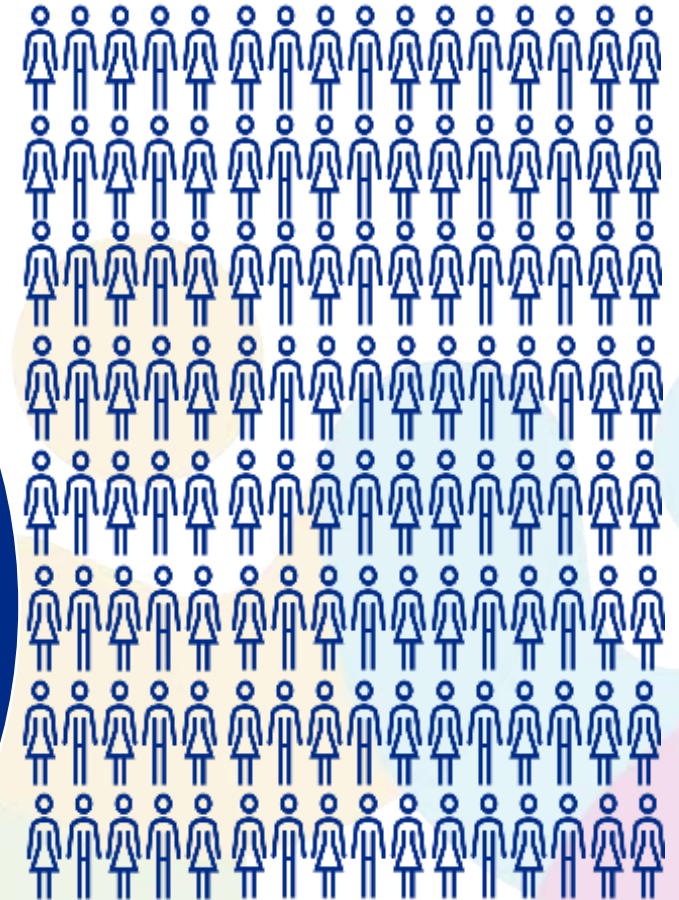
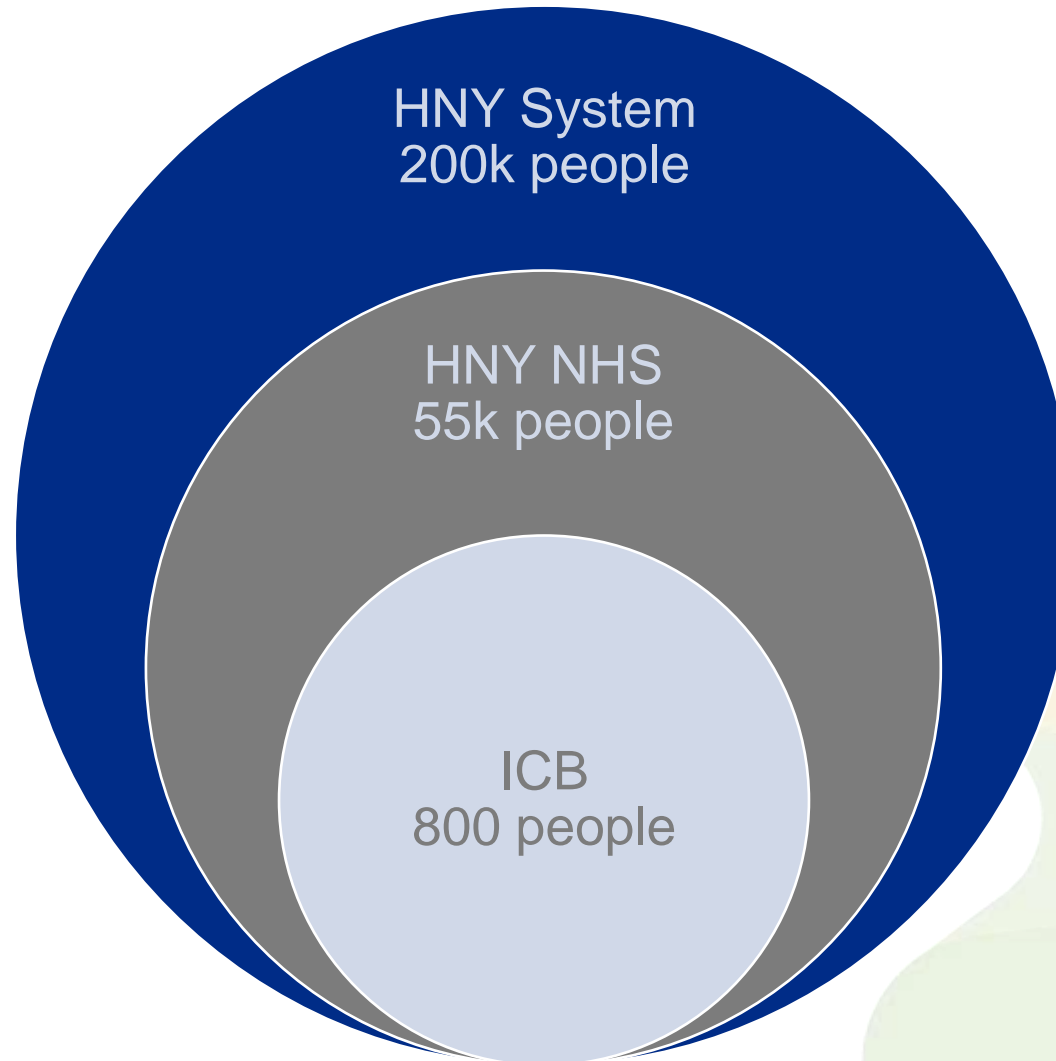




