The Sheffield ACP Workforce Strategy:

Creating a flourishing and thriving Sheffield by developing our people in a joined up way to deliver holistic, person-centred and integrated care

2019-2024

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1. Executive Summary

The workforce vision outlined in the Shaping Sheffield place-plan is *to create a flourishing and thriving Sheffield by developing our people in a joined up way to deliver holistic, person-centred and integrated care*'.

This workforce strategy seeks to identify how we will do this and where a place-based approach will have greatest impact. It should complement workforce strategies and plans at organisational, South Yorkshire and Bassetlaw Integrated Care System (ICS), regional and national levels.

Shaping Sheffield articulates our ambition to transform our population's health, care and well-being, improving outcomes for the people of all ages of Sheffield in the context of the inequitable distribution of poor health and wellbeing across the city. The implementation of this system workforce and development strategy will contribute directly to the vision of providing *prevention, well-being and great care together.*

Through a number of staff and public consultation events, 7 key themes have emerged:

i. Culture
ii. Person-centred approaches
iii. Staff Wellbeing
iv. Valuing the Unpaid Workforce
v. New Ways of Working
vi. Recruitment and retention
vii. Learning and Development

Section One of this strategy describes the approach taken in its development; its interdependencies; the national, regional and local contexts; exclusions from the strategy; governance and next steps. Section Two is the implementation plan, which upon approval of the strategy from both ACP Board and Health and Wellbeing Board, will be developed into further detail concurrently with implementing the identified priorities for 2019-20.

These identified priorities are:

i. There is a national and international shortage of staff across almost all professions in the sector. The development of Primary Care Networks and the new roles being employed within them will exacerbate this problem. While there is work being undertaken nationally, across the ICS and in our universities to increase training places and student numbers, this will not be enough to address the full scale of the problem. We need to develop a strong 'Brand Sheffield' that is consistent across the ACP to promote the benefits of living and working in the city, with the intention of attracting new recruits to work here. This will be completed and in use by March 2020.

ii. Developing a person-centred city is central to the Shaping Sheffield strategy. We will develop a set of organisation development approaches to embed this way of working in our frontline staff. This will focus on the practical application of the 'what matters to you'[1]

[1] https://www.whatmatterstoyou.scot/

approach, bringing together staff from across the system and embedding other key messages identified in this strategy and within Shaping Sheffield (such as the integration of physical and mental health, children's and adults). This development will be implemented by March 2020.

iii. Care home staff have the potential to make a significant contribution to reducing the numbers of urgent admissions to hospital. There are currently numerous pockets of support being targeted at care homes, running the risk of overburdening an already stretched workforce and forcing them to disengage from the wider system. We will pull all of this activity into a co-ordinated package of support for this section of our workforce by the end of December 2019.

iv. The impact of leadership and culture on our workforce cannot be under estimated. We will develop a strong community of capable, resilient leaders across the city and within Primary Care Networks, who are able to lead within and on behalf of organisations, systems and places. To do this, we will implement and embed system leadership and organisation development programmes to ensure that our workforce is motivated, empowered, capable and confident to provide '*prevention, well-being and great care together'*. This will include;

    a. further cohorts of 'Leading Sheffield', and

    b. the extension of 'Collaborate' across other Primary Care Networks, with the intention of coverage across at least 6 PCNs by December 2020

    c. the development of an ACP leadership community during 2020, bringing 'alumni' from multiple leadership programmes together to continue their development and to enable their contribution to strategic system priorities

v. There is a disparity in staff access across the system to good quality development – those employed by the large statutory organisations benefit from extensive organisational development programmes whereas those working in primary care, the voluntary sector, independent care homes or as Personal Assistants, do not have access to this level of support. The apprenticeship levy is one source of funding that will help to redistribute some of this development support across the system, and our statutory organisations will lose access to significant unspent apprenticeship levy monies in 2020. We will explore options for 'gifting' this to primary care, the voluntary sector etc to enable them to invest in staff development. An agreed process for developing this will be in place and widely communicated by March 2020, with the first apprenticeships in post by September 2020.

2. Introduction

The health and social care sector in the UK is experiencing considerable turbulence, and this pace of change is unlikely to reduce within our context of political turmoil, a national and global ageing and growing population and increasing inequalities. This places pressure on our workforce, which is not growing to keep pace with demand. Place these issues alongside peoples' changing expectations from work; flexibility in hours, how and where work takes place and the type of work being completed; digital solutions which match the functionality they enjoy at home and reduced formalities and hierarchies; it is clear that our systems and structures are under pressure.

There is no expectation that additional funding will come into the system, and with parts of the sector already under serious pressure to break even, we need to start to work differently to ease the pressures of the system and of our workforce. A focus on prevention, moving care closer to a person's usual place of residence and developing a different psychological contract between the public and the sector, with person-centred approaches at its core, is critical. The impact this will have on our workforce though must not be underestimated; increasingly complex needs will be cared for out-of-hospital, staff will need to change the way they work and develop new skills and specialists will need to develop generalist approaches to support the growing number of people with multi-morbidities.

The Shaping Sheffield Plan (paragraph 10.3) outlines our commitment to our workforce and our vision. All ACP partners agree that a focus on workforce is currently our greatest priority, and critical if we are to achieve sustainable transformational change to address the challenges outlined above. This is consistent with messages contained within the NHS Long Term Plan and the NHS Interim People Plan. It is widely expected that the Social Care Green Paper will also have a focus on workforce and new models of care when it is published.

This strategy outlines the scale of the challenges facing our workforce and identifies the priorities that we will implement across the Sheffield Accountable Care Partnership. These priorities are designed to complement, not duplicate, workforce activity undertaken at organisational, ICS, regional and national level, thus ensuring that activity is scaled appropriately and that all sections of our workforce receive the support and focus required to achieve our vision.

3. Our Vision

To create a flourishing and thriving Sheffield by developing our people in a joined up way to deliver holistic, person-centred and integrated care'.

Sheffield's ACP partners employ a combined total of more than 38,000 staff – more than 10% of the city's working age population. Our workforce is therefore not separate from our public, patients or service users. Our workforce *is an integral part* of the population we serve. As employers we therefore need to role model good health and wellbeing practice, enabling and encouraging our staff to live the best lives they can. Our workforce is committed, passionate and compassionate. We need to care for, develop and enable the collective potential of all our people, particularly where they

meet and work together across organisational boundaries and harness their energy, ingenuity, talents, differences and shared sense of purpose.

4. **Purpose**

The purpose of this document is to set out the workforce strategy that will ensure we achieve this vision.

5. Key Concepts

Some core concepts underpin this strategy:

- When we refer to 'workforce', this is directed at anyone who contributes to health and social care in Sheffield. This includes all paid *and unpaid* staff, volunteers and carers (encompassing all young, adult and parent carers) working across the full spectrum of health and social care, the workforce in children's and adults' health and care, physical and mental health, primary and specialist care, and all professions. Where there are references to specific parts of the workforce (as opposed to an assumption that each recommendation automatically covers all of the above), these are named within this paper.

- This is a place-level workforce strategy. As such we have prioritised those areas that will have potential for the greatest impact at place and covers only those matters that sit across the whole system. This strategy and the ensuing plan should sit alongside and complement (not replace) individual organisational workforce strategies, as well as ICS, regional and national agendas.

