



Hertfordshire and
West Essex Integrated
Care System

Hertfordshire and West Essex ICS People Strategy

2023 to 2025

**Working together
for a healthier future**



EXECUTIVE SUMMARY

People who work across health and social care do incredible work to keep our population healthy and well. They have shown immense fortitude over the last few years in the face of the pandemic. For this we say a heartfelt thank you. This strategy aims to address issues that get in the way of staff and volunteers doing their best for patients, service users, their families and the population of Hertfordshire and West Essex.

The system's workforce has undergone substantial change since our initial strategy and vision of 'one workforce' in 2019. The Covid-19 pandemic provided immense challenges to our sector and overall workforce, but also showed the significant pace of change possible.

With the recent system changes and transition to Integrated Care Boards and introduction of place based working we considered it a good time to review and refresh our strategy going forwards. The Integrated Care Partnership are concurrently developing a ten-year system strategy and we are pleased to note that workforce is identified as key system priority and enabler for delivery of that strategy.

We have engaged with stakeholders across the system to gather views – priorities have been identified relating to staff supply, retention and integrated planning. We acknowledge and have highlighted these as key areas

to progress, but believe that we need to ensure we continue to progress areas of wider transformation and ensure equity across health, social, primary and VCSE areas of our workforce. We believe delivering this People Strategy will make Hertfordshire and West Essex a great place to live, learn, work and stay.

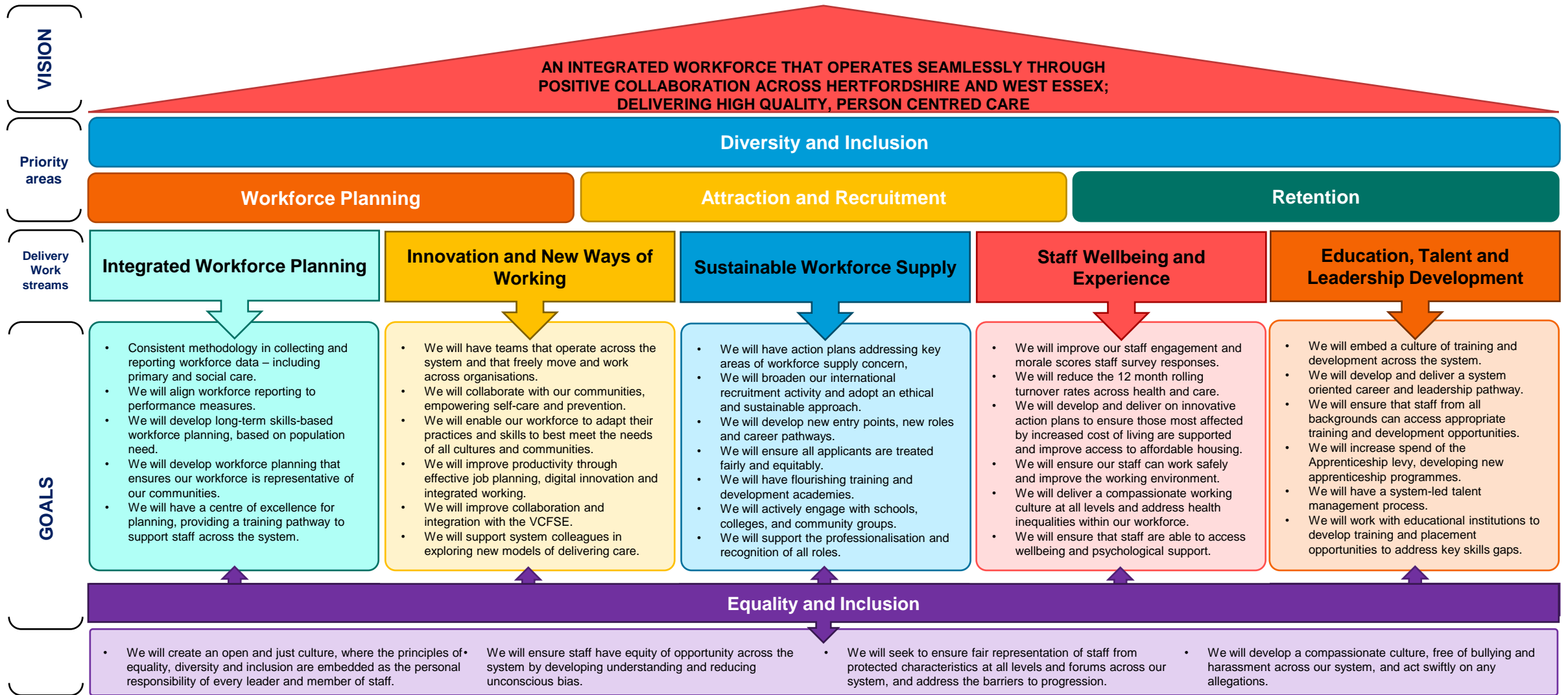
This executive summary shows the core ambitions for the system's workforce as well as a high-level plan.

The People Strategy aims to achieve the following system ambitions:

1. We will produce a long-term workforce plan for the whole system, based on the needs of our population and accounts for the skills required to deliver those services.
2. We will create communities empowered and enabled to provide the best possible care through innovation and integrated working.
3. We will develop sustainable workforce attraction strategies, particularly through domestic supply routes, to reduce system vacancies.
4. We will ensure that our staff are representative of our local population by making Hertfordshire and West Essex a place of equal opportunity and inclusion.
5. We will reduce staff turnover by delivering the best possible staff experience and ensuring our workforce are healthy and happy.
6. We will ensure ALL staff are given the opportunity to develop their skills and careers, with talent effectively and equitably identified and nurtured across the system.



HWE People Strategy: 2023-2025



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INTRODUCTION

After two years of operating on an emergency response footing, providing care and support to our population through the Covid-19 pandemic, we have all recognised that the most important resource within our health and care systems, is our workforce. We thank them for their courage, their contribution and their dedication to serving our community over the course of the pandemic and beyond.

As we continue to look to adapt to the 'new normal' and ensure full recovery of our services, the health and social care workforce continues to face significant pressure and challenges that we have to collectively address.

With the transition in system working, and the introduction of Integrated Care Boards (ICBs) and place-based working, now is the time to reassess our longer-term workforce strategy, ensuring our workforce strategies deliver effective and efficient joint working for the best outcome for our population.

The following strategy provides a transformational agenda for the forthcoming three years. Within it we set out a road map to ensure the supply and retention of a skilled, sustainable workforce that supports the vision of the Integrated Care Partnership (ICP), meets needs of our residents and the changing population demography.

We need to ensure we care for all staff, and create the best possible environment for our workforce to work

safely, feel motivated, as well as learn and develop within care and health organisations so that we retain that vital knowledge and experience. The cost of living crisis is yet another immediate challenge we will have to navigate and support our staff through.

This will ensure we meet the demands of and achieve the system's strategic ambitions. We need to ensure we have a workforce fit for the future in terms of supply and skills, and we need to understand what that workforce looks like to innovate and provide the best possible care.

Within all of this, we need to ensure our workforce is representative of our population, and that all of our staff, regardless of race, gender, religion, disability or any other characteristic are given equal opportunity to progress and be their best.

We understand that this is only the beginning of the conversation. There will undoubtedly be new challenges, but also exciting opportunities ahead.

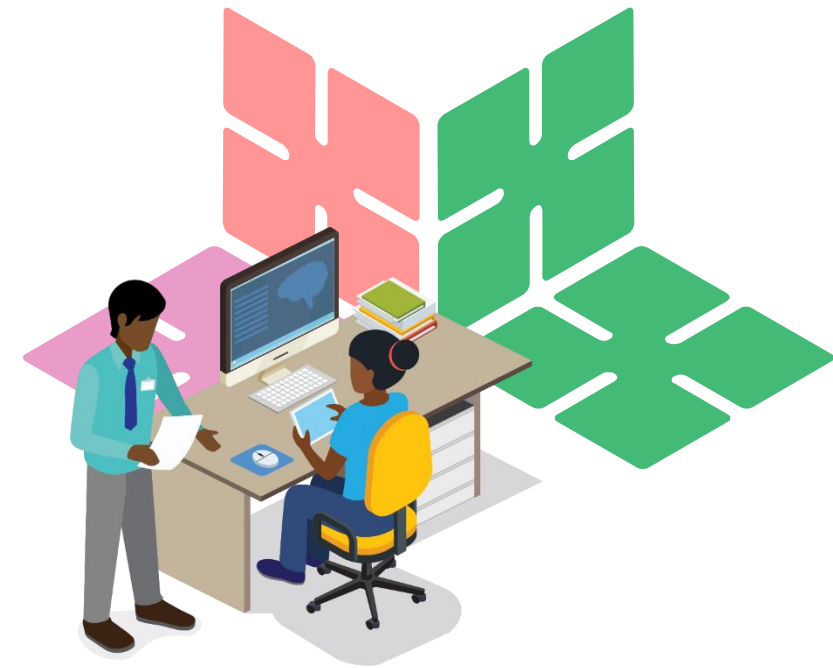
We ask you to help us make this strategy a success for our staff and the people of Hertfordshire and West Essex who depend on our services.



Tania Marcus,
Chief People Officer,
HWE ICB



Ruth Bailey
Chair of People Board
HWE ICB



OUR JOURNEY SO FAR

Our original workforce strategy was published at the start of 2019 and saw the development of five work streams linked to the long term plan. Further adjustments were made to the strategy in June 2020 and January 2021 as we redressed our priorities in light of the Covid-19 pandemic, creating an eight point plan to aid the system's recovery and align with the National People Plan and population health needs.

