![Wakefield District Health & Care Partnership logo]

Wakefield District Health & Care Partnership

People Plan 2022 – 2027

Proud to be part of West Yorkshire Health and Care Partnership

Contents

1.   Introduction

The Wakefield Health and Care Partnership People Plan focuses on how we can bring workers together across professional and organisational boundaries to deliver a seamless health and social care service.

It supports the integration agenda, through the development of new roles, system leadership training and the introduction of new ways of working.

The national NHS People Plan sets out an expectation that each Place will develop a local People Plan. Local plans are reviewed by regional and system level People Boards. They should be consistent with the strategic direction of the national NHS People Plan. Our plan has been aligned to the priorities of the West Yorkshire Integrated Care Partnership People Plan.

In developing the plan, we have taken reference from national and local strategies aligned to the health and wellbeing strategy and the needs assessment of our population. We have reviewed the workforce strategies of Wakefield District Health and Care Partnership partners and held conversations with organisational Human Resources Director lead officers, strategic groups and senior leaders as part of the consultation to inform and identify priorities that we can support and deliver at system level.

This Wakefield People Plan has been co-authored by members of the Wakefield District Health and Care Partnership (WDHCP) Human Resources Director Network. The plan priorities are consistent with those of the West Yorkshire Health and Care Partnership (ICS) People Plan.
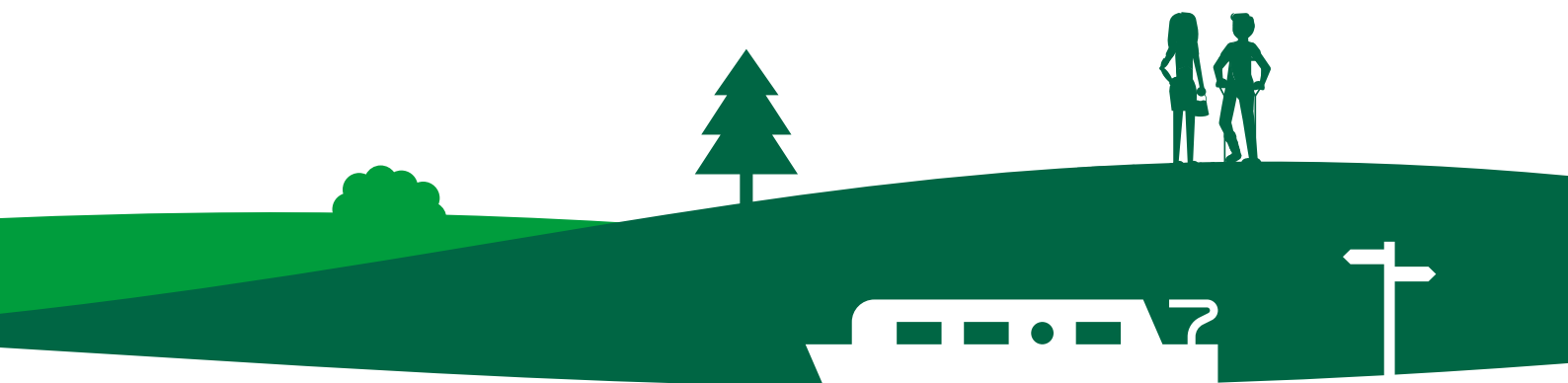
2. Aims of the People Plan

The overarching aim of The Wakefield People Plan is to ensure Wakefield has a confident, motivated workforce and the skills, values & behaviours to undertake their roles. The Plan will support delivery of the WDHCP strategic objectives.

The Wakefield People Plan aims to provide a road map for workforce transformation. It incorporates a commitment to taking the Wakefield citizens with us, challenging perceptions and expectations of how health and social care services should be delivered.

The plan will:

- Set the strategic direction for workforce transformation

- Identify current and anticipated workforce challenges and solutions

- Describe the progress made to date and set out future planned activity

- Support a learning needs approach to training, recruitment and role redesign

- Promote collaborative, compassionate, distributive system leadership

- Support opportunities for rotational working between health and social care

- Support development of a framework for business cases relating to workforce transformation

- Describe the framework to support the governance ad delivery of the plan.

This People Plan does not seek to impose commitments on partner organisations that impinge upon the individual employment responsibilities.

3. National and Local Strategic Framework

3.1 The NHS People Plan

The NHS People Plan sets out the national approach to delivery of the NHS Long Term Plan. Published in July 2020 it is organised around four pillars.

- **Looking after our people:** Quality health and wellbeing support for everyone

- **Belonging in the NHS:** Tackling the discrimination that some staff face

- **New ways of working:** Making use of the full range of our people's skills

- **Growing for the future:** How we recruit, keep and welcome back our people

People Plan Operational Guidance 2021/22 builds on the NHS People Plan 2020/21. The guidance focuses on health and wellbeing of staff, tackling inequalities and locking in new ways of working that emerged during the pandemic.

3.2 The Messenger Review on Collaborative Leadership

In June 2022 Sir Gordon Messenger published a review on the best ways to strengthen leadership and management across health and adult social care in England. The review made the following recommendations:

1. Targeted interventions on collaborative leadership and organisational values

2. Positive equality, diversity and inclusion (EDI) action

3. Consistent management standards delivered through accredited training

4. A simplified, standard appraisal system for the NHS

5. A new career and talent management function for managers

6. Effective recruitment and development of non-executive directors (NEDs)

7. Encouraging top talent into challenged parts of the system

All seven recommendations have been accepted by the government and publication of the report will be followed by a plan committing to implementing the recommendations.

3.3 'Stepping forward to 2020/21: A mental health workforce plan for England'

This document analyses workforce data, building a clear picture of the state of the mental health workforce in England. The report also identifies clear areas of action to tackle the workforce challenges within mental health services.

3.4 Adult Social Care Strategy

The Wakefield People Plan will support the delivery of the Adult Care Social Care Strategy. One of the priorities identified in the strategy is the development of a thriving workforce. A key aim is to have a confident, skilled and productive workforce who actively promote independence and wellbeing.

In June 2020 Association of Directors of Adult Social Services, Skills for Care and the Local Government Association 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 priorities align with those set out in the NHS People Plan and form a key part of this plan.

