



**West Dunbartonshire
Health and Social Care Partnership**

Workforce Plan 2022/25

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1. Background and Development of the Workforce Plan

1.1 Introduction

West Dunbartonshire Health and Social Care Partnership Board was established on 1st July 2015 as the Integration Authority for West Dunbartonshire. It is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (which are described in full within its approved [Integration Scheme](#)).

The Council and the Health Board discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the partnership arrangement referred to as West Dunbartonshire Health & Social Care Partnership.

The Health and Social Care Partnership Board is responsible for allocating the integrated revenue budget for health and social care in accordance with the policy priorities set out in the Strategic Plan.

The Partnership Board includes representatives from the Third Sector, staff representatives and others representing the interests of patients, service users and carers. This ensures that the Partnership Board is fully engaging strategic partners in the preparation, publication and review of each Strategic Plan.

The HSCP has recently undertaken development work to further strengthen its Strategic Planning Group and in June 2022 will publish its Strategic Needs Assessment. This Assessment will form the basis of the next Strategic Commissioning Plan due to be published 1 April 2023.

The Health and Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health and Social Care Partnership. It is responsible for planning and overseeing the delivery of the full range of community health and social care services. Within West Dunbartonshire this is undertaken in a meaningful co-productive way with all partners. With a continued emphasis on joining up services and focussing on anticipatory and preventative care, our approach to integration aims to improve care and support for people who use services, their carers and their families.

The Health and Social Care Partnership has delegated responsibility to deliver services for:

- Adults and Older People's services across all disciplines within integrated community teams
- Children and Young People's Services across all disciplines and in partnership with Education Services
- Community Justice Social Work Services
- Community Mental Health, Learning Disability and Addictions across disciplines with integrated community teams and with in-patient services.

Within West Dunbartonshire HSCP our vision is **"Improving lives with the people of West Dunbartonshire"**. Our vision and our desire is to ensure that our citizens have access to the right care, at the right time and in the right place. It involves a range of activities, centred on a continuous cycle of "analyse, plan, do and review" and is iterative and dynamic to

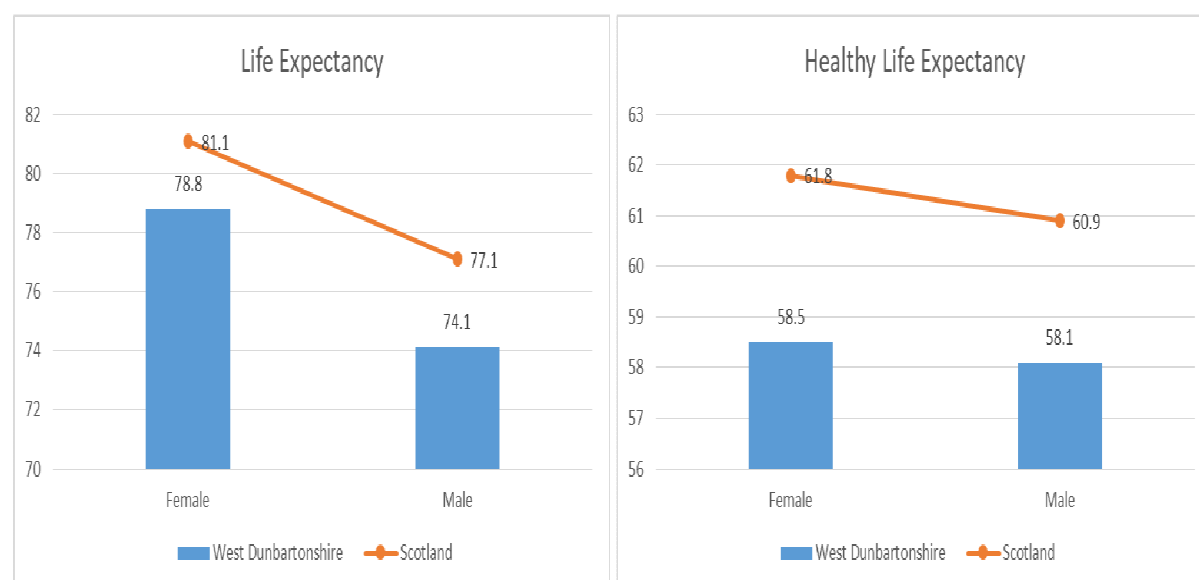
support collaborative system change across health and social care and all partners working in our communities.

We aim to deliver our Strategic Outcomes through our commitment to:

- Children and young people reflected in Getting It Right for Every Child.
- Continual transformation in the delivery of services for adults and older people as reflected within our approach to integrated care.
- The safety and protection of the most vulnerable people within our care and within our wider communities.
- Support people to exercise choice and control in the achievement of their personal outcomes.
- Manage resources effectively, making best use of our integrated capacity

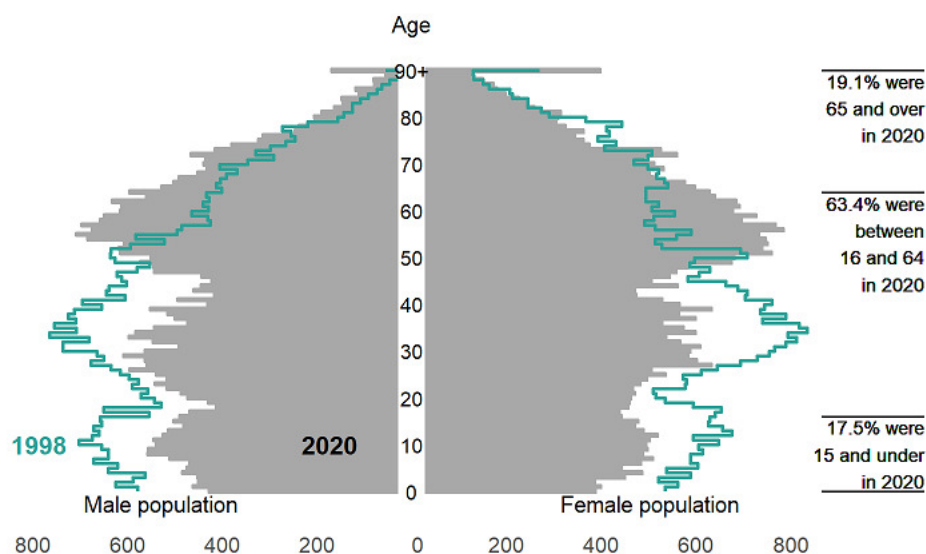
In order to support the delivery of the HSCP vision of “Improving Lives with the People of West Dunbartonshire” the ambition of the Integrated Workforce Plan is to ensure we have the right people, with the right skills, in the right roles, at the right time at the right cost.

1.2 West Dunbartonshire Demographics



Overall life expectancy in West Dunbartonshire is poor in comparison with Scotland as a whole. Female life expectancy is the third lowest in Scotland behind Glasgow City and Inverclyde at 78.8 years and male life expectancy is third lowest behind Glasgow City and Dundee City at 74.1 years. In terms of Healthy Life Expectancy, for West Dunbartonshire this is lower in comparison to Scotland and is eighth lowest for males and fifth lowest for females. Male Healthy Life Expectancy is 58.1 years compared to 60.9 years for Scotland. Female Healthy Life Expectancy is 58.5 years compared to 61.8 years for Scotland.

West Dunbartonshire Population profile, 1998 and 2020

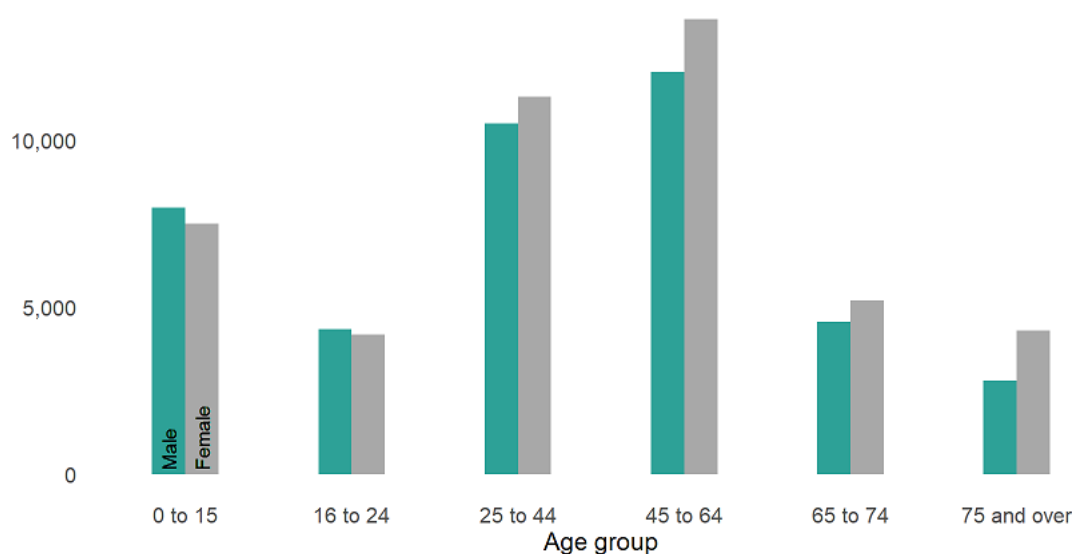


Source: <https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/west-dunbartonshire-council-profile.html>

West Dunbartonshire is one of Scotland’s smallest local authorities and accounts for 1.6% of the Scottish population. Although the population estimate for Scotland reached its highest ever in June 2020 - at 5,466,000 - the population for West Dunbartonshire has been in decline. The population mid-year estimates for 2020 was 88,340. This is a decline of 590 people or 0.7% on the previous year (88,930 in June 2019). This is the third greatest percentage population decline of all Scottish local authorities. In fact, the picture of declining population in West Dunbartonshire has been a consistent trend over the previous 10 years (a 2.7% decline from 2010-2020) and 20 years (a 6% decline from 2000-2020). Additionally in 2020, there were more females (52.2%) than males (47.8%) living in West Dunbartonshire.

