

Bedfordshire, Luton and Milton Keynes Integrated Care System

People Strategy 2023 - 2028

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Context

How health and social care is organised and delivered is changing. Changing technology, demographic changes in our populations mean that the current approach to providing and staffing services needs to change. A more person centred, integrated and data driven approach is required.

There are substantial workforce challenges around vacancies, demographics, pipelines of staff and our ability to support and develop our learners, workers and volunteers.

National policy in health and care, such as the recent Fuller review of Primary Care and the Hewitt Review all impact on the services and workforce required by the system.

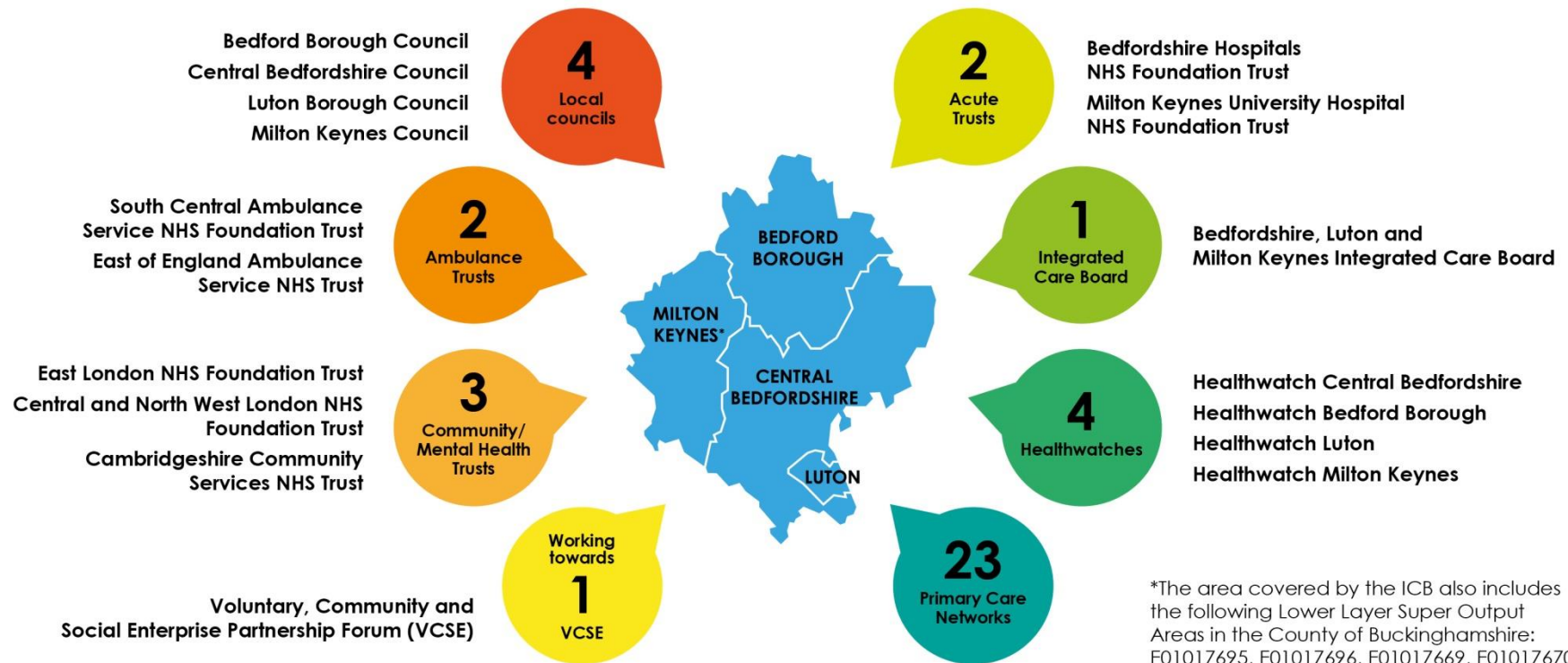
The establishment of ICSs as statutory bodies in July 2022 provides opportunities for organisations operating in Bedfordshire Luton and Milton Keynes (BLMK) to work together to address some of these challenges and improve outcomes for our populations and workers.