3.5 The West Yorkshire ICS People Plan

It outlines how the ICS will support the workforce as we progress with the post pandemic recovery, embedding all the transformational work that has been put in place through this period. The plan sets out the longer-term ambitions for our people and how we deliver care in the future.

The top priority is to ensure we look after, value and develop the workforce, supporting growth and making the workforce more inclusive. This means ensuring the system has enough staff, good wellbeing support, quality training and supervision. It also means ensuring we have a diverse workforce reflective of the communities we serve.

The ICS recognises that it faces challenges in recruiting and retaining a skilled workforce across all sectors, notably in social care as well as the NHS. They are already working differently to respond to new technology, increased demand, and higher expectations.

West Yorkshire includes many communities that suffer from issues of long-term unemployment or transient work. The Plan seeks to ensure career opportunities in the health and care sector are used to support local social and economic development. The People Plan will also be a vehicle tackling of health inequalities and supporting the West Yorkshire recovery plan.

3.6 Wakefield Health and Wellbeing Strategy

The Wakefield District Health and Wellbeing Strategy 2022-2025 sets out how we plan to help everyone in the Wakefield district enjoy the best possible mental and physical health regardless of where they are born, live, grow, work and age.

The plan describes how organisations, including Wakefield Council, will work together with local communities to improve the health of the population, as well as closing the health inequalities gap.

The strategy identifies four priority areas:

- A healthy standard of living for all

- A healthy start in life for every child

- Preventing ill-health

- Sustainable communities

The priorities build on the work that's already taken place to improve health and wellbeing across the district and are based on detailed information about the population in the district's Joint Needs Health Assessment, as well as the voice of local people and business leaders.

3.7 Enabling the Workforce for System Recovery

The Wakefield People Plan addresses the issues raised by NHSE/I in their plans to support elective recovery and future work programmes by aligning to the high impact enablers.

4. Our Workforce Vision, Mission and Priorities

4.1 Our Workforce Vision

Our workforce vision is for a Wakefield workforce where people feel supported, confident, and valued to be able to do their role and support the people of Wakefield district to live longer, healthier lives.

4.2 Our Workforce Mission

Our mission is for workforce to be a positive enabler and to create a connected system that supports people in their homes and communities to live healthier, happier lives.

4.3 How Will We Deliver Our Vision

The Wakefield People Plan will adopt the "3-6-9" approach to workforce transformation set out below.

Our "Three-Six-Nine" Approach

The Three Rs: Recruit, Retrain and Retain

The Six Pillars

1. Workforce Planning

2. Enhancing and Growing Systems Leadership

3. Growing and Developing the Workforce

4. New roles and New Ways of Working

5. Belonging to the WDHCP

6. Looking After Our People

The Nine Principles

1. Redesign roles and services that focus on better outcomes

2. A workforce working to a whole system approach

3. Expand the role of Wakefield citizens to participate in and take responsibility for their care

4. Expand the role of Voluntary, Community and Social Enterprise

5. Increase the effectiveness and accessibility of education and training and on-going supervision

6. Actively foster system leadership development

7. Acknowledge and overcome resistance to change and transition through a shared culture of partnership where service boundaries are blurred and roles, professional identities interrelate

8. Shared values and learning across disciplines with the creation of transportable accreditation options

9. Shared project management methodology, monitoring and evaluation

5. The Six Pillars of Our People Plan

The Wakefield People Plan incorporates six Pillars around which we will develop clear programmes of work over the next five years. These programmes are consistent with the priorities identified in the West Yorkshire People Plan.

## 5.1 Pillar 1: *Looking After Our People*

Ambition

We will ensure that health and wellbeing support is available for everyone. Our people will have the practical and emotional support to do their jobs and be responsive and adaptable to be able to flourish in their role.

We will encourage and support 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.

Objectives

We will invest in the psychological, emotional, and physical wellbeing of our people in the context of the changes and challenges brought about by COVID.

We will ensure that wellbeing resources are available to support the psychological, emotional, and physical wellbeing of all staff. We will improve the work life balance of our workforce and reduce absence. We will strengthen the adoption of digital methodologies for engagement and connectivity ensuring time and space is built into digital working practices.
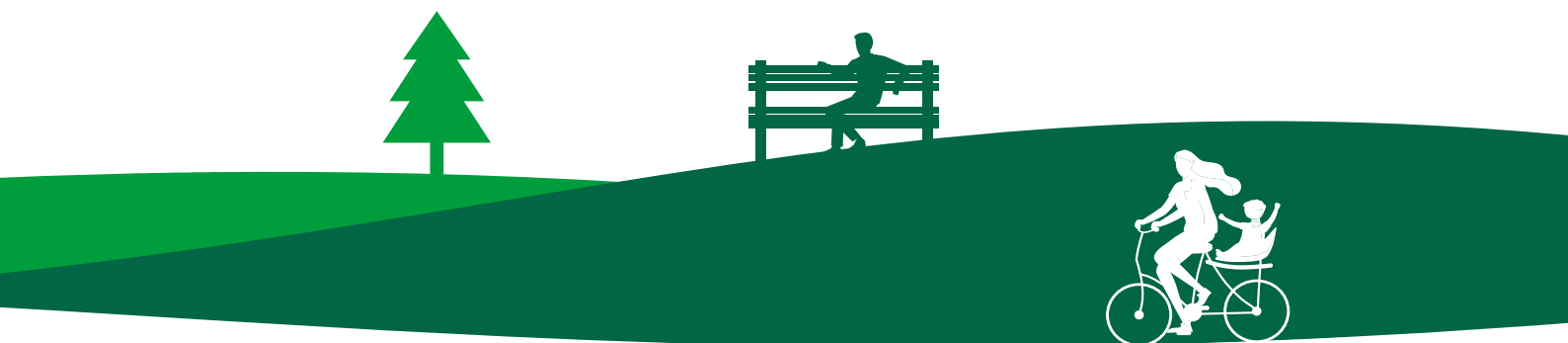
What are the challenges?

One of the key challenges affecting our workforce are the residual effect of the pandemic, in particular staff stress and 'burn out'. We have seen changes to patterns of work, the digitisation of our work environment and a move towards home working. There are a range of issues affecting the wellbeing of our workforce which will have an impact on productivity and efficiency.

