



Building strong integrated care systems everywhere: guidance on the ICS people function

NHS England and NHS Improvement may update or supplement this document during 2021/22. Elements of this guidance are subject to change until the legislation passes through Parliament and receives Royal Assent. We also welcome feedback from system and stakeholders to help us continually improve our guidance and learn from implementation. The latest versions of all NHS England and NHS Improvement guidance relating to the development of ICSs can be found at [ICS Guidance](#).

Version 1, August 2021

ICS implementation guidance

Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area.

They exist to achieve four aims:

- **improve outcomes** in population health and healthcare
- **tackle inequalities** in outcomes, experience and access
- enhance **productivity and value for money**
- help the NHS support broader **social and economic development**.

Following several years of locally led development, and based on the recommendations of NHS England and NHS Improvement, the government has set out plans to put ICSs on a statutory footing.

To support this transition, NHS England and NHS Improvement are publishing guidance and resources, drawing on learning from all over the country.

Our aim is to enable local health and care leaders to build strong and effective ICSs in every part of England.

Collaborating as ICSs will help health and care organisations tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

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About this document

This document forms part of guidance that supplements the [ICS Design Framework](#). It builds on the priorities set out in the [People Plan](#). It is intended to help NHS system leaders and their partners support their 'one workforce' - to have more staff, working together better in a compassionate and inclusive culture - and help make their local area a better place to live and work.

Key points

- NHS leaders and organisations will be expected to work together, and with their partners in the ICS, to deliver 10 outcome-based people functions from April 2022.
- In establishing the ICS people function, each integrated care board will need to work with partners to agree what people activities can best be delivered at what scale, and how to use resources in the system most effectively, recognising that different systems will take different approaches depending on local circumstances.

Action required

By the end of 2021/22 system leaders are asked to:

- agree the governance and accountability arrangements for people and workforce functions in the ICS, including identified SROs;
- agree how and where specific people functions are delivered within the ICS;
- review and, where necessary, refresh the ICS People Board;
- assess the ICS's readiness, capacity and capability to deliver the people function.

Other guidance and resources

The ICS Design Framework and the System Development Progression Tool available on the dedicated NHS Futures workspace for ICS Guidance

<https://future.nhs.uk/ICSGuidance/grouphome>

Executive summary

Staff are at the centre of our collective ambition for greater integration and better care. Integrated care systems (ICSs) have a central role to play in delivering the vision for our 'one workforce'.

We know there are big challenges ahead as NHS staff continue to deal with significant pressures while maintaining the roll-out of the NHS vaccination programme and tackling service backlogs that have built up during the pandemic. This guidance recognises the skill, determination and 'can do' spirit that health and care staff have shown in the face of the greatest challenge in the health service's history. It sets out the responsibilities ICSs will have in looking after their people.

This document builds on the [ICS Design Framework](#) and the priorities set out in the [People Plan](#). Like the Design Framework, this guidance does not attempt to describe the full breadth of ICS workforce arrangements or role of all constituent partners, but focuses on how we expect the NHS to contribute. For non-NHS organisations, we hope this document will help to set out the NHS role in developing 'one workforce' for each ICS, and inform local discussions on the creation of system-wide arrangements.

We expect NHS leaders and organisations to work together to deliver 10 outcomes-based functions with their partners in the ICS from April 2022 to make the local area a better place to live and work for their people:

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 both 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 for 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 those delivering services;

harnesses the best of behavioural, relational and structural approaches; and nurtures collaboration.

To prepare for delivery of these functions, by the end of 2021/22 system leaders are asked to undertake the following actions:

- i. Agree the formal governance and accountability arrangements for people and workforce functions in the ICS, including appointed SROs.
- ii. Agree how and where specific people responsibilities are delivered within the ICS.
- iii. Review and refresh the ICS People Board.
- iv. Assess the ICS's readiness, capacity and capability to deliver the people function.

Alongside the people functions and responsibilities within an ICS, individual employing organisations will retain responsibility for staff, and there will continue to be responsibilities for activity held at regional and national levels. The regional and national roles are outlined in annexes A and B.

Introduction

This document forms part of the guidance that supplements the ICS [Design Framework](#). It builds on previous publications and is intended to support system leaders as they prepare for the establishment of statutory ICS arrangements from April 2022.

Legislative changes in 2022 are expected to establish new **integrated care boards** (ICBs), responsible for arranging for the provision of health services (including through new functions transferred from clinical commissioning groups and from NHS England); and **integrated care partnerships** (ICPs), the broad alliance of organisations and representatives jointly convened by local authorities and the NHS to improve the care, health and wellbeing of the population.