Our partners

Our partners include the local councils in our area, four Healthwatches, NHS organisations such as hospital, community, mental health and ambulance trusts, 27 Primary Care Networks made up of the 95 GP practices in our area and the voluntary and community sector.

Proud to be working together for better, more integrated services in Bedfordshire, Luton and Milton Keynes Integrated Care System



The four places in our Integrated Care System are vibrant and culturally diverse and cover a population of 1 million. Whilst there are health inequalities, there is growth and opportunities for us to improve the health and wellbeing of people who live here and the workforce who support them.

Bedford Borough

A diverse Borough with up to 100 different ethnicities and 149 spoken languages. Two thirds of the population live in our urban centres whilst the remaining live in our many rural areas.

Milton Keynes

A mixture of urban and rural areas including distinct towns and villages. 140 languages are spoken in our schools; the population is young with 27% of residents aged 19 or younger.



Central Bedfordshire

A diverse area, with over half of the population living in rural areas and the rest in market towns. The area is generally affluent but there are areas of deprivation.

Luton

Diverse, densely populated town with over 150 languages and dialects spoken. It has a younger than average population and above average levels of unemployment and deprivation, with high levels of child poverty.

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Coming together to try to accelerate change

We want everyone in our towns, villages and communities to live longer, healthier lives.

Living in good quality housing, having the best education, receiving the best quality healthcare, working in a growing local economy, feeling safe in our communities and enjoying living in our local places will help improve people's lives.

Using and sharing population health data, digital technologies, our workforce and working with the voluntary sector will inform what we do and build it around our communities.



That's where the **Integrated Care System** comes in. By **working together** and making the best use of our resources, we can do more and **make a difference more quickly**.

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Guiding Principles

In developing priorities and actions for the system the following principles will inform our approach:

- **The system is all organisations;** private social care, local government, higher and further education providers, the NHS, VCSE and other partners like fire and police.
- **Service users** and **staff** have a role in designing roles and services
- The people strategy must help to deliver **the ICS's strategic priorities**
- **Inclusion, belonging** and the **reduction of inequalities** run through all our work
- **Subsidiarity:** doing things as close to those affected as possible and at scale when it can deliver maximum benefits to our population
- **One workforce:** Service users will not see the joins between organisations & staff can participate in and identify with teams outside of their organisation
- Access to **flexible and engaging** work is a key part of improving individual and population health
- We will leverage our status as **anchor institutions** to play in the **economic and environmental health** of BLMK ICS
- We will seek to **remove or reduce barriers to integrated system working**, taking action at neighbourhood, place or system level as required.
- We will look for **synergies** and **collaboration** beyond the ICS footprint
- Ensure we reflect **national guidance and objectives** in our plans

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How we work as a system

National People Board

Regional People Board

BLMK People Board & People Strategy

Bedfordshire Care Alliance Workforce Priorities

Milton Keynes Health Board Workforce Priorities

Organisation People Plans

PCNs

4 Place plans

Decision and Actions

There are differences in the workforce interventions needed to support population health improvements in different parts of the system.

Based on the principal of subsidiarity, decisions and actions are taken at the most appropriate level for the system.

There is alignment against key themes and priorities between the BLMK People Plan, place and organisational plans but they are adaptable to local conditions.

