

# Workforce Plan

2022 - 2025

Inverclyde

Health and Social Care Partnership

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# Introduction

The Public Bodies (Joint Working)(Scotland) Act 2014 requires NHS Boards and Local Authorities to plan and deliver health and social care services in a more integrated way to improve outcomes for individuals and communities.

The Inverclyde Health and Social Care Partnership (HSCP) does not directly employ staff but rather, is responsible for co-ordinating service as detailed within the published Integration Scheme. The refreshed [HSCP Strategic Plan](#) (2022-24) reaffirms our vision of Improving Lives. Everything we do to deliver that vision relies on our workforce, and this Workforce Plan is a sub-set of our overarching Strategic Plan.

As such, the Workforce Plan sets out how we will recruit, develop and retain the right people in the right place at the right time to deliver positive outcomes for Inverclyde. It outlines how we will support, develop and grow the capacity and abilities of all the people who contribute to the delivery of health and social care in Inverclyde. The paid HSCP workforce includes people with a range of health and social care backgrounds who are committed to working together in a single organisation, to improve the outcomes of those people who need health and social care support. Health and Social Care is also provided by local or nationally commissioned/contracted independent providers such as Nursing Homes, Care at Home and Primary Care services (General Practice, Community Pharmacy, Dentists and Optometrists).

There is also a vibrant third sector within Inverclyde and this includes both paid staff and volunteers within both commissioned services and local community organisations. This includes for example, social prescribing and peer support roles within primary care or Alcohol and Drug Recovery services, or volunteers who have supported the smooth running of mass Influenza and Covid vaccination centres.



The Independent Review of Adult Social Care in Scotland recognised the contribution of community and peer support, the wider third sector and unpaid carers in supporting access to the highest standards of wellbeing and independence.

By considering all of these aspects, we need to approach workforce planning by taking account of everyone who is part of this complex landscape, ensuring that we recognise all of the contributions and support and sustain these as we move forward. In some instances we can take deliberate actions, for example through our commissioning & procurement activity and in others we can influence and advocate for change such as in the case of nationally negotiated primary care contracts.

The full impact of the ongoing COVID pandemic on health and social care services continues to evolve and we may not know the full position for some time. Services and staff have however been under unprecedented pressures since the start of the pandemic and the increased waiting times for diagnostics and treatments will continue to add to late diagnosis of many long term conditions and cancers which will impact our services further. An ageing population, high levels of deprivation and a worsening economic position will only add to the ongoing demands on our workforce.

Moving forward, the lessons learned from the Covid-19 pandemic are already influencing how we all live and work and how we as an HSCP deliver services. This plan builds on our Interim Workforce Plan (2021/22) and the associated feedback received from Scottish Government Workforce Planning Unit.

## Section 1

# Our Vision and Strategic Direction

## *Our vision*

*Inverclyde is a caring and compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives.*

## *Improving lives*

The refreshed Strategic Plan reinforces the values and principles that underpin our identity and it is important to us that all of the Inverclyde health and social care workforce subscribes to these.

We are committed to our ambition of Improving Lives and these commitments are reflected in our six Big Actions outlined in our Strategic Plan:

### **Inverclyde HSCP – 6 Big Actions**



All of our Big Actions are woven through our strategic and operational plans and they also underpin this Workforce Plan. These actions interlink and can be cross referenced with codes of practice and professional standards.

Inverclyde experiences high levels of socio-economic deprivation and the associated impacts, our refreshed [strategic needs assessment](#) can be found on our website and this has highlighted the following key messages:

- We have high quality children’s houses and adoption and fostering services that provide sector leading support.
- We are one of the best partnerships in Scotland at preventing delayed hospital discharge.
- Death rates for substance misuse and liver disease are significantly higher in Inverclyde than the rest of Scotland.
- High numbers of children are on the child protection register for reasons linked to parental drug misuse.
- Increasing numbers of Advice Service users are experiencing food, fuel and financial exclusion.
- Alcohol, drug and chronic obstructive pulmonary disease (COPD) hospital stays are significantly higher in Inverclyde than the rest of Scotland.
- We have a high rate of mental health problems.

## National & Local Drivers



The national policy direction has moved away from the traditional approach of measuring systems and processes within organisations. Instead, we now need to show that we are making a positive difference to the lives of the people we support. We need to think about what will improve outcomes, and what workforce we will need to make that happen.

In respect of services for adults, our core values, professional codes of practice and standards align themselves to the Scottish Government’s [9 National Health & Wellbeing Outcomes](#).

Our core values and principles also apply to services for children and families, as indicated in the Inverclyde Integrated Children's Services Plan 2020-2023 which is the overarching plan that supports all aspects of work with children, young people and families, and these values and principles support our commitment to achieving the National Outcomes for Children. In addition to these we also have a legal requirement to adhere to the National Outcomes and Standards for Social Work Services in the Criminal Justice System.

A number of service reviews and redesigns are at different stages of progression or implementation and will influence future workforce developments. Other local and national policies and strategies will also guide our planning during the timescale of this plan:

- Refresh and update the Business Support review;
- Continue to implement the Primary Care Improvement Plan and build the multi-disciplinary team;
- Complete new Learning Disability Services hub building;
- Commence Homeless Service review;
- Continue to develop our Digital Strategy and digital capabilities;
- Further development of Compassionate Inverclyde and Inverclyde Cares;
- Develop a Trauma informed workforce and organisation;
- Continue to promote and support staff health & wellbeing;
- Support and implement formalised hybrid/ home working policies;
- Remobilisation and Covid recovery in line with Scottish Government plans.

The biggest factor influencing planning and delivery of services will be the establishment of a National Care Service following the Independent Review of Adult Social Care – The Feeley Report. The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The review took a human-rights based approach. The report sets out three key foundations which the review proposed as integral to future delivery:

- The need for further implementation of need self-directed support and full integration of health and social care;
- Nurturing and strengthening the social care workforce;
- Support and enable unpaid carers to continue to be a cornerstone of social care support.

At this time it is still uncertain what structural and systems change will be required, however we expect over the lifetime of this plan to better understand the Scottish Government's plans for future delivery of health and social care and its associated impact on our workforce plans.

## Regulation and Governance

Many of the current health & social care workforce are required to be registered with a particular professional or regulatory body and this extends across the range of frontline and support service including for example care at home staff and finance staff. The requirements for initial registration and on-going continuing professional development for an integrated workforce will support the drive for shared learning opportunities and both formal and informal Learning Networks. The existing clinical, care and professional governance arrangements for staff are subject to regular review, with the IJB receiving an annual Clinical and Care Governance Report.

There is a need to actively embrace new models of working, looking to harness the drive and passion of local communities through co-production models and to better utilise strengths/ asset based approaches. The principles of integration focus on the need for resources to be better directed towards prevention and early intervention, and our locality planning & engagement groups will help to shape this. The HSCP Strategic Plan is aligned to the priorities of both its parent organisations and the wider Community Planning Partners through the Inverclyde Alliance Board and its associated work streams: Population, Inequalities, Environment, Culture & Heritage.

Health and social care services are facing increasing demands from a population that has a greater number of older people living with complex care needs alongside a need to make significant reductions in spending to balance ever tightening budgets. The shift in the balance of care from traditional hospital based settings to more personalised approaches within the community, including more versatile care at home services require ongoing changes to organisational and professional culture and boundaries. Inverclyde is well placed to deliver this kind of change, having successfully begun to shift the balance of care through integrated, collaborative working within the HSCP and with our secondary care colleagues. Examples of this include developing in-reach and community based services which provide alternatives to hospital admission for frail older people such as rapid response and step-up care.



## Section 2

# Workforce Planning

This Workforce Plan has considered the NHS Six Steps to Integrated Workforce Planning Methodology. The main aim of the Six Steps Methodology is to set out in a practical framework those elements that should be in any workforce plan.

Identify the purpose and scope of the plan and establish ownership and responsibilities.

### Define the plan

Steps 2, 3 and 4 are all inter-related so will need to be approached in synergy.