This guidance sets out the 10 people functions that make up the ICS people function and covers the responsibilities of the ICB as an employer itself, as well as how NHS organisations and their leaders are expected to collaborate with their partners in the ICP.

Where people functions, outcomes and responsibilities are mentioned throughout this document they refer to all workforce-related activities that are carried out by organisations, systems, regional and national teams for and on behalf of their staff, and to meet strategic workforce priorities in the NHS – including those set out in the People Plan.

The ICS people function has been developed with Health Education England (HEE) and through extensive co-creation with ICSs, wider system partners and leads in regional and national teams. This includes the HR & Organisational Development Futures programme, which will set out a vision of the future for our people profession and our people services.

This guidance does not prescribe a ‘one size fits all’ approach to establishing, developing and delivering the ICS people function. It is intended to support local flexibility, recognising that different systems have different baseline arrangements for workforce activity, and will take different approaches according to their particular circumstances. Each ICS will have a journey in establishing their function and capabilities, which needs to be supported by a robust organisational and system development approach.

This document should be read alongside other guidance and resources available to ICSs in the [ICS Guidance hub](#), alongside broader national workforce guidance (such as the LGA's, ADASS's and Skills for Care's [strategic workforce framework](#)). During 2021/22 further support will be developed to help ICSs establish their people function, through continued engagement including with other national bodies, with systems and with support from regional teams across NHS England and NHS Improvement and HEE.

Supporting our staff: the role of the ICS

The [People Plan 2020/21](#) sets out a compelling vision and actions for improving people's experience of working in the NHS, to enable them to provide the best possible care and health outcomes for patients and citizens; for transforming and growing the workforce to make use of the skills of staff and meet changing health needs; and for developing a compassionate and inclusive culture that drives positive change for staff.

ICSs have a crucial role to play in making these a reality, not just for people who contribute to NHS care, but also the wider health and care sector and beyond into their local communities.

Scope of functions and responsibilities

From April 2022, ICBs will have responsibility for delivering the 10 people functions described in this document. These build on the enduring ambitions set out in the People Plan 2020/21 and the People Promise, and reflect learning from the pandemic – where relationships and collaboration among local partners have been strengthened to deliver solutions at pace for the local population.

The ICB will be responsible for delivering the people functions for staff employed directly by the ICB, and for the NHS staff who work in their local area. This includes clinical and non-clinical people working in primary and community care (such as general practice, dentistry, optometry and community pharmacy), secondary and tertiary care.

ICBs are also expected to look beyond the NHS to take a 'one workforce' approach – as set out in the [ICS design framework](#) – where the greatest impact can be had by affecting change across the whole local workforce. ICSs can widen participation in health and care for local communities, including in areas of greater deprivation, for excluded groups and for people not in education, employment or training. They can also make the most of the skills and talent across the whole local area, including by creating employment, volunteering and apprenticeship opportunities. This can not only help develop a broader talent pipeline, but also have a positive direct impact on communities', families' and individuals' lives.

Individual organisations within the ICS will continue to have direct responsibility for the staff in their own organisations. However, all organisations within the system will want to identify benefits of scale and collaboration where appropriate, including using standardised practices across organisations where beneficial. In particular, NHS organisations will be expected to work with the ICB in determining the most effective delivery mechanisms.

The ICS people function should be established and delivered as part of the ICS's overall governance, with clear accountability and decision-making arrangements within the ICB, to ensure alignment to wider system goals.

From 2022, ICBs will be expected to consider, coordinate and allocate appropriate resource to enable delivery of their people function, in collaboration with other members of the ICP and all the providers within their footprint, and with support from regional and national teams.

Collaborative working at every level

The best way to have real impact for staff, and by extension patients and citizens, is to have most decisions made as close as possible to the people and population they affect, through collaboration and coordination across all partners.

Currently, planning is carried out at different levels (provider, system, region and national), through different lenses (place, pathway, profession), and for different time horizons (annual, multi-year, longer term). Levers are held by different agencies, with independent governance.

ICSs, with and across regional and national teams, will play a significant role in aligning and coordinating planning and action on, and for, people, so that we can have the greatest possible collective impact for staff and, by extension, patients and citizens. The ICB and ICP will also need to work together to create alignment across the other functions of the ICS, such as service activity and finance.

The principles of subsidiarity detailed in annex C can help guide what decisions and activities could take place where – whether in individual organisations, or within and across an ICS. The role of regional and national teams in supporting this is set out in annexes A and B.

