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Time to renew our vows?

In this themed issue of *PPMA Focus*, Sue Evans mulls over whether integration is the holy grail for delivering on health and social care or a hasty marriage based on shaky foundations?



In maths – never my favourite subject – integration is described as 'the inverse of differentiation'. I think that is an apt descriptor for what we are trying to achieve in health and social care and it is perhaps there that the solution, or lack of it, lies.

There are some essentials required if integration is to happen and, more importantly, be sustained.

- A focus on common ground;
- An understanding of what will make an integrated approach successful;
- A very clearly articulated vision of what the outcome needs to look like;
- A very clear reason for doing it in the first place;
- A shared understanding and recognition of what's in it for each party and what each brings into the mix and expects to get from it and;
- A willingness to compromise and share.

So far so what? We know all that. So why isn't there more progress on this agenda?

The starting point is critical and considering the workforce issues early on in the process can make a positive difference to the way people think and feel about integration and the likelihood of success. With people in the mix the focus on similarity – the inversion of difference – becomes a deciding factor. What do we have in common, what is the benefit of coming together and what needs to be left behind to allow for new values, a new culture and a new and different set of relationships? Time to explore the characteristics, habits, strengths and qualities of each party is time well spent and not doing so will end in tears at bedtime.

We would never approach the building of any other relationship the way we sometimes approach integration – just imagine the scene. Two people who vaguely know each other have just met properly and the conversation goes along the lines of:
A: 'Shall we get married?' (Pause for effect....looking hopeful and adding) 'It seems like a good idea.'
B: 'Oh, why not? You are in the same

place as me and we can probably make some savings by moving in together.'

A: 'That's decided then, shall we look at places to live?'

B: 'OK, and can we have a blue carpet'.

It's complete nonsense isn't it? Yet in the early stages of planning integration the basic courtship required for successful long term relationships is largely overlooked in favour of focusing on systems and practicalities like the colour of the carpet and chairs or shared



Sue Evans is President of the PPMA and Head of HR and Organisational Development at Warwickshire CC

ICT. It is likely that more time will be spent on the practical issues of accommodation and communications than on the all-important thoughts, feelings, concerns, fears and hopes of the people involved. The 'soft' stuff will trip us up time and time again if we don't pay any attention to it.

