



Birmingham and Solihull
Integrated Care System
Caring about healthier lives

BSol Workforce Planning and Delivery Framework

Workforce Diagnostic

Birmingham and Solihull ICB (BSoL) Joint Forward Plan (JFP) describes how we will work together over the next 5 years to achieve:

- Health and Well-being
- Quality care for all
- Financial sustainable workforce model

Delivery will only be achieved if we have sufficient workforce with the right skills located in the right place, targeting areas requiring high workforce growth and new models of care. We will need to leverage our 'anchor institution' status as well as reduce reliance on temporary staffing focusing on areas requiring targeted workforce growth.

A '**workforce diagnostic**' was carried out across the ICB, which highlighted that BSoL is struggling to achieve net growth in some professions. Increasingly any growth is coming from international recruitment (163% increase since 17/18) and 93% of our workforce is in the acute sector.

Unless we take trend-breaking actions:

- In the **short term**, BSoL will not achieve in-year operational plans in terms of activity and finance.
- In the **medium term**, we are likely to lose more staff with an impact on the quality of care.
- In the **longer term**, we could fail to achieve JFP objectives of improved quality and reduced inequalities as we are unable to attract and move more skills and resource into the community. The key actions from the **NHS Long Term Workforce Plan (LTWP)** will also be factored into account, including how we develop 'one workforce'.

In response to the detailed workforce diagnostic the system has developed a cross sector Workforce Delivery Programme and governance structure based around 4R's, these are:

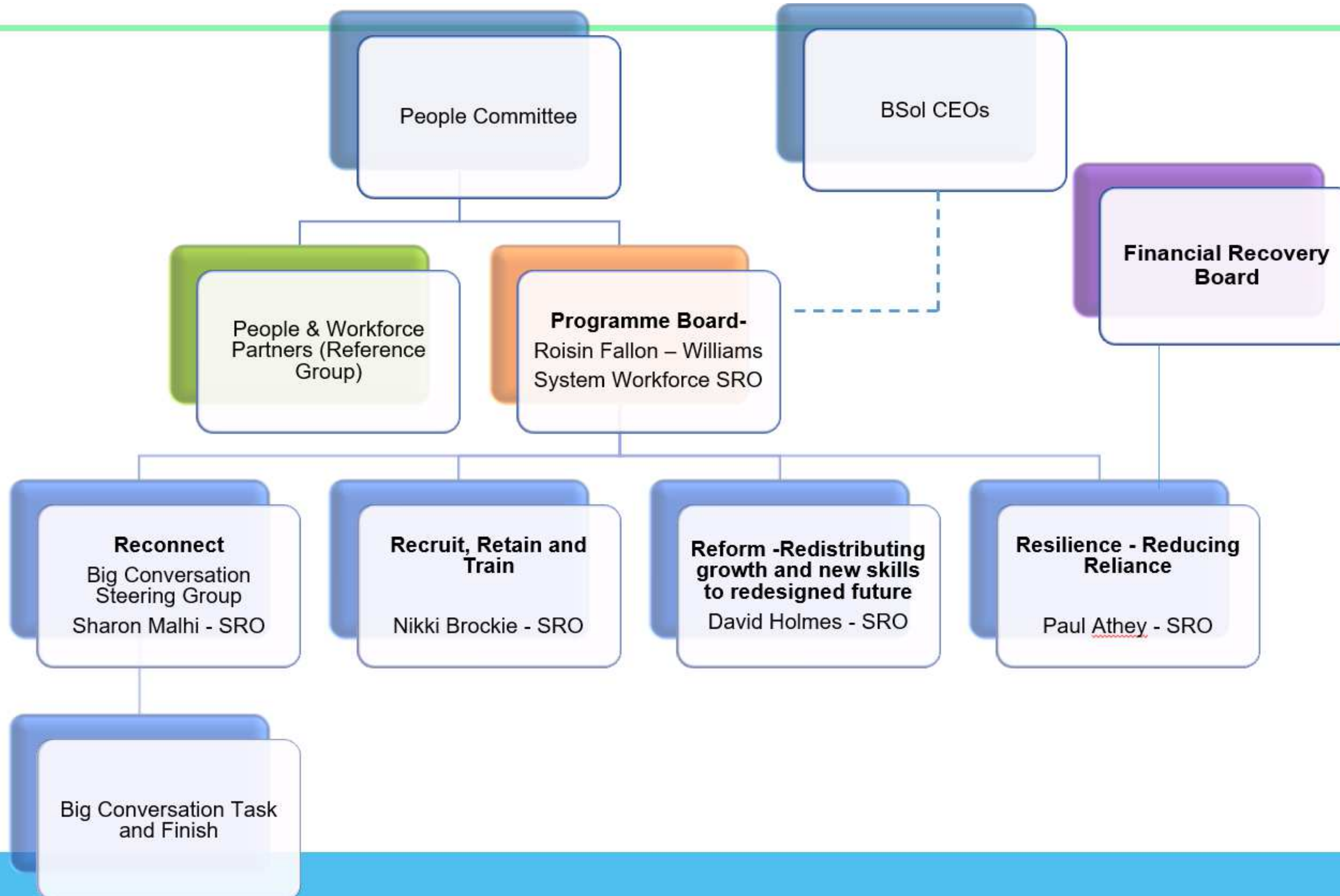
- Reconnecting with our staff
- Recruit, Retain and Train
- Resilience - reducing reliance on contingent actions
- Reform - redistributing growth and developing new skills

