

**Shaping the future together:  
Wakefield Integrated Care Partnership  
Draft People Plan 2021/22**

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# Wakefield ICP (place based) People Plan

## Introduction

This refresh of our Wakefield People Plan builds on our previous plan and is informed by what we have and continue to learn from the pandemic and the emergent governance and structures of the West Yorkshire and Harrogate ICS.

The workforce is our greatest asset, and a co-ordinated collaborative programme of support and development will ensure that, safe, healthy, resilient, competent, compassionate, confident, flexible, high quality are key characteristics of the health, wellbeing and social care workforce across Wakefield.

Now, more than ever before, we need to rethink familiar approaches to workforce shaping and commissioning. Workforce transformation, shaping and commissioning is not just a matter for employers and providers but is about building a wider labour market, embedding succession planning from the outset, futureproofing, including developing skills in the community that equip people with optimum skills, behaviours, competences and attributes. This transformational work is also not just about practitioners but about people who are being supported, their carers, volunteers and all who make up the support networks in our neighbourhoods. With evidence of the need for a more inclusive, diverse workforce that reflects our populations we will also look to ensure our health and care staff mirror the very communities we reach out to and are served by – care delivered by ‘people like us’

The achievement of genuine workforce transformation in Wakefield involves the bringing together of workers traditionally from different settings or professional disciplines to reshape care and support services across Wakefield. A workforce can only be truly integrated if it is viewed as a whole entity crossing traditional boundaries. This can happen only where we automatically and collectively ‘think workforce’ and a cohesive series of workforce principles permeates all planning and development activity. In other words, workforce development is not seen as a separate issue to be planned in separate traditional organisational ways.

This **Wakefield ICP People Plan – shaping the future together (ref and hyperlink)** has been developed and co-authored by members of the Wakefield ICP Workforce PMO, influenced by and working with partners and programme leaders across the ICP. In developing the plan, we have taken reference from national and local policies, strategies and documents produced by various organisations. We have reviewed the workforce strategies of ICP partners, talked to HRD and Directors of Nursing reference groups, people involved in organisational workforce planning and development activities, programme leads, project managers.

In developing this plan, we have been mindful of the workforce issues and workforce work themes identified by the West Yorkshire and Harrogate Health and Care Partnership (ICS) and the concurrent refresh of the ICS people plan.

This people plan has been created to cover a 1 year period during a significant turning point in our health and care system prompted by the COVID 10 pandemic however it is recognised that this plan needs to be dynamic and it will need to adapt and evolve as the regional, local and national plans are developed.

### **Aim and Purpose of the People Plan**

The overarching aim of the Wakefield ICP People Plan is to ensure Wakefield has a confident, motivated workforce who have the right skills, values & behaviours and are engaged and supported to deliver the Wakefield ICP Vision, strategic objectives and plans whilst constantly moving towards financial sustainability.

This Wakefield ICP People Plan identifies and offers solutions to a number of cross cutting strategic priorities and challenges that will need to be addressed to ensure the Wakefield health and social care workforce of tomorrow both paid and voluntary is well equipped and able to respond to the changing needs that the sector and the citizens of Wakefield demand.

The plan aims to provide a road map for workforce transformation to enable the Wakefield partners and commissioners to achieve our vision for person centred co-ordinated care. The strategy incorporates a strong commitment to taking the Wakefield citizens on a journey with us challenging the citizen's own learnt behaviours, perceptions and expectations of health and wellbeing and helping them reflect and shape their own personal role in attaining and sustaining wellness over time

The plan will seek to support the transformation to future state by:

- Setting Strategic direction for co-created workforce transformation
- Identifying current and anticipated workforce challenges
- Describing the progress to date and set out future planned activity
- Describing the framework to enable the design and development of new models of care, leadership and ways of working which span organisational and service boundaries
- Move towards a competency based and value based approach to training, recruitment and role redesign
- Promoting the demise of 'the fortress mentality' and promote collaborative working environments
- Promoting collaborative, compassionate, distributive system leadership
- Contributing to business cases for investment in workforce transformation

This People plan does not seek to impose actions and recommendations which impinge and impact upon the individual employment responsibilities of ICP partners rather it is based on a number of key principles that have been established to enable standardisations, consistency of process/approach and avoid duplication across ICP partners.

## Context

### The National Context

The complexities and ever-changing nature of health and social care coupled the impact of the pandemic, ongoing austerity measures and acute staffing shortages in some parts of the health and care sector mean that shaping and commissioning personalised, preventative and good quality care and support services in any local area is a challenging process, one which demands change, innovative approaches and development of new ways of working.

These challenges facing health and social care are well stated, with numerous drivers evident in relation to staff health and wellbeing, improving consistency of care and quality, and effectiveness and evidence of greater involvement by the third sector.

**The NHS People Plan: We are the NHS: action for us all** from NHS England and NHS Improvement (NHSEI) and Health Education England (HEE) set out what our NHS people can expect from their leaders and each other. It focused on how we must look after each other and foster a culture of inclusion and belonging, as well as action to grow and train our workforce, and work together differently to deliver patient care.

The NHS People Plan focused primarily on the immediate term (2020-21) with an intention for the principles to create longer lasting change, it set out practical actions that employers and systems should take, as well as the actions that NHSEI and HEE will take it

It focused on:

- **Looking after our people** – with quality health and wellbeing support for everyone.
- **Belonging in the NHS** – with a particular focus on the discrimination that some staff face.
- **New ways of working** – capturing innovation, much of it led by our NHS people.
- **Growing for the future** – how we recruit, train and keep our people, and welcome back colleagues who want to return.

**People Plan Operational Guidance 2021/22** sets out people priorities for 2021/22. The guidance builds on the People Plan 2020/21 action for us all and is informed by what we have learnt during the pandemic. The aim is to embed more preventative health and wellbeing approach, tackle inequalities, lock in beneficial changes and new ways of working and boost efforts to attract and retain more people.

### **Adult Social Care Collaborative workforce priorities 2020 - 25**

In June 2020 ADASS, Skills for Care and the LGA agreed to work collaboratively on five strategic workforce priorities areas. These are:

- 1.Strategic workforce planning
- 2.Growing and developing the workforce to meet future demand
- 3.Enhancing the use of technology
- 4.Supporting wellbeing and positive mental health
- 5.Building and enhancing social justice, equality, diversity and inclusion in the workforce.