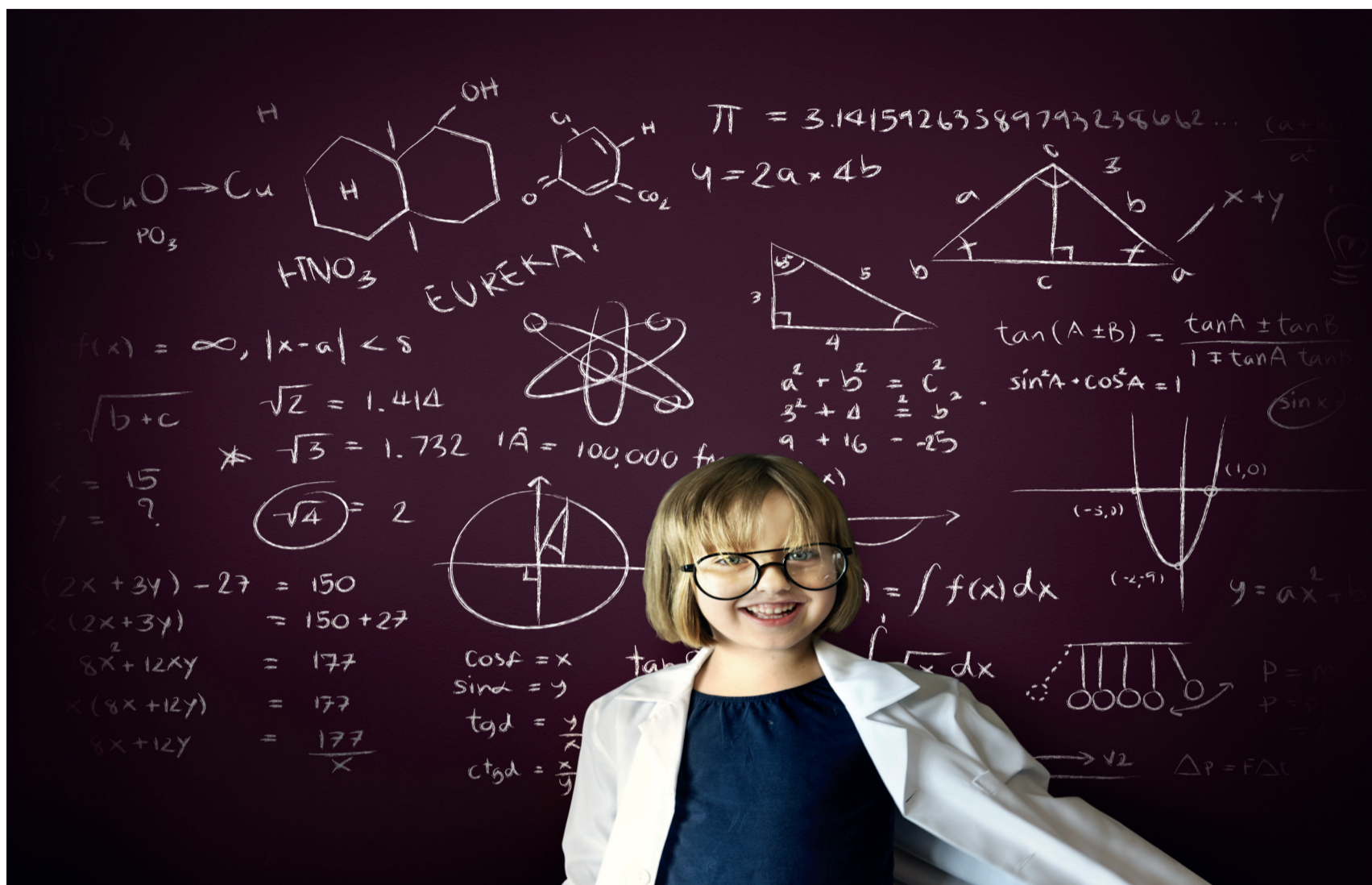
HR and OD are key to brokering the kind of discussions which can make or break an integration deal. Allowing time for those people involved to get together to think about the similarities and their common hopes and expectations will pay huge dividends. Let people get to know each other, find out what drives them, understand what their strengths and experience can bring to the enterprise. With a focus on inverting differentiation – reducing differences and building trust and confidence between players should take precedence early on.

OD can help to build a shared sense of purpose and a respect for the different players and what they bring. Developing new approaches

to working and managing the transition from the present to the future state will involve change and uncertainty. Acknowledging this can help people to leave things behind that don't fit or work in the new world.

In the end the difference between successful integration and an unhappy marriage of convenience is the extent to which the parties can reach agreement, compromise and build on the similarities. A little patience and a lot of goodwill will go a long way and is more likely to be found where each party has something to gain from continuing the relationship and making it work.

Those leading integration will be keen to get on with the work – of course, a great deal of hope and plenty of expectation is riding on it – but a slow and well planned lead-in, a courtship if you will, supported by effective OD and given the time to develop mutual trust and respect is more likely to result in a long and happy marriage than an acrimonious divorce.



It's the maths stupid

The solution to the financial and service challenges facing the NHS acute sector faces lies in the health and care systems themselves, as **Martin Rayson** explains

In advance of my taking up a new position at an acute health trust, I met with the chief executive to talk about the issues the trust was facing and my immediate priorities. He spoke for about an hour – and I think he paused for breath, but I am not entirely sure!

He, of course, shared the view that the solution to the financial and service challenges the NHS acute sector faces lies in a fundamental review of the health and care systems. Sustainability and transformation plans are the latest mechanism to take forward this systemic approach and are designed to deliver placed-based

plans for the future of health and care services, identifying how the different parts of the NHS and social care systems can work together to provide more co-ordinated services to the public. Examples quoted of a potentially different approach are GPs working more closely with hospital specialists and district nurses working with social workers to provide care in their homes for the increasing numbers of people living with long-term health conditions.

These are longer-term solutions, however, and part of the problem is that the acute sector patient is in some parts at least, in intensive care. The BBC recently repeated warnings from the Royal College of Nurses and British Medical Association that the NHS was now constantly in a state of 'winter crisis' and while those organisations might be expected to paint a gloomy picture, published data from July this year shows that 61,000 days were spent in hospital in that one month alone by patients who could have been discharged had adequate care at home been available.

