

---

**Report To:** Inverclyde Integration Joint Board      **Date:** 24 August 2020

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/54/2020/LA

**Contact Officer:** Lesley Aird  
Chief Financial Officer      **Contact No:** 01475 715381

**Subject:** HSCP WORKFORCE PLAN 2020-2024

---

## **1.0 PURPOSE**

- 1.1 The purpose of this report is to seek approval of the enclosed workforce plan.

## **2.0 SUMMARY**

- 2.1 HSCPs are required by the Scottish Government to develop and publish a workforce plan which sets out the strategic direction for workforce development, service redesign and the resulting changes to our workforce.
- 2.2 The relevance of the workforce plan is to support the HSCP to deliver the priorities in the strategic plan and ensure appropriate staffing arrangements are in place across the HSCP.
- 2.3 This replaces the previous People Plan and supports the IJB's Strategic Plan 2019-24.

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Integration Joint Board:
1. Note the work done to date;
  2. Note and approve the attached workforce plan,
  3. Approve the creation of a Staff Development Fund, and
  4. Authorises the Chief Officers to issue Directions to the Council and Health Board on the basis of this report and the specific direction at Appendix A.

**Louise Long, Chief Officer**

## **4.0 BACKGROUND**

- 4.1 The Scottish Government Health and Social Care delivery plan set out an aspiration for high quality health and social care services in Scotland focussed on prevention, early intervention and supported self- management.
- 4.2 The HSCP needs to ensure that everyone receives the right help at the right time, not just now, but in the years to come as our society continues to change. Our approach to primary and community care on the one hand, and acute and hospital services on the other, should support the critical health challenges our society faces, not least with respect to an ageing population.
- 4.3 For community-based services, this will mean everyone should be able to see a wider range of professionals more quickly, working in integrated teams to ensure people receive high-quality, timely and sustainable support for their needs throughout their lives.
- 4.4 Through our workforce planning, service redesign and transformation processes the HSCP is keen to redesign services around communities to ensure that they have the right capacity, resources and workforce.
- 4.5 In January 2020 the Strategic Planning Group agreed that officers should replace the existing People Plan with a new workforce plan to meet legislative requirements and in line with the Strategic Plan roadmaps to ensure the HSCP is well placed to deliver its 6 Big Actions.

## **5.0 WORKFORCE PLAN 2020-24**

- 5.1 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.
- 5.2 Nationally, the Scottish Government has made clear that the integration of health and social care is a critical component of its programme of reform. There are numerous national strategies that informed the priorities within this strategy and will inform its implementation. They include but are not limited to:
  - Everybody Matters 2020 Workforce Vision
  - Carers (Scotland) Bill 2015
  - Social Care (Self-directed Support) (Scotland) Act 2013
  - Public Bodies (Joint Working)(Scotland) Act 2014
  - The role of the 3<sup>rd</sup> sector interface
  - Social Service in Scotland a Shared Vision and strategy 2015-2020
- 5.3 The new Workforce Plan is attached at Appendix B, it looks at:
  - The Strategic Plan, its 6 Big Actions and the delivery roadmaps for each action
  - Engagement & Participation – the plan was created in close liaison with partners and stakeholders
  - Demand drivers – including national policy, guidance, regulation and governance as well as the impacts of economics, demographics and local priorities
  - Inverclyde context – the particular issues facing the Inverclyde workforce and demand for HSCP services now and going forward, both of which are influenced by a declining and ageing population leaving fewer people of working age in the area and increasing the number of elderly local people requiring support
  - Strategic Commissioning, Market Facilitation and the links between workforce planning and purchased services in a successful mixed model economy

- Future workforce – recruitment and retention of staff, training and the need for a Learning & Development Board within the HSCP to support staff development and succession planning
- Intermediate Action Plan

- 5.4 In June the IJB approved funding for a Health Visitors training programme in 2020/21 to enable succession planning within that service; this is being funded from in year turnover savings. Linked to this, the Workforce Plan proposes the set up of an HSCP Learning & Development Board. A bid for recurrent funding for this Board will come to the IJB later in the year as part of the 2021/22 budget plan. In the meantime, the IJB is requested to approve £100k in 2020/21 for a new Staff Development Fund to be overseen by the Learning & Development Board which will be led and chaired by the Chief Social Work Officer (CSWO). It is anticipated that this can be funded through in-year turnover savings due to delays in filling vacancies in the same way as the Health Visitor programme is being funded. Further underspends on that may be preserved for Staff Development and taken to an Earmarked Reserve (EMR) at the yearend. The IJB will have an opportunity to consider any additional transfers to an EMR through the IJB Financial Monitoring processes throughout the year.
- 5.5 The Workforce Plan will be revisited at least every two years through the Strategic Planning Group (SPG) and Staff Partnership Forum (SPF), to ensure that it remains fit for purpose.
- 5.6 This document represents an overarching workforce strategy. Specific workforce implications of any proposed service change and redesign will be clearly set out in HSCP service redesign and medium term financial plans which come to the IJB for approval.
- 5.7 The enclosed workforce plan has been circulated and discussed with the HSCP Staff Partnership Forum membership and agreed by the Strategic Planning Group in August.

## 6.0 IMPLICATIONS

### 6.1 FINANCE

The financial implications are as outlined in this report.

#### One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
Various	<i>Staff Development Fund</i>	20/21	£100k	Emp Costs	Staff Development Fund – funded by in year turnover savings due to delays in filling vacancies

#### Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

## LEGAL

6.2 There are no specific legal implications arising from this report.

## HUMAN RESOURCES

6.3 All training support offered will follow Council and NHS processes.

## EQUALITIES

6.4 There are no equality issues within this report.

6.4.1 Has an Equality Impact Assessment been carried out?

√

YES (see attached appendix)

NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

6.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

6.5 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

There are no governance issues within this report.