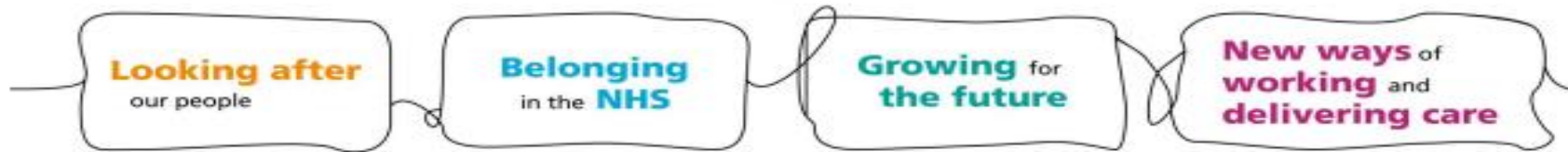


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National People Drivers

NHS People Plan pillars

to deliver **more** people, working **differently**, in a **compassionate** and **inclusive** culture



Our People Promise



The future of NHS human resources and organisational development 2030 vision



ADASS – Priorities which must be included in a national workforce strategy

1. **Staff recognition, value and reward**
2. **Investment in training, qualification and support**
3. **Career pathways and development**
4. **Building and enhancing social justice, equality, diversity and inclusion in the workforce**
5. **Effective workforce planning across the whole social care workforce**
6. **Expansion of the workforce in roles which are designed in coproduction with people who draw on care and support, and in roles which enable prevention, support the growth of innovative models of support**

10 Functions of the ICS People Function

- 1) Supporting the health and wellbeing of all staff: people working and learning in the ICS feel safe and supported in their physical and mental health and wellbeing, and are therefore better able to provide high-quality, compassionate care to patients.
- 2) Growing the workforce for the future and enabling adequate workforce supply: the system is retaining, recruiting and, where required, growing its workforce to meet future need. The 'one workforce' across the ICS is representative of the local communities served.
- 3) Supporting inclusion and belonging for all, and creating a great experience for staff: people working and learning in the ICS can develop and thrive in a compassionate and inclusive environment. Issues of inequality and inequity are identified and addressed for all people working in the system. The workforce and leaders in the ICS are representative of the diverse population they serve.
- 4) Valuing and supporting leadership at all levels, and lifelong learning: leaders at every level live the behaviours and values set out in the People Promise, and make strides so that this is the experience of work for all of their 'one workforce'.
- 5) Leading workforce transformation and new ways of working: service redesign is enabled through new ways of working, which make the most of staff skills, use of technology and wider innovation – to both meet population health needs and drive efficiency and value for money.

10 Functions of the ICS People Function

- 6) Educating, training and developing people, and managing talent: education and training plans and opportunities are aligned and fit for the needs of staff, patients and citizens, including to enable new ways of working and support meaningful and personalised career journeys.
- 7) Driving and supporting broader social and economic development: leaders ensure that their organisations leverage their role as anchor institutions and networks to create a vibrant local labour market, promote local social and economic growth in the wider community, support all ICS partners to 'level up', address wider health determinants and inequalities at the heart of poor health.
- 8) Transforming people services and supporting the people profession: high-quality people services are delivered by a highly skilled people profession to meet the future needs of the 'one workforce', enabled by technology infrastructure and digital tools.
- 9) Leading coordinated workforce planning using analysis and intelligence: integrated and dynamic workforce, activity and finance planning meets current and future population, service and workforce needs, across programme, pathway and place.
- 10) Supporting system design and development: the system uses organisational and cultural system design and development principles to support the establishment and development of the integrated care board (ICB), and the integrated care partnership (ICP). The organisational development approach creates a system-wide culture that: is driven by purpose; enables people, places and the system to fulfil their potential; is connected to the people served by the system and those delivering services; harnesses the best of behavioural, relational and structural approaches; and nurtures collaboration.

Principal of Subsidiarity

Led Locally

- Activities relate directly to the employment, development, morale, wellbeing and retention of the people who work in that local organisation
- Multi-disciplinary teams at PCN/Place level using 'one workforce' principals aligned to place/alliance/ICS priorities.