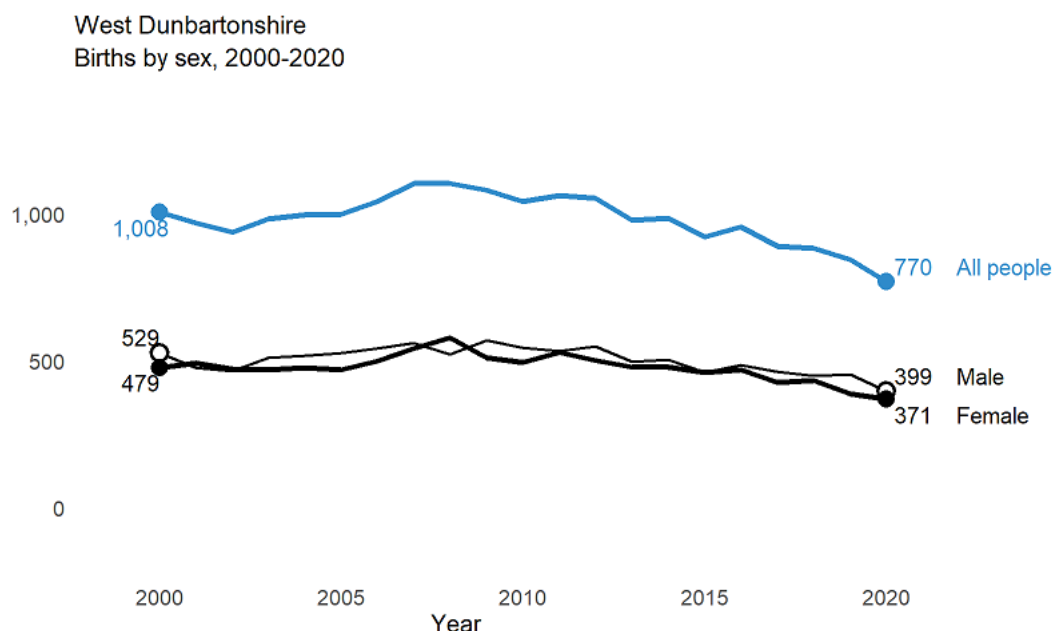
West Dunbartonshire's population 88,340 (June 2020), which accounts for 1.6% of the Scottish population.

West Dunbartonshire Population by age group by sex, 2020



Source: <https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/west-dunbartonshire-council-profile.html>

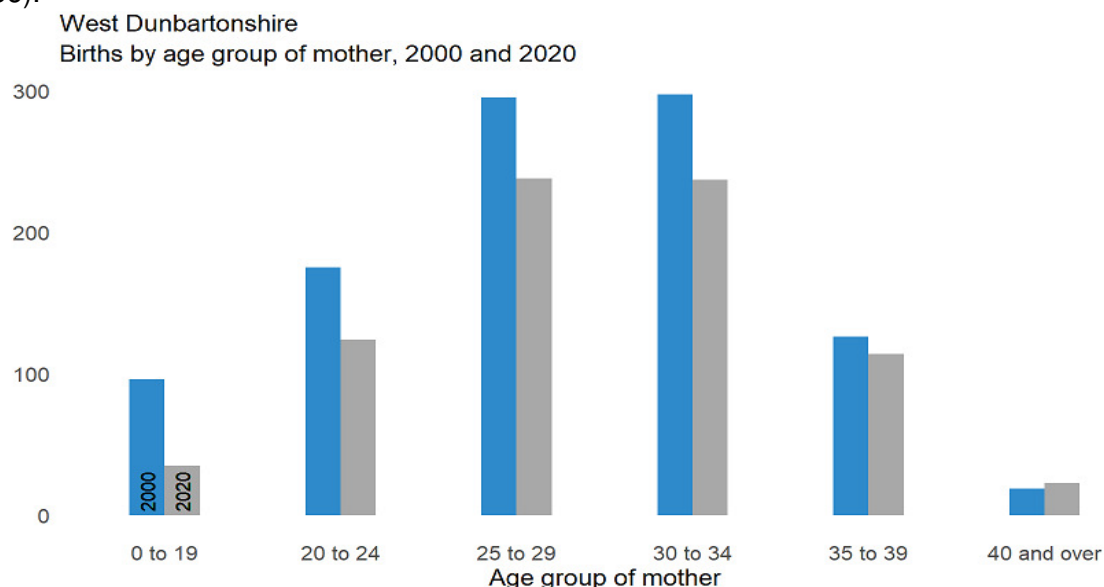
In contrast to Scotland as a whole, the population of West Dunbartonshire has been declining steadily (6% since 2000). This is due to fewer babies being born each year and more people moving out of the area than moving in.



Source: <https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/west-dunbartonshire-council-profile.html>

Like most council areas in Scotland, West Dunbartonshire saw a fall in birth rate between 2019 and 2020. There were 770 births, with slightly more boys than girls being born. This is a decrease of 8.9% from 845 births in 2019. 2021 continued the trend with interim figures showing that 769 births were registered.

In the period 2019-20, net migration in West Dunbartonshire was higher for females (-66) than for males (-139). The age groups with the highest level of total net migration were 55 to 59, 85 to 89. In contrast, the age group with the lowest level of net migration was 25 to 29 (-36).



Source: <https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/west-dunbartonshire-council-profile.html>

In 2020, the most common age group of mothers in West Dunbartonshire was 25 to 29 years. Between 2000 and 2020, the 0-19 age group has seen the largest percentage decrease in births (-63.5%) and the 40+ age group has seen the largest percentage increase in births (+21.1%).

West Dunbartonshire has an ageing population. In terms of overall size, the 45-64 age group was the largest in 2020, with a population of 25,646 (29%).

In keeping with the Scottish picture, there are more females (52.2%) than males (47.8%) living in West Dunbartonshire. The gender split begins to widen with increasing age from the 25-44 age group onwards.

Between 1998 and 2020, the 25-44 age group saw the largest percentage decrease (-23.2%). The 45-64 age group saw the largest percentage increase (+18.9%). There is a very small minority ethnic population in West Dunbartonshire. In the 2011 Census, the majority of residents (93%) of West Dunbartonshire identified as being white Scottish, and 1.5% identified as being Asian, Asian Scottish or Asian British, or 'other ethnicity'. This is lower than Scotland which is 4%.

In terms of nationality, an estimated 3.4% of the local population are non-British, compared to 8% in Scotland.

The impact of this data, which features in the 2022 Strategic Needs Assessment, leads the HSCP and its Strategic Planning Partners to consider the delivery of services in the face of reduced national and local funding, as this is intrinsically linked to the continuing decline in the number of people living in West Dunbartonshire. The ageing population will mean more demand for health and social care services as usage increases with age. This, combined with fewer resources, will lead to significant pressure on the system.

1.3 Key Strategic Priorities

Our Key Strategic Priorities are:-

- Early Intervention
- Access
- Resilience
- Assets
- Inequalities

West Dunbartonshire has two localities: Alexandria/Dumbarton and Clydebank. West Dunbartonshire Health and Social Care Partnership hosts the Musculoskeletal (MSK) Physiotherapy Service for the NHS Greater Glasgow and Clyde area and Diabetic Retinal Screening Service on behalf of the NHS Greater Glasgow and Clyde Board. Work is ongoing within this service to ensure the delivery of high-quality outcomes for patients whilst striving to meet national waiting time targets. West Dunbartonshire Health and Social Care Partnership also hosts a programme of retinal screening on behalf of NHS Greater Glasgow and Clyde. The Health and Social Care Partnership leads West Dunbartonshire Alcohol and Drugs Partnership.

West Dunbartonshire HSCP is one of six HSCPs within the NHS Greater Glasgow and Clyde boundaries and has established clinical care pathways with the acute sector through Queen Elizabeth University Hospital and Royal Alexandra Hospital for both unscheduled and elective care, whilst utilising Vale of Leven Hospital for outpatient, day cases, inpatient and Mental Health Services. The Partnership has 2364 staff directly employed in the delivery of services within and across the various care groups.

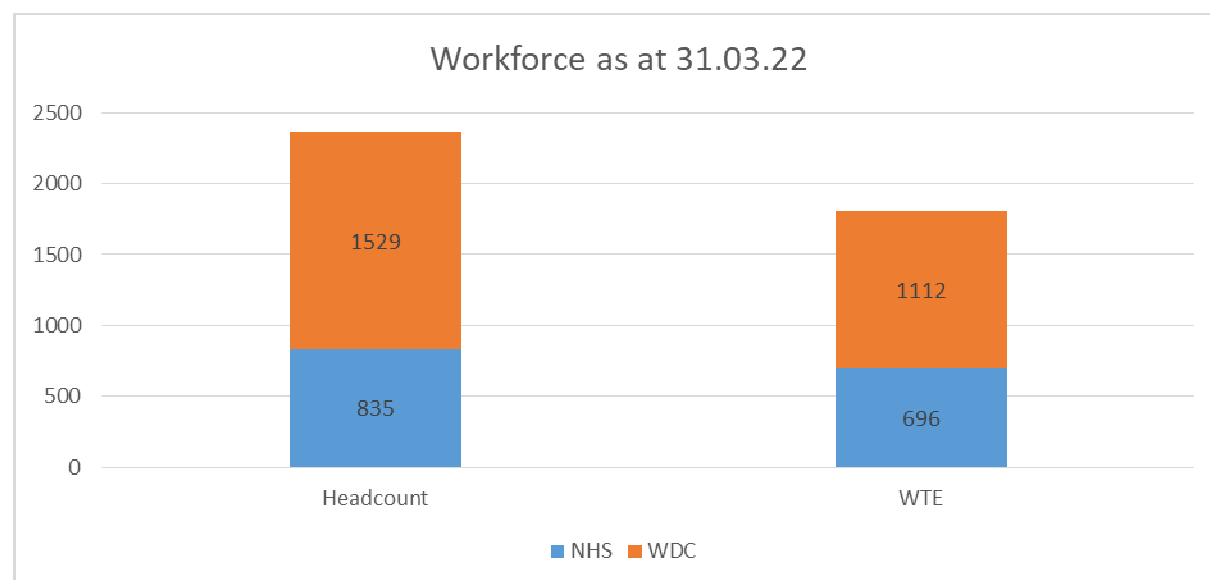
2. Stakeholder Engagement

The West Dunbartonshire HSCP Workforce Planning Group was re-established comprising of a wide range of internal and Third and Independent sector partners. Membership of the Workforce Planning Group also included nominated staff side representatives, West Dunbartonshire CVS, Finance colleagues, Strategy and Transformation colleagues and representatives from across the service areas.