6.6 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	Effective workforce planning ensures more effective use of staffing resources across the HSCP

## 7.0 DIRECTIONS

7.1	<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
		1. No Direction Required	
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	X

A copy of the proposed Direction is enclosed at Appendix A.

## 8.0 CONSULTATION

8.1 This report has been prepared by the IJB Chief Officer in consultation with Heads of Service and the Council's Corporate Management Team has been consulted.

## 9.0 BACKGROUND PAPERS

9.1 None

**INVERCLYDE INTEGRATION JOINT BOARD****DIRECTION**

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

---

**Inverclyde Council** is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB. All services must be procured and delivered in line with Best Value principles.

Services: All services listed in Annex 2, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 2, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

**Detailed Request**

Requirements of the enclosed Workforce Plan approved by the IJB on 24/08/2020.

Note the IJB has approved funding for a Health Visitors training programme in 2020/21 to enable succession planning within that service, this is being funded from in year Health turnover savings.

Note the IJB has agreed to set up an HSCP Learning & Development Board, and has approved £100k in 2020/21 for a new Staff Development Fund to be overseen by the Learning & Development Board. This will be funded through additional in year turnover savings due to delays in filling vacancies in the same way as the Health Visitor programme is being funded. Any underspends on the Staff Development Fund will be preserved for Staff Development and taken to an Earmarked Reserve at the yearend.

This direction is effective from 24/08/2020.

## **INVERCLYDE INTEGRATION JOINT BOARD**

### **DIRECTION**

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

---

**Greater Glasgow & Clyde NHS Health Board** is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB. All services must be procured and delivered in line with Best Value principles.

Services: All services listed in Annex 1, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 1, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

#### **Detailed Request**

Requirements of the enclosed Workforce Plan approved by the IJB on 24/08/2020.

Deliver a Health Visitors training programme in 2020/21 for up to 5 Health Visitor, as outlined in the report to the June 2020 IJB, to enable succession planning within that service, funded from in year Health turnover savings.

Note the IJB has agreed to set up an HSCP Learning & Development Board, and has approved £100k in 2020/21 for a new Staff Development Fund to be overseen by the Learning & Development Board. This will be funded through additional in year turnover savings due to delays in filling vacancies in the same way as the Health Visitor programme is being funded. Any underspends on the Staff Development Fund will be preserved for Staff Development and taken to an Earmarked Reserve at the yearend.

This direction is effective from 24/08/2020.

**Inverclyde Health and Social Care Partnership**

**Workforce Plan – 2020 to 2024**

Version control: Draft v6 as at 07/08/2020

Review Date:



**Contents**

**Introduction** ..... 3

**Our Vision and Strategic Direction**..... 4

**Engagement & Participation** ..... 7

**Demand Drivers**..... 8

**Economics and Socio-demographics** ..... 9

**Inverclyde Context**..... 10

**Our Workforce**..... 15

**Strategic Commissioning – Market Facilitation and Commissioning Plan** ..... 16

**Future Workforce** ..... 17

**Skills for Future Workforce** ..... 18

**Governance** ..... 20

**APPENDIX A** ..... 21

DRAFT

## 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 over-arching aim of integration is to improve the well-being of service-users. National guidance has been developed to ensure the following underpinning principles are central to our approach and this strategy.

The Inverclyde Health and Social Care Partnership (HSCP) does not directly employ staff but “it is responsible for coordinating services” as detailed within the published Integration Scheme.

The HSCP Strategic Plan (2020-24) sets out our vision of improving lives [Inverclyde Council | Health and Social Care Partnership Strategic Plan](#).

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.

By considering all of these aspects, we need to approach workforce planning, taking account of all the people who are part of this complex landscape, ensuring that we recognise all of the contributions, and support and sustain these as we move forward.

The COVID-19 pandemic has meant that all organisations have had to fundamentally change how they deliver. For the HSCP this has meant significant change for staff and service users. Our workforce rose to the challenge and over just a couple of weeks moved our entire operation from business as usual to service hubs. This involved the majority of staff moving from office based to home working, agile and mobile working. In addition, the local community response was incredible and helped move forward our Big Action 6 objectives around social prescribing much faster than anticipated.

Moving forward, the lessons learned from the pandemic will influence how we all live and work and how we as an HSCP deliver services. This learning will influence our current and future workforce. This plan has been written with that in mind and will be subject to regular review and update as we move through recovery from the pandemic.

### 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.**

The 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 have still to be fully delivered to achieve this:

- Full implementation of the requirements of the Carers (Scotland) Act 2016
- Review of treatment rooms
- Learning Disability Services redesign
- Allied Health Professionals (AHP) review
- Full implementation of the Primary Care Improvement Plan
- Development of an Inverclyde Dementia Strategy
- Alcohol & Drug Recovery Services (ADRS) review
- Community Justice Partnership review
- Development of a cross-cutting public health approach
- Further development of Inverclyde Cares.

These commitments are reflected in our six 'Big Actions'.

## Inverclyde HSCP – 6 Big Actions



All of these are woven through our strategic and operational plans within our overarching Strategic Plan, so it is fitting that they should also underpin our Workforce Plan. These interlink and can be cross referenced with regulatory and scrutiny body codes of practice and professional standards.

Our 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 requiring extensive and extended support.
- Alcohol, drug and chronic obstructive pulmonary disease (COPD) hospital stays are significantly higher in Inverclyde than the rest of Scotland.
- Breastfeeding rates are significantly lower in Inverclyde.
- We have a higher rate of mental health problems.