We can be proud of our achievements and the significant amount of work undertaken by the People Board over the last few years. The collaborative approaches to system working, improvements that have been made, especially recognising the role and contribution of all those that work in care and health, and the impact on both colleagues and the public alike is impressive. Programmes such as *Here for You*, the work on international recruitment, the development of our equality, diversity and inclusion approach has laid a strong foundation for our approach to joint system working and putting the care and health workforce at the heart of what we do.

This People Strategy is being developed against the backdrop of an unprecedented workforce pressures. More than ever before, addressing workforce challenges is the biggest barrier to improving the way we provide health and care in our communities. It is vital that we get it right for our workforce so we can provide the best possible care for the people of Hertfordshire & West Essex.

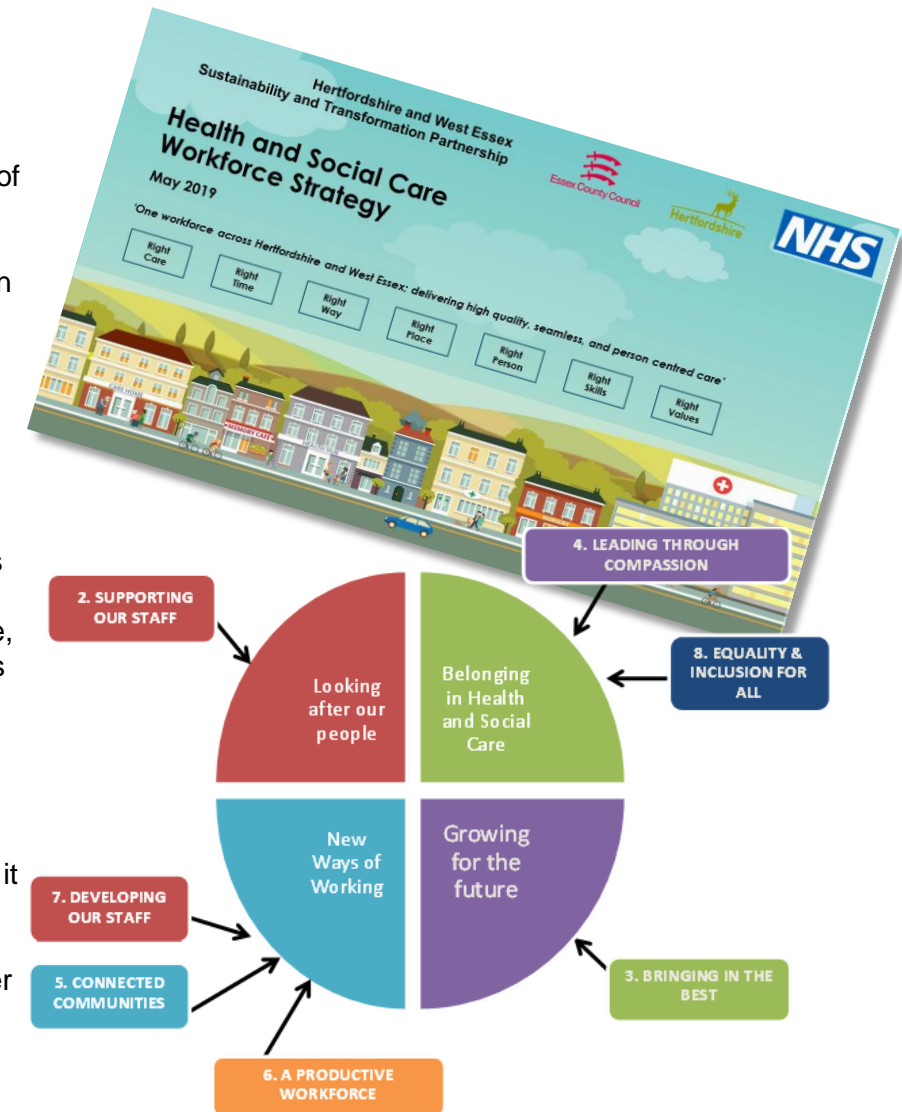
Key workforce challenges include recruitment, retention, sickness and wellbeing, as well as the lack of diversity amongst our workforce, particularly at senior levels, and the lack of parity in pay and conditions, career pathways and professional recognition between NHS employers and care providers.

However with these challenges come significant opportunities to change the landscape; to develop integrated pathways, develop new roles, to truly work collaboratively with our system partners and to deliver care differently where it is needed.

This strategy recognises that care and health services are interdependent on each other and we need to ensure that our most valuable resource, our workforce, is attracted to join, stay and develop within and across our system.

Never before have there been so many educational and development opportunities to attract people to come and work within our health and care system.

With the formation of the Integrated Care Board (ICB) it is the right time to reset and engage with our stakeholders and partners to develop a relevant and updated People Strategy which seeks to further deliver on our vision to have one workforce across Hertfordshire & West Essex; delivering high quality, seamless and person centred care.



ABOUT HERTFORDSHIRE AND WEST ESSEX

Our community

The Hertfordshire and West Essex Integrated Care System (ICS) provides health and social care to just over 1.5 million people living in Hertfordshire and Essex, in 13 district and borough council areas.

Our community is economically active, with 64.8% of the population in paid work or full time employment.

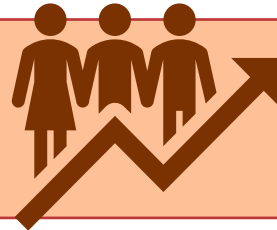
Our area is home to some of the healthiest people in the country, but there are communities where life expectancy is relatively low, and people are struggling with deprivation and poverty.

The system's population is older than the national average with a higher proportion of the population is aged over 65 years.

A similar proportion of our population compared to the UK average have caring responsibilities (17.5%)

We understand that good health and wellbeing is not just about good NHS or social care services. Our life chances, caring responsibilities, support networks, crime, education, environment and housing all have a huge impact too. That's why our ICS includes councils, the voluntary, community, faith and social enterprise sector, the NHS and host of other organisations.

We want to make sure that people living here have the best opportunities to live happy and healthy lives, and get the support they need, when they need it.



Overall the system's population is projected to rise by 2.9% by 2033. This masks the true care demand though as we see the over-65 population increase to 328,255, a rise of 24.2% over the same time frame, while the working age population reduces by 0.8%.

The average life expectancy is approximately 80 years of age for males and 84 years for females. There is variation in life expectancy that approximates to the areas with greater deprivation, with particular challenges in Harlow, Broxbourne, Stevenage and Watford. Variation exists between and within our communities.



ABOUT HERTFORDSHIRE AND WEST ESSEX

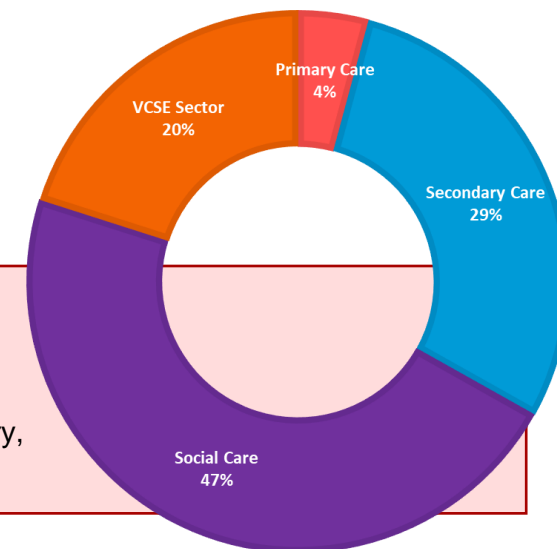
Our sector and workforce

In Hertfordshire and west Essex we have 135 GP practices serving our communities, working in groups of 35 'Primary Care Networks'. 295 community pharmacies provide vital medicines expertise and advice on minor ailments in the heart of their communities. Thousands of community and voluntary organisations help to support our residents.

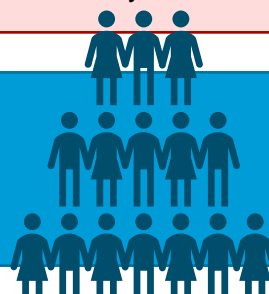
Our area has a number of hospitals to meet people's physical and mental health needs. Watford General Hospital, Lister Hospital in Stevenage and Princess Alexandra Hospital in Harlow are our three biggest 'acute' hospitals. Residents in our area can also access care and support from a range of mental health and community organisations.

The health and care sector currently employs over 61,000 people within Hertfordshire and West Essex, with over half of those (33,000) working in over 350 social care providers.

While there is improved understanding of the size, shape and requirements of our workforce we need to go further in integrating this understanding, and being better prepared for our population's health needs, with the appropriate skills, resources and ensuring our service users are being cared for in the right environment.



Hertfordshire and West Essex has a total workforce of over 61,000 within the health and social care sector. Over half of that workforce (33,000) is based within social care. There are a further 15,000 staff estimated in the voluntary, community and social enterprise sector within Hertfordshire.



The system sits around the national average in terms of number of GPs per population, with one GP per 1,753 residents, however we are significantly above the national average for nurses (one nurse for every 5,183) and direct patient care roles (one role per 4,820).

In a recent study of social care staff in the Eastern region 81% of respondents staff stated they were either very happy or happy in their role. However 40% of respondents found their salary as being the hardest element of being in their role, a further 28% had issue with the travel time involved.



Our workforce is predominantly female, with 82% and 78% of the workforce declaring to be female in social care and secondary care respectively. In relation to ethnicity, 60% of secondary care staff are white, 35% BAME; compared to 74% and 26% for social care staff respectively. Four per cent of secondary care staff declared having a disability.