The Government will respond to concerns raised by the RCN and BMA by saying that they have allocated an additional £8bn to the NHS through to 2020, a direct response to the analysis presented by Simon Stevens, the Chief Executive of NHS England, on what was needed to sustain the NHS in the *Five Year Forward Plan*, published in 2014. However in that plan Mr Stevens did say that alongside driving efficiency savings, between £8bn and £21bn would be required to plug the funding gap.

The reality is that the resources available to spend on both public health and social care have been significantly impacted by recent financial settlements for local government

The NHS would only cope with the lower figure if major progress were made in improving social care and enhancing prevention through public health activity.

The reality is that the resources available to spend on both public health and social care have been significantly impacted by recent financial settlements for local government. It is estimated that spending on social care has fallen by 25% and the number of over-65s being helped by councils has dropped by a quarter in the four years to 2014 and, despite additional Council Tax raising powers, I doubt it has improved since then.

So, at a point when the social care system needs to step up to assist in creating a sustainable health care system, it seems to be in decline. Indeed the Association of Directors of Adult Social Services has recently stated that the system is 'at tipping point, where social care is in jeopardy.'

The Better Care Fund was an attempt to make progress on the integration agenda. When CIPFA and the Healthcare Financial Managers Association investigated the plans that were in place in December 2015, they were positive about the 'ambition that was being shown' (demonstrating what can potentially be achieved) but also concluded that a high

proportion had the potential to fail and this had the danger of giving integration itself a bad name. They highlighted the bureaucracy and complex administrative arrangements as the major risk to success.

My discussion with my new Chief Executive did end on a positive note. Progress on the sustainability and transformation plan was slower than he would like, but there was much also that could be done by the trust itself to enhance efficiency and the patient experience.

In taking forward plans within the trust and within the local health and care community, there has to be an emphasis on visionary and strong leadership to find a way through the complexities and the organisational and professional boundaries that can create barriers. Leadership in itself though will not make 2p and 2p add up to 5p (and the same applies to millions of pounds) and I struggle to see a sustainable solution unless the social care system is funded at an adequate level.

As is often the case, it comes down to simple maths.



Martin Rayson is Honorary Treasurer at the PPMA



Which way is right?

Richard Crouch, asks, contrary to popular opinion, whether the integration of adult social care and health is really the answer at all?

It was two years ago at a *The MJ* round table event at the SOLACE annual conference that I said that the integration of health with social care is the only show in town. This was hardly revolutionary as it was talked about by many prior to the event and has been ever since. I've now changed my view and I don't think that integration with health is enough of an answer.

The fact is that in many councils, adult social care is at a financial precipice and too many councils are now considering exercising 114 Notices due principally to the financial burden that adult social care is having on their corporate budgets.

The best answer perhaps lies in localism and the ability of local councils to raise local taxes better to improve local outcomes

The trouble is that health is also at a similar if not worse precipice. Another fact that seems to be resonating nationally is that such is the budget gap within both health and adult social care that efficiencies by combining alone will not resolve the issue. When I recounted this to one council a few months ago, which is currently well on the way towards integration, their response was that they know this but at least they will be moving some way towards closing the gap. I can't help but believe that we need to think beyond the 'some way'!

The best answer perhaps lies in localism and the ability of local councils to raise local taxes better to improve local outcomes and there are good examples abroad where the state takes on a stronger and better funded role than we do and where pride in place

is strong. Such places tend to have very strong economies whereas we currently do not and maybe for the short to medium term the answer lies in the United States?

By this I'm not suggesting the obvious in that we do away with the national health service and replace it with the US system. Purely because I don't see any government being brave enough to do it. What though we could more easily take up from the US is their perspective on state and people. Having spent some time talking with a number of local government colleagues from across the USA, it is clear to me that they are a lot tougher than we are. Tougher in employment matters and tougher with state funded services. In the States, you don't have people who choose to go to jail because it's a better life than outside of it or have clinically fit people in their hospitals who have to be served with eviction notices to get them out.

Perhaps now is the time to really get much tougher; in re-interpreting what is to be state funded and drive up much further the concept of citizen independence and responsibility. What other choice do we currently have?



