

**EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE PARTNERSHIP**

WORKFORCE PLAN

2022-2025



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“Working together with the people of East Renfrewshire to improve lives”

We are committed to improving the health and wellbeing of people living and working in East Renfrewshire. We aim to do this by:

Valuing what matters to people.

Building capacity with individuals and communities.

Focusing on outcomes, not services.



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Section One:

Introduction

1.1 East Renfrewshire HSCP Workforce Plan

East Renfrewshire Health and Social Care Partnership (HSCP) is required by the Scottish Government to develop and publish a workforce plan for approval by the Integration Joint Board (IJB), 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 sets out the workforce 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 1000 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](#) 



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 the 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 was 96,060. Future projections show that the population will grow and we will have an increasingly ageing population profile. Figure 1 below shows the current population distribution of East Renfrewshire.

Figure 1: Demographic make-up of East Renfrewshire¹

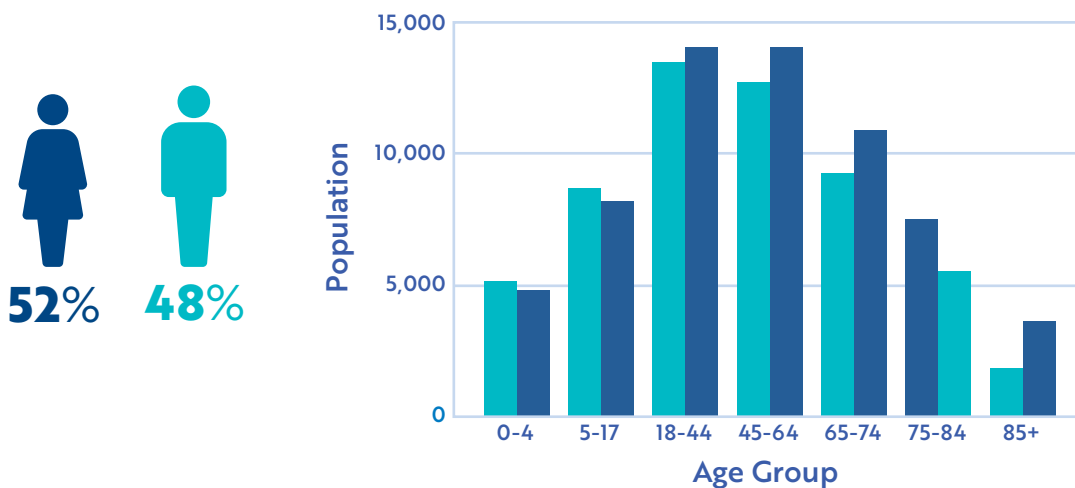
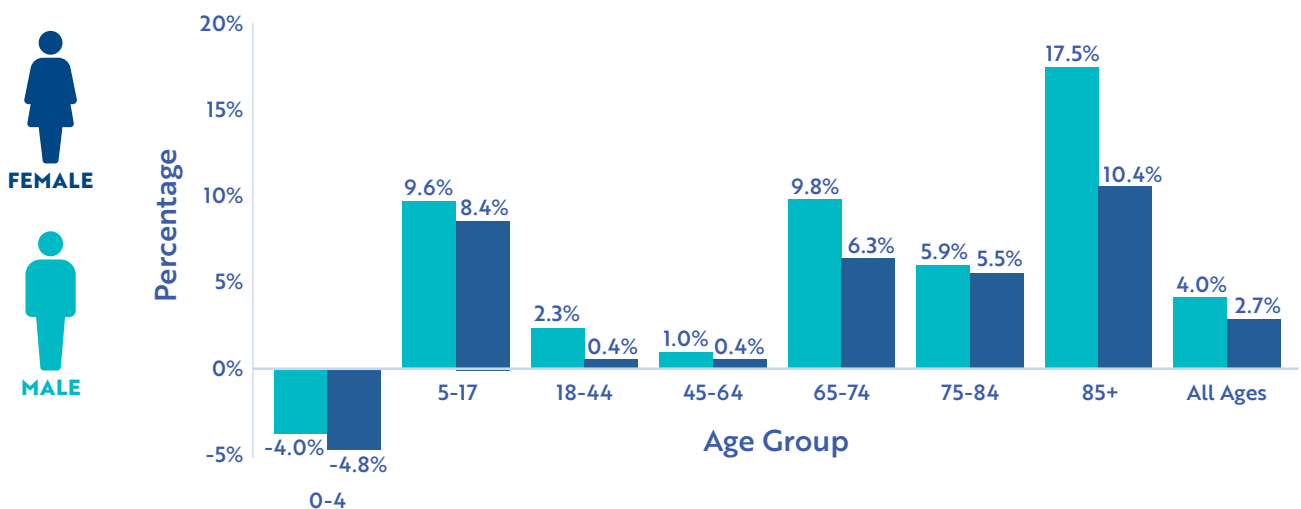


Figure 2 below shows the change in population structure in East Renfrewshire over the past five years from 2015 to 2020 based on National Records Scotland (NRS) mid-year population estimates. The population has increased by 3.4% overall. The male population has been rising at a faster rate than the female population, particularly in the 85+ age group.