Overview

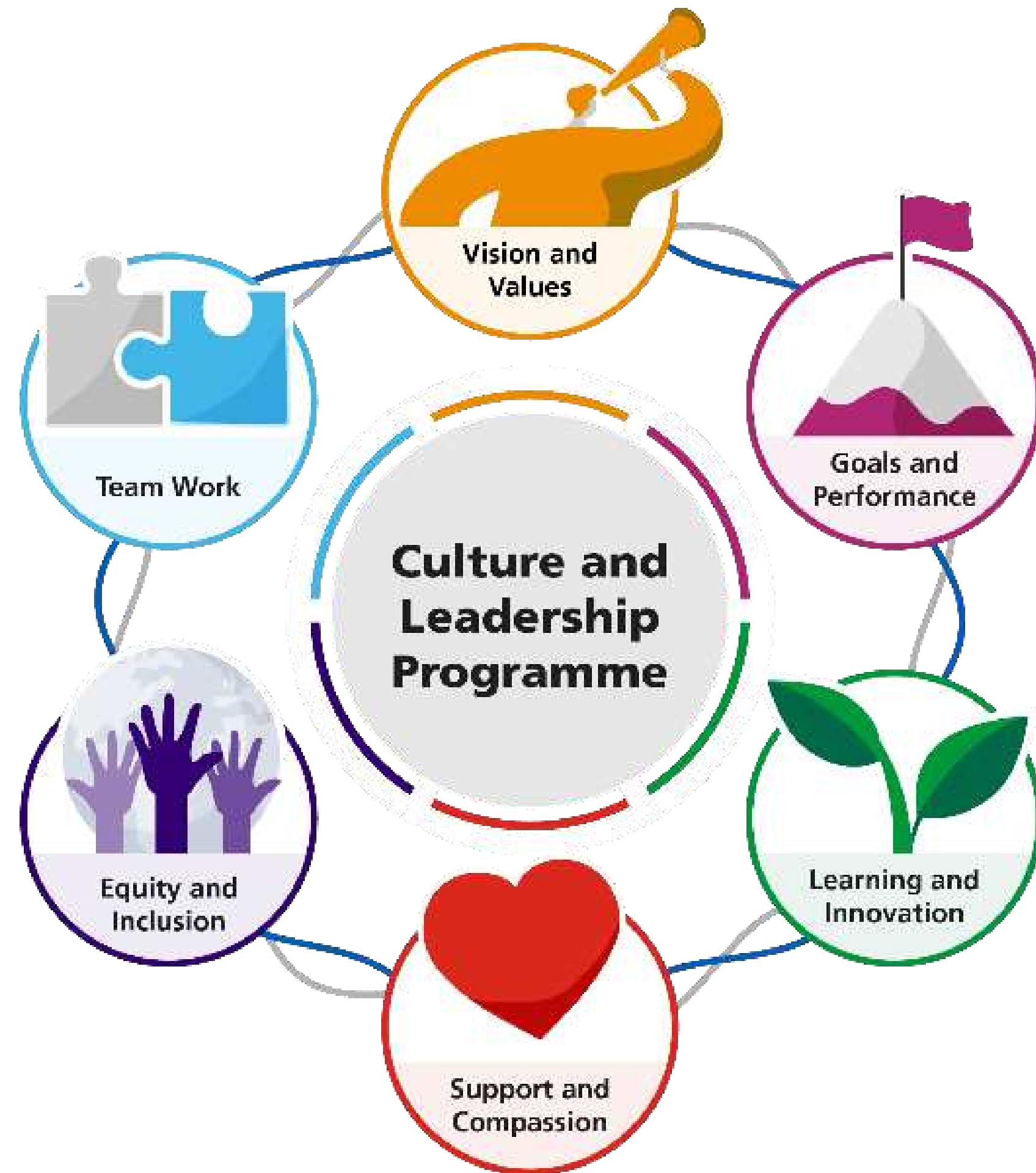
For each of the 4 R's, work has commenced with a named Senior Responsible Officer leading from across the system. The focus of the initial work has been to:

1. Agree how we will deliver with ambition to achieve the vision over the next 5 years, working in partnership across health and care and aligning work on existing programmes and projects to each workstream
2. Align the objectives to the Long Term Workforce Plan priorities and address the gaps
3. Develop the working group to support delivery and align to existing workstreams
4. Identify the resources required to deliver the plan using a scalable approach
5. Agree the measures of success and metrics for each area to track the impact of the work being undertaken

Workforce Delivery Programme- Governance Structure



BSol Culture Framework



Culture is made through relationships between people and the work they do.....

So what work can we do together that will support the collective culture we want?

Agreed Recommendation:

Culture and Leadership Programme approach used as our framework with elements of Civility and Respect, Clinical Leadership Framework and the emerging Care and Clinical Leadership culture maturity model

What are the elements of high quality care cultures?

What does good look like for BSol?

Evidence shows that there are six key elements in high quality care cultures.

Cultural Elements	Values	The way we do things at BSol
Vision and Values	Constant commitment to quality of care	Everyone taking responsibility in their work for living a shared vision and embodying shared values - whether that's our own trust or organisation values or the ICS values, we know what's expected for the working environment we're in and can use them to guide and challenge behaviour
Goals and performance	Effective, efficient, high quality performance	Commitment to deliver against our priorities as set out through the 10 year health strategy and joint forward plan, which will achieve progress in delivery against our outcomes framework
Support and compassion	Support and compassion for all patients and staff	Embedding respect for our patients and people through an aligned approach to just and restorative practice, and seeking out and listening to staff, patient and community voices
Learning and innovation	Continuous learning, quality improvement and innovation	A programme that enables everyone to understand and participate in iterative quality improvement and, where needed, drive transformational system change
Equity and Inclusion	Trust, transparency, health equalities, civility, pride, staff wellbeing, and innovation	We are developing an approach to ensure we all belong at BSol and everyone does inclusion. Developing and delivering our ICS EDI and HI strategy to recruit diverse talent, develop inclusive leaders, educate our people, and embed equity and anti-racist practice
Teamwork	Enthusiastic cooperation, team working and support within and across organisations	Everyone taking responsibility for effective team-based working, interconnectedness within and across organisations, systems thinking and supporting each other to enable flexibility for all

- Many of the elements needed to shift culture already exist within our system
- Retention evidence demonstrates change arises from running multiple interventions at the same time
- Opportunity to align these efforts and use senior support to make rapid progress through singular clear narrative on change required
- Organisation work won't need to be identical, just aligned and this framework can help us identify, celebrate and share best practice

