West Dunbartonshire
Health & Social Care Partnership

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Health and Social Care Partnership

Workforce and Organisational Development
Strategy 2015-2018
&
Support Plan 2015-2016

NHS
Greater Glasgow and Clyde

West Dunbartonshire COUNCIL

CONTENTS

1. INTRODUCTION

The Scottish Government's *Public Bodies (Joint Working) Act (Scotland) 2014* sets out the arrangements for the integration of health and social care across the country. In December 2013, the Council and the Health Board formally agreed to transition their Community Health and Care Partnership to a Shadow Health and Social Care Partnership; and for its Community Health & Care Partnership Committee to assume the role of Shadow Integration Joint Board. This decision enabled both the Council and the Health Board to jointly develop, constructively consult with stakeholders and then agree the arrangements for joint working as required by the Act, building on the effective integrated arrangements that had already been successfully developed locally; and reflecting on the considerable learning and insights that accrued in doing so. The approved *Integration Scheme for West Dunbartonshire* details the 'body corporate' arrangement by which the Health Board and the Council have agreed to formally delegate health and social care services for adults and children to a third body, which is described in the Act as an Integration Joint Board. The Integration Joint Board for West Dunbartonshire is known as the *West Dunbartonshire Health & Social Care Partnership Board*, which was established on 1st July 2015 (the integration start day on which the new arrangements officially commenced).

The West Dunbartonshire Health & Social Care Partnership Board's:

- Mission is to improve the health and wellbeing of West Dunbartonshire residents.
- Purpose is to plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.
- Core values are protection; improvement; efficiency; transparency; fairness; collaboration; respect; and compassion.

The Health & Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health & Social Care Partnership (WD HSCP), which is the joint delivery vehicle for those integrated services delegated to the Integration Joint Board (except for NHS acute hospital services); and through the Chief Officer, who is responsible for the operational management of the Health & Social Care Partnership. Staff who work within the management of the HSCP continue to be employed by either the Health Board or the Council, retaining their respective terms and conditions. The management of NHS acute hospital services is retained within the Health Board. In addition to local services provided for and with the residents of West Dunbartonshire, WD HSCP has formal responsibilities for a number of wider geographic functions: NHSGGC Eye Care Service; NHSGGC Musculoskeletal Physiotherapy Service; and the management of Argyll, Bute and Dunbartonshire's Criminal Justice Social Work Partnership.

The *Route Map to the 2020 Vision for Health and Social Care*[1] outlines the Scottish Governments vision for improving quality and making measurable progress towards high quality, sustainable health and social care services in Scotland. The *Everyone Matters: 2020 Workforce Vision*[2] recognises the key role the workforce will play in responding to the challenges faced in improving care and overall performance, emphasising the importance of a:

- Capable workforce.
- Sustainable workforce.
- Integrated workforce.
- Healthy organisational culture.
- Effective leadership and management.

It is a responsibility within the Integration Scheme – and endorsed by the HSCP Board within its first *Strategic Plan* (2015/16) – that the HSCP Chief Officer develops a joint strategy and support plan for workforce and organisational development in relation to staff delivering integrated services (except for NHS acute hospitals services) on behalf of the Council and the Health Board.

Effective workforce planning ensures that services and organisations have the necessary information, capability, capacity and skills to plan for current and future workforce requirements. This means planning a sustainable workforce of the right size, with the right skills and competences, which is responsive to health and social care demand and ensures effective and efficient service delivery across a broad range of services and locations. Fortunately West Dunbartonshire has had the benefit of a strong local track record for joined-up workforce planning across health and social care services, coupled to a clear commitment to the principles of staff governance: i.e. that staff should be well informed; appropriately trained; involved in decisions which affect them; treated fairly and consistently; and provided with an improved and safe working environment.

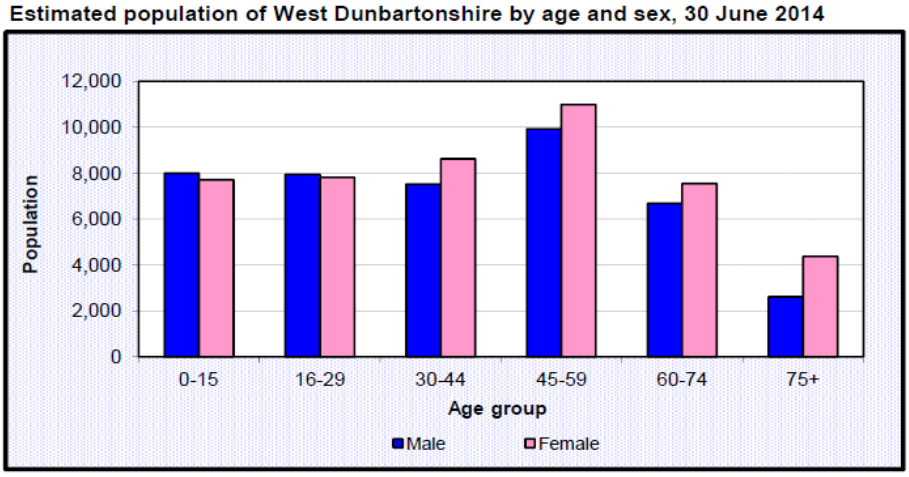
This then is the first integrated Workforce & Organisational Development Strategy - with Support Plan - for the West Dunbartonshire Health & Social Care Partnership.

[1] http://www.scotland.gov.uk/Topics/Health/NHS-Workforce/Policy/2020-Vision
[2] http://www.scotland.gov.uk/Publications/2013/06/5943

2. PLANNING DRIVERS

Population

West Dunbartonshire lies north of the River Clyde encompassing urban and rural communities. According to the National Records for Scotland, the 2014 population for West Dunbartonshire is 89,730; a decrease of 0.1 per cent from 89,810 in 2013. The population of West Dunbartonshire accounts for 1.7 per cent of the total population of Scotland. In West Dunbartonshire, 17.6 per cent of the population are aged 16 to 29 years. This is smaller than Scotland where 18.3 per cent are aged 16 to 29 years. Persons aged 60 and over make up 23.6 per cent of West Dunbartonshire. This is smaller than Scotland where 24.0 per cent are aged 60 and over.