Figure 2: Percentage change in population between 2015 and 2020 by Age Group and Sex in East Renfrewshire²



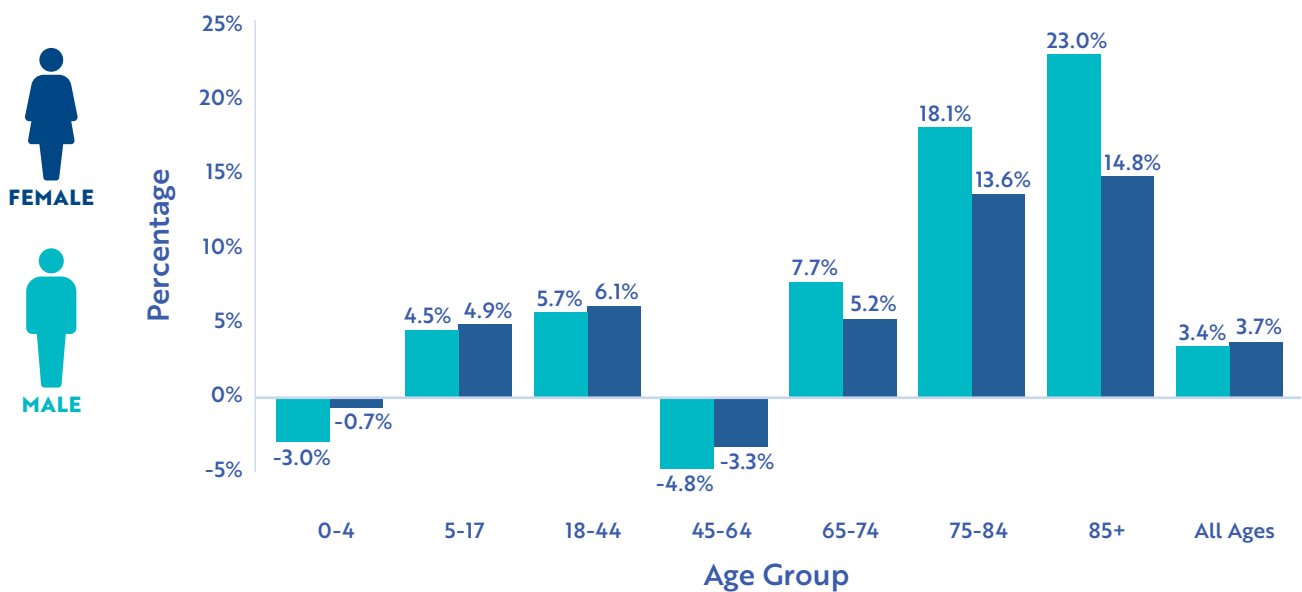
¹ Source: National Records Scotland

² Source: National Records Scotland



Figure 3 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.

Figure 3: Projected percentage change in population from 2020 to 2025 by Age Group and Sex in East Renfrewshire³



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. Table 1 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.

Table 1: Analysis of SIMD in East Renfrewshire⁴

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

³ Source: National Records Scotland

⁴ Source: Scottish Index of Multiple Deprivation



In line with the socio-demographic profile Table 2 illustrates the 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.

Table 2: Key health outcome indicators in East Renfrewshire⁵

Indicators	Data Type	Time Period	Eastwood Locality	Barrhead Locality	East Renfrewshire HSCP	Scotland
Male life expectancy in years	mean	2014-18*	81.7	76.3	80.7	77.1
Female life expectancy in years	mean	2014-18*	84.8	80.2	83.6	81.1
Early mortality rate per 100,000	rate	2016-18	51	90	62	110
Population with long-term condition	%	2018-19	19	22	21	19
Cancer registrations per 100,000	rate	2015-17	606	636	615	632
Anxiety, depression & psychosis prescriptions	%	2018-19	16	20	17	19

Data also shows discrepancies across the two localities with regards to 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 are likely to 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.

⁵ Source: Scottish Index of Multiple Deprivation



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 circa £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 uncertain 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 last published Medium Term Financial Plan shows we expect cost pressures to range from circa £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.

The current scale of costs pressures now looks closer to £9 million to £13 million in 2023/24 and £4 million to £9 million in the following two years. This takes into account the impact of pay, inflation, utilities costs and other economic impacts since April 2022. Therefore the funding gap has significantly increased. The actual funding gap and subsequent savings requirement on the IJB will be dependent on the funding settlement for each year.

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. Following the consultation Scottish Government has published the National Care Service Bill in June 2022 for the establishment of a National Care Service for Scotland. A framework has been set out in the NCS Bill from 2026 onwards which will consider the strategic direction and quality standards for community health and social care in Scotland. The aim of the Bill is to ensure that everyone can consistently access community health, social care and social work services, regardless of where they live in Scotland. The proposals for a NCS include 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.

