



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	22 June 2022
<b>Agenda Item</b>	12
<b>Title</b>	HSCP Workforce Planning Update
<b>Summary</b>	
<p>This report provides the Integration Joint Board with a draft copy of the HSCP's three year workforce plan ahead of submission in draft to the Scottish Government at the end of July 2022. The Scottish Government will provide feedback on the plan by end of August 2022 and the plan will then be updated to include any feedback. A final draft of the plan will be submitted to the IJB for approval ahead of publication by the end of October 2022.</p>	
<b>Presented by</b>	Julie Murray, Chief Officer
<b>Action Required</b>	
<p>The Integration Joint Board is asked to provide any comments on the plan ahead of submission in draft to the Scottish Government at end of July 2022.</p>	
<b>Directions</b>	<b>Implications</b>
<input type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**22 June 2022**

**Report by Chief Officer**

**HSCP WORKFORCE PLANNING UPDATE**

**PURPOSE OF REPORT**

1. This report provides the Integration Joint Board with a draft copy of the HSCP's three year workforce plan ahead of submission in draft to the Scottish Government at the end of July 2022. The Scottish Government will provide feedback on the plan by end of August 2022 and the plan will then be updated to include any feedback. A final draft of the plan will be submitted to the IJB for approval ahead of publication by the end of October 2022.

**RECOMMENDATION**

2. The Integration Joint Board is asked to provide any comments on the plan ahead of submission in draft to the Scottish Government at end of July 2022.

**BACKGROUND**

3. The Integration Joint Board has received previous updates with regard to the requirement to develop a three year workforce plan. The plan builds on the work of the interim workforce plan covering the period 2021-22 previously shared with the IJB.
4. The purpose of the workforce plan is to develop a cohesive picture of health and care workforce need across the HSCP geographic areas. The document is not intended to be a workforce plan for the workforce of wider partnership, however representatives from the Third Sector, Private providers and Primary Care Improvement, have been a part of the group developing the plan to ensure they are aware of the HSCP's workforce plan and any wider implications it may hold for the wider workforce across the partnership.

**REPORT**

5. The plan follows the guidance provided by Scottish Government in April 2022 included at appendix 1. HSCP's were asked to detail health and wellbeing training and incorporate the 'Five Pillars of Workforce Planning' set out within the National Health and Social Care Workforce Strategy. In order to ensure consistency with the NHS Greater Glasgow and Clyde workforce plan East Renfrewshire HSCP has adopted the same headings. The plan has eight sections as detailed below.
6. Section one *Introduction* provides an introduction to East Renfrewshire HSCP and its wider population. This section also sets out wider work at a National and Board level that is relevant to its development and details the stakeholder engagement and governance arrangements
7. Section two *Nurture: Health and Wellbeing* includes information about HSCP and partner wellbeing activity. It also sets out the work being undertaken by NHSGGC and East Renfrewshire Council to improve equalities.

8. Section three *Plan Short Term workforce drivers*, covering the period until March 2023, sets out the workforce planning, intentions, challenges, risks and mitigations in the shorter term.
9. Section four *Plan Medium term workforce drivers*, covering the period March 2023 until March 2025, sets out the workforce planning intentions, challenges, risks and mitigations in the medium term.
10. Section five *Current Workforce Demographics* sets out the details of the current workforce
11. Section six *Attract & Employ* provides a summary of the recruitment challenges and how the HSCP intends to address them in attracting staff.
12. Section seven *Train* provides details the skills and development the HSCP is prioritising to develop and support the work.
13. Section eight details the key priorities and associated action plan.

## **CONSULTATION AND PARTNERSHIP WORKING**

14. Following discussion with the Strategic Planning Group in March 2021, a workforce planning group consisting of representatives from HSCP services, Primary Care, Independent/ Voluntary sectors and Trade Union colleagues was established to develop both the Interim Workforce plan covering period and Three Year Workforce plans. In order to develop the three year plan the group has met monthly, since September 2021 over Microsoft Teams. The work of the group paused between December 2021 and March 2022 in order to allow an operational response to the Omicron variant.
15. The workforce planning group agreed the draft copy of the document. The document has subsequently been reviewed by the Head of HR and Corporate Services in the Council and the NHSGGC Workforce Planning Board. The plan will be reviewed at the Joint Staff Forum meeting on the 21<sup>st</sup> June 2022. Following any comments received from both the IJB and the Joint Staff Forum meeting, the plan will be updated ahead of submission, in draft, to the Scottish Government.

## **IMPLICATIONS OF THE PROPOSALS**

### Workforce

16. This workforce plan details some of the workforce risks / challenges faced by the HSCP in the both the short and medium term and sets out actions to address these.

### Equalities

17. The guidance asks that HSCPs reference equalities within the plan. This includes setting out how we will collect good quality data on ethnicity as well as all other protected characteristics.

## **DIRECTIONS**

18. There are no directions required at this stage.

**CONCLUSIONS**

19. The Three Year Plan has been developed in accordance with Scottish Government guidance issued in April 2022. The plan will be submitted to workforce planning colleagues at Scottish Government in draft and feedback is anticipated by the end of August 2022. Following any updates required a final draft of the plan will be submitted in the Autumn for the IJB to approve ahead of publication of the plan.
20. The plan is intended to set out a cohesive picture of health and care workforce need across the HSCP geographic area. Local work to develop the plan was carried out in partnership.

**RECOMMENDATIONS**

21. The Integration Joint Board is asked to provide any comments on the plan ahead of submission in draft to the Scottish Government at end of July 2022.

**REPORT AUTHOR AND PERSON TO CONTACT**

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Chief Officer, IJB: Julie Murray

June 2022

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## APPENDIX 1 WORKFORCE PLANNING GUIDANCE

## INTRODUCTION: ABOUT THIS GUIDANCE

This document provides guidance to NHS Boards and HSCPs on completion of their Three Year Workforce Plans, for submission by **31 July 2022**, and for publication on organisations' websites by **31 October 2022**.

This guidance follows the March publication of the National Workforce Strategy for Health and Care, and should be read alongside the NHS Recovery Plan published in August 2021.

Although plans for social care reform are still in development, Three Year Workforce Plans should address the need to achieve a sustainable social care workforce, leading to the introduction of a National Care Service for Scotland.

NHS Boards and HSCPs are asked to assess upcoming workforce demand and need in their Three Year Workforce Plans, taking into account:

- their current workforce (undertaking a gap analysis comparing demand analysis with current workforce);
- their assessment of workforce needs to fill the gap;
- and an action plan to address the gap predicated on the Five Pillars of the Strategy

NHS Boards and HSCPs should:

**Reflect the local workforce implications of the National Workforce Strategy (Recovery, Growth and Transformation) by describing:**

- Short-term (12 months) workforce drivers focusing on recovery and remobilisation of local health and care services;
- Medium-term (12-36 months) workforce drivers focusing on sustaining growth and supporting longer term transformation;
- Outcomes of local establishment gap analysis comparing demand for future staff with current workforce numbers and skills; and in three year plans;
- Profile the numbers of staff and new roles required to achieve the above.

**Use the 5 Pillars in the Workforce Strategy (Plan, Attract, Train, Employ, Nurture) as a framework in Three Year Workforce Plans, to:**

- Detail the actions which organisations will take to recruit and train staff in sufficient numbers to deliver the future workforce;
- Describe the current workforce and issues affecting the quality of staff experience, wellbeing and actions to support the retention of current staff;
- Identify any short/medium-term risks to service delivery in meeting projected workforce requirements and outline actions in place to mitigate shortfalls.

While Three Year Workforce Plans are an important element of organisations' local plans (including service and financial plans), they should also inform national developments, providing workforce planning information to support Scottish Ministers' decisions on health and social care services. A checklist of content is suggested at **Appendix A** to support local organisations in achieving this balance.

NHS Boards and HSCPs should ensure that their workforce planning uses an approach which best meets their individual organisational needs. Further guidance on workforce planning methodologies and supporting tools currently in use across local authorities, the third and independent sector, and NHS Scotland is set out at **Appendix B**.

## 1. PURPOSE OF GUIDANCE

1.1 The purpose of this guidance is to support a consistent and collaborative approach to the development of local Three Year Workforce Plans by NHS Boards and Integration Authorities (though Health and Social Care Partnerships), across an integrated landscape.

1.2 Following publication of the National Workforce Strategy in March 2022<sup>1</sup>, this guidance provides further advice on the process for development and submission of Three Year Workforce Plans and sets out the main aspects that NHS Boards and HSCPs should consider.

1.3 In developing Three Year Workforce Plans, NHS Boards and HSCPs should provide workforce planning information aligning local activity with the Strategy. Using the “5 Pillars” identified in the Strategy (Plan, Attract, Train, Employ, Nurture) they should clearly outline actions to address these objectives at a local level.

### What this Guidance will be used for

1.4 Three Year Workforce Plans will inform Scottish Ministers’ decisions on:

- planned future models of care for health and social care services;
- aggregating local workforce needs into a national picture of workforce demand and supply requirements; and
- national approaches supporting the recruitment, training, and retention of a skilled and sustainable workforce.

1.5 It is imperative that organisations respond to each of the key questions set out in the ensuing sections as fully as possible, including quantitative detail throughout and clear narrative assessment.

1.6 Three Year Plans will also inform the Strategy’s commitment<sup>2</sup> to build a national projected growth trajectory based on the Medium-term Financial Framework. This will help achieve better understanding, for example, of the linkages between staffing capacity and affordability and modelling around pay, terms and conditions.

1.7 A suggested checklist for Three Year Workforce Plan content is attached to this guidance in **Appendix A**.

1.8 NHS Boards and HSCPs should ensure that workforce planning uses an approach which best meets their individual organisational needs. Workforce planning methodologies and tools currently in use across local authorities, the third and independent sector, and NHS Scotland are set out at **Appendix B**.

<sup>1</sup> National Workforce Strategy <https://www.gov.scot/isbn/9781804350058>

<sup>2</sup> Page 45, National Workforce Strategy, “We will, for the first time, publish our indicative projections for Health and Social Care Workforce growth later this year. This will allow us to expressly incorporate evidence from a range of sources, including Three Year Workforce Plans and the forthcoming revised Medium-Term Financial Framework. We will review these projections annually, in line with new and emerging evidence.”



## 2. NATIONAL WORKFORCE STRATEGY

2.1 The National Workforce Strategy for Health and Social Care in Scotland published in March 2022 sits within a wider planning landscape, supported at local level by NHS Boards' and HSCPs' Strategic, Operational, Financial and Workforce Plans:



2.2 The Strategy includes the following vision:

**“A sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do”**

focuses on three objectives:

- **Recovery**
- **Growth**
- **Transformation**

and sets out “Five Pillars of the workforce journey”:

- **Plan** – supporting evidence-based workforce planning;
- **Attract** – using domestic and ethical international recruitment to attract the best staff into health and care employment in Scotland;
- **Train** – supporting staff through education and training to equip them with the skills required to deliver the best quality of care;
- **Employ** – making health and social care organisations “employers of choice” by ensuring staff are, and feel, valued and rewarded;
  - **Nurture** – creating a workforce and leadership culture focusing on the health and wellbeing of all staff.

**3. THREE YEAR WORKFORCE PLAN CONTENT**

3.1 To support the Strategy, Three Year Workforce Plans must respond to the following four questions:

- i. What are your current service demands (including recovery requirements and projected Board/HSCP) population health needs), and the workforce requirements associated with these?
- ii. What is your current staffing profile (including quantitative detail)?
- iii. What is the establishment gap between projected service demand and your current staffing profile?
- iv. What actions are you taking at a local level, in accordance with the 5 pillars of workforce set out in the Strategy, to support service growth and transformation, in line with your gap analysis (as set out at iii. above)?

Organisations are expected to provide a sufficient level of detail in their responses to fully reflect their key local challenges and priorities. They should align their action planning with recovery objectives and new resource allocations, and prioritise actions accordingly.

3.2 Using the Five Pillars in the Strategy, Three Year Plans should:

- Detail actions to attract, recruit and train staff in sufficient numbers to deliver the future workforce in the context of changing local workforce demography - reflecting local, national and international employment markets;
- Describe the current workforce and issues affecting the quality of staff experience, wellbeing and actions to support the retention of current staff;
- Identify short/medium-term risks to service delivery in meeting projected workforce requirements, and outline mitigating actions including service design and implementation of new technology-enabled care;

**4. ALIGNMENT WITH SERVICE AND FINANCIAL PLANS**

4.1 A key aim of the national approach to workforce planning is to ensure a robust and aligned approach across workforce, operational service and financial planning. Three Year Workforce Plans should therefore align with local service priorities identified in Medium-term Operational Plans (incorporating Board Annual Delivery Plans for 2022/23). These plans will be developed in partnership with Integration Authorities and submitted to the Scottish Government at the end of July 2022.

4.2 Three Year Workforce Plans should also align with local Financial Plans and financial planning assumptions, reflecting appropriately any issues of affordability in achieving the required future workforce.

## 5. NHS RECOVERY PLAN

5.1 The Scottish Government published the **NHS Recovery Plan**<sup>3</sup> in August 2021 which set out key ambitions aimed at addressing the backlog of care across the next five years while maintaining continued delivery of high quality health and care.