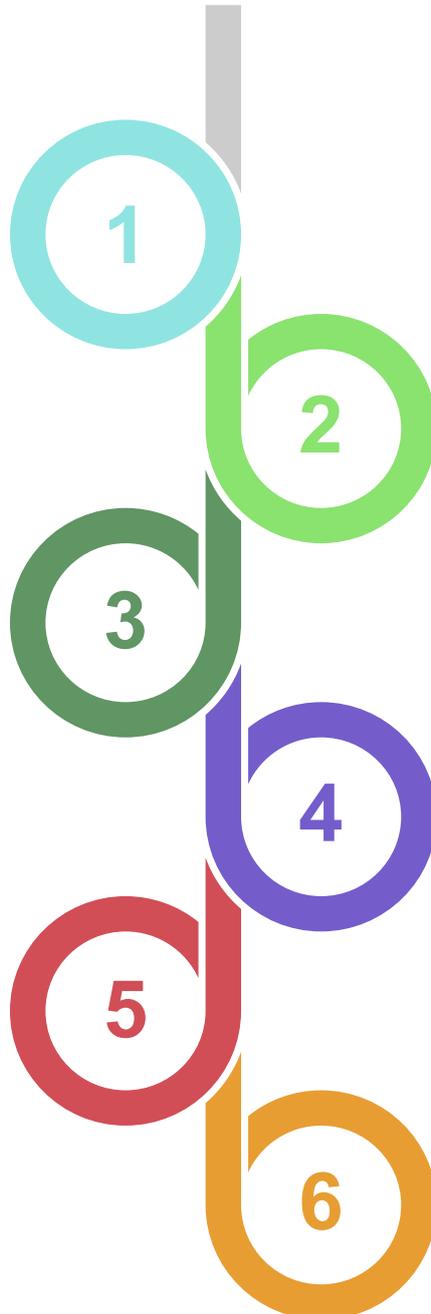
### Define the required workforce

Map the new service activities, identify the skills needed and the types & numbers of staff required.

Develop a plan to deliver the right staff with the right place, and manage any changes.

### Develop an action plan

Determine the most effective way to deliver the redesigned service against time and resources.



### Map the service change

Identify the benefits of change, driver and barriers. Option potential working models.

Map out the current workforce in terms of existing skills, demographics and supply options.

### Understand workforce availability

Consider revising steps 2 and 3 based on availability or shortage of staff with required skills.

Now it's time to make your plan a reality. Be sure to measure the progress of the plan against targets.

### Implement, monitor and revise

Revisit the six steps periodically to reflect any unplanned changes.

#### The aim is to:

- Create and articulate a compelling vision of the future;
- Define what we are doing, why and how;
- Specify who we need and where we will find them;
- Outline how we will deploy the right people, in the right place, at the right time;
- Develop mechanisms for monitoring and measuring progress and success.

## Section 3

# National Workforce Strategy for Health and Social Care

***Our aspiration for Inverclyde's workforce plan is supported by the National Workforce Strategy:***

*Our workforce is central to implementing our vision and delivering a whole system approach to improving health and wellbeing outcomes. At every stage of the journey to improve health outcomes, we need appropriately skilled Health and Social Care staff.*

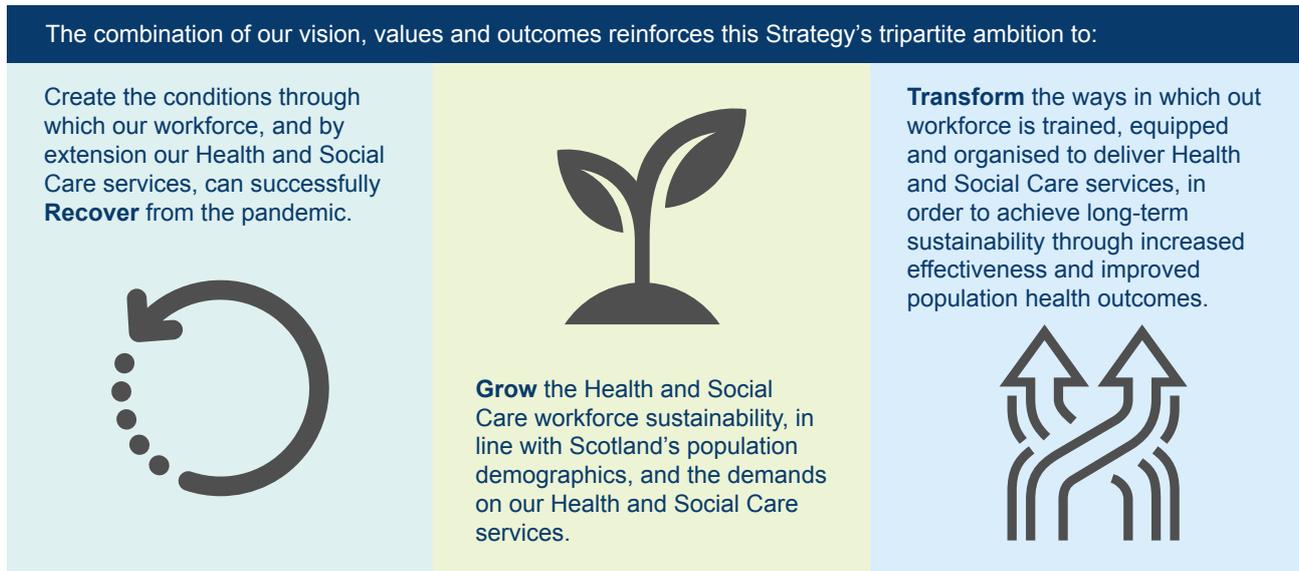
This national strategy is designed not just to build upon recovery from the Covid pandemic, but to embed the opportunities offered by technology, data and analytical services and innovative ways of working. Underpinning this is the thread which runs throughout health and social care: working in partnership to deliver high quality care. Wellbeing of staff continues to be paramount and this should be facilitated by a culture of dignity, respect and compassion supported by policies which ensure fair work, local employment and skills development which contribute to reducing inequalities within our community.

Key elements of the strategy include:

- **Recruitment** – not just registered staff required but reflecting the diversity of, and talent available within our communities;
- **Training** - succession planning for leadership roles, developing digital skills, person - centered, trauma informed workforce;
- **Employment** - fair work, progression and professional development for social care workers resulting in more rewarding careers;
- **Stable and resilient workforce** - create modern, flexible workplaces;
- **Nurturing** - focusing on values based recruitment, compassionate leadership, increasing diversity.

Alongside this, additional investment is committed to medical, nursing and AHP training, a national induction programme for social care entrants, developing a digitally enabled workforce and further developing the NHS Academy providing accelerated training to address current workforce needs, focussing specifically on increasing capacity, enhancing skills and improving productivity.

**Figure 4: Five Pillars of the Workforce Journey**



## Section 4

# Engagement & Participation

This Inverclyde HSCP Workforce Plan builds upon previous iterations created in close liaison with our partners and stakeholders and continues to deliver on the following points:

- Definition of the plan;
- Identify what change may look like;
- Describe the current workforce;
- Outline what the future workforce will need, in order to deliver the National Wellbeing Outcomes in Inverclyde;
- Highlight what actions we need to take to deliver the future workforce;
- Detail how change will be implemented, monitored and reviewed over the next five years.

We have utilised information and feedback from a variety of sources in developing this workforce plan including consultations on our strategic plan, matters feedback and informal feedback from staff and managers during the pandemic and through our wellbeing activities. We have also considered the Scottish Government feedback on interim plan 2021 and reviewed the commitments from the 2020 plan.

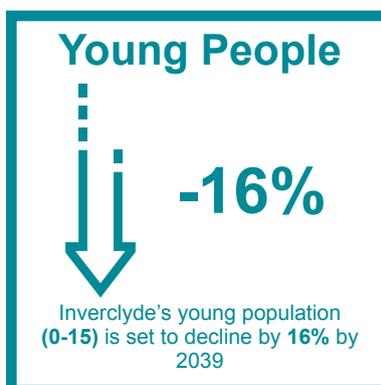
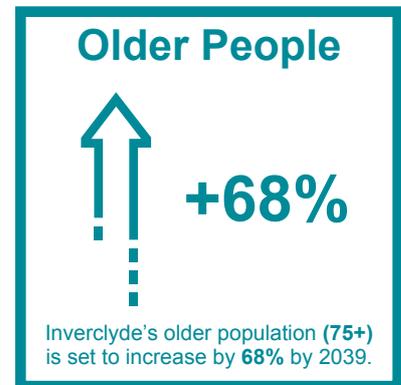
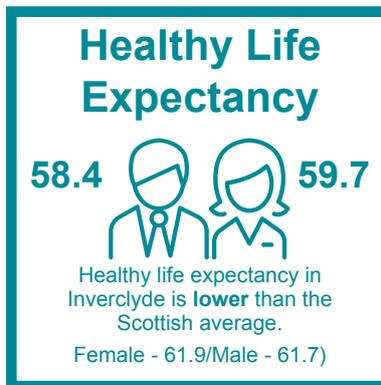
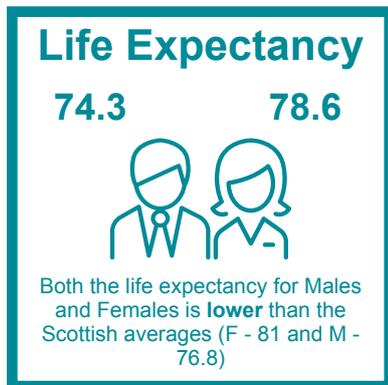
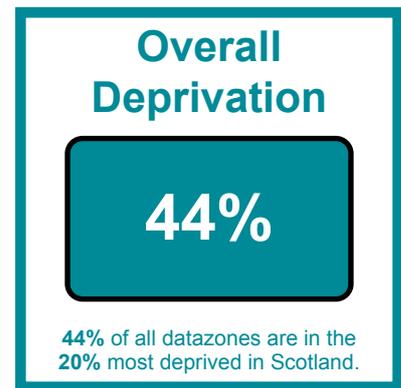
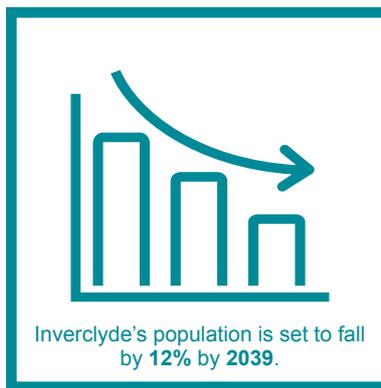
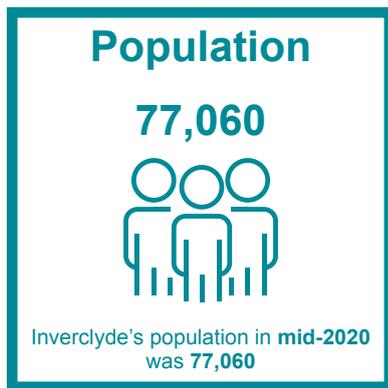
We have taken a partnership approach to the development of our Workforce Plan. Our long-established collaborative approach breathes life into our strategic value of “**working better together**” with our local statutory, independent, voluntary, third and housing sector partners and Trade Unions, all of whom make a significant contribution to ensure that Inverclyde is a safe, secure and healthy place to live and work. Underpinning this is a need to attract people to a career in health and social care and to sustain the workforce by ensuring rates of pay as well as terms and conditions of employment are competitive and fair.