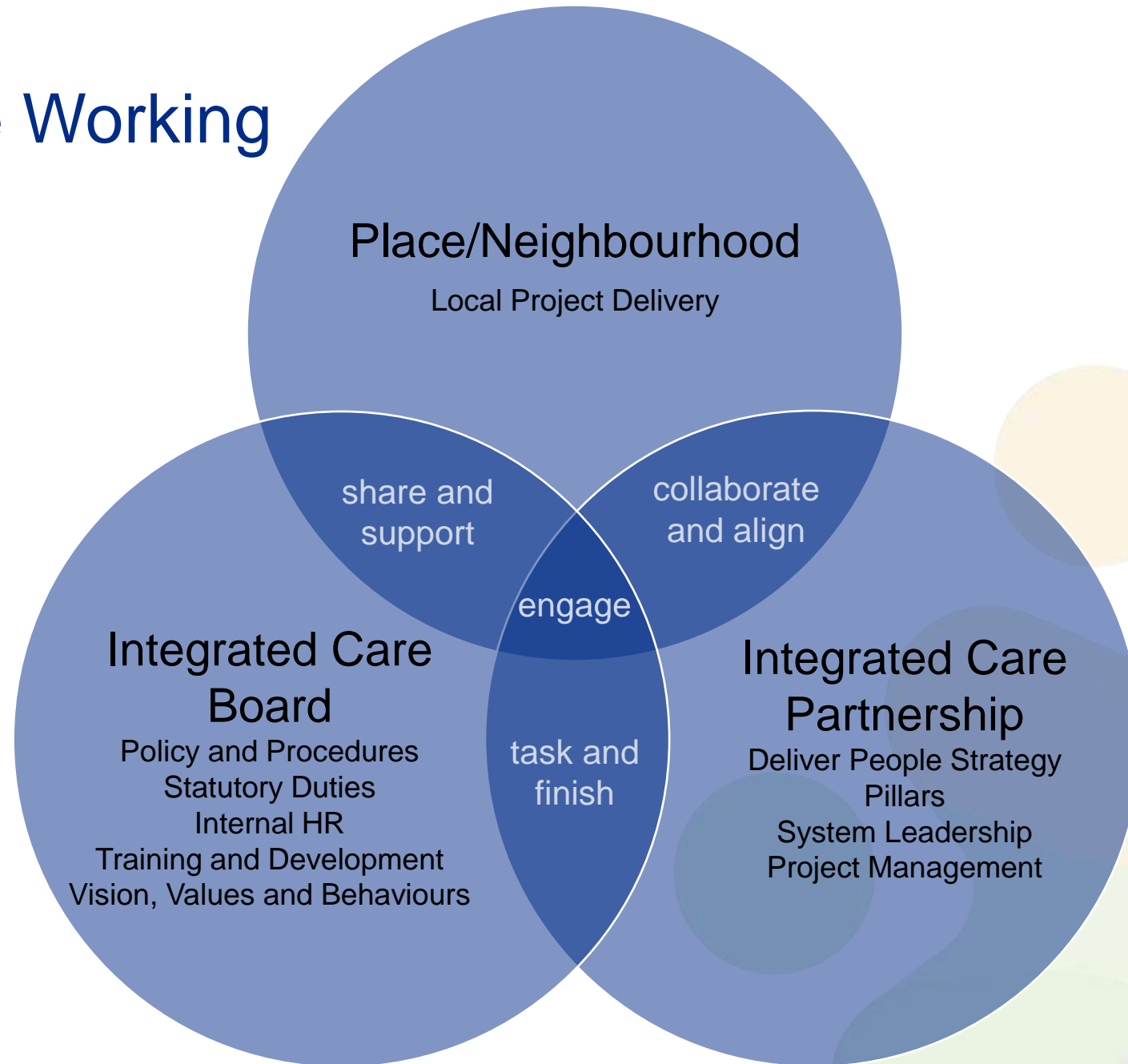
**Humber and North Yorkshire  
Health and Care Partnership**