National and local evidence indicates that the population of West Dunbartonshire is ageing due to a combination of factors: that the number of births within the area is dropping; the number of people migrating to other council areas within the 15 – 44 year age group is increasing; and the number of deaths registered annually is falling.

Demand analysis has identified the following key issues across all HSCP Adults Services:

- Based on prevalence data and service usage, it is likely that the current level of demand for services is going to increase over the coming years.
- Local analysis of IORN (Indicators of Relative Need) data has confirmed that we can anticipate a significant increase in the number of adults in high needs categories in particular.
- Growing complexity in the nature of the needs within the population (e.g. emphasis on care at home; levels of incapacity, especially amongst frail elderly).
- Growing expectations concerning how best to meet them across all care groups – not least in relation to quality requirements of external regulators (Care Inspectorate) and new legislation, including the forthcoming Carers Bill.

Demand analysis has identified the following key issues across HSCP Children's Services:

- Whilst the overall proportion and number of children in the population has fallen, a greater number of children are living with increasingly complex health and care needs, and requiring care for whilst living in the community.
- Children and young people living with high levels of risk are and will have to be increasingly supported in the community, with increased commitment to reducing the numbers looked after and accommodated, and living out with their communities.
- A small number of children and young people will inevitably require residential care and (high cost) secure accommodation – and the demands for the latter are difficult to predict.
- Growing expectations concerning how best to provide quality care for children and young people – not least in relation to quality requirements of external regulators (Care Inspectorate) and new legislation, including the Children & Young People's Act and the forthcoming Carers Bill.

Policy

The HSCP Strategic Plan sets out the key actions that will be taken forward to deliver the National Health and Wellbeing Outcomes prescribed by the Act, namely that:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities.
- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
- People using health and social care services are safe from harm.
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

- Resources are used effectively and efficiently in the provision of health and social care services.

Given that children and families health and social care services and criminal justice social work services have also been delegated to the Health & Social Care Partnership Board, the specific National Outcomes for Children and Criminal Justice are also addressed within the Strategic Plan, i.e.:

- Our children have the best possible start in life and are ready to succeed.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- We have improved the life chances for children, young people and families at risk.
- Community safety and public protection.
- The reduction of re-offending through implementation of the Whole Systems Approach to youth offending.
- Social inclusion and interventions to support desistance from offending.

Across all of our service areas, the HSCP's delivery model reflects a collective commitment to:

- Optimal outcomes for individual service users
- A client-centred approach appropriate to individual needs through an emphasis on informed self-care, co-production and personalisation of services
- Effective and safe services that draw upon the best available evidence and local feedback from service users
- Equalities-sensitive practice
- Acceptability of service provision informed through constructive engagement with local stakeholders – including staff, community groups and elected representatives
- Affordable and efficient services that continue to be reflective of the relative demands across the West Dunbartonshire population as a whole.

Finance

The total opening budget for WD HSCP was £136.3m: £74,970 from the Health Board; and £61,321 from the Council.

The Health Board's financial plans for 2015/16 and 2016/17 currently suggest a savings challenge in excess of that in recent years, brought about in part by the requirement to fund changes to the NHS Superannuation Scheme in 2015/16 and to employer's National Insurance contributions in

2016/17. For NHSGCC Health & Social Care Partnerships, the current planning assumption is for savings of around £15m for each of the next two financial years. Planning work has focused on the structured approach taken over the previous four financial years: whole-system services review and redesign, integrated with system-wide and local financial and resources planning. Contained within this amount the net savings target for WDHSCP is £0.630m and deductions have been applied to 2015/16 opening budgets. It is recognised that plans for 2015/16 will be a mix of recurring and non- recurring savings, while Chief Officers across the NHSGGC-area will continue to work collectively and locally to develop more detailed plans for full recurring release by the end of March 2017.

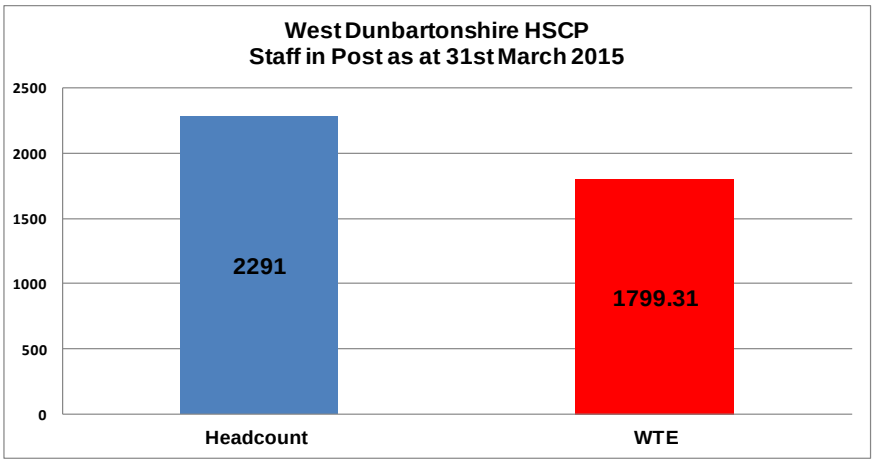
The Council, in setting its budget for 2015/16, also made decisions which aim to generate efficiencies for financial years from 2016/17 onwards. There remained target savings to be identified for 2016/17 and 2017/18 of £4.5m and £6.8m cumulative. The main funding risks going forward for the Council relate to potential loss of Scottish Government funding which could be impacted by the ongoing UK austerity measures and may also be impacted by expected further population loss within the area. Other significant pressures relate to inflation on staff pay and other lines; potential impact of welfare reform; potential impact of ongoing anticipated demographic change where the population is expected to continue to age and require care for longer. For 2015/16 the Council has assumed Social Work Services planned efficiencies of £2.58m for 2015/16. Action plans have been drawn up to deliver the planned savings many of which will be delivered through the strategic service and reform change programme. With these efficiencies and the agreed growth as noted above the Social Work budget has increased by just under £0.6m.

It is the opinion of the HSCP's Chief Financial Officer that the initial budget allocated to the Partnership is sufficient to deliver on the outcomes highlighted within the Strategic Plan, subject to effective risk mitigation and the successful delivery of efficiency initiatives as detailed in the report. Given the needs-led nature of health and social care services, it is possible that there will be deviations from original plans over the course of the financial year. Projected outturn against annual budget will be subject to ongoing monitoring and review and will be reported to the Health & Social Care Partnership Board at regular intervals over the course of the financial year. This is a key component of financial governance as it ensures that the impact on resources in respect of increased demand (e.g. demographic pressures and increased prevalence of long term conditions) and other planned and unplanned activity changes are monitored and reviewed on an ongoing basis.