To deliver their people functions, ICBs will need to develop local relationships with other members of ICPs and beyond, in order to support transformation and improvement. The ICB's organisational development and system development capability will be key in enabling and supporting this. The ICB is expected to work with partners to:

- collaborate and plan the most effective local arrangements for delivering the ICS people responsibilities. This will include agreeing how to use resources within the system, and flowing into the system, and releasing capacity for strategic people activities and transformation.
- create opportunities for local teams and organisations to work together differently to deliver key people activities at scale – making the most of the experience and expertise of people leaders within the local area, in a way that best meets local priorities, relationships and circumstances, and using technology to provide high-quality people services across a larger footprint where beneficial. This transformation should create capability across multiple areas in the ICS to target support where it is most needed.
- support the people who provide wider community services, who play a crucial role in the lives of the local population. This includes people employed by local government, such as the education sector, fire and police services, and the people involved in the voluntary, community and social enterprise (VCSE) sector.

As part of working differently, people leaders and professionals¹ in the ICB, in provider organisations and across the ICS will be expected to build expertise in the system to deliver the people function and transform how people services are provided in the ICS, to support those working in the system.

The seven regional people boards will play a critical role in supporting ICBs, enabling delivery of their people outcomes and identifying cross-system opportunities for collaboration. They bring together NHS England and NHS Improvement and HEE regional directors with people responsibilities, ICS leads, and a wide range of partners within each region (including representatives from health, social care, local government

¹ This includes people at every level who contribute to and improve our people's working experiences, including skilled human resources (HR) and organisational development (OD) professionals delivering services such as occupational health and employee relations. The services delivered by these professionals are referred to as people services.

and local education providers) to agree local people priorities, to collectively oversee and support delivery, and to share good practice (see annex A for further detail).

The ICS people function

From April 2022 ICBs will lead delivery of the 10 people functions set out below, working with the ICP, in order to implement local and national people priorities and expectations, including those set out in the People Plan, to develop and support the 'one workforce' and make the health and care system a better place to work and live.

Alongside the people functions and responsibilities within an ICS, individual employing organisations will retain responsibility for their people, and there will continue to be responsibilities for people activity held at regional and national levels. The regional and national roles are outlined in annexes A and B.

Preparatory actions during 2021/22

As part of establishing their ICS arrangements, system leaders are asked to meet four milestones by the end of 2021/22:

1. Agree the formal ICB and ICP **governance and accountability arrangements for people** and workforce in the ICS, including appointed SROs.
2. Agree how and where **specific people functions are delivered** within the ICS (for example, ICB, provider collaborative, place-based partnership).
3. Review and refresh the current **ICS People Board** (or establish where not already in place) in line with wider ICS governance and accountabilities and with clear reporting arrangements into the ICS Board.
4. Assess the ICS's **readiness, capacity and capability** to deliver the people function (for example, using resources already available such as the [System Development Progression Tool](#)), including identifying gaps and initiating a plan for developing the necessary infrastructure across the totality of the ICS.

ICB people functions	Intended outcomes	ICB responsibilities	Delivery of responsibilities within the system may include
<p>1. Supporting the health and wellbeing of all staff</p> <p><i>Alignment to the People Plan: Looking after our people</i></p>	<p>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.</p>	<ul style="list-style-type: none"> • Ensure there is accountability for delivering the health and wellbeing agenda across the ICS. • Promote a system culture and values that deliver across all areas of the People Promise. • Strengthen staff engagement, experience and wellbeing to build workforce resilience across the system, including by supporting employing organisations to deliver health and wellbeing priorities. 	<ul style="list-style-type: none"> • Monitoring key quantitative and qualitative workforce metrics and insights in partnership with intelligence teams across the system, including sharing wellbeing data and information across the ICS. • Ensuring people working in the system are able to access occupational health and psychological support services, including through collaborative delivery arrangements between providers in the ICS, where relevant. • Developing a local plan to support retention of the workforce, addressing key reasons why people leave. • Delivering the Looking after your team and Looking after you too programmes in primary care.
<p>2. Growing the workforce for the future, and enabling adequate</p>	<p>The system is retaining, recruiting and, where required, growing its workforce to meet future need. The 'one workforce' across the</p>	<ul style="list-style-type: none"> • Develop system plans to address current and future predicted workforce supply requirements for the 'one workforce' pipeline. • Develop collaborative and transparent arrangements for domestic and 	<ul style="list-style-type: none"> • Streamlining recruitment processes across the ICS (for example, single ICS onboarding and induction process, supported by a digital passport; pastoral care). • Capitalising on the Additional Roles Reimbursement Scheme Guidance to expand the