**People Strategy and Function  
April 2022 – March 2027**

# Our People



# Collaborative Working



# Building the strategy



Together we will shape the 5 year people strategy, and a plan to deliver it, contributing to making Humber, Coast and Vale a better place to live and work. During our time together we will:



Reflect on why we need change in our system's workforce, including:

- Our ambition
- Current workforce challenges, pandemic and their associated impacts
- NHS People Plan
- ICS Guidance



Build on the work completed to date, including alignment with other strategies in our system



Collectively shape and agree a single compelling, ambitious vision for our workforce's future



Agree our priority areas of focus, to deliver our vision, and the work we now need to undertake (between now and April 2022) to help us get there



Agree our plan and resources needed to move forward – for delivery beyond April 2022



### Best Place to Work

Other teams were really excited about / they loved...

- Digital passports
- Integrating leadership + night
- Health + social care academies
- Removal of fragmentation
- Rotation + passports
- De-stigmatising condition for senior leaders

Get the basics right + do well

Team spirit

"We care about our staff"

"It's OK not to be OK" - Restoring HCs - streamlined HCs/MS agents

Reverse mentoring

Mobility Hierarchy

Other teams asked if we had considered...

- Psychological safety
- Be realistic about HCs/MS
- Level up other protected groups
- Needs counts! not "nice to haves"
- All-white Boards
- Visibility of diversity at all levels
- Depart position is all senior leaders have country + training
- Know the different needs of the workforce eg mental health, 111, career support/caring responsibilities

Parity of esteem between sectors

Having enough staff!!!

Doctors' leadership + social morale

Parity of esteem - race, social, voluntary

The joint support between sites

How do we do best for the individual and system - thinking both ways

Courage to change direction - now and as we learn together

How we develop system leadership together

### Grow and Train

Other teams were really excited about / they loved...

- Apprenticeships incl E HE|FE
- Leadership is 'a proper job' is VALUED not ADD ON
- We have strong infrastructure.
- System/community approach to Recruitment including planning
- Own workforce: One System.
- Community talent approach.

Other teams asked if we had considered...

- Apprentice levy - overcoming constraints - national rules are restrictive
- Overt strategy to 'grow our own'
- Parity :- NHS v care roles.
- More rotational learning opportunities - across sector + professions
- Go further in embracing our diverse workforce

### System Leadership

Other teams were really excited about / they loved...

- Sharing best practice
- Creating a leadership community
- Belonging to a system/shared identity
- Distributed leadership
- One workforce - one set of values
- To change the language to build transformation and healthy mind and mindset
- Investment in digital talent/people/education/planning/resources
- Plans from transformation to transformation
- Collective responsibility of population health and Patient accountability
- Core needs

Other teams asked if we had considered...