We need to recognise the turnover issue as subscribing to One Wakefield workforce and regulator challenges as independent employers across a place and a system. This links the supply issue within the local health and social care economy. We need to articulate 'why Wakefield' as an attractive place to work and create a sense of belonging for those living outside Wakefield despite cities such as Leeds having more national coverage.

Workforce shortages in mental health, learning disability and primary care services are affecting clinicians' workload, wellbeing and morale. (BMA Workforce Report, Feb22). We need to ensure that staff can access occupational health services so that they are better able to manage workloads and avoid burnout. Staff also need better access to training and time for reflective practice. The BMA reports that 50% of staff in mental health services say that access to training is getting worse. 57% of staff reported that access to time for reflective practice has reduced.

Another key challenge for the health and social care system is the impact of the cost-of-living crisis on our workforce. Staff are facing additional fuels costs associated with travelling to work and when they have to travel as part of their job. They area also having to deal with increased inflation in their personal finances. We will need to address the impact of increased inflation and fuel costs on our workforce as part of this pillar.

What have we achieved so far?

We have developed a Wakefield Health and Care Hub website. This can be accessed by partners across Wakefield District. It is a repository for system wide Health and Wellbeing resources. It publicises and sign-post partners to services, events and information.

We run a series of West Yorkshire Health and Care Partnership Looking After our People Alliance funded programmes, including;

- Staff Health and Wellbeing checks

- Preventing and managing staff 'burn out' and stress related absence webinars

- Integrated place based Schwartz rounds

Mid Yorkshire Teaching NHS Trust Occupational Health and Psychology team have played a key leadership role in establishing the West Yorkshire Mental Health Hub. Partner organisations have successfully developed Mental Health First Aiders, Psychological First Aiders and Wellbeing Champions. There had also been growth in the number of Working Carers passports and support groups.

The Wakefield system has addressed the risk of COVID to vulnerable groups by carrying out risk assessments with staff from the BAME community and staff who clinically extremely vulnerable. There have been a wide range of wellbeing support initiatives including; wellbeing coaching, self-referral to Occupational Health, digital guides, masterclasses on resilience, support for the menopause, self-care management, pastoral care and spiritual care services.

A number of partners have introduced Workplace Behaviour Ambassadors and staff wellbeing and support groups. We have introduced proactive policies to reduce sickness absence and continued to hold staff recognition events.

What are we going to do?

Cost of Living Crisis

We will explore ways in which we can support our workforce through the cost-of-living crisis. We will support partners to encourage staff to speak confidentially about problems. We will ensure that everyone working in the Wakefield health and social care system has access to impartial support on financial management and welfare rights.

We will support the use of flexible home-working so that staff can make savings in travel costs. Others may prefer to work from the office, saving money on home heating and utilities. As all employees' finances will be impacted differently, partners will be encouraged to offer flexibility and consider employee requests on a case-by-case basis.

We will look at the current staff benefit arrangements and explore ways in which we can enhance the benefits currently being offered to staff. This could include: help with transport costs, salary sacrifice, discount vouchers and financial education.

The Wakefield People Board will support the development of hybrid working so that staff can benefit from flexible working arrangements, reducing isolation and delivering professional supervision.

Staff Surveys

We will collate available system data such as staff surveys to better understand how to support staff. Building on the output of the West Yorkshire Health and Wellbeing Summit in May 2021 we will explore and implement initiatives that enable the creation of a positive culture of health and wellbeing. We will support the development of leadership support circles, wellbeing conversations, masterclasses, and communications campaigns. We will support system-wide group-based interventions such as Schwartz rounds.

We will utilise the annual staff survey and follow-up spot surveys to identify staff cohorts that are struggling with the cost of living.

Carers Passports

We will support a place-based approach to working carers passports. The aim here is to achieve wider take-up of passports and recognise the contribution that informal carers make to the health and social care economy.

Mapping support available to staff

We will map the utilisation of health and wellbeing support being offered across Wakefield and identify potential barriers to access. This will give us a full picture of impact, and how data can be used to drive continual improvement.

Other issues

The local programme on this pillar will coordinate a system-wide approach on the following key areas:

- Development of a dedicated musculoskeletal (MSK) service for frontline health and social care staff

- Coordinated approach to the recruitment, training, and networking of Mental Health First Aiders

- Recruitment and development of value-based Ambassadors, including a Wakefield network that provides peer support

- Supporting staff impacted by COVID-19 with ongoing symptomology

- Embed our commitment staff wellbeing and a collective approach to supporting our staff

5.2 Pillar 2: *Enhancing and Growing System Leadership*

Ambition

We have an ambition to ensure that we increase the diversity of our leadership, so that it represents the population we are here to serve. We will support and develop leaders who identify with the Wakefield health and social care system. This new generation of system leaders will have the right skill set to support system working.

Objectives

Leaders in Wakefield will consistently demonstrate agreed values and behaviours. They will not retreat to organisational silos but embed the same values and behaviours within their own organisations.

We will develop an Organisational Development culture of shared learning and best practice to support shared decision making, alongside a framework to develop system leaders who will support our system ambitions.

What are the key challenges?

With the development of the Wakefield District Health and Care Partnership comes a need to align health and social care providers within the Wakefield Place. We need to address the current gaps in succession planning and the development of system leaders. There is an over-reliance on fixed term contracts which can de-stabilise organisations and impact on retention rates.

We need to address the implications of the Messenger Report. We're committed to the development of values-led leadership programmes. We recognise that having one at ICS, place and organisation might create duplication or complexity. Leadership and cultural reforms will be complimentary across organisations and leadership capabilities will reflect our collective values, enable a fair and just culture and support excellent performance and evaluation.

What are we going to do?

System leadership and development is key in enabling us to work more effectively together. We will implement the Wakefield System Development Programme. We will continue with our distributed leadership model to promote a sense of belonging to the Wakefield Place.

The Wakefield System Development Programme identifies some key areas where partners will have to collaborate if we are to support system working. These include:

- Communicating the vision for integration to all staff

- Creating opportunities for partners to learn together

- Develop behaviours and cultures that support collaborative working

- Demonstrating the benefits of collaborative working to incentivise staff

- Focus on team development where services have been integrated

- Development of effective feedback loops

- Develop a Wakefield talent approach and associated Leadership programmes

- Support development of the Wakefield Leadership Development Programme

- Development of a Wakefield Reciprocal Mentoring and Coaching Programme, which includes a central repository that can be accessed by all partners

We will develop a WDHCP Staff Engagement Strategy aimed at gauging whether our people understand what the functions of the WDHCP are.