Led or coordinated by the ICS

- strong local partnerships are required, including partnerships with local government, social care and education organisations
- planning is needed over a medium-term period (e.g. up to five years)
- decisions need to be made across a local labour market
- there are benefits of scale from joined-up solutions to shared challenges

Undertaken regionally

- there is a need for coordination and improvement support to deliver national priorities
- there is a need to help foster capacity in local health systems
- decisions need to be made across a regional labour market

Carried out nationally

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

The principal of subsidiarity will guide where activities will be undertaken, at system, alliance, place or organisational level. Decisions to be taken at as local a level as possible.

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Our Objectives

The Key areas of focus have provided the impetus for the People Strategy objectives:

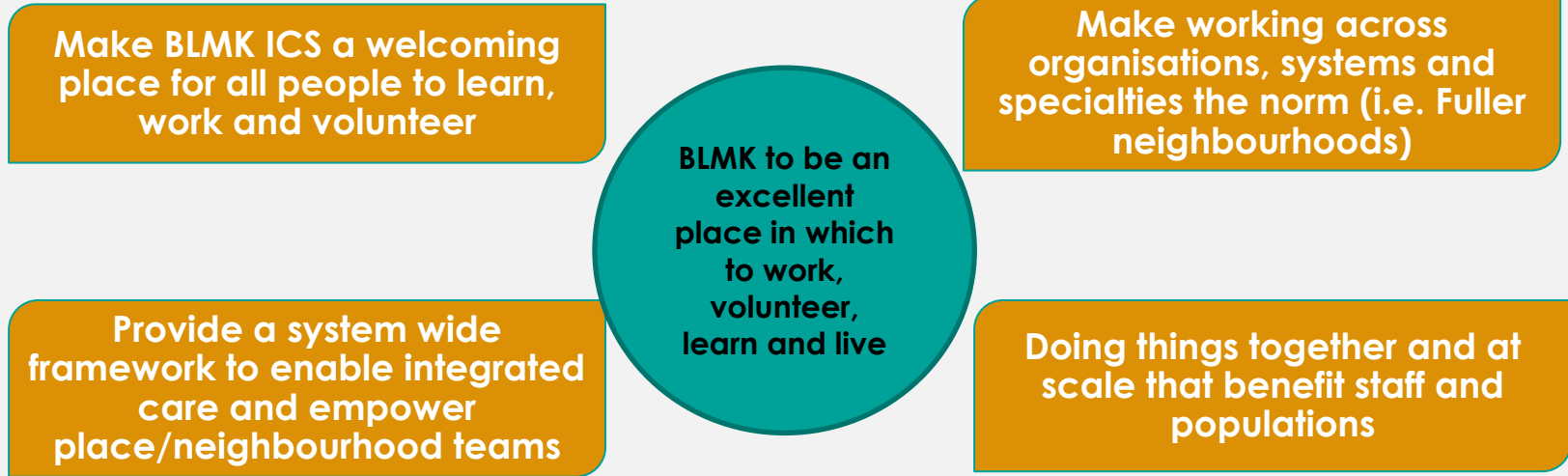
- Our system **plans** its future workforce in a way that supports the ICS's strategic objectives and the wellbeing of staff and volunteers
- People are encouraged and supported **join** organisations through a variety of educational and direct entry routes.
- Careers in the system are **valued** and **popular** choices for our populations
- **Integrated, multi-organisational** teams with a **place focus** are normal and it is **simple for staff to move** between them.
- Staff can be their whole selves at **work**. They have **flexible roles, compassionate management** and their **wellbeing** is supported and prioritised.
- Staff can **progress** along **flexible** and **joined up career pathways** across **health and care** that fit with their needs.
- Staff **feel valued** and work in organisations that **represent them** and the communities we serve and that they **have a role** in the design and delivery of services
- As **Anchor Institutions** we have a role to play in improving the **economic, environmental** and **educational** capital of BLMK.

Through the achievement of these objectives we will support economic growth for BLMK and reduce inequalities for our populations and those who work in our system.