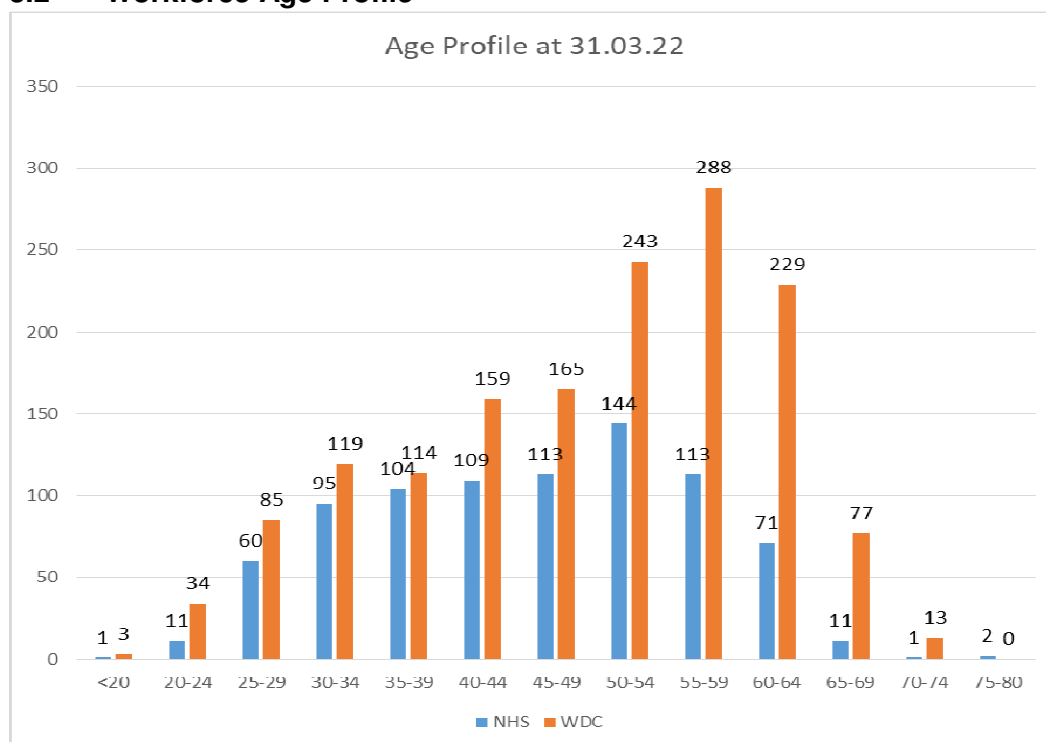
Given the pressures that the Omicron variant of Covid placed on the service it was difficult for workforce planning meetings to continue, therefore, in order to assist the services provide the information required for the plan a template was developed to gather short-, medium- and long-term driver information from services. Information was provided by the services in the template which was then considered and incorporated into the Workforce Plan.

3. HSCP Workforce – Demographics

3.1 Workforce Split



3.2 Workforce Age Profile



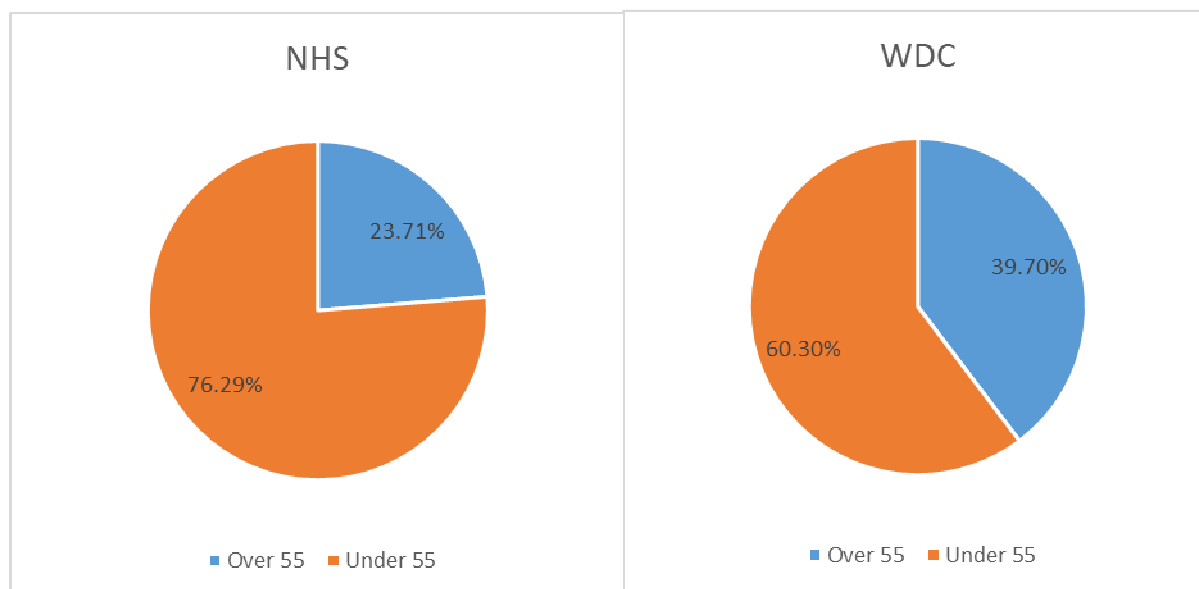
The age profile for staff in West Dunbartonshire HSCP indicates that the majority of our workforce are over the age of 45. Whilst this does not present an immediate risk, we do need to be mindful of the importance of succession planning and the implications of an ageing workforce in coming years.

Age Band	NHS	West Dunbartonshire Council	Total
<20	1	3	4
20-24	11	34	45
25-29	60	85	145
30-34	95	119	214
35-39	104	114	218
40-44	109	159	268
45-49	113	165	278
50-54	144	243	387
55-59	113	288	401
60-64	71	229	300
65-69	11	77	88
70-74	1	13	14
75-80	2	0	2
TOTAL	835	1529	2364

More than a third of the workforce (34.05%) of the workforce are aged 55 years and over. This presents a significant risk in terms of retirement of a sizeable proportion of the workforce

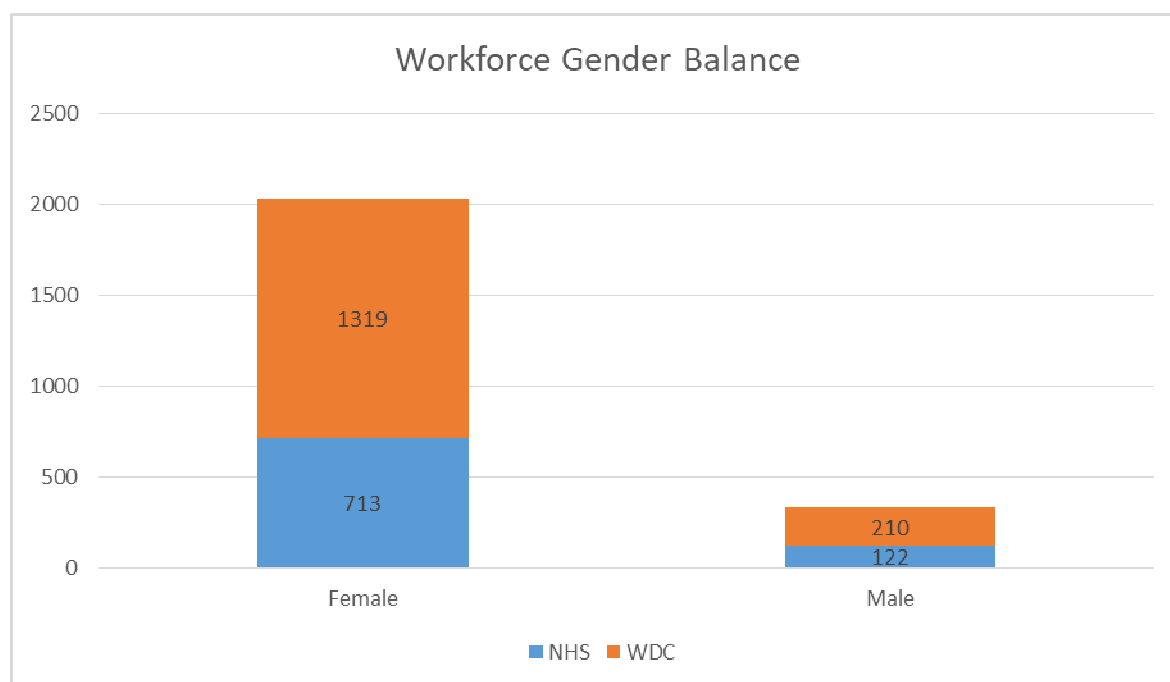
within in the next 5 to 10 years. This is a significantly higher risk with West Dunbartonshire Council staff as 39.70% of their workforce is aged 55 or over while 23.71% the NHS HSCP workforce are aged 55 or over.

The pie charts below show the split of the workforce of those over 55 and those under 55 years.