We will develop a forward plan for the next two years, setting out how we develop system leaders. We will explore ways in which we can diversify our pool of leaders so that they represent the community they service. We will strengthen our leadership development programmes.

5.3 Pillar 3: *Belonging to the Wakefield District Health & Care Partnership*

Ambition

We will foster a culture of openness, compassion and inclusion where people are listened to and feel confident and able to speak up. We will create a culture where everyone feels they belong and where diversity is celebrated.

Objectives

Our objective is to build an inclusive climate for staff from all communities. This means an understanding and appreciation of all protected characteristics. We will raise awareness of issues affecting people from these communities and ensure that there are advocates at a senior leadership level to act as champions. This will be supported by the ICS System of Sanctuary Plan, the Wakefield Equality, Diversity and Inclusion (EDI) Pledge and Health Inequalities Core20Plus5.

What are the challenges?

There is a significant challenge around developing inclusive workforce practices so people from all walks of life, experiences, ability and ethnicity have an equal chance to join and flourish in our workforce.

There are opportunities to reflect the diverse and representation of our communities and to develop programmes offering placements, volunteering and paid employment for people with lived experience such as people in recovery and people with disabilities.

What have we achieved so far?

Partners have signed the Wakefield District Health and Care Partnership Equality, Diversity and Inclusion Pledge. We have held a second district-wide Workplace Wellbeing Summit focusing on equality and diversity in the workplace. The West Yorkshire Health and Care Partnership Ethnic Minority Working Group has been looking at a holistic recruitment package for recruiting BAME employees across the system

Several equality networks for BAME staff, staff with disabilities, LBGTQ+ and carers have been set up. BAME workforce champions have been introduced to ensure compliance with Equality and Human Rights Legislation. The Wakefield Diversity Working Group has been focusing on improvement and diversity in recruitment practices. Many organisations have undertaken training to make services more accessible. We have developed a Community of Interest Plan for Wakefield based on protected characteristics. Mid Yorkshire Teaching NHS Trust is an Armed Forces Gold Award holder. It has Veterans Aware hospitals status and is a member of Wakefield Armed Forces Covenant steering group. Wakefield has also participated in the International Stay and Thrive community of action. We have established a trained a cohort of cultural ambassadors who act as subject experts to support the workforce.

Local GP Practices have signed up for the Veterans Aware scheme. Practices have been committed to the ongoing Carers registrations programme. All of the Wakefield Practices are Young People Friendly accredited.

Wakefield has put in place a "Reciprocal Mentoring Programme" that brings together workers from BAME groups with senior leaders in the organisation.

What are we going to do?

Fellowship Programme

We will use the West Yorkshire ICS Fellowship Programme to support our system ambition to increase the percentage of leaders from ethnic minority backgrounds. We will also work with the National Improvement next Programme to address the issue of Board level diversity. We will use the mentoring programme to encourage people with protected characteristics into system leadership positions.
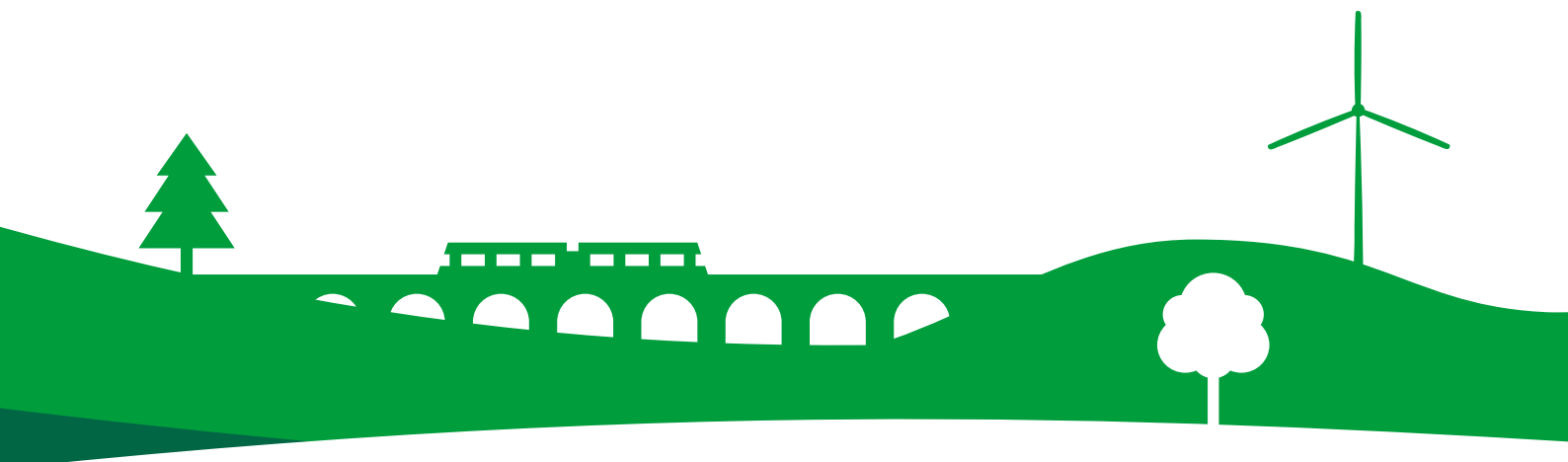
Board Level Diversity

We will explore how the next Programme will address the issue of Board level diversity and we will influence Trust Boards to recruit in a way which is culturally appropriate.

Health Inequalities

We will implement the recommendations from the West Yorkshire Health and Care Partnership independent review into health inequalities to ensure these are effective. We will also support the roll out of the best practice toolkit, developed by the West Yorkshire Health and Care Partnership in October 2021. This toolkit reduces the disparity experienced by ethnic minority colleagues during the recruitment process. We will also support the Core20PLUS5 NHS England and NHS Improvement approach to supporting the reduction of health inequalities. The approach defines a target population cohort based on the Index of Multiple Deprivation, which will receive targeted support. Core20PLUS5 also identifies '5' focus clinical areas requiring accelerated improvement.