5.2 NHS Boards and HSCPs should ensure Three Year Plans reflect workforce implications associated with the priority areas outlined in the Recovery Plan i.e. Social, Primary & Community Care, Planned Care (including Outpatients and Diagnostics), Cancer Care, Unscheduled Care and Mental Health services.

## 6. NATIONAL CARE SERVICE FOR SCOTLAND

6.1 The Scottish Government's proposals for the development of a National Care Service (NCS)<sup>4</sup> recognise the significant challenges facing social care in Scotland, exacerbated by the Covid-19 pandemic.

6.2 Although the scope and nature of social care reform is still in development, Three Year Workforce Plans (particularly for HSCPs) should consider workforce implications of ongoing social care demand in advance of the development of a National Care Service. Based on organisations' existing service provision responsibilities, they should describe their projected workforce needs across social care and social work services in the short and medium-terms.

## 7. HEALTH AND CARE (STAFFING) (SCOTLAND) ACT

7.1 Progress is continuing on measures within the Health and Care (Staffing) (Scotland) Act, with the Scottish Government (SG) continuing to fund the Healthcare Staffing Programme (HSP) through Healthcare Improvement Scotland (HIS), and the Safe Staffing Programme (SSP) through the Care Inspectorate. HIS and Chief Nursing Officer Directorate (CNOD) have also developed a number of real-time staffing resources (for use during Covid-19), which will inform further developments.

7.2 HIS has developed a Self-Assessment Template to support NHS Boards in preparations for implementing the Act and its reporting requirements once in force. Feedback from testing indicates that this is a useful tool, both for external reporting to Scottish Government and internal reporting within local Health Boards.

7.3 A care management safety huddle tool<sup>5</sup> developed during the pandemic for use in care homes for older people is being used by HSCPs and others to mitigate identified risk. The tool is also informing the Care Inspectorate's approach to developing workload tools for social care.

7.4 NHS Boards and HSCPs should use all available workforce modelling tools to inform their assessments of projected workforce demand in Three Year Workforce Plans.

## 8. DEVELOPING PLANS IN PARTNERSHIP

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<sup>3</sup> NHS Recovery Plan 2021-2026 [NHS Recovery Plan 2021-2026 \(www.gov.scot\)](https://www.gov.scot/nhs-recovery-plan-2021-2026)

<sup>4</sup> [National Care Service - Social care - gov.scot \(www.gov.scot\)](https://www.gov.scot/national-care-service-social-care)

<sup>5</sup> [Safety Huddle Care Management Tool - update for Care Inspectorate newsletter - Final 20 August 2020.pdf \(careinspectorate.com\)](https://www.careinspectorate.com/newsletter/safety-huddle-care-management-tool-update)

8.1 NHS Board and HSCP workforce planning leads should develop their Three Year Plans in partnership with stakeholders (including those in third and independent sectors and in primary care) and Trade Unions, to present an aligned and cohesive picture of health and care workforce need across their geographic areas.

8.2 There are also strong interconnections between strategic commissioning, service procurement and workforce planning. To support longer term workforce planning, third and independent sector providers will need strategic commissioning and workforce plans to be clear about what kind of care and support will be required, in order that they can plan and develop their workforce appropriately.

## 9. SUBMISSION, FEEDBACK AND PUBLICATION TIMESCALES

9.1 The timescales below align as far as possible with other extant requirements of NHS Boards and Integration Authorities:

- **By end July 2022:** Three Year Workforce Plans should be submitted in draft to the National Health and Social Care Workforce Plan Programme Office [WFPPMO@gov.scot](mailto:WFPPMO@gov.scot)
- **By end August 2022:** Draft Three Year Workforce Plans will be reviewed and feedback provided by Scottish Government;
- **By end October 2022:** Three Year Workforce Plans to be published on organisations' websites with electronic side copy to the email link above.

## 10. ANNUAL REVIEW OF WORKFORCE PLANS

10.1 NHS Boards and HSCPs will require to review and update their Workforce Plans annually in the years between publication of full Three Year Plans. This will not require full new Workforce Plans and should reflect progress on actions and workforce planning assumptions.

10.2 Annual revisions to Workforce Plans should be submitted to the Scottish Government [WFPPMO@gov.scot](mailto:WFPPMO@gov.scot) and updated Plans published on organisations' websites by the end of October each calendar year.

## 11. REVIEW OF WORKFORCE PLANNING GUIDANCE

11.1 Scottish Ministers strongly support the role of clear and consistent guidance in supporting employers to improve and integrate workforce planning so it fully informs and addresses national as well as local responses to demand. They recognise the need for more consistent linkage between workforce, service and financial planning, as well as commissioning processes.

11.2 While this Guidance relates to the submission of Three Year Workforce Plans, existing guidance on wider workforce planning will be revised to reflect this document and other developments including those on the Health and Care (Staffing) (Scotland) Act and the National Care Service for Scotland and published in due course.

## THREE YEAR WORKFORCE PLAN – INDICATIVE CONTENT CHECKLIST

Heading	Indicative Workforce Plan Content	Yes	No	n/a
<b>Methodology</b>	Our Workforce Plan has been developed using a methodology appropriate to the organisation's needs.			
<b>Partnership Working</b>	Our Workforce Plan describes the process for developing the three year plans.			
	A Responsible Officer has been appointed to ensure the development, submission and publication of our Three Year Workforce Plans in line with the timescales outlined.			
	Our Workforce Plan reflects discussions with stakeholders, including: <ul style="list-style-type: none"> <li>• Local Service Planning Leads</li> <li>• Financial Planning Leads</li> <li>• Trades Unions</li> <li>• NHS/Local Authority/HSCP Workforce Planning Leads</li> <li>• Social work/social care Leads <ul style="list-style-type: none"> <li>• Professional lead officers, including Nursing and Medical Directors, AHP Directors and Healthcare Science Leads</li> </ul> </li> <li>• HR Leads</li> <li>• Third and Independent Sector Representatives</li> <li>• Primary Care Contractor Representatives</li> <li>• Other identified stakeholders</li> </ul>			
	Our Workforce Plan development process has support from the organisation's senior management team.			
<b>Alignment with other strategic documents</b>	Our Workforce Plan aligns with other local strategic, service and financial plans.			
	Our Workforce Plan reflects service priorities identified in our: <ul style="list-style-type: none"> <li>• Medium-term Operational Plans (incorporating Board Annual Delivery Plans for 2022/23)</li> <li>• Strategic Plans</li> </ul>			
	Our Workforce Plan reflects our local Financial Plan assumptions and affordability in achieving the required future workforce.			
<b>Planning the required workforce</b>	Our Workforce Plan describes how the workforce will support recovery, growth and transformation.			
	Our Workforce Plan analyses the health and care needs of the population and identifies the impact on local workforce demand.			
	Our Workforce Plan has considered internal and external environments and how they may impact on our services and workforce.			

	Our Workforce Plan has been informed by the use of available national workforce planning and workload tools.			
	Our Workforce Plan describes and summarises the workforce required in the short (12 months) and medium-term (36 months) to deliver the key service <b>recovery</b> and <b>growth</b> priorities, outlining <ul style="list-style-type: none"> <li>• Required staff numbers (FTE/WTE)</li> <li>• Job Families and Professional Roles</li> </ul>			
	Our Workforce Plan analyses our current workforce profile and considered the impact of <ul style="list-style-type: none"> <li>• Age profiles and retiral projections</li> <li>• Leavers and turnover projections</li> </ul>			
	Our Workforce Plan contains an analysis/description of the establishment gap between the projected future workforce need and current staffing in terms of overall numbers (WTE/FTE).			
	Our Workforce Plan considers options to meet required workforce demand (e.g. increased supply, improved productivity, demand suppression including surge capacity, bank use etc.).			
<b>Action Planning</b>	Our Workforce Plan details local actions required to achieve necessary changes to the workforce through: <ul style="list-style-type: none"> <li>• Domestic Recruitment</li> <li>• International Recruitment</li> <li>• Service Redesign</li> <li>• Role Redesign</li> <li>• Staff Training and Development</li> </ul>			
	Our Workforce Plan describes and quantifies opportunities to transform the delivery of health and care services identified or accelerated during the pandemic – e.g.: <ul style="list-style-type: none"> <li>• Embedding and extending the role of Digital Health and Telecare using Virtual/Remote Consultations</li> <li>• Virtual Wards</li> <li>• Hospital @ Home</li> <li>• Extension of MDT (multidisciplinary team working)</li> <li>• Opportunities to support Mutual Aid, Joint and Regional Working.</li> </ul>			
	Our Workforce Plan describes areas of workforce skills development that will be required to support future models of care/ service. Our workforce plans describe the need for and development of new posts/new roles/extension of current duties including: <ul style="list-style-type: none"> <li>• Advanced Practice roles;</li> <li>• Physicians Associates;</li> <li>• Assistant Practitioners roles;</li> <li>• Extended Social Care roles in Primary Care and Community settings</li> <li>• Other new roles</li> </ul>			

<b>Staff Wellbeing</b>	Our Workforce Plan describes actions supporting the physical and mental wellbeing of our staff.			
	Our Workforce Plan considers workforce diversity and inclusion as a key part of profiling and defining future workforce requirements and needs.			
	Our Workforce Plan describes key workforce issues affecting the quality of staff experience, and projected impact of these on staff retention.			
<b>Summary of Actions</b>	Our Workforce Plan summarises actions being taken to address identified workforce challenges			
	<p>Actions being taken align to the Five Pillars of the Workforce Journey contained within the National Workforce Strategy:</p> <ul style="list-style-type: none"> <li>• Plan</li> <li>• Attract</li> <li>• Train</li> <li>• Employ</li> <li>• Nurture</li> </ul>			
<b>Implementing and Reviewing</b>	Our Workforce Plan identifies key workforce targets to be achieved.			
	Our Workforce Plan describes how/when targets and milestones will be measured.			

## Workforce Planning Methodologies and Guidance Documents

Workforce Planning Methodologies and Supporting Documents		
Publishing Organisation	Document Title	Content Description
<b>Skills for Health - Workforce Projects Team</b>	The Six Steps Methodology to Integrated Workforce Planning <a href="http://www.skillsforhealth.org.uk/resources/guidancedocuments/120-six-steps-methodology-to-integratedworkforce-planning">http://www.skillsforhealth.org.uk/resources/guidancedocuments/120-six-steps-methodology-to-integratedworkforce-planning</a>	Developed for use in the NHS, this methodology provides a practical guide to sustainable and evidence based workforce planning applicable across workforce and service based planning to support designing new ways of working
<b>Skills for Care</b>	Practical Approaches to Workforce Planning <a href="http://www.skillsforcare.org.uk/Document-library/NMDS-SC_workforce-intelligence-and-innovation/Workforceplanning/Workforce-planning-guide.pdf">http://www.skillsforcare.org.uk/Document-library/NMDS-SC_workforce-intelligence-and-innovation/Workforceplanning/Workforce-planning-guide.pdf</a>	This guidance, is aimed at owners, managers and organisational leads responsible for workforce planning in small and medium sized organisations delivering adult social care. Though developed for use by social care providers in England the advice contained will, in part, be transferable.
<b>Voluntary Sector Social Services Workforce Unit</b>	Workforce Planning - A Toolkit for Voluntary Sector Social Services in Scotland <a href="http://www.ccpscotland.org/wp-content/uploads/2014/02/Workforce-Planning-Update-July-2009.pdf">http://www.ccpscotland.org/wp-content/uploads/2014/02/Workforce-Planning-Update-July-2009.pdf</a>	Developed for application within the voluntary sector, the toolkit provides an introduction to the key stages involved in workforce planning. The tools included help build up the information required for voluntary sector organisations to develop workforce plans. The toolkit is structured around a set of six key stages of Workforce Planning.
<b>National Improvement Service for Local Government in Scotland</b>	<a href="http://www.improvementservice.org.uk/workforce-planning.html">http://www.improvementservice.org.uk/workforce-planning.html</a>	A suite of tools, checklists and training materials which promote better understanding of the requirements for workforce planning and ensure effective workforce planning within Councils





# East Renfrewshire Health and Social Care Partnership

# Workforce Plan 2022-2025

Draft – June 2022

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## Section One: Introduction

### 1.1 East Renfrewshire HSCP Workforce Plan

East Renfrewshire Health and Social Care Partnership is required by the Scottish Government to develop and publish a workforce plan for approval by the Integrated Joint Board, which sets out the strategic direction for workforce development and the resulting changes to our workforce. This Workforce Plan covers the period 2022-2025 and builds on the work of the HSCP's initial workforce plan and subsequent interim workforce plan.

The plan is a strategic document which sets out the vision and future direction of health and social care services in East Renfrewshire. It is not intended to be a list of actions outlining everything that East Renfrewshire HSCP are doing or plan to do over the coming years. The plan shows the objectives that we want and need to achieve in order to improve the health and wellbeing of the population of East Renfrewshire, making best use of all the resources available to us. The detail about how we achieve those things will be developed through our local engagement structures in collaboration with all partners in the public, independent and voluntary sectors, and in local communities, over the lifetime of the plan.