These strategic priorities do not stand alone from each other but are inter-related. Each will be informed by market intelligence and any outputs will be co-produced with those people who use care and support services.

### **Local Place Based Workforce plans**

Each local system has been asked to develop a local People Plan in response to the national people plan, to be reviewed by regional and system level People Boards. The ICP has already agreed that Wakefield's Place Based People Plan will be an evolution of our existing workforce transformation strategy enhanced and underpinned by the strategic intentions of the NHS People Plan and aligned to the priorities and key messages of the West Yorkshire and Harrogate People Plan (Title/ref/hyperlink)

Our plan is therefore closely aligned to the national strategy and written in a way that takes each of our priority areas in turn covering:

- Our ambition
- Workstream priority areas we are currently or intending to take forward at place

The Wakefield Workforce PMO in conjunction with the Wakefield HRD and Nursing Directors network are committed to working with ICP Priority SROs and fellow enabling leads to support the development of local metrics to measure impact and track progress of the all programmes

### **Components of our Wakefield System Development**

The local context of our system development programme is the production of a new Health and Wellbeing Strategy for Wakefield and plans for its implementation.

The development of the WY ICS and the consequent changes at place level as the CCG comes to a managed ending and the extension of collaboration across our integrated care partnership as the initiatives we have already taken open up new avenues for joint working.

- Ambition and vision articulated through a co-produced, outcome-focused Health and Wellbeing Strategy, which informs all decisions and influences beyond the partnership.
- System and governance infrastructure which mirrors ICS arrangements & provides assurance on quality, safety, financial and service performance across the partnership.
- Culture, behaviours and leadership that create an environment where all partners commit to the effectiveness of the whole system and organisational objectives are achieved through the success of the whole system.

## **Scope of our system development**

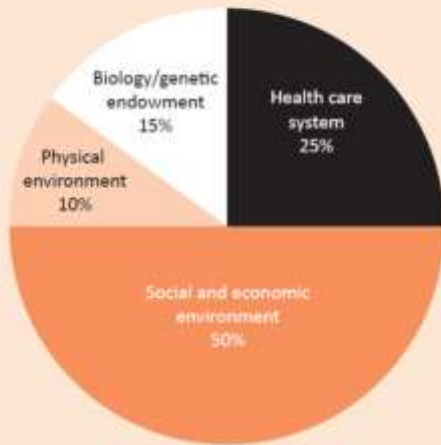
- Our system design will cover all our system/place delegated arrangements between West Yorkshire Integrated Care System and Wakefield system to provide assurance across our partnership.
- It will have shared oversight of the Wakefield NHS £.
- It will be accountable for the delivery of an oversight assurance framework.
- Its ICP remit and accountability goes beyond our four identified priorities for 2021/22.

## **Principles governing our system development process**

- Co production – with ICS and place based partners.
- Focused on population health improvement and reducing inequalities.
- Maximising subsidiarity.
- Inclusive and participative.
- Open and transparent.
- Building on experience and evidence.
- Enabling clarity of purpose and operational efficiency.

## Focus on improving health and reducing inequalities

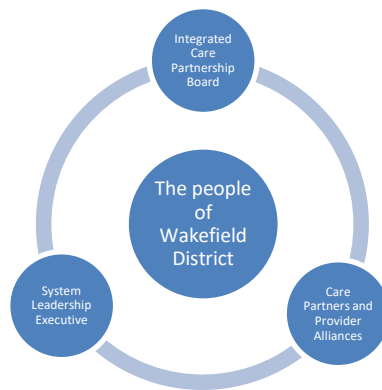
Figure 1 Estimated impact of determinants on health status of the population



Our integrated care partnership has a central role in supporting the co-production and delivery of the Wakefield Health and Wellbeing Strategy to improve population health and reduce health inequalities.

We are all mindful that the our heath and social care system is only one of the determinants of the health of the people of Wakefield but it is an important determinant and one over which we have some local control and within which care integration is proving to be a force for improving its effectiveness and efficiency. We know too that the work of our partnership has an economic and environmental impact on our district as well as a direct care and disease prevention impact.

## System Components



These are the four component parts of the Wakefield health and care system.

- The people at the centre as citizens, patients, clients, individuals, families, neighbourhoods – the adults and children for whom we work.
- The care partners from the public, independent and third sectors and the new ways in which they collaborate on care pathways.
- ICP Board which continues to evolve in order to reflect the evolution of our local system and its mutual assurance.
- A System Leadership Executive which we need to build to support the development of our system and its accountability.