- All ACP partners and members of the public have been fully engaged with the development of this strategy, through designated workshops, one-to-one meetings and group discussions. The key Themes for Change have been developed directly from the feedback received through the consultations.

- This strategy talks a lot about 'integration'. By this we mean working closely, often in multi-disciplinary teams, with people not employed by the same organisation; this could be employees of another organisation, carers, volunteers or other members of the public.

6. Exclusions

The following areas will not be covered within this strategy, although they are all critical in supporting the further development of our workforce and the achievement of the Shaping Sheffield ambitions. The primary reason for not including them within this strategy is because other groups / areas are already working on them – this is outlined under each paragraph. It is important that the

ACP's Workforce and Organisation Development Transformation Group has sight of progress in each of these areas, as they will impact on the ability to achieve the intentions of this strategy.

6.1 Capacity and Demand

It is acknowledged that we have limited useful (system level) data for workforce planning purposes. Current issues around capacity and lack of technological interoperability means that to collate meaningful local data would take at least 2 years and divert attention from implementing some of the changes outlined in this strategy. Data *is* being collated at a national and regional level, and while this is not perfectly applicable to us and will not take account of specific local innovations, it is still a good guide. Sheffield is broadly similar to comparable cities, so more generalised data does give us a good evidence base for our key workforce challenges.

In addition, while a new care model has been proposed (outlined below), there is still considerable work to do on this before all workforce implications are known. Investment in the collation of detailed local workforce data will have far greater impact when it can be clearly aligned with a new care model.

We are therefore not proposing that we spend time collecting workforce data at place level at this point in time, but that it is a core part of the ongoing work to develop and implement the new care model.

6.2 ICS / Regional / National Areas of Focus

As identified above, this strategy focuses on those workforce priorities that are best addressed at place. This primarily affects the training, attraction and recruitment of professional staffing groups, which are subject to much activity elsewhere in the health and care system. However, we do have a responsibility in the ACP for working with these wider bodies to ensure that Sheffield priorities are being appropriately and sufficiently addressed elsewhere and for influencing these broader agendas.

Paragraph 9.2 outlines the South Yorkshire and Bassetlaw ICS' workforce priorities, as these have the greatest direct impact on the Sheffield workforce.

6.3 Digital

Digital issues have been raised repeatedly by staff and the public throughout the development of this strategy. The single biggest issue raised was the lack of digital interoperability hindering integrated working across and between organisations. As this is currently the focus of the ACPs Digital Workstream, this will not be addressed within this strategy, although the link with workforce needs to be central to the plans emerging through the proposals of the Digital group and the Workforce and OD Transformation Group will remain sighted in the workforce elements of the Digital work.

6.4 Estates

Estates concerns were also raised through the consultation workshops. These were primarily recommendations from staff to increase the opportunities for co-location with other organisations across the system to facilitate integrated working. The development of a coherent system-wide Estates approach is currently being pursued through other groups (principally a cross-organisational Estates group overseen by the Sheffield CCG), and therefore this strategy will not incorporate proposals related to Estates.

7. **Production of this strategy**

This strategy has been developed by front line staff and members of the public.

This strategy was developed between December 2018 and July 2019. In addition to the specific workforce-focused engagement events and activities, the Shaping Sheffield consultation events also harnessed a lot of feedback related to workforce and culture, all relevant to this place-based plan.

We ran 3 workshops with more than 150 members of the public and front-line staff from across Health & Social Care in Sheffield. Healthwatch also conducted specific public consultation events, through formal workshops and individual one-to-one conversations. Including the Shaping Sheffield events and online questionnaire, this strategy incorporates the views of more than 600 members of the public and staff from all parts of the system.

A steering group comprised of members from all ACP partners has worked together to analyse the feedback, work with the partner organisations to secure appropriate engagement and contributed to the production of this workforce strategy.

This strategy has set the programme of work to address the most pressing workforce issues that Sheffield faces – and will be underpinned by detailed workforce planning in specific areas. The diagram below sets out the approach undertaken.

Following each draft of this strategy, further consultation has taken place across the ACP workstreams, organisational and voluntary sector leadership teams, specialist workforce personnel, the LMC, staff-side representatives, front-line staff and carers. All of this feedback has been consolidated to inform this version.

8. The National Context

8.1 Data

- Under current models of care and staffing, it is expected the need for health care workers in the NHS would increase to over 1.5 million FTE staff by 2030 but current trends in employment do not cover this
- A study into adult social care has shown that 21% of 20-55 year olds have considered a career in the sector but only 4% have gone on to apply. The 2 primary reasons for not pursuing this as a viable option have been cited as a lack of awareness of how to apply, and perceived unsuitability related to qualifications.
- Adult social care also experiences high levels of staff turnover with Skills for Care estimating that the staff turnover rate of directly employed staff working in the adult social care sector was 30.7%. This equates to approximately 390,000 people leaving jobs per annum. A large proportion of staff turnover is a result of people leaving jobs soon after joining.
- Life expectancy is projected to increase from 73.5 years in 2018 to 74.4 in 2022—bringing the number of people aged over 65 globally to more than 668 million, or 11.6% of the total global population[1].

- Long-term conditions are more prevalent in deprived groups; people in the poorest social class have a 60% higher prevalence than those in the richest social class[2]
- Half of all lifetime mental health illness can be diagnosed at the age of 14 so early intervention will alter the life chances of these young people *(NHSE)*
- Treatment and care for people with long-term conditions is estimated to take up around £7 in every £10 of total health and social care expenditure[2]
- Ageing and growing populations, greater prevalence of chronic diseases, advances in innovative, but costly, digital technologies all increase demand and expenditures on health and care systems[3].
- With a growing proportion of older people in the UK there is growing number of people with long term comorbidities; 75% of 75 year olds in the UK have more than one long term condition, rising to 82% of 85 year olds
- This ageing workforce along with the rising demand for health care services drives shortages of appropriately skilled staff in both developed countries and developing economies[1].

8.2 National Drivers

The **NHS Long Term Plan** was published in January 2019 with a focus on prevention, population health and integration. Underpinning the plan is an emphasis on the "*triple integration of primary and specialist care, physical and mental health services, and health with social care*." Within the Long Term Plan, we see a greater focus on children and mental health. The plan has committed £4.5 billion more for primary medical and community health by 2023/24 and £2.3 billion for mental health.

The **NHS Interim People Plan** was published in June 2019, with a full people plan scheduled for release towards the end of the year. The interim plan outlines national NHS workforce plans, and commits to:

- Create a healthy inclusive and compassionate culture (including ensuring equality and diversity, tackling bullying and reducing violence)

[2] Department of Health (2012) Long-term conditions compendium of Information: 3rd edition. Available at https://www.gov.uk/government/news/third-edition-of-long-term-conditions-compendium-published

[3] Deloitte (2019) 2019 Global health care outlook - Shaping the future. Available online at https://www2.deloitte.com/global/en/pages/life-sciences-and-healthcare/articles/global-health-care-sector-outlook.html

- Enabling great development and fulfilling careers (including CPD and ensuring recognition of qualifications between employers)
- Ensuring everyone feels they have a voice, control and influence (including freedom to speak up, health and wellbeing and flexible working)
- Address entry routes into the profession building on the nurse apprenticeship and nurse associate routes
- Development of a *'blended learning nursing degree'* programme working with higher education providers
- Place a greater focus on primary and community nursing.