### 1.2 East Renfrewshire Health & Social Care Partnership an Overview

The Partnership was established in 2006 by East Renfrewshire Council and NHS Greater Glasgow & Clyde Health Board (NHSGGC). In 2015 in accordance with the requirements of the Public Bodies (Joint Working) Scotland Act, East Renfrewshire Council and NHS Greater Glasgow & Clyde formally agreed to the transition of the Community Health and Care Partnership to a Health and Social Care Partnership. The Integration Joint Board of East Renfrewshire Health and Social Partnership had its inaugural meeting in August 2015, with formal delegation of health and care services commencing in October 2015.

Through an integrated management team East Renfrewshire HSCP directly manages over 900 health and care staff. In addition to the directly managed workforce of the Partnership, there is a significant workforce in our independent NHS contractor service e.g. GPs, Dentists, Optometrists and Community Pharmacists and in our third sector and independent sector social care providers.

In addition, the HSCP hosts the Specialist Learning Disability Inpatient Services, Autism Service and the Scottish Centre of Technology for the Communication Impaired (SCTCI) service on behalf of NHSGGC. The services within East Renfrewshire are community based with the exception of the inpatient wards for people with learning disabilities. There are no acute hospital sites in East Renfrewshire.

A more detailed breakdown of the workforce is provided in section 5 of this document.

### 1.3 Vision & Key Priorities

The Workforce plan takes account of the Health and Social Care Partnership's vision. Our vision statement, *"Working together with the people of East Renfrewshire to improve lives"*, was developed in partnership with our workforce and wider partners, carers and members of the community. Everything we do to deliver that vision relies on our workforce.

Our ambition is to ensure that health and care support available in East Renfrewshire meet the needs, values and personal ambitions of the people who live here. We want support to be truly person-centred, focused on human rights and empowering people to thrive at whatever stage they are at in life. Our focus is on prevention and early intervention, with a range of supports

in place to meet health and care needs early, preventing deterioration and helping people avoid crisis situations.

As a broad and inclusive partnership our ambition is to maximise the supports and opportunities that are available for local people in the community, supporting prevention and working to tackle health inequalities across our communities. Through collaborative and ethical commissioning we will work with communities, third sector organisations and our independent sector providers, championing the most innovative and effective ideas and approaches.

Our health and care system depends on those that provide care and support, both paid and unpaid. As a partnership our workforce are our greatest asset. We want to ensure that those providing invaluable health and care services are happy and motivated; and feel respected and fulfilled in their role for years to come.

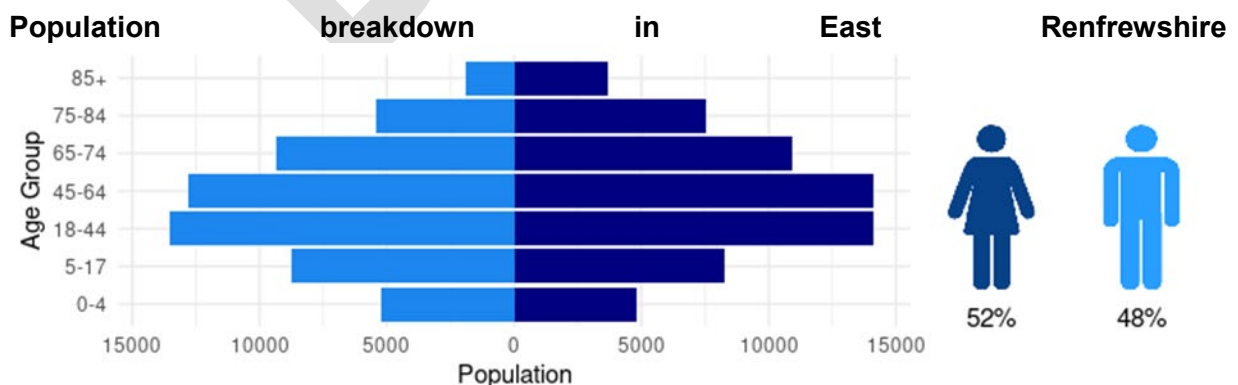
Our Strategic Plan 2022-25 reinforces the values and principles that underpin our approach as a partnership. It sets out how we will deliver the following strategic priorities:

- Working together with children, young people and their families to improve mental and emotional wellbeing;
- Working together with people to maintain their independence at home and in their local community;
- Working together to support mental health and wellbeing;
- Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time;
- Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities;
- Working together with our community planning partners on new community justice pathways that support people to stop offending and rebuild lives;
- Working together with individuals and communities to tackle health inequalities and improve life chances;
- Working together with staff across the partnership to support resilience and wellbeing; and,
- Protecting people from harm.

## 1.4 Population and Health Equalities

### 1.4.1 Population

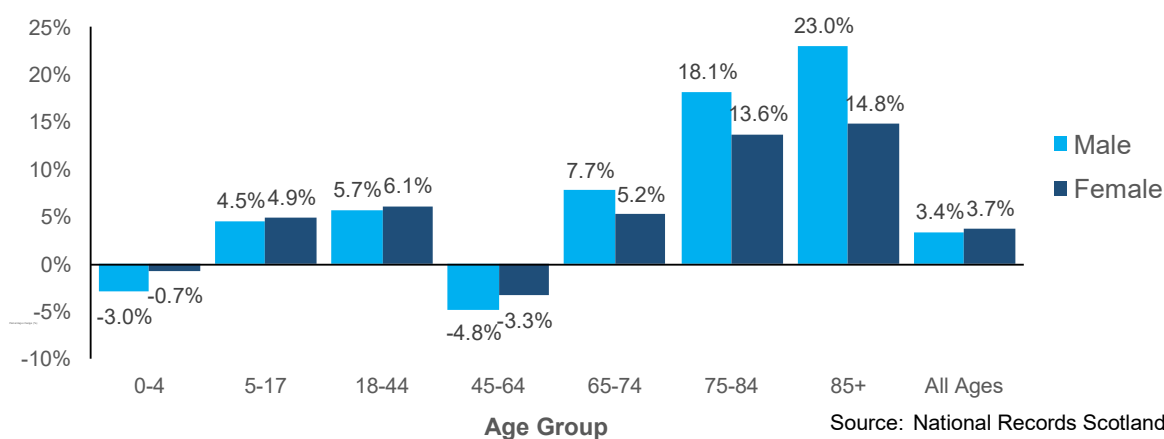
In 2020, the total population of East Renfrewshire HSCP was 96,060. Future projections show that the population will grow and we will have an increasingly ageing population profile. The graph below shows the current population distribution of East Renfrewshire



Source: National Records Scotland

The chart below shows the projected change in the population structure in East Renfrewshire over the next five years from 2020 to 2025. The NRS 2018-based population projections and the 2020 mid-year estimates have been used to estimate a population increase of 3.5% over the next five years to 2025. Although the overall projected rise in population is similar to the increase seen in the last five years, the population aged 75 and over is projected to increase at more than twice the previous rate (16.1% versus 7.7%). The 65+ population is projected to increase from 20.2% of the population in 2020 to 21.7% of the population by 2025.

### Projected percentage change in population from 2020 to 2025 by Age Group and Sex in East Renfrewshire



#### 1.4.2 Health inequalities

Overall, East Renfrewshire is one of the least deprived local authority areas in Scotland. However, this masks the notable discrepancies that we see across the area with some neighbourhoods experiencing significant disadvantage. The table below shows that more than half of East Renfrewshire's population (55%), and 67% of the Eastwood population live in SIMD data zones that are among the 20% least deprived in Scotland. All of East Renfrewshire's neighbourhoods that are among the 20% most deprived are concentrated in the Barrhead locality with a quarter of the population living in these data zones.

Indicators	Data Type	Time Period	Eastwood Locality	Barrhead Locality	East Renfrewshire HSCP	Scotland
Population in least deprived SIMD quintile	%	2020	67	17	55	20
Population in most deprived SIMD quintile	%	2020	0	25	6.4	20

In line with the socio-demographic profile we see differing health outcomes for the populations in our two localities. While life expectancy at birth is above the Scottish average for East Renfrewshire as a whole, it remains below average in the Barrhead locality. Early mortality rates and the prevalence of long-term conditions including cancers are also higher for Barrhead. Data also shows poorer outcomes for the Barrhead locality in relation to the percentage of the population prescribed medication for anxiety, depression and psychosis. Hospital admission related to alcohol and drugs are also higher for Barrhead.

Indicators	Data Type	Time Period	Eastwood Locality	Barrhead Locality	East Renfrewshire HSCP	Scotland
Male average life expectancy in years	mean	2014-2018*	81.7	76.3	80.7	77.1
Female average life expectancy in years	mean	2014-2018*	84.8	80.2	83.6	81.1
Early mortality rate per 100,000	rate	2016-2018	51	90	62	110
Population with long-term condition	%	2018/19	19	22	21	19
Cancer registrations per 100,000	rate	2015-2017	606	636	615	632
Anxiety, depression & psychosis prescriptions	%	2018/19	16	20	17	19

Data also shows discrepancies across the two localities in our objective to reduce unplanned hospital use with poorer performance in the Barrhead locality for most measures. However, people at the end of life are more likely to be supported in their community during the last six months of life compared with the Eastwood locality.

### 1.4.3 Health & Social Care needs of East Renfrewshire

The biggest challenge for East Renfrewshire HSCP, both currently and in the future, is the demand on services for health and social care for older people. These demands are significant and will increase further due to the projected increase in the over 85 population as outlined above. Older people are more likely to suffer from long term conditions such as Diabetes and increased frailty that require on-going support from our community health services. In addition emergency admissions for the 65 aged group are higher in East Renfrewshire than the rest of Scotland as are elective admissions for this age group. As such there is significant demand and complexity required at discharge, placing demand on social care services.

East Renfrewshire has a projected increase in the school age population as children move into the authority in order to attend mainstream or specialist schooling. Therefore we anticipate demand for specialist children's services to support children who are neurodiverse, have disabilities or mental health problems.

## 1.5 Financial Context

The Health & Social Care Partnership continues to operate within the context of longer term financial uncertainty, reflecting both the local and national landscape.

As part of the consultation leading to a National Care Service it was estimated that additional investment of c£0.66 billion per annum was required to support the recommendations and that future funding for social care needed to be as a minimum sufficient to meet the increased needs due to demographic change. This would require a 3.5% real terms increase in funding each year.

With our local dynamics of an ageing population combined with the post Covid-19 impact on our residents we will need to manage increased demographic demand and complexity of need over the coming years.

The Scottish Government recognised this to some degree with additional funding to support winter pressures and increase capacity, both within the HSCP workforce and in supporting our partner providers with increases to the living wage.

Whilst the investment in the 2022/23 budget was welcomed we still face financial pressures from demand, pay and inflation which is particularly volatile at the time of writing.

The post Covid-19 financial impact is unclear and it will take time to fully understand, in the short term non-recurring funding support is place.

The HSCP starts 2022/23 with legacy savings from pre-pandemic of £2.6 million which we need to deliver through redesign and new ways of working. This needs to be balanced with the increasing workforce to support policy initiatives and demand for services.

Our Medium Term Financial Plan shows we expect cost pressures to range from c£5 to £6 million over the coming years and any funding settlement that does not meet this in full will result in a new savings challenge.

## **1.6 National Care Service**

The Independent Review of Adult Social Care in Scotland (chaired by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland) was published on 3rd February 2021. 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 report put forward a bold vision for adult social care support in Scotland building on the opportunity for meaningful change as we move beyond the Covid-19 pandemic. It called for new thinking and a new positive narrative around the role of social care support, recognising its 'foundational' importance in society and moving towards a human rights based approach.

It also argued that we must strengthen the foundations of the social care system. This means: fully implementing positive approaches such as self-directed support and the integration of health and social care; as well as nurturing and strengthening our workforce and supporting unpaid carers.

Following the consultation Scottish Government has put forward proposals for the establishment of a National Care Service for Scotland. This will define the strategic direction and quality standards for community health and social care in Scotland. The consultation proposes that the NCS will have reformed local delivery boards which work with the NHS, local authorities, and the third and independent sectors to plan, commission and deliver support and services.

It is expected that the findings from the consultation exercise will have significant impacts for the delivery of social care and wider supports moving forward. East Renfrewshire HSCP will support any changes that are adopted and will look to include these in our strategic and operational planning. During the life of this plan we will implement any recommendations or specific actions arising from the review as requested by Scottish Government.

## **1.7 The impact of Covid 19**

The COVID-19 pandemic has had a profound impact on health, economy and society, with damaging effects on the population's way of life and wellbeing. The pandemic has impacted disproportionately on vulnerable population in poverty, low-paid workers, children and young people, older people, disabled people, minority ethnic groups and women. Isolation and loneliness have increased. As such there has been a significant increased demand across all services and our staff have had to work hard, for a sustained period and flex in response. The pandemic also brought opportunity to revisit pathways and improve services making significant positive changes that may have otherwise taken years.

## 1.7 Remobilisation / Annual Delivery Plan

The HSCP has contributed to NHS GGC Annual Delivery Plan for 2022/23 which focuses on the need to stabilise and focus on improvement work as services recover from the pandemic.