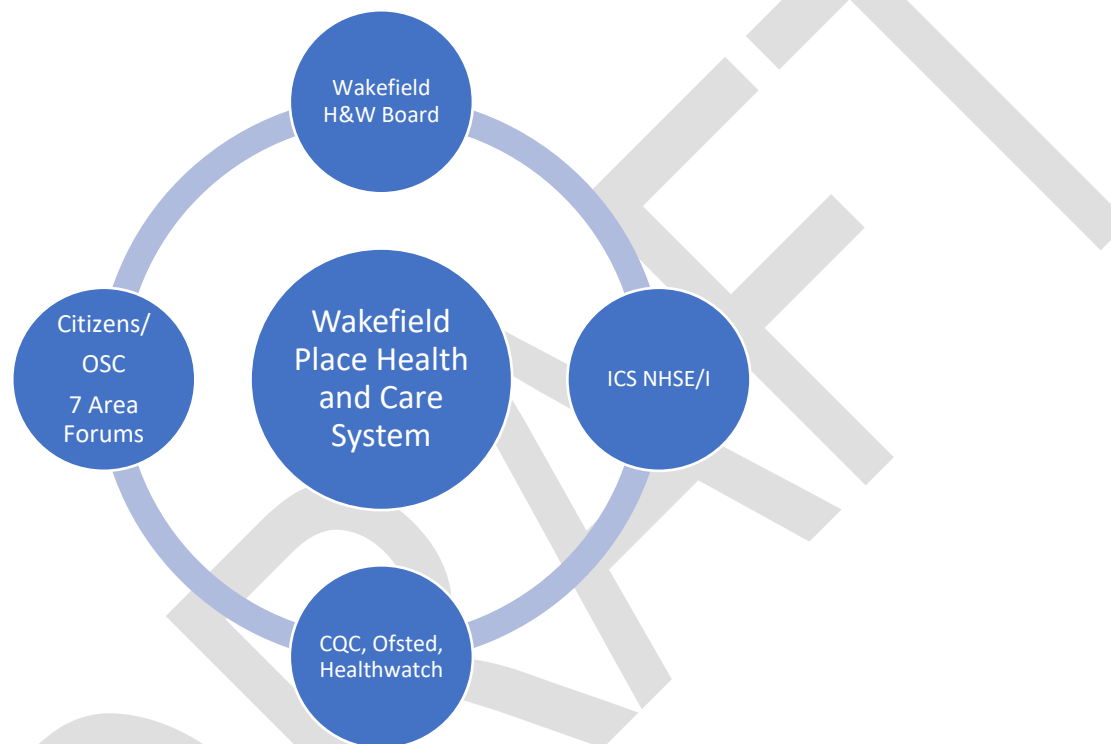
## System Functions

The core function of the Wakefield place health and care system:

- Defining our purpose through the Health and Wellbeing Strategy – co-production and implementation
- Development of collaborative models to improve the effectiveness and efficiency of care
- Accountability to the public for care quality and the use of the Wakefield care £
- Collective delivery of national and ICS programmes and regulatory compliance



## System Accountability and Regulation



Our system has accountabilities to the Health and Wellbeing Board for the implementation of the Health and Wellbeing Strategy, to the people of Wakefield for the quality and value for money of its services, to the ICS as the new statutory NHS body and regional health and social care partnership board, and via its partners and provider alliances to various statutory bodies overseeing service quality.

## Principles underpinning our system

The decisions we make and the way in which we execute delivery is underpinned by the agreed principles.

1. Arrangements that support delivery of shared objectives.
2. Equitable distribution of contributions and benefits.
3. Fair and inclusive decision making, reflecting the citizen voice.
4. Cooperative behaviour – aligned to our shared values.
5. Fast and fair conflict resolution.
6. Low bureaucracy.
7. Subsidiarity.
8. Best practice public sector governance principles, including commitment to public accountability.
9. Authority to self govern (accordingly to principles 1-5).
10. Collaborative relations with other groups (using principles 1-6).
11. Capability and confidence to take delegated authority and be held to account for delivery.
12. Inclusive approach to developing future arrangements.

## Leadership style and behaviours in our system

- Co – production.
- Distributed Leadership – **leadership is dissociated from designated organisational role and instead is about the actions of all individuals at all levels of responsibility are recognised as integral to our success.**
- Our leaders generate value wherever they work, supporting and balancing all motivations and perspectives.
- Look to inspire and promote integration.
- Transferrable skills across the system.
- Break down barriers and silo working.
- Build cross functional relationships, built on trust and strong communication.

## Wakefield: Proposed Development Programmes

Proposal to develop 6 key portfolios of work, each will have an SRO who will oversee the design and delivery and be accountable to the ICP.

1. System development.
2. Developing and supporting the Wakefield Health and Wellbeing Strategy.
3. Children's and Young People Services
4. New models of care and provider collaboratives.
5. Wakefield System People Plan.
6. Infrastructure and systems.

<b>System Development</b>	
<b>SRO: Jo Webster</b> <b>Executive Lead: Mel Brown</b> <b>Key Support: System</b>	
<b>Scope and Purpose:</b> <b>To self-assess Wakefield System against the development framework to enable us to:</b> <ul style="list-style-type: none"> <li>• Assess our current state;</li> <li>• Determine our development needs; and</li> <li>• Take action to address our needs.</li> </ul> <b>To ensure that we have undertaken a review of our System (ICP) using the framework, enabling our place ICP development plans to contribute to the overall ICS development plan. In addition to provide assurance to the ICS that we are mature enough for receipt of delegated functions and associated monies from the ICS.</b>	
<b>ICP Development Framework</b>	<b>Addressing our ICP areas of development identified through ICP development framework. Aiming to be a thriving ICP through working through our actions as a ICP</b>
<b>Developing Wakefield's New Care Model</b>	<b>Developing a vision for a Wakefield Professional, Social Care &amp; Clinical Care Model</b> <b>Capturing clear actions through our ICP Operational Plan 2021/22.</b>
<b>OD and Leadership</b>	<b>Distributive Leadership model, Strong professional and clinical leadership models, Collaborative and Inclusive leadership, development of OD strategy. Wakefield ICP Board OD Strategy.</b>

**Health & Well Being Strategy Ambition & Vision**  
**Vision, Purpose, Outcomes**

**Scope and Purpose:**

**Our ambition is to build the resilience of local people: we want people in Wakefield district to have healthier, happier and longer lives with less inequality. To deliver this we will do more to prevent ill health, to support people to make informed choices and be more in control of their lives. We know that people who have jobs, good housing, and are connected to families and communities feel better and stay healthier.**

**Ensuring a healthy standard of living for all**

**Working with our partners across the district to tackle poverty, loneliness, stress, debt, poor housing, smoking, alcohol, unhealthy eating, and physical inactivity and to minimise the impact this has on health and wellbeing.**

**Giving every child the best start in life.**

**Working closely with our Children and Young People’s Partnership to ensure that we can provide our children with the best start in life.**

**Strengthening the role and impact of ill health prevention.**

**Increase a focus on self-care and support those with ill health and those who have conditions which suggest a lower life expectancy to prevent their health worsening. This includes our plans for mental health, cancer, frailty, primary care home and end of life care**

**Creating and developing sustainable places and communities.**

**Adopt innovative approaches to transform health and wellbeing capturing our enabling work streams of workforce, digital, estates and communications**

**Public Engagement & Accountability**

**Communications / Engagement, Partnerships Improving population health, Harnessing the Power of Communities, Citizen engagement / health watch.**

## Children & Young People Transformation

**SRO: Beate Wagner**

**ICP Lead: Jenny Lingrell**

**Key Support: Children's & Young people partnership PMO**

### Scope & Purpose:

To drive the Wakefield Families together vision and objectives and to deliver the key priorities outlined in the children and young peoples partnership plan

**All children in Wakefield get the best start in life and are happy, healthy and safe**

It is very clear that children's experiences in the earliest years of life, from pregnancy, have a profound impact on their health and wellbeing in adulthood. support children's speech and language development in the earliest years. Support initiatives to improve the health of women in pregnancy. Maximise existing initiatives on poverty, we will develop initiatives that maximise families' disposable income and improve the quality of life for families on a low income.