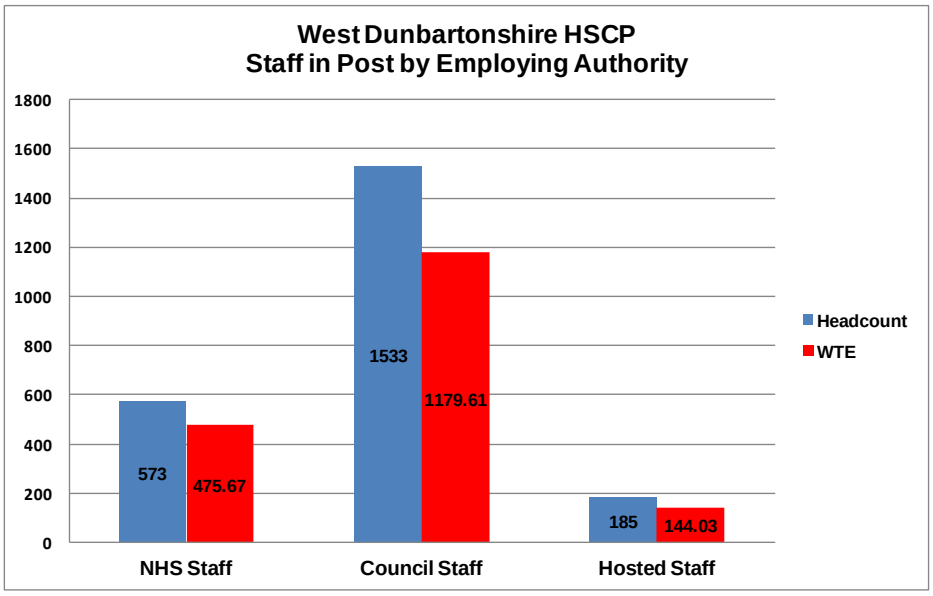
3. WORKFORCE PROFILE

Overview

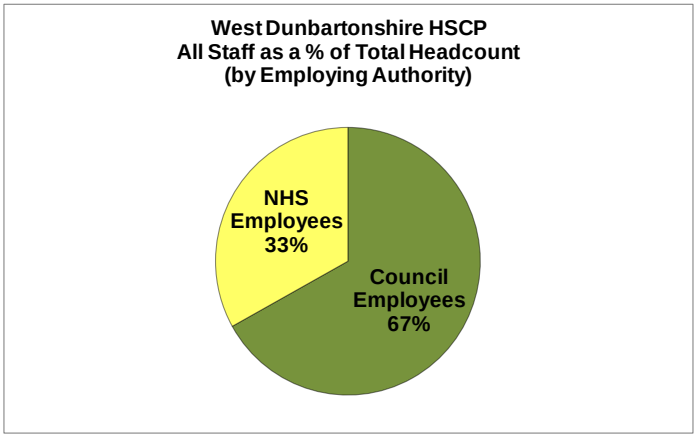
As at March 2015 the workforce comprised of 2,291 headcount staff, equating to 1799.31 whole time equivalents (WTE). This figure includes the staff cohorts for Musculo-Skeletal Physiotherapy and Eye Care (Retinal Screening). Note that these figures do not include any vacant posts in the process of recruitment.



A breakdown of staff into their separate employing authorities is shown overleaf by headcount and WTE. The figures for NHS-employed staff in hosted services are shown overleaf as separate from the other staff working within the management of the HSCP who are employed on NHS contractual conditions.



Council employees make up approximately two-thirds of the HSCP workforce by headcount with NHS-employed staff filling the remaining third.

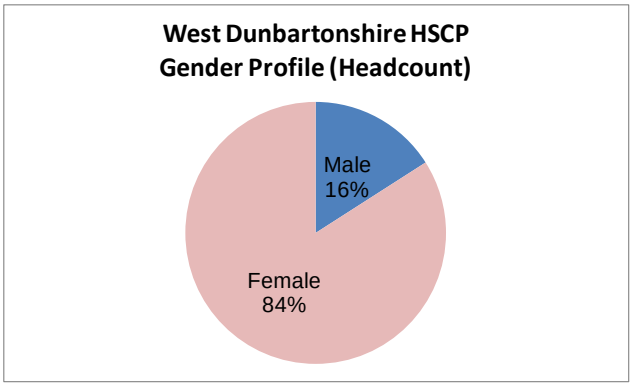


The table below shows the workforce broken down by employing organisation and service area.

West Dunbartonshire HSCP			
WTE Staff in Post by Service & Employing Authority			
Service Description	**NHS**	**Council**	**Grand Total**
Community Health & Care	124.00	761.94	885.95
Child Health Care & Criminal Justice	116.90	243.09	359.99
Mental Health, Addictions & Learning Disabilities	208.85	144.64	353.49
Strategy, Planning & Health Improvement	20.42	28.94	49.36
Senior Management Team	5.50	1.00	6.50
Hosted Services	144.03		144.03
Grand Total	**619.70**	**1179.61**	**1799.31**

Gender Profile

The gender profile for the HSCP workforce is shown below.