The priorities of the Annual Delivery Plan are:

- Staff wellbeing
- Recruitment and retention of our health and social care workforce
- Recovery and protection of planned care
- Stabilising and improving urgent and unscheduled care
- Supporting and improving social care
- Sustainability and value

## 1.8 Recovery & Renewal Programme

The HSCP has its own recovery programme launched in May 2021, as operational capacity started to allow some forward momentum. The HSCP's formal Recovery & Renewal Programme has expanded a previous transformation programme, launched prior the pandemic, to incorporate recovery. The programme now seeks to ensure that the lessons learned during the pandemic are used to inform recovery as well as transform services in the future. The programme consists of four overarching themes under which projects are aligned.

The four themes are:

- Recovery
- Wellbeing
- Individual's Experience
- Business Systems and Processes

Each theme now has both live and pipeline projects, linking closely with East Renfrewshire Council's Programme Management Office, especially in the digital elements of the programme. The workforce plan will take account both the remobilisation and recovery plans detailed.

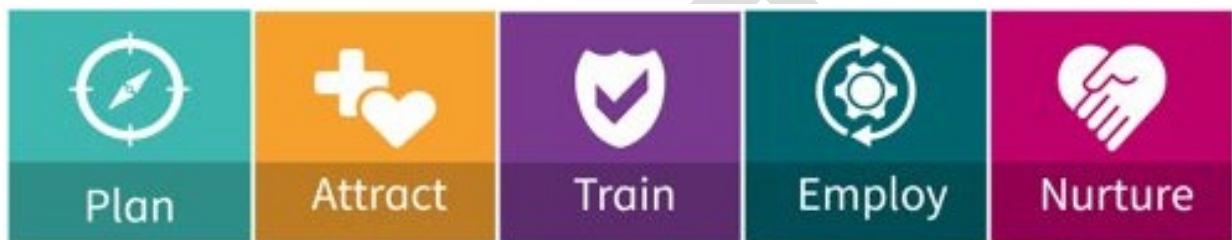




## 1.9 National workforce Strategy

East Renfrewshire HSCPs workforce plan is aligned to the National Workforce Strategy which sets out the ambitions of recovery, growth and transformation of the health and social care workforce. The strategy introduces the concept of the 5 pillars of the workforce journey as set out below. Our action plan will be aligned with the pillars as follows:

- Plan – ensure a whole system approach to workforce planning
- Attract – improve the recruitment of staff, incorporating equality and diversity working with partners in the NHS and Council.
- Train – ensure career conversations maximise learning and education pathways, develop a digitally enabled workforce
- Employ – focus on retention, fair and consistent treatment, professional registration
- Nurture - focus on staff health and wellbeing and engagement with staff, improving culture, leadership.



## 1.10 Stakeholder Engagement

The HSPC has well established joint working arrangements in place to develop and deliver services which meet the needs of our residents. These arrangements have been further expanded as part of the response to Covid 19 to ensure our wider workforce within the independent, third and voluntary sectors are supported and sustained. Thus allowing partners to quickly identify areas of concern and work collaboratively to find solutions.

The HSCP had previously established a workforce planning group to develop previous plans. The current workforce groups consists of representatives from across the HSCP including service, HR leads, Trade Union colleagues, third and independent sector representatives. The group also has primary care improvement representation. GP practices are currently still at Pandemic escalation level 1 and as a result direct engagement on this plan has been limited.

## 1.11 Governance & Monitoring

The HSCPs workforce planning group will have local responsibility for monitoring the progress of the HSCPs workforce plan. The HSCPs Integration Joint Board, Directorate Management Team and Joint Staff Forum will receive 6 monthly updates on progress against the agreed action plan.

## Section Two: Nurture Supporting Staff Wellbeing

### 2.1 Health and Wellbeing

We recognise how difficult the last two years have been. As such, in consultation with staff and stakeholders *Working together with staff across the partnership to support resilience and wellbeing* has remained a strategic priority for the period 2022-25

Our local health and wellbeing group continues to operate with links to our and wider partnerships and both the National and NHSGGC wellbeing groups. Additional funding has been received from the Scottish Government and the Local Council to enable activities to support staff health and wellbeing within East Renfrewshire. Our local health and wellbeing group will continue to protect and prioritise staff wellbeing activities and opportunities to maximise staff health and create a culture where staff mental health and wellbeing is always prioritised.

A Wellbeing Officer for the HSCP has been recruited in order to create capacity across the partnership. The Officer is building on the work of the wider group to date in terms of championing and embedding initiatives such as peer support, physical activity, mental wellbeing sessions and sharing information across the partnership ensuring colleagues within primary care, independent and third sector have access to support. Ongoing engagement and consultation with staff remains essential to the Health and Wellbeing Lead Officer to ensure staff views and suggestions are heard and supported.

In addition to the work set out above, the Voluntary Action established wellbeing network continues to run. The network provides space for likeminded people to share and act together to ensure East Renfrewshire residents and the people who work there can improve their physical and mental wellbeing.

### 2.2 Trauma Informed Organisation

A Trauma Steering Group was established by East Renfrewshire HSCPs Learning & Development team in September 2021 to guide, support and oversee the planning, implementation and development of the HSCP wide transformation of becoming a trauma informed and trauma responsive organisation. The remit of the group is to:

- To better inform how to create nurturing practice, teams and environments.
- To use key trauma informed principles to align policy, practice and build resilience.
- To share best practice, research, and trauma informed approaches to achieve the vision.
- To use the five key drivers to support transformation and act as a coordination point to ensure that there is a consistent trauma informed and responsive approach across the Council
- To promote collaboration between all services and agencies that develops a clearer understanding of trauma informed approaches.
- To recognise and celebrate progress of ongoing developments working towards the local vision

### 2.3 Staff Governance

The HSCP has been founded on a very strong local track record of positive joint working between health and social care staff and services. The Joint Staff Forum is an important component of the governance of the HSCP and alongside management oversees the staff governance which has been adopted across the HSCP for all employees;

- Fair and consistent treatment
- Well informed
- Involved in decisions
- Safe working environment
- Appropriately trained

### 2.4 Staff Engagement

The HSCP has a commitment to staff engagement ensuring the voice of staff is listened to and actions developed to address any concerns. The most recent iMatter Team Engagement Survey took place over summer 2021. The HSCP was pleased with results as detailed below;

- Response rate was 61%
- Employee Engagement Index Score (EEI score) 76
- Action planning percentage 83%

### 2.5 Addressing Workforce Inequalities

The HSCP is committed to equalities and supports the work of East Renfrewshire Council and NHSGGC. East Renfrewshire Council is currently working as part of a Scottish Government and Public Sector working group to address actions from The Equality and Human Rights Commission Committee Report on Race Equality, Employment and Skills. The NHSGGC Workforce Equality Group oversees addressing inequalities in the workplace working to a five year rolling plan.

### 2.6 Fair Work

Established in 2015, the Fair Work Convention acts as an independent advisory body to Scottish Ministers. The Convention's vision is that, by 2025, people in Scotland will have a world-leading working life where fair work drives success, wellbeing and prosperity for individuals, businesses, organisations and society. The HSCP seeks to ensure, through its approach to engagement and staff governance, a culture that reflects 5 Dimensions of the Fair Work Framework (effective voice, opportunity, security, fulfilment and respect)

## Section 3 Plan Short Term Drivers

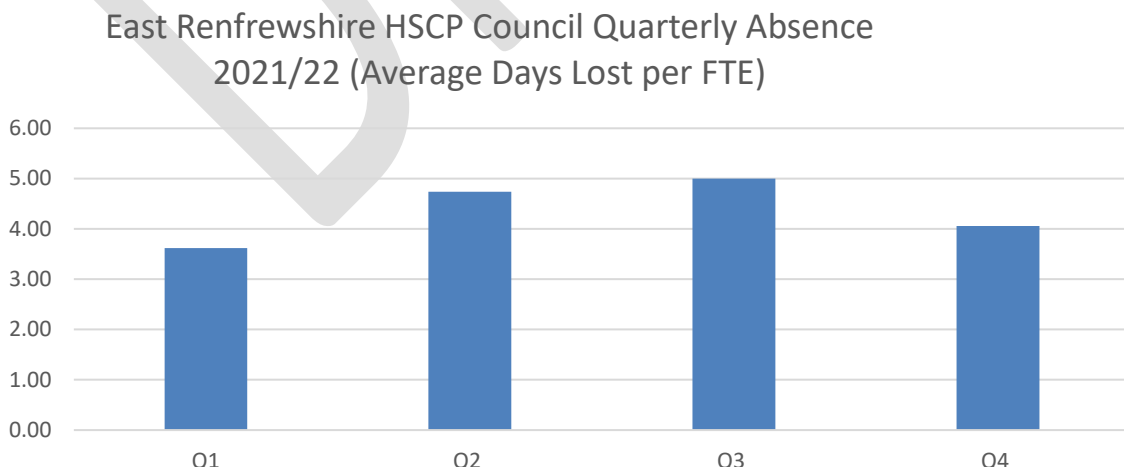
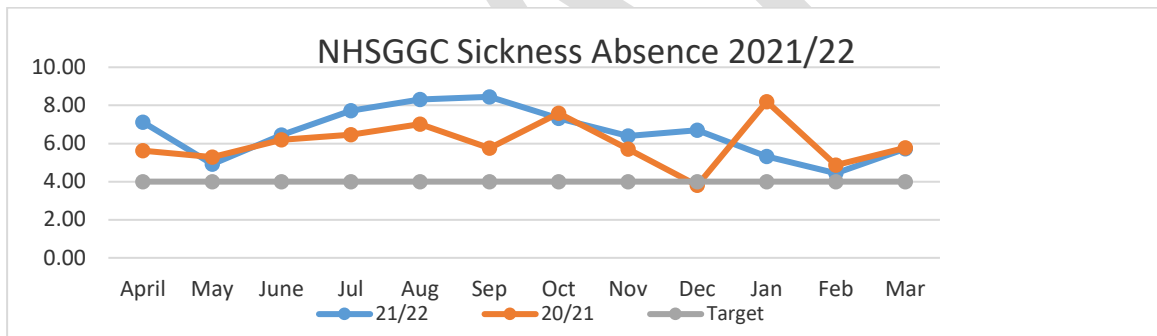
### 3.1 Staffing Considerations

Effective planning of staffing and resources is critical to maintaining service delivery. The pandemic has led to both new clinical pathway changes across the majority of services and capacity expanding in key areas where staff continue to respond flexibly, adapting to alternative ways of working in extremely challenging circumstances.

This section provides an overview of the predicted workforce planning challenges and solutions during the period from October 2023 to March 2023.

#### Staff Availability

Sickness levels increased during Winter 2021/22 in the Council though have remained stable in the NHS. Sickness rates have been reducing since the New Year and are anticipated that levels will fall further towards the summer. It can be realistically expected that sickness rates will increase as we move to winter 2022/23 as levels of social interaction and exposure to common infections and illnesses return to pre-pandemic levels. It is also important to recognise the older age demographic of some of our teams within the HSCP such as Care at Home. Our staff experience the same range of chronic health conditions as the wider population and this is reflected in our long term absence statistics. In addition, as set out within the previous sections of the plan, it is recognised the impact the pandemic has had on the mental health and wellbeing of our staff which can manifest in both mental and physical illness. The graphs below detail sickness absence for both our Council and NHSGGC workforce.



COVID-related absences are expected to sharply decline and then to remain at a low level in the period to March 23. Overall within the HSCP at the time of writing there are 11 cases of Long Covid. Whilst the numbers overall are not high, recovery times are long approximately 6

months to a year and have a significant impact in smaller services where the headcount is low or larger services where absence relates to a specialist post.

The planning assumption for Maternity leave within NHSGGC nursing services is generally 1%, however predictions for 2022/23 are at 3%. The HSCP's workforce is predominately female. In addition there are certain services where the workforce has a younger age profile. These services include social work, children's services, health visiting and the Learning Disability Hosted Service, therefore planning assumptions should be greater than 1%.

#### Pensions / Retirement Risks

Changes to the NHS Scotland Pension scheme have been deferred until October 2022. Although benefits accrued in previous schemes are protected and remain the same the planned changes, specifically changes to contribution rates and the move from final salary linked to a career average revalued earnings (CARE) model, may be seen as an impetus for some NHS staff considering retirement. Access to robust and practical pension advice may help allay staff fears and enable them to make well informed decisions. The NHSGGC Retire and Return policy, which allows retirees to return following voluntary retirement, may also provide some mitigation in terms of reduced staff availability. In the same way the Councils flexible retirement scheme allows employees to access their pension and then work a limited number of hours.

#### Immediate Remobilisation

Whilst the HSCP move towards longer term operational planning, there are several elements of recovery and remobilisation which will continue to affect staffing levels and workforce planning decisions in the short term such as the housebound vaccination programme and wider support to Care Homes. Whilst all service areas are impacted by the staffing availability considerations outlined earlier we anticipate that the HSCPs Hosted Learning Disability Inpatient Service and Care at Home Services will be more vulnerable to staff availability.

#### New Ways of Working

Prior to the pandemic the HSCP already had a model of agile working in place that allowed staff working within the community to touch down in an office space when required. The pandemic required us to change the way we worked overnight in terms of digitising how we work and maximising the benefits for the HSCP and our staff.

