Bury Locality Workforce Strategy – "One Workforce" 2023-2025

Contents

Introduction: Our journey so far

This strategy coalesces the need for locality and system workforce alignment, positioning Bury Locality's identity and workforce within the context of the wider Greater Manchester workforce ambition.

Creating the strategy, to have value and impact for Bury has required genuine co-creation and engagement of stakeholders from all relevant sectors across Bury. This has enabled us to develop the foundations for collective implementation and delivery of this strategy, through adopting our partnership values of: Collaboration, Courage, Creativity, Integrity, Trust and Making a Difference.

The key engagement/co-development activities undertaken to ensure alignment included:
- Mapping each of our Bury partners workforce strategies/sector workforce plans against the 5 GM workforce priorities
- Comprehensive stakeholder engagement with our partners (detailed in slide 5) to understand Bury's collective workforce challenges, priorities, strengths and gaps (contained in appendix slide pack)
- Workforce Workshop on 6th July to develop a shared ambition, creation of shared priorities/outcomes and success measures
- Desktop data review, identification of system quick wins, identified areas for collaboration and alignment of transformation programmes to 5 workforce priorities (contained in appendix slide pack)

This strategy will continue to be closely aligned with the Greater Manchester Integrated Care Strategy (GMICP) and the Let's Do It 2030 Strategy for the Borough

Developing our Bury Locality Workforce Strategy

Engagement in developing the strategy

- 1-1 diagnostic meetings with each partner as listed (next slide)
- Regular input/updates via WAS/SWG and WEF
- Workforce Workshop 6th July – 30 attended with representation from each partner including:
  - Workforce leaders/experts (HRDs, BPs, EDI leads, Wellbeing leads)
  - Clinical leaders
  - Enabler colleagues e.g. IT, finance
  - Staff side colleagues

Engagement in developing the strategy – Partner Diagnostics

Partner Org	People/Groups
Voluntary Care and Faith Alliance (VCFA)	Helen Tomlinson VCFA Leadership Group
Hospice	Helen Lockwood
Adult Social Care	Vanessa Brockbank - HRBP Catherine King, Liam Johnson, Jenna Saide Sam McVey - HRD
Independent Providers	Matt Logan Registered Managers/Owners engagement event 18th May
Persona	Laura Wolstenholme – Head HR
Northern Care Alliance (NCA)	Clair Norton – HRBP Yasmin Bukhari, Julia Marshall, Sharon Lord, Amy Goodale, Emma Shooter - HRD
Pennine Care FT (PCFT)	Juliette Rosser - HRBP, Nikki Littler - HRD
GP Fed	Mark Beasley and Kiran Patel GP Engagement Event 8th March

Scope of Our Strategy

This is a **shared vision** for where we are, why/what we want to achieve and how we will achieve this together.

Collaborative/partnership working approach to underpin everything we do in line with our values for the benefit of our one workforce and the people of Bury.

Theme to our strategy is "**One workforce**" this includes all our people working in health, care, our volunteers and unwaged carers and this strategy is for every member of our Bury workforce.

Share our individual strengths, resources/expertise for the benefit of our one workforce and **co-ordinate our efforts** to gain maximum impact to address our challenges.
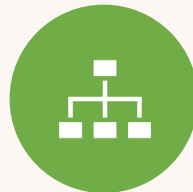
This does not attempt to replace organisational strategies just align our shared challenges/priorities to our collaborative work to **reduce duplication/silo working.**

Delivery of this strategy will be through connecting/co-ordination of a number of plans, being **delivered at different spatial** levels i.e. at GM level, at sector level (eg social care, primary care), locality level and organisation level.

Locality Workforce Strategy on a page

BURY INTEGRATED CARE PARTNERSHIP

Shared Ambition

Our 'One Workforce' will meet the needs of our Integrated Care System by providing the best possible care, improving population health, reducing health inequalities and will be enabled to do so by being: valued, recognised and empowered.

Shared Values

Collaboration   Courage   Creativity   Inclusion Integrity   Trust   Making a Difference

Priorities

Workforce Integration

Effective utilisation of organisational spanning roles, delivered against consistent professional standards and aligned governance.

Development accessible Locality Toolkit/Induction programme.

Improve volunteer opportunity, experience, attraction, and retention through implementation of employment/development pathways.

Good Employment

Improve employment experience/practices across our health and care sectors.