**All children and young people enjoy good emotional and mental well-being, are resilient and feel supported and safe in their communities**

Expanding the support offer to primary, secondary and colleges The Thrive model will be embedded within the local system approach to emotional and mental well-being and in all service developments. The development of the Future in Mind including clinical and therapeutic services.

**All children and young people benefit from an all inclusive education and are well prepared for their transition to adult life**

Improve the links between Virtual School and key partners, such as FE Colleges, to ensure effective transition of the year 11 CiC cohort. We will continue to embed and develop 'Project Search' across the District with key partners and reduce the % of our young people that are NEET across all cohorts Improve pupil outcomes at all key transition points ensure there are strong links between children and adult services to better facilitate a seamless transition to adulthood.

## Wakefield – New Model of Care Provider Collaboratives

**SRO: Martin Barkley**

**Executive Lead:**

**Key Support:**

**Scope and Purpose:**

- Reviewing Wakefield’s provider collaboratives to determine the appropriate provider collaboratives in response to the White Paper and Developing a vision for a Wakefield Professional, Social Care & Clinical Care Model

**Urgent Care**

Transforming urgent and emergency care to prevent inappropriate attendance at emergency departments, improve timely admission to hospital for ED patients and reduce length of stay

**Planned Care**

Maximise elective activity, taking full advantage of the opportunities to transform the delivery of services.

**Connecting Care**

Transforming, Social & community services, Community bed redesign & Care homes

**Primary Care Networks**

Expanding primary care capacity to improve access, local health outcomes and address health inequalities.

**Wakefield Families Together Children's & YP**

Delivery of Children's Plan

**Mental Health & Learning Disabilities Alliance**

Expand and improve mental health services and services for people with a learning disability and/or autism.

**Voluntary and Community Sector**

Shaping and delivering services to enable the building of stronger resilient communities

**Wakefield Infrastructure & Systems Structures, Governance, Financial Frameworks, Risk, Data**

**SRO: Jane Hazelgrave**

**ICP Lead:**

**Key Support:**

**Scope & Purpose:**

To develop clear plans in setting out how will get to the position of being able to receive and be accountable for delegated functions.

**Provider Collaboration**

Ensure we have a clear framework for decision making, Clear Operating Model with a whole population focus to deliver connected care Mutual Accountability & Self-Governing System, Develop local Provider Collaborative models using our local learning from Wakefield Mental Health Alliance, Relationships and interdependencies with other boards, committees and the ICS.

**Finance Performance & Business Intelligence**

Preparing for delegated responsibility, Deployment and management of the Wakefield NHS allocation, BCF allocation, Development of a BI/Outcomes framework, Financial strategy, Planning oversight, Capital and Estates, Contracting, Financial management.

**Quality**

Quality Improvement oversight / assurance, Safeguarding.

**System Clinical & professional Leadership**

Clinical networks, Priority programmes for specific populations, Innovation and Improvement, Digital, Meds Opt, Professional networks, Quality oversight / assurance, and Safeguarding.

**Citizen & Public Engagement**

How do we actively engage our local citizens in the design and planning of services. Capture experience and learn.

## Wakefield People Function

Linda Harris – CEO Spectrum Community Health CIC is the SRO for Wakefield ICP People Function.

### SRO roles and Responsibilities

- Take leadership responsibility for the design of the programme and develop recommendations for Wakefield and WY&H.
- Ensure that the programme has clear outcomes based objectives supported by a clear delivery plan.
- Ensure appropriate programme governance and oversight arrangements are in place combining provider and system leadership.
- Work with the Wakefield ICP Executive to map out the important decision points – and timelines for making these decisions at ICP Board in preparation for new system responsibilities in April 2022.
- Ensure we have adequate representation, connectivity and influence at WY ICS design and delivery sub groups.

The workforce PMO operational cell currently consisting of Suzie Tilburn – Wakefield CCG (Workforce Programme Lead) Alicia Mornin (Workforce PMO Project Support Officer) Jeanette Cookson (Strategic Advisor) serves as conduit between ICP priorities and workforce as an enabler.

The HRD network is a strong and mature network which comprises HR Directors and OD leaders across the ICP. It is inclusive of anyone with a significant stake in recruitment, retention, development and wellbeing of staff and acknowledges organisations of different shape and size may not have dedicated people functions.

The network has responsibility for the oversight of the execution of the Wakefield Place Based people plan and supports the provision of dynamic assurance of Wakefield place to the ICS

The network is serviced by the Workforce PMO and is underpinned by a virtual Workforce Hub which is a repository for information, advice, links, network meetings and subgroups and learning and development. The network has a growing number of standing subgroups and can commission workstreams and task and finish group. It operates through matrix and distributed leadership

Sub-groups/task and finish groups forming:

- Recruitment and Retention
- Equality, Diversity and Inclusion (EDI)



- EDI SUMMIT working group
- Staff Health and wellbeing
  - Swartz rounds T and F group
  - Physical health checks project

Alongside the HRD network is a developing Chief Nursing Network comprising lead nurses from organisation across the system. This professionals' network contributes to the development and delivery of our Wakefield ICP Plan from a nursing and allied health professionals perspective, including recruitment, retention and career pathways and nurse leadership

The network is a positive asset which will focus on pathway redesign and nurse specific developments at scale, e.g. international recruitment, support worker workforce, integration of primary and community nursing, nurse competency frameworks, clinical supervision and patient safety and quality aspects of workforce development and redesign

The Workforce Programme Management Office

Workforce PMO links into WY&H ICS people function via

- People Board
- Workforce Hub
- SHAPE network
- Delivery Group
- Looking After our People Alliance
- Retention
- Workforce Observatory

Wakefield Workforce PMO Website is the repository for all workforce information and communication of relevance and meaning to the Wakefield system (ref and link)

The PMO oversees agendas for all standing groups and committees, oversees the assurance of place to system and provides specialist workforce leadership and capacity to ensure agreed programmes are delivered

Strategic drive and momentum is maintained through a weekly workforce PMO cell which invites guest speakers and support leaders to scope and plan the workforce programmes they will be introducing to the wider system and socialise leaders with emerging plans

## How we will deliver the people plan – the ‘5.7.9’ of Wakefield Workforce Transformation

The ICP comprises complimentary partner organisations. Some of these organisations provide care in geographies and specialties outside of the ICP footprint but all are committed to providing the right workforce model for Wakefield citizens. To achieve the strategic workforce transformation vision, we will use the ‘5,7,9 of Wakefield workforce redesign’: The **Five Key Workforce Priorities**, The **Seven Rights of Workforce Transformation** and **The Nine Guidelines for Workforce Transformation**.