There is a commitment to 'co-design' of the NCS, the Bill itself only establishes a framework for future delivery with much of the detail being developed over the next few years through a programme of co-design. The Bill does not stipulate on the transfer of children's and justice social work services to the NCS. Recognising that these areas were not specifically examined by the Independent Review of Adult Social Care, with a further public consultation to be held involving partners, stakeholders and those with lived experience. 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, our economy and our 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 their response. The pandemic also brought opportunity to revisit pathways and improve services making significant positive changes that may have otherwise taken years.

1.8 Remobilisation / Annual Delivery Plan

The HSCP has contributed to NHSGGC 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



1.9 Recovery & Renewal Programme

The HSCP has its own recovery programme launched in May 2021, as operational capacity started to allow some forward momentum. The HSCPs 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.

Figure 4: Recovery & Renewal Programme themes



1.10 National Workforce Strategy Health and Social Care

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.⁶

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.

1.11 Stakeholder Engagement

The HSCP 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 group 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.

1.12 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.

⁶ <https://www.gov.scot/publications/national-workforce-strategy-health-social-care>

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 provided by both the Scottish Government and East Renfrewshire 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 raised. The most recent iMatter Team Engagement Survey took place over summer 2022. The HSCP was pleased with results as detailed below;

- Response rate was 67%
- Employee Engagement Index Score (EEI score) 77
- Action planning percentage 92%

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 Three:

Plan Short Term Drivers

3.1 Staffing Considerations

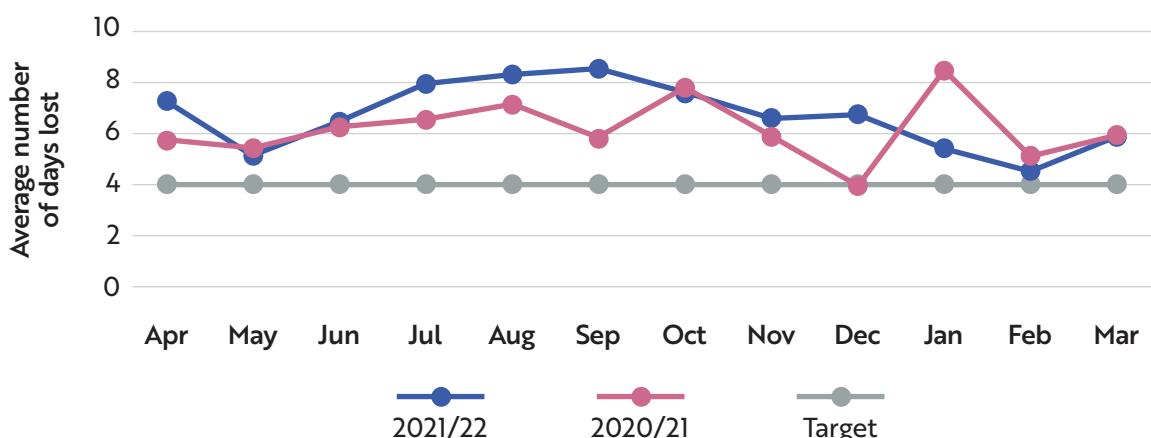
Effective planning of staffing and resources is critical to maintaining service delivery. The pandemic has led to both new clinical pathway changes across the majority of services and capacity expanding in key areas where staff continue to respond flexibly, adapting to alternative ways of working in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

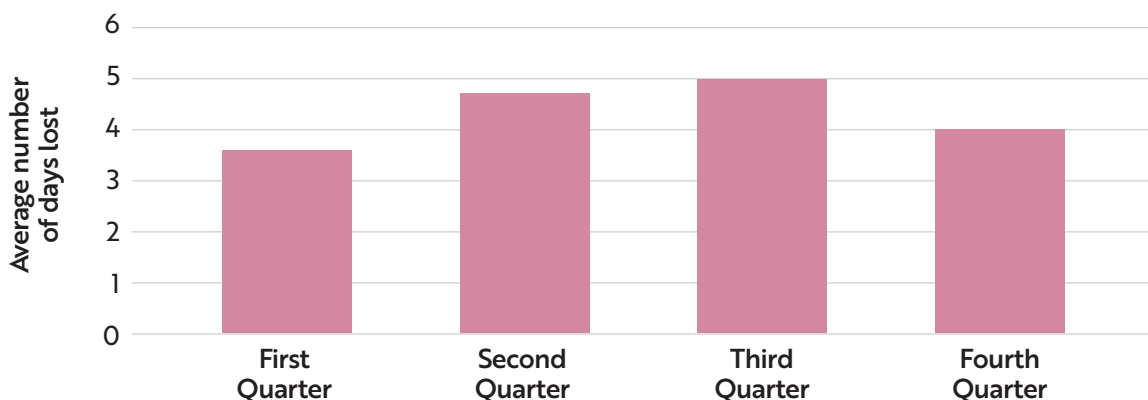
3.2 Staff Availability

Sickness levels increased during Winter 2021/22 in the HSCP though have remained stable in the NHS. Sickness levels reduced in early 2022 but have increased latterly. 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. Figure 6 and Figure 7 below detail sickness absence for both our Council and NMSGC workforce.