As a result of the pandemic and the capacity restrictions in our buildings a significant number of our employees were required to work from home for full time or for part of the working week. Technology such as Microsoft Teams and Attend Anywhere were used as a means to communicate across teams with partners and also where appropriate with those who use our services. During the course of the pandemic the HSCPs Learning and Development Team provided digital upskilling for staff across the partnership to enhance their digital skills.

NHSGGC has now introduced a blended working guide and the Council has introduced The Way We Work project. Both sets of guidance classify workers as either fixed, hybrid or homeworkers. The HSCP sees the advantages of the hybrid working. ACAS describe hybrid working as helping to;

- Increase productivity and job satisfaction
- Attract and retain a more diverse workforce
- Improve trust and working relationships

Over the coming months services will work with staff and in partnership with Trade Union colleagues within the HSCP look at future service requirements taking into account staff preferences and service delivery requirements

### 3.2 Challenges Facing Social Care within East Renfrewshire

It is anticipated that during the next 12 months local service delivery will remain challenging particularly during winter 2022/23. Post Covid there has been an increased demand in Care At Home Services, an increase in the complexity of care required and a reduction in capacity from external providers. Given the increasing older population within East Renfrewshire service demand will continue to increase.

The HSCP recruitment campaigns for Care at Home staff in August 2021 and January 2022 were successful however it only compensated for the reduction in capacity identified above. In addition anecdotally a number of new employees left the Care at Home Service within the first few weeks of starting the role; further analysis is being done to look at this. Across comparative sectors there is low unemployment and a high number of vacancies and competitive pay rates and therefore staff turnover will be higher.

During the Covid pandemic the HSCP redeployed staff from other Care services and trained volunteers from HSCP and wider Council who do not work within the sector. The HSCP has agreed an additional recruitment campaign that started in April 2022 to strengthen capacity across Care at Home due to increased demand, complexity and growing trend in reduced external provider capacity. This will include recruitment of an additional 30 Home Care Reablement Workers and 2 Home Care Organiser posts. Ahead of winter 2022/23 we will ensure staff from other services and wider volunteers have refresher training. In addition the HSCP will work with external providers and look at additional further targeted recruitment in late summer 2022 to meet anticipated demand. There is also the opportunity to explore employability programmes to support services, which due to training and support requirements, were difficult during the pandemic because of the social distancing requirements. However, going forward, removal of social distancing provides an opportunity to revisit this.

#### **Moving Forward Together (MFT)**

Moving Forward Together is the NHSGGC strategic transformation programme, NHSGGCs MFT Portfolio of Projects currently comprises a range of short, medium and longer term initiatives, those which affect East Renfrewshire HSCP and fall within the short term are detailed below:

- Primary Care – increased levels of activity during COVID adding adoption of virtual appointments alongside face to face consultations add impetus to progression Primary Care Improvement Plans aimed at releasing capacity of General Practice within the context of a widened primary care team.
- NHSGGC Mental Health 5-year strategy - focussed on re-design, expansion and improvement of services, to incorporate increased funding across a range of areas and work in relation to this is ongoing in the shorter term.

## Section 4 Plan Medium Term Drivers March 2023 -2025

### 4.1 Redesign and Workforce Changes

This section provides the medium term drivers for change and identifies any known workforce implications and associated actions, by service area, over the medium term period outlined above.

### 4.2 Public Protection & Children's Services

#### 4.2.1 The Promise Scotland

The Promise Scotland is a commitment to do all we can to keep children with their families, ensuring there is more support for families based in the communities where they live.

"Where children are safe in their families and feel loved they must stay – and families must be given support together to nurture that love and overcome the difficulties which get in the way".

The recent publication of the Change Programme one [www.thepromise.scot/change-programme-one](http://www.thepromise.scot/change-programme-one) provides more detail.

East Renfrewshire HSCP has received 2 separate lots of funding from the Cora Foundation relating to The Promise. £50k was awarded to appoint a Promise Transition Manager to work alongside care experienced young people and corporate parents. This is to specifically analyse, support and strengthen transition points into adulthood that young people may face. £88k was awarded in relation to "A Good Childhood" fund. The HSCP has match funded this award to allow for a 2 year period of joint work with the children's charity, Aberlour. This initiative will seek to support and challenge the HSCP and Housing partners to explore differing forms of support for care experienced young people in relation to their housing support and housing options.

#### 4.2.2 Whole family support

The Scottish Government has announced investment on Whole Family Support across the lifetime of this parliament. This is a significant investment and will lead to new models of service structure and delivery. Service redesign and outcomes will be agreed, monitored and evaluated through the children's services Improving Children's Outcomes Group.

#### 4.2.3 School Nursing Review

The School Nursing service is undergoing redesign as part of an NHSGGC programme with funding from Scottish Government. East Renfrewshire will receive 3.94 WTE School Nurses added to the current establishment.

#### 4.2.4 Neurodevelopmental Redesign

East Renfrewshire has a significant number of children presenting across all services with this profile and services will require investment. There is a wider piece of work within NHSGGC and Local Implementation Group will be formed to implement the Board wide redesign. It is anticipated that the work will build on tests of change and lead to an upscaling of the service. This work is similar to redesign of neurodevelopmental pathways for adults and we will be focussing on the transitions pathways and neurodevelopmental approaches within a family based context.

#### 4.2.5 Health Visiting

Health Boards use the Common Staffing Method as prescribed by Scottish Ministers who have authority to issue guidance/specifications on tools/frequency. The Health and Care (Staffing) (Scotland) Act 2019 provides a list of areas in which the Common Staffing Method is required to be completed on at least an annual basis. The purpose of using the Common Staffing Method (CSM) is to recommend the number of staff required to ensure safe staffing in a clinical area.

The Caseload Weighting Tool (CWT) uses a formula to calculate the core numbers of health visitors required to meet wider population need and uses the Scottish Index of Multiple Deprivation (SIMD) in its calculations. The tool was developed to facilitate the effective allocation of resources to areas of greatest need and was designed to ensure that the right numbers of health visitors are available to respond to the needs of children and their families. It also provides guidance around caseload size related to deprivation and complexity. This tool, along with the Community Nursing Workforce and Workload Assessment Tool supports the Partnership in workforce planning, managing vacancies and planning for retirements and to ensure that workforce numbers continue to reflect ongoing need. The application of caseload caps to health visiting caseloads using Scottish Index of Multiple Deprivation (SIMD) deciles as indicators of deprivation is as follows:

SIMD Decile 1 – Caseload Cap of 100/wte, SIMD Deciles 2 – 4 – Cap of 150/wte, SIMD Deciles 5-7 – Cap of 300/wte, SIMD, Deciles 8-10 – Cap of 350/wte\*

\* Please note that the Government have allowed each Health Board to determine the cap at SIMD deciles between 300 and 400. NHSGGC opted for a 350 for SIMD centiles 8-10.

The combination of adopting a cap of 350 (decile 8-10) and the use of CWT (predicated on deprivation) rather than NRAC (population) to disburse funds across NHSGGC introduced risk in East Renfrewshire around capacity to deliver the universal pathway. This is exacerbated by long term sickness absence and maternity leave which results in large caseloads having to be shared amongst remaining practitioners whose existing caseloads  $n = 350$ . To date no NHSGGC wide agreement has been reached as to how to address this risk therefore local solutions have been sought. Whilst the IJB agreed to fund the cost from band 6 to band 7 (previously awarded by the National Job Evaluation Panel to an Advanced Practitioner Health Visiting profile) the increase in workforce by 3 WTE is not funded on a recurring basis. This is being met on a non-recurring basis in order to deliver the pathway but this is not sustainable without permanent funding. The HSCP will continue to fund this additionality for the next 12 to 24 months to allow time for either a reduction to modelled numbers or a permanent funding solution to be agreed. It is anticipated that the full impact of the pandemic has yet to be realised in terms of need within the population with emerging concerns identified relating to increased detection of developmental delay in children, increase in domestic violence and the impact of poverty.

#### 4.2.6 The Family Nurse Partnership (FPN)

Glasgow City HSCP host and support the development of FNP and ensure the strategic delivery and essential links with local community teams within the respective Partnership. The FPN has undergone a period of rapid expansion in NHS GGC, now comprising of seven teams operating across the Board. FNP have been able to offer the service to the target group, as per the Scottish Government vision, to all young women 19 (at LMP) and under having their first baby since September 2017. The Scottish Government vision is to increase the age of eligibility to 21 and under (at LMP) and in a targeted way up to age 25 for care experience young parents for example. Workforce modelling is currently underway and will form part of the self-assessment process due 30 June 2022.



#### **4.2.7 Child and Adolescent Mental Health Services (detail still required)**

There continues to be significant demand for CAMH's community services within East Renfrewshire with the number referrals increasing over the last year. This can be attributed to the increase in school age children in East Renfrewshire and the lasting effects of the Covid 19 pandemic. There have been vacancies within the service that have been difficult to recruit to and recruitment of experienced staff remains a challenge. At the time of writing staffing levels now good. However, there are 4 WTE within the nursing structure that are newly qualified and / or have no CAMHS experience and therefore staff training and induction is the priority. In the medium term we anticipate demand to remain high for the service and recruitment of experienced staff to remain a challenge.

#### **4.2.8 Healthier Minds Service**

In response to the demand for CAMH services East Renfrewshire introduced a multi stakeholder Healthier Minds Service approach aligned to school communities to identify and ensure delivery of mental wellbeing support to promote children and families' recovery. The service has embedded well and will be developed further in the medium term.

#### **4.3 Finance & Resources**

The services within Finance & Resources continue to support operational colleagues and have developed a number of new processes and ways of working during the pandemic. How we use our buildings and systems will allow the HSCP to optimise on capacity and skills finance has been particularly complex during the pandemic and presents a challenging landscape in the coming years.

Our work with our partner organisations is fundamental to developing innovative and sustainable care and support for our residents.

We will build on learning from the pandemic response as we move forward and begin to deliver on the Recovery & Renewal programme for the HSCP detailed earlier in the plan. Resourcing this programme may present significant challenge, particularly where some posts are time limited to supporting specific projects. We will continue to work closely with our partners to mitigate the impact as best we can.

There will be a review of areas of responsibility within the Finance and Resources Management Team with the intention to realign some areas of responsibility to better reflect how we provide our services.

##### **4.3.1 Business Support Review**

Covid 19 has impacted on the HSCPs service delivery models and as a response to the pandemic there has been a requirement for additional Business Support Staff to support HSCP in areas such as Care Homes, Vaccination and Testing. A significant proportion of the current workforce are temporary; over 50%. Development of new services across seven days requires a more flexible Business Support service operating across the full week and a realignment of staff to HSCP service areas. The review will take a bottom up approach to look at realigning the temporary workforce at the lowest grades across service areas into permanent posts before looking at additional higher graded roles.

#### **4.4 Adult Services; Communities and Wellbeing**

Adult Services Communities and Wellbeing include Adult Social Work Services, Older people / Intensive services, Community Nursing, Rehabilitation, Pharmacy and Primary Care

Improvement that are delivered on a Locality based model. It should be noted that Physiotherapy Services are hosted by West Dunbartonshire HSCP and details will be provided in their workforce plan.

Prior to the pandemic, demand for all services had increased across the HSCP. Post pandemic, again we have seen demand increase. Within Care at Home the number of service users requiring 2-1 support has doubled. Within Rehab services demand has increased from 40 referrals to between 70-100 referrals and demand from the HSCPs rapid access service has increased as has the complexity of cases the District nursing Team are supporting.

To meet existing demand there has been significant investment from the Scottish Government in order to support Discharge and Prevention and Intermediate Care, which provides the opportunity to redesign services and improve outcomes. It allows us to strengthen the whole sector response model outlined below.



Following the additional investment from Scottish Government we will develop and improve services to meet the increased demand in the medium term as set out in the redesigns detailed below.

#### 4.41 Intensive Services Redesign

Intensive Services incorporates Care at Home, Telecare and Residential and Older People's day care and out- reach. As an integral part of our recovery and renewal programme, the key objectives are to:

- Enhance Re-ablement and Self –Management
- Increased Capacity: Home First, Overnight, Management Team
- Facilitating Hospital Discharge and Community Response
- Improve data and Business Support
- Developing Further Technology Enabled Care

Ahead of moving the redesign of Care at Home forward a collaboration session is planned over summer 2022 with partners and stakeholders to look at demand and develop a new service specification.

#### **4.42 Initial Contact Team**

In 2018 the HSCP developed an initial contact team to ensure that as service users made an initial contact they were supported or signposted in order that they could receive the right care at the right time. The team will be strengthened with a further developed multidisciplinary approach, building capacity ensuring people see the right person, at the right place, right time to ensure their needs are met and consist of an additional 11 WTE.

#### **4.43 Intermediate Care**

An Intensive Support multidisciplinary team will be recruited and be based at Bonnyton House Care Home to provide intermediate care and rehabilitation to people in step up and down beds to allow them to return to their own home. The team will consist of 7 WTE.

#### **4.44 Adult Social work services**

In addition to the winter planning investment, the Scottish Government has provided additional £386,000 funding specifically for adult social work services in order to improve assessment and care management and strengthen leadership and associated support services. Locally the HSCP will use this investment to strengthen and realign leadership across management levels in order to provide quality assurance, professional governance and assist with transformation of services. In addition, due to the demand and complexity of needs being presented, a new Transitions Team will be created and a Long Term Conditions Team within Adult Localities will be developed. The new team created will include service managers, team managers, social workers and business support and equate to 8 WTE.