ICB people functions	Intended outcomes	ICB responsibilities	Delivery of responsibilities within the system may include
<p>workforce supply <i>Alignment to the People Plan: Growing for the future</i></p>	<p>ICS is representative of the local communities served.</p>	<p>international recruitment across the system, including attracting local people into health and care careers, through work with schools, colleges, local enterprise partnerships and local communities.</p> <ul style="list-style-type: none"> • Enable strategic planning, delivery and oversight of Government manifesto workforce growth commitments across sectors, particularly in nursing and primary care. 	<p>number of staff recruited into different roles in primary care, working collaboratively with community services.</p> <ul style="list-style-type: none"> • Supporting primary care network staff. • Creating long-term volunteering opportunities and routes into employment for volunteers across the system.
<p>3. Supporting inclusion and belonging for all, and creating a great experience for staff <i>Alignment to the People</i></p>	<p>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</p>	<ul style="list-style-type: none"> • Create a culture of civility and respect that embraces inclusive recruitment and promotion practices and prevents bullying, harassment, violence and discrimination. • Create and support a sense of belonging, inclusion and partnership for all people working across the system. • Embed a systematic approach for hearing and acting upon the lived experience of people working across the 	<ul style="list-style-type: none"> • Ensuring delivery of simple, effective and fair recruitment processes that creates a positive candidate experience and provide a route in for a wider pool of talent. • Enabling peer-to-peer learning and sharing of good practice between providers on promoting equality and equity, diversity and inclusion. • Supporting employers to deliver the Workforce Race Equality Standard's (WRES) Model Employer goals to increase representation at senior levels across the NHS.

ICB people functions	Intended outcomes	ICB responsibilities	Delivery of responsibilities within the system may include
<p><i>Plan: Belonging in the NHS</i></p>	<p>are representative of the diverse population they serve.</p>	<p>system and ensuring their involvement in the development and delivery of the people function.</p>	<ul style="list-style-type: none"> • Sharing equality diversity and inclusion data and information across the ICS (such as making WRES/WDES data transparent). • Using employee engagement scores to measure delivery of the NHS People Promise and focus on action for improvement.
<p>4. Valuing and supporting leadership at all levels, and lifelong learning <i>Alignment to the People Plan: Belonging in the NHS</i></p>	<p>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’.</p>	<ul style="list-style-type: none"> • Establish a culture where learning and continuing professional development of all clinical and non-clinical staff across the system is actively encouraged, and barriers are identified and removed. • Embed leadership standards in recruitment, performance, conduct and development, with appropriate support and development in place for the leaders of today and the leaders of the future. • Create a system leadership approach, working across organisational boundaries and sectors, to support collaboration across leaders at all levels. 	<ul style="list-style-type: none"> • Working with regional leadership and lifelong learning teams (former regional leadership academies) to develop the ICB’s leadership strategy and programme for all leaders (clinical and non-clinical). • Agreeing a local framework and plan for clinical and care professional leadership arrangements in the ICS, in line with the five principles set out in forthcoming guidance on effective clinical and professional leadership in ICSs • Using training hubs to support lifelong learning for primary care staff, as well as train and embed new roles in primary care.

ICB people functions	Intended outcomes	ICB responsibilities	Delivery of responsibilities within the system may include
		<ul style="list-style-type: none"> • Develop healthcare education leaders to work effectively and collaboratively across discipline and organisational boundaries. 	
<p>5. Leading workforce transformation and new ways of working <i>Alignment to the People Plan: New ways of working</i></p>	<p>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, drive efficiency and value for money, and improve outcomes.</p>	<ul style="list-style-type: none"> • Establish a collaborative approach to enable staff to learn and work together and flexibly across different parts of the system. • Enable teams to innovate and transform service and workforce models, using quality improvement methodology and maximising the use of technology, and supporting the spread and adoption of new roles and new ways of working. • Embed clinical and care professional leadership in service transformation programmes. 	<ul style="list-style-type: none"> • Enabling staff to learn and work across different settings and localities, including through aligning training programmes, and securing mutual recognition of staff skills and training. • Creating collaborative employment models and local workforce-sharing arrangements which could include: system-wide secondments, digital staff passports, rotational roles across primary and secondary care and more widely across the system. • Establishing a collaborative system for managing temporary staffing across the system; this could include establishing shared staff banks; encouraging the formation and use of GP locum banks across federations, networks or geographical clusters; and setting system-wide bank rates to secure greater alignment.