## Section 5

# Inverclyde Context

Our recently refreshed Strategic Needs Assessment provides a comprehensive overview of the available intelligence on the socio-economic position of Inverclyde and health and social care data to outline the current needs of our population. An overview of key information is provided here.

### Strategic Plan 2022 - Key Population Information



# Our Population and Projections

The size and make-up of the population is a key consideration when planning and delivering health and social care services. Inverclyde is expected to continue experiencing a population decrease.

The Black, Asian and Minority Ethnic (BAME) population accounts for **1.3%** of the overall population

Population decreased **10.2%** 1998- 2020

Birth rates decreasing by **28.7%** between 2000 and 2020

Working age population predicted to decrease **22.5%** by 2039

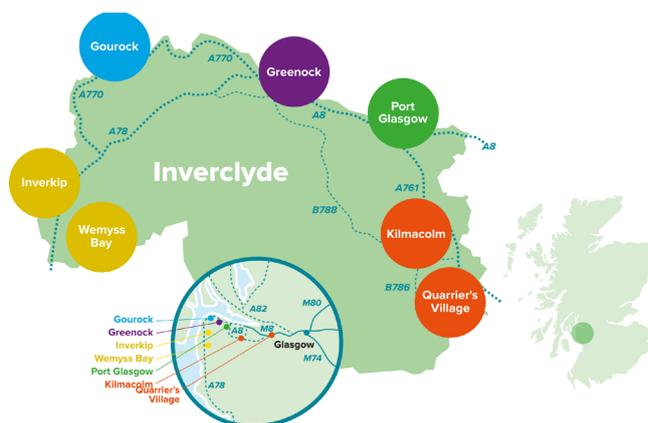
**23.8%** of children live in relative poverty after housing costs.

**223** – number of looked after children.

The rate of child protection registrations with parental drug misuse is higher in Inverclyde than both GG&C and Scotland.

Disease prevalence & dependency levels higher than Scottish average.

**3,941** claiming incapacity benefit/severe disability allowance.



## Leading causes of death in Inverclyde 2020

Cancer **23.4%**

Diseases of Circulatory System **21.3%**

COVID-19 **10.3%**

Diseases of Respiratory System **9%**

Drug related deaths **Twice the Scottish Average**

Alcohol specific deaths **Highest Rate in Scotland**

Rates of depression and new diagnosis of depression **Higher than Scottish Average**



The size and make-up of the population is a key consideration when planning and delivering health and social care services. Inverclyde continues to be impacted by three main population changes; a reduction in the population of children, an increase in older age groups and a continued fall in total population caused by depopulation over a number of years. Whilst the number of children is falling, demand and complexity remains high within services. Increases in older age groups and the debilitating nature of chronic illnesses are impacting on levels of health and social care support required for individuals to remain as independent as possible within their own homes or within a homely setting. Differences in life expectancy and healthy life expectancy between our most and least deprived areas means that demand for services and staff will be greatest in our most deprived areas.

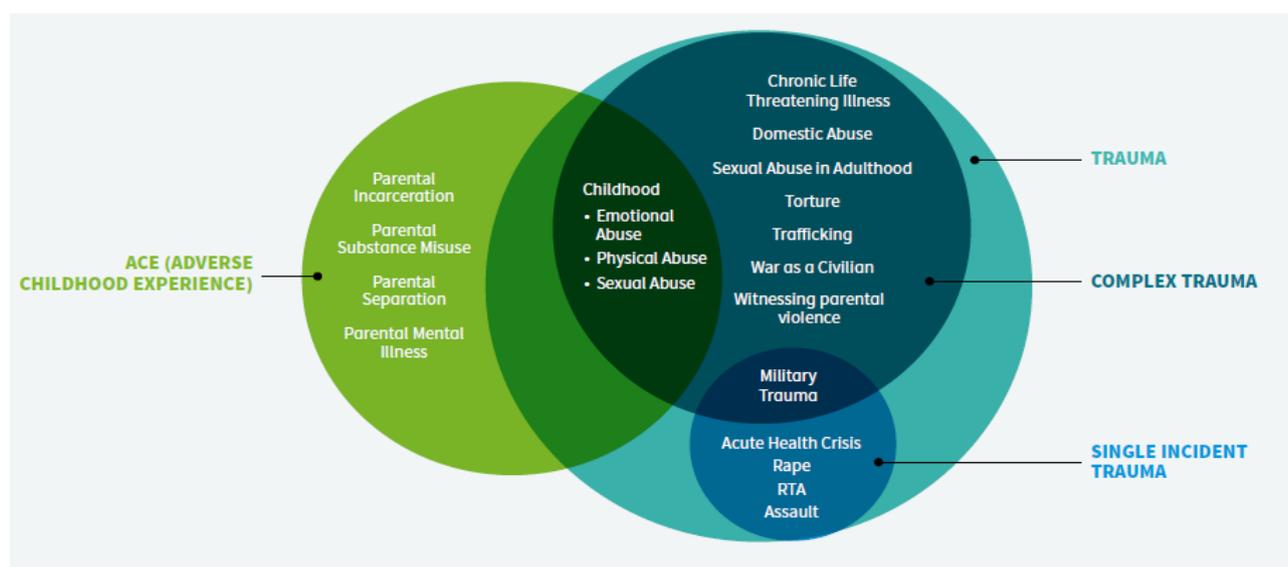
Cancer is the leading cause of death in Inverclyde. Deaths from all other major causes are higher in Inverclyde than for Scotland as a whole. This means that we have increased demand for palliative care within our community nursing services. Combined with data on health life expectancy, cause of death demonstrates that the need for both nursing/ medical care and for supported self-management of long term conditions is likely to be higher per capita in Inverclyde than is the case in other areas.

Decreases in the number of women in working age groups will have an impact on our services where many health and social care roles, for example nursing and home care roles have traditionally been carried out by women as have family caring roles. The burden of support for an increasing older population is likely to increase the demand for family caring roles.

## Trauma and Adverse Childhood Events

As we develop our workforce, trauma informed practice will be at the forefront. Evidence of the full impact of trauma has been emerging now for several decades, establishing beyond doubt that its effects can be wide-ranging, substantial, long-lasting and costly. Figure 5 shows the range of trauma individuals may experience which may be single episode or experienced longer term.

**Figure 5: Types of Trauma and Adverse Childhood Events**



Research shows that traumatic events are more frequently experienced by people in low socio-economic groups where childhood trauma can be common. In Scotland, one in seven adults reported four or more ACEs, with those in the most deprived areas twice as likely than those in the least to experience this quantity of ACEs. ACEs have also been shown to be highly correlated with socio-economic disadvantage in the first year of life. Those who reported four or more ACEs were significantly more likely to have lower mental wellbeing scores, be obese, have cardio-vascular disease and/or limited long term physical or mental health conditions. Using Scottish Government estimates of trauma & adversity in the general population, we can expect that around 20% of individuals will have experienced physical or sexual abuse in childhood, 20% will have experienced domestic abuse and 14% of the population will have experienced 4 or more ACEs in childhood.