THE CHALLENGES WE FACE

At this current time there are significant issues being faced to recruit, support, develop and retain our workforce.

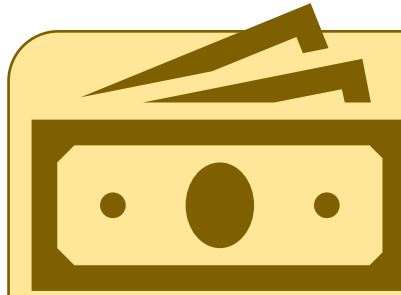
Coming out of the pandemic staff survey responses and increasing turnover show that we have a workforce tired and burnt out from responding to Covid-19.

These feelings have been heightened by increasing inflation and rising cost of living. As such, staff are looking for opportunities with independent providers or alternative sectors and geographical locations.

Hertfordshire and West Essex is one of the most expensive places to live in the south east, and research has shown that there is a significant drain on staff being drawn to work in London for higher rates of pay and support.

We have an aging staff profile and an aging population, particularly within key primary care services. Staff who volunteered to remain within service to support us through the pandemic are now choosing to retire or change roles to suit their lifestyle.

Looking after and supporting our staff is fundamental to ensuring we can support our population effectively and meet targets set for areas such as access to primary care, supported discharge and elective recovery etc.



Inflation has continued to rise, reaching a 40-year high in April 2022. Higher fuel and food costs has seen our Consumer Prices Index (CPI) rise by 9.0% in the 12 months to April 2022, up from 7.0% in March.

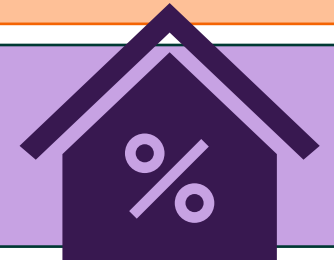
This is compounded by salary differences between social care and health. The average hourly wage for care workers within social care providers is £9.39, compared to entry level positions within the NHS beginning at £10.95.

Turnover is a particularly significant challenge for our system. Social care turnover is 27.3% across Hertfordshire and West Essex. Within secondary care, turnover hit historic lows during the Covid pandemic, but since March 2021 it has gradually risen and in the most recent months has risen above pre-pandemic levels to 20%



The workforce in primary care are older than the national average, with 35.3% of staff over the age of 55 in HWE; compared to 28.9% nationally. This issue is particularly prevalent in our nursing staff, where 37.6% of HWE nurses are over 55, compared to 33.2% nationally.

High living costs mean that attracting and retaining health and care workers with the right skills can be difficult. The average monthly rent in St Albans is £1,150, compared with nearby Bedford which is £675*. That's 70% higher. * (source Esri UK)



THE NATIONAL, REGIONAL AND LOCAL CONTEXT

The Government and national bodies represent social care and health recognise the value and importance of clear plans to improve the supply and quality of our workforce.

To support our workforce at this time NHS England (NHSE)) have introduced the People Promise – a set of seven core values to uphold and ensure that our workforce recognise within themselves. NHS staff survey responses are now measured against these values, and we have placed them at the heart of our strategy and our objectives going forwards.

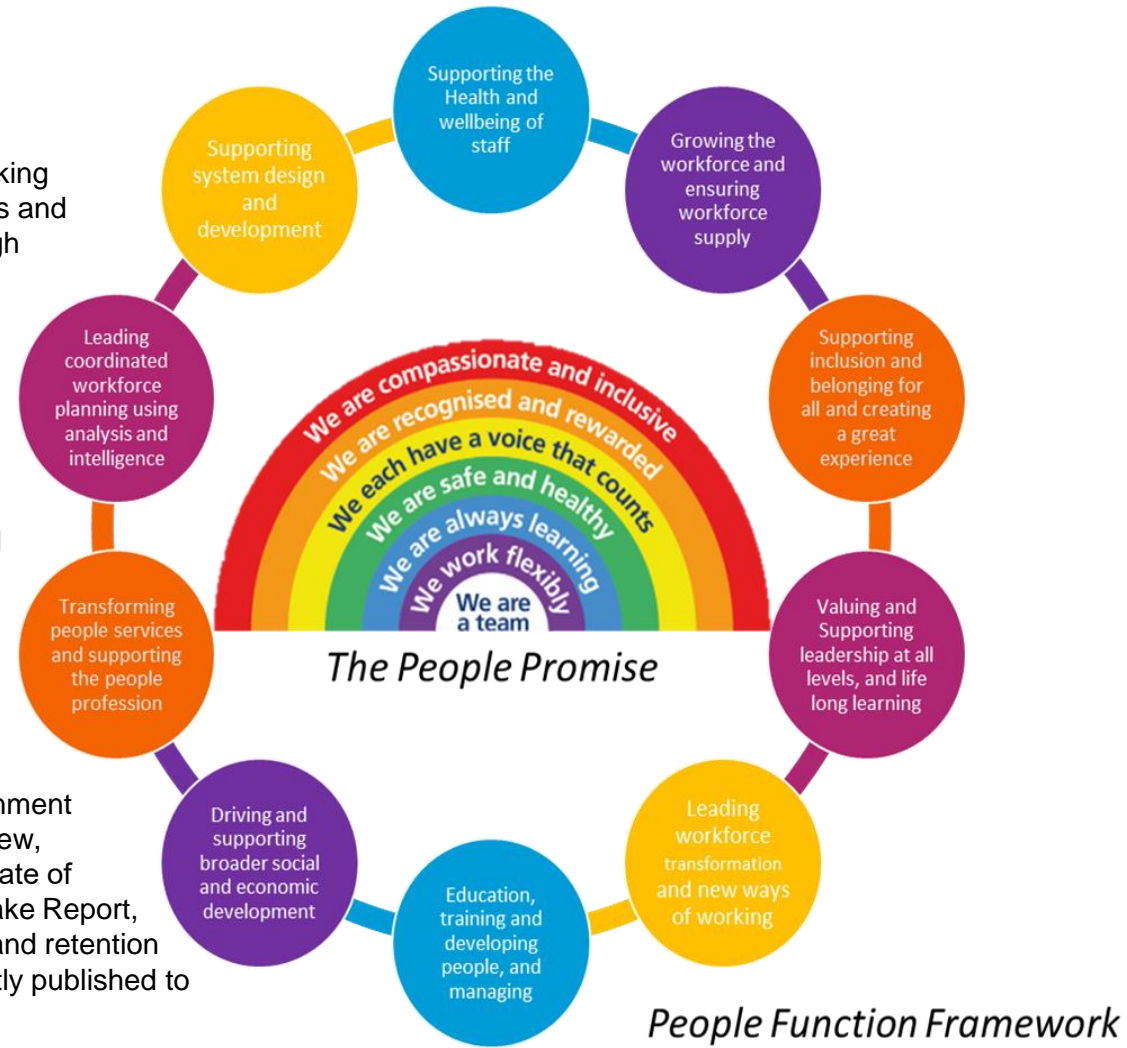
Alongside the People Promise NHSE/I have published guidance on the People Function for Integrated Care Systems'; *Building strong systems integrated everywhere: guidance on the ICS people function*. This sets out a framework of ten functions that are required to support delivery as part of the development of the Integrated Care Board, and to support the development of integrated care systems. We have focussed our future strategy around delivery of this framework, aligned to our own needs and priorities.

The cost of living crisis gripping the country is creating added pressure and strain on the whole population, especially for those on lower incomes. This

disproportionally impacts on staff working in social care. Our ICS recognises this and will do all it can to support staff through this to ensure we can provide the important care and health services to our residents.

Currently there is no national workforce plan or strategy specifically designed to address the pressure and challenged within social care. There is guidance around social care reform which alludes to a workforce strategy, but in advance of this, local systems must consider how best to support those that work in social care.

Our strategy is supported by a wide range of academic papers and government reports including the Messenger Review, Ockenden Report, Skills for Care's State of Social Care report, The Fuller Stocktake Report, The Workforce: recruitment, training and retention in health and social care paper recently published to name just a few.



...CONTEXT CONTINUED

We are active contributors to the regional workforce co-production group established by the Association of Directors of Adult Social Services (ADASS), and will continue to contribute and share best practice as a stakeholder within that regional group. We will be cognisant of the upcoming reform to social care and the introduction of the care cap. Our priorities and areas of work align well with the priorities and vision identified by the Local Government Association and the national workforce strategy.

This strategy also recognises the role and contribution of the many thousands of unpaid carers and volunteers who also make up an important part of the wider workforce, of whom we are so dependent and grateful for.

The voluntary, community and social enterprise sector plays a key role in ensuring effective delivery of health and social care services. Some of these services are directly commissioned, but many others are conducted as part of organisational core purpose and charitable aim and provide key support to our sector. This strategy seeks to enable greater integration of the VCSE sector and provide greater levels of support and recognition to this vital area of workforce support. To achieve this, the People Function, will be significant contributors and supporters of the developing health creation strategy in Hertfordshire and West Essex.

The system's Integrated Care Partnership is committed to addressing health inequalities across our population. Our People Strategy will be a significant contributor to achieving this, both in terms of ensuring the make-up of our staff is appropriate and able to provide support that addresses our population's needs, but also that recognised and responds to the health inequalities and disparities within our own workforce, and particularly between health and social care.

Both the system and wider regional and national stakeholders, including Health Education England (HEE) are currently in transition, and there are substantial changes to the way in which system workforce transformation will be funded and remain sustainable throughout the life-time of this strategy.

Additional activities are being delegated to the ICB, including responsibility for primary care, ophthalmology and dentistry. We know that there are significant issues faced in relation to areas of workforce linked to these areas of service which we will need to respond to.