- the time we give for system leadership
- How we support those in the system to do the right thing
- Parity of esteem - race, social, voluntary
- the joint support between sites
- How do we do best for the individual and system - thinking both ways
- Courage to change direction - now and as we learn together
- How we develop system leadership together

### New Ways of Working

Other teams were really excited about / they loved...

ONE WORKFORCE WORKING TOGETHER FOR THE POPULATION

OPPORTUNITIES TO JOIN AND CONNECT PATHWAYS

= CITIZEN ACTIVATION =

CAREERS AND VOLUNTARIERS

ALL SECTORS WORKFORCE TRANSFORMATIONAL - ONE TEAM!

HOW TO JOIN DIFFERENTLY - DOING DIFFERENT THINGS

Other teams asked if we had considered...

TRANSFORMATION THAT RECOGNISES:

- TRANSFERABILITY OF SKILLS
- EG FROM MILITARY, OTHER SECTOR, WORKING POPULATION
- EQUAL AND RECIPROCAL RELATIONSHIP BETWEEN ALL SECTORS ESPECIALLY WITH VICE
- BUILDS RESILIENCE ACROSS EDUCATION AND TRAINING
- MULTIPLE CAREERS EXPLOITING PEOPLE'S INTERESTS DESIGN THEM INTO THEM
- OPPORTUNITY WHEN DIGITAL IS ABOUT PEOPLE!

### Building Strong Foundations

Other teams were really excited about / they loved...

- The idea of a holistic/systemwide WF plan
- Planning both at system level and organisational level is needed - including patient input
- Align WF plans to transformational programmes
- Full partnership approach... The opportunities are in front of us through this work
- Career pathways with cross provider educational elements

Other teams asked if we had considered...

- Align WF plans to transformational plans.
- How are we going to use the data to support planning
- A digital workforce planning solution and how we join it all up for the end user/provider/system
- Creating a single workforce vision that we all work on together to deliver/avoid duplication of work
- Partner-based with cross sector and FE/HE partnership when planning

# Our Vision

To create a diverse workforce that values kindness, compassion and respect, where innovation is encouraged, collaboration is the norm and individuals are supported and developed to reach their potential

When you work within Humber and North Yorkshire Health and Care Partnership, you will feel...