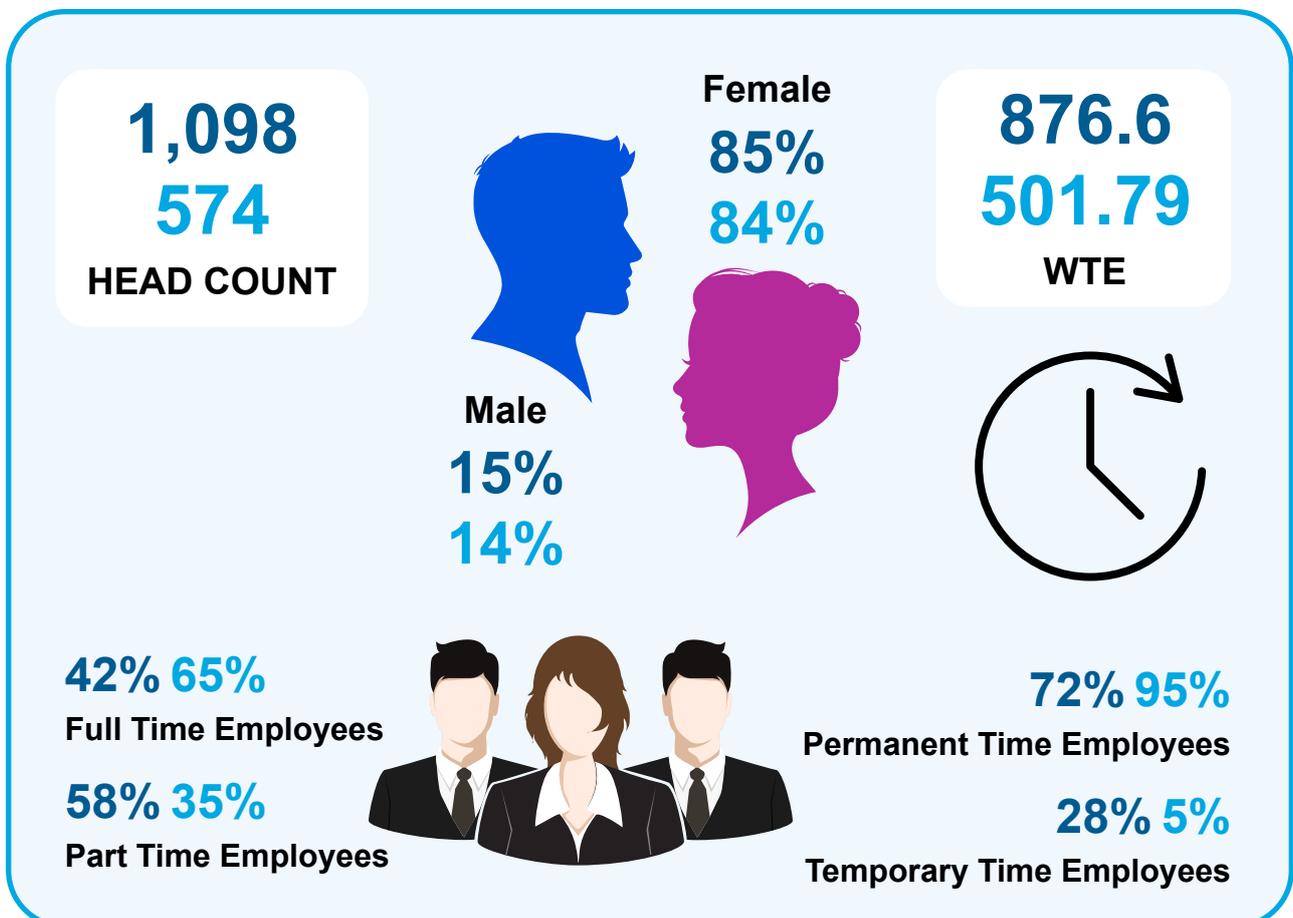
If this is extrapolated to HSCP staff then it is possible that 315 staff will have experienced physical or sexual abuse in childhood, 267 will have experienced domestic abuse and 220 will have experienced 4 or more ACEs in childhood.

## Section 6

# Our Workforce

 COUNCIL Q3 Data 21/22

 HEALTH April 22 Data





Average Age

56 - 65

46 - 55



Average Salary

£27,349.94

£29,942



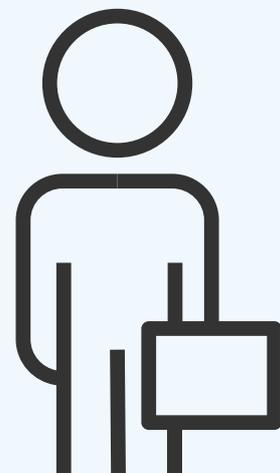
85%

79%

**Grade accounting for the largest number of employees**

**Grade 5 in Council**

**Band 5 in NHS**



## **HSCP Workforce Highlights**

The HSCP workforce is predominately female over age 45, and employed on a part time basis. Those aged below 45 account for around 38% of staff with only 19% being under 35. There are more council employed staff in the older age groups however across both employers, this part of our workforce accounts for considerable skills and knowledge which could leave a significant skill gap over the next 5 -10 years if we do not take steps to address it. There is also an increase in those still working over the age of 65 particularly within council employed staff. This may be due to increases in pension age however it is difficult to predict the impact of retirement as schemes such as the Refresh Programme and Retire and Return influence this. During the first quarter of 2022, 60% of those leaving an NHS post was due to retirement.

Almost a third of council staff are employed on temporary contracts which impacts on recruitment, retention and turnover. Across both organisations, as is the experience nationally, recruitment challenges exist exacerbated by the often temporary nature of funding and key skills gaps.

Since the last iteration of the workforce plan (data from September 2019) some areas of the HSCP have seen an increase in number of employees and full time equivalent posts. There has been an increase in staff number within Health and Community Care equating to an additional 44 council staff (up 7%) and 43 GGC staff (up 28%) over 2 ½ years. Many of these new posts will be attributed to new funding for example Primary Care Improvement monies (permanent funding) and temporary funding such as Covid response and recovery monies. It is expected that more sources of both permanent and temporary funding will continue to become available throughout the lifetime of this plan.

## **Third Sector, Volunteers & Family Carers**

We have estimated that within the third sector there are around 1500 staff and 250 volunteers. In total around 1 in 4 people in Inverclyde do some form of volunteering and contribute around 2.7 million hours of help with many volunteering support to more than one organisation. The HSCP recognises carers and young carers as equal partners in care, providing unpaid support to family members and friends in a range of circumstances. In 2011, 8,252 citizens identified themselves as carers with 124 of these being under 16 and 69% being female.

## Commisioned Services



Care homes for older people

**1,008 staff**

Care homes for adults

**110 staff**

Care at home providers

**1,008 staff**

All care homes for older people within Inverclyde are contracted under the National Care Home Contract. Other types of care are provided via contract through a commissioned service. Terms, conditions and pay are set by the businesses or charities providing the service but should meet the National Living Wage. Recruitment & retention remains the biggest challenge for these services.

## Primary Care Services

The HSCP does not have complete data on all those employed within the range of contracted primary care services but this includes:

- Community Pharmacies; Registered Pharmacists & Technicians, shop front staff
- General Practices; GPs, Nurses, Administration & Reception staff & a range of supporting Allied Health professionals and other support staff
- Dental Practices; Registered Dental Practitioners, Dental Nurses & Hygienists, Administration & Reception staff
- Optometry services; Registered Optometrists, opticians, other support staff, Administration & Reception staff

Inverclyde has 53 GPs (headcount) with around 11% being between 55 – 64. Whilst recruitment can prove challenging, unlike some other areas the GP workforce has been relatively stable locally. GP training and recruitment is recognised as a national challenge. Other national challenges also impact Inverclyde such as a reduction in Registered Dentists providing NHS treatment and a shortage of Registered Pharmacists which can sometimes lead to unforeseen closures or shorter opening hours of Community Pharmacies. Whilst some training, recruitment & retention issues can be influenced locally these are examples of where the influence of NHSGGC and Professional Bodies is required.

## Wellbeing

The HSCP staff Workforce Wellbeing Plan can be seen at Appendix 3 showing the range of activity which begun during the pandemic and which remains an ongoing feature of our staff support. A Winter Wellness Week was organised in conjunction with CVS Inverclyde to support the mental health and wellbeing of staff across the HSCP and included those working in the community (e.g. vaccination and test centres, primary care, care at home) and in residential care, including those working in the third and independent sectors.

The week consisted of 4 days of various online wellbeing sessions, an In Person Day held with our local partner and other organisations providing support, advice and creative opportunities on the day and competitions running throughout the week. We also partnered with Inverclyde Leisure to offer staff free access to gyms, pools and classes throughout the week. Feedback was overwhelmingly positive and a second event is planned for summer.

The number of employees absent due to reasons related to their Mental Health or Work Related Stress has almost doubled recently coinciding with staff reporting increased fatigue and burnout following the pandemic. Continuing our wellbeing activities will be an essential response to supporting staff.