3.3 Workforce Gender Balance

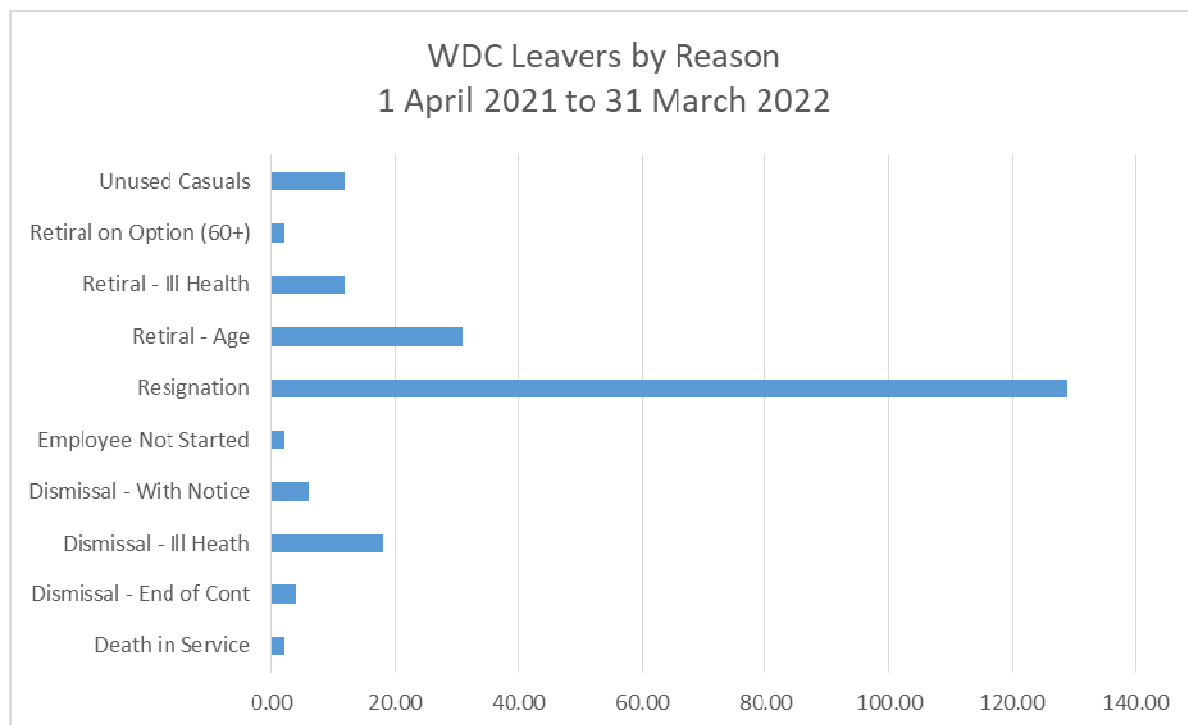
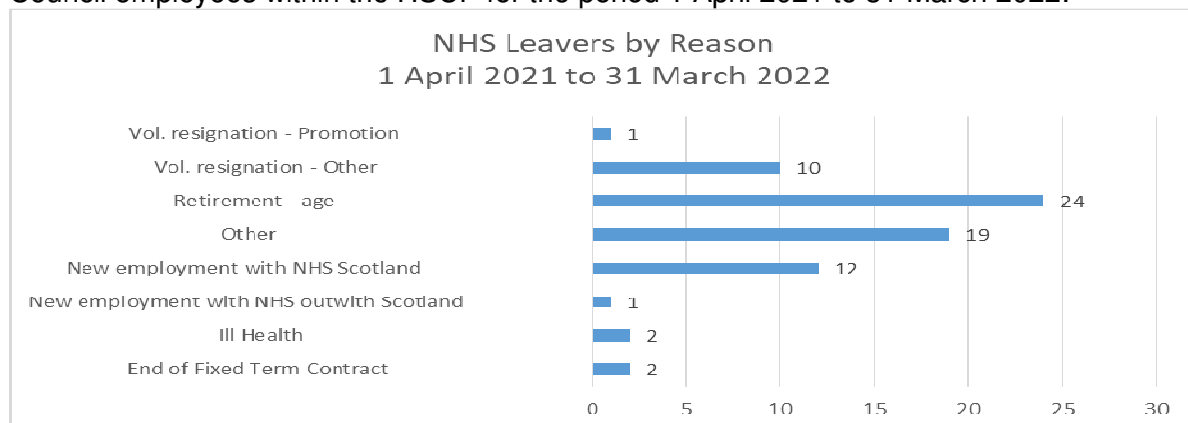
As can be seen below the gender balance within West Dunbartonshire HSCP is predominantly female and whilst this is not untypical within the caring sector, we do need to consider how we encourage greater inclusion within the professions that we employ.



3.4 Staff Turnover

The turnover rate for West Dunbartonshire Council staff within the HSCP is 15.2% per annum. This is higher than the whole of West Dunbartonshire Council rate which is currently 13.2% per annum. For NHS staff within the HSCP the turnover rate is 8.3% compared to the Greater Glasgow and Clyde wide figure of 10.2%. This is not forecast to increase significantly in the period to March 2023, however some changes to behaviour have been observed and after a period of suppressed turnover where staff were perhaps not looking for career opportunities or delaying their retirement due to the pandemic, those staff are now looking at career development and opportunities and similarly those staff who have delayed retirement are now actively pursuing this and some staff. That being said, the current cost of living crisis may impact on staff's decision to retire so it is difficult to predict future behaviours of staff in relation to retirement intentions.

The bar graphs below detail the reasons for leaving for both NHS and West Dunbartonshire Council employees within the HSCP for the period 1 April 2021 to 31 March 2022:



4. Nurture – Supporting Staff Wellbeing

4.1 West Dunbartonshire HSCP Approach to Staff Health and Wellbeing

Creating a positive workplace and focusing on the mental health and wellbeing of staff has remained a priority. For leaders at all levels of the HSCP, leading, motivating and supporting staff has been a priority. Leaders have empathised with the impact of the COVID-19 outbreak across the HSCP on both personal and professional lives as staff endeavour to cope with a wide range of issues and feelings, such as, fear, anxiety, isolation and vulnerability.

Occupational Health services in both employing organisations will continue to be utilised for their prospective staff.

Mental health check-in - all health and social care staff have also been encouraged to take part in all of NHS Greater Glasgow and Clyde's mental health check in's which took place in August 2020, February 2021, August 2021 and February 2022. Another check in is scheduled for August 2022 and this will be heavily promoted to staff.

Leadership development programmes continued throughout the pandemic however, understandably due to service pressures; uptake was been lower. Staff are being encouraged to uptake appropriate opportunities available to them with Learning and Education publishing a document summarising all the training and opportunities available to staff.

NHS Greater Glasgow and Clyde Peer Support Framework

The NHS Greater Glasgow and Clyde Mental Health and Wellbeing Group established the need for a single Peer Support Framework for all staff working in health and social care across the Board and the six health and social care partnerships. This forms part of the wider strategy to prevent work-related emotional distress from developing into more significant mental health problems. The Peer Support Framework outlines an overarching system for all peer support interventions offered across NHS Greater Glasgow and Clyde. It is based on a set of core principles and sits within a single governance structure. All existing and new peer support interventions will align with the Peer Support Framework.

Core principles of peer support within NHS Greater Glasgow and Clyde are based on the 'Psychological First Aid' (PFA) model and this forms the conceptual basis of the Framework. This is an evidence-informed approach recommended by international and national experts. The NHS Greater Glasgow and Clyde Mental Health & Wellbeing Action Plan 2020-22 considers the longer-term staff mental health and wellbeing needs in response to the COVID-19 pandemic and outlines the planned approaches to support and intervene. The tiered model is aligned to all key principles and wider strategies of NHS Greater Glasgow and Clyde.

Key priorities for 2021 – 22 have been agreed and the provision of a Peer Support Framework is highlighted for this year. The proposed model, competency framework, training programme and organisational support will result in all staff within Greater Glasgow and Clyde having access to peer support. This sustainable programme forms a significant part of the Board's staff support strategy reflecting cultural and organisational support for staffs' health and wellbeing.

The first phase of the Peer Support Framework is the publication of an online module “[Introduction to Psychological Wellbeing](#)”. All staff are encouraged to undertake this module. The module is available on Learnpro.

West Dunbartonshire Council also ran a series of wellbeing webinars which were available to all HSCP staff. These covered a number of topics including Supporting a Remote Workforce, Mindfulness, Yoga and The Importance of Sleep. Wellbeing Roundups are shared on a monthly basis and contain details of supports available and upcoming initiatives available to all staff. Human Resources and Organisational Development in West Dunbartonshire Council are working on a programme of short training sessions to continue to support employees and managers.

Staff have been and continue to be encouraged to use their Annual Leave Allowance and managers have been reminded of the importance of encouraging staff to fully utilise their leave in order to maintain a healthy work life balance and rest sufficiently.

Whilst the Scottish Government directed all Boards to offer NHS staff the opportunity to be paid for unused leave, there were only a small number of staff who asked for this. This means that those staff who carried over leave will have a backlog of unused leave to take. We will continue to support and encourage staff to utilise their full leave entitlement.

Future wellbeing initiatives will focus on supporting staff through the recovery phase and for some services the remobilisation phase, ensuring psychological support services in particular are promoted to all staff.

Non COVID-19 Absence levels within the HSCP have on the whole remained lower than when compared to the same period before the pandemic for both NHS and West Dunbartonshire Council staff, however in the last year West Dunbartonshire Council absence particularly in our Care at Home Service has risen. Whilst this is not entirely unexpected, work is ongoing to provide targeted HR interventions at appropriate times to ensure staff and managers receive appropriate levels of support.

4.2 National and Partner Organisation Wellbeing Initiatives

The National Wellbeing Hub which can be found at <https://www.promis.scot> has been heavily promoted within the HSCP via Chief Officer Updates, Joint Staff Forums etc. Promotion of this service will continue.

In particular, staff have been and will continue to be encouraged to contact **The National Wellbeing Helpline (0800 111 4191)**. This is available 24 hours a day, seven days a week and is resourced by trained practitioners at NHS 24. This helpline offers callers a compassionate and empathic listening service based on the principles of psychological first aid, as well as advice, signposting and onward referral to local services if required.

Coaching for Wellbeing has also been heavily promoted to staff and will continue to be promoted. This is a service designed to support staff with any of the issues they may be facing during these challenging times. Staff are offered 2 hours of individual online coaching which includes support in building resilience and helping individuals to take action to improve their wellbeing. Where appropriate, staff can also explore how to lead and support others who may be struggling. Further information can be found at <https://www.promis.scot/wp-content/uploads/2020/12/Coaching-for-Wellbeing-Information-Pack.pdf>

Trades Union Colleagues have been helpful in promoting these services to their members and suggesting ideas and initiatives to consider.

4.3 Long Covid

The longer-term impact of COVID upon staff wellbeing over the next 3 years is recognised but relatively unknown. At the height of the pandemic NHS Greater Glasgow and Clyde established a Covid Team within the HR Support and Advice Unit to ensure managers and employees were supported in dealing with Covid related issues and absences. Work has been undertaken in conjunction with Occupational Health Services in both NHS GG&C and West Dunbartonshire Council to ensure that on an ongoing basis there is an appropriate and detailed management referral process and a specialist team of occupational therapists, physiotherapy, psychology and occupational health nursing available.

The full nature of Long Covid condition is not yet fully understood, particularly as there does not appear to be a direct correlation between the severity and/or direction of the initial infection and that of Long COVID.