The plan says NHS leaders should have:

- *'A compassionate inclusive culture'* including senior leaders, clinical and non-clinical roles and the *'vital middle manager layer*.' Leadership priority areas are named as; system leadership; quality improvement; talent management; inclusion and diversity.

A balanced scorecard will be developed to assess organisations in these areas via the NHS Oversight Framework and the CQC Inspection Framework (Well Led Assessment). In addition, a newly developed ICS workforce 'maturity framework' will be used to assess the readiness of ICS to take on responsibilities including workforce planning.

You can access the full plan HERE.

The **Prevention Green Paper** was published in July 2019 and outlines the intent to:

- Embed genomics in routine healthcare, and improve screening services
- Remove the inequalities in healthcare through focused interventions for those living in deprived areas, and for groups such as those sleeping rough, care leavers and offenders
- Further action to tackle obesity, particularly in children
- An ambition to be 'smoke free' by 2030
- Embed strategies for preventing and supporting mental ill-health
- Improve available data to track the nation's health

We anticipate the **Social Care Green Paper** will further consolidate this focus on a preventative, person-centred, holistic and integrated care approach. The 7 guiding principles of the anticipated Social Care Green Paper are:

- A greater focus on prevention and primary and community services
- The development of *"genuinely integrated teams of GPs, community health and social care staff"*
- A move to a more home based model of care as an alternative to hospitalisation.
- A focus on reducing demand on the emergency pathway
- A greater focus on prevention programmes directed to areas of greater need.
- Greater focus on digital enablement of care for patients and carers
- The need to redesign workforce to better attract and retain staff and to develop integration

9. The Regional and ICS Context

9.1 Data

- From a total population of 1.5m, 72,000 people are employed in health and social care across South Yorkshire and Bassetlaw (SY&B).
- 30 Primary Care Networks across the system include one of the largest (Barnsley) and one of the smallest (Upper Don, Sheffield) in the country
- There are 6 acute hospitals (including Chesterfield as an 'Associate' hospital), 5 CCGS, 5 Local Authorities and 4 care / mental health trusts across SY&B.

9.2 ICS Workforce Priorities

The ICS infrastructure is poised to have increasing influence over workforce planning over the next 5 years: '*we are clear that over time, and within a national framework, ICSs will take on the leading role in developing and overseeing population-based workforce planning for local health services. This will mean that ICSs become responsible for some activities currently undertaken by national bodies, while recognising that some activities will always need to be carried out nationally'*[4].

The NHS Interim People Plan defines the workforce responsibilities at a national, regional and ICS level, although doesn't go down to place level. There is clearly a role however for the majority of local workforce activity to be driven through place arrangements. There are some activities that are much better positioned through our work across the ICS, and this strategy will not go into detail on these. The table below outlines these core ICS-level priorities, highlighting where this is a link with place-level plans.

[4] The NHS Interim People Plan p59

Priority	ICS Activity	Sheffield-specific Activity (ICS and ACP)
Education Training and Development *"To be the best place to develop health and social care careers"* • **Educational and Development using ECHO**[5] • **Leadership** • **Organisational Development Bespoke Capacity and Capability Offer (**Develop system leadership capability, equipping our emerging system leaders with the skills and confidence to identify and drive forward required changes).	*-850 staff to attend ECHO training by March 2020.* *-50% of nursing / Care Homes to access ECHO training by Mar 2020* *- Develop a Leadership strategy for approval by Sep 2019* *-Secure budget for system leadership development training by Sep 2019* *-Commence procurement of system leadership training by Dec 2019*	Childhood and Young Adult Asthma ECHO in September 2019. Engaging with SCC, SCH, PCS, Education, Public Health to deliver 5 sessions. Planning an 'unwell child ECHO for 2020) Care Homes ECHO in progress. Leading Sheffield 5 days training and development over 3 months 40 places, recruiting to cohort 2 July 2019. Collaborate – 20 places for community and 3rd sector staff Shadow Board 18 places Bespoke offer from partners to other organisations for OD support with cross system developments.
Supply *"Building a sustainable local supply of health and care talent"* • **Schools Engagement** • **Employability** • **Placements**	*-To increase number of career ambassadors by 50% by Mar 2020* *-70% of schools to have had a careers visit by Mar 2020* *- staff to be recruited through defined employability programmes by Mar 2020* *-Increase number of student nurses on university programmes* *-Ensure alignment of*	A Sheffield City Health and Social Care schools engagement event for 2020 STH Employability Scheme for people with Learning Disabilities and Autism in progress. Placement Pilot Project Sheffield Place Based Teams exploring and testing new models for placement provision in collaboration with HEI's.

[5] Collaborative digital learning software

	placements and supply across key new roles.	
New Roles *"Introduce new tested cross professional roles at scale that enhance patient care"* • **Apprenticeships** • **Assistant Practitioners** • **Nursing Associates** • **Advanced Clinical Practitioners** • **Physician's Associates**	*-To increase levy spend by 50% against baseline by Mar* 2020. *-Two Cohorts of TNA to commence in 2019* -89 ACPs planned for 2019/20 and development of First Contact MSK AHP Practitioners -40 PAs planned for 2019/20 -20 practice nurses GP Ready for 2019/20	Working across partners to explore levy transfer opportunities from CCG to a Care Home and or a GP practice/PCN 5 Practice Nurses on the Vocational Training Scheme (VTS) will be placed in Sheffield in 2020

In addition to the above, new routes into professions such as Psychiatry and Nursing are being explored to help address the talent pipeline shortage. The ICS is also in the early stages of developing a paediatric workforce strategy.

10.The Local Context

10.1 Local Data

- Sheffield broadly performs well as individual organisations, with pockets of good integrated practice
- The sector employs more than 38,000 staff in Sheffield – 10% of the city's working population
- In 2018 there were approximately 3,389 voluntary and community sector organisations with 51% of these providing health, welfare, and social care[6]
- The voluntary sector in 2018 had 29,500 paid staff, 97,325 volunteers and contributed £287m to the Sheffield economy[4]
- Sheffield acute care turnover and vacancy rates are lower than the England average
- Adult social care vacancy rates are lower than the national average, although turnover rates are higher[7].

[6] Harris, J., Rimmer, M. (2018) Sheffield State of the Voluntary and Community Sector 2018. School of Health and Related Research The University of Sheffield.