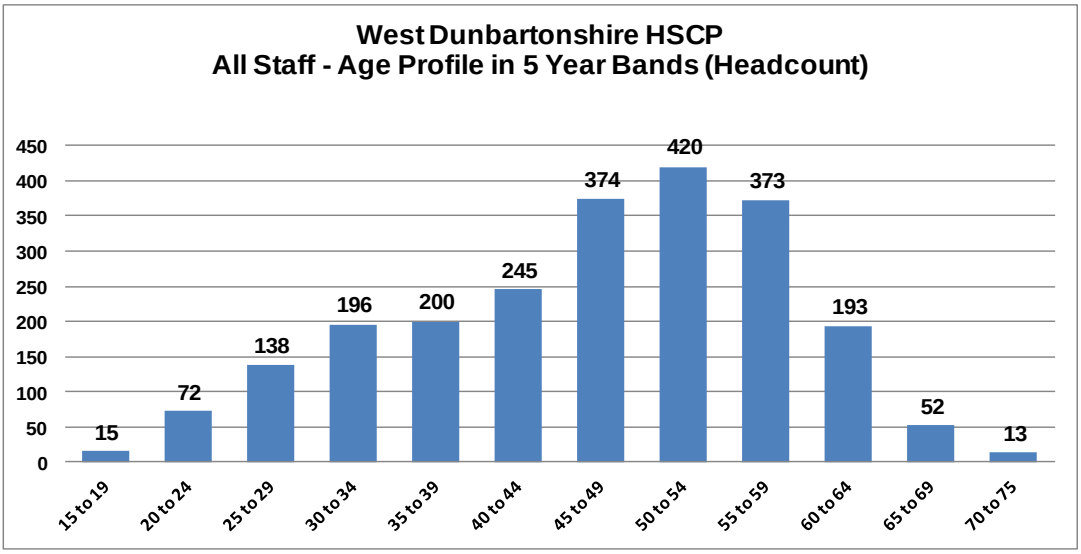


The gender profile by employing organisation is:

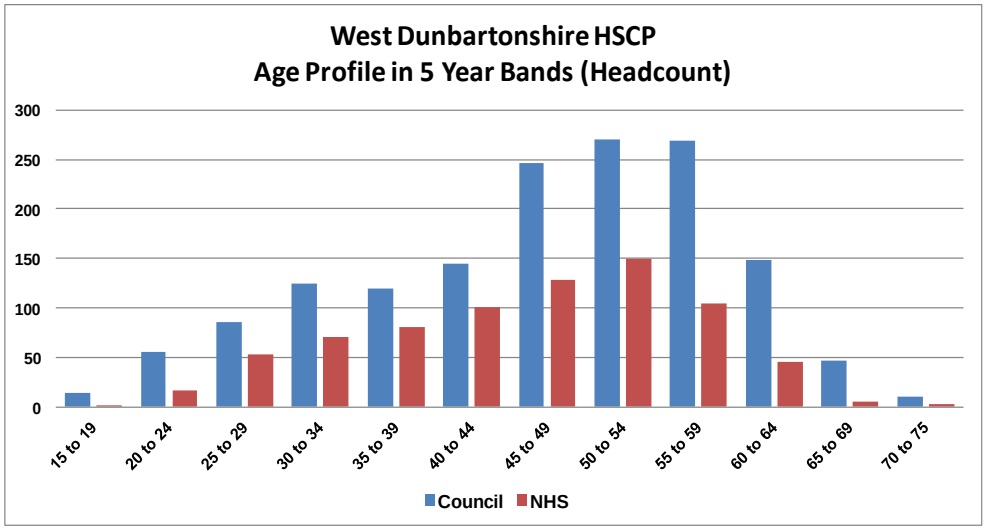
- NHS-employed staff – 87% female and 13% male.
- Council- employed staff – 86% female and 14% male.

Age Profiles

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



The age profile by the different employing authorities is as follows:



This age profile highlights the HSCP has an ageing workforce, with:

- 46% of the workforce is over 50 years old, with the largest age band falling between 50 and 54 years of age.
- 11% of the workforce are over 60 years old, with some staff working beyond the “historic” retiral age of 65 years; and a small number of mostly council-employed staff working into their seventies.
- Only 1% of the workforce are under 20 years old, with these staff being council-employed.

The table below shows the number of staff aged over 60 years by their service areas.

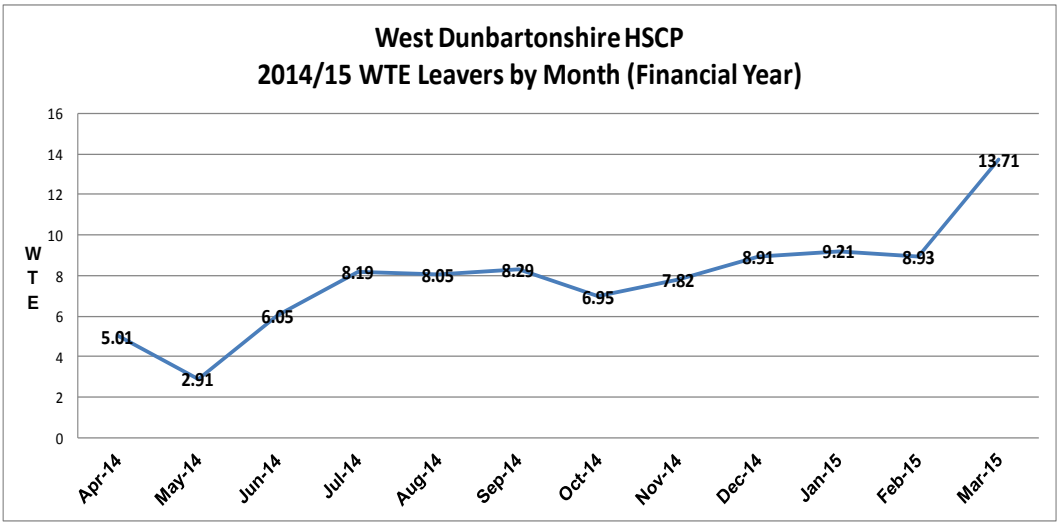
West Dunbartonshire HSCP			
Staff Aged Over 60 Years Old as at 31st March 2015			
Service Areas	2015 WTE Inpost	Over 60 WTE	% of Workforce
Community Health & Care	885.95	132.11	14.91%
Child Health Care & Criminal Justice	359.99	17.24	4.79%
Mental Health, Addictions & LD	353.49	34.79	9.84%
Strategy, Planning & Health Improvement	49.36	4.00	8.10%
Senior Management Team	6.5	0.00	0.00%
Grand Total	1655.29	192.20	11.61%

Leavers

The table below shows the actual leavers noted across 2014/15 against previous projections (excluding staff employed in "Hosted Services").

West Dunbartonshire HSCP			
WTE Leavers - 2014 Projections vs. Full Year Actual			
Service Description	Projection	Actual	Variance
Community Health & Care	43.09	47.68	4.59
Child Health Care & Criminal Justice	19.67	17.29	-2.38
Mental Health, Addictions & Learning Disabilities	23.62	25.06	1.44
Strategy, Planning & Health Improvement	3.31	4.00	0.69
Senior Management Team	0.41	0.00	-0.41
Grand Total	**90.10**	**94.03**	**3.93**

The actual number of leavers noted across the last financial year is broadly in line with the levels projected - given the size of the workforce this variance is within acceptable parameters. Leavers activity on a monthly basis over the last financial year is shown below.