As part of this strategy we have proposed an operational delivery model and a refined governance structure beneath People Board to ensure effective delivery, but also further development and refinement of the strategy in response to new challenges or opportunities.



STRATEGY ENGAGEMENT, ALIGNMENT AND PRIORITISATION

Partners across the system agree that aligning and harmonising workforce strategies and priorities will be key to achieving transformation success and innovation.

Concurrently the Integrated Care Partnership (ICP) is in the process of developing their ten-year strategy for the ICS, which will be published at the end of this year (2022). The ICB People Function is actively engaging with those discussions and pleased to note that workforce has been recognised as a fundamental 'enabler' to the success of that strategy. There is recognition that "workforce issues" are the responsibility of the wider ICP rather than the HR and People functions..

In developing this strategy we have sought to engage widely with a variety of system partners, staff networks and stakeholders to understand their needs and prioritise the workforce requirements for the future.

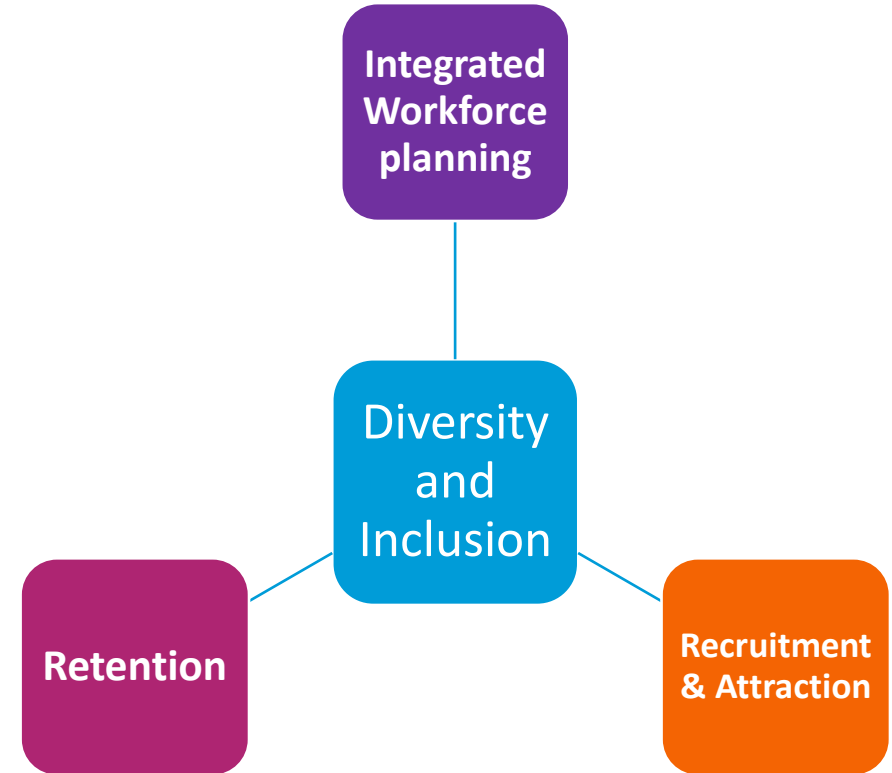
Surveys, in-depth interviews and a wider focus group development session at one of our People Board meetings have been held to agree key areas, followed up with discussions with HR Directors to understand the key areas of focus for their organisation.

Four areas of priority were identified:

- 1) The biggest concern was **workforce supply** across the system,
- 2) and closely linked to this **retention and attraction** activities.
- 3) Stakeholders were also keen to progress an **integrated approach to workforce planning** across the system.
- 4) It was also considered fundamental to have **diversity and inclusion** considered throughout each of these areas.

There has been system wide engagement with key stakeholders in the development of the ICS People Strategy and consequently ownership of the priorities set out in the strategy.

We acknowledge that there is an urgent need to address these areas across the system to enable the immediate service recovery required. However, to affect long term change, and ensure we break the vicious cycle relating to workforce supply, we need to ensure progression and deliver of the wider workforce transformation agenda.



DEVELOPING OUR VISION

An integrated workforce that operates seamlessly through positive collaboration across Hertfordshire and West Essex; delivering high quality, person centred care.

Over the course of the last three years we have worked towards achieving our original strategic vision of one workforce; delivering high quality, seamless, and person centred care. In developing this strategy the concept of 'one workforce' provided the most discussion and debate.

In responding to the pandemic we saw a radical shift in transformation delivery, with significant shifts in integration and joint working across teams and staff based on a common thread of trust. We need to further foster that integrated culture and ensure that we build on those successes and encourage more efficient and effective system working to achieve the best possible outcomes for our population.

However, we also want to retain the areas of best practice within our organisations, the values and areas of good culture that our staff recognise and welcome while working within Hertfordshire and West Essex.

The broader Integrated Care Partnership strategic vision is: A healthy Hertfordshire and West Essex, enabling everyone to live long, healthy and happy lives, with the greatest possible independence.

Achieving this vision will require a significant shift in mindset for our People Strategy. Not only do we need to support and develop our staff and workforce directly

employed by organisations within our system, we need to take responsibility for our wider population and acknowledge the role they play in helping us to achieve these aims, including volunteers, the voluntary, community and social enterprise sector and wider community support organisations.

We need to encourage greater collaboration with our communities and ensure they are provided with the best possible health outcomes and are supported in living healthy lives. We need to recognise and respect the role of unpaid carers in supporting our population. We need to play our part in promoting a preventative agenda to our people and wider population, and we need everyone to recognise the part they play in delivering this People Strategy. This will play a significant part in realising the health and care sector as 'anchor' organisations for our local communities.

As such we have updated our vision to the following:
An integrated workforce that operates seamlessly through positive collaboration across Hertfordshire and West Essex; delivering high quality, person centred care.

By achieving this we will ensure Hertfordshire and West Essex is a great place to live, learn, work and stay, along with delivery of our updated vision for the health and care sector.



DELIVERING THE STRATEGY

The People Strategy looks to address the priority issues identified, meet our designated responsibilities, while moving forward a transformative agenda for workforce, through the delivery of six core ambitions:

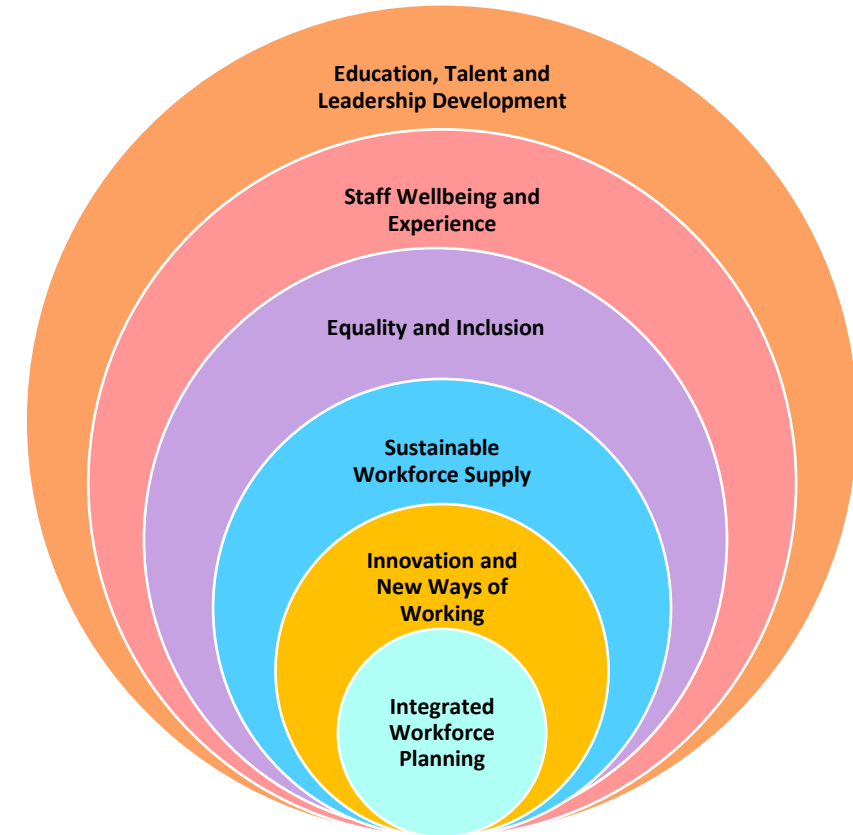
1. We will produce a long-term workforce plan for the whole system, based on the needs of our population and accounts for the skills required to deliver those services.
2. We will create communities empowered and enabled to provide the best possible care through innovation and integrated working.
3. We will develop sustainable workforce attraction strategies, particularly through domestic supply routes, to reduce system vacancies.
4. We will ensure that our staff are representative of our local population by making Hertfordshire and West Essex a place of equal opportunity and inclusion.
5. We will reduce staff turnover by delivering the best possible staff experience and ensuring our workforce are healthy and happy.
6. We will ensure ALL staff are given the opportunity to develop their skills and careers, with talent effectively and equitably identified and nurtured across the system.

We will seek to achieve these ambitions through the development of six core delivery workstreams, which are detailed throughout the remainder of this strategy.

We are committed to delivering these ambitions across the whole of our system – i.e. within health, social and voluntary care sectors. Some of the proposed activities may need to be adapted to meet the needs and specific working requirements and conditions of those sectors, but our core ambition is for a consistent approach across Hertfordshire and West Essex, and in some circumstances to the wider region.

Workstreams will have Senior Responsible Officers who will report progress to People Board, and we commit to having equitable representation and input from primary, secondary, social care and voluntary, community and social enterprise sector communities.