- In 2014/15 the percentage of individuals with a long-term illness, disability or medical condition diagnosed by a doctor at age 15 was 13.6% in Sheffield, which is similar to the national average of 14.1% *(fingertips).*

- Emergency admissions of children under the age of 19 in Sheffield for long term conditions are increasing or remain high:
    - For epilepsy were at 54.2 per 100,000 in 2016/17 this is an increase from the previous two years but is still lower than the peak rate of 76.3 per 100,000 in 2013/14[8]
    - For diabetes were at 55.0 per 100,000 in 2016/17 which has increased year on year for 4 years[8]
    - For asthma the rate has decreased for 4 years to 109.0 per 100,000 in 2017/18 but still remains higher than both epilepsy and diabetes[8]
    - The number of children with autism known to schools per 1000 has increased from 16.7 in 2015 to 22.4 in 2018 which is a more dramatic increase than the England average[8]

- There is an increasing and serious prevalence of childhood obesity. Overweight children are more likely to require more medical care, be absent from school, experience health-related limitations and have mental health problems. The risks of going on to develop Type 2 Diabetes are also higher *(NHSE).* In Sheffield the prevalence of obesity in year 6 children was at 21.1% as of 2017/18 compared to 15.5% in 2006/07[8]

- The principle driver of demand for healthcare illness is not age – it is increasing multi-morbidity

- The onset of multi-morbidity occurs 10-15 years earlier for people in the most deprived areas than those in the most affluent areas

- Sheffield is one of the 20% most deprived Local Authorities in the UK, whilst also containing some of the most affluent 1% of areas. 1 in 4 children live in poverty. Health outcomes match these extremes

- The rate of households in temporary accommodation (per 1,000 estimated total households) for Sheffield was 0.5 compared to the national average of 3.4. The number of households in temporary accommodation was 77 in 2016/17 but for 2017/18 this had increased to 116[9]

- The 2018 rough sleeping rate (per 10,000 households) for Sheffield was 1.1 compared to the national average of 2.0 (this accounts for an estimated 26 rough sleepers in 2018, a rise from 10 in 2014)[10]

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[7] CQC LA area data profile: older people's pathway July 2018

[8] https://fingertips.phe.org.uk/

[9] Public Health England (2019) Wider Determinants of Health - Statutory homelessness - households in temporary accommodation. Public Health Profiles.

- Domestic abuse-related incidents and crimes recorded by the police per thousand, were 31.3 in Sheffield compared to the national average of 25.1 in 2017/18. This is a slight increase from 2015/16 where it was 28.9[11]

- The number of emergency hospital admissions for violence (including sexual violence) per 100,000 population in Sheffield was 48.8 for 2015/16-2017/18 compared to the national average of 43.4. This figure has reduced year on year since 2011/12-13/14[12].

The system invests £1.1bn in the Sheffield care system – in an increasingly challenging context:

- 97% of this money is spent on treating illness, 3% on prevention
- In a context of increasing multi-morbidity, the challenge is to balance the gap between anticipated costs and the funding available
- By 2024 an additional 21% of funding will be required to simply keep pace with the current levels of demand.

10.2 Health and Wellbeing Strategy

Sheffield's Health and Wellbeing Board launched its new strategy in July 2019. Adopting a life course approach to tackle the inequitable distribution of health and wellbeing across the city, it contains 3 chapters:

i. *Starting Well:* laying the foundations for a healthy life
ii. *Living Well:* ensuring people have the opportunity to live a healthy life
iii. *Ageing Well:* considering the factors that help us age healthily throughout our lives

This workforce strategy aligns with the Health and Wellbeing strategy. The ACP workstreams and priorities outlined in 'Shaping Sheffield' have been mapped across the Health and Wellbeing Strategy's 3 chapters.

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[10] Ministry of Housing, Communities & Local Government (2019) Live tables on homelessness - Rough sleeping statistics England autumn 2018: tables 1, 2a, 2b and 2c.

[11] Public Health England (2019) Wider Determinants of Health - Domestic abuse-related incidents and crimes - current method. Public Health Profiles.

[12] Public Health England (2019) Wider Determinants of Health - Violent crime (including sexual violence) - hospital admissions for violence. Public Health Profiles.

10.3 Shaping Sheffield

The workforce strategy is a key priority within the 2019-2024 Shaping Sheffield Strategic Plan. Our vision for workforce to '*create a flourishing and thriving Sheffield by developing our people in a joined up way to deliver holistic, person-centred and integrated care*' contributes directly to the overarching ACP vision of providing '*prevention, well-being and great care together*'.

The Shaping Sheffield Plan was developed following widespread consultation with ACP partner staff and members of the public during January and February 2019. Workforce and culture were recurring themes through all of the consultation events. All of the points raised have been considered and incorporated within this strategy, alongside the feedback from the workshops dedicated to securing staff and public input to the workforce strategy.

Our Shaping Sheffield Plan has identified six priorities; 1. Starting Well. 2. Neighbourhood Development. 3. All Age Mental Health 4. Reducing Smoking 5. Ageing Well. 6. Promoting Prevention. This workforce strategy will enable our plans.

The SEND and CQC Local System reviews highlighted a fragmented care system, inconsistent & confusing to access:

10.4 Joint Ofsted and CQC Local Area SEND Review

This review in November 2018 highlighted the following:

- The lack of a co-produced, coherent vision and strategy for SEND (Special Educational Needs and Disabilities) in Sheffield
- A lack of communication, clarity and consistency in the relationship between the local area leaders, parents, carers, children and young people
- Poor strategic oversight of SEND arrangements by the CCG, which results in unacceptable waiting times for access to specialist equipment and appropriate pre- and post-diagnosis support and children and young people's needs not being met
- Weaknesses in commissioning arrangements to remove variability and improve consistency in meeting the education, health and care needs of children and young people aged zero to 25 with SEND
- The quality and timeliness of Enhanced Health Care (EHC) plans
- Inconsistencies in identifying, assessing and meeting the needs of children and young people with SEND in mainstream primary and secondary schools
- Weaknesses in securing effective multi-agency transition arrangements for children and young people with SEND.

Our subsequent Statement of Action commits to us having '*a workforce that is equipped with the knowledge and skills to provide consistent support for children and young people'.* We will have:

- A citywide training offer for SEND, which will be published and delivered across all services that support children and young people. This will include but not be limited to training on:
  - Person centred practice, including communication
  - A graduated approach to meeting SEND needs
  - SEND statutory processes
  - The role of the Special Educational Needs Co-ordinator (SENCO)
  - Providing and implementing assessment information and support
- Training videos will be published on the local offer outlining a range of training areas that will support communication to parents and young people as well as practitioners. This will include around statutory processes and support

10.5 CQC Local System Review

In the spring of 2018, the Care Quality Commission carried out a Local System Review of Sheffield's health and care support for older people. Sheffield was one of twenty areas chosen by CQC for a Local System Review because performance was not as good as many other parts of the country on a number of measures, including:

- Higher than average numbers of older people being admitted to hospital, and once there, many older people having to wait a longer time than should be expected before returning home
- Where they needed support in their own home to be able to leave hospital, it too often took significant time to arrange this
- When they received support at home to help them recover after being in hospital, after 3 months had passed they were more likely than older people in many other areas to be back in hospital, or perhaps having to be supported in a care home.

Our plan in response to the recommendations arising from the review identified key themes for action:

- A way of working that is built around acknowledging and improving older people's views and experiences and which drives a citywide vision
- A shared citywide workforce strategy to support front-line staff in delivering this vision and in particular further develops multi-agency working
- Clearer governance arrangements to ensure stronger joint-working between organisations and greater involvement for our Voluntary, Community and Faith sector

- A meaningful shift to prevention at scale, supported by clear commissioning arrangements and digital interoperability
- Strong system focus on enabling the right support from the right person in the right place at the right time, to give the best possible experience for older people and to ensure the best use of resources

Specifically related to workforce, we committed to:

'Develop a joined up city-wide strategy for the workforce across the NHS, SCC, VCSE, and private sector that makes progress on shared strategic workforce issues, delivers a great staff and user experience and ensures stronger engagement with the front-line'.