Richard Crouch is Group Director of Operations at Somerset CC



Let's talk, people

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The challenge ahead

Health and social care is more important now than it's ever been, says **Izzi Seccombe**

Health and social care is in a period of uncertainty. It is now more important than ever for local government to work with our communities and our counterparts in the NHS to secure a future for health and social care. But in the midst of flux and change, one thing that is certain is that joining up services is essential to achieving better health and wellbeing outcomes.

One of the key aims in health and care integration is to use resources more efficiently. However there is little straightforward evidence that integration produces immediately obvious efficiency savings. In fact the process can be long and complex and can even cost money at first. The emphasis has to be around investing to save, which means a longer-term effort to reduce demand on acute services through better home-based services in the community. It also means that we need to focus on the workforce. Make no mistake, although technology and personal responsibility can do a lot, health and care are uniquely labour-intensive industries and the workforce is the key to change.

There are many challenges to deal with and partners in every area will find their own solutions, but one of the main lessons so far is that there is a risk of obsessing about structures. Organisational design is important but any organisation, however well-designed, will fail if its people are not involved properly in change just as surely as if it is poorly led and governed.

There is much to suggest that efforts to integrate services need to be focused on developing well-functioning multi-disciplinary teams drawing in people from all



partner organisations. Alongside this there is plenty of general learning about good HR practice that suggests that improving the quality of team working is very important in driving staff engagement and thus increasing productivity and efficiency. So overall we should have the potential for a virtuous circle of improvement but only if we get our approach to the workforce right. The Local Government



Izzi Seccombe is chair of the LGA's community and wellbeing board and leader of Warwickshire CC

Association (LGA) and NHS Employers recently commissioned a major report from The King's Fund which took a detailed look at the lessons about integrated working. The report looked in particular at the pre-occupation with the idea that integration requires the development of a range of entirely new jobs with new and perhaps unfamiliar skill sets. Importantly, the report noted that there is little real evidence that new job design is always worth the effort. Instead, integration partners should come to realise that all the skills and experience they need are already available in their existing workforces and that effort is needed to build people into teams where skills are recognised, celebrated and used properly. This doesn't mean getting people to do different things but instead getting them to do things differently. The best way to achieve this is simply to

bring people together in teams as soon as possible in the timeline of integration so they can develop mutual trust and understanding.

One of the main lessons so far is that there is a risk of obsessing about structures

Building from the strength of good joint team working, it is then easier for partner organisations to develop closer approaches on policy and process issues. For instance, joint approaches to workforce planning are important and there are many tools and techniques available to help with this, but we need to acknowledge that there are very different planning traditions in the NHS and local government for example, and it will take time to develop truly joint approaches. In the meantime it's important to put

efforts into other processes such as joint recruitment exercises and the alignment of a wide variety of HR policies such as disciplinary procedures, most probably on a gradual basis.

This evolutionary approach, based around good quality team working and the development of consensus means that there is a good context to deal positively with the two big elephants in the room. One is the set of what are often called 'hard' issues around contracts, pay and pensions while the other is the so-called 'soft' issue of cultural differences between organisations. The terms hard and soft are perhaps unfortunate because developing a shared culture is a very demanding process, but once it is in place it can make it easier to deal with contracts and pay.

The LGA is working in partnership with other national organisations to do what we can to facilitate integration and change. One major aim is to ensure that good quality learning and information is made available more easily to local partners. This is in fact a big task given the great diversity of projects currently underway throughout the country. Efforts are also being put into understanding the potential for imaginative approaches to pay and rewards which will make it easier for talented people to move around a much more flexible health and care system.

I've only been able to touch briefly on some of the key issues and developments here, but we are really encouraged to see that the workforce is now seen as the key to integration and that partners at every level are focused on their people. This gives HR specialists a major role to play.

One of my favourite songs came on the radio the other day - Noah and the Whale's *In Five Years' Time* (great track if you don't know it) and it got me thinking about what we hoped to achieve from HR Rising Stars as we enter our fifth year.

As a sector, we must ensure we have the capacity and capability coming through the profession

This event came about following on from a conversation between myself and Raffaella Goodby (Director of Workforce and OD at Sandwell & West Birmingham NHS Trust)

We've got star power!

Leatham Green looks at the innovative Rising Stars programme which over the last few years has recognised and promoted top HR talent

about the need to be able to attract and nurture the best talent at an early stage of their career. We were conscious that not all organisations can offer the range of development opportunities due to lack of scale or resources, and we thought it would be a great idea to create something that would enable them to access high quality development.