We hope that this will begin to achieve parity of esteem between health and social care, but also ensure effective engagement and networking across primary care and the VCSE.



PROGRAMME GOVERNANCE AND DELIVERY MODEL

The People Board is currently being developed with a refreshed terms of reference, purpose and membership. To support effective delivery and ensure accountability as part of this strategy we are proposing a change in delivery structure – enabling and empowering a group of decision making committees to refine and act upon this strategy.

We have broken this into six key committees, matching the workstreams identified above that will report directly into the People Board.

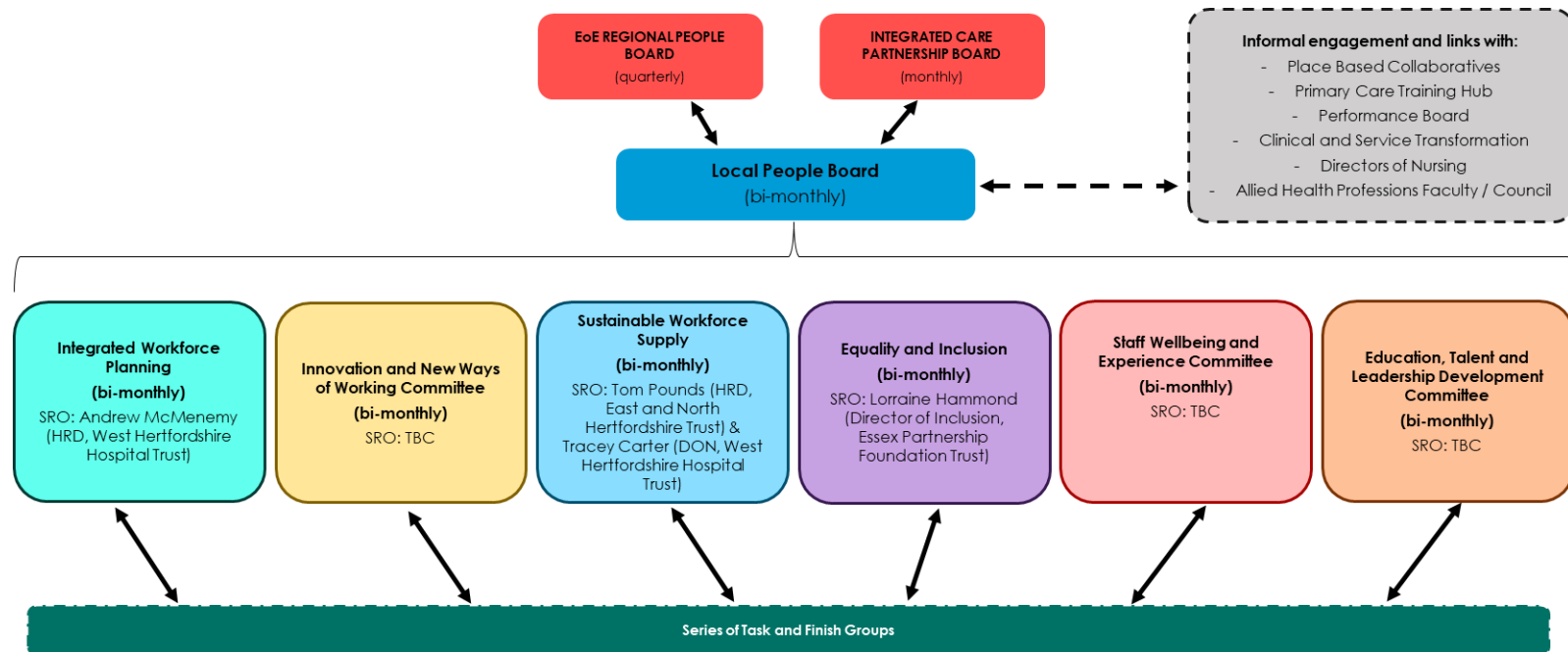
Each workstream will have a Senior Responsible Officer/Chair or host joint responsibility where appropriate.

Committees will establish appropriate Task and Finish groups to support the activity set out in the action plans and will be responsible for monitoring progress – e.g. the retention pathfinder project will report to the staff wellbeing and experience committee.

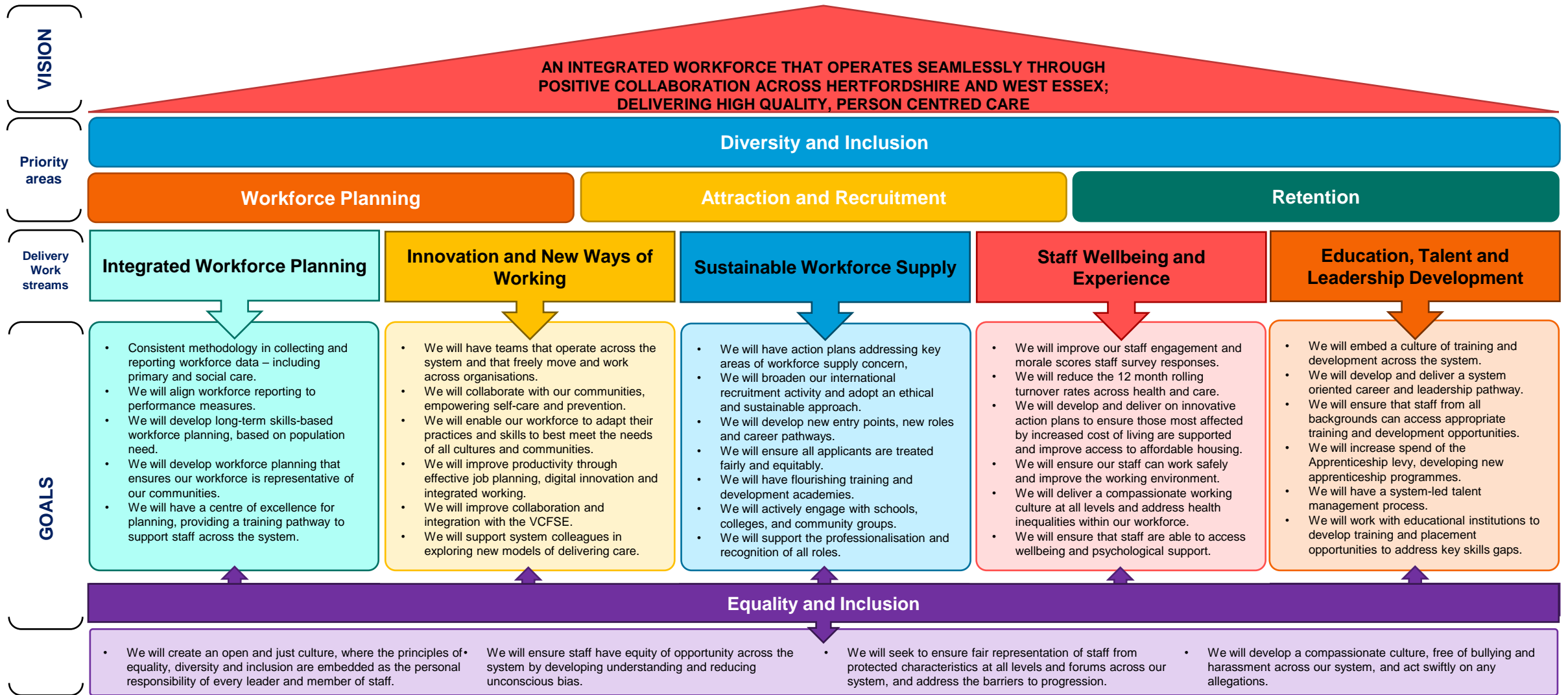
Currently the transformation programme is supported by a hybrid approach of a small number of staff at the centre, funded through non-recurrent awards from HEE or NHSE/I, or from staff within organisations across the system taking a lead responsibility on areas of delivery. To ensure the continued delivery and administration of this strategy we believe we will need to continue to

balance that approach, Proposed ICB People Function structures are currently being considered as part of the Integrated Care Board's transition.

The programme will also seek to ensure public opinion and expertise is represented in development and delivery of the strategy, and we will start this process by engaging with Healthwatch representatives from across our system.



HWE People Strategy: 2023-2025



INTEGRATED WORKFORCE PLANNING

We will produce a long-term workforce plan for the whole system, based on the needs of our population and accounts for the skills required to deliver those services.

WHERE WE ARE NOW

The system currently has access to, and presents, a range of different workforce data. This currently presents a chequered position of the whole health and care workforce within Hertfordshire and West Essex with little consistency in method or assumptions made of workforce data collated across the system.

While recent workforce operational planning submissions have sought to improve their triangulation with financial and activity responses, they are still created in isolation by each organisation, predominantly focus on the short-term and are restricted by professional role, rather than service or population need.