ICB people functions	Intended outcomes	ICB responsibilities	Delivery of responsibilities within the system may include
			<ul style="list-style-type: none"> • Developing a digital workforce transformation strategy, which aligns technology, systems and interfaces at ICS and provider level (for example, aligned e-rostering solutions across providers).
<p>6. Educating, training and developing people, and managing talent <i>Alignment to the People Plan: Growing for the future</i></p>	<p>Education and training plans and opportunities are aligned and fit for the needs of staff, patients and citizens, including to enable new ways of working and support meaningful and personalised career journeys.</p>	<ul style="list-style-type: none"> • Develop a consistent system approach to managing talent and enabling and supporting people working across the system to develop and grow in their roles, to support social mobility and the potential for lifelong careers across health and care. • Plan education capacity based on local workforce and service needs, and help shape national education priorities. • Oversee the local clinical learner supply pipeline across providers to maximise recruitment of locally trained clinicians. • Support the development of primary care networks and training hubs in the system to support training, embedding and ongoing supervision of staff in primary care. 	<ul style="list-style-type: none"> • Developing an ICS Talent Strategy to take a proactive approach to succession planning for roles within and across the health and care system, and create a sustainable and diverse talent pipeline. • Creating collaborative system approaches to training and developing the ‘one workforce’; including, for example, pooled funding for continuous professional development and joint approaches to using the apprenticeship levy. • Building digital and data literacy and confidence across the local workforce and its leaders to ensure staff are equipped to realise the potential of digital technologies, and that they have the skills to implement them and transform services and ways of working.

ICB people functions	Intended outcomes	ICB responsibilities	Delivery of responsibilities within the system may include
<p>7. Driving and supporting broader social and economic development <i>Cross-cutting theme</i></p>	<p>Leaders ensure that their organisations leverage their role as anchor institutions and networks to encourage 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</p>	<ul style="list-style-type: none"> • Collaborate with the ICP and system partners to create education, employment, volunteering and apprenticeship opportunities and widen participation in health and care for local communities, including in areas of greater deprivation, for seldom heard groups and for people not in education, employment or training. • Identify and address health inequalities for the workforce considering wider determinants (such as housing, education and employment) that may have an impact on health. • Ensuring that the ICS and its partners enable their people to take action to address environmental sustainability and the net zero carbon goals. 	<ul style="list-style-type: none"> • Working with education institutions to develop the local future workforce across the health and care system. • Co-ordinating at-scale approaches to NHS procurement and supply chain – including market management and influencing the development of the workforce for health-related industries and care. • Shaping and influencing regional and sub-regional plans in different sectors (for example, investment in roads, infrastructure, government investment, transport strategies) through the lens of the people function and to connect across other functions in the ICS. • Encouraging and preparing all those working in the system to take action on public health (for example, by promoting the All Our Health framework).
<p>8. Transforming people services and</p>	<p>High-quality people services are delivered by a highly skilled people profession to</p>	<ul style="list-style-type: none"> • Ensure, as an employing organisation, that it provides high-quality people services to the people it employs, 	<ul style="list-style-type: none"> • Setting clear standards and competencies for all people professionals and incorporating equality, diversity and inclusion into how the board-level

ICB people functions	Intended outcomes	ICB responsibilities	Delivery of responsibilities within the system may include
<p>supporting the people profession <i>Cross-cutting theme</i></p>	<p>meet the future needs of the 'one workforce', enabled by technology infrastructure and digital tools.</p>	<p>including core HR functions and services.</p> <ul style="list-style-type: none"> • Consolidate transactional HR activity at scale where this is more effective, and support the people profession to release capacity for strategic people capabilities at system level. • Extend people services to partners and areas of the ICS where this infrastructure is lacking. 	<p>candidates are shortlisted, appointed and continuously appraised.</p> <ul style="list-style-type: none"> • Ensuring people services are representative of the communities they serve in order to enable the people profession to attract and retain the best talent from a variety of backgrounds with a wide range of skills and experience. • Simplifying and standardising common people practices (for example, recruitment processes, performance enablement, accreditation of skills and training) to ensure a better experience for those employed across the system. • Creating the architecture and systems for research and evidence-based practice, putting our NHS people at the heart of NHS development.
<p>9: Leading coordinated workforce planning using analysis</p>	<p>Integrated and dynamic workforce, activity and finance planning meets current and future population, service and workforce needs,</p>	<ul style="list-style-type: none"> • Develop, and regularly refresh, collaborative workforce plans for the ICS's 'one workforce', with demand and supply planning based on population health needs. This should be triangulated with finance and activity 	<ul style="list-style-type: none"> • Developing workforce plans with a focus on competency-based teams, identifying key gaps and shortages, with a plan for addressing them. • Implementing workforce data sharing agreements between organisations and ensuring systems'