The trend displays are relatively consistent level of wte leavers across most of the year but shows a slight depression at the beginning of the financial year and a distinct “spike” in leavers activity at the end of the financial year. Further analysis shows a slight increase in the number of retirals and voluntary resignations at in March 2015.

The reasons for staff leaving are summarised in the table below.

West Dunbartonshire HSCP			
WTE Leavers 2014/15 by Reason & Emloying Authority			
Reason for Leaving	**NHS**	**Council**	**Total**
Voluntary Resignation	17.45	26.17	43.61
Retiral - Age	9.27	23.89	33.16
Retiral (MHO)	4.00		4.00
Ill Health	2.20	2.00	4.20
Redundancy		1.00	1.00
Dismissal	1.00	4.25	5.25
Other/Not Known	2.80		2.80
Grand Total	**36.72**	**57.31**	**94.03**

Using the average in post staffing figures across 2014/15 benchmarked against numbers of staff leaving identifies an annual leavers rate of 7.83% for NHS-employed staff (excludes staff employed in hosted services); and 4.86% for council-employed across the last 12 month period.

Future Retirals

At this time it is unclear how the workforce will behave in relation to continued employment. Staff may choose to work longer due to the impact of external factors (e.g. changes to pensions). They may also wish to adopt more flexible working patterns to reflect increased “caring” needs. It is also important to note that as the workforce ages there may be a requirement for increased redeployment due to health reasons as staff become unable to perform “heavy” duties. While this document has classed the potential staff retirals as a risk to service delivery it must also be noted that the resources which may be released by increased turnover of staff could also present opportunities for the redesign of existing team structures to create increased capacity under the new integrated health and social care arrangement. Age profiles and retiral trends will continue to be monitored to inform on-going and future work.

For workforce planning purposes, the workforce has been classified into three areas of retiral risk across the 5 year period of 2015-2020 as follows (and summarised in the table overleaf):

- Low Risk – all staff aged under 55 years old.
- Medium Risk – all HSCP staff aged between 55 and 59 years old plus NHS-employed staff with "Special Class" Pension Status aged over 50 years old.
- High Risk – all HSCP Staff over 60 years old plus NHS-employed staff with Mental Health Officer (MHO) Pension Status aged 50 or over.

West Dunbartonshire HSCP							
Risk of Retirals in the next 5 Years as a % of WTE Workforce							
5 Year Retiral Risk	Child Health Care & Criminal Justice	Community Health & Care	Mental Health, Addictions & LD	Strategy, Planning & Health Improvement	Senior Management Team	Hosted Services	Grand Total
Low	77%	65%	76%	83%	62%	86%	71%
Medium	17%	20%	9%	7%	23%	10%	16%
High	6%	15%	16%	10%	15%	4%	12%

There are two service areas where a significant percentage of the workforce falls into the "high risk" classification:

- Community Health & Care Services.

Within the HSCP's Community Health and Care Services workforce the identified risk related to the high numbers of staff within this service area currently aged over 60 years old. As at March 2015, 132.34 wte staff were 60 years old or over - mainly working in Homecare services. This represents almost 15% of the Community Health & Care Service workforce.

The removal of a statutory retiral age means that it is difficult to predict with any certainty how many of this group will choose to retire across the next five years - however, it is likely that a significant proportion of this group will not be in the workforce in five years time.

- Mental Health, Addictions & Learning Disability Services.

Within the NHS-employed workforce in these areas, the issue of the ageing workforce is exacerbated by two additional factors:

- 31.5 wte staff have Mental Health Officer (MHO) status - the majority of these staff work in Adult Community and Elderly Inpatient services.
- Changes to NHS pension provision.

It should be noted that the term “Mental Health Officer” has – confusingly - two separate meanings with respect to local authorities and NHS Health Boards. Local authorities are statutorily obliged to employ a suitable number of Mental Health Officers for their areas – those individuals being specially trained social workers who deal with people with mental disorder and has particular duties under the mental health legislation.

Within the NHS, a Mental Health Officer is a person who worked full-time on the medical or nursing staff of a hospital used for the treatment of patients suffering from mental disorder before 1st April 1995; is a part-time specialist who is employed for the whole or almost the whole of their time in the direct treatment or care of patients suffering from mental disorder; and has not had a break of more than five years in any pensionable NHS employment.

MHO status affords those NHS-employed staff an earlier Normal Pension Age (NPA) of 55 years, rather than the 60 year age NPA for other members; and all completed years service beyond 20 years are doubled for pensionable purposes - meaning such staff can reach 40 years pensionable service after 30 years reckonable NHS employment with MHO status. Under the new 2015 Pension scheme normal retiral age will increase in line with the state pension age for most NHS-employed staff. This means that most of those staff will see an increase in pension age from 66 years old as from October 2020 rising to 68 years old. However, those NHS-employed staff within 10 years of current normal pension age are included in a protection scheme (which covers staff aged 45 years or over who have MHO status). Recent changes to the NHS pension scheme have introduced a protected period of 10 years for staff affected by these changes which will end in 2022. This effectively means that existing MHO staff within 10 years of their normal retiral age of 55 years will continue to accrue pension benefits as normal until 2022. Staff with MHO status remaining in the workforce beyond this will be required to comply with the retirement arrangements under the new scheme (including retiral age); and would potentially suffer detriment in relation to the age they are able to retire (i.e. they would lose the ability to retire at 55 years and require to work until 67 years of age).

4. WORKFORCE & ORGANISATIONAL DEVELOPMENT PRIORITIES

The Strategic Plan identified a number of initial key priorities for the workforce to be addressed through this Workforce & Organisational Development Strategy and its Supporting Plan. At a headline level, these have been cross-referenced against the five *Everyone Matters: 2020 Workforce Vision* themes as follows.