Create clarity of locality status through mapping provider commitment and membership journey.

Increase the number of providers to achieve supporter/member status through a peer network, to sharing resources, learning and insight.

Workforce Wellbeing

Address access barriers to wellbeing toolkits/support/developmental resources.

Model effective wellbeing conversations by all leaders, advocating the creation of a wellbeing culture across the locality.

Addressing Inequalities

Work collaboratively to address shared EDI challenges for our workforce and communities.

Aligned to the wider Bury inclusion ambition to address health inequalities and improve representation.

Establish a Partner EDI collaborative network to share expertise/resources/developmental resources, and model inclusive leadership.

Growing & Developing our Workforce

Co-ordination of Pre-employment, 'One Workforce' Induction, prioritising 'work ready' system programmes with our local communities.

Collaborative partnerships with schools/colleges with clear pathways into health and care careers.

Leadership development and strength based approaches programme for our one workforce.

Partnership delivery model, led and co-ordinated by the Bury Locality Workforce Team

Our Locality workforce Challenges

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Gap in aligned support/governance for roles spanning organisations impacting on utilisation/workforce experience/retention

Lack of understanding of locality/Integrated working etc impacting on system working

Lack of understanding/support for volunteers - impacting on retention/attraction/utilisation of the sector.

Inability to produce locality workforce reports due to lack of uptake/utilisation of shared workforce system e.g. VWIZ

Inequity/Inconsistencies in employment practices/resources/workforce support across our locality impacting on employee experience

Our locality workforce challenges

Lack/no development for our leaders/managers in wellbeing conversations with burnout workforce

Largest proportion of our workforce does not have access to/limited wellbeing resources/support (VCFA/Providers/Practices)

A number of partners do not have EDI strategies, action plans, toolkits, resource and expertise impacting on the employment experience of our people.

Lack of knowledge and understanding in our management/leadership teams in our partners who have gaps in provision.

Slio approaches/duplication on shared challenges in addressing inequalities in our current workforce

Large proportion of our workforce experiences a reactive and sickness/ill health driven policies/approaches to their wellbeing.

Our Locality workforce Challenges

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Lack of connectivity/co-ordinated approach with our local communities in supporting engagement/access to work in bury

Lack of clear/accessible pathways for our local population into health and social care jobs in Bury to support grow our own.

Lack of connectivity/co-ordinated approach and capacity challenges in locality to work with our schools/colleges on raising profile of health/care careers and building our pipeline.

High number of vacancies in some of our health and Social Care services increasing pressure on our workforce/impacting on flow

Our Primary Care sector has aging workforce/gaps and retention issues esp with trainee GPs impacting on workload pressures/retaining workforce

Our locality workforce challenges

Challenges in Primary Care in utilising ARRS funding and MDT working across practices.

Gap in leadership development programme (inc system leadership) across our locality. Gap in knowledge/behaviours re system thinking/working.

Financial challenges with high sickness/agency/Locum spend, hidden costs of inefficient recruitment system/processes, retention challenges.

Strength Based Practice training delivery to locality requires infrastructure support for full roll out to enable the mindset/behaviour change in workforce/population culture

Our Shared Ambition

Our 'One Workforce' will meet the needs of our Integrated Care System by providing our population with the best possible care, improving population health and reducing health inequalities.

Our One workforce will be enabled to do so by being:

- Valued and recognised within a culture of wellbeing and compassionate, inclusive system leadership.

- Empowered to grow professionally and personally, representing the communities we serve, with a sense of identity and belonging at all levels.

Our Partnership Values for Operating in System Spaces – further information available in appendix)

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Courage - *Pushing past our comfort zone to take risks, challenge each other, have the hard conversations, and take the difficult decisions.*

Collaboration *- Working cooperatively to achieve a common purpose, sharing responsibility and accountability.*

Creativity - *trying new things together that we know will add value/improve outcomes.*

Integrity - *Consistently to do what we say we are going to do in accordance with our purpose, principles, values and behaviours.*

Inclusion *- We will be inclusive in everything we do and address any potential barriers to this.*

Making a difference *- By doing together what no one partner can achieve on their own.*

Trust - *To be vulnerable with one another by being willing to admit our mistakes, share our struggles, or ask for help/support from others*

Summary of Our Outcomes (full details in appendix)

Workforce Integration

- Effective design, development and utilisation of roles spanning organisational boundaries by ensuring consistent professional standards, removal of barriers and misaligned governance e.g. ACPs

- Development of 'One Workforce' accessible Locality Toolkit/Induction for all the workforce

- Improve volunteer opportunity/experience, improving attraction and retention, including employment/ development pathways.