ICB people functions	Intended outcomes	ICB responsibilities	Delivery of responsibilities within the system may include
and intelligence <i>Cross-cutting theme</i>	across programme, pathway and place.	<p>plans and incorporate place-based workforce plans, and the expertise of the system-wide intelligence function (for primary care this will require close work with primary care training hubs).</p> <ul style="list-style-type: none"> • Agree a system-wide approach to analysing workforce data and to using the intelligence to support comprehensive integrated workforce planning in the ICS. • Provide workforce data to regional and national workforce teams to support aggregated workforce planning, and to inform prioritisation of workforce initiatives and investment decisions. 	<p>interoperability to enable monitoring of agency use.</p> <ul style="list-style-type: none"> • Creating cross-professional communities of interest within the system and across systems to innovate, share best practice and build expertise on workforce planning. • Shaping and utilising the ICS’s intelligence function to understand how the workforce and skill-mix are likely to change in response to future population health needs.
10: Supporting system design and development <i>Cross-cutting theme</i>	<p>The system uses organisational and cultural system design and development principles to support the establishment and development of the ICB</p>	<ul style="list-style-type: none"> • Ensure that the establishment of the ICB and ICP is supported by system and organisational development (OD) expertise, and is rooted in good practice and quality improvement. • Build capacity and capability (skills, expertise and roles, including in OD and 	<ul style="list-style-type: none"> • Providing OD and system development support and capability to organisations, provider collaboratives, clinical networks and other formal collaborative arrangements within the ICS.

ICB people functions	Intended outcomes	ICB responsibilities	Delivery of responsibilities within the system may include
	<p>and the 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 those delivering services; harnesses the best of behavioural, relational and structural approaches; and nurtures collaboration.</p>	<p>system development) to deliver the different people functions, particularly for areas where this is most required.</p> <ul style="list-style-type: none"> • Ensure a coherent approach to OD and design across all partner organisations within the ICS, in line with best practice, fostering behavioural and cultural change to enable all ICS transformation activity. 	

Annex A: People role and responsibilities of regional teams

Regional teams have a pivotal role in translating national strategy and policy to a local footprint, as well as in working with national teams to help make national programmes of work more responsive to local needs and priorities. They work across regional functions and coordinate resources regionally, help systems to work together, facilitate the sharing of good practice, and work with ICSs – in a way that reflects their specific priorities – to deliver on outcomes and expectations, including by identifying and deploying the right support for systems.

This section sets out how regional workforce teams across NHS England and NHS Improvement and HEE will continue to work together and with ICSs to achieve this.

At a regional level NHS England and NHS Improvement and HEE teams work in close collaboration to provide integrated support to ICSs on people and workforce issues. However, both regional teams have a specific set of responsibilities delegated from their respective national organisations.

As ICBs take on enhanced responsibilities and accountability for different functions, regional NHS England and NHS Improvement workforce teams will continue to have a set of core roles: regulation; system leadership, planning; assurance; improvement; and transformation.

NHS England and NHS Improvement regional workforce teams perform these roles in the context of the wider regional team. They deliver in a matrix alongside other regional functions such as strategy and transformation, quality improvement, finance and commissioning, and work closely with other regional directors with key workforce roles, including nursing, medical and primary care.

NHS England and NHS Improvement regional workforce teams also work directly to and with NHS England and NHS Improvement's People Directorate to support the delivery

of national priorities and ambitions, as set out in the NHS People Plan. NHS England and NHS Improvement's regional role in supporting ICSs on people is focused on:

1. **Regulatory and formal governance.** This can include:

- leading workforce and leadership aspects of regulatory requirements
- providing expert advice on people and workforce to regional directors to support other regional teams to work with systems on their respective function

2. **System leadership.** This can include:

- setting the agenda and values-based behaviours for culture and leadership transformation
- leading (with HEE) the Regional People Board agenda and amplification of people issues alongside finance, performance and quality
- ensuring that promoting inclusion and belonging and tackling health inequalities are objectives embedded in all strategies
- convening systems through working in partnership with the CEO community and other system leaders across primary care, secondary care, social care and beyond to develop approaches to integration
- being the lead for links with the social partnership forums and trade unions, and for professional links to medical, nursing, people and finance professions across the region
- convening of ICS people leads and development of people capabilities and approaches across region
- ensuring a two-way flow of intelligence between systems and the national Chief People Officer to inform policy and strategy development.