	Capable Workforce	Sustainable Workforce	Integrated Workforce	Healthy Organisational Culture	Effective Leadership & Management
The development of robust out of hours/unscheduled care services.		✓	✓		✓
Increasing levels of MHO Qualification amongst social care staff.	✓	✓			
Assessing workforce training needs in dementia care and engaging educational partners regarding appropriate mechanisms for provision.	✓		✓	✓	
The use of agile technologies to assist the workforce, improve productivity and free up additional capacity from existing resources.	✓	✓	✓	✓	✓
Creating career pathways to encourage retention among key staff groups (e.g. Occupational Therapy, Community Specialist Nurses).		✓		✓	
To assess the implication of workforce structures which arise from the new integrated Health & Social Care Partnership organisational structure.		✓	✓	✓	✓
Building on existing capacity within the volunteer and third sector workforce while ensuring the maintenance of quality and standards of service.		✓		✓	✓
Talent Management and Succession Planning within the workforce to mitigate the impact of future skills loss associated with an ageing workforce profile.		✓	✓	✓	✓

These will be taken forward alongside the following key areas for on-going organisational development – at a headline level these have been cross-referenced against the five *Everyone Matters: 2020 Workforce Vision* themes; and reinforce the following principles:

- Services and roles will meet future needs and respond to workforce changes, particularly in relation to changing demographic demands.
- We will work towards having consistency of qualifications and professional requirements across the workforce.
- Staff will be supported with supervision, personal development plans and revalidation to enable the HSCP to have an appropriately trained and qualified workforce.
- Leadership, management and team development will be supported to encourage staff at all levels to work together to improve services and deliver a high standard of care.

Capable Workforce

Professional Practice and Registration

Employers have a legal responsibility to ensure that all of their staff are appropriately registered. Employers would be committing an offence if they continue to employ an unregistered worker for more than six months after their start date if they are working in a role that requires registration. Evidence of compliance with Scottish Social Services Council (SSSC) registration requirements is monitored and maintained through a performance database which records when a member of staff is required to register or re-register and under which designation. This database provides monthly reminders of staff due to renew their registration, with information provided to managers who check with their staff that they have acted accordingly. When a new registered worker is recruited they are added to the database and when a group of staff is required to register then they are also added. Many groups of social service workers are now required to register with the SSSC if they are not already registered with another regulatory body, e.g. Nursing and Midwifery Council. Workers who start in a position that requires registration will have six months from their start date in which to register with the SSSC.

A priority for training and development activity is the demands placed upon HSCP staff by registration requirements. As more staff become registered then the HSCP must support them to gain the qualifications they require to become registerable and the Post Registration Training (PRTL) and Continuous Professional Development (CPD) they require to undertake to remain so. Appropriate professional frameworks underpinned by NHS Education Scotland (NES) and the SSSC are in place to support national regulatory requirements across HSCP professional staff groups. These frameworks will continue to influence the balance and provision of

education, training and skills development together with the conferment of qualifications required within the HSCP workforce now and in the future. The HSCP has ongoing processes in place for checking the registration of new and existing clinical members of staff.

The HSCP is committed to the requirements of the Data Protection Act 1998 ("the Act"). It is essential that all staff – irrespective of employing organisation - who have access to any personal data held within the HSCP, are fully aware of and abide by their duties and responsibilities under the Act. The HSCP has an ongoing programme of data protection awareness sessions that is tailored to the staff working within the HSCP.

Professional and Personal Development

It is mandatory that all NHS-employed staff covered by Agenda for Change have an annual KSF review and PDP to identify their learning needs and, that it is recorded on the e-KSF tool. Should there be any concerns regarding clinical performance issues, mechanisms are in place ranging from practice support, addressing any educational or professional needs using KSF reviews & PDPs, through to more formal Human Resource or professional regulatory responses dependent on the nature of the concerns. Similarly the Council has a target of 100% for PDPs.

The HSCP seeks to encourage staff who wish to pursue further academic or professional development; and recognises the investment that many staff have and continue to make in pursuing such study (whether it be to further enhance their current practice, improve their prospects for career progression or for intellectual stimulation). Requests for formal support from the HSCP should be considered through the PDP process, on a case-by-case basis in line with the relevant employing organisations policies (e.g. in relation to study leave), and with due consideration of its "fit" with HSCP priorities; the exigencies of the service involved and its capacity/scope to reasonably contribute support; and the circumstances and commitment evidenced by the member of staff in question.

In addition – and as part of the HSCP's overall approach to clinical and care governance – staff will be encouraged to engage in the broader range of learning and development opportunities provided, including internet-based electronic (e) learning modules; multi-disciplinary Protected Learning Events; specific-issue sessions (e.g. parenting; and palliative care) and more generic development activities (e.g. mentoring; and leadership development).

Integrated Workforce

Staff Governance and Practice Governance

The NHS *Staff Governance Standard* is demonstrative of a proactive approach of trade unions and professional bodies, NHS employers and the Scottish Government to modernise employment practices based on the concept of partnership working. It has five key standards which employers are required to deliver entitling staff to be:

- Well informed.
- Appropriately trained.
- Involved in decisions which affect them.
- Treated fairly and consistently.
- Provided with an improved and safe working environment.

In relation to local authorities, the nearest equivalent expression of this is provided by the Scottish Government's *Practice Governance Framework* (2011), with its five key areas of:

- Risk, discretion and decision making.
- Self and self regulation.
- Developing knowledge and skills.
- Guidance consultation and supervision.
- Information sharing and joint working.

The HSCP has had an integrated Staff Governance and Practice Governance Framework which it will update annually in partnership with local trade unions through its joint Staff Partnership Forum. The Chief Officer convenes and co-chairs (with both Council and NHS trade union representatives) the HSCP's local Staff Partnership Forum, which has formal linkages to their respective corporate trade union partnership forums of the Council and the Health Board.

Public Protection

Public Protection provides a range of measures which can be used together to take steps to decide whether someone is an adult at risk of harm, balancing the need to intervene with an adult's right to live as independently as possible; or where a child needs protection from harm. It also encompasses the effective and robust management of High Risk Offenders (including those subject to Multi-Agency Public Protection Arrangements – MAPPA – and Serious Violent Offenders).

