# Local healthcare engagement

# User personas

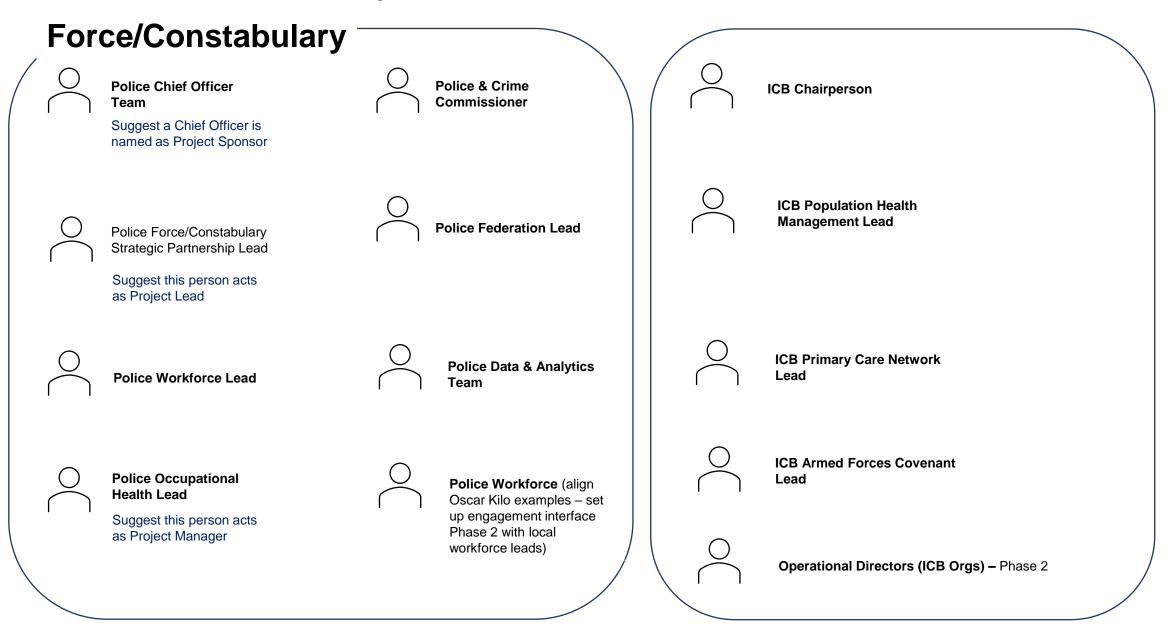






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# Phase 1 – Stakeholder Landscape



# **User personas (Force/Constabulary)**

To support navigation of organisational variation in titles and function in ICS and guide project role and team inclusion.

# Police Chief Officer Team

Chief Constable, Commissioner (Met & City of London) Deputy Chief Constable, Assistant Chief Constable, Chief of Staff.

(Strategic Partnership Lead may be a portfolio carried within the Chief Officer Team)

### **Strategic Partnership Lead**

May be aligned to a role within the Chief Officer Team

# Police Occupational Health Lead

Occupational Health Director, Manager, Lead Clinician, Nurse, may also be hosted or part-hosted as a hybrid service by external service provider.

### **Key Motivators**

- Sustainable workforce wellbeing.
- Occupational health extended services/ resilience and capacity.
- Strategic relationship building with ICB opportunity to engage differently re police workforce challenges, impact and shared concerns/collegiate approaches re place/demand.
- Workforce retirement planning (NARPO etc).

# **Key Motivators**

• Alignment with local partners for the benefit of the force/constabulary strategy and operating model.

### **Key Motivators**

- Enhancing local options for sustainable workforce wellbeing.
- Occupational health innovation/collaborative research options with NHS alignment +/- funding opportunities locally, regionally and nationally.
- Oscar Kilo extended partnerships for team support (Section 9
   & 10 of Oscar Kilo Best Practice OH model).
- Opportunity to lead exemplar practice models and contribute to national Police Covenant development.
- Workforce retirement planning.

# **Role & Support Requirement**

- Sponsor project.
- Sign off letter to ICB.
- Lead on ICB relationship development.
- Provide strategic direction and oversight.
- Consult with PCC & Federation.
- Instruct alignment of Occupational Health, Workforce & Data & Analytic Team to produce impact intelligence.
- Will need support to understand ICB stakeholder landscape and motivators.

### **Role & Support Requirement**

 Align PCC and Constabulary Force actions, motivate partners through existing relationships, forge new relationships in support of the project success.

# **Role & Support Requirement**

- Align programme with constabulary/force occupational health developments including Oscar Kilo initiatives.
- Liaise and create relationships with ICB clinicians via Primary Care Network on development of local pathway alignment (leading exemplar practice).