- Address the challenges in workforce data to enable us to monitor our programme progress inline with our metrics.

Good Employment Charter (GEC)

- Improve the employment experience across our health and care system. Map provider commitment to the GEC, to provide clarity of locality status and membership journey.

- Increase the number of providers supporting/attaining membership by provision of a peer network, sharing resources, learning and insight.

Workforce Wellbeing

- Address barriers to access, sharing toolkits/support resources.

- Development in wellbeing conversation is enabled and modelled by all leaders, advocating the creation of a wellbeing culture across the locality.

Summary of Our Outcomes (full details in appendix)

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Addressing Inequalities

- Alignment of individual partner challenges within a framework of the wider Bury inclusion ambition to address health inequalities, improve representation of our workforce and meet the needs of Burys diverse communities.
- Establishment of a Partner EDI network of collaboration; sharing and modelling expertise, inclusive leadership development, collaborative working/resources to enable consistent EDI strategies to be developed/implemented.

Growing Our Workforce

- Establish clear pathways aligning pre-employment, development programmes and 'One Workforce' Induction.
- Provision of coordinated support for 'work ready', work experience/placements,
- Engagement with schools and colleges to create a system approach to work experience/ placements/ apprenticeship programmes.
- Creation of a Primary Care workforce strategy to addressing workforce challenges utilising ARRS roles and strengthening MDT working across practices.

Developing our workforce & 'our workforce' culture

- Maximise accessibility to existing Leadership/System Leadership development opportunities, collaborating to benefit from economies of scale where external expertise is required
- Build wellness culture within institutions and communities transitioning from a culture of "What's wrong with you" to "What matters to you" with greater utilisation of community assets in wellness/ recovery.

Our Success Measures by Priority

| Priority	Success Measures	Enablers
Workforce Integration	• No. of roles spanning organisational boundaries are identified including headcount/ location. No. of new roles co-designed, implemented and recruited to. • No. of partners accessing and utilising and aligning 'Our Workforce' Induction Tool kit to their own induction • No. Volunteers in Bury provider orgs, measuring access to opportunities, levels of job satisfaction, and transitions from unpaid to paid work. • No. of partner forums VCFA effective members of to ensure holistic locality lens and VCFA engagement • No of partners utilising VWIS/providing workforce data to enable progress reporting	• Workforce new starter survey reporting increased understanding of locality working and perceived ability to effectively work across organisational boundaries." • Workforce Pulse survey to provide clarity on shared barriers to effective integrated roles and 12-month evaluation survey to gather interventions and impact. • Addressing access to IT, VWIS delivery plan
Good Employment Charter	• No. of Bury providers with Supporter/Member status • 100% of Providers understand the GMGEC and its benefits. • No. of provider meetings/forums attended to engage partners/present on GEC standards/process • Community of Practice Members attending/ accessing support/mentors available. • Improved response rate reported for those with gaps in employment practice/resources	• Workforce pulse survey for those with gaps in provision reporting improved experience (inc new recruits), Workforce feedback against the GEC criteria is improving (universal survey across the sector). • Local GEC network group and connectivity to GM
Workforce Wellbeing	• No. of partners/providers who have wellbeing resources/toolkits available for their *workforce • No. of leaders completed wellbeing conversation training and holding wellbeing conversations. • No. of Workforce having regular conversations regarding wellbeing with line manager/lead - linked to above • Levels of sickness absence and bank/agency spend • Focussed interventions with corresponding metrics e.g. mental health offers linked to measuring mental wellbeing/absence.	• Workforce pulse survey for those with gaps in access/wellbeing provision and utilisation of resources. exploring wellbeing improvement, perception of wellbeing culture, effectiveness of wellbeing resources, leadership modelling wellbeing practices. • Agreed list of org policies/processes/resources focussed on keeping people well (inc flexible working policy/approaches)