10.6 Joint Commissioning

In order to enable the ambition of more integrated working, commissioners from both health and social care are working together to develop a single commissioning plan for Sheffield. This builds on the Better Care Fund and Section 75 Agreements already in place in the city, strengthening how we make best use of the Sheffield pound, and designing integrated ways of working to reduce reliance on hospital and long term care.

This new commissioning approach has an aligned set of principles with the Shaping Sheffield Plan including reduction of inequalities; the development of preventative and person centred approaches; care closer to home and the provision of support through neighbourhoods and localities. Initial priorities identified by the Joint Commissioning Committee are frailty, SEND and mental health.

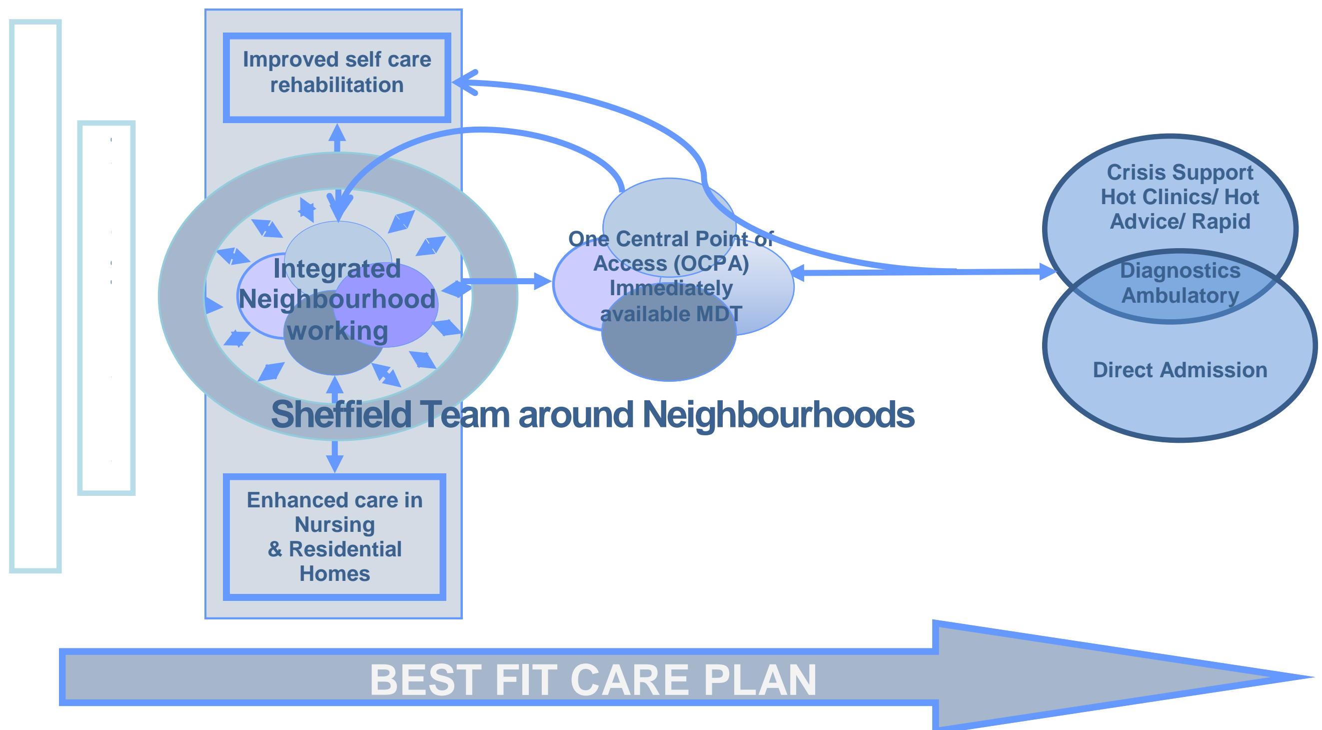
Payment reform was a recurrent theme within the consultation events held in the development of this strategy. There was a particular desire to see a move towards longer term contracts for staff and providers, to facilitate more sustainable impact from the investment.

10.7 A New Integrated Model of Care

We know that the non-elective pathway does not always provide the best experience for our citizens, as individual stories demonstrate and the CQC Local System Review patient experience data showed.

A new model for integrated care has been developed by senior clinicians across STH and the CCG. This work began with a focus on the primary, community and front-door processes to consider how the system can better keep people well and out of hospital. Inevitably the discussions strayed beyond physical health and the NHS to social care, mental health and the contribution of the VCSE. The model has been discussed by the ACP's Executive Delivery Group and wider conversations are taking place across the system to discuss how we can make this model a reality of practice.

This model supports the “Ageing Well” priority of Shaping Sheffield, one of our identified 5 priorities. Our workforce strategy will need to help enable this care model alongside the changes planned for dementia care, homecare and other areas of work affecting those living with frailty or at risk of becoming frail.



11. **Key Strategies and ACP Workstreams**

11.1 Sheffield Primary Care Strategy

In early 2019 the primary care strategy for Sheffield was refreshed to reflect the NHS Long Term Plan, which was published in January 2019.

As society develops and medicine advances to keep pace with the changing population and its evolving health needs, the NHS must transform in order to ensure the future services are responsive to their users and are sustainable in the longer term.

The Primary Care Strategy aims to ensure that the people of Sheffield have excellent local, joined up, sustainable primary and community support to enable them to live their lives to the full.

To do this, we will therefore shift the focus of care and support towards primary and community care. We will do this through the development of provision at the relevant scale including existing services, such as General Practices, mature neighbourhoods wrapped around Primary Care Networks and City-wide solutions.

This Primary Care Strategy therefore aims to:

- Have high quality, sustainable primary care services that are fit for purpose now and in the future
- See health, social and voluntary care services working collaboratively for the benefit of individuals with a key focus on neighbourhood development and population health outcomes
- Work with system partners to address the wider determinants of ill health by taking a positive approach to prevention and supporting neighbourhood development across Sheffield.

11.1.1. Primary Care Workforce:

There is a well-publicised workforce shortage across Primary Care with a training and employment gap in GPs and Practice Nurses nationally. Sheffield has already seen a wide-spread adoption of new roles including Nurse Practitioners, Clinical Pharmacists, Physicians Associates, First Point of Contact Physiotherapists and the recent recruitment of first point of contact mental health workers (as part of our neighbourhood transformation pilots). There are several schemes supporting this diversification of the GP workforce from Higher Education England (HEE) and NHS England, the largest of which is within the PCN Direct Enhanced Service (DES), which offers subsidies for:

- Clinical Pharmacists and Social Prescribing Link Workers from 2019
- Physiotherapists from 2020
- Physicians Associates from 2020, and
- Paramedics from 2021

One of the priorities for the Primary Care Delivery Board is developing a Primary Care Workforce strategy and workforce plan which interlinks directly to the Shaping Sheffield plan. The strategy will cover 3 main areas:

i. Sheffield's approach to the workforce requirements in maintaining current activity in Primary Care, replacing the natural turnover of staff and wherever possible increasing efficiencies and relieving demand pressures with appropriate diversification of staff.
ii. Sheffield's approach to the development, and implementation, of new roles across PCNs and Neighbourhoods. This will include consideration for the use of staff in multi-organisational, multi-professional teams.
iii. Sheffield's approach to the roles required in Primary Care to deliver any additional activity transferred from other settings.