Achieving this strategic vision requires the continual input, monitoring and evaluation of the integrated workforce by the ICP partners.

### Wakefield Place ICP People Plan - Our Five Key Priorities:

The overarching aim of the Wakefield Place ICP People Plan is to ensure we have a confident, motivated workforce with the right skills, values & behaviours engaged and supported to deliver the ICP Vision, Strategic Objectives and Plans whilst maintaining financial stability

#### The Five Key Priorities

1. Looking after our people
2. Enhancing and Growing Systems Leadership - Belonging
3. Redesign – New roles, New ways of working and delivering care
4. Growing our workforce and developing our people
5. Population health workforce planning

## Seven Rights of Workforce Transformation

**Right People:** Ensure you have people with the right values, attitudes and behaviours to meet the needs of the population of Wakefield.

**Right Size and Shape:** Ensure you have the right number of people in the right roles and the right balance of types and levels of roles. Eliminate duplication and inefficiency.

**Right Culture:** Ensure we have the right workplace culture to meet the needs of the population of Wakefield.

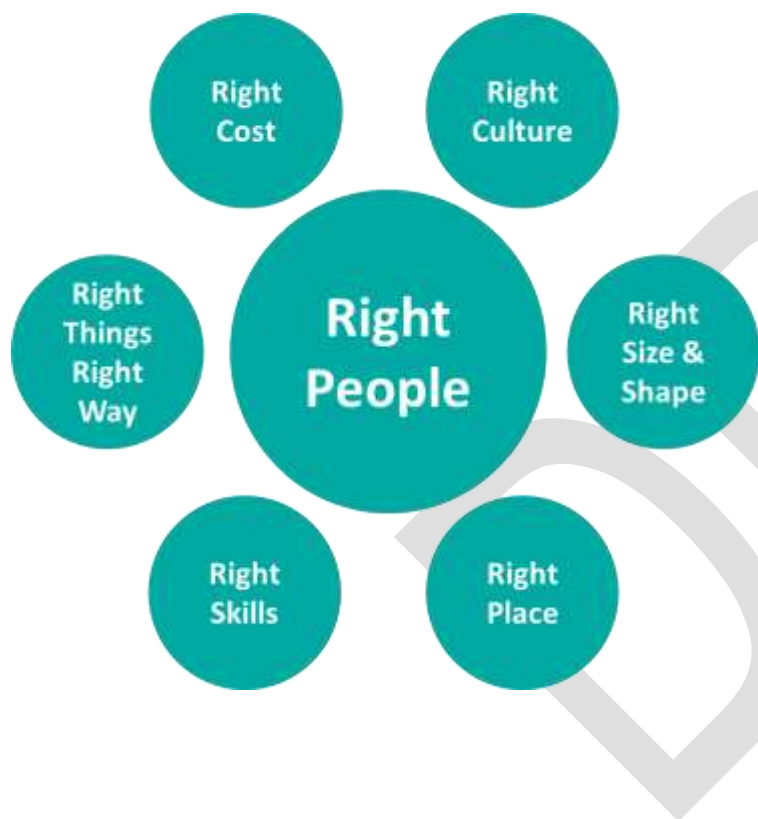
**Right Place:** Ensure the required staff resources are available in the right location to meet needs.

**Right Skills:** Assess the gaps in competencies and skills to what will be needed to meet future goals.

**Right Things in the Right Way:** Ensure the models of care and processes adopted are the most effective mechanisms to meet people's health and care needs.

**Right Cost:** Ensure outcomes achieved justify use of resources, people's effort, time and sacrificed opportunities.

### The Nine Guidelines for Workforce Transformation



## The Nine Connecting Care Guidelines for Workforce Transformation (our blueprint for collaborative workforce transformation)

All partner agencies are committed to growing and developing talented individuals and skilled teams working to an agreed suite of guidelines for workforce transformation:

1. Redesigning roles & services, and creating new roles/services that focus on better outcomes for people with care and support needs
2. A workforce working to a Whole System approach – individuals and teams that cooperate and consider the impact of any change on whole system, minimise unnecessary competition between programmes, organisations and teams for people resources
3. Expanding the role of Wakefield citizens and carers to participate in and assist them to take responsibility for their care
4. Expanding the role of Voluntary, Community and Social Enterprise (VCSE)
5. Increasing the effectiveness and accessibility of education and training and on-going supervision throughout the system by joint working and sharing expertise and resources
6. Actively fostering systems leadership development bespoke to Wakefield
7. Acknowledge and overcome resistance to change and transition through a shared culture of partnership where service boundaries are blurred and roles, professional identities and functions interrelate for the good of seamless patient care
8. Shared values and learning across disciplines (which are linked to the creation of transportable accreditation options, the principles of person centred planning and care at or closer to home)
9. Shared project management methodology and ongoing Monitoring and Evaluation

All of the above will be underpinned by system wide adoption and embedding of the guidelines, and we suggest the use of the Skills for Care Workforce Shaping and Commissioning Model 'Analyse-Plan-Do- Review' to support this.

## **The Wakefield Workforce Transformation Challenges**

Our local challenges reflect the national picture with increasing demand for diverse services against a backdrop of reduced expenditure and supply chain gaps. The following points summarise the key challenges raised by ICP partners, and are themed to align with the ICP People Plan key priority areas.