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 Wellbeing Outcomes. Our core values and principles also apply to services for children and families, as indicated in the Inverclyde's Integrated Children's Services Plan 2017-2020 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.

Our future workforce will be shaped to deliver on these outcomes and key messages, and our performance will be measured against them too - the HSCP will be "**accountable**" for their successful delivery and measurable improvement. We strongly believe that successful delivery can only be brought about by recognising, supporting and co-ordinating all of the inputs, by all of the people within our HSCP.

## Engagement & Participation

The Inverclyde HSCP Workforce Plan has been created in close liaison with our partners and stakeholders and we have agreed the following points to be delivered:

- 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.

As part of this, the demographics of our current health and social care workforce means

- We have a workforce where 34% of Inverclyde employed staff are between the ages of 56 and 70 and 24% of our NHS GG&C employed staff are within the same age bracket.
- This is an area that requiring our attention, in that, a significant part of our older workforce are likely retire over the next 5-10 years.
- We need to prepare for potential gaps in staffing numbers and for the replacement of professional skill and knowledge that will be required to meet our future demand.

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.

## Demand Drivers



### National Policy & Guidance

Nationally, the Scottish Government has made clear that the integration of health and social care is a critical component of its programme of reform. There are numerous national strategies that informed the priorities within this strategy and will inform its' implementation. They include but are not limited to:

- Everybody Matters 2020 Workforce Vision
- Carers (Scotland) Bill 2015
- Social Care (Self-directed Support) (Scotland) Act 2013
- Public Bodies (Joint Working)(Scotland) Act 2014
- The role of the 3<sup>rd</sup> sector interface
- Social Service in Scotland a Shared Vision and strategy 2015-2020
- Scottish Government's National Health and Social Care Workforce Plan

### Regulation and Governance

Many of the current health & social care workforce are required to be registered with a particular professional or regulatory body. This expanded in 2017 to include workers in housing support and care at home services. 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. This also includes the need to promote the full range of options detailed within Social Care (Self-directed Support) (Scotland) Act 2013. It is recognised that to fully implement the Act all staff will need to embrace and be supported to embed different ways of working.

The principles of integration focus on the need for resources to be better directed towards prevention & early intervention, for greater engagement & participation of the local population in the identification of needs and how such needs are to be met and for such resources to be more locality based and organised.

## Economics and Socio-demographics

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 Acute sector colleagues. Moving forward future workforce will require to come from a wide range of backgrounds and we will need to continue to build capacity within communities to reflect modern services and good practice.

## Local Strategies & Priorities

The Strategic Plan outlines the local priorities and strategy for shifting the balance of care and delivering the vision. The HSCP strategies are aligned to IJB, Health Board and Council priorities. As part of the local response the HSCP has set up 6 localities in line with the Inverclyde Alliance Board arrangements.

As part of the HSCP Covid-19 Recovery, there is strategic and operational work that is developing to support the mental health and wellbeing of its staff.



## Inverclyde Context

The population in Inverclyde is falling. Since 2000, the total population has fallen by an average of 342 people each year. Population projections estimate that the average annual decrease in the population will be approximately 640 people a year between 2016 and 2037, meaning that there will be just over 65,000 people living in Inverclyde in 2037.

## Our Population

The population of Inverclyde is getting older. It is predicted that those of working age (16-64) will see a decrease from 64% in 2012 to 52% by 2037. However, in contrast, those aged 65+ will increase from 19% in 2012 to 34% of our total population by 2037. It is likely that our older people will require higher levels of support and use more resources. Chart A provides a full breakdown of age groups.

**Chart A: Population Projections to 2037**

Age Group	2012		2022		2032		2037	
	Number	%	Number	%	Number	%	Number	%
0-15	13,403	17%	12,295	16%	10,348	15%	9,171	14%
16-49	34,949	43%	27,579	37%	24,149	35%	22,152	34%
50-64	17,127	21%	17,745	24%	12,996	19%	11,597	18%
65-75	8,198	10%	9,263	12%	10,953	16%	10,202	16%
75+	7,003	9%	8,404	11%	10,464	15%	11,892	18%
Total	80,680	100%	75,286	100%	68,910	100%	65,014	100%

Source: NRS population projections

## Our Future Projections

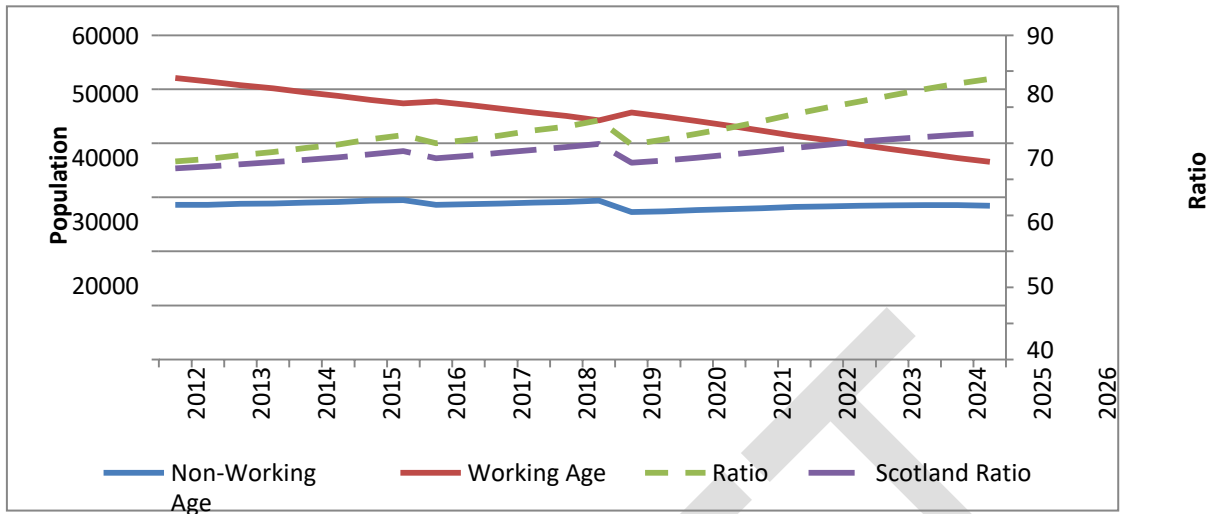
Chart A predicts a reduction in children and young people living in Inverclyde from 17% of the total population in 2012, to 14% in 2037.