All HSCP staff – individually and collectively, irrespective of their employing organisation – have a responsibility to help protect adults and children who may be at risk. As such public protection is an integral part of all delivery of adults and children's services – and the responsibilities of staff - within the HSCP. This includes playing their part in *Equally Safe - Scotland's Strategy on Violence Against Women and Girls*; and the national PREVENT and CONTEST counter-terrorism strategies as committed to at both a Health Board and local Community Planning Partnership level. Training programmes are in place as part of the work of the local Child Protection Committee, Adult Support and Protection Committee and MAPPA.

Sustainable Workforce

Potential Entrants

Nursing and Midwifery Internships have been introduced by the Scottish Government to support transition into employment and to maximise the opportunity to build on the clinical experience gained by nurses and midwives students during their pre-registration programme. Coordinated nationally by NES, internships are available to newly qualified nurses and midwives to help consolidate and develop their clinical experience. Internships are offered on a part-time (22.5hrs), fixed term for one year (or a proportion of that year). Internship requests for the NHSGGC area administrated by the NHSGGC central recruitment service.

The current Modern Apprentice (MA) programme in NHSGGC was developed by creating MA posts from existing vacancies in the establishment. In the current financial climate this is likely to be the most realistic way of funding a MA Programme as ring fenced funds for supernumerary MA posts are very unlikely to be available. However it does mean that local areas are constrained by their availability in establishing and planning a coherent MA Programme. The additional costs of training the MAs are reimbursed by Skills Development Scotland (SDS) as part of the national MA support package. The Council has committed to the creation of additional apprenticeships – at level 3 and level 2 – across it's the authority. The HSCP is supporting this initiative through Care and Admin Apprenticeships, wih a number of Care Apprentices having already undertaken basic training and are now in work placements. Recruitment of Administration Apprentices is underway and the HSCP will continue to support a number of these trainees in a variety of settings.

Volunteering

The HSCP is a signatory to the West Dunbartonshire Community Planning Partnership voluntary policy *Forward Together*. The Joint Voluntary Policy demonstrates how West Dunbartonshire community planning partners recognise and value the importance of volunteering and voluntary group activity in the area. The partnership approach to working with the voluntary sector will help to co-ordinate activity and strengthen good working practices. Two sets of guidance have been developed to support partner organisations to work effectively with volunteers and voluntary groups.

Whilst NHS volunteering has traditionally been concentrated in hospital settings, there has been a significant shift to extend volunteering opportunities within local communities. Having achieved Investors in Volunteering accreditation, the Health Board encourages volunteering opportunities where there is identified need within services to do so. Focusing on enhancing the quality of our patients' experience, volunteering placements should complementary to; and not be a substitution for core services. Volunteering can be delivered directly through NHS Volunteering Services or in partnership with other organisations.

Healthy Organisational Culture

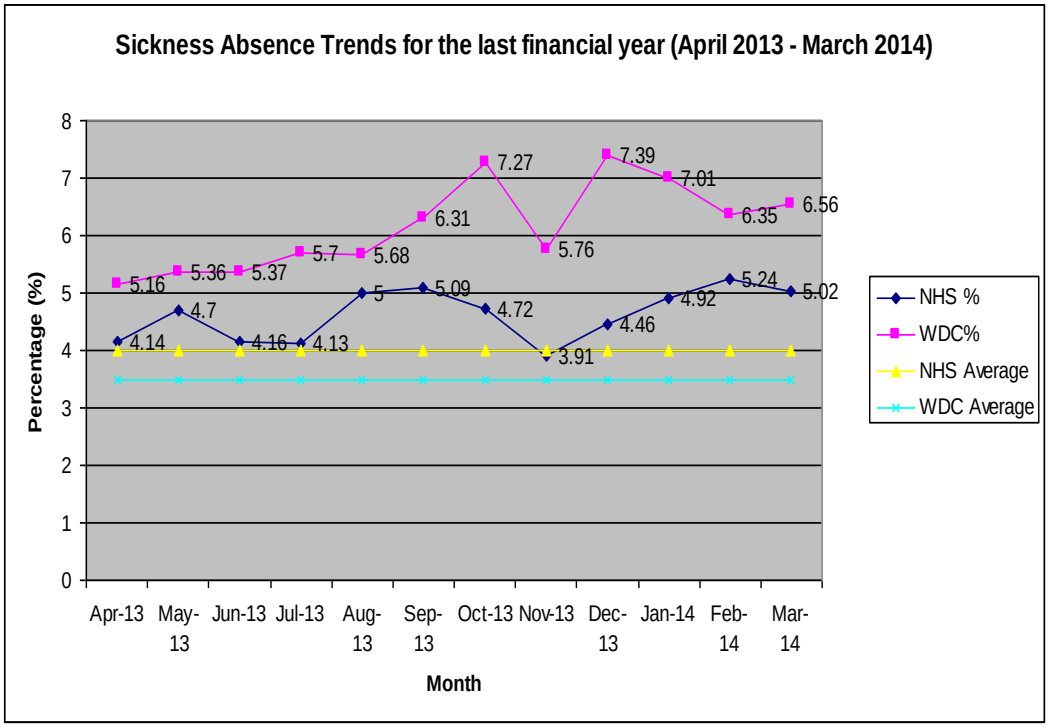
Healthy Working Lives

The HSCP Board, Council and Health Board recognise their responsibility for the health, safety and welfare of staff. This includes providing staff with a safe working environment; encouraging staff to adopt a healthy lifestyle; treating all staff in a responsible, caring, fair and consistent manner; recognising the highest standards of attendance and identify; and reducing and preventing the causes of workplace ill-health. Both the Health Board and the Council offer staff a range of facilities and well being initiatives such as an Occupational Health Service; Health and Safety advice; a Special Leave Scheme; advice on healthy eating; smoking cessation support; access to counselling; physiotherapy; and stress risk assessments.

The national Healthy Working Lives awards programme is designed to support employers and employees in the development of health promotion and safety themes in the workplace in a practical, logical method which is beneficial to all. Gold award winners are required to prepare a three year strategy and a one year rolling action plan which demonstrate that the organisation has a clear long-term commitment and continued development strategy for the promotion of a healthy workplace. The HSCP has successfully been recognised with a *Healthy Working Lives* Gold Award and is committed to maintaining this through an extensive programme of work.

Absence Management

Absence management is a priority within the HSCP, in relation to both its Council-employed and NHS-employed workforce. The chart below shows the sickness absence trends April 2013 to March 2014, across both NHS-employed and Council-employed staff.



