parties involved in strategy, planning, delivery, improvement and oversight. Triangulating workforce demand and supply in and across these units; 'all levers, all levels' to make decisions about what interventions will be carried out to meet supply requirements is necessary to ensure as comprehensive a set of solutions as possible.

Statutory ICSs in collaboration with regional and national teams (primarily of NHSE&I and HEE) have a unique opportunity to align and coordinate planning and delivery of service activity and development, workforce and finance to meet population need across these levers. The Health and Care Bill includes (proposed) statutory duties on Integrated Care Boards (ICBs) to undertake annually updated five-year health service planning (s14Z50); and on Integrated Care Partnerships to develop a health and care strategy to meet local population need (s20(4)).

Our integrated planning framing set out below (*Fig 1, version developed for ICSs*) is designed to enable:

- A consistent description and scope of workforce planning in health and care;
- Integration of workforce planning with planning for population health, finance and service;
- Transparency of each of the different elements of workforce planning and relationships between those elements, including the intervention 'levers' held by disparate parties;
- *Coordination* and *governance* in/of the different elements to enable development, implementation and monitoring of an 'all levers, all levels' action plan with feedback loops back into the planning system (A and B in Fig 1 below); and
- Framing the areas of activity we and other parties will carry out in partnership with ICSs.

Fig 1, Integrated Planning:

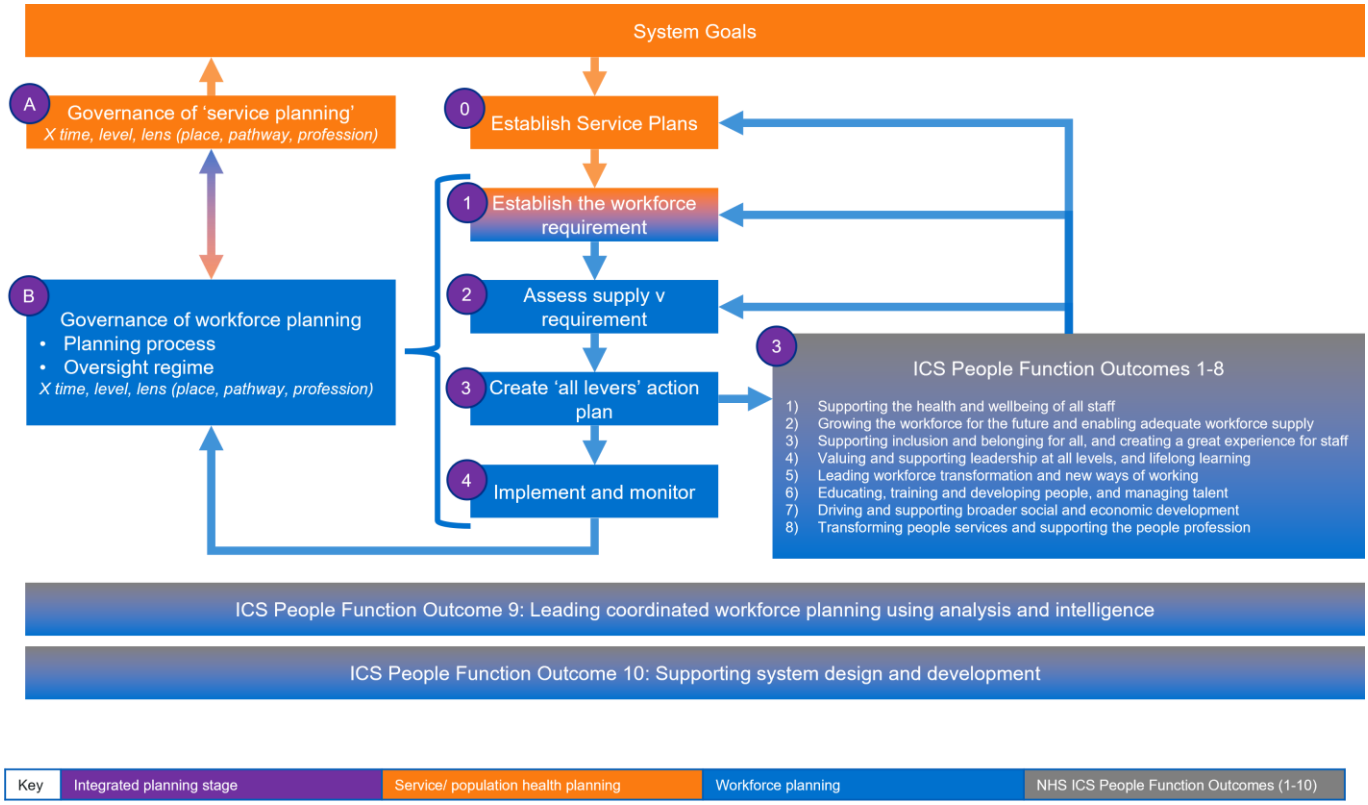

Fig 1. is based on the 'six step' integrated workforce planning methodology (*as developed by Skills for Health*) which broadly comprises the following elements:

- Define the system goals;
- Establish 'service' plans (this step may include identifying longer term population health need, as well as nearer term service planning with clearer financial and activity expectations (Box 0)
- Establish required workforce to deliver the 'service' plans (demand requirement – Box 1);
- Assess workforce supply against the demand requirement using supply and demand modelling (Box 2);
- Create an 'all levers, all levels' action plan; coordinating workforce interventions (including service and workforce redesign; best employer actions; future workforce supply actions) (Box 3); and
- Implement the action plan; monitor and refresh; including feedback into the planning system (Box 4).

Framing 'workforce planning' in the comprehensive integrated planning framing in *Fig 1*, expands it beyond the more usual definition of the intelligence and analysis function used to undertake workforce demand and supply modelling (boxes 1, 2, column 2, *Fig 1*).

The key areas of activity in which HEE and ICSs will work together can be framed alongside activity with other partners and stakeholders in the integrated planning framing. These are covered in more detail in Part 2 below.

Part 2 – Key Areas of Activity in which HEE and ICSs will work together

The key ICS People Function Outcome areas in which HEE and ICSs will collaborate are:

- 2. Growing the workforce for the future and enabling adequate workforce supply
- 5. Leading workforce transformation and new ways of working
- 6. Educating, training and developing people, and managing talent
- 9. Leading coordinated workforce planning using analysis and intelligence

Fig 2 below summarises the main areas of work activity against these key functions.

It is important to note that HEE work activity directly or indirectly links to all 10 functions. We have therefore included a 'link' column to other ICS People Function Outcome areas. Three particular areas to note are:

- Postgraduate medical and dental education. We provide PGMD education to regulatory requirements; and are responsible for national medical workforce planning and distribution including expansion targets. Doctors and dentists in training, and educators are (primarily) employed in service and make up an important element of the employed ICS workforce, contributing to service delivery. Work in relation to these groups will link to all 10 ICS People Function outcome areas;
- All clinical learners. We are responsible for quality assurance of learning environments and placements. This may involve identifying elements relating to other ICS People function outcome areas in areas of improvement.
- Increasingly, we are developing and delivering work activity to support widening access and participation into health and care careers; equality and diversity; and learning in a compassionate and inclusive environment. This work relates to ICS People Function outcome area 3: Supporting inclusion and belonging for all; and creating a great experience for staff; and 7: Driving and supporting broader social and economic development.

Fig 2

ICS People Function Outcome area	HEE and ICS Work Activity	Link ICS People Function Outcome area(s)
2. Growing the Workforce for the Future and enabling adequate workforce supply	ICS Education and Training Planning	4-10
	ICS Education and Training Governance, Engagement and Partnerships	6; 7; 9; 10
	ICS Education and Training Infrastructure including Primary Care Training Hubs	6; 8; 9; 10
	Postgraduate Medical and Dental Education	(all)
	Clinical Education Commissioning	(all)
	Quality assurance of clinical learning environments	(1; 3; 4; 5; 6; 9; 10)
	Delivery of supply expansion commitments	1; 9
	Widening access and participation including technical education reform (eg apprenticeships, T-levels)	3; 7; 9
	Global learning including partnerships	1; 3; 5; 6; 7; 9; 10
	Clinical profession education and development infrastructure	1; 3; 4; 6;
	Education Reform and Transformation	(all)
	Health Careers	3; 4; 5; 6; 7;
5. Leading workforce transformation and new ways of working	Development, training and deployment of models/ tools for workforce and education redesign and transformation (including HEE Star; CLEAR; MDT toolkit; HEE Roles Explorer)	(all)
	Workforce and education elements of service pathway improvement initiatives	(all)
	Development of new roles in response to service and workforce/ education improvement need/ opportunity	(all)
	Adopt, spread and adapt service and workforce/ education transformation	(all)
	Digital workforce and education transformation – specific initiatives and inclusion in service improvement, workforce and education transformation initiatives	(all)
	Workforce development investment funding	6;
	Evaluate investments and activity	8; 10
	Convene promote and facilitate transformation collaboratives/ communities of practice	3; 6; 9; 10