Data is currently being collected to support this strategy and the strategy is being written in conjunction with the South Yorkshire Workforce Hub. It will be interlinked with the recently drafted Shaping Sheffield strategy.

The strategy will address specific issues in:

- Defining the training and OD requirements alongside the recruitment and development of staff.
- Considering the redevelopment of the GP role as a consultant generalist

- Completing accurate baselines for Primary Care in Sheffield and projecting retirement figures for the next 5 years. From this data, we intend to identify gaps in projected workforce and feed these into our plans.
- Developing career pathways
- Supporting the recruitment of additional roles and exploring international recruitment
- Understanding our recruitment and retention plan as a city
- Understanding how Sheffield interlinks strategically with neighbouring Health and Social Care economies, ICS, Health Education Yorkshire and Humber and education and training providers to identify all opportunities for developing the workforce required
- Working jointly with relevant partners to create placement and mentoring opportunities, create new roles and inform the development of training and education courses. We want to make Sheffield a place that people want to work in and stay working in.

11.2 Young Carer, Parent and Adult Carer Strategy

Sheffield has a joint multi-agency Young Carer, Parent and Adult Carers Strategy (2016-2020) which sets out the challenges that carers face, the impacts on their lives and a set of principles for providing support. The unpaid contribution of the city's 60,000 carers is a crucial element of the health and social care system, and is valued at around £1,186 million. One of the underpinning principles of the Carers Strategy is that 'Carers are respected as partners in the delivery of support, care and recovery' and are supported across the city by all organisations, so that they can continue to provide care.

11.3 Mental Health and Learning Disabilities

As part of the Physical Health Implementation Group, linked to the ACP's Mental Health and Learning Disabilities (MHLD) Board, a workforce, education, training and development workstream has been established to explore how we can ensure that frontline workers/partners have the knowledge, skills and attitudes to deliver holistic care. This includes a consideration of new roles and ways of working that could deliver physical health checks, interventions and holistic action plans for person centred approaches and support. Key questions covered by the group are:

- How to ensure frontline workers/partners have the knowledge, skills and attitudes to deliver holistic care?
- What can be done to ensure frontline workers/partners are able to ensure people have their full physical health check each year including self-care?
- What needs to be available and how will we do this?

11.4 Pharmacy

The ACP Pharmacy Transformation Group is carrying out a mapping exercise of the pharmacy workforce in Sheffield to form part of a wider SYB ICS pharmacy workforce mapping process. A

group member is leading on work at ICS level to articulate the stocktake of the current situation, outline a vision for the pharmacy workforce and make recommendations for how the vision might be achieved. The paper to be delivered to the Local Workforce Action Board (LWAB) in September 2019 will focus particularly on the risks to the system and impact on patient health should the necessary workforce planning and transformation not take place. It will include illustrations about what might be achieved. The Group is also exploring potential for system-wide approaches to recruitment to the new NHSE pharmacist roles within Primary Care Networks and the provision of medicines experts across Sheffield in specialisms such as mental health, frail elderly and de-prescribing. It is also keen to establish system-wide training provision for pharmacy professionals, integrating across the ICS where applicable.

11.5 Dementia Strategy

A Dementia Strategy for the city was developed in 2018, which calls for local action to transform dementia care.

On average, a person can live with dementia for a further 10 to 15 years post diagnosis. Given the rise in the number of people living well into their seventies and eighties in the UK, this means dementia is an increasingly important factor in relation to healthy life expectancy.

It is therefore increasingly important that our workforce is skilled to recognise dementia and provide the care and support to people and their families living with the dementia. There are several specific commitments made in the dementia strategy that involve how our local workforce will need to develop, a few key examples are outlined below.

- All public sector employees in the city will receive the appropriate level of dementia training for their role
- Increased awareness about the risk factors and progression of dementia in health and social care staff
- Closer working between specialist dementia services and local communities.
- There will be an increased awareness across health and social care staff about the issues faced by carers and the importance of providing timely support
- Health and social care providers will be better skilled to facilitate those early conversations about advanced care planning.
- Care planning information will be shared better across organisational boundaries.
- Care homes will receive on-going specialist dementia training.

12. Themes for Change

Throughout the consultation, staff and members of the public were asked to identify both barriers facing the Sheffield health and social care workforce, as well as ideas for addressing these barriers. These have been consolidated into the following headings:

1. Culture
2. Person-Centred Approaches
3. Staff Wellbeing
4. Valuing the Unpaid Workforce
5. New Ways of Working
6. Recruitment and Retention
7. Learning and Development

Section 2 of this strategy, on pages 28 to 35 outlines the vision, challenge, priorities and intended benefits for each of these headings. There will be further development of this implementation plan into a tangible set of actions to implement this strategy upon the strategy's approval.

13. **Our 2019-20 Priorities**

The most pressing priorities for 2019/20 are:

i. There is a national and international shortage of staff across almost all professions in the sector. The development of Primary Care Networks and the new roles being employed within them will exacerbate this problem. While there is work being undertaken nationally, across the ICS and in our universities to increase training places and student numbers, this will not be enough to address the full scale of the problem. We need to develop a strong 'Brand Sheffield' that is consistent across the ACP to promote the benefits of living and working in the city, with the intention of attracting new recruits to work here. This will be completed and in use by March 2020.

ii. Developing a person-centred city is central to the Shaping Sheffield strategy. We will develop a set of organisation development approaches to embed this way of working in our frontline staff. This will focus on the practical application of the 'what matters to you'[13] approach, bringing together staff from across the system and embedding other key messages identified in this strategy and within Shaping Sheffield (such as the integration of physical and mental health, children's and adults). This development will be implemented by March 2020.

iii. Care home staff have the potential to make a significant contribution to reducing the numbers of urgent admissions to hospital. There are currently numerous pockets of support being targeted at care homes, running the risk of overburdening an already stretched workforce and forcing them to disengage from the wider system. We will pull all of this

[13] https://www.whatmatterstoyou.scot/

activity into a co-ordinated package of support for this section of our workforce by the end of December 2019.

iv. The impact of leadership and culture on our workforce cannot be under estimated. We will develop a strong community of capable, resilient leaders across the city and within Primary Care Networks, who are able to lead within and on behalf of organisations, systems and places. To do this, we will implement and embed system leadership and organisation development programmes to ensure that our workforce is motivated, empowered, capable and confident to provide '*prevention, well-being and great care together'*. This will include;

   a. further cohorts of 'Leading Sheffield', and

   b. the extension of 'Collaborate' across other Primary Care Networks, with the intention of coverage across at least 6 PCNs by December 2020

   c. the development of an ACP leadership community during 2020, bringing 'alumni' from multiple leadership programmes together to continue their development and to enable their contribution to strategic system priorities

v. There is a disparity in staff access across the system to good quality development – those employed by the large statutory organisations benefit from extensive organisational development programmes whereas those working in primary care, the voluntary sector, independent care homes or as Personal Assistants, do not have access to this level of support. The apprenticeship levy is one source of funding that will help to redistribute some of this development support across the system, and our statutory organisations will lose access to significant unspent apprenticeship levy monies in 2020. We will explore options for 'gifting' this to primary care, the voluntary sector etc to enable them to invest in staff development. An agreed process for developing this will be in place and widely communicated by March 2020, with the first apprenticeships in post by September 2020.