## Performance Appraisal Information

### Employee Appraisals 2021-22

In response to the pandemic, an extension was applied to completion of appraisals for Inverclyde council staff with 85% being completed by end of March 22. NHS KSF reviews were deemed non-essential and as at 1st May 2022 34.5% of eligible NHS staff had an up to date KSF performance appraisal recorded with 173 being out of date and 181 reviews due (total headcount 564). Full commitment to re-engage in appraisal activity as per pre COVID restrictions will ensure that staff have access to performance and development plan reviews.

## Section 7

# Training and Development

Significant amounts of training and development were put on hold during the Covid 19 pandemic and much of what was required to be delivered such as statutory & mandatory training was moved online where not already available and where appropriate. There continued to be delivery of face to face training where necessary for example induction and moving and handling training for care at home staff. There has been a reduction in expected numbers supported through the SVQ centre with staff release being impacted by absence rates and high staff turnover.

Statutory & Mandatory training supports the delivery of high standard, safe, effective care & support. Whilst completion varies across service areas and some aspects requiring improved uptake in particular, Security & Threat, Public Protection & Fire Safety.

Following feedback from the Extended Management Team, the HSCP launched Leading in Inverclyde, bespoke externally facilitated leadership sessions. 15 members of staff have so far completed the sessions with a further 22 participating currently. We will review the feedback from this and consider future leadership development in conjunction with our third sector partners.

There are also several essential business areas where staff training and qualification to support succession planning is crucial including within Finance and Commissioning teams.

## Section 8

# Strategic Commissioning – Market Facilitation and Commissioning Plan

The Market Facilitation & Commissioning Plan represents the communication between the HSCP, service providers, service users, carers and other stakeholders about the future shape of our local Health and Social Care market. The Plan aims to identify what the future demand for care and support might look like and thereby help support and shape the market to meet our future needs.

We are committed to ensuring Inverclyde service users are well cared for and that people who need help to stay safe and well are able to exercise choice and control over their support. Inverclyde HSCP currently spends in the region of £40 million annually on commissioned Health and Social Care Services.

To deliver new models of provision in Inverclyde, we recognise that commissioners and providers alike need to build improved arrangements for working together, to improve quality, increase choice for service users and their carers and deliver a more responsive and efficient commissioning process. Our Market Facilitation planning allows greater scope for improving career pathways and employment throughout Inverclyde.

The HSCP is encouraging providers to be more flexible and creative in how they provide services. The six big actions bring further opportunities for creativity, innovation, stimulate growth and diversity in the market and empower service users or those who act on their behalf to decide how their outcomes are best met.

The big actions cut across all care groups rather than work in care group silos, this allows providers to identify opportunities for collaboration across services and focus on better outcomes that make a real difference to the lives of individuals, families and communities rather than targets.

As we move forward and commission by big action themes we will identify any opportunities to work with partners to commission services across care groups.

## Section 9

# Future Workforce

## Recruitment and Retention

It is evident from research that the recruitment and retention of staff in health and social care sectors has become a challenge. There are real issues in terms of a lack of available trained staff, such as business support due to the changing private sector landscape. Including but not limited to, health improvement practitioners, health visitors, psychiatrists, mental health officers and some AHPs. This is being experienced across the country due to a national shortage of staff and an ageing workforce. The COVID-19 pandemic has increased that pressure in some qualified roles, which are in high demand nationwide, but may increase the availability of people for other roles.

Our challenge is to identify what we should change in terms of current service models, and what actions we can take in order to continue to attract people into the health and social care sectors and in particular to Inverclyde. It is also crucial that we consider the impact of additional new posts and service redesigns on the requirement for staff management time and appropriate business support.

We will:

- Equip our staff with the skills they need to deliver better outcomes for them and our service users;
- Enable and upskill all of those who need support, focusing on their abilities and what they can do, rather than limitations;
- Consider ways in which we can make careers in Health & Social Care in Inverclyde more attractive;
- Consider options to make the best use of our resources to deliver our services in the most effective and efficient way; This includes through appropriate skill mix to ensure the right people with the right skills are doing the right job;
- Take in to account the effects of future funding uncertainties and the changing landscape of health and social care such as the developing National Care Service

## Staff Retention

We collect information about the reasons why people leave the HSCP using a questionnaire. The aim of this is to gain a better understanding of the reasons employees move jobs and to gather their views and insights into workplace issues. This information is vital to improve service delivery and address critical recruitment and retention issues.

Analysis of the data can contribute to our approach to improving employee retention and helps us devise action plans to make any necessary improvements in specific areas to counter the potentially costly and disruptive effect that high levels of employee turnover can have.

Recruitment will include a robust selection process and induction package for successful candidates which empowers our workforce to start work with the knowledge and skills to be able to work confidently in their role. This includes reviewing the joint induction package previously used and further development of the supported one year programme for Newly Qualified Social Workers.

We want to ensure that Inverclyde HSCP is the place to work, succession planning and supporting staff in developing a career path to support the retention of our skilled staff is a priority.

Many services have undergone significant savings over recent years with an associated reduction in posts. Recruitment and retention is problematic - recruitment processes often do not keep pace with turnover - and the increase in temporary contracts/fixed term posts compounds this.

## Reasons for Leaving



The temporary nature of many posts means that often the calibre of applicants is lower than it may otherwise be as skilled staff choose not to leave permanent posts and temporary posts are becoming increasingly difficult to fill within the current labour market. Whilst the HSCP does, and will continue to support a range of secondments at all levels as valuable development opportunities for staff, this also increases the number of temporary arrangements required.

## Staff Recruitment Challenges and Activity

During 2021, 104 (18%) of Care at Home staff left the service increasing the pressure to provide high quality care essential to those in their own homes. Creative recruitment practices have been developed such as holding open day events within local supermarkets and now monthly open days at their base within the Hillend building. This allows potential employees to attend and complete paper applications and have on the day interviews. Examples of the joint activity undertaken to support recruitment:

- Regular liaison with dedicated staff: HR, Corporate Communications, Graphics, finance, Department of Work & Pensions (DWP).
- Recruitment Huddle twice weekly for home care operational staff to monitor progress and address any delays.
- Fast track events commenced in priority areas, overview of job role sessions with employability partners & DWP.
- Advertising, posters, social media, internal & external promotion.
- Consideration of purchasing vehicles and support with driving lessons
- Key link established with West College Scotland: exploring the option to build a bespoke course

We will take the learning from these examples and consider where these activities may be appropriate for other services.

The majority of our staff live and work in Inverclyde, (Inverclyde Council 85%, NHSGGC 79%) and recruiting from outside the area can be problematic particularly for specialist roles. This is particularly evident in some of our NHS roles where the bigger pool of staff lives closer to the Glasgow area. This is a key area for our focus both to attract staff in to the area and to ensure we grow and develop the skills of our own staff including having robust succession planning in place.

## Nursing Workforce – Chief Nurse

It is difficult to predict the exact size and skillset of our future nursing workforce, however what is clear is that it will be required to grow and transform to meet the increased demands. Work is ongoing in terms of roll out of caseload weighting tools for both community nursing and health visiting, and the Inverclyde teams are actively involved in this and the ongoing analysis of workload data - looking at leave in relation to maternity and sickness in addition to patterns around retirement, age profiles and turnover.

The Chief Nursing officer for Scotland is committed to maximising the contribution of the Nursing, Midwifery and health Professional (NMaHP) workforce and pushing the traditional boundaries of professional roles. Inverclyde has successfully developed a number of Advanced Nurse Practitioner (ANP) roles in Primary Care, Frailty and Learning Disability services and will continue to develop these within Mental Health settings. The Transforming Roles programme aims to provide strategic oversight, direction and governance to:-

- Develop and transform NMaHP roles to meet the current and future needs of Scotland's health and care system;
- Ensure nationally consistent, sustainable and progressive roles, education and career pathways

A series of papers has been developed by the Chief Nursing Officer directorate with the aim of modernising roles fit for the future, and there is a call for professionals to be engaged in the process to reflect on services and identify changes to meet the needs in the changing health and social care landscape. Inverclyde is represented across the NHSGGC Transforming Nursing Roles work streams which are focused on quality, education and workforce, and this work will continue to be used by the Chief Nurse to inform our workforce requirements as we move forward.

## Safe Staffing Legislation

The Health and Care (Staffing) (Scotland) Act 2019 was passed in the summer of 2019 although implementation has been delayed by the pandemic. The act lays down a series of duties, and decision-making processes and sets out requirements for safe staffing across both health and care services. Using the staffing level tool and the professional judgement tool the Common Staffing Method must be used with relevance to registered nurses in the following prescribed areas within the HSCP:- Community Nursing; Community Children's Nursing and Mental Health in-patient units.

Preparation for implementation is being supported by Healthcare Improvement Scotland.

## Allied Health Professionals - AHP Leads

AHPs work across health, education and social care settings and are the only professions expert in rehabilitation and enablement at the point of registration. This means that they are crucial to delivering all of our strategic Big Actions especially in respect of ensuring individuals have the mobility and the ability to carry out activities of daily living which support maximum independence and to engage in recovery and employment orientated outcomes.