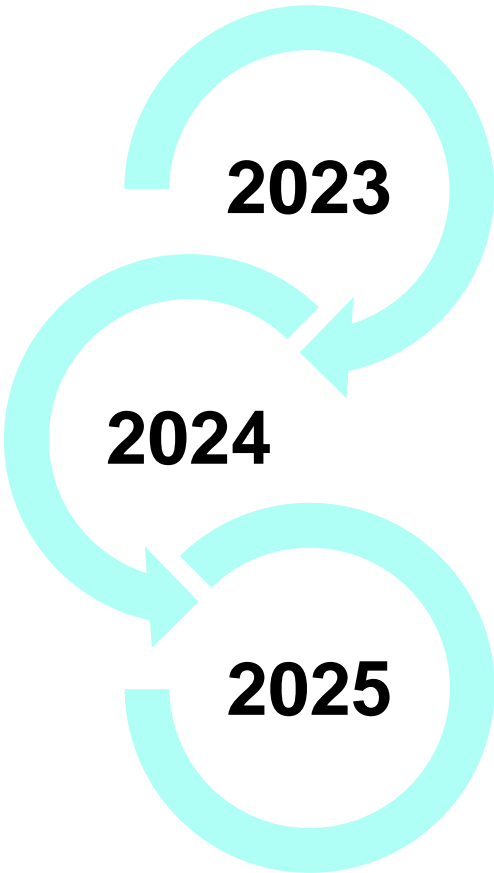
While areas of data collection from primary and social care have improved, they are still a long way from the levels of data collected and analysed within secondary care Trusts. We have established a network of workforce planners from across the system and have recently recruited to the Health Education England funded posts so develop our system wide approach to workforce planning which will underpin the delivery of this strategy. Similarly, NHS East and North Hertfordshire Trust have begun to participate in the regional workforce planning masterclass.

WHERE WE WANT TO BE

- We will have consistent methodology in collecting and reporting workforce data – including improved staff data for primary and social care within our system and ensuring we have a fuller understanding of our entire workforce.
- We will align workforce reporting to performance measures to gain improved understanding on the workforce issues across our sector.
- We will work with providers, and key stakeholders to develop long-term skills-based workforce planning, based on population need, embedding education and training requirements within our future service and workforce plans.
- We will look to support workforce planning that ensures our workforce is representative of our communities, and is equitably represented at all levels.
- We will have a centre of excellence for planning, providing a training pathway to support staff across the system and create a sustainable pipeline of expertise in this area.



INTEGRATED WORKFORCE PLANNING



KEY DELIVERABLE PRIORITIES

1. Production of a system-wide workforce dashboard, linked to performance BI.
2. Support and develop the system's capability for integrated planning, enabling an effective understanding of (and projection for) activity, finance and workforce across the system.
3. Establish links with service transformation and understand the priorities of the Integrated Care Partnership strategy to enable effective future workforce planning.
4. Engage primary, social care and VCFSE sector providers to begin to understand how, as a system, we could collate and compare workforce data across all areas of the sector.
5. Review workforce data and provide analysis of requirements for new areas of responsibility relating to primary care, ophthalmology and dentistry for the ICB.
6. Skills audit to be undertaken, enabling improved understanding and embedding of training requirements within service and workforce planning.
7. Support the Equality, Diversity and Inclusion workstream in future workforce planning to ensure our workforce is representative of our community.
8. Participation and expansion of the Health Education England regional workforce planning master classes and dissemination of knowledge throughout the system.
9. Consultation and completion of the requested planning exercises from stakeholders. Where feasible these should incorporate social care and primary care data.

MONITORING AND EVALUATION:

The workstream will be monitored by the Integrated Workforce Committee through delivery of the following:

- Routine reporting and analysis of the system's workforce to People Board
- Delivery of skills audit and analysis compared to LEP/education projections
- Delivery and triangulation of multi-year planning submission for NHSE/I to deadline
- Project reports and evidence from committee members



INNOVATION AND NEW WAYS OF WORKING

We will create communities empowered and enabled to provide the best possible care through innovation and integrated working.

WHERE WE ARE NOW

The University of Hertfordshire has been granted funding from Health Education England to research and explore opportunities linked to health and care workforce transformation.

We are in the process of piloting a new care support role within care settings that integrates key skills and development opportunities across health and social care. Building on this we need to ensure development of integrated and rotational roles is conducted at pace and enables the system to gain the benefits from such roles.

We have established a task and finish group to review digital passport products on offer to be followed up by implementation across the system. Additionally we have established a rostering task and finish group that reports into the retention pathfinder programme.

With the Health Creation Strategy we are keen to support the development of an effective model for collaborating with our communities as well as the wider integration of the volunteer, community and social enterprise sector. We must provide greater levels of support to 'hidden' areas of health and care support, such as unpaid carers, of whom 4 in 5 (81%) were providing more care than before lockdown.

WHERE WE WANT TO BE

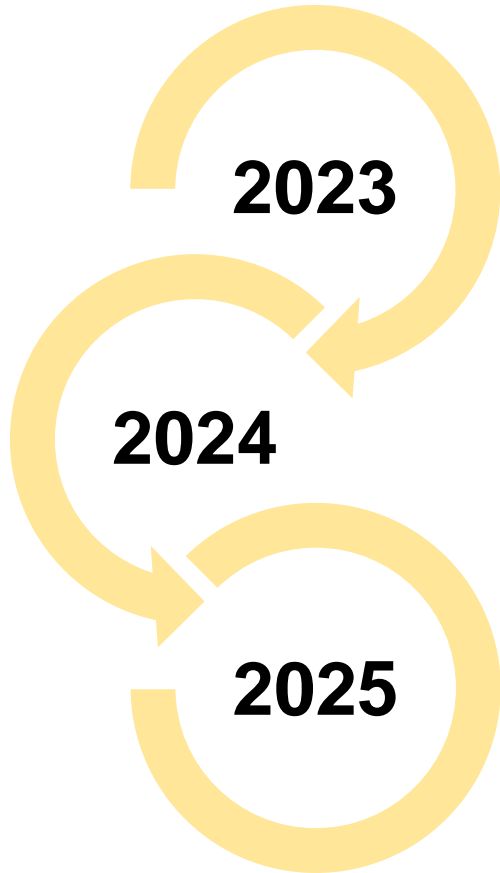
- We will have roles and teams that operate across the system for the greater benefit of our population, enabling staff (and volunteers) to freely move and work across organisations.
- We will directly collaborate with our communities, providing support to empower self-care, promote good health and prevention.
- We will enable our workforce to adapt their practices and skills to best meet the needs of residents from all cultures and communities within Hertfordshire and West Essex.
- We will improve productivity through effective job planning, digital innovation and integrated working.
- We will enable improved collaboration and integration of the voluntary, community and social enterprise workforce and volunteer base.
- We will support system colleagues in exploring new models of delivering care and support areas of innovation across the system, including implementation of the system's digital strategy.



INNOVATION AND NEW WAYS OF WORKING



KEY DELIVERABLE PRIORITIES



1. We will support the University of Hertfordshire's in further developing the research-based Health and Care Cluster, providing leadership in the areas to be identified and progressed and applying the learning and implementing opportunities across the system.
2. A task and finish group will support delivery and implementation of the digital passport product, and look for options to extend this to social care and volunteer opportunities, enabling easier movement of staff across the system.
3. The programme will link into system areas of expertise relating to health inequalities and population health management to proactively support and engage our residents and enable our workforce to adapt their practices to support all cultures and communities.
4. A dedicated workstream will be established to develop rotational teams and roles, providing effective engagement and expertise to clinical workstreams and areas of service transformation, enabling cross-sector and organisation working.
5. The retention pathfinder programme's sub-group will deliver an action plan aiming to achieve efficiencies and innovation relating to e- and self-rostering across the system.
6. The programme will contribute to system enablers including the health creation and digital strategies and implement identified actions.
7. The Health and Care Academy will renew it's links to volunteer leads across health and social care organisations and develop system approach to our volunteer workforce.
8. We will review People Function activities across the system and explore opportunities for shared working and efficiencies.

MONITORING AND EVALUATION:

The workstream will be monitored by the Innovation and New Ways of Working Committee through:

- Productivity dashboard
- System performance board report
- Model Hospital data
- Project reports and evidence from committee members



SUSTAINABLE WORKFORCE SUPPLY

We will develop sustainable workforce attraction strategies, particularly through domestic supply routes, to reduce system vacancies.



WHERE WE ARE NOW

The system has shown declining levels of staff growth over the course of the last five years. The latest figures available showed vacancies within social care at 9.1% and in secondary care at 9.7%. Within this, there are particularly prevalent professions, including care workers, midwives, occupational therapists, physiotherapists and diagnostics staff.

The system is exceeding its target for growth relating to nurses, although this has predominantly due to a reliance on international recruitment. This has created greater disparity between care and health following the UK's departure from the EU.

Organisations primarily operate independently to recruit staff, but there is appetite to apply learning and best practice across the sector. The system's Health and Care Academy and Herts Care Providers Association's, Talent Academy, have provided support through advertising campaigns, career guidance to local communities and are managing the system's work experience offer.

We have ambitious targets for transferral of staff from agency and bank to substantive. We have been successful in recruiting good numbers to the reservist model in our system.

WHERE WE WANT TO BE

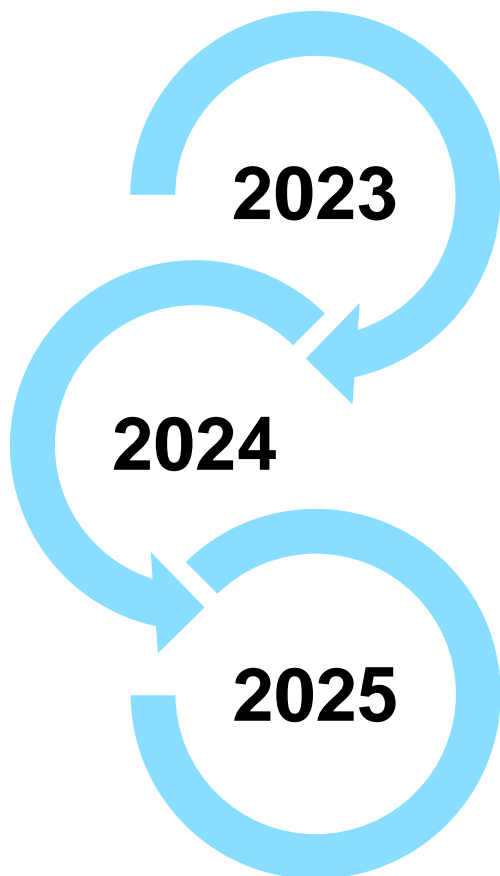
- We will have active workforce attraction action plans addressing key areas of workforce supply concern,
- We will broaden our international recruitment activity to professions beyond nursing, as well as adopting an ethical and sustainable approach.
- We will develop new entry points, new roles and career pathways, to make health and care professions more attractive.
- We will ensure all applicants are treated fairly and equitably and applications are shared and encouraged from all communities.
- We will have flourishing training and development academies that are considered the first point of reference for career guidance and vacancies.
- We will actively engage with schools, colleges, and community groups to promote career opportunities within health and social care to all, supported by a work experience programme which is free and accessible to all.
- We will support the professionalisation and recognition of all roles across care and health.