### **Looking after our people**

Effects of the pandemic

Staff stress and 'burn out' – health and wellbeing

Changing patterns of working, flexibility, digitisation, home working, family and wellbeing friendly working practices, OOHs

Staff and patient safety

### **Enhancing and growing systems leadership - Belonging**

Planning that aligns processes in system approach

Planning that addresses the current gaps in succession planning, and development of transformational leaders to maintain emphasis on change

Planning for sustainable contracts as opposed to over reliance on fixed term contracts which can de-stabilise staff engagement in role development and impact significantly on retention rates

Inequalities

Inclusive workforce practices (e.g. The Fellowship') so people from all walks of life, experiences, ability and ethnicity have an equal chance to join and flourish in our workforce

### **Redesign – New roles, New ways of working and delivering care**

- Growing and changing demand for how care is provided
- Shift the balance of the workforce towards primary care
- Inclusive health promoting and prevention behaviours and competencies
- Resistance to change in professional boundaries
- Changing the mindset in health and social care workforce (where required) from 'doing to, to doing with citizens'
- Open and transparent and innovative public engagement to identify and manage any public resistance to workforce transformation
- New medical and information technologies create new healthcare tasks, access and methodologies for treating and caring – e.g. AI, remote and agile working, telemedicine and teleconsulting

- Governance and structural diversity in providers as employers, and providers as collaborators and the subsequent impact this has on ability to develop staff, staff passporting, staff development and quality placements for trainees

### **Growing our workforce and developing our people**

- Resourcing the joint training and education to create a collaboratively produced future workforce.
- Releasing the existing workforce to take time out for new skills development, particularly around embedding new models of care
- Collaborating and investing in a wealth of necessary new skills and drawing together and aligning academic institutions, research bodies and public and private sector

### **Population health workforce planning**

- Gaps in workforce data
- Prospective gaps and specific role shortages
- Getting systems working together right for the staff and the citizen
- Wakefield demographic of older citizen cohort, coupled with complex long-term conditions management
- Agreement on workforce planning methodologies , which ones, where will the planning function be based and take place and how will it influence place based planning

## Wakefield Place ICP People Plan - Our Five Key Priorities:

Looking after our people					
Aligned to national People Plan Priority - Looking after our people					
Wakefield Ambition:					
<p><b>Safe and healthy people</b></p> <ul style="list-style-type: none"> <li>- Quality health and wellbeing support available for everyone. Our people have the practical and emotional support to do their jobs, remain resilient and flourish in role</li> <li>- A culture of civility and respect where discrimination, violence bullying and harassment are not tolerated, and people never feel fearful or apprehensive about coming to work</li> </ul>					
National actions for recovery 2021/22	National key indicators of delivery and outcome metrics	System and employer priorities in 2021/22	WY&H Partnership priorities in 2021/22	Wakefield Place priorities in 2021/22	Wakefield Key indicators of delivery
<p><b>Staff safety and protection programme support including:</b></p> <ul style="list-style-type: none"> <li>• Testing, PPE, vaccination and long COVID support.</li> </ul> <p><b>National health and wellbeing programme support for:</b></p> <ul style="list-style-type: none"> <li>• Wellbeing Guardians</li> <li>• Line managers/teams</li> <li>• Mental Health hub in each system</li> <li>• Enhanced health and wellbeing evaluation</li> <li>• Aligning the NHS Staff Survey with the People Promise and launching a new quarterly survey to</li> </ul>	<p>Plans and processes in place to enable staff to take annual leave in Q1 and Q2 and to check that this is happening.</p> <p>Processes in place to monitor and safeguard staff health and wellbeing, using an appropriate set of staff experience measures, to ensure people recovery is taken into account when considering available workforce capacity.</p> <p>Wellbeing guardians are appointed and established.</p>	<p><b>Support our people to recover and promoting proactive health and wellbeing (HWB):</b></p> <ul style="list-style-type: none"> <li>• Time off to recover in Q1 and Q2</li> <li>• Individual HWB conversations and wellbeing plans, including staff safety assessment, flexible working and access to preventative HWB support</li> <li>• Enhanced occupational health and wellbeing psychological support</li> </ul>		<p>Invest in the psychological, emotional and physical wellbeing of our people in the context of the changes and challenges brought about by COVID and living with the virus.</p> <p>Trusted and successful workplace wellbeing resources are in place and available to support the psychological, emotional, and physical wellbeing whole staff cohort.</p> <p>Improve work life balance of our workforce and reduce absence</p>	

<p>understand employee experience</p>	<p>Plans and processes in place to ensure all staff have regular HWB conversations and up-to-date plans, which take account of holistic needs and enable access to staff safety and protection, risk assessment. Flexible working and access to preventative HWN support.</p> <p>Plan and processes in place to ensure all staff needing psychological and physical support are able to access it, and referrals are reviewed to identify patterns and trends.</p>			<p>Strengthen the adoption of Digital methodologies for engagement and connectivity ensuring time and space is built into digital working practices</p>	
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Enhancing and Growing Systems Leadership – Belonging  
 Aligned to national People Plan Priority - Belonging in the NHS

**Wakefield Ambition:**

**Foster a culture of openness, compassion, inclusion and belonging where people are listened to and feel confident and able to speak up. Leaders at all levels take action to create an organisation culture where everyone feels they belong and diversity is celebrated, understood and encouraged.**

National actions for recovery 2021/22	National key indicators of delivery and outcome metrics	System and employer priorities in 2021/22	WY&H Partnership priorities in 2021/22	Wakefield Place priorities in 2021/22	Wakefield Key indicators of delivery
<p><b>EDI support including:</b></p> <ul style="list-style-type: none"> <li>Trust level model employer support on 1-2 identified actions</li> <li>Targeted support on 6 high impact actions to overhauling recruitment and promotion practice</li> <li>Establishing staff networks and best practice guidance</li> <li>Leaders and line managers support to hold productive discussions on race and health and equality within their organisation</li> <li>Freedom to Speak Up – guidance for boards and refreshed national FTSU policy</li> </ul> <p><b>Leadership guidance support, including:</b></p> <ul style="list-style-type: none"> <li>New Leadership Compact and</li> </ul>	<p>Data driven action plan in place with Board and staff network sign off, using modified metrics from latest WRES data and incorporation the six high impact recruitment actions, with clear governance process to assure delivery.</p> <p>Data driven action plans in place, with Board sign off and oversight, that demonstrate progress towards model employer goals, including incorporating key actions to embed high performing staff networks.</p>	<p><b>Developing an inclusive and compassionate culture and addressing inequalities through:</b></p> <ul style="list-style-type: none"> <li>Developing improvement plans based on the latest WRES and WDES findings, including to improve diversity through recruitment and promotion practices</li> <li>Accelerating the delivery of the model employer</li> </ul>		<p>Leaders consistently demonstrate agreed values and behaviours for the partnership, not retreating to organisation silos and embedding the same values and behaviours within their own organisations.</p> <p>There is an OD culture of shared learning, sharing experience, best practice to support shared decision making alongside a clear programme to develop and support future system leaders</p> <p>Leadership and the workforce fully reflects the diversity of local communities.</p>	