Identified objectives:

- AHPs are part of organisational and local strategic planning;
- To provide additional professional Leadership for AHPs working across Mental Health Services;
- To create an AHP workforce that is able to deliver compassionate, safe and effective care across the range of services;

- To maximise recruitment and retention through increasing stability of contracts, development of advanced roles and innovative solutions for hard to fill posts such as Speech & language Therapy;
- Increasing patient access to Therapeutic Interventions;
- To improve the professional support and communication across health and social care AHP teams;

Maximise opportunities for joint working and integrated responses which keep the person at the centre.

## Key priorities for the next 5 years:

- » **Develop Advanced AHP practitioner posts in key areas:- Dementia, Primary Care, Vocational Rehabilitation, Forensic Services, ADRS and ADHD, RES;**
- » **Upskilling of generic support staff which facilitates registered AHP staff to have maximum impact in their role;**
- » **Training and development to ensure staff are working to the top of their professional licence eg. prescribing skills;**
- » **Ensure AHPs & Rehabilitation Services have the skills to contribute to avoiding unnecessary admission and supporting early discharge;**
- » **Ensure that AHPs are included in any long Covid developments to minimise the health and psychological impacts of long term impact of disease;**
- » **Enhance the role of AHPs in public health and prevention.**



## Chief Social Work Officer

The challenges faced by staff have been unprecedented and the pace of response, ongoing reflection and review has been extremely rapid. The efforts of our staff, working with partners, our community of volunteers and our service users has supported our community through the most challenging of circumstances using creativity and innovation. This has taken place against a backdrop of ongoing recruitment and retention challenges which were already being experienced within Children and Families services prior to 2020/21. During this time 12 newly qualified social workers were recruited into the service. Recognising these newly qualified social work staff were embarking on their career during this most challenging of times an academy for new staff was established. A programme of support including managed caseloads, peer support and structured learning and development has been implemented. This successful programme has had a positive impact on stability for staff as well as enshrining a culture of high standards and quality improvement.

The programme has placed the HSCP in a strong position as the SSSC implements the supported year of practice for all newly qualified Social Workers (NQSW). This national approach is a best practice model to support NQSW transition to the workforce and ensure an increasingly confident and competent workforce for people who use services and their families. It provides NQSWs, their supervisors and employers with a consistent and robust framework for supporting professional learning and development.

Recommendations from the review of Mental Health Officer provision have been completed with an increase in WTE from 3 to 6 and a service team lead in place. This will help support the service response to the increasing demand it has experienced while supporting the associated service governance assurances including national standards quality and related development work across the HSCP.

To enhance the options that staff have to engage with service users during the pandemic all our operational staff were given access to Attend Anywhere. This web-based platform helps staff offer video call access to the Service as part of our day-to-day operations. Being able to see service users at least virtually is helpful to building relationships and in supporting more detailed and complex pieces of work across a range of services including mental health and community justice teams. Staff digital skills and access to a range of alternative solutions to support service users will continue to be a priority.

The challenges throughout the lifetime of this plan will be to maintain and develop our approaches to recruitment, retention and development of staff whilst ensuring wellbeing remains at the heart of this as staff continue to respond to the increased service demands.



## Delivering on the Key Challenges



- » **Inverclyde HSCP will plan to achieve the right workforce with the right skills in the right place at the right time.**
- » **Inverclyde HSCP will attract a workforce which reflects the diversity of our population and continue to improve equality, diversity and inclusion in our workforce.**
- » **Inverclyde HSCP will train staff in order to ensure that they have the skills to continue to develop in their roles as well as developing career paths which will aid retention of our workforce.**
- » **Inverclyde HSCP will ensure staff feel valued and rewarded for the work they do and that NHS Scotland and Social Care employers are employers of choice.**
- » **Inverclyde HSCP will foster workforce cultures, kind and compassionate leadership that supports wellbeing and positive workplaces.**

Our High Level Action Plan for delivery can be found at Appendix 1.

# Section 10

## Governance

The HSCP has a variety of governance structures in place to oversee all strategic and operational activity. The main elements of this are summarised in the Figure 34 below.

### HSCP Governance Structures



This plan will be presented to:

- » HSCP Senior Management Team (SMT)
- » HSCP Strategic Planning Group (SPG)
- » HSCP Staff Partnership Forum (SPF)
- » Integration Joint board (IJB)
- » Inverclyde Council Corporate Management Team (CMT)
- » NHSGGC Workforce Planning Group

The plan will also be submitted to Health Workforce Directorate of Scottish Government for comment.

Updates on progress against the aims and targets set out in the Workforce Plan will be provided every 6 months to highlight progress, including any concerns or issues and ways these will be addressed.

This Workforce Plan will be published on HSCP public website by October 2022 and any updates and achievements will be communicated across the HSCP using the usual communication channels.

# Appendix 1

## Action Plan – High Level Outcomes 5 Pillars of the Workforce Journey



Inverclyde HSCP will plan to achieve the right workforce with the right skills in the right place at the right time.

Development Area	Actions	Who is Responsible	Timescale
Staff and Staff partnership representatives are engaged in service reviews and developing future service models	Review of Homelessness services	Head of Service	May 2022 - May 2024
	Business Support Review to consider future options for delivering business support across the HSCP	Head of Service	July 2022 - March 2023
Services use evidence to inform current demand, capacity and skills	HSCP wide and Service level workforce profiles should be routinely reviewed	SMT	Quarterly July 2022 – March 2025



## ATTRACT

Inverclyde HSCP will attract a workforce which reflects the diversity of our population and continue to improve equality, diversity and inclusion in our workforce.

Development Area	Actions	Who is Responsible	Timescale
Working in the health and social care sector in Inverclyde is attractive	Focused recruitment in key areas such as Speech & Language, Psychiatry and work with NHSGG&C primary care leads to attract GPs locally	SMT	July 2022 – March 2025
	Utilise market facilitation to influence pay, terms and conditions across the range of commissioned services	SMT Service Manager Commissioning Inverclyde Council procurement	July 2022 – March 2025
	Work with Council and NHS HR to develop innovative recruitment campaigns for hard to fill posts - Learn from and develop approaches such as Care at Home recruitment	SMT & EMT	July 2022 – March 2025
	Aim to reduce reliance on temporary contracts and bank/locum staff	SMT	July 2022 – March 2025
	Work with IC and NHSGGC to enhance entry to the workplace through graduate programmes, apprenticeships, kickstart & other employability services as appropriate	HR, SMT & EMT	July 2022 – March 2025



Inverclyde HSCP will attract a workforce which reflects the diversity of our population and continue to improve equality, diversity and inclusion in our workforce.

Development Area	Actions	Who is Responsible	Timescale
Training is linked to Appraisals, PDPs and staff development	Continue development of a Training Board to oversee training delivery and administer a training fund	Chief Social Work Officer	July 2022 – Dec 2023
	Sponsor & undertake a TNA across HSCP & include third sector	SMT	July 2022 – Dec 2023
Competent and confident managers and leaders at all levels	Access a range of leadership development programmes & coaching that will support the development of leadership skills with staff linked to PDPs	SMT, EMT, Team Leaders	July 2022- March 2025
	Explore opportunities for joint leadership programmes such as extending Leading in Inverclyde to third sector		July 2022- March 2025
Confident and competent staff who contributes to delivery of 6 Big Actions	Continue to develop the HSCP's SVQ Centre, to include Level 4 (Social Services and Healthcare)	Head of Finance Planning & Resources  Service Manager Learning & Development	July 2022- March 2025
	Continue to deliver the appropriate levels of Adult & Child Protection Training Implement any learning that emerges from the Scottish Child Abuse Enquiry	Chief Social Work Officer	July 2022- March 2025
	Review & refresh of the HSCP's Assessment & Care Planning training	Head of Health & Community Care  Service Manager Assessment & Care Management	July 2022- March 2025

Confident and competent staff who contributes to delivery of 6 Big Actions	<p>Develop a programme which ensures staff are skilled in managing complaints, FOIs &amp; SARs promotes culture change and understanding</p> <p>Develop training matrix</p>	<p>Head of Finance Planning &amp; Resources</p> <p>Service Manager Business Support</p> <p>Complaints Manager</p>	July 2022- March 2025
	<p>Support staff to meet the required SNSIAP competencies at level 3 including access to training, supervision, mentorship &amp; required reference materials prepare for re-accreditation using <b><u>SNSIAP framework</u></b></p>	<p>Head of Finance Planning &amp; Resources</p> <p>Service Manager Advice Services</p>	July 2022- March 2025
	<p>Ensure the values &amp; actions from the 21-24 The Promise plan are incorporated in our culture &amp; training</p>	<p>Chief Social Work Officer</p> <p><i>I</i>Promise Programme Manager</p>	July 2022- March 2025
	<p>Undertake a review of the local capacity to deliver the Promoting Excellence Framework for Dementia</p>	<p>Head of Finance Planning &amp; Resources</p> <p>Service Manager Learning &amp; Development</p> <p>Dementia Training Coordinator</p>	July 2022- March 2025
	<p>Review the range of suicide prevention training and develop a suite of F2F &amp; digital learning which is accessible to all partners</p>	<p>Head of Health &amp; Community Care</p> <p>Service Manager Health Improvement/ Mental Health Programme Board</p>	July 2022- March 2025
	<p>Ensure compliance with Statutory and Mandatory Training – regular reporting to Service Managers &amp; Health &amp; Safety Committee</p>	SMT & EMT	July 2022- March 2025



## EMPLOY

Inverclyde HSCP will ensure staff feel valued and rewarded for the work they do and that NHS Scotland and Social Care employers are employers of choice.