There will be more people in older age groups than in younger age groups meaning that there will be greater demand on support services in the future.

## Dependency Levels

Following on from the age profile of our population, Chart B demonstrates that the overall projected fall in Inverclyde's population is as a result of falling numbers of working-age people. As the population ages, the working-age population is not being replaced by the generation following. According to the National Records of Scotland (NRS) projections, the population in Inverclyde is set to fall by 15,666 between 2012 and 2037 and most of these people will be of working age; by 2037 there will be 15,521 fewer people of working age living in Inverclyde.

**Chart B: Inverclyde Projected Dependency Ratio**



Source: NRS population projections

The work associated with our Strategic Needs Assessment (2019), to inform our Strategic Plan, highlighted that despite positive self-perceptions of health and wellbeing and overall quality of life in Inverclyde, specific health issues and diseases remain higher than the national average.

Some of these differences are present in childhood, whilst others develop in adulthood. Such issues and diseases have an impact on the services provided by Inverclyde HSCP. These include reducing dependency, supporting healthier outcomes and choices, lifestyles, safety, protection and resilience as well as promoting recovery, to live independently for as long as possible. Supporting better outcomes includes supported self-management, which empowers the individual and eases demand pressures on the wider health and care support systems.

Long-Term Conditions

If we are to deliver meaningful supported self-management, we need to understand the scale of long-term conditions within Inverclyde. Healthy life expectancy is an estimate of how many years a person might live in a ‘healthy’ state. Chart C compares life expectancy and healthy life expectancy in Inverclyde and Scotland based on data for the period 2015-2017. It shows that both life expectancy and healthy life expectancy is lower in Inverclyde than in Scotland. This demonstrates that the need for care and for supported self-management is likely to be higher per capita in Inverclyde than is the case in other areas.

**Chart C: Years of Life Expectancy and Healthy Life Expectancy in Inverclyde and Scotland 2015-2017**

Life Expectancy	Inverclyde		Scotland	
	Male	Female	Male	Female
2015 -2017	75.2	79.7	77.0	83.1
Healthy Life Expectancy	Inverclyde		Scotland	
	Male	Female	Male	Female
2015 -2017	60.5	59.5	62.3	62.6

Source: <http://www.scotpho.org.uk/population-dynamics/healthy-life-expectancy/data/local-authorities>

### Physical Disabilities

The majority of people who have a physical disability in Inverclyde are over the age of 50. As our population gets older, we can expect to see further increases in the prevalence of physical disability, and a workforce that is geared to supporting the associated needs. Chart D shows the number of physical disabilities by age and gender.

**Chart D: Number of people in Inverclyde with a physical disability by age and gender**

Age	Male	Female	Total	Percentage of total population with physical disability	Percentage of age group with physical disability
0-15	72	71	143	2.2%	1.0%
16-24	75	51	126	2.0%	1.4%
25-34	127	86	213	3.4%	2.3%
35-49	498	404	902	14.2%	10.0%
50-64	982	889	1871	29.4%	11.0%
65-74	637	673	1310	20.6%	16.5%
75-84	451	736	1187	18.7%	23.3%
85+	144	461	605	9.5%	34.4%