Figure 6: NMSGC Sickness Absence details 2021/22



**Figure 7: East Renfrewshire HSCP Council Quarterly Absence 2021/22
(Average Days Lost per FTE)**



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%.

3.3 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.

3.4 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.



3.5 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 associated 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 we 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.

3.6 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, high number of vacancies and competitive pay rates and our staff may move sectors contributing therefore to higher staff turnover.

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 Re-ablement 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.

3.7 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 the 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.

3.8 Health and Care Safe Staffing Legislation

This legislation was paused during the pandemic we will now see an increased focus during forthcoming inspections and the legislation will have implications across a wider range of service provision. In response the HSCP will continue to use our agreed workload tools and to develop new tools when necessary to ensure that we have sufficient numbers of appropriately qualified and registered staff on duty.

Section Four:

Plan Medium Term Drivers & Workforce Actions

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.

4.1.1 Overall Summary

Given the financial context set out in section 1 it is difficult to set out specific numbers of WTE required. Although service demand is increasing there is continuing pressure on our budgets and additional posts must come from additional funding or redesign within services.

The HSCP's turnover is detailed in section 5 and is 12.3%. Notionally given the turnover there is need to recruit approximately 138 staff per year without recruiting any additional staff into the HSCP. As and when staff leave post the HSCP will take the opportunity to review any vacancies and the requirement to fill the role.

A summary for each service area summarising overall future workforce is detailed below.

Across Children's Services we will see small increase in 6 WTE due to changes to school nursing services, additional funding for Health visiting and investment as part of the Promise Scotland.

Across Adult services, Communities and Wellbeing there has been significant investment across in 2022 increasing WTE. It is more challenging to provide an estimate of WTE increase in the medium term as plans are still being worked on. We anticipate demand for services for older people to increase further in terms of local demographics and our service redesign to support more people to live well and safely at home. This will require additional WTE for both health and social care to meet the need. However the initial priority will be to work with partners ensuring we look for new ways of working to deliver services to people and the development of specialist roles to provide additional support and efforts to retain our existing workforce.

Across Adult Services Learning Disability and Recovery there are additional funding streams for mental health and addiction services and therefore the WTE will require to increase in line as we receive these funds. With regards to the Inpatient learning Disabilities services we will see some retraction in WTE with the closure of long stay wards in the medium term.

Within Finance and resources there has been a small increase in WTE in order to support the Recovery and Renewal Programme within the HSCP. It is not anticipated there will be any further increases but roles across some teams will be realigned to better meet the needs of services.



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 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. NHSGCC 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 NHSGCC 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 NHSGCC 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 (FNP)

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 FNP 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

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 have improved. 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 in the medium term.

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.

4.2.9 Criminal Justice

Covid 19 impacted on the HSCP's ability to provide unpaid work activity. Public protection is an ongoing priority for the HSCP and the service works with the Multi Agency Public Protection priorities working with the Community Justice Partnership.

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 peoples 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 in Figure 8 below.

Figure 8: Whole sector response model



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.

4.4.1 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 series of collaboration sessions are planned over winter 2022 with partners and stakeholders to look at demand and develop a new vision and service specification to be implemented over the medium term.

4.4.2 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 has been 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 recent investment was 11 WTE. The initial data from this new model has resulted in a reduction of numbers awaiting assessment from circa 160 to 20. In the medium term we review and refine this model.

4.4.3 Intermediate Care

An Intensive Support multidisciplinary team has now been 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. An evaluation of this work will be carried out.

4.4.4 Adult Social Work Services

In addition to the winter planning investment, in 2022 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 has been created and the dedicated Adult Support and protection team model strengthened on a permanent basis. Additional staff include service managers, team managers, social workers and business support and equates to 8 WTE. The redesign will be subject to evaluation in the medium term.

4.4.5 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 NHS GGC 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 NHS GGC 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 NHSGCC.

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. Numbers of posts have not yet been defined.

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 providing both operational management to the Rehab Service and professional leadership across the HSCP. AHPs have a broad skill-set 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 NHSGCC 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 NHS GGC 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 NHS GGC 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, 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.

4.4.9 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 NHS GGC, 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

4.5.1 Learning Disability Hosted Service

East Renfrewshire HSCP hosts the Learning Disability Inpatient Services for NHS GGC and is the strategic lead for Learning Disabilities across HSCPs within NHS GGC. 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 NHSGGC.

4.5.2 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 delivered in a more person centred way. Also the review will seek to develop a transition service for young people still in education.

4.5.3 Community Addictions Team

Within the Alcohol and Drugs Partnership across NHSGGC 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 psycho-social 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 and other professions.

4.5.4 Primary Care Mental Health and Wellbeing Services

In response to the national Enhancing Mental Health and Wellbeing in Primary Care guidance and planned investment by the Scottish Government, 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.