As a sector, we must ensure we have the capacity and capability coming through the profession. It's

not about age or job type, it's about nurturing those with aspirations to become leader in the future. So looking back over the last



Leatham Green is Programme Director at Orbis

four years it is so rewarding to reflect on the number of brilliant professionals that we have been able to work with (over 60 colleagues have participated to date) and the fact that many have gone on to greater and better things with their career a real added bonus.

It has been a privilege to work with our key sponsor Manpower Group who have been so very generous with their time and expertise coaching and nurturing the talent that we have worked with. It has also



Stars in the making: some of the 2015 participants

been a huge bonus to have the Local Government

Association as part of the event and Suzanne Hudson,



Facing the facts

Julian Mellor and Professor Guy Daly summarise the findings of a multi-year study into workforce issues exploring themes and best practice in integrated working, research that initially involved health and social care providers across Birmingham, Solihull and the Black Country

Integrated care itself means different things to different people. The following definition developed by *Think Local Act Personal/National Voices 2013* sums up how integrated care is person-centred co-ordinated care: 'I can plan my care with people who work together to understand me and my carer(s), allow me control and bring together services to achieve the outcomes important to me.'

This person-centred approach aims to ensure that people receive dignified and compassionate care, while financial constraints continue to demand a more collaborative approach in terms of reducing emergency hospital admissions, reducing length of stay and facilitating the effective discharge of patients.

An important initial consideration in setting up this research was to ensure that the programme boards

had a mix of representatives to include those who were leading service transformation as well as workforce development and education leads from provider NHS Trusts and local authorities. Membership was strengthened to formalise the link with system-wide service transformation led through the Better Care Fund and Sustainability and Transformation Plans. The Executive Steering Group for the Integrated Care programme has senior level leadership from an NHS Trust chief executive and ADASS workforce lead.

Studies of nearly 400 national and international examples of service integration revealed that very few of these had initially given consideration to the specific workforce issues that needed to be addressed. From those that did recognise workforce factors, however, it was possible to identify

some good examples of training programmes and competency frameworks that would support the work of multi-agency, multi-disciplinary teams.

Of particular importance, however, was the recognition of the role of care co-ordinators and care navigators in supporting people, especially in their own homes, and providing a conduit to other services in both the statutory and Private, Independent and Voluntary (PIV) Sector. Learning from the best practice review was also useful in identifying both the barriers and the enablers to effective integrated working.

The finding and recommendations from the best practice review were mapped across to six pilot projects, each of which provided a unique vehicle for testing out different aspects of integrated working in different settings, including

communities, care homes and primary care. All pilots demonstrated commitment to the integrated care agenda and the ability to work across multiple partners in different sectors. They provided access to expert clinical as well as patient/service user perspectives; many had their own established patient/user representative groups, thereby helping the programme to stay grounded in practice and patient experience.

All six pilot projects had commenced by April 2014 and were substantially completed by July 2015.

The best practice that has been developed will be scaled up and spread as part of the Integrated Care Programme, which is developing tools and resources, e.g. training programmes, workforce profiling methodology, for use with a wide range of new models of care across the West Midlands. This

includes the development of a framework of shared core principles and functions for those working in integrated care teams.

A new workstream has been established to ensure that the workforce has the skills and knowledge to support self-care and raise awareness of the potential of digital technology in relation to both healthcare and reducing social isolation.

The future emphasis must be on supporting the adoption and adaptation of workforce best practice. This will include an emphasis on developing organisational culture and system leaders. In addition, further work is needed on developing inter-professional and inter-disciplinary working which may necessitate professional body regulators such as the HCPC and NMC becoming more flexible in how health and social care professionals are educated.

On top of that, the future integrated workforce must be one that is sensitive to the needs of local populations and communities. This will recognise, for example, the different challenges in achieving integrated working in rural and urban environments as well as the complexities of multiple partners, commissioners and service providers, working across the boundaries of health and social care.

Julian Mellor is Programme Manager – Integrated Care, at Birmingham Community Healthcare NHS Foundation Trust/Health Education England, and Prof Guy Daly is Executive Dean of Faculty of Health and Life Sciences at Coventry University

Julian Mellor and Guy Daly are speaking at Let's Talk Health Integration – the big challenge on 18 November. See p6 for details.