Race and Disability Workforce Standards

Our actions and performance on this pillar will be aligned with Workforce Race Equality Standard (WRES), Medical Workforce Race Equality Standard (MWRES) and the Workforce Disability Equality Standard (WDES).

Breaking Barriers

We will work with Breaking Barriers Innovation on workforce entry barriers for different sectors of the community and how the NHS and anchor institutions can support with that.

The purpose will be to identify learning that could be applied across West Yorkshire on co-production of solutions to support people into employment. This work will link into the economic regeneration agenda.

The local programme on this pillar will also coordinate a system-wide approach in the following key areas:

- Wakefield EDI Pledge signed by partners and progress tracked through EDI sub group

- Introduction of Executive leads for individual protected characteristics

- Offer placement opportunities to WY&H fellowship programme and encourage staff across the system to become fellows

- Address issues of equality, diversity and inclusion in the VCSE sector

- Develop monitoring systems to track BAME recruitment and retention

- Ensure that the Apprenticeship Programme adopts a more inclusive approach

- Develop supervisory skills around supporting staff from BAME communities

5.4 Pillar 4: *New roles and new ways of working*

Ambition

We will develop a workforce which is person-centred. Staff will identify with the Wakefield system and will be able to flexibly move within that system to where their skills are needed.

Objectives

Our objective is to develop ways of working and across professional and organisational boundaries and develop roles aligned to collaborative integrated service delivery with check and challenge processes in place. We will embed new ways of working and new roles into the infrastructure of our delivery models, by ensuring workforce is at the core of all service redesign. We will innovate and adapt our health and social care workforce in Wakefield making the most of the skills in our teams. We will continue to influence workforce integration by contributing evidence to the local, regional and national governance and regulatory structures around new role developments and their impact on the provision of integrated health and social care.

It is important as we emerge from the pandemic that we do not lose those new ways of working and innovations that support our workforce to deliver care more effectively. The expansion of new roles will require our workforce to work in a different way.

What are the challenges?

Changes to how care is provided is a challenge for the Wakefield system. We need to shift the balance of the workforce towards primary and community care whilst engaging the public to invest in their own and their families wellbeing. This includes health promotion and behaviours/ competencies which focus on prevention. There is a resistance to change in professional boundaries, which will allow people to work more flexibly and build resilience to care through voluntary and community solutions. There is also a need to change the mindset in the health and social care workforce from 'doing to, to doing with citizens'

There are many new roles evolving within health and social care which require an open and transparent approach to public engagement. This will help us to identify and manage any public resistance to workforce transformation.

There is also a challenge in relation to differences in the governance structures, terms and conditions and rates of pay between partner organisations. These have an impact on our ability to develop staff, staff passporting, staff development and quality placements for trainees.

What have we achieved so far?

The Wakefield Memorandum of Understanding for staff redeployment developed in the first wave of the pandemic has been reviewed. Partners are committed to working together to secure mutual aid by agreeing to support critical business continuity. We are also committed to the development of new hybrid working models of working to create more flexible working environment for staff. Staff surveys have been completed to gather information on how staff would like to work moving forward, and Human Resources Directors are committed to sharing their plans. Staff are being supported to work flexibly/ hybrid to meet business and personal needs.

In order to highlight the overlap between physical and mental health we support activities to tackle the stigma towards mental health amongst health and social care staff. We will encourage collaboration and transfer of staff between physical and mental health services and create new roles that work across mental and physical health service boundaries.

In Wakefield we have seen the expansion of general practice workforce through maximisation of the Additional Roles Reimbursement Scheme. This includes the introduction of new roles such as social prescribing link workers, pharmacists and pharmacy technicians, first contact practitioners, care coordinators, health and wellbeing coordinators, paramedics, advanced clinical practitioners, physicians associates and nurse associates.

We have established a new group, led by the Director of Nursing, which includes key stakeholders from learning and development, workforce planning, operational senior leaders and staff side representation. This group assesses and identifies emerging roles and available funding support.

Career pathways are being developed specifically for the nursing, psychology and Allied Health Professions. We have introduced housing co-ordinators based into the hospital to address housing barriers to discharge. This post provides additional wrap around wellbeing services to address mental health, health inequalities and financial inclusion.

We will support the Mental Health Alliance in the delivery of their Band 2 apprenticeship model which is supported by their care certificate delivery. Take up of their trainee nurse associate (TNA) rollout has been high. They currently have 92 staff in the programme and are now expanding into support roles for other professional groups such as AHPs, psychology and pharmacy.

Mid Yorkshire Teaching NHS Trust has recruited 24wte healthcare support workers to work across health and social care, providing support to discharge and post discharge settlement. We have developed of new service model for the Integrated Discharge Team. This includes co-location and integration of health and social care teams to improve joint working. We have identified new roles within the team, including recent proposals on a mental health support worker.

Wakefield has also been developing an multi-disciplinary team approach to the development of Virtual Wards and the integration of community rehabilitation and rebalement.

What are we going to do?

This is a significant programme within the Wakefield People Plan and contains a range of projects.

Primary Care Network (PCN) Workforce Strategies

We will support the development of PCN Workforce Strategies, including evolution of MDTs that support the work of general practice. We will support Primary Care Networks to develop new roles as part of the Additional Role Reimbursement Scheme. These roles will work across organisational and professional boundaries. We will also support the alignment of PCN MDTs with community health services and social care.

Integrating Community Health Services and Adult Social Care Teams

We will support the integration of community rehabilitation and reablement services, a key part of the local community transformation programme. We will also embed and evaluate the Integrated Discharge Team to assess the benefits of MDT working when supporting people who are leaving hospital.

Rotational Paramedics

We will explore the potential for further development of rotational paramedics. The Yorkshire Ambulance Service (YAS) commenced the first phase of a rotational paramedic programme in September 2021 with six specialist paramedics rotating between YAS and six primary care networks (PCNs). The programme is set to evolve with further phases set for 2022.

CLEAR Programme

CLEAR (Clinically-Led workforcE and Activity Redesign) funding has been awarded to West Yorkshire for mental health and urgent and emergency care. This is being led by South West Yorkshire Partnership NHS Foundation Trust (mental health) and Mid Yorkshire Teaching NHS Trust (urgent and emergency care). We will ensure the learning from these initiatives are shared to maximise the potential benefit across a wider footprint.