3. **Planning.** This can include:

- ensuring that quality system people plans are developed by ICSs, by providing support and challenge (with HEE)

- providing (with HEE) tools to support competency-based workforce planning.
- with HEE regional teams, supporting ICSs to develop and deliver integrated plans that triangulate workforce with financial and activity plans, and coordinate all levers at all levels.
- supporting workforce-sharing arrangements across the system including primary and secondary care.

4. **Assurance.** This can include:

- working with ICSs to provide challenge and support and assurance as to the delivery of people plans
- working with HEE and Medical and Nursing Directors, ensuring that the region delivers on key workforce metrics
- working on behalf of the region to provide assurance to National Directors on performance and mitigations where challenges exist.

5. **Improvement and delivery.** This can include:

- providing subject matter expertise across the breadth of the People Plan (workforce and OD, EDI, staff experience, health and wellbeing, Leadership and talent)
- providing universal and targeted support to systems and organisations to deliver the People Promise
- directly delivering leadership development through regional leadership academies, as well as executive and professional talent approaches and pools across the region
- building communities of practice and sharing best practice
- supporting, with HEE, improvement and transformation work in systems
- providing data and insights across key workforce areas to enable action.

6. **Transformation.** This can include:

- contributing workforce expertise (with HEE) to workforce transformation targeted at service delivery priorities through new ways of working and delivering care
- delivering organisational development expertise to promote integrated care and broader system transformation.

HEE's regional teams work with and through ICSs, including specific projects and programmes and through teams aligned with systems, to support delivery of national and local priorities. HEE's regional role in working with and supporting ICSs is focused on:

1. **Reforming clinical education to develop high-quality future clinical professionals in the right number.** This includes, for example: increasing future workforce supply across professions through training numbers; supporting the development of primary care training hubs; widening access to health careers from under-represented groups; working with national teams to deliver reforms to medical education and training; influencing ICS education and training resources.
2. **Transform the current workforce** to work in a co-operative, flexible, multi-professional, digitally enabled system. This includes, for example: supporting the expansion and development of multi-disciplinary teams to achieve a diverse, sustainable skills mix in primary care; working with national teams to adapt education and training to evolving service and population needs, and support the workforce to adapt to changing roles; strengthening the training, learning and development available.
3. **Delivering and quality assuring education and training** to ensure it is robust and future-focused. This includes, for example: setting clear expectations, regulating and improving the quality of healthcare learning environments; and ensuring the learner voice is heard and acted upon by using data and insight to measure, monitor and improve the quality and experience of education and training.

HEE regional teams, alongside NHS England and NHS Improvement colleagues, will also support ICSs in delivering the vision of integrated planning and action on people issues at all levels.

We expect regional workforce teams will work in an increasingly aligned way across NHS England and NHS Improvement and HEE to provide integrated support to ICSs across regional functions, drawing on the resources, expertise and advice of national teams as relevant.

Regional People Boards already operate across the seven regions, bringing together regional NHS England and NHS Improvement and HEE teams, ICSs and partners across health and care to set the direction for the future health and care workforce in the region, and to provide strategic leadership to ensure the implementation of the People Plan, and ICS workforce plans. They enable partners across sectors locally to work together, while recognising that some aspects of workforce and educational arrangements are, by necessity, NHS specific. They agree local people priorities, identify cross-system opportunities for collaboration at even greater scale, collectively oversee and support delivery, and share good practice.

Regional People Boards also contribute to the National People Plan Delivery Board, enabling strategic alignment at all levels of the system to deliver the outcomes for staff and improve population health.

Regions will work with ICSs in a way that reflects the specific circumstances and priorities of each system. As ICBs become established, stabilise their governance and functions and develop their maturity, the role and responsibilities of regional workforce teams may change and their relationship with systems may shift accordingly.

Annex B: People role and responsibilities of national organisations

National organisations including the Department of Health and Social Care (DHSC), NHS England and NHS Improvement and HEE will continue to be responsible for delivering certain roles and activities on people and workforce, particularly where:

- It is necessary to meet statutory responsibilities
- It is more efficient and effective because of economies of scale, and there are clear benefits from a national role in standardisation or implementation
- National teams have specific and scarce knowledge/expertise that ICSs and local organisations can draw on.

