



6 July 2021

Skills – the acid test for systems

The ICS people agenda remains confused. Until we make the necessary mindset shifts the full potential of integrated care will not be realised.

Health and care skills are a national resource that need effective stewardship. Clarity on how the UK can ensure there are the right people in place locally to meet public health needs must be a mission-critical outcome from the NHS changes underway in England.

The people agenda in ICSs remains a somewhat confused and fragmented picture, marked by an array of overlapping workstreams lacking clarity, authority or accountability. They are certainly not robust enough to provide the foundation for the type of skills revolution many now recognise is needed.

In some places this picture is being changed slowly by local initiatives, imagination and partnership in action. But the central ICS guidance does not inspire confidence that the real risks around the people agenda have been understood properly and will be central to implementation. More advocacy and sharing of breakthrough work in this territory would help.

The ICS Design Framework does not contain enough precision and rigour on the people agenda to move things forward with any real pace or at scale. It fails to recognise the pivotal role for people committees as agents for local change or to set out a clear remit for them.

GGI is working with healthcare people management software specialists Allocate on People in Place, an initiative to drive progress on the most critical people matters in the public sector.

In the course of this work, we have spoken to many people who feel there isn't yet the energy, bandwidth or focus to address the people agenda in integrated care systems. But the fundamental mismatch between health and care needs and the skills to meet them represents a huge strategic risk to the NHS and its ICS partners.



Strategic risk

In fact, the broader people agenda is arguably the most important strategic risk to improved health and care outcomes. This agenda embraces all aspects of organisational culture, capacity planning, professional development and learning, recruitment and deployment of skills and talent, wellbeing and welfare.

The media are running hard with the 'workforce crisis' storyline and foreign trained professionals are again headline news. Whatever elements of truth there may be in a numbers game, this deficit agenda is negative, destructive and backward-looking. It repeats the age-old agenda that more of the same is needed to plug gaps while at the same time saying the shape of work will inevitably change.

The real currency is not workforce but skills.

The current state of models of supply and demand are still narrow and based around the NHS as a possessive network of employers. This underplays the key role of the skills being deployed or lying dormant in communities, which are a hidden national resource.

What is needed is real investment in imaginative and creative planning, to provide clarity and precision about the future skills and culture. It is obvious now this has to go beyond the limits of a federalised and competitive employer mode and an old-style NHS workforce focus.

A new mindset is needed at system level and there are signs that this is growing, but good governance will also be the key to overcoming some formidable obstacles to a skill-meets-need model, as an integral part of the new system arrangements.

To make a success of place-based care, we must be rigorous about the principle of subsidiarity – ensuring that people working in the system are making the contribution that only they can make.

But this is territory that is currently flooded with generalisation and confusion and there is precious little clarity about ownership, statements of principle, or practical actions that we can take right now.

A stripped back agenda based on subsidiarity would potentially see a people committee at system level focusing on four agenda items:

1. Skills and capacity building
2. Cultural cohesion – the value in practice at system level
3. People data and information
4. Learning and innovation

Illuminations

- We are currently still working with a national set of assumptions based on centralised planning under the guise of local responsibility. This may change as a result of the recently published national guidance on ICS development – but that is by no means guaranteed.
- We will only move forward with these challenges if we succeed in changing mindsets. It's about clarity of contribution and choice and governance. It is only when we have arrived at this clarity that we will be able to realise the full potential of the integrated care model.

People in Place, a national report on the people agenda, will be published by GGI and Allocate in July 2021.

If you have any questions or comments about this briefing, please call us on 07732 681120 or email advice@good-governance.org.uk.