#### **4.45 Community Nursing**

The District Nursing (DN) service includes District Nurses, Registered Community Nurses and Health Care Support Workers. In 2012 the Greater Glasgow and Clyde District Nursing Review advocated that the model for District Nursing across NHSGGC partnership areas would be 1 WTE Band 6 per 9,000 PP, with varying numbers of Bands 7, 5, and 3 proportionate to the WTE Band 6. Adjustments have been made based on local context and the needs of individual services.

East Renfrewshire are working to this model with all grades of staff in place which includes having a future focus on recruitment to the Post Graduate Diploma - Advancing District Nursing Practice with Specialist Practitioner Qualification to maintain our band 6 District Nursing posts. Within East Renfrewshire HSCP the recent investment from Scottish Government to enable the expansion of our District Nursing service, as set out in the National Workforce Plan, has enabled the recruitment of additional Health Care Support Workers (Band 3) and Community Nurses (Band 5) to the service. Despite this investment, the recruitment of staff particularly qualified band 6 caseload holders remains a challenge across NHSGGC and is the subject of local and national discussion at the SEND (Scottish Executive Nurse Directors) group.

Due to the Covid-19 pandemic use of the Community Nursing Workload and Workforce Assessment Tool was suspended in 2020. The tool was run at the end of 2021, the results of which are currently being analysed with a view to identifying and escalating any identified gaps between the required workforce and existing funded establishment.

As outlined in section 1.4.1 East Renfrewshire are experiencing an increasingly ageing population placing more demands on the health service. The District Nursing service will therefore play a pivotal role in preventing hospitalisations, keeping more people at home or in a homely setting by coordinating care needs and delivering essential care interventions including the provision of palliative and end of life care. Shifting the balance of care will therefore

require growth and additional investment in district nurses as key members of integrated community nursing teams. At the time of writing this plan it has been agreed to pull together a working group across HSCPs in order to review the District Nursing role within NHSGGC.

Additionally, proposals for Advanced Nurse Practitioner roles within the HSCP in terms of the Transforming Roles programme are currently in development which will augment existing ANPs already in post in line with our Primary Care Implementation Plan, The focus on admission avoidance / early intervention as part of the unscheduled care work stream, anticipatory care planning support and supporting GPs to focus on their most complex patients are key tenants of the role.

Within East Renfrewshire the service has responsibility for Community Assessment and Treatment Centres which are experiencing increasing demands. Work is underway to explore the most effective and efficient use of the treatment rooms which will include merging other developing work streams i.e. demand for acute phlebotomy services within the community where we have employed additional Health Care Support workers.

The Scottish Government has invested significantly in Health Care support workers. East Renfrewshire has recently recruited to 6 roles based within Community Nursing.

#### **4.4.7 Allied Health Professionals**

East Renfrewshire has a skilled team of AHPs working within our integrated teams across service areas and has developed a new Lead AHP post for the partnership. AHPs have a broad skillset which enhances our services for our residents. In recent years AHPs have formed part of multi-disciplinary teams and we are building on this in our recovery and renewal work and within the development of the initial contact team detailed in section 4.4.2 above.

As detailed within the wider NHSGGC workforce plan the National Transforming Roles Agenda to develop Advanced and Consultant level Allied Health Professionals (AHPs) across all service areas. These practitioners will have advanced critical thinking, advanced expert knowledge, extended scope skills and will contribute to the research evidence base and facilitate the learning across MDTs. These roles will be pivotal in delivering revised models of care within community services, enabling AHP practitioners to work to their maximum skill level, leading services and supporting health and social care colleagues in MDTs, within newly defined job profiles and professional practice.

In addition to developing advanced AHP roles there is a need to focus on unregistered AHP roles. Locally we have recruited 6 additional unregistered AHPs as part of the investment in Health care Support Workers. With the wider support of NHSGGC there is a need to ensure that we develop the AHP career development pathway to move from an unregistered role to registration through supporting study or utilising Apprenticeship model.

#### **4.4.8 Pharmacy**

Pharmacy services have a five year strategic plan during which there will be a NHSGGC review of current and future skill mix requirements of Clinical Teams particularly increasing the use of pharmacy technicians to support traditional pharmacist posts. Locally within East Renfrewshire skill mix of staff utilising both Pharmacists and Pharmacy Technicians and a Pharmacy Support worker has increased capacity and a hub working model is being tested to achieve further increased efficiency. Details of the increase in Pharmacotherapy posts are detailed below within Primary Care Improvement section.

#### **4.4.10 Primary Care Improvement**

The introduction of the services aligned to the new General Medical Services (GMS) Contract (2018) through the PCIP (2018-21) relies on the establishment of a new multi-disciplinary workforce to be part of general practice teams but not employed by the GP practices. The practice based staff are employed by NHSGGC, HSCP and the third sector and embedded in GP practices. Between 2018 and 2021 an additional 52.5 WTE were recruited. East Renfrewshire HSCP were successful in our bid for additional funding to further recruit 6.0 wte MDT staff as part the implementation of the GMS Contract to further support GP Practices over the winter period and build in some contingency for services. Our application will allow us to accelerate delivery for the three MOU priority areas of Vaccination Transformation, Pharmacotherapy and Community Treatment and Care, as per below:

At the time of writing we anticipate further details of phase 2 of the GMS role which will form part of the HSCPs workforce planning for the PCIP programme. Wider primary care services such as Dentistry, Optometry and Community Pharmacy will be detailed within Boards workforce plan.

#### **4.5 Adult Services: Learning Disability and Recovery**

##### **4.51 Learning Disability Hosted Service**

East Renfrewshire HSCP hosts the Learning Disability Inpatient Services for NHSGGC and is the strategic lead for Learning Disabilities across HSCPs within NHSGGC. The service has worked closely with the Scottish Government's short life working group to address issues of delayed discharge and out of area placement which is consistent with shared ambition to redesign both community and inpatient services to reduce the need for hospital admission.

A new Community Living Change Fund offers an opportunity to address these issues as we develop new ways of working across partnerships and build expertise and increase capacity in the community and reshape our inpatient services to work more flexibility with a wider range of service models. We will be taking forward resettlement of people remaining in our longer stay service which will require an organisational change process and our review of assessment and treatment beds will lead to differing approaches and new roles across inpatient and community teams aligned to our workforce change processes. This will be a detailed piece of work taken forward in partnership with staff side and HSCPs across NHSGGC over the next two years.

Each HSCP will have a local approach to workforce planning in respect of learning disability teams which is guided by professional leadership. NHSGGC Learning Disability workforce is relatively small and therefore good collaborative approaches are required across all HSCPs. This has been evident during the pandemic and as a result of our shared co-dependency arrangements we have achieved workforce flexibility to support the wider learning disability family of services across NHS.

##### **4.52 Learning Disability Day Services**

The service has re-design plans in the medium term to build upon the work carried out in relation to Phase 1 of the remobilisation of day opportunities following the enforced COVID-19 service suspension of these services. The review will provide the opportunity to assess how the reintroduction of both building based and outreach services can be best individualised, and provide a better fit with a modernised integrated Learning Disability support service. Also seek to develop a transition service for young people still in education.

#### **4.53 Community Addictions Team**

Within the Alcohol and Drugs Partnership across NHS GGC there is a wider redesign plan to encompass the new 5 year funding for Drug Deaths Prevention which will be referenced in the Boards workforce plan. Locally the following areas of work are underway, increasing and diversifying the workforce to support people experiencing alcohol and/or drug related harms: Implementation of Medication Assisted Treatment Standards to ensure rapid access to services, ideally on the same day of presentation, provision of harm reduction and psychosocial supports and supporting people to remain in treatment. Increased team capacity is critical to successful delivery and we have agreed a workforce profile from using investment in this area these include Addiction Practitioners, additional prescribers and Business Support posts. Following review and consideration of recommendations from current and future Peer Led Research we are looking to identify and implement continuous improvement opportunities increasing the workforce and enhancing the multi-agency approach that brings a range of services together to deliver on a recovery orientated framework of support for people affected by alcohol and drug harms. This includes enhancement of the multi-disciplinary team to include occupational therapy.

#### **4.54 Primary Care Mental Health and Wellbeing Services**

In response to the national Enhancing Mental Health and Wellbeing in Primary Care guidance and increased investment, the HSCP is working with key stakeholders across primary care, mental health services, third sector and communities to increase the variety of pathways to support in primary care. Through growing the workforce required in primary care settings for all ages, the right support will be provided in the right place at the right time. Identified gaps in workforce include strategic coordination role with capacity to work with key stakeholders, gather evidence of what works, review existing supports, and identify gaps. Adding mental health practitioner interventions to the workforce is a priority for year 1, testing the impact they could have through 1:1 and group supports that can be easily accessed in a timely manner. Additional roles will be identified in years 2 and 3 of the programme.

#### **6.55 Adult Mental Health**

The HSCP has worked to increase the workforce locally through Transforming Mental Health Funding (Action 15), in recent years including peer support workers, nursing, psychology and counselling roles. Action 15 is now embedded and the organisation will focus on maintaining the workforce levels.

The HSCP is contributing to the development of neurodevelopment pathways to address waiting times at a local and NHS GGC level. East Renfrewshire has enhanced recruitment locally to address service demand. We will be exploring working on a NHS GGC wide pathway that will utilise the available workforce to ensure equitable access to services across all of NHS GGC.

Improving psychological therapies waiting times remains a key priority. To address challenges of workforce capacity following evaluation around resources vs number of individuals being seen we have increased the numbers of staff and will continue to work with NHS GGC to maximise the use of psychological therapies funding across our mental health services.

Psychiatry shortages are a challenge nationally and NHS GGC are not immune to these challenges. More recently become an acute challenge for East Renfrewshire at local level with consideration of system wide support for psychiatry from across service areas.

**6.56 Older Adults Mental Health**

The national dementia strategy, expected later in 2022, will drive significant work at local level. Use of post-diagnostic support, provided by Alzheimer’s Scotland, demonstrates the critical relationships with third sector providers that are embedded within older adult mental health team. Mental health practitioners within proposed mental health primary care services will deliver an all age approach, with early identification of dementia and appropriate referral on to OAMHT. Relationships with Care Homes essential to provide services and build on recent successful test of change around Care Home Liaison role.

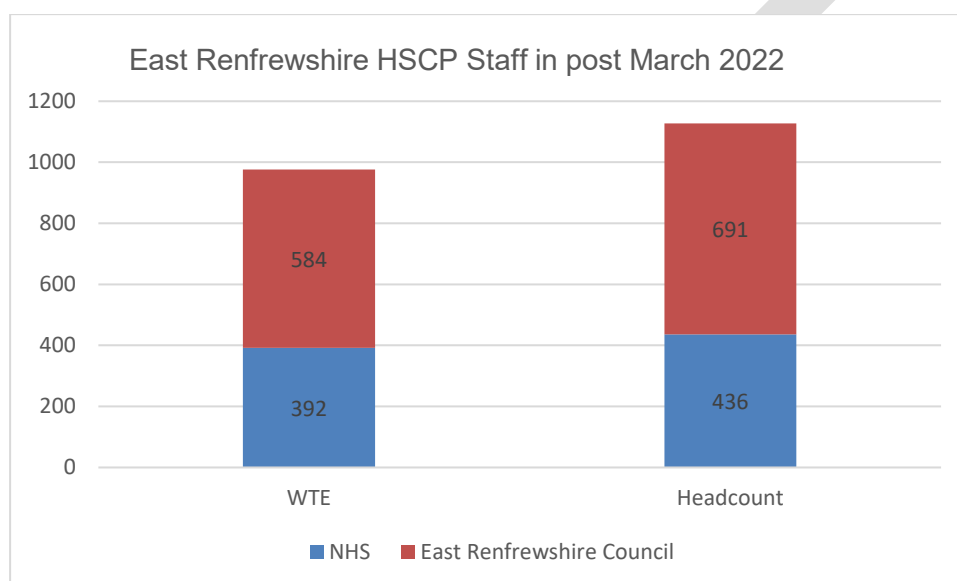
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## Section Five: East Renfrewshire HSCP Workforce

### 5.1 Current Numbers of Staff and Whole Time Equivalent (WTE)

As at the 31<sup>st</sup> March 2022 the HSCP workforce comprised of 1127 employee head count (976 WTE). This figure includes the staff cohorts for Learning Disabilities Inpatients service which the HSCP hosts on behalf of NHSGGC. All figures shown are as at 31<sup>st</sup> March 2022 unless otherwise stated. These figures do not include casual posts or any vacant posts in the process of recruitment.