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# **Police & Crime Commissioner**

Also, may include; Mayor (where PCC role does not exist), Deputy Police & Crime Commissioner, CEO and OPCC Strategic Partnership Lead/ Manager.

Police Data & Analytics Team

Head of department

# **Key Motivators**

- Sustainable plan for increasing police capacity at place.
- Impact on crime plan.
- Strategic relationship building with ICB opportunity to
- engage differently re police workforce challenges, impact and shared concerns/collegiate approaches re place/demand.
- Local Criminal Justice Board innovative approach in partnership with health to reduction of offending/reoffending.
- Community Safety Partnership Opportunity to demonstrate.

# **Key Motivators**

 Data challenge – multi agency impact within benefits realisation (Phase 2) – collaboration (ultimately) with NHS data analysts – creating a local community of practice (exemplar model).

# **Role & Support Requirement**

- May support partnership relationship with ICB and solidify through local relationships with Community Safety Partnership and LCJBs.
- Will need to understand key asks of partners (slide deck).
- May wish to contribute to data and analytics in consideration of CSP and LCJB reporting of impact from partnerships.
- May be able to support multi-agency funding applications for innovation/police family wellbeing etc

# **Role & Support Requirement**

- Work with Oscar Kilo SME on data availability, sharing, quality and analytic development.
- Collaborate with NPCC portfolio leads via NPCC Centre for Data & Analytics in Policing.
  - May require support to sign off data processing arrangements to enable anonymised impact / benefits realisation.

# **User personas (Integrated Care Board)**

To support navigation of organisational variation in titles and function in ICS and guide project role and team inclusion.

_ ICB Chairperson	Key Motivators	Role & Support Requirement
Name: Email: Key current priorities:	<ul> <li>Responsible for planning to meet population health needs, allocating resources and aligning services to:         <ul> <li>Improve outcomes in population health and healthcare</li> <li>Tackle inequalities in outcomes, experience and access.</li> <li>Enhance productivity and value for money and;</li> <li>Help the NHS to support broader social and economic development</li> </ul> </li> </ul>	<ul> <li>Steer ICB board members to participation in programme through shared vision (multi-agency deck) enabling allocation of a programme sponsor and a shared reporting framework.</li> </ul>
Identifiable from local ICB website (mandated role as part of constitution)	<ul> <li>Will see value in shared impact and the correlation between prevention (root causal factors of ill health) through community safety at strategic level with high level political awareness.</li> <li>Demonstrates ICB capability to address long term population health benefits as part of strategic planning to improve community health.</li> </ul>	
ICB Population Health Management _ Lead	<ul> <li>Key Motivators</li> <li>Wider determinant factor of health (employment) driving poor outcomes.</li> <li>Demonstrates local employers in design process for local services with additional benefits of blue light services working together to sustain local capacity and therefore population services which contribute to economic efficiency and population health (through environment, safety and security).</li> </ul>	<ul> <li>Role &amp; Support Requirement</li> <li>Work with Oscar Kilo SME on data availability, sharing, quality and analytic development.</li> <li>Needs Community Impact Assessment bespoke to police workforce outlining key opportunities to remediate collaboratively (align federation/ occupational health/ Oscar Kilo case studies)</li> </ul>
If a large ICB may be a Director of Place		
ICB Chair will identify, likely to be a Public Health Director or part of this team.		

# **User personas (Integrated Care Board)**

To support navigation of organisational variation in titles and function.

# ICB Primary Care Network Lead Clinical director with a connected network of clinical directors (Senior Leader GPs) responsible for Place. Clinical academia& study– Align with Royal College for GPs, GP Accreditation (NHS England – Regional). People – the ability to design a service for people in their community with a specific unmet need. Complexity – provide the network with a problem to be solved.

# **Role & Support Requirement**

- Will need to understand clearly key barriers and challenges for policing community (slide deck).
- May be able to support multi-agency funding applications for innovation/police family wellbeing etc
- Consideration of shared pathways between occupational health and local general practice.
- Consideration of clinical practice as a board of experts for policy and process change at scale (BBV for example).

# **ICB Armed Forces Covenant Lead\***

### **Key Motivators**

- · Co-development of early covenant aspects.
- Evidence of Equity and Diversity in population health approaches.
- Likely to be motivated by support for public services with some understanding of the types of challenges faced.

# **Role & Support Requirement**

- Align with ambition to develop Police Covenant.
- May need support to understand the implications of policing on health and mental wellbeing (Slide deck/Oscar Kilo resources).
- May be able to support alignment with developments across partnerships.

\*If Armed Forces covenant is signed