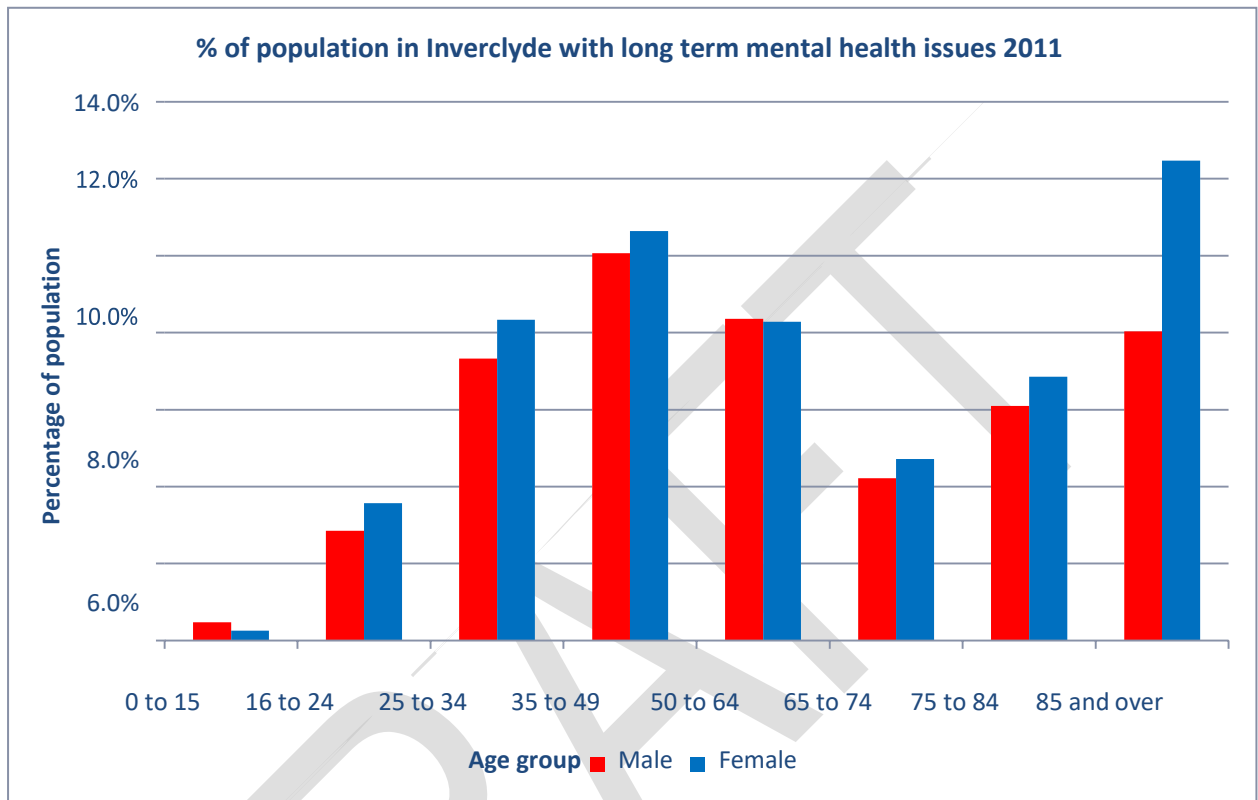
Source: 2011 Census

### Mental Health and Well-being

There are a higher average percentage of people in Inverclyde with a mental health condition in comparison with the Scottish average. In Inverclyde 6.4% of the total population had a mental health condition recorded in the 2011 census, the Scottish figure was 4.4%. Chart E provides an overview of Inverclyde long term Mental Health conditions by age group and gender. Again, there are specific support needs for

people with a mental health condition, so we need to shape the future workforce to address this.

**Chart E: Percentage of population with long term mental health conditions in Inverclyde by age group and gender**



Source: 2011 Census

Another factor for consideration when assessing the priorities of a future workforce is the impact of the most common or support-intensive conditions, and their prevalence in Inverclyde. This data has been collected from GP practices in Inverclyde, and shows there is a higher rate of prevalence for each of the conditions listed in Chart F below in Inverclyde compared with the NHS Scotland figure.

**Chart F: Comparison of the rate of prevalence of key conditions**

Disease Prevalence 2018-2019 in rates per 100 population		
Disease	Inverclyde HSCP	NHS Scotland
Asthma	7.43	6.39
Atrial Fibrillation	2.10	1.90
Cancer	2.79	2.67
CHD	5.19	3.93
CKD	3.97	3.08
COPD	3.03	2.46
Dementia	0.90	0.77
Depression	10.25	7.49
Diabetes	5.73	5.17
Heart Failure	1.01	0.85
Hypertension	15.71	13.80
Mental Health	1.26	0.94
Osteoporosis	0.21	0.14
Palliative Care	0.21	0.25
Peripheral Arterial Disease	1.10	0.84
Rheumatoid Arthritis	0.72	0.63
Stroke	3.13	2.28

Source: <https://beta.isdscotland.org/find-publications-and-data/health-services/primary-care/general-practice-disease-prevalence-data-visualisation/>

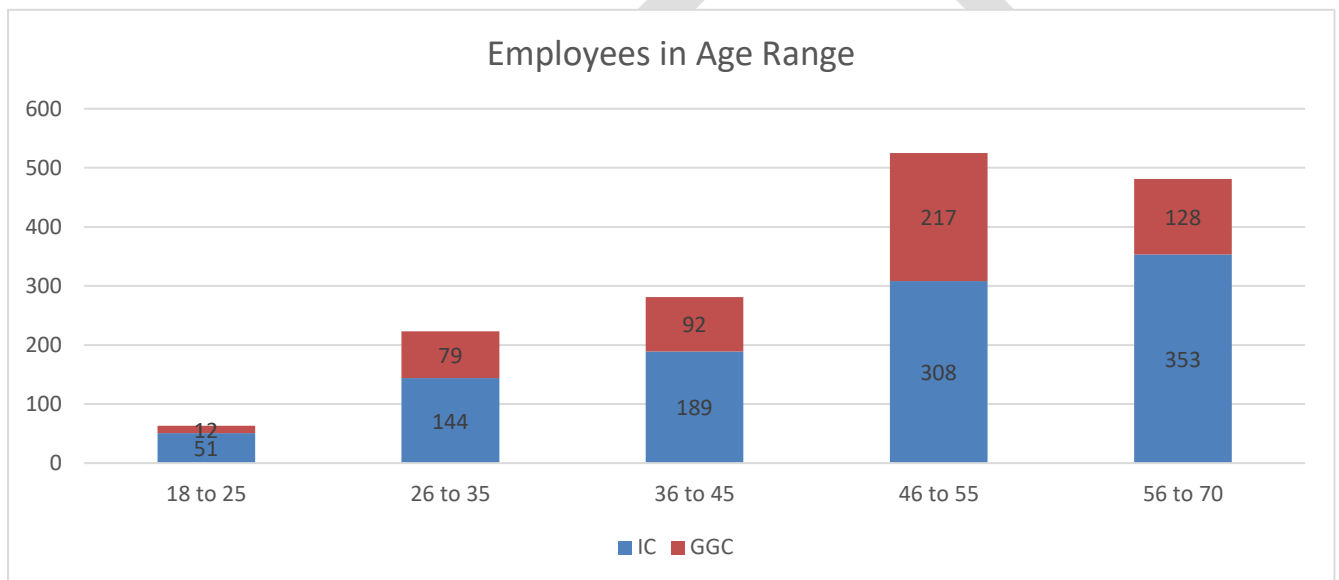
### Our Workforce

In the HSCP, we are fortunate to have a skilled, dedicated workforce. However, the age profile of that workforce indicates a potential skills shortage due to staff retirements over the next few years.