<p>Competency framework for Boards</p> <ul style="list-style-type: none"><li>• Widening access leadership development for all managers at every career stage</li><li>• Launching a new, more inclusive approach to talent management</li><li>• Reviewing how leadership has changed during COVID and engaging the service in a national conversation on the support leaders need</li><li>• Report on the future vision of HR &amp; OD</li></ul>					
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Redesign – New roles, New ways of working and delivering care  
 Aligned to national People Plan Priority - New Ways of working and delivering care

**Wakefield Ambition:**

**Create a workforce that is compassionate, flexible, adaptable, responsive and multi skilled, who are professionally competent and able to work in a person-centred manner. A workforce which is attributed to place, where staff feel that they work for their local system, not organisation and are able to flexibly move within the system to where their skills are needed.**

National actions for recovery 2021/22	National key indicators of delivery and outcome metrics	System and employer priorities in 2021/22	WY&H Partnership priorities in 2021/22	Wakefield Place priorities in 2021/22	Wakefield Key indicators of delivery
<p><b>National support on:</b></p> <ul style="list-style-type: none"> <li>• Releasing capacity in outpatients, diagnostics and patient pathways and general practice</li> <li>• Implementing innovations from the national Beneficial Changes Network</li> <li>• E-rostering</li> <li>• E-learning materials</li> <li>• Flexible working and supporting working carers</li> <li>• COVID-19 digital staff passport and development of strategic digital staff passports</li> <li>• Expanding clinical practice for nurses, AHPs, pharmacists and healthcare scientists</li> </ul>	<p>Plan and processes in place to enable teams to have the time and support they need to make, implement and review local improvement plans, as part of a continuous improvement cycle.</p> <p>Plan and processes in place to maximise e-rostering, which show how providers intend to meet the highest level of attainment as set out by our 'meaningful use standards' for e-job planning and e-rostering.</p> <p>Plans and processes in place to support remote working, staff movement tech-enhanced learning and option of staff passports.</p>	<p><b>Supporting new ways of working:</b></p> <ul style="list-style-type: none"> <li>• Review ways of working and across pathways and organisational boundaries for recovery and service improvements</li> <li>• Enable e-rostering and support between providers</li> <li>• Remote working plans, technology-enhanced learning and options of staff digital passports.</li> </ul>		<p>Innovate and adapt our health and social care workforce in Wakefield making the most of the skills in our teams.</p> <p>Review ways of working and across pathways and organisational boundaries for recovery and service improvements and develop new agile roles aligned to new collaborative integrated service delivery models</p> <p>Create, pilot and embed new ways of working and new roles into the infrastructure of our delivery models</p> <p>Continue to influence workforce integration design by contributing evidence to the local, regional and national</p>	

<ul style="list-style-type: none"><li>• Delivering proposals for medical education and reform</li></ul>				<p>governance and regulatory structures around new role developments and their impact on the provision of integrated health and social care.</p> <p>Expand on our Wakefield approach, linking in better with the third sector to better shape services and the teams within and connecting with less traditional partners, such as housing</p> <p>Deploying our people safely across systems, sectors, and organisations</p>	
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Growing our workforce and Developing our People  
 Aligned to national People Plan Priority - Growing for the future

**Wakefield Ambition:**

**Attract, recruit, retain and develop a flexible, resilient health, care and support workforce to deliver the Wakefield ICP vision.**

**Attract the workforce from within our community along with people looking to live and work in Wakefield. Wakefield is recognised as a good place to work through valuing our people, looking after staff-wellbeing, providing excellent career and personal development opportunities.**

National actions for recovery 2021/22	National key indicators of delivery and outcome metrics	System and employer priorities in 2021/22	WY&H Partnership priorities in 2021/22	Wakefield Place priorities in 2021/22	Wakefield Key indicators of delivery
<p><b>National support on:</b></p> <ul style="list-style-type: none"> <li>• Capability and capacity in NHS workforce planning, including identifying any potential staff shortages and required interventions.</li> <li>• Increase health care support workers programme to raise the profile of the role and attract new candidates</li> <li>• Continued delivery of ethical and sustainable international nursing recruitment programme</li> <li>• Increasing nursing supply to help deliver 50 000 more nurses by March 20214</li> </ul>	<p>Clear, integrated system level recruitment and retention plans in place, taking account of local population.</p> <p>Plans and process in place to introduce/increase MSW, HCSW, returners and international recruits</p> <p>Plans and processes in place to support education and training pipeline.</p> <p>Training recovery plans in place and integrated into both local training needs and service delivery plans, with best practice shared across trusts.</p> <p>Workforce planning and processes in place,</p>	<p><b>Continuing to attract and retain our people during recovery by:</b></p> <ul style="list-style-type: none"> <li>• System-level workforce supply plans on recruitment, retention, widening participation and economic recovery</li> <li>• System-level aligned supply interventions, including medical and health care support workers and international recruitment</li> <li>• Support the recovery of the education and training pipeline</li> <li>• Develop and implement robust postgraduate (medical and dental) training recovery plans</li> </ul>		<p>Increase opportunities to promote H&amp;SC careers and attract more people with the right values to join the workforce through joint supported employment programmes, apprenticeships, work-experience and voluntary roles or student placements.</p> <p>Create clear career pathways that are understood by our people and investment in training, qualifications and development opportunities for them.</p> <p>Develop inclusive recruitment processes and programmes that</p>	