4.4 Measuring the Effectiveness of Support Mechanisms

Whilst we do not have the information available to us to directly measure the effectiveness of these support mechanisms, we do have other information that can be analysed to assess how supported staff feel. Below is a comparison of the results from the pulse survey from 2020 and the iMatter Survey from 2021 which demonstrates that staff feel that they are cared about, are treated with dignity and respect and are appreciated.

2020 Pulse Survey compared to 2021 iMatter Survey (Weighted Index Value)		
iMatter Question	2020 Pulse Survey	2021 iMatter Survey
I feel my Line Manager cares about my health and wellbeing	73	84
I feel my organisation cares about my health and wellbeing	53	71
I am treated with dignity and respect as an individual at work	71	83
My work gives me a sense of achievement	68	80
I get the help and support I need from other teams and services within the organisation to do my job	55	69
I feel appreciated for the work I do	52	71
I would recommend my organisation as a good place to work	61	74

4.5 In work poverty

Employment remains the best route out of poverty. However, we know that some people in poverty live in households where someone is in paid employment and the proportion of people in poverty who are living in working households has increased over time.

Working parents' ability to increase working hours is often dependent on the availability of flexible working and childcare, the affordability of which can often be constrained by the conditions of Universal Credit.

Around two thirds of working adults living in poverty are paid below the real living wage. This has been addressed within NHS Greater Glasgow and Clyde who are an accredited Living Wage employer and West Dunbartonshire Council who are not accredited but pay above the national living wage.

The impact of the rising cost of living from Spring 2022 has negatively impacted on the prevalence of in-work poverty. West Dunbartonshire HSCP recognises the impact of increased fuel prices in particular roles, for example care at home staff and community nurses using their own vehicles for transport. We are working to ensure the availability and usage of pool cars is maximised, whilst ensuring that any expenses, overtime and bank shifts are promptly paid.

4.6 National Living Wage

NHS Greater Glasgow and Clyde is an accredited Living Wage Employer. Whilst West Dunbartonshire Council is not accredited they do not employ anyone below the national living wage. This means that all staff within West Dunbartonshire HSCP receive at least the minimum hourly wage which will rise each year to match future rises.

Benefits of the National Living Wage include staff feeling more valued and with less chance of them having to juggle multiple jobs and reduced attrition and lower recruitment costs as staff who are fairly compensated are less likely to leave. Lower turnover means lower recruitment, training and admin costs.

In previous generations, employees would stay with an employer for decades whereas the incoming workforce increasingly recognise the power of choice and consider how an organisation can help them grow personally and professionally. Paying the National Living Wage has a positive impact on employee relations and an organisations credibility.

4.7 Fair Work Framework

West Dunbartonshire HSCP are committed to ensuring the dimensions identified in the Fair Work Framework are embedded within our culture and behaviours. As we evolve through the COVID 19 pandemic the five dimensions assume greater significance for our organisation and are a key focus in our engagement with our workforce and Trades Union colleagues.

- **Effective Voice** – we foster an environment of open and ongoing dialogue with our workforce and Trades Union colleagues and seek out and listen to their views and ideas. In addition to this our HSCP workforce is invited on an annual basis to take part anonymously in the iMatter survey. Sixty two percent of the HSCP workforce participated in this in 2021 and the survey has already been rolled out again this year. On receipt of the report we will analyse the results and each team will develop their own action plan.
- **Opportunity** – Equal Opportunity is at the heart of both our NHS and West Dunbartonshire Council policies. We support access to opportunity for all through our recruitment and selections processes, modern apprenticeships, internships etc.

We support our workforce to progress in their careers and everyone has access to a wide range of training and development opportunities.

- Security – There are collective arrangements in place for pay and terms and conditions of employment. Occupational Sick Pay and Pension arrangements are in place for our workforce and we have an established range of flexible working and family friendly policies in place to support staff who have caring and family commitments.
- Fulfilment – Learning and development opportunities are available throughout the organisation and we try to effectively utilise individual skill sets in the most effective way. We recognise that fulfilment is a key part in ensuring that we have a happy and engaged workforce and encourage creativity and innovation in our workforce and Trades Union colleagues.
- Respect – Mutual respect is an important aspect of our relationships with our workforce and Trades Union Colleagues. This is supported through established policies and procedures. We strive to ensure that our workforce feel valued in ways other than through pay or position. Engagement with employees at all levels in the organisation and with our Trades Union colleagues is high on our agenda.

Whilst it can be difficult to measure our progress on each of the above dimensions West Dunbartonshire HSCP are proactive in their desire to develop and maintain a positive employment culture and continually seek opportunities to improve in this aspect. An example of this can be found with West Dunbartonshire Council actively considering only offering new roles on a minimum of 16 hours per week contracts. This would ensure better opportunity for career development and would support succession planning.

5. Attract and Employ

West Dunbartonshire HSCP is facing the same challenges as other HSCP's, and the wider Health and Care sector, in relation to hard to fill roles. Work in the care sector is no longer an attractive option for jobseekers. This can be partly attributed to what happened during the pandemic and partly due to market rates of pay. In a lot of cases individuals can earn comparable if not more lucrative salaries in other roles (e.g. supermarkets) with a lot less responsibility.

My Job Scotland currently has over twenty live adverts for care staff throughout Scotland. All adverts are for multiple staff and have closing dates months in advance indicating that Local Authorities have rolling recruitment as standard. The effect of this is that neighbouring Local Authorities are competing from the same pool of job seekers with different rates of pay across Local Authorities sometimes being the deciding factor.

Work is ongoing within West Dunbartonshire HSCP to ensure that not only do we offer an attractive employment proposition but that we also have opportunities available to develop staff to ensure they remain with us.

An example of this is in our social work teams where we employ social work assistants who we may then support to qualify as social workers.

This includes help with the cost of the course, time off to undertake placements and a willingness to offer placements to other individuals on the course. This will backfill our staff who are out on placement and may attract those individuals to come and work with West

Dunbartonshire in the future.

West Dunbartonshire HSCP attended career fairs etc. pre Covid however a lot of this activity stopped during the pandemic. It is vital that we now consider different and more innovative ways of advertising West Dunbartonshire HSCP as an employer of choice.

We have strong links to local colleges and our vision is to continue to work closely with them to enhance the existing programme to prepare job seekers for work in the care sector and support their development to progress their careers further should they wish to do so.

Exit interviews are offered to all staff leaving West Dunbartonshire HSCP regardless of the reason they leave. Work is ongoing to analyse further the reasons given for leaving in order that we can address any issues to encourage staff to stay with us.

West Dunbartonshire HSCP continues to build on the success of modern apprenticeships and the Kickstart Programme and are working closely with West Dunbartonshire Council Working 4 U team on this aspect of attracting and developing the younger workforce, providing opportunities for career development and more structured pathways to grow professionally in the care sector.

West Dunbartonshire HSCP offers a variety of flexible working packages and continue to promote this as part of our recruitment process.

A recruitment and retention working group has been established jointly with the HSCP and West Dunbartonshire Council colleagues. This group will work on how we can stand out from other employers as an employer of choice and how we promote the benefits of working for West Dunbartonshire HSCP

6. Train – developing the workforce

Our professional leads work in partnership with professional bodies, NHS Education Scotland, FE and HE institutions to develop workforce capabilities with engagement in curriculum development, support at point of entry into employment and delivery of in-career skill development and support. This approach is designed to not only develop and ensure we have a well trained workforce but also to prepare for changes to the work environment brought by advances in technology or innovations in health and social care delivery. Structures are in place to support development pathways for registered and non-registered staff across our clinical and non-clinical workforce, such as:

- Pharmacy
- HCSW roles (nursing and allied health professionals)
- Nursing
- Allied Health Professionals
- Apprenticeships

We continue to develop opportunities to utilise and test new roles and new ways of working that can transform workforce capacity to meet demands from service planning and predicted challenges to workforce supply. An example of this is the establishment of our Reablement Team. We are also undergoing a service review of our Care at Home Service.

Our aim is to develop a flexible workforce which is appropriately trained, skilled and developed to be able to respond to the evolving needs of the citizens of West Dunbartonshire.

Some of the benefits of this are:-

- Greater continuity of patient and client care
- Flexible roles which can take on wide and varied roles within services, working across multiple areas
- Variety within role which adds interest and improves retention
- A structured career path to develop a career within Health and Social Care

7. Short Term Workforce Drivers

7.1 Staffing Considerations

Effective planning of staffing and resources is critical to maintaining service delivery. Services have had to change the way they work and capacity has been flexed and expanded in key areas. Our staff continue to respond flexibly, undertaking new roles and adopting to new ways of working in extremely challenging circumstances.

This section provides an overview of the predicted workforce planning challenges during the period to March 2023 and a description of the activity being undertaken to mitigate the challenges.

7.2 Staff Availability

Staff availability is considered to be the percentage of staff available for work after taking into consideration all annual leave, sickness absence, maternity, paternity, parental, study and all types of special leave (which includes COVID-related absence).

The importance of staff having the opportunity to fully utilise their annual leave allowance is recognised and encouraged. In general, the majority of job families across all areas of the organisation are currently using leave at pre-pandemic levels. This is encouraging and suggests staff are getting the rest they require.

Sickness rates are anticipated to reduce further throughout the summer, however it can be reasonably expected that sickness rates will increase again during Winter 2022/23 as levels of social interaction and exposure to common infections and illnesses return to pre-pandemic levels. HR teams within both NHS Greater Glasgow and Clyde and West Dunbartonshire Council are available to support managers and staff, putting in place plans to support people back to work when appropriate.

While the emergence of new variants cannot be discounted, there is no public health guidance suggesting an imminent surge wave.

The predicted level of staff availability will continue to present an operational challenge, which will only worsen over winter. It is crucial that all staff absence is accurately recorded,

using the correct reason and in a timely manner, ensuring that detailed absence analysis can be provided to every team within the HSCP.

7.3 Staff Turnover

As previously stated this is not forecast to increase significantly in the period to March 2023, although some changes to behaviour have been observed which may result in a small increase in turnover in the coming months. Turnover rates are expected to return to pre pandemic levels this year.