The main causes of sickness absence amongst NHS-employed staff were anxiety/stress related reasons; other musculoskeletal problems; and back problems. The main causes of sickness absence amongst Council-employed staff were acute medical conditions; other musculoskeletal problems; and anxiety/stress related reasons.

Training and support are provided to HSCP managers and staff in relation to the relevant employing organisation's HR policies and procedures. These policies emphasise a pro-active approach to absence management, and early supportive intervention wherever possible. For example, the Council has recently launched an employee wellbeing charter, which aims to support all employees including those who are experiencing ill health. The charter document is complemented by the new attendance management policy which sets out the levels of attendance expected of employees together with the supportive interventions that will assist them when absent and facilitate their return to work. Regular reports on sickness absence (both short and long-term) are reviewed at both service and senior management level; and action plans are in place and routinely monitored.

Effective Leadership and Management

Service Change

Health and social care services across Scotland are managing – and will have to continue to manage – rising demands (not least related to demographic change), increasing entitlements, changing public expectations and extremely challenging finances. Audit Scotland have stated that public bodies need to think differently about what they deliver - prioritising activities, redesigning services and re-shaping their workforces. Some changes will be nationally driven (e.g. in relation to criminal justice) and others locally determined. This is certainly the case in West Dunbartonshire, and just as true for the HSCP as it is for other areas of public service.

Work is and will be on-going across the HSCP to review where and how resources are being utilised, indentifying opportunities for improvements in outcomes, productivity and efficiency; and options for delivering necessary financial savings in a responsible manner. Two examples of these are work underway in relation to the Healthy Children's Programme; and the staffing models of new residential older people's care homes operated by the HSCP. Any resultant changes that have a direct impact on the workforce – whether they are Council-employed or NHS-employed – will follow the appropriate HR policies of either or both employing organisations and in accordance with the principles of staff governance.

Health & Social Care Partnership Board Development

While not technically part of the workforce of the HSCP, both the Scottish Government and Audit Scotland have emphasised the importance of all Integration Joint Board members being provided with appropriate induction to ensure that they are able to carry out their duties to the highest standard. The training and information requirements will of course vary from member to member, and so it is a matter for local determination regarding how best to organise and operate their induction training requirements.

West Dunbartonshire HSCP Board members will be provided with an induction, which will include the member's specific post requirements, roles, responsibilities and policies. This will be in accordance with the informed by the Scottish Government's *Roles, Responsibilities and Membership of the Integration Joint Board*; *On Board - A Guide for Board Members of Public Bodies in Scotland*; and *Leading the Journey of Integration: A Guide for Organisational Development Leaders*.

5. SUPPORT PLAN 2015-2016

The following actions have been developed to respond to the previous priorities over the course of 2015/16 (so as to support the delivery of the overall HSCP Strategic Plan 2015/16). This is not an exhaustive list of all of the workforce and organisational development activities that will be undertaken across and within service areas, but rather key actions of particular relevance to the delivery of the Strategic Plan. These actions address issues regarding the workforce where improvements are required or where planning is required to manage particular issues. A number of these issues will require appropriate discussion and consultation with Trades Unions, which will take place through the formal and informal routes available. Most are on-going by nature; and progress will be reported on to the Chief Officer and the HSCP Board. The HSCP will draw upon expertise and support from the Human Resource, Learning and Organisational Development functions of both the Council and the Health Board to deliver as much joint activity as possible. Refreshed support plans for 2016/17 - and subsequently 2017/18 = will then be developed and presented to the HSCP Board.

Primary Theme	**Action**	**Lead**
Capable Workforce	Increase levels of MHO Qualification amongst social care staff.	Head of Mental Health, Addictions & Learning Disabilities
	Assess workforce training needs in dementia care and engage educational partners regarding appropriate mechanisms for provision.	
	Ensure PDPs in place across workforce.	All Heads of Service
	Monitor and support registration status of staff.	
	Introduce new agile technologies to assist the workforce, improve productivity and free up additional capacity from existing resources.	
	Deliver on-going programme of data protection awareness sessions tailored to the staff working within the HSCP.	Head of Strategy, Planning & Health Improvement

Primary Theme	Action	Lead
Integrated Workforce	Convene joint Staff Partnership Forum, ensuring links to appropriate corporate forums/meetings.	Chief Officer
	Update Staff Governance and Practice Governance Framework.	Head of People & Change
	Develop robust out of hours/unscheduled care services.	Head of Community Health & Care
	Increase awareness and knowledge of Child Sexual Exploitation.	Head of Children's Health, Care & Criminal Justice Services
	Increase awareness and knowledge of domestic abuse and MARAC (Multi Agency Risk Assessment Conference) meetings.	
	Rolling out a range of training on the GIRFEC Policy related to the Named Person.	
	Provide training on sexual health and relationships for HSCP and appropriate staff from community planning partners working with looked after and accommodated children and young people.	Head of Strategy, Planning & Health Improvement
	Provide programme of awareness raising and training on Adult Support and Protection (ASP).	Head of Mental Health, Addictions & Learning Disabilities
	Deliver HSCP-wide Protected Learning Event, with invitations including NHS external contractors.	Clinical Director
Sustainable Workforce	Create career pathways to encourage retention among key staff groups (e.g. Occupational Therapy, Community Specialist Nurses).	All Heads of Service
	Encourage opportunities for MAs; nursing internships; and volunteering.	
	Build on existing capacity within the volunteer and third sector workforce while ensuring the maintenance of quality and standards of service.	Head of Community Health & Care

Primary Theme	Action	Lead
Healthy Organisational Culture	Implement Health Working Lives programme of activities.	Head of Strategy, Planning & Health Improvement
	Lead HSCP integrated Healthy & Safety Committee and oversee actions across services.	Head of People & Change
	Implement staff absence action plan.	All Heads of Service
Effective Leadership and Management	Assess the implication of workforce structures which arise from the new integrated Health & Social Care Partnership organisational structure.	Head of People & Change.
	Talent management and succession planning within the workforce to mitigate the impact of future skills loss associated with an ageing workforce profile.	
	Ensure workforce changes associated with service redesigns are undertaken in compliance with HR policies and procedures (e.g. staffing model for new care homes; and Healthy Children's programme).	All Heads of Service
	Induction training for HSCP Board members.	Head of Strategy, Planning & Health Improvement