This is a three year programme of work. Our planning has 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.

4.5.5 Adult Mental Health

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

All HSCPs within NHSGGC are seeing a significant rise in referrals relating to ADHD and ASD. As such, the HSCP is contributing to the development of neurodevelopment pathways to address waiting times at a local and NHSGGC level. East Renfrewshire has enhanced recruitment locally to address service demand. We will be exploring working on a NHSGGC wide pathway that will utilise the available workforce to ensure equitable access to services across all of NHSGGC.

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 NHSGGC to maximise the use of psychological therapies funding across our mental health services. This also features in the mental health primary care and wellbeing work and is equally relevant to older adults' mental health services.

Psychiatry shortages are a challenge nationally and NHSGGC are not immune to these challenges. This has more recently become an acute challenge for East Renfrewshire at a local level with actions required to provide system wide support for psychiatry from across service areas in NHSGGC.

4.5.6 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.

Section Five:

East Renfrewshire HSCP Workforce

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

As at the 31st 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 NHSGCC. All figures shown are as at 31st 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

Figure 9: East Renfrewshire HSCP Staff in post March 2022

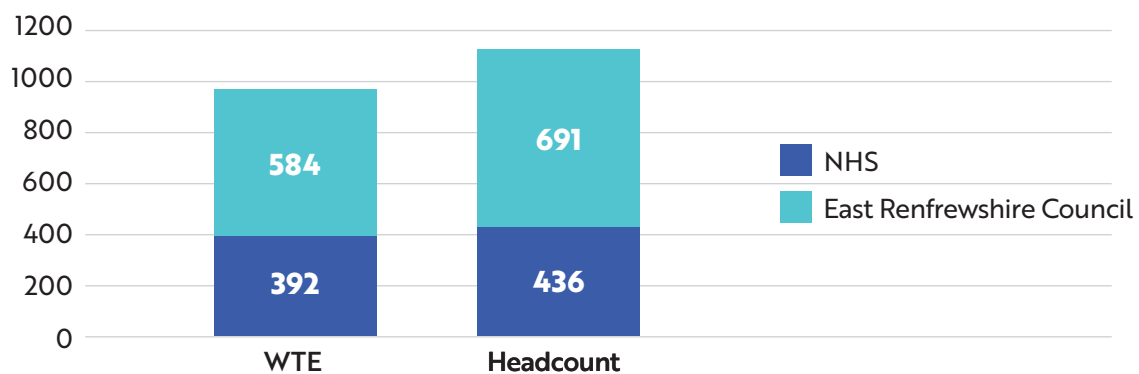


Figure 9 above is a breakdown of East Renfrewshire HSCP's staff resource by headcount and by WTE.

5.3 HSCP Workforce by Service Area

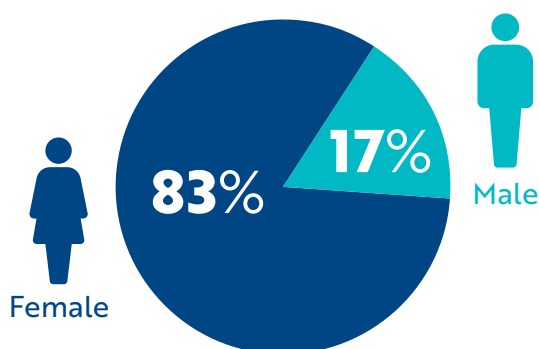
Table 3: Breakdown of staff by service area

Staff in post as 31st 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
Total	392	584	976

5.4 Gender Profile

Figure 10 illustrates the gender profile of the overall HSCP. It 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.

Figure 10: East Renfrewshire Gender profile (headcount)