14. Next Steps

14.1 Consultation

All ACP partners, trade unions, representative bodies, members of the public, the South Yorkshire and Bassetlaw ICS and other organisations involved in health and social care across the city will have the opportunity to provide feedback on this draft strategy.

Governance arrangements, as outlined below, will be established during the consultation period to ensure swift progress with our identified priorities.

14.2 Governance

This strategy and the ensuing plan will be managed through the ACP’s Workforce and OD Transformation Workstream, on behalf of the ACP Board.

Section 2

Implementation Plan

1. Culture:

We will develop a culture across health and care in Sheffield that embraces integration, builds trust across organisational boundaries, recognises the contribution of staff at all levels of the hierarchy and from all parts of the sector, and places the Sheffield citizen at its centre.

The Challenge:

- Culture is heavily reliant upon local working practices, in particular management and leadership capabilities. These are variable across the ACP
- Culture is currently closely aligned with organisational structures and individual management capability, with limited system culture or sense of belonging
- Members of the public, carers and the voluntary sector are not systematically involved in the development of new models of care or provision

Aims:

1. Develop a leadership culture at all levels of the system, linking organisational-specific development to ensure consistency of message and culture. Specifically, build on the early successes of 'Leading Sheffield' and 'Collaborate'
2. Develop a community of system leaders, providing the opportunity to share good practice, build cross-system understanding and relationships and develop system leadership capability
3. Ensure that managers at all levels have access to good quality management development
4. Develop a culture that embraces difference in its very widest sense; including going beyond protected characteristics to valuing different perspectives and building trust (links with Staff Wellbeing)
5. Embed executive system leadership development to develop trust and understanding between and across ACP partners
6. Senior teams to be more open and transparent to staff and public around decision-making, inviting the contribution of all at the earliest opportunity
7. Make best use of the assets we already have in the city; existing staff skills, plus knowledge and experience of the public.

Expected benefits:

- The development of excellent system leaders across the ACP will lead to integrated working being the accepted norm
- Consistent expectations and performance of all managers across the system will impact on staff wellbeing and performance and people's experiences
- Valuing, listening to and acting upon the contribution of staff and the public will create a stronger system that all are engaged with

2. Person-Centred Approaches:

'Enabling the people of Sheffield to live a life they value, and allow people and communities to have greater control over what matters to them'

The Challenge:

- Different interpretations of the meaning of the term 'person-centred' are made across the ACP, and a lack of clarity about how it applies to personal practice to facilitate consistency across all parts of the sector
- There are some excellent examples of where this works well in the city, but this is not consistent across all areas

Aims:

1. All staff to be educated in and to adopt the ethos of "what matters to you" and implement this in a way appropriate to the care setting
2. Provide staff with the tools and knowledge to enable them to implement Person-Centred approaches in every stage and aspect of the person's journey – not just at the point of care
3. Focus on the needs of service users, families, carers and communities rather than organisations, using an asset-based approach, empowering and enabling people to manage their own health
4. Implement integrated (cross sector) development for all staff
5. Identify all methods and opportunities to embed the approach into recruitment, training, appraisal, and everyday communications to staff. Different organisations may have different ways of disseminating this understanding across their organisations but the message will be consistent across the system
6. Working with neighbourhood teams, the voluntary sector and the public, develop the Link Worker roles to provide people with guidance about, and support to access additional, peripheral services that can improve their overall care experience and holistic wellbeing.

Expected benefits:

- Confidence and knowledge to advise and refer people to a range of services; enabling them to manage their own health and wellbeing
- People, including children, feel empowered to engage and influence their care provision
- A reduction in the numbers of preventable illnesses and the numbers of inappropriate appointments / A&E attendances
- Improved perceptions around fairness and equitability of service provision.
- Focus on people and their personal needs (this includes children) rather than on their illness or care needs in isolation
- Improved openness, transparency and access to available appropriate services and care provision.

3. Staff Wellbeing:

The ACP employs more than 38,000 staff across Sheffield. A focus on the health and wellbeing of these staff will have an impact beyond these individuals, and will have a significant impact on changing the culture of the system.

The Challenge:

- Long, busy shifts and staff shortages can make it difficult for staff to take sufficient breaks. This inhibits the ability of staff to eat healthily and exercise regularly, with a detrimental effect on their longer term health and wellbeing
- Staff shortages also place pressure on managers to fill gaps, sometimes at the expense of ensuring staff wellbeing
- In the 2018 NHS staff survey 27.7% of staff felt that their organisation took positive action on health and wellbeing (STH, SCH, SHSC average)
- Our BAME and LGBTQ+ staff are more likely to report bullying and feeling undervalued than other staff groups. In the 2018 NHS staff survey 17.3% of BME staff said they experienced at least one incident of bullying, harassment or abuse from other colleagues and 10.9% from managers, compared to 14.1% and 9.5% of white staff (STH, SCH, SHC averages). For LGBTQ+ staff this was 20.8% from colleagues and 13.8% from managers whereas for heterosexual staff this was 12.4% and 9.7% (STH, SHSC average).
- Variability of management and leadership capabilities has an impact on staff wellbeing, motivation and effectiveness
- As care is transferred to take place closer to home, community teams will face increasingly complex cases, which they may not have the resources to address and which could also impact on their own wellbeing

Aims:

1. All ACP organisations to develop health and wellbeing strategies, with consistent KPIs (linked with the ACP prevention priorities), narrative and available support
2. Address cultural and equality issues through developing consistent employment processes, policies and development activities to ensure that all our organisations embrace difference in all its guises
3. The identification of 'Centres of Excellence', where support is offered across and beyond organisational boundaries in areas such as management development and occupational health, ensuring that managers at all levels are included
4. Embed system leadership development at all levels
5. Develop consistently good approaches to supporting staff with their mental health to include regular, scheduled de-briefs for staff working in communities
6. Develop consistent policies and approaches to supporting staff as carers
7. Ensure that every organisation role models excellence in health and wellbeing for their staff

Expected benefits:

- More adaptable / flexible workforce available across the organisations
- Improved culture, accepting of difference in all its guises, will lead to improved staff retention and improved effectiveness
- System leadership development will foster culture change and enable staff at all levels to promote and drive transformational change
- Managers across the system will be competent and confident in supporting staff in identifying and dealing with mental health challenges, enabling all staff to be fully effective in work
- Improved quality of care and support from better motivated and supported staff will lead a reduction in complaints and an increase in compliments

4. Valuing the Unpaid Workforce:

Approximately 50,000 volunteers work across the sector in Sheffield, and 10% of Sheffield residents are unpaid carers. This work is typically under the radar and is not recognised as the significant contributor that it is (estimated to bring c. £700m into the Sheffield economy). The value of Carers to the health and social care sector in Sheffield is equivalent to £1,186,000,000 per annum (2015).