SUSTAINABLE WORKFORCE SUPPLY



KEY DELIVERABLE PRIORITIES



1. Development of innovative attraction action plans to support key areas of workforce shortage across the system, specifically: care support workers, midwifery, diagnostics, allied health professionals, primary care nursing and pharmacy.
2. Year-round activity promotional campaign through the Health and Care Academy website and appropriate channels to raise the profile of career opportunities and vacancies across the system, including apprenticeship opportunities.
3. Continued system support in international recruitment, exploring new opportunities for recruitment within new professions and areas.
4. Development and delivery of a system-wide work experience and volunteer offer, which is free and accessible to all local communities and promoted within local schools and colleges.
5. The Health and Care Academy will proactively engage and establish links with key community groups and local educational establishments to promote career opportunities and review role offerings appropriate to our community, including the potential for a cadet scheme.
6. We will recruit to new models of employment, such as reservists, and will provide intelligence and feed views into the system in developing new routes into health and care, such as portfolio careers.
7. Conduct a review of retire and return opportunities across the system and seek to apply best practice and develop new ideas to support this area of recruitment.

MONITORING AND EVALUATION:

The workstream will be monitored by the Sustainable Workforce Supply committee through:

- Staff in Post figures
- System-wide vacancy figures
- International Recruitment figures
- Apprenticeship applications
- Work experience applications
- Contact numbers of the Health and Care Academy
- Health and Care Academy website analytics
- Appropriate promotional campaign analytics
- Project reports and evidence from committee members



EQUALITY AND INCLUSION

We will ensure that our staff are representative of our local population by making Hertfordshire and West Essex a place of equal opportunity and inclusion.

WHERE WE ARE NOW

During the pandemic we became more critically aware of the need for enhancing social justice, equality, diversity and inclusion. Our workforce is predominantly female (78% in secondary care), although these figures drop when looking at higher pay-grades. This is the same pattern for our workforce's ethnicity, with a significant number of BAME staff within Band 5 roles, but with little signs of progression to more senior roles. There are clear barriers to progression, as recognised by our WRES and staff survey results including more BAME staff being in performance management and higher levels of bullying and harassment.

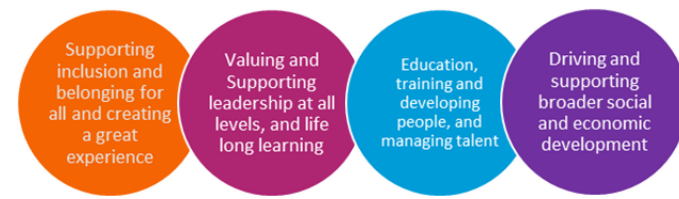
We continue to host series of inclusion based webinars encouraging system understanding, discourse and reduction of bullying, harassment or any other form of victimisation of people from protected characteristics. Our system-based work has focussed on race, including a commitment to deliver the regional anti-racism strategy. We have sought to address the difference in BAME representation at senior levels by developing an inclusive career development programme, as well as the development of inclusion ambassadors to support equitable recruitment practices to senior positions.

WHERE WE WANT TO BE

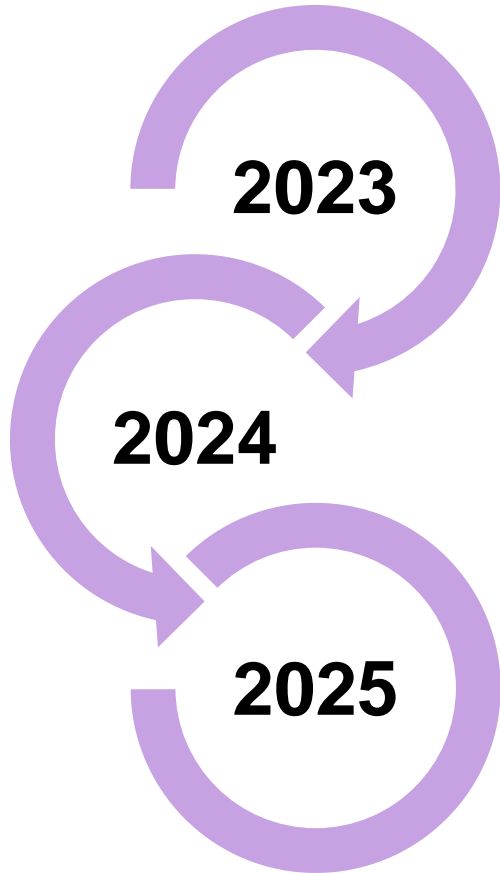
- We will create an open and just culture, where the principles of equality, diversity and inclusion are embedded as the personal responsibility of every leader and member of staff.
- We will ensure staff have equity of opportunity across the system by developing understanding and reducing unconscious bias.
- We will seek to ensure fair representation of staff from protected characteristics at all levels and forums across our system, and address the barriers to progression.
- We will develop a compassionate culture, free of bullying and harassment across our system, and act swiftly on any allegations.



EQUALITY AND INCLUSION



KEY DELIVERABLE PRIORITIES



1. The system will develop and embed a programme which focusses on creating a culture of civility and respect across our system. We will prioritise our senior leaders across the system and extend across all staffing areas.
2. Freedom to speak up guardians will be promoted and we will ensure that they are accessible and available to all staff.
3. We will play an active part in developing and delivering the Equality Delivery System (EDS) and develop an appropriate action plan in response to its findings.
4. The system will support developing an understanding of race issues within primary care across the system, applying learning from other regions, and develop an appropriate action plan in response.
5. The system will continue to support implementation and development of the regional anti-racism strategy.
6. Attraction activities will be targeted to ensure all areas of our population can access and apply for opportunities within health and social care and inclusion ambassadors will become a routine feature of recruitment and selection processes.
7. The system will further develop it's inclusive career development programme and apply learning to encourage progressions from members of protected characteristics, and enable better representation at senior level.

MONITORING AND EVALUATION:

The workstream will be monitored by the Equality and Inclusion committee through:

- Workforce Race Equality System Data
- Workforce Disability Equality System Data
- Organisational recruitment and retention data
- Equality Delivery System reporting
- Staff Survey analysis
- Contact reports of the Health and Care Academy
- Appropriate promotional campaign analytics
- Project reports and evidence from committee members



STAFF WELLBEING AND EXPERIENCE

We will reduce staff turnover by delivering the best possible staff experience and ensuring our workforce are healthy and happy.

WHERE WE ARE NOW

The system's staff turnover rates are particularly concerning – within secondary care our 12 month rolling turnover rate is over 20% and within social care it is 27.3%. There are particular concerns relating to care support workers and allied health professions.

The cost of living crisis is becoming the key area of concern for retaining our workforce. Currently organisations are adopting individual responses to this issue and sharing best practice, including support from Herts County Council's Money Service Unit and Citizens Advice. However, it is acknowledged that we will need more radical solutions, particularly with the additional financial incentives available within other sectors and geographic areas.

Staff survey results showed a mixed picture, with the system performing the best in the region across all People Promise areas, but at/or below the wider national trend. Staff absence has remained high following the pandemic, currently at around 5.5%. While we have provided several successful health and wellbeing initiatives across the system, including the award-winning psychological support initiative, '*Here for You*', we must ensure continued support and access to appropriate wellbeing services required.

WHERE WE WANT TO BE

- We will improve our staff engagement and morale scores from 2022 staff survey responses.
- We will reduce the 12 month rolling turnover rates across health and care, improving staff stability and reducing organisational recruitment costs.
- We will develop and deliver on innovative action plans to ensure those most affected by increased inflation and cost of living are supported and seek to improve access to affordable housing
- We will ensure our staff can work safely and improve our staffs' working environment.
- We will deliver a compassionate working culture at all levels.
- We will seek to address health inequalities within our workforce.
- We will ensure that all staff are able and know how to access appropriate wellbeing and psychological support.



STAFF WELLBEING AND EXPERIENCE



KEY DELIVERABLE PRIORITIES

1. The system will develop a specific task forum to address cost of living and inflation pressures, review and implement staff reward and recognition schemes and engage appropriate networks to develop affordable housing schemes for staff.
2. Delivery of the retention pathfinder programme and it's identified sub-groups: onboarding, flexible working, rostering and career development.
3. The Health and Care Academy will house links through to system-orientated health and wellbeing initiatives, internally promoting wellbeing support as well as development tools relating to compassionate leadership.
4. The *Here for You* service will review delivery models to ensure the most effective and efficient delivery of wellbeing support to all stakeholder organisations across the system.
5. A staff survey response network will be created to support activity and help analyse pulse survey responses.
6. The system will develop a programme of work to review workplace environment and seek to identify resource and support to improve staff rest and relaxation areas.