Our Open Conversation

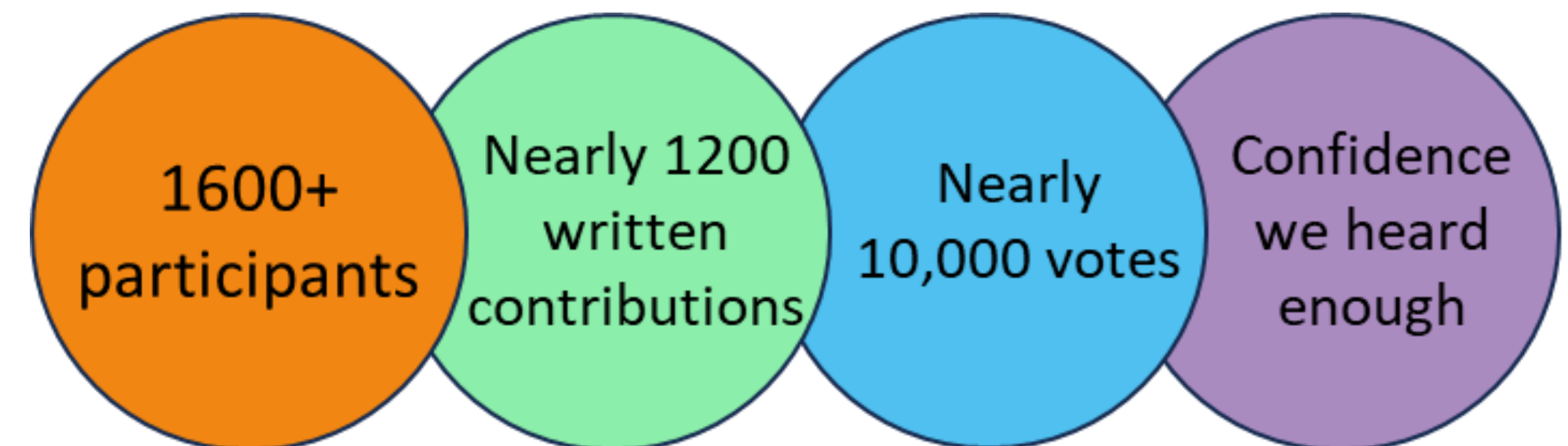
“We want to have an honest dialogue about what changes our staff want to see and what they think it would take to make Birmingham and Solihull the best place to work in health and social care”

Joint Forward Plan, Birmingham and Solihull Integrated Care System

We will host two psychologically safe online conversations open to everyone across Birmingham and Solihull Integrated Care System and our partners, allowing us to listen to the lived experiences of our people and understand the culture we want to create, and what we need to do to realise it.

The first Our Open Conversation completed Nov/Dec 2024 focused on:

- Reflecting on our values across the system - how our people feel about working at Birmingham and Solihull Integrated Care System and what behaviours people expect and no longer are willing to tolerate in order to be their best.
- Making Birmingham and Solihull the best place to work – what our people think we should start, stop or do differently to make Birmingham and Solihull Integrated Care System the best place to work.
- Using insights to prepare a first draft an **action plan to make the ICS the best place to work in health and social care.**



The second Our Open Conversation in Spring 2024 will be an opportunity to:

- Present our insights from the first **Our Open Conversation.**
- Present our action plan based on the insights from the first **Our Open Conversation** so that our people can check and challenge our thinking.
- Using insights to finalise the **action plan to make the ICS the best place to work in health and social care.**

Shifting the Balance: Reducing Reliance on Agency Workforce

The national NHSE led Operational Planning round has just commenced and requires all NHS organisations to complete detailed workforce planning trajectories for substantive, bank and agency staff, along with improvement trajectories to reduce sickness absence and turnover.

There is significant interest from NHSE in workforce growth across the NHS and it is generally regarded that workforce growth, and the corresponding challenge in improving productivity, is a key driver behind the NHS's current and underlying deficit position. Access to temporary staffing is part of a flexible workforce model and it is generally recognised that a stable, substantive workforce is best placed to deliver on our competing demands.