5.5 Employment Profile

Figure 11: Employment Pattern

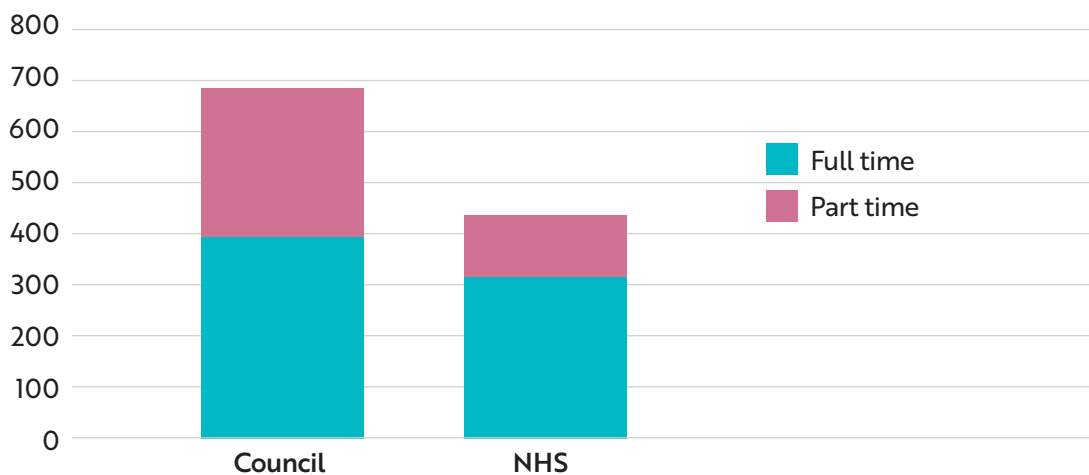
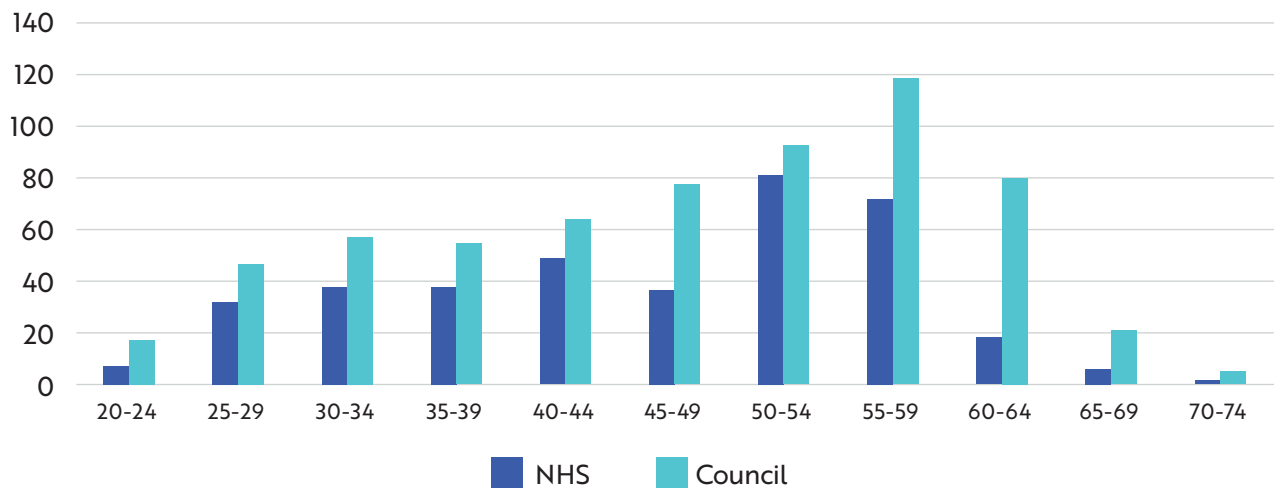


Figure 11 illustrates the split in full time and part time working across both the ERC and the NHS parts of the HSCP business. Overall in the HSCP a considerable number of the workforce are part time and reflected by the fact the majority of workforce is female and caring responsibilities often fall to this group. In addition within the HSCP it can be seen that approximately a quarter of the NHS workforce are part time however 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

Figure 12: HSCP headcount workforce age profile in 5 year bandings.



The profile displays a number of workforce characteristics detailed below:

- 30% of the HSCP workforce are 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 employees under 25 years old

With thirty percent of the workforce being over 55 there is retiral risk within the next five years particularly in NHSGGC. As you can see, this is because staff in the Council tend to work for longer. Within the HSCP workforce there are 72 NHS employees and 118 Council employees aged over 55. Looking at the age profile broken down into the different employers there is a greater tendency among council employed staff to work into their sixties and beyond. In lower graded roles within the Council there was a tendency for staff not to join the pension scheme which means that staff are working longer for economic reasons. This has been addressed for future years by auto enrolment and promotion of the pension scheme. Within the NHS workforce there is less of a tendency to work beyond 60. Each service monitors retiral risk, as part of wider succession planning and puts in place mitigation. For example, this would include training placements for Health Visitors and District Nursing. It is notable that the number of employees who are under 25 is very low. In part this can be explained by NHSGGC clinical staff, such as nurses and AHPs, joining the HSCP once they have obtained a professional qualification. Newly qualified staff also tend to take their first qualified role within Acute, as this provides greater experience in a supported ward environment before venturing into a more independent community setting. There are more opportunities for younger recruits to join Council employment. However it is recognised there is a need to attract younger employees into health and social care roles and offer more integrated career progression routes that allow employees to work and study and the HSCP will work with ERC and NHSGGC to take this forward.

5.7 Ethnicity Data

Table 4: 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

Table 4 is a summary of ethnicity within the HSCP. 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

Table 5: The Nursing workforce by age and grade

Headcount	Grade/ Band									
Age	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
Grand Total	33	7	38	34	43	3	2	2	1	163

Table 5 above summarises the nursing workforce within the HSCP by both and grade. The HSCP nursing workforce, excluding 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 shows age by grade, It can be seen that 32 % of nursing staff are over the age of 55 and 47% of are aged over 50. This creates a retiral risk and there is a need to look at succession planning locally across services.