6. Education, training and developing people, and managing talent	ICS talent management approach/strategy	
	Continuing Professional Development investment funding	3; 7; 8
	Targeted upskilling investment and course development in response to system need	(all)
	Development, utilisation and promotion of Technology Enhanced Learning Platforms (including E-LFH and NHS Learning Hub)	(all)
	Workforce digital capability development	(all)
9. Leading coordinated workforce planning using analysis and intelligence	Integrated planning to meet statutory and service led planning unit requirements including coordination	(all)
	ICS workforce plans as driver/ enabler of integrated planning and delivery	3; 7; 8
	Bespoke workforce planning intelligence and analysis	(all)
	National/ regional pan/ICS profession/ pathway workforce and education plans	(all)
	People Plan Delivery	1-8
	Long term Strategic Framework development and plan	1-8
	Health and care workforce data – quality, access, utilisation	1-8
	Scenario modelling and development of options (all stages)	(all)
	Identification of workforce demand based on service plans	1-8
	Supply modelling tools (Stage 1 – ref Fig 1) -	2;
	Supply and demand tool (Stage 2 – ref Fig 1)	1-8
	Inform and develop ‘all levers all levels’ action plan; including consideration against national pathway/ profession/ long term plans	1-8
	Implement and monitor action plan	(all)

Next Steps

We will engage with ICSs on the development of our collaborative relationship, building on the key areas of activity in this guidance. We will work with NHSE&I and ICSs to develop the approach to integrated planning.

We may update this guidance during the 2021/22 transition year as the Health and Care Bill passes through Parliamentary stages to Royal Assent having regard to, in particular:

- Outcomes of engagement on this guidance and HEE's Operating Model with ICSs and other stakeholders;
- Changes to and statutory regulations and guidance on the Bill;
- NHSE&I guidance on ICS implementation and development; and
- Development of NHSE&I Operating Model

Appendix 1: 10 ICS People Function Outcome Areas

1. **Supporting the health and wellbeing of all staff**: people working and learning in the ICS feel safe and supported in their physical and mental health and wellbeing, and are therefore better able to provide high-quality, compassionate care to patients.

2. **Growing the workforce for the future and enabling adequate workforce supply**: the system is retaining, recruiting and, where required, growing its workforce to meet future need. The 'one workforce' across the ICS is representative of the local communities served.

3. **Supporting inclusion and belonging for all, and creating a great experience for staff**: people working and learning in the ICS can develop and thrive in a compassionate and inclusive environment. Issues of inequality and inequity are identified and addressed for all people working in the system. The workforce and leaders in the ICS are representative of the diverse population they serve.

4. **Valuing and supporting leadership at all levels, and lifelong learning**: leaders at every level live the behaviours and values set out in the People Promise, and make strides so that this is the experience of work for all of their 'one workforce'.

5. **Leading workforce transformation and new ways of working**: service redesign is enabled through new ways of working, which make the most of staff skills, use of technology and wider innovation to meet population health needs and drive efficiency and value for money.

6. **Educating, training and developing people, and managing talent**: education and training plans and opportunities are aligned and fit the needs of staff, patients and citizens, including to enable new ways of working and support meaningful and personalised career journeys.

7. **Driving and supporting broader social and economic development**: leaders ensure that their organisations leverage their role as anchor institutions and networks to create a vibrant local labour market, promote local social and economic growth in the wider community, support all ICS partners to 'level up', address wider health determinants and inequalities at the heart of poor health.

8. **Transforming people services and supporting the people profession**: high quality people services are delivered by a highly skilled people profession to meet the future needs of the 'one workforce', enabled by technology infrastructure and digital tools.

9. **Leading coordinated workforce planning using analysis and intelligence**: integrated and dynamic workforce, activity and finance planning meets current and future population, service and workforce needs, across programme, pathway and place.

10. **Supporting system design and development**: the system uses organisational and cultural system design and development principles to support the establishment and development of the integrated care board (ICB), and the integrated care partnership (ICP). The organisational development approach creates a system-wide culture that is driven by purpose; enables people, places and the system to fulfil their potential; is connected to the people served by the system and delivering those services; harnesses the best of behavioural, relational and structural approaches; and nurtures collaboration.