The HSCP workforce is predominately female over age 45, employed for less than 37 hours per week:

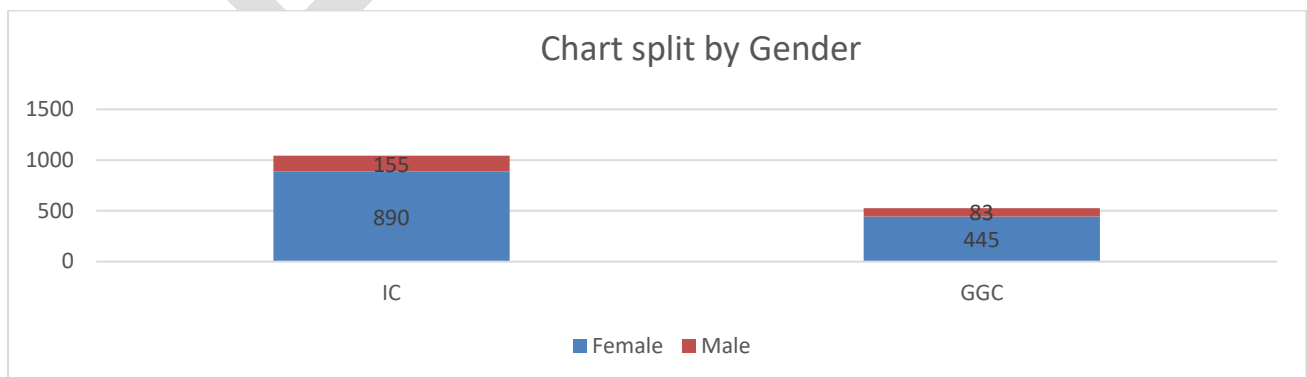
The Chart below shows we have an emerging problem around the age profile of our workforce which is heavily weighted to between the age of 46 and up. This part of our workforce is very skilled and knowledgeable and this could give us a significant skill gap over the next 5 -10 years if we do not take steps to address it.

**Chart G: Age Range of Inverclyde HSCP Workforce – September 2019**



Source: Inverclyde Council Workforce Information and Activity Reports Sept 2019

**Chart H: Breakdown of Inverclyde HSCP Employees by Gender – September 2019**



**Chart I: Breakdown of Inverclyde HSCP Employee numbers by Service – September 2019**

<u>Service</u>	<u>IC No. of employees</u>	<u>Full Time Equivalent</u>	<u>GGC No. of employees</u>	<u>Full Time Equivalent</u>
Children Services & Crim Justice	175	161.44	95	78.51
Health and Comm Care	657	479.62	115	93.2
Mental Health & ADRS	75	71.65	258	238.9
Strategy & Support Services	138	117.71	60	46.77
<b>TOTAL</b>	<b>1,045</b>	<b>830.42</b>	<b>528</b>	<b>457.38</b>

\*Full Time Equivalent is number of full time posts

### 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 **£35 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.

## 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, especially psychiatrists, nurses and mental health officers. 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.

The focus during the pandemic on Health and Social Care services and the “Clap for Carers” initiative showed the country the incredible job those in Health and Social Care do. Initial recruitment went up as more people indicated an interest in moving into this field, especially in the areas of Homecare and Residential Children’s Services.

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. We will:

- equip our staff with the skills they need to deliver better outcomes for them and our service users.
- enable and up skill 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.

### 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. 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.

Chart J below illustrates how many of our staff left the HSCP between April 2019 and March 2020 and the reason for leaving.

### Chart J: Reasons for leaving

Inverclyde HSCP - Reason for Leaving Apr 19 - Mar 20

Leaving Description	Strategy & Support	Criminal Justice & Childrens	Health & Community Care	Mental Health, ADRS & Homeless	Total Headcount
Capability - Ill Health		1	8		9
Death			1		1
Dismissal			1		1
End of tmp/Fix Contract	1	1	2	1	5
New employment with NHS outwith Scotland			1		1
New employment with NHS Scotland		2		4	6
Not yet known	3		12	7	22
Other	2	5	2	9	18
Resignation - Personal	7	3	17	6	33
Resignation-Career Prog	5	12	11		28
Resignation-Terms & Cond			6		6
Resignation-Work Related			1		1
Retire Ill Hlth Pension	2	1		1	4
Retire OptionAge Pension	2	4	12	8	26
Retirement- Option (Sev)	1		4	3	8
T/F to other Local Auth			2	1	3
Terminating Additional Contract Only	1	1	9	1	12
<b>Total</b>	<b>24</b>	<b>30</b>	<b>89</b>	<b>41</b>	<b>184</b>

The HSCP offers exit interviews to all staff leaving the organisation. The table above details reasons for resignations as recorded through this process.

### Skills for Future Workforce

As our HSCP has developed, so has our approach to service redesign. We now have full agreement that all service redesign proposals come to the Strategic Planning Group (SPG) so that they can be understood in the wider context of the delivery of the Strategic Plan. Service Redesigns are overseen by individual Project Boards and the Transformation Board.

Our Workforce Plan will be overseen by the SPG with linkage into the Staff Partnership Forum (SPF). We will develop our workforce and grow the necessary skill base by utilising trainee and leadership development schemes, where appropriate.