Senior Advisor, who has opened many opportunities for past participants to share their ideas to senior influencers within local government. Without this

It has also been a huge bonus to have the Local Government Association as part of the event

support we could not have made such a difference to so many future leaders. So what is in store for

the next five years? At our next board meeting we will be considering how we develop the initiative further and bring a new look for this year's event that we will be launching in November. Whatever the 'look and feel' of the event is for this year I am confident that we will continue to seek out and shine a spot light on some amazing and

talented colleagues who will continue to impress.

So if you know of a brilliant HR professional – at whatever stage they are in their career – who you believe is destined for greater things, then encourage them to step up and set the public service world alight.

We would be thrilled to work with them.

Tell us your views

If you have any views about the contents of this *PPMA Focus* or ideas for future articles – or would like to contribute – please email Ashleigh Richards (winner of the PPMA Rising Star 2016) at ashleigh.richards@bristol.gov.uk





Leadership without boundaries

Yvonne Skingle says there are many questions to be answered over the direction of health and social care, and the time has come for people in the sector in leadership roles to start shouting the positives

Almost daily our press coverage talks about the integration between social care and health, STPs and key projects like the single patient record. All of us have personal stories that we can bring to the table about how life services didn't always join up to provide the best care for our family or friends. And fundamentally, we all know social care and health professionals have the personal value sets and passion needed to change and influence pathways and systems.

So why is it that our rhetoric and language is constantly littered with how tough this all is, it's been constant for the last two years and we need a change of emphasis to get us through.

Is it because we want huge progress steps as the only way to show we've made an impact? Should we share the single lesson steps and softer ground rules to success to help us nudge behaviours and improve our offer?



Yvonne Skingle is Director at Penna Executive Search and PPMA National Policy Lead

We need 'the believers' to start to talk positively about the art of the possible; we need our strong 'independency' and multi stakeholders stars to show us the way to unlock professional silos and focus on what success looks like. Sometimes we need to look outside the system to help facilitate the changes! Trust and confidence has to be the starting focus of the way we develop

We need 'the believers' to start to talk positively about the art of the possible

integration; moving away from cultural barriers and focusing on what's right for our customers – you'll tell us who is doing this well!

Storytelling around how a new approach has changed the lives of local communities would surely be helpful – but are we sharing these stories to help our practice?

What role are we encouraging our political colleagues or board members to play in the coming months and years as part of their community leadership roles?

We talk about system leadership and the qualities needed but I would question if this should start with the question: 'Are you brave or courageous enough to lead this work to delivery?'

How are we helping each other through the 'treacle' I hear you all talk about?



Have we done sufficient cultural work to help enable the changes?

More questions than answers but I'd be interested in hearing

about successes and good news stories however small.

DON'T MISS...

Let's Talk Health Integration – the big challenge 18th November 2016

In association with Penna and the PPMA, this upcoming event features sessions on the primary topic of this issue of *PPMA Focus* – namely, health integration.

Keynote speakers for *Let's Talk Health Integration – the big challenge* include Professor Guy Daly from Coventry University, Julian Mellor from the NHS (both featured this issue) and John Readman from Bristol City Council.

The session is for HRDs in local government and the NHS to consider the workforce issues associated with delivering integrated health and social care.

The event will be held on 18th November at the Penna offices at 5 Fleet Place, London EC4M 7RD between 1030-1600.

Spaces are limited to 45 so please book early via dalesparrow@warwickshire.gov.uk.



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North Yorkshire CC's Vanguard work with NHS partners and care market studies show that our demand for services and demographic trends are five years ahead of the national average. Occupancy rates for care services is running at 95%.

North Yorkshire is an area which is fortunate to have high levels of employment, however this means that ensuring the health and social care sector is an attractive and competitive place to work is one of our major challenges.

Harrogate Vanguard is one of several pilots in the country to adopt an integrated approach to new models of care for health and social care services. Our vision is to ensure the people of Harrogate and rural districts receive high quality affordable healthcare, and play an active role in making decisions about their own health. We aim to ensure more people stay healthier and independent for longer, have choice and control over their lives and care, and that costs are reduced across the system.