Digital staff passports

We will review the opportunities for digital staff passports to enable deployment of staff across the system to enable flexibility, demand and development.

Collaborative Staff Bank

We will explore the potential for a collaborative staff bank to optimise the utilisation of temporary staff, reducing agency costs and improving service user experience.

Flexible Working Models

We will continue to share examples of innovative working models to support staff to benefit from flexible working opportunities and to support an agile workforce. We will build on the redeployment process and Memorandum of Understanding for shared staff redeployment across organisations, developed during the pandemic and be inclusive of all staff including commissioned services and the staff delivering and supporting our community members.
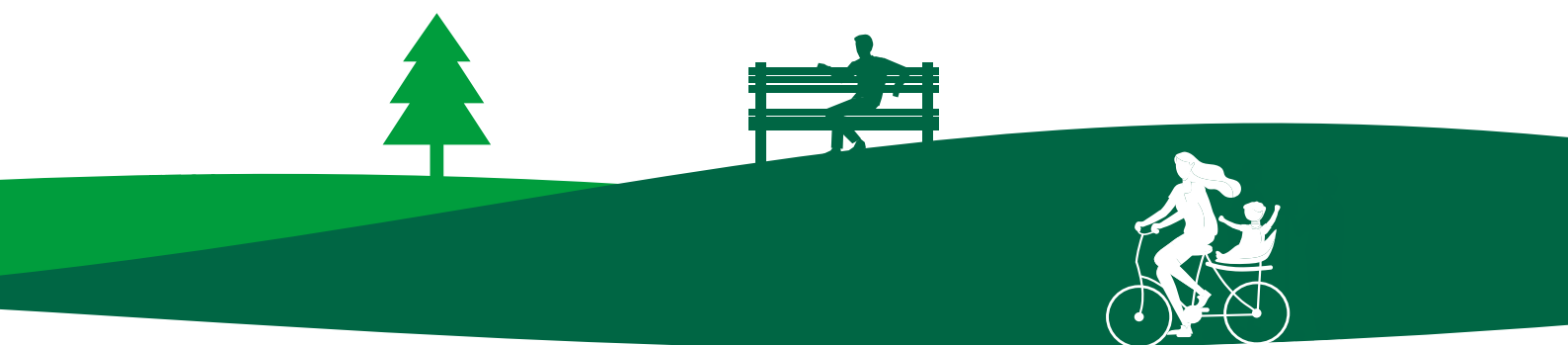
5.5 Pillar 5: *Growing Our Workforce and Developing Our People*

Ambition

We will attract people from within our local community to work in the Wakefield system. Wakefield will be recognised as a good place to work. We will value our people, look after staff-wellbeing, and provide excellent career development opportunities.

People will be attracted to work in Wakefield and want to stay working in the place confident that their careers will flourish through choices to progress and develop right across a variety of system roles and pathways.

Objectives

We will increase opportunities to promote health and social care 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. We will create clear career pathways that are understood by our people. We will develop a sustainable social care workforce.

We will develop strategies aimed at improved retention including new ways of attracting retirees back into the health and social care workforce.

What are the challenges

Challenges in relation to developing our workforce include resourcing training and education to make it more productive.

A key challenge in relation to growth of the health and social care workforce is competition from local retail, manufacturing and service sectors within the labour market. We need to increase the profile of health and social care and incentivise people to work within the sector.

Also, like many health and social care systems, Wakefield has an ageing workforce, with many staff considering retirement post-pandemic. A key challenge for the system is to persuade staff approaching retirement to remain in the workforce through more flexible working.

A recent BMA report on the Mental Health Workforce (8/2/22) highlights the lack of growth over the past 10 years. This is despite the fact that demand for mental health services is rising. Since 2016 there has been a 21% increase in the number of people who are in contact with mental health services. Recruitment into psychiatric specialties remains a key challenge with many psychiatric specialties facing under-recruitment. Workforce shortages in mental health are affecting staff workload, wellbeing, morale and the ability for staff to provide good quality of care.

We will support SWYPFT who are collaborating with five Yorkshire and Humber Trusts to deliver 137 mental health nurses sourced ethically in line with the World Health Organisation ethical recruitment standards. The Trust have secured year two funding from NHSEI to continue the International Nurse Recruitment (INR) programme. They are committed to recruiting a further 50 nurses who will be made up of mental health, learning disability, CAMHS and RGN nurses.

What have we achieved so far?

The Wakefield HRD Network has established a Recruitment and Retention Group. This group supports integrated system wide virtual careers fairs, which can showcase Wakefield careers to various audiences. The System Workforce PMO is working in partnership with Wakefield's Economic Growth Step Up Programme to recruit a full time Step Up Project Manager.

Wakefield has developed an Adults Health and Social Care apprenticeship programme. Our Health and Care Hub website is available and accessed by partners across the district. It acts as a repository for system wide workforce development resources. It is also a mechanism to publicise and sign post services, events and information to staff. We also have a established WDHCP Developing our Workforce Group.

146 international registered nurses commenced employment between August 2020 and February 2022. Five individuals were recruited through NHSI Refugee Nurse Pilot programme. Mid Yorkshire Teaching NHS Trust has established a programme of voluntary NHS Cadets for 14-19 year-olds from under-represented communities in partnership with St John's Ambulance. First cohort commenced in September 2021. The Trust has a virtual work experience offer delivered throughout the pandemic and online careers sessions aligned to specific career pathways, such as Therapies. These have been set up in partnership with local education providers.

The Trust is also providing training to organisations that recruit volunteers so that they can improve the quality of their volunteering programmes. They have a Volunteer-Wakefield website, promoting and advertising this across the district.

Wakefield has introduced "Career Conversations" for registered nurses and healthcare assistants. Alongside this the "Suits You" nurse recruitment campaign has been offering flexible working arrangements. We have also established a sessional workforce staff bank for GP Care, vaccine activity and General Practice resilience.

What are we going to do?

The Wakefield Health and Social Care Academy

We will develop a Wakefield Integrated Health and Social Care Academy. Initially we will explore the potential for a virtual Wakefield Health and Social Care Academy, including induction, a joint learning platform, training and development products scaled up and rolled out across Wakefield.