A Learning & Development Group, chaired by the Chief Social Work Officer (CSWO) is expected to be created in 2021 once the pandemic is over to support ongoing succession planning and staff development within the Partnership. The HSCP hopes to create a training fund to support the work of the Learning & Development Group on a recurrent basis but this will be dependent on the financial position of the HSCP following the pandemic and funding settlements.

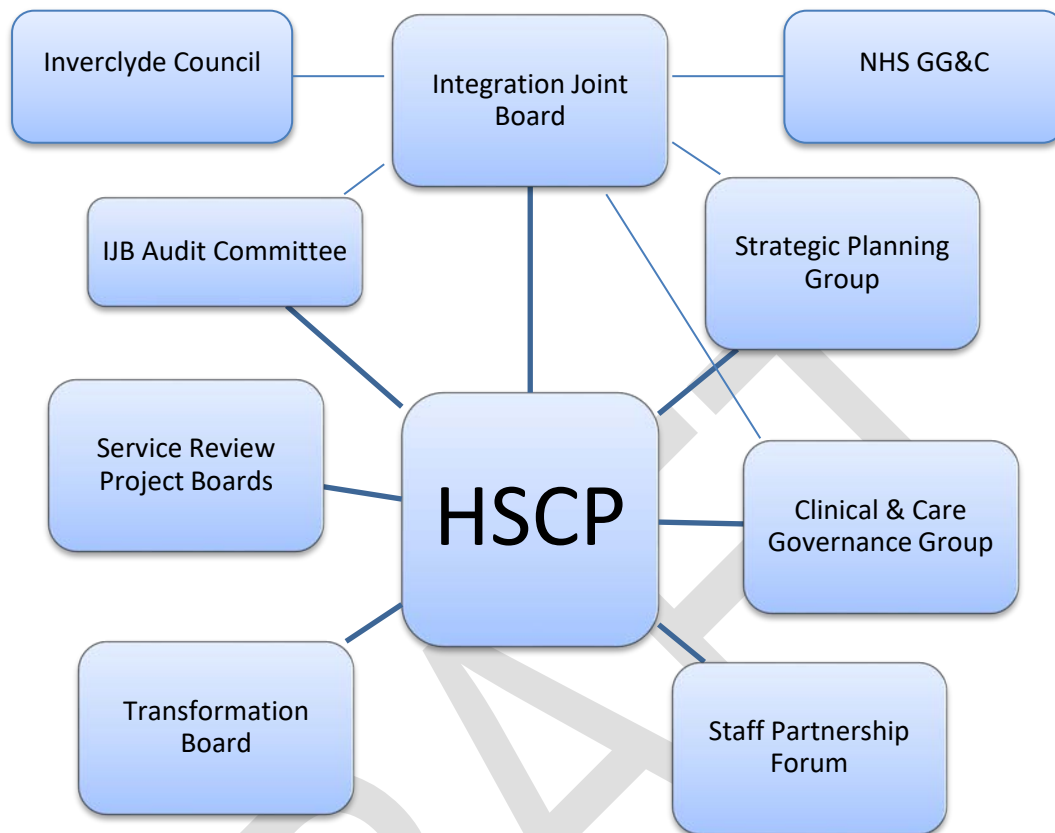
As we move through the delivery of our Strategic Plan, and following the pandemic there is a need to reconsider how some of our services are delivered, to ensure we are delivering the right services to the right people in the most effective way possible. Our Workforce Plan will be updated as required, depending on decisions made by the IJB about future service redesigns. Such updates will take account of:

- Staff roles
- Skills required
- Workplace from which care is delivered
- Pattern of work required to support our service users
- Training/upskilling our current workforce
- Technology and digital opportunities

During the lifetime of this Workforce Plan, it will have to take account of how these changes will re-shape the workforce. Indicative initial action plans for this work are enclosed at Appendix A.

## 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 diagram below.



Updates on progress against action plan aims and targets set out in the Workforce Plan will be provided to the Senior Management Team (SMT) and Staff Partnership Forum (SPF) every 6 months to highlight progress, including any concerns or issues and ways these will be addressed.

This Workforce Plan will be reviewed every two years by the Strategic Planning Group (SPG).

This Workforce Plan will be published on staff and public websites and any updates and achievements will be communicated across the HSCP using the usual communication channels.

## APPENDIX A

### Intermediate Action Plan

#### Actions/Investment Required

High Level Action	How this will be delivered	Expected Completion Date
Review of services	<p>Reviews already in progress</p> <ul style="list-style-type: none"><li>• Access 1<sup>st</sup> continues to develop to improve a single point of access for all HSCP services</li><li>• Review of Out of Hours Service which is expanding to cope with the demand for seriously ill and very frail people at home to receive services through the night</li><li>• Review of Alcohol &amp; Drug Recovery Service continues to shift focus from treatment to recovery</li><li>• Primary Care Improvement Plan in line with national guidance</li><li>• Rapid Rehousing Transition Plan in line with national guidance</li><li>• Learning Development Review to create a new LD Hub</li><li>• AHP review which is now in the implementation phase</li><li>• Business Support Review to consider options for delivering business support across the HSCP</li><li>• Management Review – to ensure the management structure is fit for the future</li><li>• Mental Health Officer Review to ensure the HSCP has an effective MHO service in place</li></ul>	<p>All of these reviews have been delayed slightly as a result of the pandemic. It is anticipated these will all recommence within the coming months</p>