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Our Vision



Our services are our workforce. People are the key enabler of the delivery of the ICS's strategic objectives

Make BLMK ICS a welcoming place for all people to learn, work and volunteer

- **Outcome: Diverse and sustainable workforce pipeline from residents and those coming to BLMK to study & work**
- What we have achieved so far:
 - International Recruitment Legacy role pilot in midwifery
 - Increased placement capacity
 - Providing volunteering and education opportunities for communities
 - Improving use of apprenticeship levy
 - Improving pastoral support for new starters in the system
 - Developing new roles and embracing digital
 - Joint recruitment between health and social care
 - Supported residents to move from temporary roles in Covid vaccination centres to roles in core services
- What we will do:
 - Reduced inequalities in staff experience across health and care,
 - Develop and promote clear and diverse career pathways,
 - Recruit diverse candidates
 - Improve flexible working
 - Improve staff wellbeing
 - Ensure we are an inclusive employer

Make working across organisations, systems and specialties the norm

- **Outcome: Improving the care received by residents and patients, reducing duplication and ensuring workforce resources are in the right place centred around the need of the patient**
- What we have achieved so far:
 - Leadership and development at a system level
 - Community upskilling programme across community health, social care and general practice
 - First integrated health and care hub opened in Dunstable
 - Digitisation programme of work for social care facilitating greater integration with health
- What we will do:
 - System values embedded in leadership training
 - Develop team based CPD opportunities
 - Focus on OD capacity & co-production for transformation
 - Develop and embed new roles, placements and apprenticeships across health and care
 - Launch rotational apprenticeships across health & social care

Provide a system wide framework to enable integrated care and empower place/neighbourhood teams

- **Outcome: Reduce the time and effort required at place and neighbourhood level to innovate**
- What we have achieved so far:
 - Place Boards in place to oversee change
- What we will do:
 - Reduce barriers to integration by introducing digital staff passports
 - Develop process to recognise mandatory & CPD training,
 - Provide guidance on MDT set up and management
 - Develop role profiles for emerging roles and ways of working

Doing things together and at scale that benefit staff and populations

- **Outcome: Improved efficiency and quality of HR services, reduced duplication and increased specialisation**
- What we have achieved so far:
 - Wellbeing initiatives: wellbeing hub, shiny minds app, flexible working
 - Wellbeing conversations and awareness
 - Providing new routes into employment for underrepresented groups
 - Working collaboratively as anchor institutions on apprenticeship levy
- What we will do:
 - Collaborative International recruitment,
 - Integrated workforce planning
 - Creating new apprenticeship & degree pathways
 - Identifying opportunities for Robotic Process Automation
 - Identifying opportunities for collaborative talent management