Our Success Measures by Priority

Bury INTEGRATED CARE PARTNERSHIP

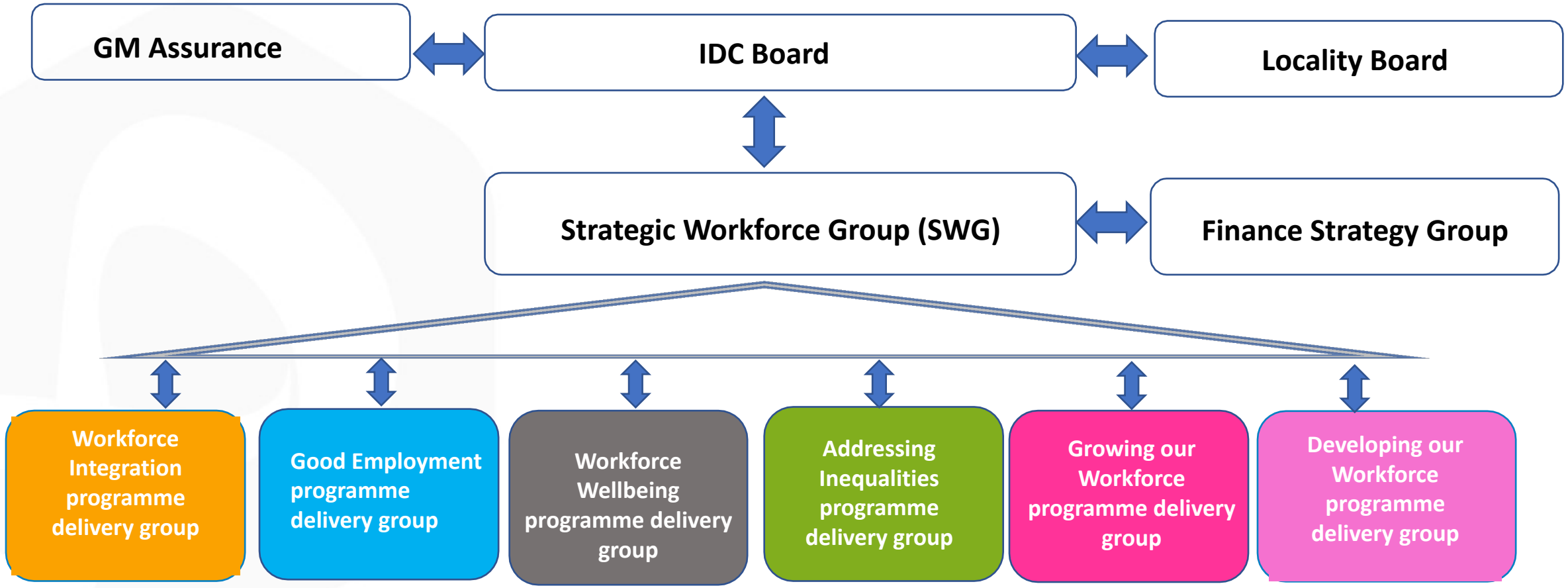| Priority	Success Measures	Enablers
Addressing Inequalities	• No. partners with EDI strategy/plans in place • No. of partners/providers engaged/contribute in the Bury Inclusion group. • No. of leaders/managers completed EDI training by provider • An agreed shared EDI challenges, priorities/collaboration deliverables, specifying target for improvements and increased representation. • Increased representation levels in accordance with strategy/plans to address all equality groups e.g. BAME, disability.	• Establish a Community of Practice to enable sharing resources/expertise. • Workforce pulse survey exploring experience of inclusive leadership. • Baseline workforce equality data sets from partners (ideally via VWIS) • Bury Inclusion Workforce Group • EDI strategies/plans/resources in orgs/GM
Growing Our Workforce	• Connections/attendance at local community groups to promote health and care opportunities in Bury • Co-design a work-ready programme with VCFA/community groups. • No people supported via work ready/locality rotation work experience/placement programmes. • Increased engagement/representation with schools/ colleges improving pipeline access and opportunities. • No of vacancies for ARRS roles, No practices engaged with ARRs roles	• NCA Social Value plans, VCFA community groups, GM actions to address growing health/care workforce e.g. care academies, Trafford model re pipeline, Gorsey • Partner workforce Strategies/vacancy data
Developing our workforce & 'Our workforce' culture	• No. of leaders by partner organisation undertaking/completed leadership development inc system leadership • Review/Reduction in system spend on externally commissioned leadership development programmes. • No trained per provider organisation in Oliver McGowan • No Trained per provider in Strength Based Training Practice • Reduction in spend in services from case studies of those adopting SBTP • Improved quality of life, reduced support and increased take up of community assets with those adopting the SBTP approach	• NCA ALD development programme, Digital systems • Workforce pulse survey indicating overall less time spent with individuals when adopting the SB approach etc. • Case studies codeveloped on impact of SBP, improvement of quality of life, reduction of support, increased engagement with community assets.