Make working in the health and social care sector more attractive	Look at roles, management structure, career development, integration opportunities, recruitment campaigns, succession planning, grow our workforce, meet the manager sessions, cultural fit to recruitment rather than technical, robust induction, trainee schemes	The HSCP already strives to deliver much of this, however, by its nature this is an ongoing piece of work
Reward achievement	Encourage exemplar working practices	The HSCP places a high value to deliver on this
Covid-19 Lessons Learned	An initial lessons learned summary has been created looking at the positives and negatives of how the organisation has handled change during the pandemic. This will be further developed as we move through recovery changes to ensure the HSCP embraces the positive elements of these lessons learned including: <ul style="list-style-type: none"> <li>• Use of ICT</li> <li>• Wellbeing work</li> </ul>	Delivery dependent on when the pandemic ends

## Our Commitments and Improvement Actions for Training/Up Skilling

From 2021, develop and implement an HSCP-wide learning and development framework that will develop confident and competent staff. (Big Action 3 – Implementation Plan)					
Ref	Commitment	Improvement Actions	Lead	Review	Comments
1.1.1	Leadership	Reporting to the Strategic Planning Group (SPG), ensure the developing Workforce Plan considers the joint Scottish Government and Convention Of Scottish Local Authorities (COSLA) 'An Integrated Health and Social Care Workforce Plan for Scotland'; '2019/20 NHS Greater Glasgow and Clyde Workforce Plan and 'Inverclyde Council's People and Organisational Development Strategy 2020 – 2023'		June 2020	Complete – Updated Workforce Plan developed and taken to July 2020 SPG
1.1.2	Leadership	Following direction from the SPG, an oversight group will be established to monitor the implementation of this plan		October 2020	
1.1.3	Leadership	We will develop a Learning Needs Analysis, along with an improvement plan that will identify any gaps	Team Lead – Learning & OD	September 2020	
1.1.3	Leadership	Develop a Learning and Development Group to oversee training delivery	CSWO	April 2021	
1.1.4	Leadership	The HSCP will continue to roll-out iMatter and construct aligned action plans		February 2021	Reporting to SPG and SPF
1.1.5	Leadership	Continue to access a range of leadership development programmes that will support the development of leadership skills with our service delivery managers and frontline managers		Ongoing	
1.1.6	Leadership	We will utilise the NHSGGC Coaching Framework, to support opportunities for access by all staff	Team Lead – Learning & OD	Ongoing	

1.2.1	Culture	Devise a local response to the NHSGGC Culture Framework (2019), while following the Scottish Government commissioned John Sturrock QC to produce an independent report looking at cultural issues and harassment within NHS Highland, "The Sturrock Report" <sup>1</sup>	Team Lead – Learning & OD	September 2020	
1.2.2	Culture	Develop values and behaviours that are consistent and support a healthy culture	EMT	September 2020	
2.1.1.	Service Improvement and Change	Ensure consistent change management applied across HSCP with principles of: <ul style="list-style-type: none"> <li>• Partnership working</li> <li>• Value for money</li> <li>• Quality approach</li> <li>• Improvement and sustainability</li> <li>• Leadership developed to embed and sustain change</li> </ul>		June 2020	Complete – there are clear change management protocols in place across the HSCP which encompass these principles
2.1.2	Service Improvement and Change	Sustain and improve a culture of quality and service improvement that includes learning and innovation		June 2020	Complete – this is an ongoing initiative but the HSCP has rolled out a change management programme with reporting/lessons learned framework through its Transformation Board and IJB
2.1.3	Service Improvement and Change	Using a whole systems programme management approach, develop strategic and operational service redesign processes		September 2020	Complete – as above change management is overseen by the Transformation Board and IJB

<sup>1</sup> <https://www.gov.scot/publications/report-cultural-issues-related-allegations-bullying-harassment-nhs-highland/pages/2/>

3.1.1	Training/Up Skilling	Continue to develop the HSCP's SVQ Centre, to include Early Years (SVQ level 3); Level 4 (Care Services Leadership and Management and Level 4 (Social Services and Healthcare)	Team Lead – Learning & OD	June 2020	
3.1.1	Training/Up Skilling	Increase the capacity for Mental Health Officers and support current provision		August 2020 and ongoing	Complete – an action plan was developed to address issues raised. Additional MH funding was approved by the IJB in Jan 2020
3.1.2	Training/Up Skilling	Continue to roll-out the delivery of Promoting Positive Behaviour training, in line with statutory requirements		Ongoing	
3.1.2	Training/Up Skilling	Continue to roll-out the appropriate levels of Child Protection Training		Ongoing	
3.1.3	Training/Up Skilling	Implement the national approach to learning together to improve quality in public protection and in the interim we will implement any learning that emerges from the Scottish Child Abuse Enquiry		December 2020	
3.1.4	Training/Up Skilling	Continue to roll-out the appropriate levels of Adult Protection Training		Ongoing	
3.1.5	Training/Up Skilling	Undertake a review of the HSCP's Assessment & Care Planning training and implement recommendations		September 2020	
3.1.6	Training/Up Skilling	Continue to deliver on the Financial Harm training		Ongoing	
3.1.7	Training/Up Skilling	Continue to roll-out core training for Homecare staff		Ongoing	
3.1.8	Training/Up Skilling	Continue to deliver the range of suicide prevention training		Ongoing	
3.1.9	Training/Up Skilling	Undertake a review of the local capacity to deliver the Promoting Excellence Framework for Dementia Training		September 2020	



3.1.10	Training/Up Skilling	Continue with the roll-out of Sensory Impairment training		Ongoing	
3.1.11	Training/Up Skilling	Develop a local response to the National Education Services (NES) framework for Optimising Outcomes for staff working with people with Autism.		June/ September 2020	
3.2.1	Training/Up Skilling (Statutory & Mandatory)	Work with and support the HSCP's Health and Safety Committee, in the delivery of all statutory and mandatory training		Ongoing	

DRAFT