Development Area	Actions	Who is Responsible	Timescale
Positive workplace changes from Covid-19 are embedded & spread	Implement flexible/ hybrid working arrangements as per parent body policies Examples include:	SMT & EMT, HR	July 2022- March 2025
	Ensure a refreshed HSCP digital strategy supports flexible working arrangements		December 2022
Staff are motivated to remain employees of the HSCP	Continue to promote the wellbeing plan as a means of valuing staff	SMT & EMT, HR	July 2022- March 2025
	Clear role and development pathways & succession planning		July 2022- March 2025
New staff are supported and feel confident in their new roles	Review and reinvigorate the joint Induction programme for new staff	Chief Social Work Officer Head of Service Finance, Planning Resources	TBC
	Continue to develop current programme of support for Newly Qualified Social Workers which delivers the year of supported practice	Chief Social Work Officer Head of Service Finance, Planning Resources	July 2022 – July 2023



**NURTURE**

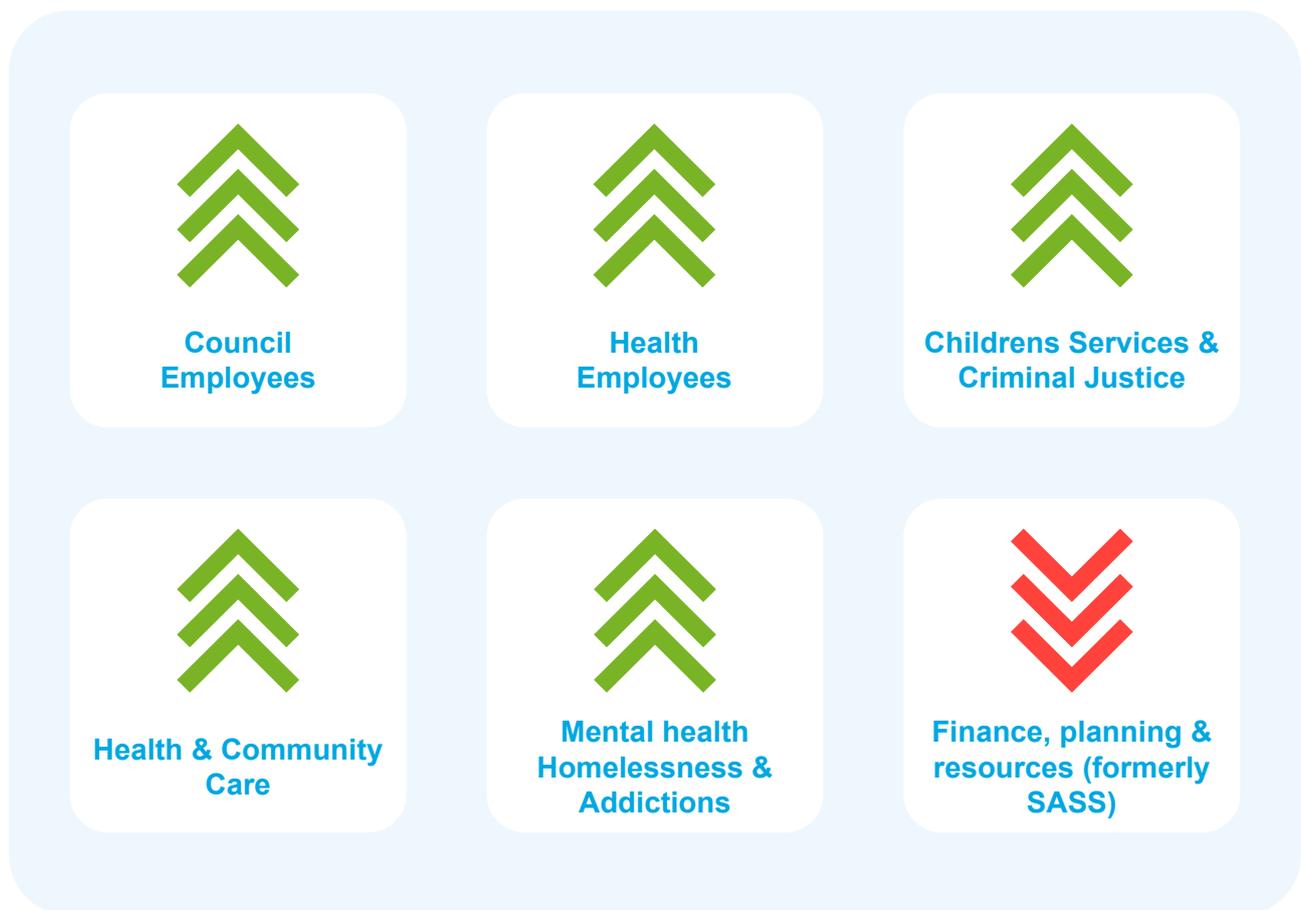
Inverclyde HSCP will foster workforce cultures, kind and compassionate leadership that supports wellbeing and positive workplaces.

Development Area	Actions	Who is Responsible	Timescale
Staff wellbeing is supported and improved	Continue to implement and develop the staff wellbeing plan	HSCP wellbeing lead	July 2022 – March 2025
	Continue to develop Inverclyde Cares including No One Grieves Alone and support all partners to contribute to & implement the developing workplace charter	Inverclyde Cares programme Board Chief Officer	July 2022 – March 2025
	Develop and display values and behaviours that are consistent and support a healthy culture	SMT & EMT	July 2022- March 2025
	Develop a Trauma Informed organisation at all levels beginning with Scottish Trauma Informed Leaders Training (STILT) Training needs analysis & plan Trauma coordinator to be appointed for Inverclyde	SMT & EMT	July 2022- March 2025
Staff are actively engaged in making the HSCP a better place to work	Roll-out iMatters and construct aligned action plans	SMT, EMT, Team Leaders	June 2022- March 2025
	Appraisal, team meetings, informal feedback, development sessions	SMT, EMT, Team Leaders	June 2022- March 2025
Staff achievements are celebrated	Yearly HSCP & NHSGGC staff awards, Scottish Social Services Awards and others	All employees	June 2022- March 2025

## Appendix 2

### Workforce Data

#### Staffing numbers change since last workforce plan in 2019



### Leavers

Council employees Q3 21/22 = 24 with 5 retirements 20.8%

NHS employees Q4 21/22 = 28 with 17 retirements 61%

## HSCP Council Employee Appraisals 2021-22

Health and Social Care Partnership	Percentage Received (target 90%):
Children Services & Criminal Justice:	63.58
Health & Community Care:	89.73
Mental Health, Addictions & Homelessness:	65.28
Strategy and Support Services (Includes Business Support)	100.00
<b>Total for HSCP</b>	<b>85.5</b>

## SVQ Centre Registered & Completed 2021

AWARD	STAFF GROUP	REGISTERED 2021	COMPLETED 2021
SSHC 2	HSCP	14	5
SSHC 3	HSCP	4	1
SSHC 4	HSCP		
CSLM 4	HSCP		
Supervisory Award	HSCP	5	4
SSCYP 2	Education Dept.	10	3
SSCYP 3	HSCP	5	0
SSHC 2	External agencies	6	3
SSHC 3	External agencies	2	2
SSHC 4	External agencies	2	0
CSLM 4	External agencies	2	0
Supervisory Award	External agencies	5	4
<b>Total</b>		<b>55</b>	<b>22</b>

**SSHC** – Social Services and Healthcare

**CSLM** – Care Services Leadership and Management

**SSCYP** – Social Services Children and Young People

**Please note:** Candidates may register in one year and complete the following year as there is a rolling programme of intakes throughout the year.