People Strategy Workstreams

BLMK to be an excellent place in which to work, volunteer, learn and live

| 1. Primary Care Training Hub | 2. Neighbourhoods | 3. Workforce Information, Planning, Supply & Retention | 4. Innovation & Education | 5. EDIB & Wellbeing | 6. Leadership, Talent Management and Organisational Development |
|--|--|--|---|---|--|
| Objective: Meeting the ongoing training and development needs of the primary care sector, including skills development in relation to change management and quality improvement, as well as in relation to effectively using new ways of working and models of care. | Objective: Supporting the development of neighbourhood multi-organisational and multi-disciplinary teams. | Objective: Ensuring we have the capacity within our workforce to deliver great care. Supporting retention by both ensuring we plan effectively to recruit to our vacancies as they occur in a timely way and also putting in place a robust framework to support work /life balance through flexible working opportunities | Objective: Supporting workforce redesign for new models of care and maximising the use of new roles. We recognise the importance of enabling staff to develop their careers within the System. | Objective: We will create an environment where staff from all backgrounds feel included, valued and free from discrimination. We want to have a happy, healthy and engaged workforce as we know that staff who are supported, well and at work and deliver quality and safe effective care to our patients. | Objective: We will develop system leadership values, behaviours and training increasing OD capacity and supporting system transformation. |
| Key Initiatives <ol style="list-style-type: none"> Increase ARRS roles within Primary Care Increase Placement/Education capacity Digital development PCN Support | Key Initiatives <ol style="list-style-type: none"> Workforce Planning at Place/Neighbourhood Level Mobilisation and Movement of the Workforce Team development | Key Initiatives <ol style="list-style-type: none"> Strategic workforce planning, integrated across health and social care. Developing and delivering strategies to deliver the long-term workforce plan Bank, Rostering & Automation Workforce supply: Recruitment and retention including collaborative campaigns. | Key Initiatives <ol style="list-style-type: none"> Enable partnership working between employers and education and training providers Develop education offerings for new and emerging roles Maximise Pre-Employment training opportunities Maximise opportunities for multi sector and multi profession learning | Key Initiatives <ol style="list-style-type: none"> BLMK Wellbeing Hub Oversee the development and delivery of Equality and Inclusion Strategy Oversee Implementation of Regional Anti Racism Strategy Share best practice to enable system learning | Key Initiatives <ol style="list-style-type: none"> Leadership Development with a system perspective System talent management process Increase system OD capacity |

National People Promise

Looking after
our people

Belonging
in the NHS

Growing for
the future

New ways of
working and
delivering care

| | Primary Care Training Hub | Neighbourhoods | Workforce Information, Planning, Supply & Retention | Innovation and Education | EDIB and Wellbeing | Leadership, Talent Management and Organisational Development |
|---|---------------------------|----------------|---|--------------------------|--------------------|--|
| Looking after our people | X | | | | X | X |
| Belonging in the NHS | X | | | X | X | |
| Growing For the Future | X | | X | X | | |
| New ways of working and delivering Care | X | X | X | X | | X |

10 Functions of the ICS People function

| | Primary Care Training Hub | Neighbourhoods | Workforce Information, Planning, Supply & Retention | Innovation and Education | EDIB and Wellbeing | Leadership, Talent Management and Organisational Development |
|---|---------------------------|----------------|---|--------------------------|--------------------|--|
| Supporting the health and wellbeing of all staff | | | | | X | |
| Growing the workforce for the future and enabling adequate workforce supply | | | X | X | | |
| Supporting inclusion and belonging for all, and creating a great experience for staff | | | | | X | |
| Valuing and supporting leadership at all levels, and lifelong learning | | | | X | | X |
| Leading workforce transformation and new ways of working | X | X | | X | | |
| Educating, training and developing people, and managing talent | | | | X | | |
| Driving and supporting broader social and economic development | | | X | X | | |
| Transforming people services and supporting the people profession | X | X | | | | X |
| Leading coordinated workforce planning using analysis and intelligence | X | | X | | | |
| Supporting system design and development | | X | | | | X |

Primary Care Training Hub

Objective: Meeting the ongoing training and development needs of the primary care sector, including skills development in relation to change management and quality improvement, as well as in relation to effectively using new ways of working and models of care.

| SRO | Nicky Poulain, Chief Primary Care Officer | ICB Lead | Susi Clarke |
|---|---|--|--|
| Initiatives | Actions 2023/24 | Actions 2024/25 | Actions 2025/28 |
| Increase ARRS roles within Primary Care | Development of PCN Training Teams & buddying system to ensure equity | PCN workforce planning & supply aligned to development of Place INT | All PCNs/INT workforce plans in place with well established supply route & recruitment & retention processes |
| | Targeted recruitment & retention activities | Collaborative recruitment processes & well embedded legacy programme to support retention | |
| Increase Placement/Education capacity | Increase & expand multi-professional placement capacity | Well established apprenticeship, rotational placements & portfolio opportunities embedded across PCN & INT | All PCNs approved as Learning Organisations maximising multi-professional placement & development |
| | Increase Educator & Supervisor capacity & number of PCNs approved as Learning Organisations | Maximising opportunities to tap into VCSE workforce, developing & training together | |
| Digital development | | | |
| PCN Support | PCN support – workforce planning, OD development, Leadership development, H&WB, EDI & B | Support in place for POD contracts | Research & innovation skills & experience embedded across PCNs & INTs |