safe and supported



listened to and heard



energised and inspired



encouraged to use initiative and share ideas

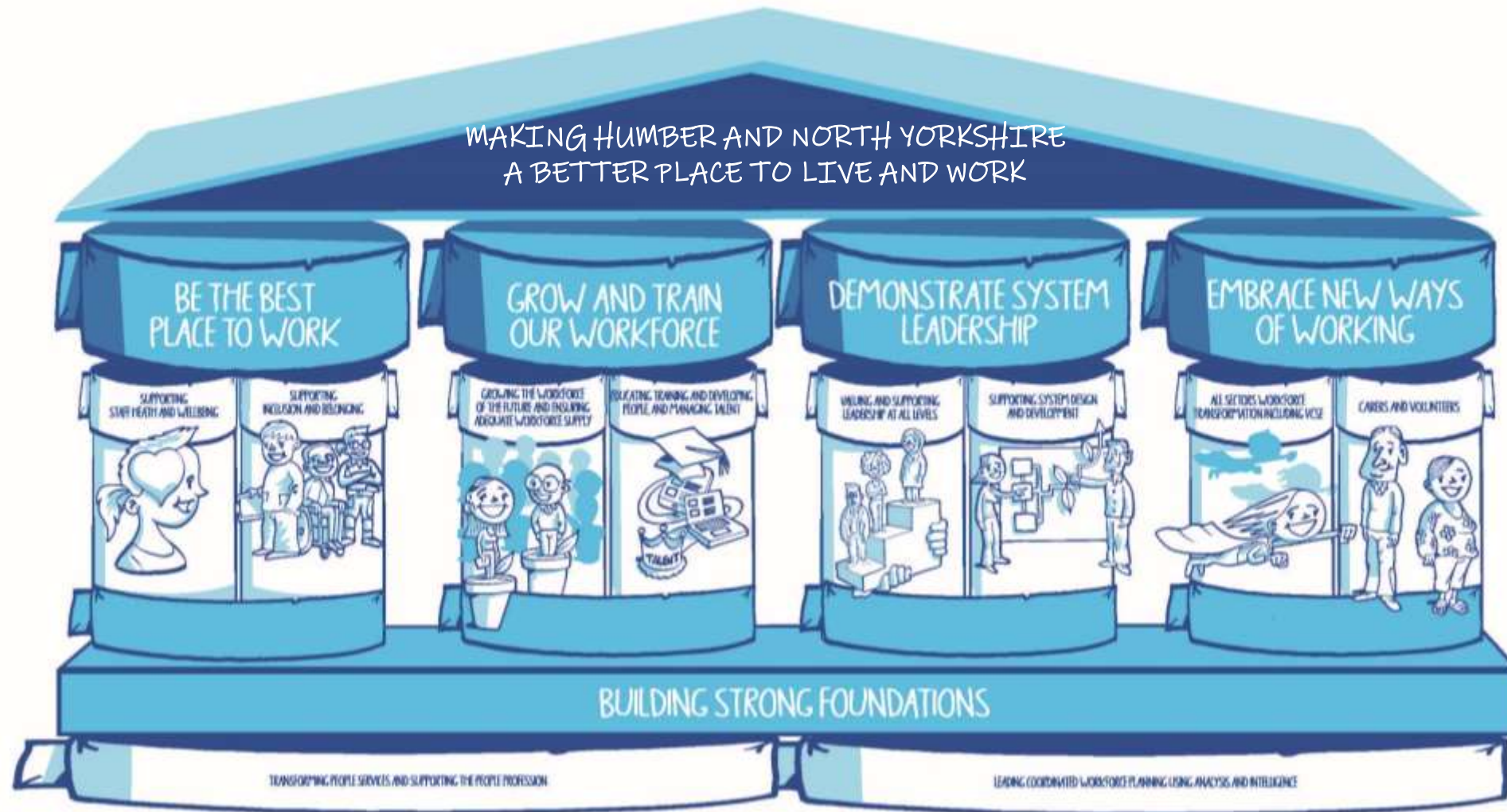


included, valued and part of a team



able to explore career development opportunities

# Our People Strategy





# NHS People Plan and NHS People Outcomes

Best Place to Work

System Leadership

Grow and Train

New Ways of Working

Looking after our People

Growing for our Future

New Ways of Working and Delivering Care

Belonging in the NHS

Supporting the Health and Wellbeing for staff

Valuing and Support Leadership

Growing Future Workforce and Supply

Workforce Transformation

Inclusion and Belonging

System Design and Development

Education, Training, Development, Talent

Workforce Planning

Transforming People Services

Social and Economical Development

# NHS People Outcomes (1)



## Health and Wellbeing ICB Responsibilities:

- Ensure there is accountability for delivering the health and wellbeing agenda across the ICS.
- Promote a system culture and values that deliver across all areas of the People Promise.
- Strengthen staff engagement, experience and wellbeing to build workforce resilience across the system, including by supporting employing organisations to deliver health and wellbeing priorities.

## Inclusion and Belonging ICB Responsibilities:

- Create a culture of civility and respect that embraces inclusive recruitment and promotion practices and prevents bullying, harassment, violence and discrimination.
- Create and support a sense of belonging, inclusion and partnership for all people working across the system.
- Embed a systematic approach for hearing and acting upon the lived experience of people working across the system and ensuring their involvement in the development and delivery of the people function.

## Workforce ICB Responsibilities:

- Develop system plans to address current and future predicted workforce supply requirements for the 'one workforce' pipeline.
- Develop collaborative and transparent arrangements for domestic and international recruitment across the system, including attracting local people into health and care careers, through work with schools, colleges, local enterprise partnerships and local communities.
- Enable strategic planning, delivery and oversight of Government manifesto workforce growth commitments across sectors, particularly in nursing and primary care.

## Leadership Values and Behaviours ICB Responsibilities:

- Establish a culture where learning and continuing professional development of all clinical and non-clinical staff across the system is actively encouraged, and barriers are identified and removed.
- Embed leadership standards in recruitment, performance, conduct and development, with appropriate support and development in place for the leaders of today and the leaders of the future.
- Create a system leadership approach, working across organisational boundaries and sectors, to support collaboration across leaders at all levels.
- Develop healthcare education leaders to work effectively and collaboratively across discipline and organisational boundaries.