Monitoring Progress/Review

- **Data sharing commitment**: In order to monitor/report progress against our workforce programme's all partners are committing to sharing their data inline with the listed metrics.

- The **lack of data/inconsistencies in data is a risk** to evidence the progress of the strategy. Addressing these challenges forms part of programme one (workforce integration)

- **Reporting/monitor progress** for the 6 programmes via Strategic Workforce Group (SWG) – reporting to IDCB/Locality board
  - Reporting schedule/tools to be agreed with programme leads in line with key milestones for delivery of programme outcomes (reporting commencing Jan/Feb)

- **Strategy Timeframe/Review**: This 2 year strategy (September 2023-September 2025) will be reviewed with partners at the end of 2024.

Workforce Assurance Framework (until Oct 23)
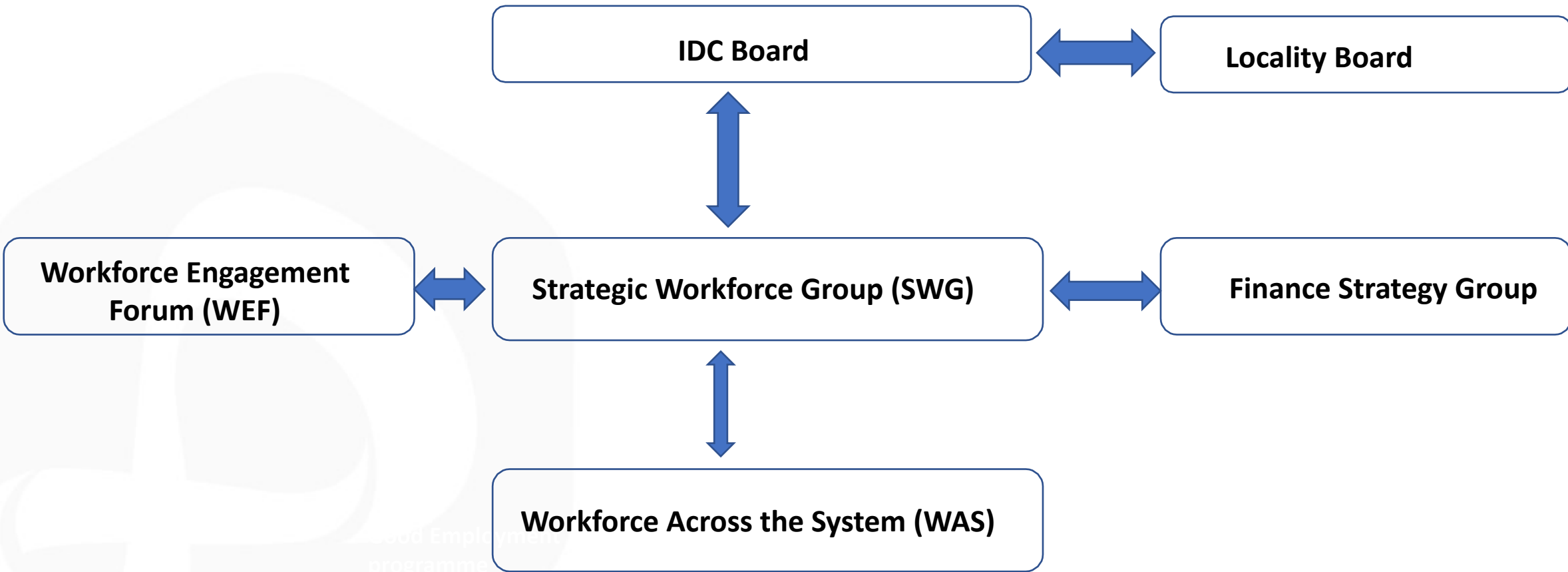
Workforce Delivery Assurance Framework (post Oct 23)