Neighbourhoods

Objective: Supporting the development of neighbourhood multi-organisational and multi-disciplinary teams.

| SRO | Nicky Poulain, Chief Primary Care Officer | ICB Lead | Susi Clarke/ |
|---|--|---|--|
| Initiatives | Actions 2023/24 | Actions 2024/25 | Actions 2025/28 |
| Workforce Planning at Place/Neighbourhood Level | Ensure VCSE workforce are considered in all elements | | Non-workforce e.g. public health and place based data is comparable and can be analysed alongside workforce data |
| | Ensuring alignment of people priorities with system Fuller group | | |
| | Assess education & training needs identified in place workforce plans | | |
| Mobilisation and Movement of the Workforce | Be involved in the introduction of digital staff passports | Development of 'MDT toolkit' with best practice advice and templates for setting up of MDTs | |
| | Develop MOU template for MDT | Supporting the development of new roles by standardising role requirements, | |
| | Portability of basic employment information between all system providers | | |
| | Interoperability of learning management/rostering systems | | |
| Team development | Stocktake of current practice of MDTs | Ensuring that increased supervision and placement capacity is a feature of MDT | Assessing effectiveness of MDTs in retention, career progression and promoting diverse approaches |
| | Scope training opportunities to provide insight beyond organisational boundaries | Banding/pay and training across system | |
| | | Development of training to support staff working and managing in MDTs | |

Workforce Information, Planning, Supply & Retention

Objective: Ensuring we have the capacity within our workforce to deliver great care. Supporting retention by both ensuring we plan effectively to recruit to our vacancies as they occur in a timely way and also putting in place a robust framework to support work /life balance through flexible working opportunities

| SRO | Danielle Petch | ICB Lead | Marie Lambeth Williams |
|--|--|---|--|
| Initiatives | Actions 2023/24 | Actions 2024/25 | Actions 2025/28 |
| Strategic workforce planning, integrated across health and social care | Integrated Workforce Plan for the ICS | Improved co-ordination of workforce planning to include social care | Refreshing workforce plans annually |
| | Workforce data analysis and modelling | | |
| | Develop Workforce intelligence Dashboards to support strategic focus | Ability to interrogate workforce information | |
| Developing and delivering strategies to deliver the long-term workforce plan | Development of a Mid to late Career leadership programme (March 23 Pilot in PC for GPN's) with plans to widen to Acute, Community, MH and Social Care (| | |
| Workforce systems: Bank, Rostering & Automation | | | |
| Workforce supply: Recruitment and retention including collaborative campaigns. | <p>Develop a sustainable HCSW Collaborative Recruitment campaign (Supply)</p> <p>Continuation and expansion the IR Career Coach including implementation of digital solutions to IR development and retention.</p> <p>Develop and align the BLMK Retention strategy to support People Strategy.</p> <p>Implementing the Reservist Model across the system to support workforce supply and resilience (Supply)</p> <p>Work collaboratively to support IR plans in social care (Supply)</p> <p>Developing and expanding Legacy Roles across professional groups to aid retention and educational support (Retention and Education)</p> | Expansion of successful programmes | Robust metrics for measuring ability to retain those trained in BLMK |



Innovation and Education

Objective: Supporting workforce redesign for new models of care and maximising the use of new roles. We recognise the importance of enabling staff to develop their careers within the System.