The partners involved in the project are Harrogate District Foundation Trust, Tees Esk and Wear Valley NHS Foundation Trust, Harrogate & Rural District Clinical Commissioning Group, General Practitioners and North Yorkshire CC.

We have worked together to



Cath McCarty looks at the good work being undertaken by North Yorkshire and a number of partners in improving social care in the region, illustrating the benefits of integrated services

redesign care out of hospital, based on messages from our residents. Our aim is to shift investment from acute services to provide more support in the community.

We are focusing on the links between mental health, wellbeing and physical health, as well as providing a more joined up and faster response to crisis. The overall aim is to avoid hospital admissions while supporting

people to take a more active role in managing their own health and wellbeing. Our voluntary sector partners are key in our work.

Our aim is to shift investment from acute services to provide more support in the community

The project focused on streamlining operational

processes to eliminate duplication across the health and care sector. This enabled the efficiencies to be reinvested, while enabling an integrated working environment.

The county council has also developed a range of prevention initiatives:

- **Stronger communities**, a universal prevention programme provides start-up funding, advice and support for communities across North Yorkshire, helping

people to support each other. There are dozens of initiatives attached to this such as support to community libraries and community transport, sporting memories clubs and training volunteers for home visits and initiatives to connect older and isolated people with each other.

- **Living Well** is a new service helping people on the cusp of care to build their confidence to continue living independently at home. Council staff from a range of backgrounds comprise this new team working in partnership with clinical commissioning groups, district councils and the voluntary sector. Team members are trained to spend time with people on a one to one basis to help them achieve the outcomes they want.

- **Extra Care** is the county council's flagship programme supporting people to live in their own homes with care and support when they need it. Schemes may also incorporate GP surgeries, libraries, short break respite services and specialist accommodation for people with dementia.

In the last 10 years we have developed 19 schemes, three more are under construction and potentially another 30 schemes in the pipeline.

Cath McCarty is Head of HR and Head of Adult Services at North Yorkshire Council



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We all seem to recognise that the social care crisis, is just that – a crisis. Only last month in *The MJ* the chief executives of NHS England and NHS providers, and the president of the Society for Acute Medicine, demanded action to solve the crisis in social care because of the knock on effects on the health service. And Department for Communities and Local Government said (in the same *The MJ* article): 'We've also devolved new powers and funding to local areas so they can integrate health and social care...'

So everyone wants integration, everyone seems to recognise that for the customer – the patient – a joined up solution is better. It is cheaper and that the way forward is to prevent and redirect demand. You'd think that the NHS and local government were intertwined and that there were regular job hops from one to the other in the areas of delivery and commissioning in social care. But that's not the real picture at all.

It is still really difficult for either to make the move. The NHS is almost unable to see beyond candidates without NHS experience and while local government is, in my experience, more welcoming of those who've worked in the NHS, the differences in strategic and particularly operational accountability remain significant or difficult to translate.

Perhaps the current informal and voluntary nature of the

The talent challenge

If integration is the main issue, why isn't there more movement from health to local government and vice versa? Penna's **Julie Towers** looks at how to make more of our social care talent



Julie Towers is Managing Director at Penna Recruitment Solutions

integration needs more mandate from the Government so that pooled budgets are not negotiated or politicised but driven to work together to service redesign that follows the more natural path of a citizen/patient and starts with the outcome in mind. This approach

would force these undoubtedly complementary talented teams to share ideas, work together and bring the best of their experience to bear for the benefit of society; and in doing so create new social care talent pools for the future.

While organisation structures

never achieve anything, it's always the people in them that make things happen, some forced new structures and pooled budgets would take away the power, culture or budget lines that so often get in the way of change.

In order to release and mobilise

the already limited social care talent we have in the UK surely a more open minded approach to different experience, more time taken to investigate and translate skills and language would help mobilise more talent across the two sectors; and through looking beyond the CV, using assessment to identify transferable skills and early engagement with candidates can really open up talent pools.

We've seen this recently with a London borough client who was really open to health candidates for adult social care roles – and it has paid dividends. And it's not surprising that the movement of individuals from NHS to the council is already opening up more joined up opportunities.

Citizens, patients don't mind how they get cared for as long as they do and it's good quality and appropriate – so let's ensure that the lines of organisational employment don't prevent the sector from delivering this and that we don't create silos of talent in an already limited professional area.

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