7.4 Succession Planning and Retirement Risk

Regular workforce information provides insight into the demographics of everyone within service areas, showing the spread of staff, age and their time within the organisation. This is designed to highlight the percentage of staff aged 55 and above, an element of whom will be considering retirement. Reporting also allows senior managers to identify individual key roles or elevated risk roles where succession planning is required to ensure that there is someone within the organisation who can fulfil the crucial elements of the role when people move on. The retirement risk for the period to March 2023 may be slightly elevated as a result of those who delayed retirement during the pandemic now actively pursuing either partial or full retirement. The pandemic also made people re-evaluate their lifestyle and consider what is important and may have prompted some staff to consider retiring earlier than they had planned. It is impossible at this stage to predict if this will actually translate into an increase in retirement applications and the current cost of living crisis may have the opposite effect.

7.5 Pensions

Both the NHS Scotland Pension and Local Government pension scheme changed in April 2022. Benefits accrued in previous schemes are protected and remain unchanged. However, the planned changes, specifically changes to contribution rates and the move from final salary linked to a career average revalued earnings (CARE) model, are seen as a catalyst for some considering retirement.

Staff with higher salaries and/or longer service are at risk of increased tax demands if they breach annual or lifetime tax allowance limits. Anecdotally, this limits the amount of additional work high earners (i.e. medical consultants) are willing or able to deliver. The lifetime allowance also has a direct bearing upon retirement age as people chose to retire rather than risk breaching the limits.

Access to robust and practical pension advice may help allay staff fears and enable them to make well informed decisions.

7.6 Brexit

The reduction in the visa minimum salary requirement to £25,600 (£20,480 for healthcare-specific roles), means workers from the European Union can be sponsored for a points-based visa by NHS Greater Glasgow and Clyde for roles at Agenda for Change Band 3 and above.

This is a better outcome than first expected when initial minimum salaries were set and means that NHS Greater Glasgow and Clyde remains a viable option for people wishing to move from the European Union for work.

Historically West Dunbartonshire HSCP has not attracted high numbers of European Nationals and as such the impact of the EU Exit referendum has had little impact on our workforce. Whilst we do not have data specifically for European Nationals the table below shows pre and post Brexit data.

2019/20			2020/21		
% BAME	% White	% Not known	% BAME	% White	% Not Known
0.27%	46.04	53.65	0.34	46.85	52.78

Within West Dunbartonshire HSCP we do not anticipate that the end of free movement will have a major impact on recruitment and staffing in the medium and long term.

7.7 Safe Staffing Legislation

The Health and Care (Staffing) (Scotland) Act 2019 was passed in the summer of 2019 although implementation has been delayed by the pandemic. This sets out requirements for safe staffing across both health and care services to make provision about staffing by the National Health Service and by providers of care services. The act lays down a series of duties, and decision-making processes that will lend the weight of legislative imperative to the Workforce Planning process. The substantive provisions of this act will come into force on a date appointed by the Scottish Ministers through regulations. The main mechanism for changes are the addition of 15 sections to the National Health Service (Scotland) Act 1978. The most fundamental addition is the Duty to Ensure Appropriate Staffing, which is the duty of all Health Boards to ensure that at all times there are “suitably qualified and competent individuals” as appropriate for patients’ health, wellbeing and safety, providing safe and high-quality healthcare, and the wellbeing of staff (if it affects the first two). Health Boards should 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 Common Staffing Method involves taking the following into consideration.

- Patient needs
- Measures of Quality
- Workload and Workforce Planning Tools
- Professional Judgement Tool
- Local Context
- Current staffing levels and any vacancies
- Appropriate clinical advice
- Possible impacts on other clinical areas
- Any risks or escalated issues identified within the clinical area
- The skills and levels of experience of current staff
- Relevant comments from patients, their families, or other individuals with a personal interest in their healthcare.

Work is underway to ensure that all aspects of this preparation will be in place.

Workload Tool runs took place in District Nursing (Nov 2021) and Health Visiting and School Nursing Service (March 2022) and helped inform workforce planning requirements.

7.8 Immediate Remobilisation Plan

Whilst we 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.

7.8.1 Delayed Discharges

While our performance in relation to Delayed Discharges is prone to fluctuation we are constantly reviewing efficient and effective care pathways across the hospital discharge team. It is hoped that this will improve patient flow and support implementation of the Discharge Without Delay Policy. We will continue to focus on new approaches and services (e.g. reablement team) to ensure care home places and care packages are available. This has the potential to shorten hospital stays and improve the patient pathway but will require additional staff across a range of roles. Our review of care at home services will take this into account in the appropriate work streams.

7.8.2 Reablement Team

Across Scotland and elsewhere, a number of providers of Care at Home Services have developed a reablement approach to the delivery of care at home services. In line with strategic objectives around maximising independence and resilience, reablement is principally about offering an intense service to support an individual to regain their abilities, and so relearn the skills they need to care for themselves. This approach aims to help individuals achieve their goals over a 4–6-week period following referral, and then reduce or cease support as appropriate. The Social Care Institute for Excellence (SCIE) states that ‘the reablement approach supports people to do things for themselves. It is a ‘doing with’ model, in contrast to traditional home care which tends to be a ‘doing for’ model.

This will be a significant change for the population of West Dunbartonshire who have come to assume, as is similar in many parts of Scotland, through how care at home service has been delivered in the past, that once a client is in receipt of the service, that will continue for life.

7.8.3 MSK

This is a hosted service. The post COVID-19 impact on demand is unknown. However, it is known that MSK conditions are prevalent post COVID-19, and this may place further demand in service provision in the forthcoming year. The service is introducing electronic self-referral which will be available to the public on the MSK website. It is unknown if this innovation will further increase demand (it is predicted that referral rates may increase if there is unknown unmet need).

It is anticipated that changes within other service areas e.g., ED/Flow Navigation hubs/ACRT within Orthopaedics may also further increase MSK service demand. Additional resource may be required if demand for service increases and patients are to be seen timeously.

7.8.4 Nursing

The Transforming Nursing Roles national agenda outlines the nursing professions' contribution to the wider transformational change agenda in health and social care. Transforming Nursing Roles reflects the nursing contribution towards shifting the balance of care from hospital to community and primary care setting. Structures are in place to support development pathways for registered and non-registered staff across our nursing workforce.

We remain cognisant of NHS Greater Glasgow and Clyde wide policies and reviews e.g. Transforming Nursing Roles (TNR) which covers all aspects of nursing led care, this will include ensuring that we have appropriate staffing levels within District Nursing to meet any expansion of the nursing role. We have three mental health inpatient wards (Glenarn, Fruin and Katrine) and already rely on bank nurses to supplement our rotas. It has proved to be difficult to recruit mental health nurses to West Dunbartonshire HSCP as the bigger mental health units are based in Glasgow and there is a perception that West Dunbartonshire is too far from the centre. We try to address this in our recruitment processes but with the increasing fuel and travel costs we anticipate greater difficulty to fill any vacancies which may arise. We continue to monitor resource requirement and work closely with NHS Greater Glasgow and Clyde staff bank to ensure safe staffing levels are in place.

7.8.5 Social Work

We face the same issues as other HSCP's in relation to the availability of professionally qualified Social workers to fill vacancies. Increased demand due to the pandemic is impacting on the types of clients that are being referred with many of whom presenting with increasing complexities. The impact of the pandemic and lockdown is starting to be felt however is not yet fully understood and is not the sole cause of demand on the service. The cost of living crisis coupled with historic austerity measures is a perfect storm for vulnerable families leading to increased demand for services. The impact of 2 years of restrictions is also placing a strain on mental health services. There are limited numbers of available qualified social workers meaning that we are competing with other employers and agencies who offer more flexibility and enhanced rates of pay.

7.8.6 Primary Care

Primary Care are under considerable pressure to meet the increasing demands of our populations.

Through the delivery of the New General Medical Services Contract 2018, we have embarked on an ambitious programme to support and build primary and community care. The HSCP has develop a Primary Care Improvement Plan to build a Multidisciplinary Team to support General Practice to address the needs of their patients, providing additional capacity within General Practice for GPs to focus on complex presentations and provide clinical leadership to the expanding team. The Multidisciplinary Team approach will maximise workforce competencies and capabilities, and ensure people see the right person, at the right time and in the right place. Further workforce development is required to support

this as there are a number of areas where the HSCP has experienced delays in recruitment and retention of this workforce.

Scottish Government have committed to recruiting 800 additional GPs by 2028, Practices within the HSCP are currently experiencing difficulty in recruiting to local vacancies and this is also reflected nationally.

In 2022, Scottish Government have provided funding for HSCPs to develop a Primary Care Mental Health and Wellbeing Service, either embedded or aligned to GP Practices and Clusters/localities. This additional investment will see an increase in workforce to support patients with their Primary Care Mental Health Needs. The Scottish Government guidance sets the aim to increase the Mental Health Workforce within Primary Care by an additional 1,000 staff across Scotland. This service will develop further over the next 2-3 years.

Collaborative working with 3rd sector Partners, Stepping Stones and The Alliance will see some of the roles, developed as part of the PCIP and MHWPC service, be delivered by our 3rd Sector Partners, to date this has included Community Link Workers, Distress Service Worker, Person Centred Therapist and Guided Self Help Support Worker. Where this approach is the right model for patients this will be developed further.

Community Optometry Services are provided locally with the service being the first port of call for people with eye problems. Optometrists are being developed with additional professional qualifications to expand the role and are supporting some services currently provided within hospitals/ out patients departments being delivered within Community Optometry Services. Historically, the number of optometrists in Scotland has increased on average by approximately three per cent per annum.

7.8.7 Mental Health

Due to the anticipated surge in people with disparate health needs we will need to ensure that we have sufficient capacity within our Mental Health Teams to support this. We have the same recruitment challenges as other HSCP's as there is only a finite number of available staff and every HSCP is actively recruiting. There is a shortage of Old Age Psychiatrist across the whole of Scotland. We work closely with colleagues in NHS GG&C and in terms of medical staff have plans in place if we do not have sufficient medical cover for our wards, including new patients being accommodated elsewhere within NHS GG&C. We recognise that this is not ideal and have only had to resort to this occasionally however patient safety remains our number one priority.

7.8.8 Digitally Enabled Workforce

We will review on an ongoing basis the need for investment in new technology to support both staff who will be working in a different way and to support service delivery going forward and will continue to work on the application of remote and digital services where appropriate e.g. attend anywhere appointments with clinical services.