# NHS People Outcomes (2)

## Workforce Transformation ICB Responsibilities:

- Establish a collaborative approach to enable staff to learn and work together and flexibly across different parts of the system.
- Enable teams to innovate and transform service and workforce models, using quality improvement methodology and maximising the use of technology, and supporting the spread and adoption of new roles and new ways of working.
- Embed clinical and care professional leadership in service transformation programmes.

## Social and Economic Development ICB Responsibilities:

- Collaborate with the ICP and system partners to create education, employment, volunteering and apprenticeship opportunities and widen participation in health and care for local communities, including in areas of greater deprivation, for seldom heard groups and for people not in education, employment or training.
- Identify and address health inequalities for the workforce considering wider determinants (such as housing, education and employment) that may have an impact on health.
- Ensuring that the ICS and its partners enable their people to take action to address environmental sustainability and the net zero carbon goals.

## Development and Talent ICB Responsibilities:

- Develop a consistent system approach to managing talent and enabling and supporting people working across the system to develop and grow in their roles, to support social mobility and the potential for lifelong careers across health and care.
- Plan education capacity based on local workforce and service needs, and help shape national education priorities.
- Oversee the local clinical learner supply pipeline across providers to maximise recruitment of locally trained clinicians.
- Support the development of primary care networks and training hubs in the system to support training, embedding and ongoing supervision of staff in primary care.

## Transformation People Services ICB Responsibilities:

- Ensure, as an employing organisation, that it provides high-quality people services to the people it employs, including core HR functions and services.
- Consolidate transactional HR activity at scale where this is more effective, and support the people profession to release capacity for strategic people capabilities at system level.
- Extend people services to partners and areas of the ICS where this infrastructure is lacking.

# NHS People Outcomes (3)

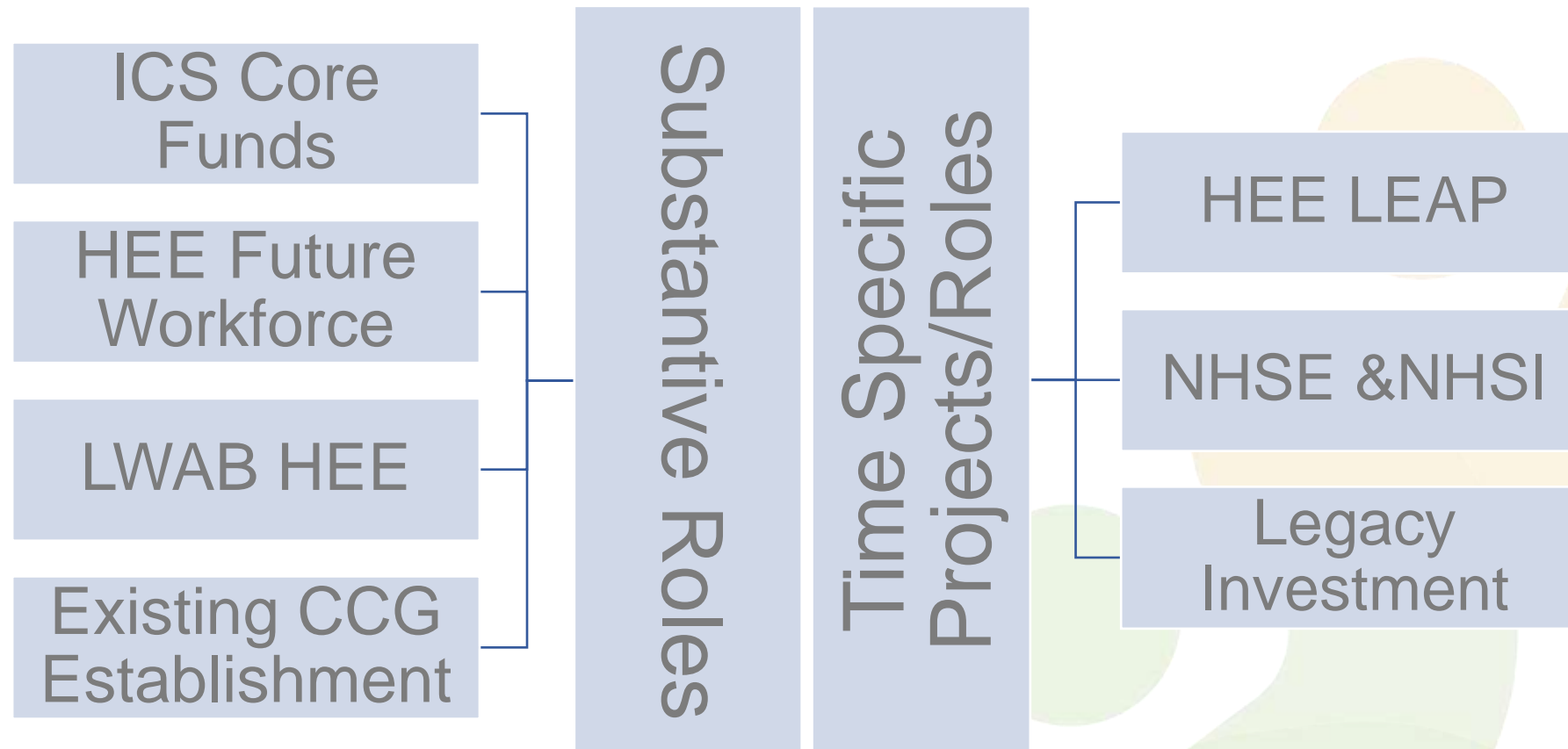
## Workforce Planning ICB Responsibilities:

- Develop, and regularly refresh, collaborative workforce plans for the ICS's 'one workforce', with demand and supply planning based on population health needs. This should be triangulated with finance and activity plans and incorporate place-based workforce plans, and the expertise of the system-wide intelligence function (for primary care this will require close work with primary care training hubs).
- Agree a system-wide approach to analysing workforce data and to using the intelligence to support comprehensive integrated workforce planning in the ICS.
- Provide workforce data to regional and national workforce teams to support aggregated workforce planning, and to inform prioritisation of workforce initiatives and investment decisions.

## System Design and Development ICB Responsibilities:

- Ensure that the establishment of the ICB and ICP is supported by system and organisational development (OD) expertise, and is rooted in good practice and quality improvement.
- Build capacity and capability (skills, expertise and roles, including in OD and system development) to deliver the different people functions, particularly for areas where this is most required.
- Ensure a coherent approach to OD and design across all partner organisations within the ICS, in line with best practice, fostering behavioural and cultural change to enable all ICS transformation activity.

# Funding Utilisation Proposal



# Ideas into Action

SWIM Work

Ignition  
Event

Investment  
Committee  
Approved

Workforce  
Board  
Approved

Transitional  
Exec  
Approved

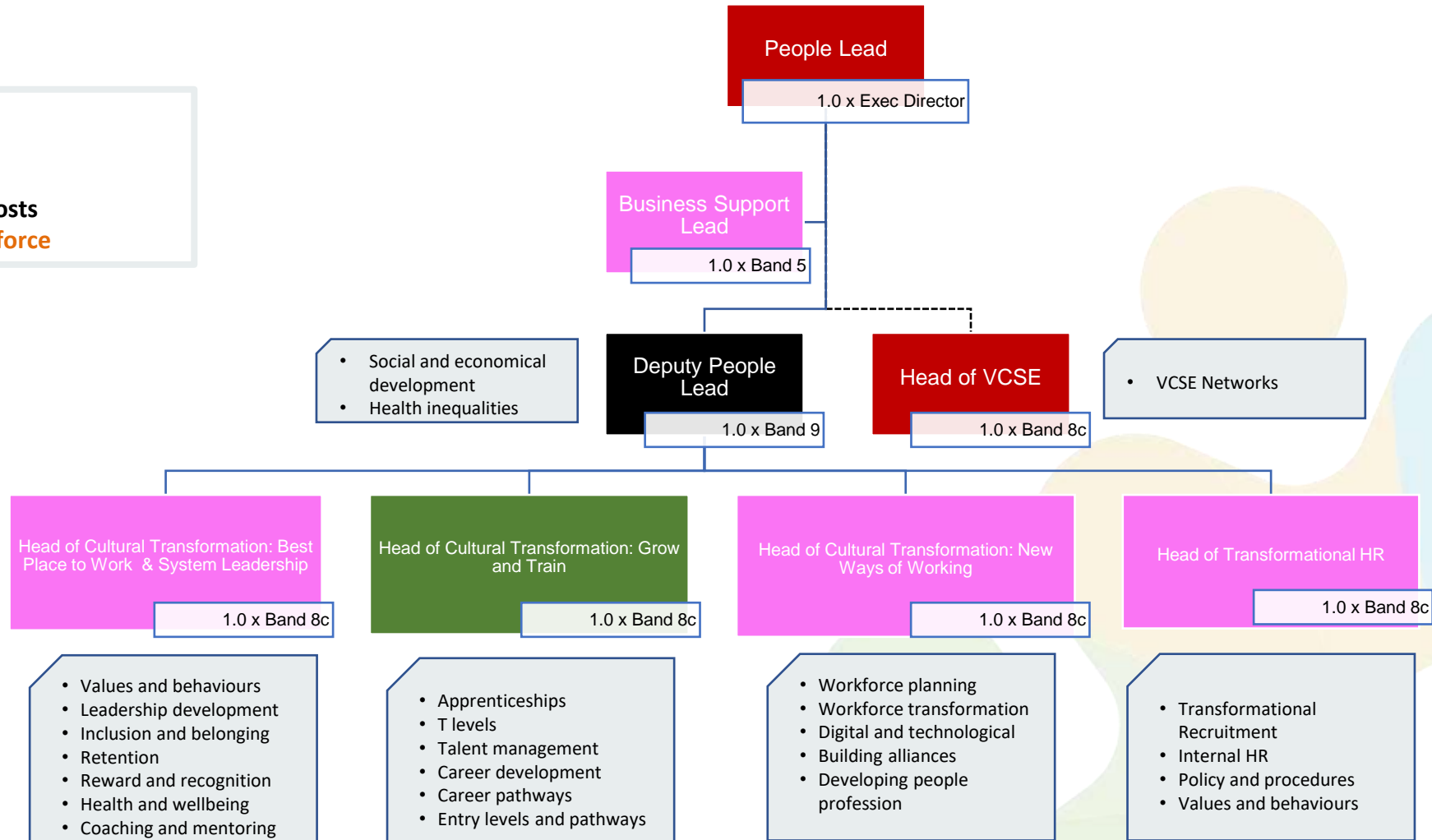
Recruitment  
Panel  
Approved