As part of this we will strengthen links with local communities, universities, education and learning providers. We will use this joint this joint approach to develop new roles.

The Academy is a key partner in responding to the city's workforce challenges and our programmes have been developed under five key priorities:

The Academy will create a talent pipeline, supporting staff across the system from entry into the sector through a variety of training and education pathways. It will support system leadership, developing the skills and behaviours required to commission and deliver integrated care. It will improve the quality of care by facilitating the sharing of good practice across organisational and professional boundaries. It will also deliver essential training programmes to health and social care staff across the system.

The Academy will support the development of new roles and new ways of working by developing and delivering training programmes for care navigation, trusted assessors, reablement, telemedicine, mental health navigators and social prescribing.

Urgent Treatment Centre

International recruitment

We will explore the potential for a system-wide approach to international recruitment. There is a strong argument for the conducting international recruitment campaign as a place, with properly coordinated support packages, a variety of jobs on offer and a coordinated approach to recruitment.

Addressing workforce supply issues

Wakefield faces workforce shortages across the whole health and care sector. The social care sector in particular is facing significant recruitment and retention challenges. One consequence of the pandemic has been a significant increase in applicants for healthcare courses across our higher education institutes (HEIs). However, the number of learners that the system can support is constrained by the availability of appropriate placements Addressing known workforce supply issues is a key priority.

As part of this priority we will work with partners on the development of a collaborative bank across NHS Providers in Wakefield. We will build on the redeployment process and MoU for shared staff redeployment developed during the pandemic. We will also explore ways in which we can enable staff who are approaching retirement to stay in the local health and social care workforce.

Adult Social Care Recruitment and Retention

The Wakefield People Board has identified significant issues with recruitment and retention in the domiciliary care and care home workforce. These issues are having an impact on the whole health and social care economy. There is a particular impact on our ability to discharge patients from hospital who require support at home. This issue requires a system-led approach so we will explore ways in which we can support the sustainability of domiciliary care and care homes.

As part of this project we will develop the role of the "Trainee Healthcare Assistant" as an entry route into health and social care.
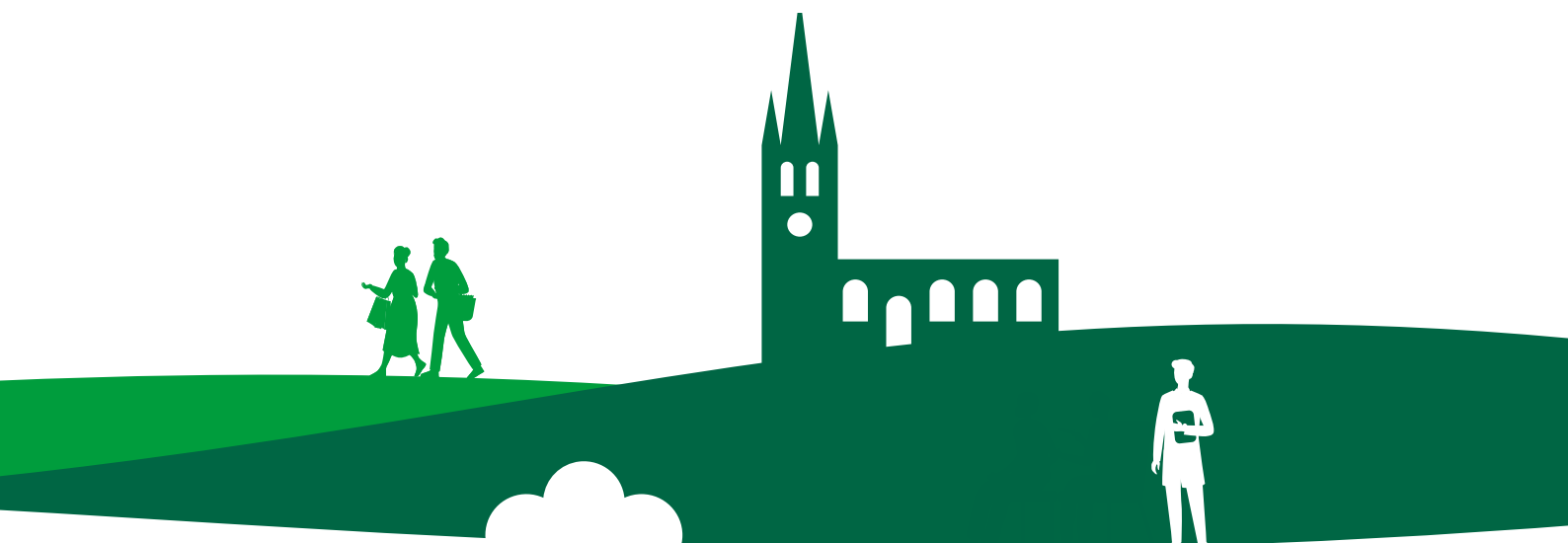
Advanced Clinical Practitioners (ACPs)

There are currently around 480 trainee ACPs in West Yorkshire working. We will explore the potential for a system-led approach to recruitment and management of Advanced Care Practitioners. Rather than separate organisations competing for resources and poaching staff from each other we will look at the whether a more collaborative system approach can be taken to recruitment, training and resource allocation. We will explore the potential for a similar approach to Trainee Nurse Associates (TNAs).

Placement Capacity and Learning Environments

Our Health Education England supported Learning Environment and Placement (LEAP) is bringing together partners to explore the opportunities for health and care placement expansion. We will support the expansion of placement capacity including blended placements within the HEE and HRD teams.

We will develop and implement a Wakefield District Learning Needs Analysis Framework. We will also ensure plans and processes in place to support our education and training pipeline.

Apprenticeships

We explore the potential for pooling the Apprenticeship Levy so that we can optimise the use of this resource across the system. This approach could also ensure that we target the levy at communities who are under represented in the workforce.

5.6   Pillar 6: *Strategic Workforce Planning*

Ambition

We will adopt a flexible approach to workforce planning which can respond to population health needs.

Objectives

We will deliver a WDHCP People Plan, and delivery plan aligned to the West Yorkshire Health and Care Partnership and National People Plan and support the delivery of Wakefield District Health and Care Partnership Business Plan and vision.