National bodies have both statutory responsibilities derived from organisational mandates and enabling responsibilities derived from key national strategy and priorities. Across all these areas, national bodies will continue to have a role in:

- Setting national strategy, expectations and priorities for systems and organisations – through national regulations, policy, frameworks and standards
- Identifying health and care priorities, making the case for investment and allocating resources to regional teams and systems
- Overseeing NHS performance and delivery against national strategic and operational people priorities and commitments – including through tracking workforce metrics and collecting workforce information from systems and providers (for example, the annual NHS Staff survey)
- Creating an oversight and regulatory environment that supports systems to deliver those expectations in their local context (for example, through the system oversight framework).

- Developing the evidence base for improvement and transformation, and providing subject matter expertise that can be drawn down to enable systems and organisations to deliver
- Commissioning clinical education, training and clinical placements and assuring and improving the quality of learning environments for patients and trainees
- Identifying and lifting barriers to systems being able to deliver 'one workforce' approach, particularly where there are actions that can only be taken nationally.

Our national responsibilities aim to support and enable regional teams and ICSs to deliver their functions and the ambitions and actions set out in the Long Term Plan and the People Plan.

We will continue to work across national organisations in delivering our roles and responsibilities to enable ICSs to take greater ownership and leadership of people issues.

Annex C: Principles of subsidiarity for the people function

ICSs bring opportunities for local teams and organisations to work together differently, making the most of the collective experience and expertise within a local area, and in the way that best meets local needs, relationships and circumstances – whether that is through the ICP, ICB, through place-based partnerships, provider collaboratives, or other local arrangements.

The following benefits and opportunities, among others, have been identified in carrying out activities in:

- **Provider organisations:** where they relate to core service delivery and the quality of patient care; where they relate directly to the employment, development, morale, wellbeing and retention of the people who work in that organisation; where there is a formal contract for delivery of outcomes at organisational level.
- **Primary Care Networks:** where they support the ability of general practices and primary care networks to recruit and retain staff; where they can help to mitigate resourcing pressures (including estates) by encouraging more flexible working options, including rotating workforce through primary, community and system to ensure workforce is where it is needed most; where they provide a wider range of services to patients and wider range of professionals than might be feasible in individual practices; and where they strengthen the primary care representation in an ICS with a focus on service delivery as well as support a more integrated approach to workforce planning, considering population health need.
- **Places:** where local relationships (for example, with local authorities and also between primary and secondary care) are critical to delivery; where service transformation needs to be driven by joined-up and coordinated services around people's needs and place-level outcomes aligned to the overall ICS strategic priorities; where social and economic factors that influence health and

wellbeing of the local population need to be considered in planning and to support sustainable development as anchor networks; and where local workforce development and deployment need to be supported. Health and Wellbeing Boards (HWBs) have a clear role as part of the architecture of the place, and in improving outcomes for the workforce.

- **Provider collaboratives:** where multiple providers collaborating to deliver and improve services (whether clinical services or people/workforce functions, and within one ICS or across multiple ICSs) and outcomes can generate benefits to the local population; where agreement and delivery of plans across multiple organisations working together creates more resilient and sustainable services; where organisations working together can mitigate the risk of duplication of decision-making within and/or across a system, which may impede ICS/Place development; where providers can take on greater responsibility together on behalf of the whole system to deliver outcomes (for example, transforming or standardising services, processes and care pathways, reducing health inequalities and unwarranted variation); and where providers coming together to deliver can expand the workforce footprint and resource.
- **ICSs (ICB and ICP):** where partnerships and leadership are required across a footprint, including partners and stakeholders in health, social care, local government, the voluntary, community and social enterprise (VCSE) sector as well as in education; where consistent planning is needed over a medium-term period (for example, up to five years plus annual refresh); where strategic priorities for the system are underpinned by a shared resource strategy (workforce, finance, digital infrastructure, commissioning, estates); where workforce decisions need to be made across a local labour market; where there are benefits of scale from joined-up solutions to shared challenges and opportunities.
- **Regional teams:** where support is needed to translate national strategy and policy to a local footprint; where they work across regional functions to coordinate resourcing and approaches regionally; where it supports and enables transformation activities across the region; and where it helps systems to work together at scale, facilitating the sharing of good practice and providing support to deliver local priorities.

- **National bodies:** where it is necessary to meet national organisations' statutory responsibilities; where they can work with and influence Government; where they can engage with national stakeholders, such as Royal Colleges; where it is more efficient and effective because of economies of scale and where there are clear benefits from a national role in standardisation or implementation; and where national teams have specific and scarce skills/knowledge that ICSs can draw on.

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