## HEE Funding Criteria

- To ensure HEE in the NEY region operates in a way that actively enables system partnerships to plan and deliver joined-up services for local populations and improve population health centred on a 'one workforce' approach
- To enable HEE in the NEY region fulfil the duties and responsibilities set by the Secretary of State for HEE in relation to workforce planning, quality and supply, including medical and dental training.

# Proposed Structure: People Function

**Funding Streams:**  
**ICS core fund**  
**LWAB HEE**  
**Existing Vacant posts**  
**HEE Future Workforce**



# Risks, mitigations and opportunities

- **Failing to recruit:** External advertising to new roles, using social media to reach a wider audience and offering remote working to minimise location challenges. A strong team ethos is being developed as the new team is created to ensure collaborative values and behaviours to aid a psychologically safe working environment and positive reputation.
- **Lack of stakeholder engagement:** Building strong, working relationships with all stakeholders, listening to their needs and wants, working collaboratively and developing high levels of trust.
- **Funding:** Funding obtained to enable the structure to be recruited to and priorities met going forward. Beginning early discussions to explore recurrent funding to reduce dependency on non-recurrent funds.
- **Change of political direction:** System and national data shows that the areas of priority are long standing areas of concern within health and social care.
- **Prioritisation:** There will not be capacity to tackle all elements of the strategy simultaneously at pace and scale therefore a prioritisation exercise will be undertaken and shared to manage expectations and be explicit. A rolling programme of reporting will be in place for assurance and progress purposes.