2023

2024

2025

MONITORING AND EVALUATION:

The workstream will be monitored by the Staff Wellbeing and Experience committee through:

- Turnover rates
- Staff stability index
- Organisational recruitment costs
- Staff Sickness/Absence Rates and reasons
- Staff survey and pulse survey responses
- Stay and exit interview intelligence
- Project reports and evidence from committee members



EDUCATION, TRAINING AND LEADERSHIP

We will ensure ALL staff are given the opportunity to develop their skills and careers, with talent effectively and equitably identified and nurtured across the system.

WHERE WE ARE NOW

While the system has created some effective networks on key educational and training initiatives, there is still significant areas of progress to further develop.

The Health and Care Academy has introduced an innovative CPD portal to manage and monitor applications for education and development.

We have productive links with local Higher Education Institutes, Further Education and the Local Enterprise Partnership, but need to expand and develop our provision in this area.

An apprenticeship strategy has been developed and extensive work has been undertaken relating to the introduction of Nursing Associates across the system. We recognise that the take up of apprenticeships is more challenging for care providers. We commit to supporting them to find a solution to bring in more staff through this route.

The system has combined on key leadership initiatives, such as the Aspiring Director Development Scheme (ADDS), as well as the compassionate leadership approach – five questions created by East and North Herts Trust, which now need to be offers expanded across the system.

WHERE WE WANT TO BE

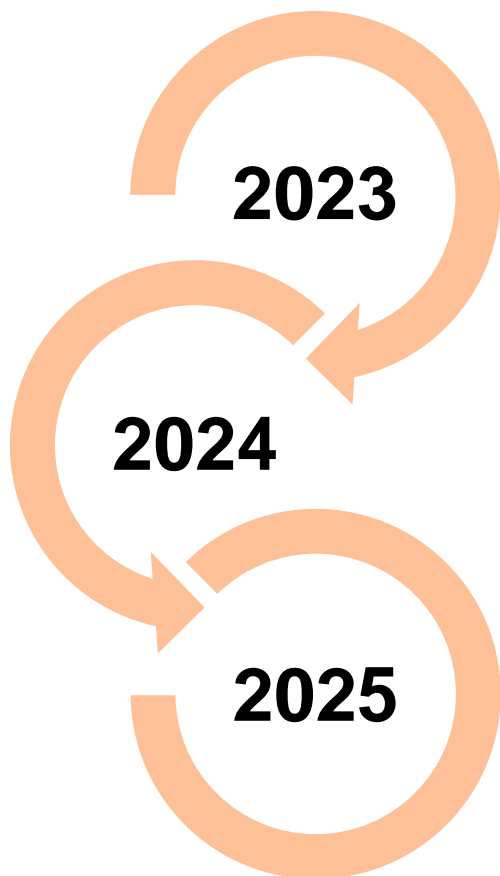
- We will have embedded a culture of training and progressive development across the system and in all roles.
- We will develop and deliver a system oriented career and leadership pathway.
- We will ensure that staff from all backgrounds are given access to appropriate training and development opportunities to progress their career.
- We will increase spend of the Apprenticeship levy, and look to develop new apprenticeship programmes, offering alternative career entry points.
- We will have a system-led talent management process, including succession planning.
- We will work with educational institutions to develop training and placement opportunities to address key skills gaps, identified by workforce planning in both care and health settings.



EDUCATION, TRAINING AND LEADERSHIP



KEY DELIVERABLE PRIORITIES



1. Clinical and non-clinical education and training analysis will be fundamental to workforce planning and development and will be embedded across all roles.
2. Roll-out of core system orientated education and training, for example the Oliver McGowan training.
3. The system will create a dedicated career and leadership development pathway that enables staff to develop their role and access placements, training, mentoring and coaching support across the system, generating a systemised career management function.
4. The Talent Forum will take an enhanced lead on management and succession planning. Career conversations will become the norm, with organisations linking in to learning from the Scope for Growth pilot programme, and applying a consistent process for appraisal/development review.
5. We will explore options for expansion of apprenticeship opportunities (including rotational placements and provider status) through the development and delivery of the apprenticeship strategy across the system.
6. Expand placement capacity through innovation and development and joint working with higher education institutions.
7. Shared access to education and training opportunities with primary, social care and VCSE, enabling development of a 'skills passport' across the system.

MONITORING AND EVALUATION:

The workstream will be monitored by the Sustainable Workforce Supply committee through:

- Staff Survey and pulse survey responses
- Apprenticeship applications
- CPD site analysis and reporting
- HEE Demand Scoping exercise
- Contact numbers of the Health and Care Academy
- Health and Care Academy website analytics
- Project reports and evidence from committee members



Measuring the Outcome

This People Strategy will be reviewed annually by the system's People Board, and reviewed in response to the wider 10-year Integrated Care Partnership strategy, to ensure it delivers against the priorities set by the ICP and ICB.

We have detailed areas of monitoring and evaluation from each of the workstream areas. We anticipate that the remodelled governance structure around People Board will enable the system to provide assurance and understanding of the progress being made.

Data will be regularly updated and presented to both work stream committees and the People Board, with a deep dive of each area undertaken as part of the Board's forward planner and linked to key publication dates, for example staff survey analysis.

Upon publication of the Integrated Care Partnership strategy we will establish links to outcomes sought from that strategy, and how the People Strategy can provide effective support in meeting this area.

WORKSTREAM	METRIC	SOURCE	LINKED ICP OUTCOME
Integrated Workforce Planning	Not Applicable	Not Applicable	TBC
Innovation and New Ways of Working	Agency / Bank Spend	East of England Bank/Agency report	
	Productivity	National Workforce Dashboard / Model Hospital	
Sustainable Workforce Supply	Staff in Post	HEE E-Portal	e.g. service accessibility
	Vacancies	National Workforce Dashboard	
	HEI Applications	University of Herts	
	Apprenticeship applications	Organisational data	
Staff Wellbeing and Experience	Staff Turnover	HEE E-Portal	
	Staff Survey	Staff Survey dashboard	
	Pulse Surveys	Organisational data	
Equality and Inclusion	WRES Data	Organisational data	
	WDES Data	Organisational data	
	EDS Return	System collation	
	Staff Surveys	Staff Survey dashboard	
Education, Training and Leadership	CPD Reporting	HEE / System portal	
	Apprenticeship Levy Spend		



STRATEGIC RISKS

People Strategy programme risks will be reviewed and monitored by the People Board and escalated where appropriate.

ID	RISK	RATING	MITIGATION	TARGET	REVIEW
495	If there is a lack of capacity and engagement from system stakeholders the full extent of the workforce strategy can not be realised, and transformation ambitions can not be achieved.	9	The proposed governance structure is supported by additional networks and engagement opportunities to ensure effective linkages across the system.	3	Bi-monthly
497	If programme staff continue to work on fixed-term contracts there is a risk that they will seek substantive roles across the system or elsewhere, leading to increased recruitment costs, and loss of skills.	9	A substantive and sustainable structure for the transformation team is being developed and will be shared with the ICB to review.	3	Bi-monthly
496	There is a risk that the workforce transformation programme is not financially sustainable, as predominantly reliant on non-recurrent grants and bidding for funding from Health Education England and NHS England, meaning that the ambitions of the people strategy can not be realised.	6	With the development of a sustainable team and the new governance structure we will seek to address the system's workforce priorities, and develop a business case methodology for approval across the system.	6	Bi-monthly
498	If the Integrated Care System does not address the workforce supply issues within key hot-spot areas as well as broader entry/support roles performance issues will continue to be effected.	16	The programme has developed a series of activities to address workforce recruitment and retention, which are to be considered and prioritised by the supply and wellbeing committees respectively.	12	Bi-monthly
499	If the heavy reliance on international recruitment as a key source of workforce supply is not reversed, then workforce growth will not be sustainable.	9	The Health and Care Academy support domestic recruitment and long-term engagement with our community to encourage workforce supply from our local community.	4	Bi-monthly



STRATEGIC RISKS

ID	RISK	RATING	MITIGATION	TARGET	REVIEW
500	If the rising cost of living for staff is not addressed then those most vulnerable (including care and care support workers) are likely to look for improved opportunities and increase turnover and consequently recruitment costs.	12	Best practice is shared across our HRD network on a fortnightly basis and a specific work stream has been developed as part of the retention pathfinder programme to address concerns in this area.	8	Bi-monthly
501	If staff turnover continues to rise then there will continue to be performance issues and use of greater expense through temporary staff across the system.	12	The retention pathfinder is developing and organisations have been asked to complete the nursing and midwifery retention tool.	4	Bi-monthly
503	If the system does not address staff experience and wellbeing requirements staff sickness absence and turnover will continue to rise, leading to inefficiencies and greater expense through temporary staffing solutions.	12	System support is provided through the enhanced health and wellbeing and here for you services. Further development work is being undertaken to ensure there is effective support across the system through the wellbeing and experience workstream	6	Bi-monthly
504	If the system does not ensure equitable representation of our population within our workforce and within our leaders there is a risk of increased staff turnover and HR appeals.	9	The equality, Diversity and inclusion committee is reviewing activities and priorities to address these areas, including improving understanding of the issue. A pilot of an inclusive staff development programme is being tested across the system.	4	Bi-monthly
505	If the system does not collaborate and work effectively on winter pressures in sharing access to workforce, skills and knowledge system performance will worsen and there will be increased risk of staff absence and turnover from burn out.	12	A winter workforce plan has been developed, ensuring effective collaboration on key activities. Knowledge and experience will be shared across the system through regular HRD network and other appropriate operational networks.	4	Bi-monthly



For further information

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Care System**