## Estimates of Future Demand for SVQ Completions

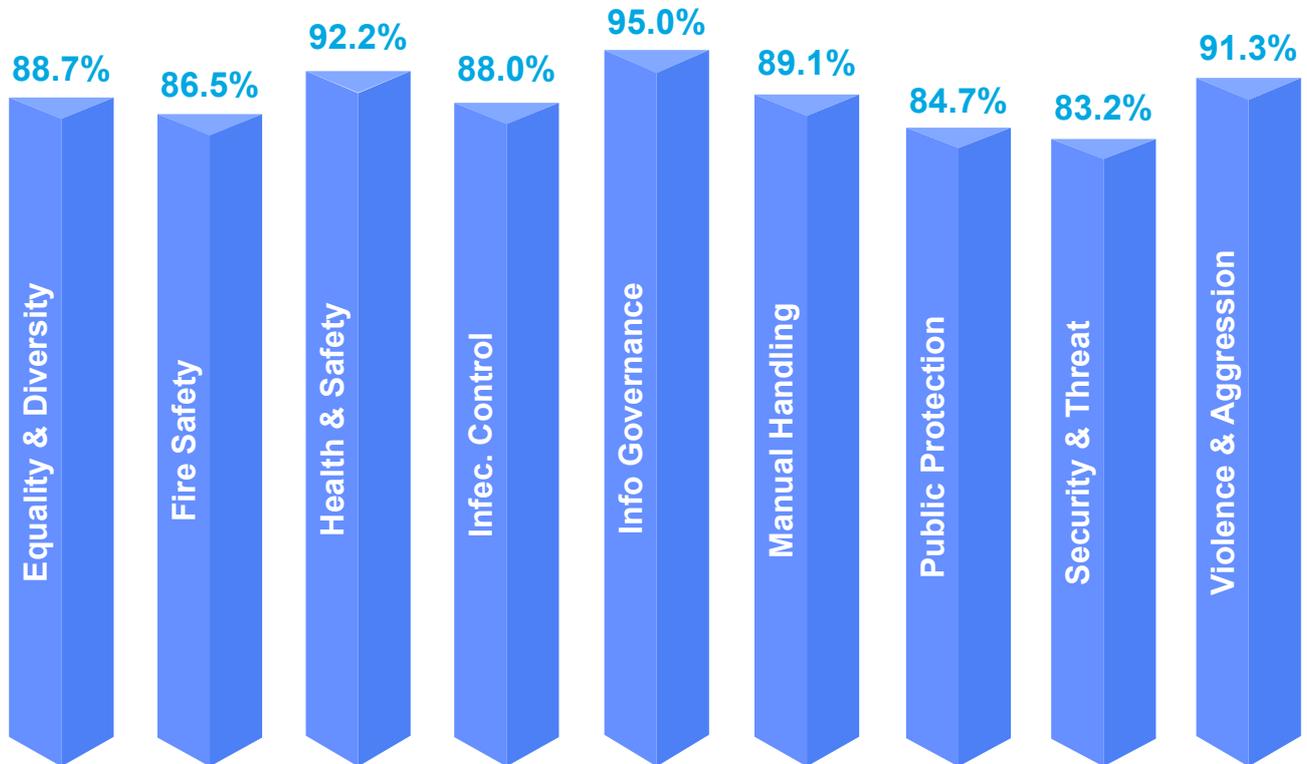
AWARD	STAFF GROUP	Estimated number requiring qualification over next 5 years
SSHC 2	HSCP Homecare	152
SSHC 3	HSCP Homecare	15
SSHC 4	HSCP Homecare Other HSCP	4 2
CSLM 4	HSCP Homecare Other HSCP	4 2
Staff Vacancies	HSCP Homecare	50
Supervisory Award	HSCP Homecare Other HSCP	15 p.a. 15 p.a.
SSCYP 2	Education Dept.	5 p.a.
SSCYP 3	Education Dept.	3 p.a.
SSCYP 3	HSCP	5 p.a.
All Awards	External agencies	10 - 15 p.a.

**SSHC** – Social Services and Healthcare

**CSLM** – Care Services Leadership and Management

**SSCYP** – Social Services Children and Young People

## NHS Statutory & Mandatory Training uptake Feb 2022



### Breakdown of council training required:

Corporate training attended: **43**

E-learning completed: **277**

Leading in Inverclyde 2021 – **completed;**

Cohort 1 – **8 participants completed;**

Cohort 2 – **7 participants completed;**

2022 – **not yet completed;**

Cohort 3 – **14 people;**

Cohort 4 – **8 people;**





			<ul style="list-style-type: none"> <li>Implement strict and effective infection prevention and control procedures, including social distancing and redesigning care procedures that pose high risks for spread of infections.</li> </ul>	Commitment 1		
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### 3. Primary Driver: Staff maintain a sense of connectedness to their team, line manager and organisation

Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
3.1	<p>We will address –</p> <ul style="list-style-type: none"> <li>Reduce feelings of isolation</li> <li>Promote peer support</li> <li>Sustain team identity and focus</li> <li>Promote understanding of organisational COVID response and importance of staff's role within this</li> </ul>	<p>We will embed and encourage –</p> <ul style="list-style-type: none"> <li>Senior Leadership teams to review approach to communication that ensures consistency, balance, and accuracy</li> <li>Regular Team Meetings taking place, which are inclusive of all regardless of work location and routinely facilitates wellbeing discussions</li> <li>Regular supervision taking place with all staff regardless of work location and routinely facilitates wellbeing discussions</li> </ul>	<p>We will –</p> <ul style="list-style-type: none"> <li>Develop and forge stronger links to HSCP's Strategic Plan Big Action 6 (Building on strengths of our people and community)</li> <li>Create a system change to record organisational decisions are made and there is a subsequent impact on workforce health and wellbeing, e.g., as part of committee papers, and similar to the EQIA processes.</li> <li>Devise and implement 'Keeping Well in Your Workplace</li> </ul>	<p>Commitment 1</p> <p>Commitment 1</p> <p>Commitment 2</p>	Louise Long/ Champion Lead	

		<ul style="list-style-type: none"> <li>▪ Consideration given to different modes of communication and to have an equitable and consistent approach</li> </ul>	<p>Plans', adopting a sponsorship approach, for all staff</p> <ul style="list-style-type: none"> <li>▪ Work with key stakeholders to develop a Workplace Wellbeing Communications Plan –</li> <li>▪ including equitable access and use of devices</li> <li>▪ Design and develop an evidence-based framework that supports and enables all staff to participate in – <ul style="list-style-type: none"> <li>○ Team Wellbeing Huddles</li> <li>○ Support Bubbles (for common interests)</li> </ul> </li> </ul>	<p>Commitment 1</p> <p>Commitment 3</p> <p>Commitment 1</p>		
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**4. Primary Driver: Staff, where possible, have the tools and resources to work in a blended approach (Home, Office, and Community)**

Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
4.1	<p>We will address –</p> <ul style="list-style-type: none"> <li>▪ Facilitate agility in responding to changing personal, organisational and community circumstances arising from covid-19 pandemic</li> </ul>	<p>We will embed and encourage –</p> <ul style="list-style-type: none"> <li>▪ Identify appropriate solutions that enables equity of access to online information and resources, for staff who may not have readily available internet access</li> <li>▪ Work with the respective Communications and ITC departments to undertake an audit and identify gaps in provision of devices for all staff</li> <li>▪ Ensure there is a consistent approach in the use of software that enables all staff to undertake their work, with gaps identified, with an action plan to resolve</li> </ul>	<p>We will –</p> <ul style="list-style-type: none"> <li>▪ Work with the HSCP's Digital Strategy</li> <li>▪ Develop local Z-card information</li> <li>▪ Continue to influence National and GGC-wide direction of travel</li> </ul>	<p>Commitment 2</p> <p>Commitment 1</p> <p>Commitment 1</p> <p>Commitment 2</p> <p>Commitment 2</p>	<p>Lesley Aird/ Champion Lead</p>	

5. Primary Driver: Staff have access to information and resources, which sustains and improves their wellbeing						
Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
5.1	<p>We will address –</p> <ul style="list-style-type: none"> <li>To support staff to recognise signs and symptoms in themselves and others, in times of stress and anxiety</li> <li>Promotes a sense of agency over individual's wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>We will embed and encourage –</li> <li>A co-ordinated approach to ensure all staff are supported to complete relevant improving wellbeing and resilience workshops, such as Psychological First Aid Training</li> <li>Information on supporting health and wellbeing available through variety of mediums, linking to developing Communications Strategy</li> <li>Work with key stakeholders to deliver on specific multi-media campaign targeting health and wellbeing, ensuring equitable access to the information, and link with the developing Communications Strategy</li> </ul>	<p>We will –</p> <ul style="list-style-type: none"> <li>Have an inclusive and multi-agency approach to training/up skilling programmes to supporting staff and workplace wellbeing</li> <li>Design and develop a set of resources that supports and enables resilience in the workplace</li> <li>Recruit to Workplace Wellbeing Ambassadors</li> <li>Improve the uptake of the National Coaching offerings</li> <li>Improve the profile and increase the promotion of the national Promis website</li> </ul>	<p>Commitment 1</p> <p>Commitment 1</p> <p>Commitment 2</p> <p>Commitment 1</p>	Anne Malarkey/ Champion Lead	