As such, all systems are expected to ensure there are clear controls on overall workforce numbers.

BSol controls include:

- Workforce plans should therefore clearly demonstrate the roadmap towards removal of agency and premium rate bank posts
- Organisations to prioritise growth in specific areas by mitigating this through tightened controls in other areas.
- All partners in the system acknowledge the importance of reducing reliance on agency staffing and premium rate bank staff, as part of 2024/25 workforce planning and for areas where there is regular usage of agency price cap or premium bank shifts, a clear action plan with dates and leads showing the actions in place
- The ICS will develop a process to work through potential mitigations or solutions at a system level. This could include work around service or workforce role redesign, in addition to traditional agency interventions

Enhancing Partnerships- BSol Education Collaborative

The Education Collaborative brings together a broad alliance of partners concerned with improving the education and development of the Birmingham and Solihull health and care workforce and NHSE have published a case study on the BSol approach; other systems are now adopting the approach. Link [here](#).

- A dashboard has been developed to monitor recruitment and retention of learners, identifying trends and areas of concern. This has been identified as best practice and the template will now be adopted by other systems.
- Clinical placement capacity expansion in Nursing, Midwifery and AHPs by securing external funding and delivery of innovative projects
- Increased student recruitment across key priority areas and broadening of entry points to programmes
- Reducing pre-registration attrition and improving retention, through adoption of good practice from national RePAIR programme
- **Establishment of the Social Care and VCSE Faculty** (April 2024 - one of seven partnership faculties)

Principles	Potential Remit	Proposed membership	Initial Priorities
<ul style="list-style-type: none"> • Adding value for BSol through collaboration on education at system level • Work on cross cutting themes in collaboration and co-design to deliver solutions • Aligned to workforce planning and service pathway development • Agrees system and place-based priorities • Link with other enabling groups and networks 	<ul style="list-style-type: none"> • Social Work education and placements (complementing collaborative work already done at West Midlands level) • Nurse education, training and CPD as defined in Social Care Nursing Workforce Plan. • Comprehensive programme of skills training for care workers in nursing, residential and domiciliary care - includes enhanced health in care and skills in integrated working • Links to Allied Health Professionals Faculty and Access Faculty for Apprenticeships • Education needs of Personal Assistants to direct payment recipients 	<ul style="list-style-type: none"> • BCC Social Care • SMBC Social Care • Skills for Care • HEIs and FE colleges • NHS ICB workforce and nursing leads • VCSE/PIV employer representatives • West Mids Care Association • West Mids Combined Authority • ADASS West Midlands 	<ul style="list-style-type: none"> • Confirm remit, priorities and target areas for intervention (where value can be added by working at a system level). • Map existing provision • Identify potential sources of funding • Agree work programme and delivery

Anchor Institutions - 'I Can' Programme

The I Can programme was developed as a system response, post-pandemic, to 'deliver 100 entry-level job opportunities each year for 3 years for unemployed and young people from economically disadvantaged areas across Birmingham and Solihull.'

- Engaged with over 4,300 jobseekers in last 2 years
- Over 500 people offered NHS roles. In all, 5 BSol NHS Trusts, and primary care, exploring how the programme can support social care providers
- >90% retention rate for those employed over 6 months
- Recruited over 20% more people from deprived areas than last year
- Shortlisted for the HSJ Awards twice in last 2 years
- Face-to-face engagement with communities within their own localities – linking with local charities/community groups
- Clients are supported through the whole application process. From first contact, to application, to interview, appointment and supported in their new role for up to 16 weeks
- After first year c90% retention rate for those employed 6+ months – which compares well with standard recruitment
- 70+% of job offers are for people from BAME backgrounds
- Successful recruiting across all age bands
- After first year UHB recruited 23% more people from deprived areas into Band 2 roles than previous year – face to face engagement is key
- Conversation classes developed to support clients whose first language is not English