5.9 The Social Work Workforce

Table 6: The Social work workforce by age and grade

Headcount	Grade						Grand Total
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
Grand Total	80	21	18	6	6	3	134

Table 6 above summarises the social work workforce within the HSCP by both and grade. 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 retiral risk within the next 5-10 years. Due to the younger workforce there is a skills/ experience gap as younger employees also tend to 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 retiral 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

Table 7 below summarises the social care workforce within the HSCP by both and grade. 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 that large number of the workforce work part time. The gender split is 84% female and 16% male.

Table 7: Age by Grade Social Care workforce

Headcount	Grade												Grand Total
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
Grand Total	6	10	8	2	1	3	23	270	20	57	22	14	436

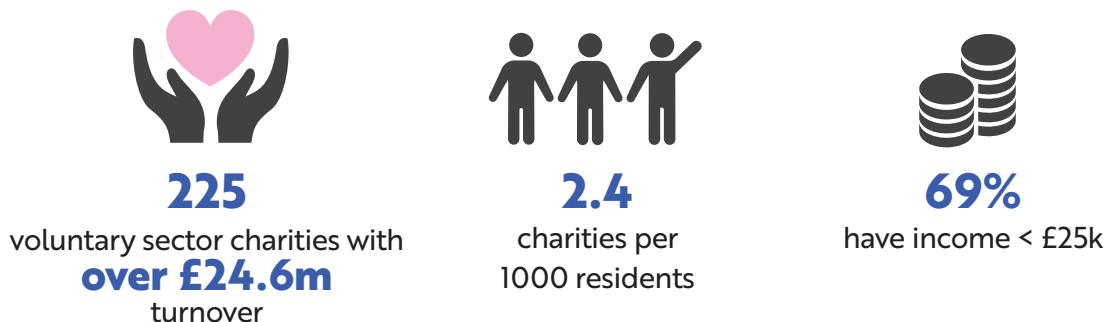
The age profile within Social Care ranges from 16-74. 60% of the workforce are over the age of 50. 56% of employees within this service are grade 5 which are made up of predominantly front line social care workers. 65% of the employees who are grade 5 are age 50 or over which poses a potential retiral 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, 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.



Figure 13: State of the "Third Sector" in East Renfrewshire ⁷

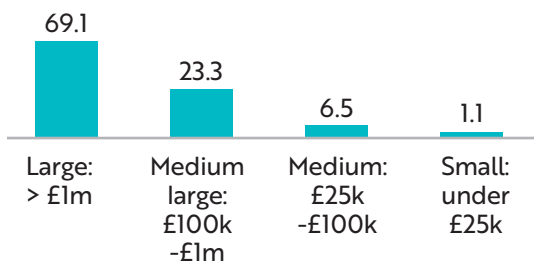
Organisations and activities



People



Paid Staff by Size of Charity (%)



Source: State of the Sector 2020 SC/VO
 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.

Figure 13 above 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.

⁷ <https://scvo.scot/policy/research/evidence-library/2018-state-of-the-sector-2018-scottish-third-sector-statistics>

5.11 The Hosted Services LD Inpatients & SCTCI

Table 8: Table Age by Grade LD Inpatients & SCTCI

Headcount	Grade / Band										Grand Total
Age	3	4	5	6	7	8A	8B	8C	8D	Medical and Dental	Grand Total
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
Grand Total	64	4	48	17	7	4	1	1	1	3	150

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. Table 8 above shows 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 retirement. The next second largest age group is 25-29 which equates to 14% of the workforce. Unlike the community services the LD inpatients service 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 we will use the agreed workforce planning tools for all disciplines.

5.12 Turnover

Table 9: Table HSCP turnover

	01 April 2019	01 April 2020	01 April 2021	01 April 2022
HSCP Turnover %	8.01%	10.59%	11.81%	12.3%

HSCP staff turnover data from 2019 to date is contained Table 9. It illustrates that there has been an increase in overall turnover rates since 2019 with 10% being the average level of turnover. However, since the start of the pandemic the number of leavers over the period has increased including. This includes some Care at Home staff who left shortly after taking up post which inflated the number of leavers in the year 2021/22. In the shorter term it is anticipated that turnover will increase further. This is due to the number of leavers within Care at Home. Care at home is the largest service within the HSCP and therefore high numbers of leavers affect the overall turnover rate. Looking at the wider HSCP workforce there is a high level of staff turnover due to internal development opportunities e.g. advanced practitioner and specialist posts. Also, with the current difficult economic situation, we anticipate some movement of staff as employees move to roles closer to their homes to avoid travel costs (we have seen this already for a small number of unregistered posts. In the medium term however, it is anticipated that turnover will decrease due to the retention measures outlined in section 6.3.



Section Six:

Attract & Employ (The Future Workforce)

6.1 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 career development 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 across the system the HSCP has struggled to recruit to fixed term posts. As a result, where possible, 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.

6.2 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.



6.3 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.

6.4 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. East Renfrewshire Council made the decision not to become a sponsor organisation to allow recruitment of overseas applicants that require a visa. However this will be reviewed on annual basis. In the interim the service has recruited a number of employees who have student visas, however this requires monitoring to ensure that employees don't work above the number of hours specified on the visa.