Change assessment using 6 conditions of system change tool

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Current Position	Desired Position	Key change support
Leadership: System workforce leadership is **limited to capacity/expertise** resource of two system workforce colleagues (AD Workforce/Transformation Lead) with SRO leadership.	**Leadership of system workforce programmes by workforce colleagues** with strengths/desire to lead/modelling system leadership behaviours for their programmes. Enabled by system workforce team.	**Building capacity/capabilities for system leadership** of workforce programmes inc **clear roles/remit** for programme leaders with **support conditions** to lead across system.
Delivery: by the system workforce team with limited capacity across system workforce agenda. **Silo working in partner orgs on shared workforce challenges** with opportunities to share via workforce forums (WAS/SWG)	**Delivery by system programme groups** with system workforce colleagues who are engaged/empowered to **work collectively on shared challenges/**Removing duplication of effort by alignment of work, collective action **for the benefit of our one workforce.**	**System Workforce Strategy** sign up to direction/plan with what delivering (**programme outcomes/success measures**) with autonomy and flexibility for how the group deliver the outcomes.
Resources: System and Organisations with **limited/gaps in workforce resource/expertise** to address the size and scope of our workforce challenges.	**Shared expertise/resources** to address our workforce challenges for our one workforce maximising our workforce capacity with collaborative working.	Collaborative working/sharing of organisational resources for the benefit of the system **enabled by commitment/support from Senior workforce leaders to their teams.**

Change assessment using 6 conditions of system change tool

BURY INTEGRATED CARE PARTNERSHIP

Current Position	Desired Position	Key change support
Culture: "One workforce" ethos driven/modelled by our system workforce team	"One Workforce" is **embedded by workforce colleagues** across the system in way we lead and work at both organisation/system levels.	Culture programme to **enable understanding/shift in mental model/behaviours with priority delivery** for our workforce programme leaders/programme group members/Senior workforce leaders/BPs/wider workforce teams.
Governance: evolved system workforce groups (WAS/SWG) led by system workforce team with open membership and lack of focus/remit for groups and ability to progress issues together in the absence of strategy.	Structures that enable and empowers programmes to deliver the outcomes with minimal/ streamlined reporting requirements for assurance to IDCB/Locality Board e.g. Programme leaders to develop reporting schedules against their programme milestones and lead discussions with support from members of SWG to address risks/issues enabled by system workforce team.	Review/update TORs and membership roles/remit for SWG Reporting templates/schedules for programme groups. **Enabling programme leaders/groups to build relationships across system.** Coaching/mentoring support for programme leaders in system leadership/challenges, culture shifting and holding system to account.

Our Strategy In Action - Delivery

- **6 Workforce Programme Delivery Groups**
  - Direction set for "what" is to be delivered with co-developed programme outcomes/success measures
  - Roles/remits produced for both programme leadership and membership
  - Connectivity/alignment/representation from partners and GM for each group
  - Ways of working
    - In line with values inc empowered to decide the how and when for delivery of outcomes
    - Utilising workforce project management tools/frameworks inc highlight/risk reporting

- **Locality Programme Delivery Group Leadership**
  - SRO Workforce and Locality Workforce Team
  - Provision of development Support for our Programme Leadership Team inc formation of peer network, system leadership.
  - 1-1/group coaching/support to address challenges in delivery etc
  - Produce/Co-ordinate Strategy reporting - internal/external inc GM, using workforce assurance structures

Summary

This strategy has described the why, outcomes, approaches and direction of travel needed to ensure we develop a genuine 'One Workforce' approach across Bury. This is essential if we are to transform our services and the demands they face.

Our workforce needs to be supported given the demands they are facing and we must now maximise the real opportunities to address challenges, that genuine system focused workforce solutions will enable.

We must continue to support and maximise on that support across our system workforce, as we do our best for our communities.

Appendix

1. Locality Strategy Development - detailed slide pack including full engagement data/analysis

Microsoft
werPoint Presentat

2. Full list of workforce programme outcomes/metrics

Microsoft Excel
Worksheet

Glossary

- ARRS (Additional Roles, Reimbursement Scheme): Enables Primary Care Networks (PCNs) to recruit additional roles to work across practices to assist to manage demand and improve access for patients in Primary Care.

- ALD – Accelerated Leadership Development Programme by the Northern Care Alliance.

- EDI – Equality Diversity and Inclusion

- IDCB – Integrated Delivery Collaborative – Our Bury partnership Board.

- SWG – Strategy Workforce Group meeting

- VWIS – Virtual Workforce Information System

- WAS – Workforce Across the System meeting

- WEF – Workforce Engagement Forum meeting