### 5.2 NHS & Council Staff Headcount and WTE



### 5.3 HSCP Workforce by Service Area

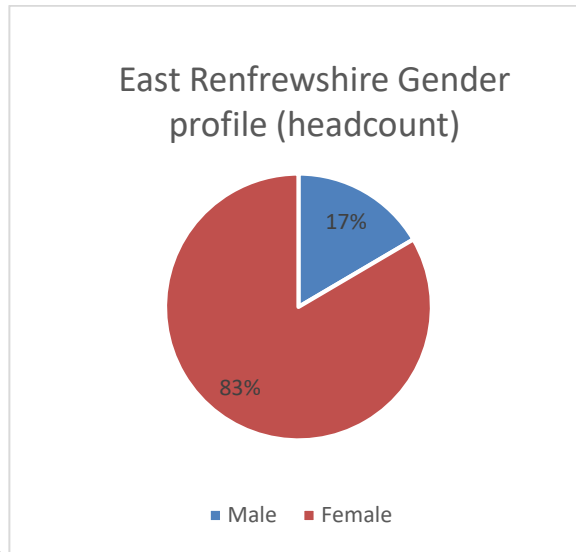
Staff in post as 31 <sup>st</sup> March 2022 (WTE)			
Service Area	NHS WTE	Council WTE	Total WTE
Finance & Resources	13	83	96
Public Protection & Children's Services	54	95	149
Adult Services: Communities & Wellbeing	124	350	474
Adult Services: Learning Disability & Recovery	67	56	123
Learning Disability Inpatients & Hosted Services	134		134
<b>Total</b>	<b>392</b>	<b>584</b>	<b>976</b>

### 5.4 Gender Profile

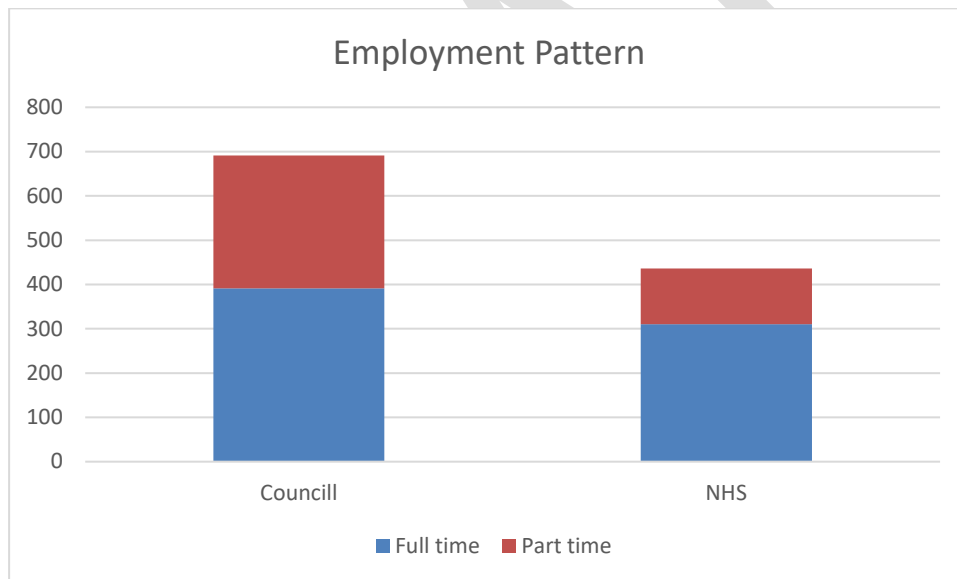
The gender profile for the overall HSCP workforce shows that it is predominantly female (83% female and 17% male). There is little variance between the NHS and Council gender profile. Within the NHS the split is 83% female 17% male. Within the Council the split is 84% female and 16% male. This is not unexpected within a health and social care environment and does



not cause problems in terms of service. However we need to be mindful of the need to move to more gender balanced services and look to attract more male staff into health and social care roles.



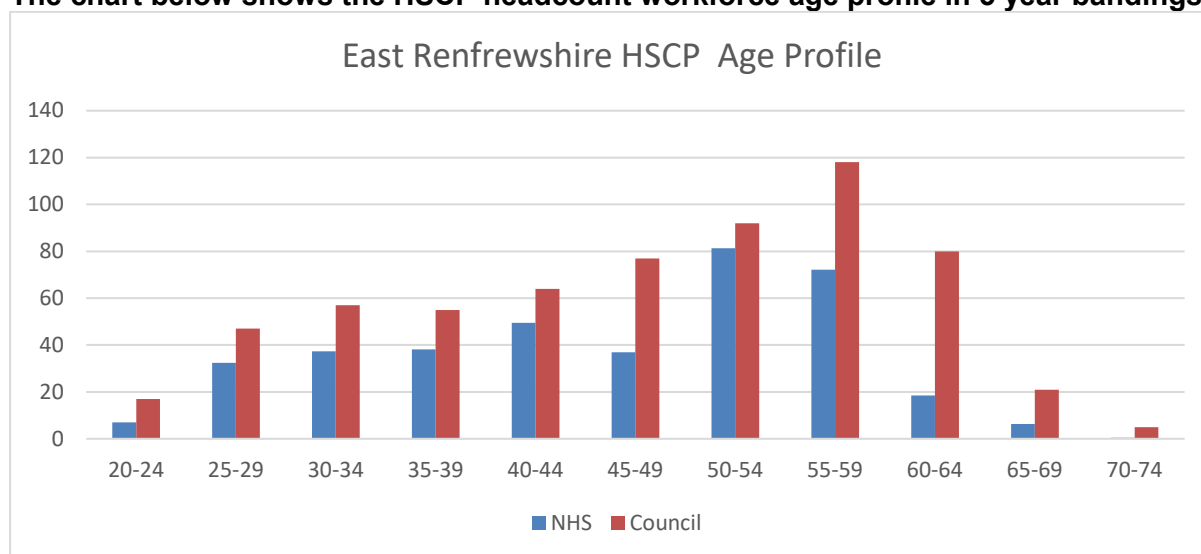
**5.5 Employment Profile**



Overall in the HSCP a considerable number of the workforce are part time and reflected by the fact the majority of workforce is female and caring responsibilities often fall to this group. In addition within the HSCP it can be seen that approximately a quarter of the NHS workforce are part time whereas within the Council workforce this is closer to a 50% split. In part this is because of the Social Care workforce of whom a significant number work part time. It is predicted that the part time workforce will increase as employees want more flexible employment.

## 5.6 Age Profile

The chart below shows the HSCP headcount workforce age profile in 5 year bandings.



The profile displays a number of workforce characteristics detailed below

- 30% of the HSCP workforce is over 55 years old
- The largest age band falls between 55 and 59 years of age.
- 13% of the workforce are over 60 years old with some staff working beyond the “historic” retiral age of 67.
- There are only 23 HSCP staff under 25 years old and only one staff member within the HSCP under 20

Looking at the age profile broken down into the different employers it suggests that there is a greater tendency among council employed staff to work into their sixties and beyond. Within lower graded roles within the Council there was a tendency for staff not join the pension scheme. This has been addressed by auto enrolment and promotion of the pension scheme and also that there is more opportunity for youth employment within council employment as NHS staff such as nurses and AHPs join the HSCP once they have obtained a professional qualification.

## 5.7 Ethnicity Data

**Table East Renfrewshire HSCP Ethnicity Data**

Ethnicity	NHSGGC Headcount	Ethnicity	ERC Council Headcount
Bangladeshi	<5	African - (inc Scottish/British)	1
Indian	<5	Any mixed or multiple	3
Pakistani	<5	Asian - Bangladeshi (Inc Scottish/British)	1
Other Asian	<5	Asian - Indian (Inc Scottish/British)	1
African	5	Asian - Pakistani (Inc Scottish/British)	1
Caribbean	<5	Black - (Inc Scottish/British)	1

Chinese	<5	Caribbean or Black - Other	1
Other Black	<5	Mixed	1
Other Ethnic Background	<5	Other White	8
White British	56	Pakistani	1
White Irish	<5	Unknown	111
White Polish	<5	White - Any Other Ethnic Group	6
White Scottish	251	White - Eastern European	3
Other White	23	White Irish	7
Information not available	90	White - Other British	12
Prefer not to say	<5	White - Polish	2
Sum:	436	White Scottish	531
		Sum:	691

The ethnicity data for both NHSGGC staff and ERC Council staff within the HSCP is similar. Whilst the data labels differ the largest workforce grouping is Scottish and the second largest grouping is where the information is unknown / not available. Ethnicity information is now recorded for all new starts however historical information is not available. East Renfrewshire has a diverse population and locally we need to work with NHSGGC and ERC to improve recruitment to in order to increase diversity within the HSCP workforce profile.

### 5.8 Workforce Profiles Professional grouping

Overall the HSCP has an ageing workforce and the workforce planning process has identified that the main risk to service delivery across the next 5 to 10 years is the impact of the workforce age profile. Some professional groups are more affected by the age profile than others.

#### 5.8 The Nursing Workforce

##### The Nursing workforce by age and grade

Headcount	Grade/ Band									
	3	4	5	6	7	8A	8B	8C	Non AFC	Grand Total
25-29	4			1						5
30-34	1	1	8	5	9					24
35-39	3	1	5	3	4					16
40-44	5		6	4	5			1		21
45-49	2	2	3	5	6		1		1	20
50-54	5	2	6	4	5	2				24
55-59	6	1	9	9	12	1		1		39
60-64	7		1	3	2		1			14
<b>Grand Total</b>	<b>33</b>	<b>7</b>	<b>38</b>	<b>34</b>	<b>43</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>163</b>

The HSCP (nb this does not include nursing within the hosted services) comprises of 163 staff (148 WTE) including registered and nonregistered staff. The gender split is 91% female and 9 male%.

The data table above show age by grade, It can be see that 32 % of nursing staff are over the age of 55 and 47% of are aged over 50. This creates a retrial risk and there is a need to look at succession planning locally across services.

## 5.9 The Social Work Workforce

### The Social work workforce by age and grade

Headcount	Grade						
Age	10	11	12	13	15	17	Grand Total
20-24	2						2
25-29	10						10
30-34	20	1					21
35-39	11	6	1		1		19
40-44	6	4	8	1			20
45-49	13	2	4	2			21
50-54	7	2	2		3	2	16
55-59	7	3	2	1	2	1	16
60-64	2	2	1	2			7
65-69	2	1					3
<b>Grand Total</b>	<b>80</b>	<b>21</b>	<b>18</b>	<b>6</b>	<b>6</b>	<b>3</b>	<b>134</b>

The age profile within Social Work shows that the majority of main grade Social Work staff (grade 10) are below the age of 55. This shows that there is no immediate retrial risk within the next 5-10 years. Due to the younger workforce there is a skills/ experience gap as younger employees also tend be newly qualified. Whilst this improves over time as the workforce develops there is a need to focus future recruitment in attracting more experienced workers.

The other 9 employees are between ages 50-59 in grade 15 to 17 (senior management roles). This means that there is a potential risk of retrial within the senior social work team within the next 5-10 years. This gives the council an opportunity to focus on personal development and succession planning of existing social work employees to ensure there are opportunities for current employees to be promoted.

## 5.10 The Social Care Workforce

The HSCP Social Care workforce comprises of 436 staff (282 WTE) and is the largest section of workforce within the HSCP. The difference in headcount and WTE can be explained by the fact large number of the workforce work part time. The gender split is 84% female and 16% male.

### Age by Grade Social Care workforce

Headcount	Grade												
Age	1	10	11	12	15	2	4	5	6	7	8	9	Grand Total
16-19								1					1
20-24		1						14	1		1		17
25-29	2						1	15	2	4	4		28
30-34		1	1			1	3	18	2	5	2		33
35-39			2			1	1	17	3	5	1		30
40-44		1	1		1		1	20	2	6		1	33

45-49		2	1			1	2	34	2	10	4	3	59
50-54	3	2	1	1			3	42	3	8	3	4	70
55-59	1	2	2				5	57		11	3	3	84
60-64				1			5	44	4	6	3	2	65
65-69							2	4	1	1	1	1	10
70-74		1						4		1			6
<b>Grand Total</b>	<b>6</b>	<b>10</b>	<b>8</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>23</b>	<b>270</b>	<b>20</b>	<b>57</b>	<b>22</b>	<b>14</b>	<b>436</b>

The age profile within Social Care ranges from 16-74. 60% of the workforce are over the age of 50. 56% of employees within this service are grade 5 which are made up of predominantly front line social care workers. 65% of the employees who are grade 5 are age 50 or over which poses a potential retiral risk within the next 5-10 years. There is only one employee under the age of 20 and only 4% of employees between the ages of 20-24. There is opportunity to target a younger workforce through future recruitment campaigns and promote apprenticeship and qualification opportunities and work with employability partners to support the longer term unemployed, within our community, back into work.

As detailed within the introductory section of this plan their significant workforce consists of independent, voluntary and third sector providers that make up the overall social care workforce within the partnership. Whilst the intention of this plan is not to provide the detail of the social care provider workforce with East Renfrewshire the two workforces are inextricably linked. The graphic from SCVO provides more details.

# State of The Third Sector in East Renfrewshire

## Organisations and activities



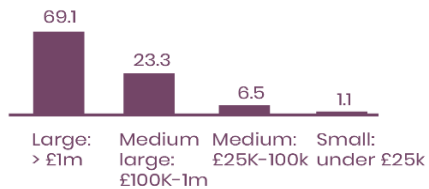
## People

**959** Trustees volunteering their time and skills locally

**566** paid staff, employed in:



Paid Staff by Size of Charity (%)



**Source:** 'State of the Sector 2020' SCVO  
Contains information from the Scottish Charity Register supplied by the Office of the Scottish Charity Regulator and licensed under Open Government Licence v.3.0.