Good quality workforce data will be available with information flowing both from within the system and from external sources. Workforce interventions are identified, planned, and implemented to support the delivery of the Wakefield District Health and Care Partnership key priority areas work programmes.

What are the challenges?

A key challenge for the Wakefield system are the gaps in accessing workforce data and analysing population health data to understand demand and capacity. Individual organisations have mapped their workforce and matched to local need but we have not carried out this exercise on a system-wide footprintor or across multi years.

We need support from organisations working together and sharing data to benchmark and to understand workforce gaps and pressure points in specific areas where there is a system impact. We need to recognise changes to the Wakefield demographic with increases in the older citizen cohort coupled with a parallel increase in the numbers of people with complex long-term conditions.

We also need to agree a system-wide approach to workforce planning methodologies. Which methodologies will we use, where will the planning function be based and how will it influence local workforce strategies.

We recognise the choices some organisations who sit across a number of geographical boundaries will need to consider and engage in once at organisation, place and ICS. We also note the action to develop a workforce modelling tool for Wakefield that we need to ensure we do not create duplication with what is already in place and also required for NHSE/I and HEE submissions.

What are we going to do?

We will develop good quality workforce data with information flowing both from within the system and from external sources. Workforce planning interventions and methodologies will be identified, planned and implemented to support the delivery of the WDHCP priorities. We will grow and develop data analysts with workforce planning and population health expertise.

All partners will review and if required a refresh document to sharing workforce data, with acknowledgement that moving towards shared collation methodology would aid population health planning and multi year planning and modelling purposes. This modelling will be the responsibility of the Wakefield People Board.

We will adopt a whole population approach to workforce data modelling and commission the Wakefield People Board to develop a workforce modelling tool and to develop a workforce outcome framework to measure the impact of this plan.

6. PMO and Governance

6.1 Project Management Office

Figure 1 provides a diagrammatic representation of the PMO structure that supports development and delivery of the WDHCP People Plan. The PMO will be located at Spectrum Community Health CIC.

The Workforce Programme Management Office supports the HRD Network in the delivery of the Wakefield People Plan. It coordinates the Wakefield Workforce Website, repository for all workforce information and communication.

The PMO coordinates agendas for all standing groups and committees, oversees the assurance process for The Wakefield People Plan. It provides leadership and capacity to ensure programme objectives are delivered.

Figure 1: WDHCP People Plan PMO

SROs for System Workforce

Chief Executive of Spectrum

Director of Human Resources,
Mid Yorkshire Teaching NHS Trust

Senior Lead for System Workforce Portfolio

Associate Director for Integration (ICS)

Programme Manager
· Looking after our people
· Belonging
· System leadership

Programme Manager
· New ways of working
· Growing our workforce
· Workforce planning –
  analytical workforce data

**Workforce
Data Analyst**

Business Support

Strategic drive and momentum is maintained though a weekly workforce PMO cell. This brings in key stakeholders to scope and plan workforce programmes and socialises plans before they go through formal approval processes.

The PMO will provide detailed action plans, identify distributed leadership system leads for key pieces of work and ensure that the plan aligns with the national and regional strategic frameworks.

6.2 Governance

Figure 2 describes the governance framework for development and delivery of the WDHCP People Plan.

Figure 2: Governance Arrangements for the WDHCP People Plan

WY ICS People Alliance — Wakefield District Health and Care Partnership — Provider Collaborative

System Workforce PMO — Wakefield People Alliance

Pillar Leads

Looking after our people

System leadership

Belonging to the partnership

New roles and ways of working

Growing and developing our workforce

Workforce planning

The Six Pillars of The Wakefield People Plan

6.3 Role of the Wakefield People Board

Under the new governance arrangements the HRD network will evolve into the Wakefield People Board. The Board will act as a strong and mature network which comprises HR Directors and OD leaders across the WDHCP. It will be inclusive of anyone with a significant stake in recruitment, retention, development and wellbeing of staff. It recognises that organisations of different shape and size may not have dedicated people functions.

The Board will have responsibility for development and implementation the Wakefield People Plan. It selects system leads for each of the Pillars of the Wakefield People Plan. These Lead Officers will be responsible for delivering the programme that relates to their pillar. They will be supported by the Workforce PMO. The System Leadership Team will be selected from organisations that participate in the Workforce People Board. The Board will provide assurance to the WDHCP on delivery and impact of the plan.

The Wakefield District Health and Care Partnership approves the mandating and resourcing of the Wakefield People Board and PMO.

The Board will be serviced by the System Workforce PMO and is underpinned by a virtual Workforce Hub which is a repository for information, advice, links, network meetings, and subgroups.

The Workforce People Board will adopt a Distributed Leadership approach to development of The People Plan. Leadership will be dissociated from designated organisational roles and focus on what is right for the system as a whole. Our leaders will recognise and try to balance the priorities and pressures faced by individual partner organisations when making decisions on a system level.

Walk in Centre

7. Summary: Plan on a Page

Figure 3 provides a summary of the 6 Pillars contained within the Wakefield People Plan.

Figure 3: People Plan on a Page

Looking after our people	System leadership	Belonging to the partnership	New roles and ways of working	Growing and developing our workforce	Workforce planning
Supporting staff through the impact of the pandemic	Implement system development work programme	Wakefield EDI Pledge	PCN workforce strategies	International Recruitment	Develop good quality workforce data
System-wide group-based interventions	Develop a Wakefield talent approach	Executive leads for protected characteristics	Integration of community health and adult social care	Addressing workforce supply issues	Adopt standardised workforce Data Sharing Agreement
Working Carers Passports	Mentoring Programme	Monitoring BAME recruitment	Rotational paramedics	Adult social care recruitment and retention	Whole population approach to workforce modelling
Map utilisation of wellbeing support services	Distributed leadership model	Fellowship Programme to support Hard to Reach Groups	CLEAR Programme	Advanced Clinical Practitioners	Develop a workforce modelling tool.
Develop a dedicated MSK Service for frontline staff	Leadership Development Programme	Inclusive apprenticeship programmes	Collaborative staff bank	Placement capacity and learning environments	Workforce Outcome Framework
Coordinate training for mental health first aiders	Coaching Programme	Develop supervisory skills	Flexible working models	Apprenticeships	