6.5 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. In addition streamlining the application process for high volume recruitment such as Care Home Re-ablement Worker roles has also helped to improve recruitment in some service areas.

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 Seven:

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 leaders 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 Eight:

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 to 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 to.




East Renfrewshire HSCP Workforce Action Plan 2022/23

Theme	Service Area	Action	Lead	Timescale	Update
 PLAN	Finance and Resources	Review Finance and Resource Services.	Chief Finance Officer	Short term – 12 months	
	Finance and Resources	Review Business Support Service.	Governance and Systems Manager	Short term – 12 months	
	Adult Services: Learning Disability and Recovery	Progress Learning Disability Hosted Services Community Living Learning Disability Change Fund Redesign Programme.	Service Manager	Medium term – 18 months +	
	Adult Services: Learning Disability and Recovery	Progress development of Addictions Services.	Senior Manager Recovery	Short term – 12 months	
	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	Ongoing	
	Adult Services: Communities and Wellbeing	Progress Intensive Services Redesign: Care at Home Older Peoples Day Services	Senior Manager Intensive Services	Medium term 18 months +	




Theme	Service Area	Action	Lead	Timescale	Update
 PLAN	Adult Services: Communities and Wellbeing	Develop Intensive Support Service at Bonnyton House Care Home	Senior Manager Intensive Services	Short term – 12 months	
	Adult Services: Communities and Wellbeing	Take forward Primary Care Improvement as part of GMS contract	PCIP Implementation and Development Officer	Ongoing	
	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	Medium term 18 months +	
	Public Protection and Children's Services	Implement Board-wide review of school nursing	Senior Manager Children's Services	Short term – 12 months	
	Public Protection and Children's Services	Progress Neurodevelopmental Redesign	Senior Manager Children's Services	Short term – 12 months	
	HSCP wide	Develop AHP Advanced Practitioner roles within the HSCP	Lead AHP	Medium term – 18 months +	
	HSCP wide	Look at developing Nursing Advanced Practitioner roles within the HSCP	Senior Nurse	Medium term – 18 months +	




Theme	Service Area	Action	Lead	Timescale	Update
 ATTRACT	HSCP wide	Work with HSCP Comms Lead, NHS & Council Partners to improve recruitment	HR Business Partner	Short term – 12 months	
	Adult Service Communities and Wellbeing	Develop and maintain ongoing recruitment activity to recruit to Care at Home posts.	Senior Manager Intensive Services	Ongoing	
	HSCP wide	Develop targeted approach to recruitment ensuring promotion of East Renfrewshire as a good place to work using social media. For high volume recruitment open events.	HR Business Partner and Senior Managers	Ongoing	
	HSCP wide	Develop actions to fill difficult posts outlined within the workforce plan	HR Business Partner and Senior Managers	Ongoing	
	HSCP wide	Work with Council and NHS partners to improve ethnic minority recruitment	HR Business Partner and Senior Managers	Ongoing	
	HSCP wide	Work with employability partners	All Managers	Ongoing	



Theme	Service Area	Action	Lead	Timescale	Update
 EMPLOY	HSCP wide	Ensure governance process is in place to ensure professional registration	Governance and Systems Manager Learning	Ongoing	
	HSCP wide	Ensure that Career Conversations are embedded into the KSF and Quality Conversations process	Development and Quality Assurance Manager	Short term – 12 months	
	HSCP wide	Develop HSCP wide exit process to improve retention.	HR Business Partner	Short term – 12 months	

Theme	Service Area	Action	Lead	Timescale	Update
 TRAIN	HSCP wide	HSCP Learning and Development System	Learning Development and Quality Assurance Manager	Medium term 18 months +	
	HSCP wide	Implementation of the NES Trauma training framework	Learning Development and Quality Assurance Manager	Short term – 12 months	
	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	Short term – 12 months	
	HSCP wide	Promote Leadership Development	Learning Development and Quality Assurance Manager	Ongoing	
	HSCP wide	Implement refreshed succession planning process.	HR Business Partner and Learning and Development Quality Assurance Manager	Short term – 12 months	



Theme	Service Area	Action	Lead	Timescale	Update
 EMPLOY	Adult Services: Communities and Wellbeing	Establish continued links with Wellbeing Network which includes local communities (Voluntary Action)	Health and Wellbeing Lead Officer	Ongoing	
	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	Ongoing	
	HSCP wide	Implement NHS GGC Blended Working model and Councils The Way We Work model within the HSCP	Systems and Governance Manager	Short term – 12 months	
	HSCP wide	Develop and Promote HSCP Peer Support Network	Health Improvement Lead and Health and Wellbeing Lead Officer	Short term – 12 months	
	HSCP wide	Continue to develop Health and Wellbeing Group to promote and encourage local initiatives for staff	Health and Wellbeing Lead Officer	Ongoing	
	HSCP wide	Continue to promote iMatter to engagement, and ensure action plans are developed in teams across partnership.	HR Manager & All Managers	Ongoing	



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