<ul style="list-style-type: none"> <li>• Increase the number of GP training places to 4 000</li> <li>• Increasing retention including generational retention programme</li> <li>• Supporting returns to the NHS into the vaccination recruitment pipeline and other frontline settings</li> <li>• Introduction of the new role of medical support worker</li> <li>• NHS Cadets scheme and volunteering in the NHS.</li> </ul>	<p>covering all sectors and supporting major expansion and development of integrated teams, based on PCNs and making use of ARRS funding.</p>	<ul style="list-style-type: none"> <li>• Ensure workforce plans cover all sectors – mental health, primary care and hospital services</li> </ul>		<p>secure a resilient, diverse workforce Improved retention of our people including generational retention</p>	
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**Population Health Workforce Planning**

**Wakefield Ambition:**

**System planning and workforce planning are integrated and complimentary processes - planning decisions cover the whole Wakefield workforce rather than looking at each staff group separately.**

**A flexible approach to workforce planning which does not seek long term predicative precision but can identify and respond to potential medium-term issues enabling the workforce to evolve and adapt to inherently unpredictable health and care environment . A process that continually and robustly identifies risks and trends and triggers flexible responses that seeks to minimise the limitations and maximise the opportunities**

**A process that is system wide and includes effective communication between HR/workforce professionals and the rest of the system as well as input from a variety of stakeholders**

National actions for recovery 2021/22	National key indicators of delivery and outcome metrics	System and employer priorities in 2021/22	WY&H Partnership priorities in 2021/22	Wakefield Place priorities in 2021/22	Wakefield Key indicators of delivery
				<p><b>A Wakefield Place ICP</b> People Plan and delivery plan aligned to the WY&amp;H ICS and National People Plan and support the delivery of Wakefield ICP Business Plan and vision.</p> <p>Good quality workforce data is available with information flowing both from within the system and from external sources</p> <p>Workforce interventions are identified, planned and implemented to support the delivery of the ICP key priority areas work programmes</p>	

## A snapshot of 2021/22 Wakefield Place

Working together we have made significant progress across Wakefield Place, but we also know there is still much to do to make Wakefield the best place to work and live and to address inequalities.

### Looking after our people – psychological, emotional and physical wellbeing of our people

- Wakefield Health and Care Hub Website – sharing best practice, repository for Health and Wellbeing resources – accessed by partners across Wakefield
- ICS Looking after our people alliance
  - Health and Wellbeing checks programme
  - Preventing and managing staff ‘burn out’ and stress related absence webinars
- Committed to continuing to utilise Mental Health first Aiders within our partner organisations and grow and develop our MHFA's Network across Wakefield.
- Our leaders are committed to being role models who gently encourage staff to take annual leave and look after their wellbeing
- ICS Regional Wellbeing Hub attended Wakefield ICP HRD Network – Swartz rounds
- A conference is being developed to look at how general practice can work in the future and how staff can be supported.

### Enhancing and Growing Systems Leadership – Belonging

#### Tackling Inequalities - BAME and other colleagues with protected characteristics

- Equality, diversity and Inclusion Pledge – now receiving signatures from Chief Executives and HR Directors from partner organisations – demonstrate commitment to our BAME Workforce
- Research lived experience understand the data and share learning and good practice across partner organisations
- BAME representation/champions from the Wakefield place involved in decision making
- BAME networks supporting Boards with appointments, talent management and career progression
- Continued risk assessment process review
- Working within the WYH system via the governance of the People Board in relation to the workforce and leadership
- WY&H H&CP BAME Fellowship programme - successfully secured two Fellows
- EDI subgroup of our HRD network
  - second district wide Workplace Wellbeing SUMMIT for 2021 which will have a focus on equality and diversity in the workplace
  - looking at how selection behaviour and recruitment practices can be meaningfully impacted to increase accessibility for people from diverse backgrounds



## **Redesign – New roles, New ways of working and delivering care**

- Discussions are ongoing with the HRD Network regarding reset and recovery plans
- Trudie Davies, MYHT COO, presented at the May meeting on backlog, pressures, waiting lists etc
- Discussion on population health improvement and developing a neighbourhood approach model, engaging the third sector and wider to reach excluded populations planned for June HRD.
- Workforce PMO now actioned to enable the now established ICP priority working groups of Safe transfer of care, Connecting Care Hubs, Mental Health and Neighbourhoods and PCNs in respect of workforce and OD and early stage conversations underway. HRD Network about to begin working with ICP SROs transformation project leads looking to process map changes required for improvement.
- Partners are committed to consider both the negative and positive impacts of new hybrid working models as they are developed.
- Looking at delivery needs and Reset and Recovery plans to identify what could be delivered differently, including considering the relationship between estates, service delivery and staff
- The Wakefield MoU for staff redeployment developed in the first wave of the pandemic will continue to be reviewed
- Staff surveys have been completed to gather information on how staff would like to work moving forward, and HRDs are committed to sharing their findings as plans are developed accordingly.

## **Growing our Workforce and Developing our People**

- Wakefield ICP Recruitment and Retention Group representatives from health and social care and JCP.
- SSWDF received to undertake a recruitment project which includes utilising the Kickstart Scheme, Step Up Programme and apprenticeships collaboratively. Developing 4 x champion networks.
- Also a focus on recruiting to the Wakefield I Care Ambassador Programme, led by Wakefield Council, and case studies are being developed with ambassadors to showcase careers in health and care in Wakefield.
- Planning to develop a 'montage' video showcasing the variety of roles available and health and care services to work in across the Wakefield District
- Scoping work and discussions being undertaken regarding delivering integrated Wakefield system wide virtual careers fairs, which can showcase Wakefield careers to various audiences.
- The Workforce PMO are working in partnership with Wakefield's Economic Growth Step Up Programme. The Workforce PMO are due to recruit a full time Step Up Project Manager.
- The Wakefield ICP Chief Nursing Network is looking at our Wakefield ICP Plan from the nursing perspective, including recruitment, retention and career pathways. Action moving forward to explore the opportunity to widen offer for TNA placements and develop a rotational training model bespoke to Wakefield.
- New roles, including ACPs, degree nursing apprenticeships etc, are being included into recruitment plans moving forward.

- Mental health is working closely with primary care regarding the mental health practitioner roles, to ensure plans are integrated and link to the Mental Health Transformation Plan.
- Leaders are prioritising the identification of workforce risks and skills gaps, so skills can be developed and gaps managed where necessary.
- Organisations are adapting and revising their mandatory training requirements and conducting learning needs analysis to ensure staff are developing the required skills to move towards the 'new normal'.

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