| SRO: | Kate Howard/ Debbie Crawford | ICB Lead | Catherine Jackson |
|---|--|--|---|
| Initiatives | Actions 2023/24 | Actions 2024/25 | Actions 2025/28 |
| Enable partnership working between employers and education and training providers | System approach to education commissioning | Aligning commissioning to long term workforce strategies | Long term (5yrs+) planning and commissioning of training places |
| | | Introduction of an academy model | |
| | | Linking with workforce planning and HEI/FEIs in developing apprenticeships/degree programmes that align with projected demand | |
| Develop education offerings for new and emerging roles | Rotational apprenticeship pilot for Health Care Support Worker Roles | Consider rotational apprenticeships and posts for other professions, interest in rotational posts from the AHP Council, especially for newly qualified OTs | Team, not specialty CPD and mandatory training approaches |
| | Review impact of community upskilling activity | | |
| | Digital literacy training | | |
| Maximise Pre-Employment training opportunities | Map current pre-employment support offer from local partners in BLMK | Upskilling potential apprentices to enable access to apprenticeships | |
| Maximise opportunities for multi sector and multi profession learning | Explore potential for shared cohorts of apprentices where numbers are low in individual organisations to make viable cohorts | Relaunch of previous 'stepping into my shoes' programme for matching staff to colleagues for shadowing to learn about each others' roles | Develop neighbourhood based CPD programmes reflective of current and future needs of their population |

EDIB and Wellbeing

Objective: We will create an environment where staff from all backgrounds feel included, valued and free from discrimination. We want to have a happy, healthy and engaged workforce as we know that staff who are supported, well and at work and deliver quality and safe effective care to our patients.

| SRO | Tanya Carter | ICB Lead | Azmi Peerun |
|---|--|--|---|
| Initiatives | Actions 2023/24 | Actions 2024/25 | Actions 2025/28 |
| BLMK Wellbeing Hub | Delivery of System Hub to Sep 2023 | | |
| | Identification of options for ongoing Hub model | | |
| Development of Equality and Inclusion Strategy | Fully functioning EDIB & Wellbeing Group | Establish transformational reciprocal mentoring for BAME staff | Reflective and analytical piece of work on the progress (& gaps) identified from previous activities |
| | Transition from awareness to intervention | Well defined EDIB & Wellbeing Strategy and Priorities established throughout ICS | |
| | Sign off of the ICS Equality and Diversity Strategy | | Including Allyship training as part of mandatory training for all staff (both patient & staff facing) |
| | Inclusion of EDI in inductions & creation of EDI development & training at Board level | | |
| | Sharing of best practice and issues for support as a matter of routine | | |
| Implementation of Regional Anti Racism Strategy | Oversee the implementation of the EoE Anti-Racism Strategy | Total implementation of EoE Anti-Racism Strategy throughout BLMK ICS | |

Leadership, Talent Management and Organisational Development

Objective: We will develop system leadership values, behaviours and training increasing OD capacity and supporting system transformation.

| SRO: | Anita Pisani | ICB Lead | Azmi Peerun |
|--|---|--|--|
| Initiatives | Actions 2023/24 | Actions 2024/25 | Actions 2025/28 |
| Leadership Development with a system perspective | Continue Leading Beyond Boundaries system level training programme | Refreshed leadership charter | |
| | BLMK AHP Faculty has just recruited a Project Manager and People Participation Lead to support the activities of the Faculty, | System leadership themes throughout leadership training | |
| | Improved access to leadership/CPD training provided by other organisations/system | System Festival of Leadership | |
| System talent management process | | System talent pools where talent has the opportunity to move between organisations | System approach and register of talent |
| | | Clear 'career ladders' for progress across health and care | |
| Increase system OD capacity | Community of practice for OD professionals | Stock take of OD training & capability in system | Review of system values after maturing of ICSs |
| | OD resource working across organisations on transformation projects | Linked to values and training work consistent methodologies for OD interventions | Sufficient OD capacity built up across system |
| | Identification and prioritisation of system transformation work. | Formalised agreements to enable OD work across system organisations | |