The Challenge:

- Every day, an additional 55 people in Sheffield take on caring responsibilities for the first time. There is excellent support from voluntary organisations, although they have direct knowledge of just a fraction of the number of carers in the city. Most carers cope alone or with support from wider families and neighbours. With enhanced support we could do much more to reduce urgent admissions to hospital, and ensure greater wellbeing of both the individual being cared for and the carer.
- Volunteers are a bedrock of the VCS community, which in turn provides invaluable support to people across Sheffield in health and care. Yet volunteers have access to very few of the opportunities that our staff have access to, eg development opportunities.

Aims:

1. All aspects of this workforce strategy will consider the inclusion of the unpaid workforce (including unpaid carers) across the system
2. Work closely with carers and carers organisations to develop and implement support in line with (and where appropriate, integrated with) other workers in the sector
3. Build community independence through developing volunteers, opening up development opportunities that staff have access to, to those volunteering in the sector
4. Promote volunteering to all staff as a development opportunity
5. Offer work experience to service users within that service.

Expected benefits:

- Greater support for unpaid carers will reduce avoidable admissions to hospital, support the carers' wellbeing and reduce the risks of the carer's health deteriorating
- Raising the profile and value of the volunteer workforce will encourage people to stay and take up volunteering roles
- Developing more opportunities and support for volunteering will support talent attraction

5. New Ways of Working:

Emerging models of practice (eg neighbourhoods, OCPA) will require staff to develop new skills to deal with increasing complexity in caseloads, and adopt a more integrated and holistic approach.

The Challenge:

- As care is transferred closer to people's homes, community teams will face increasingly complex cases, which they may not have the resources to address and which could also impact on their own wellbeing
- The numbers of people with multi-morbidities is growing, and multi-morbidities are more common than uni-morbidities (section 8.1). This will require staff to implement new ways of working and develop new capabilities in order to embed person- and family-centred approaches
- Technological advances have the potential to transform the way our staff work. The digitisation agenda outlined in the Long Term Plan is ambitious, and we need to ensure that our staff are equipped with the capabilities and confidence to realise its potential impact
- New roles, many linked with the new Primary Care Networks (PCN), are developing at pace. System working and system leadership will be critical to ensure high value integrated working.

Aims:

1. Working closely with the PCN Clinical Directors and People Keeping Well networks, develop and implement support plans for staff working within the new Primary Care Networks, to assist the shift to new ways of working and a shared understanding of everyone's roles. These could include, for example, the establishment of mentoring programmes between generalist and specialist clinicians
2. Upskill staff to enable them to adopt a holistic physical / mental health approach in line with the dementia strategy and supporting the work of the Mental Health and Learning Disabilities workstream
3. Develop cross-sector posts / secondments / job shadowing / learning and development opportunities between children's and adults' services, physical and mental health and statutory and non-statutory organisations
4. Work with care homes and (paid and unpaid) carers to create a holistic approach to developing capability

Expected benefits:

- High impact integrated community teams will facilitate person-centred approaches, increased personal responsibility for own health and wellbeing, greater prevention of avoidable ill health and a delay in the onset of health conditions.
- Deeper understanding of everyone's roles across the system will lead to more effective working and improved care and support for individuals.

6. Recruitment and Retention:

Health and Social Care will be an aspirant sector for a wide variety of school leavers to work in, recognising the depth and breadth of career opportunities, which are aspirational to all of our communities. Staff will be proud to work across the sector, motivated and able to bring their whole self to work and take personal responsibility for creating better care and health for the Sheffield population.

The Challenge:

- Recruitment is currently conducted at an organisational level for almost all roles. Filling gaps in one organisation often means creating gaps in another part of the system. This problem will be exacerbated with the additional roles funded through Primary Care Networks with insufficient national planning for training a larger pipeline to fill the gaps those appointed will leave behind
- The range of job roles and opportunities on offer across the system is not recognised amongst school, college and university leavers
- Our workforce does not adequately represent the communities we serve. E.g. 14.6% of our workforce is BAME compared with 16% of the Sheffield population. BAME communities are not proportionately represented at all levels of our organisations.

Aims:

1. Develop a shared 'Brand Sheffield' narrative – selling Sheffield as a place to live and work
2. Develop system-wide recruitment and retention strategies, incorporating shared roles
3. Secure agreements from all partners on consistent application of employment processes and policies to facilitate cross-system working. This will include, but is not restricted to; Agenda for Change job matching, induction, mandatory training, appraisal and core line management processes
4. Embed core behaviours (eg a commitment to prevention) into all roles
5. Work with the ICS recruitment team to ensure sufficient emphasis is placed on Sheffield-based education leavers within their recruitment approach
6. Develop a diversity plan to ensure our workforce accurately represents the communities it works within
7. Develop new options for cross-system roles making use of the apprenticeship levy, sharing access to this across the ACP.

Expected benefits:

- The development of whole-system recruitment strategies and the development of career pathways will minimise the movement of gaps across the system and start to reduce the level of vacancies
- Greater efficiency in recruitment as organisations pool resources to eliminate duplication
- Better representation of our communities among our workforce will generate greater engagement from the public with health and social care

7. Learning and Development:

The ambition of this strategy is **to create a flourishing and thriving Sheffield by developing our people in a joined up way to deliver holistic, person-centred and integrated care**. Learning and development clearly plays a critical role in enabling this.

The Challenge:

- Some of the 38,000 workforce have access to excellent learning and development, but this is not consistent across the sector
- Rising complexity and multi-morbidity profiles, in addition to the development of new ways of working (eg the need for greater integration of physical and mental health support and the transfer of care closer to home) demand new skills from staff across all ACP partners
- The introduction of new roles, particularly in health, will require a change in the way that other traditional roles are conducted
- Support for care home staff has increased in recent years, but it is disjointed and its impact is unknown
- The voluntary sector and primary care do not have access to the same funds (eg apprenticeship levy) as our statutory organisations.

Aims:

1. Work with care homes and care home staff to develop appropriate development and career pathways, create consistency in support and focus on prevention activities
2. Develop an agreement and process to share unspent apprenticeship levy monies with organisations in the sector who do not have immediate access to the required funds, particularly the voluntary sector, primary care and care homes
3. Agree the core skills where a common approach and language would facilitate enhanced integrated and prevention-focused working. This should include Quality Improvement skills
4. Embed rotational practice and cross-system job shadowing within probation and induction for key roles
5. Work with the universities and the ICS workforce teams to integrate priorities from this strategy into the curricula for all health professionals
6. Extend access to development and resources (eg libraries and online development) to all relevant parties working across the health and social care system, this includes the voluntary sector, police, education, care home staff and unpaid carers: the Sheffield

Expected benefits:

- A raised profile of the value of front-line health and care roles, increasing motivation and applications from outside the sector
- The development of a common language will facilitate integrated working, removing some of the barriers currently faced by staff in system roles
- Creating shared development opportunities will help build relationships and trust across organisational boundaries, leading to smoother journeys for people across pathways.