7.9 Service Areas

7.9.1 Health and Community Care

Key services that were paused throughout the Pandemic, such as anti-coagulation clinics, vaccination programmes, Advanced Practice physiotherapy within GP practice and x-ray in primary care have now been reinstated ensuring appropriate risk assessments are in place and approved by NHS or Council remobilisation processes.

The Transforming Roles programme has set out a nationally consistent approach to advanced nursing and AHP practice. Transforming Roles focuses on nursing roles and involves developing integrated community nursing teams. These will be central to shifting the balance of care from hospital to community and primary care settings at or near people's homes and the aim of improving population health. We have invested in the development of advanced nursing roles via our PCIP to ensure we have a nursing workforce competent to work at an advanced level as part of multidisciplinary teams across a range of clinical settings.

In line with strategic objectives around maximising independence and resilience, reablement is principally about offering an intense service to support an individual to regain their abilities, and so relearn the skills they need to care for themselves. This approach aims to help individuals achieve their goals over a 4-6 week period following referral, and then reduce or cease support as appropriate. The Social Care Institute for Excellence (SCIE) states that 'the reablement approach supports people to do things for themselves. It is a 'doing with' model, in contrast to traditional home care which tends to be a 'doing for' model.

This will be a significant change for the population of West Dunbartonshire who have come to assume, as is similar in many parts of Scotland, through how care at home service has been delivered in the past, that once a client is in receipt of the service, that will continue for life.

The introduction of a Reablement Team, alongside the current Care at Home Service will allow us to work in a new way to assess and support people, in a more intense way but for a much shorter period, allowing greater through-put and becoming more cost-effective. Additional posts will be required to resource the reablement team and are detailed below

Team Leader	1
Organisers	2
Admin Support	1
Home Carers	14
Occupational Therapist	1
Rehabilitation Support Workers	4

Recruitment is underway to appoint the team leader of the reablement team and remaining posts will be advertised in due course. It is hoped that the reablement team will be operational ahead of winter 2022

7.9.1.1 Care Homes and Day Care Services

Work in the care sector is no longer an attractive option for jobseekers. This can be partly attributed to what happened during the pandemic and partly due to market rates of pay. In a

lot of cases individuals can earn comparable if not more lucrative salaries in other roles (e.g. supermarkets) with a lot less responsibility. We are also losing staff to agencies as they now offer greater flexibility.

My Job Scotland currently has over twenty live adverts for care staff throughout Scotland. All adverts are for multiple staff and have closing dates months in advance indicating that Local Authorities have rolling recruitment as standard. The effect of this is that neighbouring Local Authorities are competing from the same pool of job seekers with different rates of pay across Local Authorities sometimes being the deciding factor. West Dunbartonshire HSCP currently has 34 care home vacancies which we are actively recruiting to. Any vacancies not filled will be readvertised.

We continue to look at innovative methods to attract staff, including in reach to schools and colleges to encourage visibility of the care sector as an attractive career option. We are also working closely with Working 4 U team who have developed SVQ's and have agreed to provide training and support to all new members of staff and development for existing staff to introduce and enhance a more structured career pathway. In addition to this we are in the process of recruiting modern apprentices which will enable individuals to work whilst undertaking SVQ's and will have the opportunity to apply for permanent posts as they arise whilst they are still undertaking the SVQ. We also work closely with local colleges and currently provide placements for students undertaking social care courses.

It is important that we continue to offer mutual aid to support Care Homes who may be in difficulty. We require to build on the successful collaboration developed during the pandemic to support oversight and provide quality assurance in order to sustain and support further quality improvement within care homes.

In relation to this Chief Nurse capacity was enhanced at the start of the pandemic, reflecting the variation made to the role and additional responsibilities and accountabilities in relation to care homes delegated by the Board nurse Director with respect to the provision of, nursing leadership, support and guidance within the care home and care at home sector.

The creation of the NHS Greater Glasgow and Clyde Care Home Hub and care home collaborative approach means that West Dunbartonshire has access to additional resource and expertise to support care quality assurance and improvement activity within our care homes. NHS Greater Glasgow and Clyde has also created a Care Home Nurse Bank that our care homes can access to support resilience in staffing during a challenging period.

7.9.1.2 Care at Home

The Health and Social care system is widely acknowledged to be under severe pressure, with the integrated nature of care meaning direct impact can be seen between pressures in acute hospitals, demand for Care at Home support and admission to residential care.

Keeping people as independent as possible for as long as possible has long been a shared strategic priority between WDHSCP and WD Community Planning Partnership. As a result, performance analysis indicates that people are being supported at home for longer, through intervention from Care at Home, District Nursing and our Focused Intervention Team. This means that fewer people are being admitted to residential care, and, for those that are, their average length of time in residential care is reducing; creating better outcomes for the individual and reducing spend on Care Homes.

West Dunbartonshire's Care at Home service has a workforce of approximately 433 FTE, 688 Headcount (including sheltered housing), delivering 27,800 visits per week to the most vulnerable adults living at home in our communities.

In line with national strategy, there has been significant success in West Dunbartonshire, in supporting older people to remain at home for as long as possible. As a result, the caseload that Care at Home now manage has increased, not significantly in total numbers needing support, but in the complexity and acuity of the client group, with significantly more clients now requiring the maximum of 4 visits per day, and needing the support of 2 home carers to assist them in moving, dressing etc.

The pandemic has seen additional pressure on this team, as they continued to deliver this essential service, 365 days a year, while managing sickness absence and staff shielding relating to the virus. In addition, as external providers have struggled to deliver service due to staff shortages, the in-house Care at Home Service has needed to absorb this additional work.

Two new funding announcements were made by the Scottish Government on 5 October 2021 and 26 October 2021 respectively, detailing specific areas to be invested in to help protect health and social care services over the winter period and provide longer term improvement in service capacity, and to meet costs of the pandemic and remobilising health services respectively.

The opportunity of the Winter Monies, ring-fenced to support Care at Home, allows for us to:

- Introduce a Reablement Team, alongside the current Care at Home Service to work in a new way to assess and support people, in a more intense way but for a much shorter period, allowing greater through-put and becoming more cost-effective
- Provide support at all levels of the current Care at Home Service to increase capacity and resilience during this challenging period
- Drive the service review forward by investing on a fixed term basis in some of the functions needed to support this work.

Our Care at Home service is currently undergoing a service review to ensure we are able to meet the evolving needs of our clients. The initial stages of this service review are now in progress with 4 work streams looking at:-

- Use of Agency Staffing
- Client Assessment
- Use of Overtime
- Effectiveness of visit scheduling

The outcome of the review will determine resourcing levels and staffing models however it is too early in the process to predict what this may be.

7.9.1.3 District Nursing

District Nursing services have been central to our pandemic response. We have invested in the workforce by recruiting three new Band 3 Healthcare Support Workers and four Band 5 staff nurses into permanent posts to support care delivery in our District Nurse and Out of

Hours service. This has provided some additional resilience within that service and we continue to monitor staffing levels however as the longer term impact of Covid remains largely unknown we are unable to predict demand and resource requirements at this stage.

The Scottish Government is committed to expanding our District Nursing Workforce as set out in the National Workforce plan. In West Dunbartonshire the funding to date has been used to support the creation of additional Band 5 posts in order strengthen our pipeline to support development of future District Nursing workforce at Specialist Practitioner and Advance Practice level. The HSCP requires to review student District Nurse (SPQ) intake annually to offset anticipated pressures on the workforce and risks to the delivery of safe effective person centred care.

7.9.1.4 Diabetic Retinal Screening

This is a hosted service within West Dunbartonshire HSCP. This service was paused throughout lockdown to reduce risk for this vulnerable group of service users. This service has now been re-established under national guidelines, to ensure outreach to those most at risk in the first instance. Current modelling suggests the waiting list should be cleared by autumn.

7.8.1.5 Pharmacy

Our immediate workforce pressure relates long term to three members of the team absent on long term sickness (non work related) and three staff recently commencing maternity leave. Recruitment is ongoing within pharmacy and there is hope that this situation will improve by the end of the year as staff return to work. Recruitment into current vacancies is a recognised challenge as there is a national shortage of pharmacists and pharmacy technicians. We do continue to adapt and evolve the ways we work to be as efficient as possible. There is a new career pathway in place for pre-registered technicians to help improve the pipeline for registered pharmacy professional and for primary care pharmacy to 'grow their own' workforce. This is a 2 year course and we currently have three staff undergoing this training. We also have a career pathway for pre-registered pharmacists and have two staff who working within the HSCP on placement this year. NHS GG&C is working with NES to expand on training of both pre-registration pharmacists and pharmacy technicians which would enable us to retain staff locally longer term.

7.9.2 Mental Health, Learning Disabilities & Addictions

7.9.2.1 Learning Disability Service

Whilst most services continued to be provided during lock down to varying degrees, depending on the part of the service, the focus of services continues to be the management of the risk to the most vulnerable service users and families, as well as prioritising those whose needs are most complex

The pandemic did impact on the statutory function and restricted staff having the same level of engagement and input as pre March 2020, however staff have been able to find digital solutions to facilitate their input with complex individuals. The staff continued to prioritise critical and substantial cases however this has left a backlog of review activity which requires to be progressed. Consideration is required around the need for additional staff to facilitate this work.

7.9.2.2 Mental Health

Services focussed on engaging with people at risk of hospital admission, those vulnerable to harm and those that required ongoing treatment: particularly pharmacological therapies. To assist with this focus, Primary Care Mental Health was repurposed to provide a virtual Wellbeing service to all GP practices during the response phase: minimising inappropriate referrals to secondary care and offering assessment, support and signposting to those with mild to moderate mental health issues.

The impact of COVID-19 on statutory services continues. Key working approach is being carried out by a hybrid model including telephone or virtual consultations via the NHS Near Me service with face to face consultations increasing.

Our Mental Health Inpatient Service within the Vale of Leven Hospital has faced recruitment challenges in respect of Old Age Psychiatry consultants and specialty doctors; however we continue to work with NHS Greater Glasgow and Clyde recruitment teams and medical staff bank on an ongoing basis

Whilst most services continued to be provided during lock down to varying degrees, depending on the part of the service, the focus of services continues to be the management of the risk to the most vulnerable service users and families, as well as prioritising those whose needs are most complex or subject to regular change.