The graphic sets out information about the numbers of people working within the third sector within East Renfrewshire as well as those volunteering their time. In addition it should be recognised care and support at home is also provided by unpaid Carers, whilst it may be difficult to collect data that unpaid Carers play the biggest part in delivering care across the partnership.

## 5.11 The Hosted Services LD Inpatients & SCTCI

**Table Age by Grade LD Inpatients & SCTCI**

Headcount	Grade / Band										Medical and Dental	Grand Total
Age	3	4	5	6	7	8A	8B	8C	8D			
20-24	3		8									11
25-29	4		11	6								21
30-34	2		7	3	1							13
35-39	2	1	5	3	1	1						13
40-44			9	1	2	1						13
45-49	5		3			1		1	1			11
50-54	23	2	5	3	1	1	1				1	37
55-59	14			1	2						1	18
60-64	7	1									1	9
65-69	4											4
<b>Grand Total</b>	<b>64</b>	<b>4</b>	<b>48</b>	<b>17</b>	<b>7</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>1</b>		<b>3</b>	<b>150</b>

It is useful to look at the hosted services workforce separately as it has different characteristics, notably a younger workforce profile than the wider HSCP. The table above show age by grade for staff within the hosted services the largest staffing group is aged between 50- 54 and equates to 25% of the workforce however this poses no immediate risk of retriial. The next second largest age group is 25-29 which equates to 14% of the workforce. Unlike the community services LD inpatients takes a quota of newly qualified nurses annually. The workforce requirements and the profile of the workforce in the service will change as a result of the, earlier mentioned, redesign activity. As we take this forward agreed workforce planning tools for all disciplines.

## 5.12 Turnover

**Table HSCP turnover**

	01 April 2019	01 April 2020	01 April 2021	01 April 2022
<b>HSCP Turnover %</b>	8.01%	10.59%	11.81%	12.3%

The HSCP turnover data is shown from 2019 to date. There has been an increase in overall turnover since 2022. 10% is average level of turnover, however, following the pandemic there has been increased number of leavers over the period including some Care at Home staff who left shortly after taking up post which inflated the number of leavers in the year 2021/22. It is anticipated that turnover will increase going forward due to the availability of posts within the wider health and social care sector.

## Section 6 Attract & Employ (The Future Workforce)

### 6.2 Vacancies across Health & Social Care

There has been significant investment in 2021/22 in health and social care posts across the health and social care system. This has allowed greater opportunity across all professional groups and specialities in terms of developing career and moving to other or promoted posts.

Although this has been positive for the workforce and the wider system we are now seeing increased staff movement between HSCPs and other Boards and Councils; something that we haven't experienced the past. Locally within East Renfrewshire we have gained staff but equally we have lost experienced staff in some areas. Where appropriate the posts within the HSCP are jointly appointable posts, however the two different sets of terms and conditions from two different employers can act as a disincentive to movement.

Due to the availability of roles the HSCP has struggled to recruit to fixed term posts and where possible our posts are recruited on a permanent basis where funding allows.

As an example, development of new posts such as Advanced ANP & AHP posts across the health and social care system, including in East Renfrewshire system, provides opportunities for staff progression but also poses risk to our currently stable District Nurse and AHP workforce who may choose to move for promoted posts elsewhere. However our succession planning and retention strategies need to take account of a more mobile workforce.

The sections below detail the vacancies that are particularly difficult to fill.

#### 6.22 Mental Health and Psychiatry

Psychiatry shortages are a challenge across Greater Glasgow and Clyde and more recently become an acute challenge for East Renfrewshire at local level with consideration of system wide support for psychiatry from across service areas. Locally we are supporting the wider work with colleagues in psychiatry in NHSGGC to attract psychiatrists.

#### 6.23 Social Workers and MHO's

As detailed previously whilst we do not have a significant number of vacancies within social work our recent recruits have been newly qualified social workers. To address this we have developed a new pathway to support newly qualified social workers. However we need to look at the trend going forward, as post pandemic there may be more movement in qualified social workers so we need to ensure that we attract them to work within East Renfrewshire. Within East Renfrewshire Council managers are now able to promote vacancies themselves through social media sites, such as LinkedIn, which should allow managers to share vacancies more widely within their own professional networks and attract more experienced workers.

Whilst the recruitment of MHOs has traditionally been a challenge we have revisited the job description in line with the changing demands of the role and created an advanced practitioner post. This post is graded at a higher grade to reflect the additional responsibilities the role now carries and at present have a full complement of staff. In addition we are currently funding the training of two MHOs within the HSCP. There is a need to continue to monitor this due to the workforce demographic and ensure that we continue to invest in the MHOs of the future.

#### 6.24 Social Care Staff / Health Care Support Workers

As outlined in section 3, social care recruitment remains a challenge as is the case nationally. Our main strategy has been targeted poster campaigns throughout the local area that links to



a previous TV and media campaign. This has been supported by recruitment on social media reaching out beyond traditional job sites and streamlining the application and interview process. The interview process is a value based process to ensure that the vacancies are filled by those “Who Care”. The Health Care Support Worker roles were initially difficult to recruit to and the centralised recruitment campaign was less successful. Local recruitment has been more successful and the majority of the roles advertised have now been filled.

### **6.3 Overall attracting and retaining the workforce**

In order to attract candidates the HSCP has promoted East Renfrewshire as a good place to work at application stage and interview. The HSCP worked alongside traditional recruitment sites of NHSGGC and ERC in order to promote roles on Social Media. Within the Council managers are now able to share vacancies on social media. In addition streamlining the application process for high volume recruitment such as Care Home Re-ablement Worker roles has also helped to improve recruitment

The retention of our existing staff is key to the success of the partnership. Our activities to nurture staff as set out in section 2 of the plan forms part of our action plan for retaining staff.

We will further develop our actions in order to continue to attract and retain people into the health and social care sectors. We will:

- Work with employability partners to attract applicants within our community;
- Work with the NHS and the Council as part of their equalities agenda to attract more ethnic minority candidates to work within East Renfrewshire;
- With partners develop Career Pathway locally and consider how to attract younger workers into a career in care;
- Work with local schools and colleges to encourage applicants and promote career opportunities and pathways;
- Support and upskill staff focusing on their abilities and transferable skills;
- Use the appraisal systems in both the NHS and Council to focus on career planning and development which will underpin succession planning.
- Promote e-learning and attendance at virtual training events to bridge skills gaps and build multi-disciplined teams across the workforce

The HSCP has well established relationships with employability partners, placements will resume as part of our recovery and renewal work. We have developed a modern apprentice programme for young people leaving care and further work is under development in relation to other initiatives.

As part of our retention initiative we will develop an exit interview questionnaire to be used across the partnership so that we can better understand people’s reasons for leaving. This information will be better used to inform both recruitment and retention.

In addition as outlined above there is a need to understand the ambitions and motivations of our workforce and use this to form part of succession planning and development opportunities.

## Section 7 Train (Workforce Skills Development)

### 7.1 Learning and Education

We will aim to strengthen collaborative working across the partnership to ensure that HSCP staff have access to a range of courses in the HSCP, Council and NHSGGC. The HSCP will ensure that our staff have the necessary skills to deliver on the key priorities of both the workforce plan and our new strategic plan 2022-25, working to develop learning opportunities specifically for our HSCP. The focus will be on equipping staff to manage the key challenges arising from the pandemic and recovery, with a specific focus on mental health and wellbeing and developing digital skills. We will also be updating our training on mental health legislation and our new procedures to support the delivery of our Authority to Discharge Plan.

We will deliver on key national priorities, specifically the following:

- Implementation of the NES trauma training framework as part of a wider Trauma Informed Services Strategy
- Creation of a new pathway for Newly Qualified Social Workers to ensure they meet the new requirements for the supported year.
- We intend to secure a new Learning Management System that will improve reporting and our technical capabilities, thus enabling us to deliver a range of flexible learning opportunities to all of our HSCP workforce.

### 7.2 Leadership

The HSCP has a commitment to developing future leaders and invests in staff development and support to allow progression to their next roles by:

- Supporting and empowering team leads and managers in their roles.
- Promoting performance coaching
- Building a culture that demonstrates compassionate leadership.
- Supporting staff to attend leadership programmes


The HSCP ensures that all staff have access to both Leadership programmes developed by the Council and NHSGGC and National programmes developed by NES and the SSSC. Staff who attend courses are asked to share their learning with colleagues.

## Section 8 Key Priorities & Action Plan



### 8.1 Key Priorities


Our key priorities for the 2022-25 plan are


- **Plan** Setting out the workforce implications for the partnership working with external providers and partners to redesign local services and contributing to wider pieces of redesign work across NHSGGC. Building expertise and increasing capacity in the community and reshaping our services to work more flexibility.
- **Attract:** Ensuring that we develop and implement the workforce plan to recruit a highly skilled and motivated workforce who care.
- **Train:** Ensure our staff have skills required meet the needs of our population and develop the health and social care workforce for the future.
- **Employ:** Over the medium term ensuring we have sufficient workforce to meet the demographic challenges of our local area in particular the growing young and elderly populations and deliver the agreed pathways and services.
- **Nurture:** To provide continued support and intervention to support the health and wellbeing of our staff and ensure that our staff feel valued and listened too.

Theme	Service Area	Action	Lead	Timescale	Update
 Plan	Finance and Resources	Review Finance and Resource Services.	Chief Finance Officer		
	Finance and Resources	Review Business Support Service.	Governance and Systems Manager		
	Adult Services: Learning Disability and Recovery	Progress Learning Disability Hosted Services Community Living Learning Disability Change Fund Redesign Programme.	Assistant General Manager		
	Adult Services: Learning Disability and Recovery	Progress development of Addictions Services.	Senior Manager Recovery		
	Adult Services: Learning Disability and Recovery	Progress local Mental Health Services Redesign. Contribute to Board wide Mental Health redesign, as part of MFT.	Senior Manager Mental Health		

Adult Services: Communities and Wellbeing	Progress Intensive Services Redesign: Care at Home Older Peoples Day Services	Senior Manager Intensive Services		
Adult Services: Communities and Wellbeing	Develop Intensive Support Service at Bonnyton House Care Home	Senior Manager Intensive Services		
Adult Services: Communities and Wellbeing	Take forward Primary Care Improvement as part of GMS contract.	PCIP Implementation and Development Officer		
Public Protection and Children's Services	Take forward workforce actions associated with The Promise Scotland and Whole Family Support Funding.	Senior Manager Children's Services		
Public Protection and Children's Services	Implement Board-wide review of school nursing.	Senior Manager Children's Services		
Public Protection and Children's Services	Progress Neurodevelopmental Redesign.	Senior Manager Children's Services		

	HSCP wide	Develop AHP Advanced Practitioner roles within the HSCP.	Lead AHP		
	HSCP wide	Develop Nursing Advanced Practitioner roles within the HSCP.	Lead Nurse		
 Attract	HSCP wide	Work with HSCP Comms Lead, NHS & Council Partners to improve recruitment.	HR Business Partner		
	HSCP wide	Develop actions to fill difficult posts outlined within the workforce plan.	HR Business Partner and Senior Managers		
	HSCP wide	Work with Council and NHS partners to improve ethnic minority recruitment.	HR Business Partner and Senior Managers		
	HSCP wide	Work with employability partners.	All Managers		
 Employ	HSCP wide	Ensure governance process is in place to ensure professional registration.	Governance and Systems Manager		
	HSCP wide	Ensure that Career Conversations are	Learning Development		

		embedded into the KSF and Quality Conversations process.	and Quality Assurance Manager		
	HSCP wide	Develop HSCP wide exit process to improve retention.	HR Business Partner		
	HSCP wide	HSCP Learning and Development System.	Learning Development and Quality Assurance Manager		
	HSCP wide	Implementation of the NES Trauma training framework.	Learning Development and Quality Assurance Manager		
	HSCP wide	Creation of a new pathway for Newly Qualified Social Workers to ensure they meet the new requirements for the supported year.	Learning Development and Quality Assurance Manager		
	HSCP wide	Promote Leadership Development.	Learning Development and Quality Assurance Manager		

	HSCP wide	Implement refreshed succession planning process.	HR Business Partner and Learning and Development Quality Assurance Manager		
	Adult Services: Communities and Wellbeing	Establish continued links with Wellbeing Network which includes local communities (Voluntary Action).	Health and Wellbeing Lead Officer		
	Adult Services: Communities and Wellbeing	Facilitate the improvement of mental and physical wellbeing within the community through Voluntary Action Group.	Health Improvement Lead and Health and Wellbeing Lead Officer		
	HSCP wide	Implement NHS GGC Blended Working model and Councils The Way We Work model within the HSCP.	Systems and Governance Manager		
	HSCP wide	Develop and Promote HSCP Peer Support Network.	Health Improvement Lead and Health and Wellbeing Lead Officer		



	HSCP wide	Continue to develop Health and Wellbeing Group to promote and encourage local initiatives for staff.	Health and Wellbeing Lead Officer		
	HSCP wide	Continue to promote iMatter to engagement, and ensure action plans are developed in teams across partnership.	HR Manager		

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