There has been an impact on statutory functions alongside a number of staff moving to new posts, which has left the mental health team in a position of recruiting at the same time as trying to stabilise the service post pandemic.

Although our figures are relatively stable at present we will not know the impact of the pandemic for a while and it is anticipated that the demand on our mental health services will increase heavily. The primary care mental health and wellbeing hub will be instrumental in helping to address additional capacity requirements. In relation to the physical wellbeing of mental health patients in secondary care services it is anticipated that there will be requirement for additional Band 6 nurses, pharmacists and ANPs however it is too early to predict the additional resource required.

7.9.2.3 Addictions

Services focussed on engaging with people at high risk of harm, those vulnerable to harm and those that require ongoing treatment. Although there is not a backlog of referrals we face ongoing recruitment challenges to meet the Scottish Government Drugs Death Task Force. Although we received additional monies from Scottish Government to implement the Medical Assisted Treatment Standards (MAT Standards).

7.9.3 Children's Health, Care and Justice

7.9.3.1 Children's Health

The Health Visiting Service and Family Nurse Partnership have maintained their service provision throughout the pandemic in line with Scottish Government guidance and continued to undertake essential child health reviews while remaining responsive to parents to promote, support and safeguard the wellbeing of children and young people. The HSCP requires to review student health visitor intake annually to offset anticipated pressures on the workforce and risks to the delivery of safe effective person centred care. Nursing leadership

and corporate governance teams will continue to engage in robust workforce planning processes, develop the use of the common staffing method and present data to inform recommendations on an annual basis. Locally workforce planning will require to take cognisance of the declining birth rate and emerging service demands as the impact of the Covid 19 pandemic is fully expressed in terms of emerging needs within this. Client group.

We continue to develop the school nurse contribution within integrated community nursing teams to support early identification and intervention, and promote health, wellbeing and attainment for the most vulnerable children and families who are at risk of significant harm. Through the Transforming Nursing Roles Programme we are in the process of enhancing the School Nursing Service across NHS Greater Glasgow and Clyde (NHS Greater Glasgow and Clyde) in line with commitments made in the Programme for Government to increase the number of qualified School Nurses across Scotland by an additional 250 by the end of 2022. NHS Scotland Resource Allocation Committee (NRAC) will enable overall increase of 4.8 WTE Band 6 school nurse posts in West Dunbartonshire by the end of 2023 to progress this agenda.

NHS Greater Glasgow and Clyde has prioritised pathways of care with respect to Emotional Health and Wellbeing, Transitions and Vulnerability. Evaluation of the impact of additional school nurse capacity to contribute to the care of school-aged children and their families within the context of integrated community nursing teams and the wider interagency setting is required in order to assure delivery of safe, effective and person centred care, based on the Getting It Right For Every Child National Practice Model.

7.9.3.2 Child and Adolescent Mental Health Services

A NHS Greater Glasgow and Clyde board wide CAMHS Mental Health Recovery and Renewal Programme Board has been convened which will oversee the significant work plan associated with the utilisation of the funding. The funding will require a large scale increase in staffing in order to deliver the improvements and expanded services. A range of posts will be created at Board level to deliver services and support the programme across and on behalf of HSCP's. This includes the development of Clinical Nurse Specialist and a Nurse Consultant post. Each HSCP has submitted their proposed workforce

The service has a significant waiting list and backlog of referrals. The Scottish Government provided monies for additional resource and this has added some resilience to the team however based on current modelling the backlog will remain in the coming years. CAMHS service in West Dunbartonshire is now best in the board meeting 18 week RTT target.

The service is receiving an increasing number of referrals neurodevelopmental conditions. Although a pathway is being developed for this the cases can be very complex. National shortages of Clinical Psychologists and Psychiatrists make recruitment a challenge. There is also a shortage of non-medical prescribers. Training for this can take between six and eight months and courses only run twice a year. The next course is due to start September 2022 and we have two staff nominated for this, however due to the widespread shortage and coupled with vacancies throughout the Greater Glasgow and Clyde area once staff have qualified they are then able to apply for vacancies elsewhere. Because of funding streams we are only able to offer some posts on a fixed term basis as the funding can be non-recurring. This causes difficulties with both recruitment and retention as staff are increasingly looking for job security.

7.9.3.3 Children's and Families

Throughout the pandemic our primary focus was on the most vulnerable however we have now upscaled to providing a full service. We are in the process of recruiting additional experienced staff from Scottish Government monies to deliver and support the implementation of Government priorities such as The Promise. Although we have not seen an increase in demand for our services we have seen an increase in the complexity of children who are at significant risk of harm. We have signed up to the National Referral mechanism for trafficked young people. This has increased the pressure on our services and is a statutory obligation to ensure these young people are looked after. Although the Home office provides an allowance for each child we look after this does not cover all the costs associated with this. Numbers of trafficked children are expected to increase and this will place additional pressure on our services.

The demand on our Domestic Abuse services has increased as a result of the increasing prevalence of domestic abuse in West Dunbartonshire. There is national recognition that lockdown created a context for domestic abuse to be perpetrated and remain largely unseen. We have plans in place to enable us to respond to this and recruitment is ongoing for suitable experience staff to build further resilience into the system. We face the same recruitment challenges for Social Workers as other HSCPs

7.9.3.4 Justice

The impact on statutory services continues to be significant, where staff were largely reliant on remote means of contact with children, young people, families and individuals subject to criminal justice supervision. Direct contact was, however maintained e.g.: weekly visits to children on the child protection register and Justice services face-to-face supervision with individuals assessed as high risk within multiagency public protection arrangements (MAPPA). The service will require increased capacity in order to work to national and government priorities. In line with national policy additional court services will need to be met in the next 12 months. In addition to this Domestic Abuse prevalence in West Dunbartonshire requires specialist training and additional staffing may be required. Additional paraprofessional and Qualified Social Worker posts are likely to be required over the next 12 months.

7.9.4 Musculoskeletal Physiotherapy Services (MSK)

MSK Physiotherapy Service provision focussed on those patients with an urgent need for assessment and treatment as approximately 80% MSK workforce were redeployed to support the pandemic effort within Acute. In line with Scottish Government guidance the huge majority of patients with an urgent requirement were managed remotely. The need for face-to-face consultation was based on the clinical decision that the MSK condition may be "life altering"

Face to face consultations took place in a small number of Physiotherapy departments within health centres across Greater Glasgow and Clyde. This was to reduce footfall within acute sites and to aggregate staff who remained within the MSK service.

Waiting times for MSK Physiotherapy were detrimentally affected due to suspension of routine appointments, resulting in a significant backlog of patients requiring attention. The majority of staff returned from redeployment in July 2020. All routine appointments were re-

established when staff returned from redeployment. Demand for MSK service provision remained lower than pre-COVID-19 levels until March 2021. This allowed the service to work towards and achieve the Scottish Government waiting times target of 90% of patients being seen within 4 weeks. Current demand is back to pre Covid levels (at approximately 5.5k referrals per month); however MSK capacity was further impacted by 3 waves of further redeployment to support Acute colleagues. As a result waiting times have risen again. The service continues to see all urgent patients within the 4 week target but routine waits have risen to >20 weeks.

The post COVID-19 impact on demand is unknown. However, it is known that MSK conditions are prevalent post COVID-19, and this may place further demand in service provision in the forthcoming year. The service is introducing electronic self-referral which will be available to the public on the MSK website. It is unknown if this innovation will further increase demand (it is predicted that referral rates may increase if there is unknown unmet need).

It is anticipated that changes within other service areas e.g., ED/Flow Navigation hubs/ACRT within Orthopaedics may also further increase MSK service demand. Additional resource may be required if demand for service increases and patients are to be seen timeously. Other service changes also have the ability to impact on the availability of MSK workforce (e.g. PCIP; RUC nationally and any increased Orthopaedic workforce/recruitment due to waiting list backlog). Over the last three years PCIP has impacted on the MSK service. Thirty WTE Advanced Practice Physiotherapists have been recruited into GP practice posts. The large majority of this workforce has been appointed from internal MSK service workforce. The impact of this recruitment has been two fold: there has been significant turnover and vacancies within the MSK service as a result of this PCIP development and the existing MSK workforce is less experience due to the loss of experienced Band 6 staff into these new roles within GP practice. If similar posts were to arise from the national RUC work then the MSK workforce could be further impacted. There is a national recruitment issue within Physiotherapy and MSK Physiotherapy services within all Scottish health boards have high levels of vacancy. This is likely to be the largest professional issue for physiotherapy in the forthcoming years.

The MSK Physiotherapy service is a Greater Glasgow and Clyde wide service Hosted Service within West Dunbartonshire. As such this large service is developing a Greater Glasgow and Clyde wide workforce plan

7.9.5 Finance, Human Resources, Strategy & Transformation

West Dunbartonshire HSCP manages a number of key support services providing discrete although complementary services. This includes:

Finance: providing high quality financial management information, accounting and business planning input and advice to all services within the HSCP including advice to the HSCP Board;

Human Resource: The HR team provides timely, responsive and effective Human Resource advice and support on both strategic and complex operational issues to Senior Managers; and

Strategy and Transformation: The Strategy and Transformation service leads on all aspects of strategic planning; health improvement; community engagement; delivery of policy; planning; performance and commissioning of the services delegated to West Dunbartonshire HSCP Board. A key function of the team is to support functional services through change, service design and improvement processes. The team also works with acute services and other agencies to plan the future development of delegated functions.

8 Medium Term Drivers

The period from March 2023 to 2025 will require focus on the emerging impact of COVID-19, Long Covid, and emerging data and trends from the planning and development of West Dunbartonshire HSCP Strategic Plan 2022 – 2025.

At this stage in our recovery it is too early to provide accurate predictions on the impact of the pandemic on our services. Much is unknown about the long term effects of Covid and prolonged periods of lockdown that have occurred. As this becomes clearer in the coming months and years the impact and requirements on our services will become much clearer. Over the years, West Dunbartonshire Health and Social Care Partnership have recognised that there is a requirement to redesign our services to ensure that we continue to meet the needs of our local population and respond to increasing demands due to changes in need and demography whilst also addressing workforce challenges and financial pressures.

The next Strategic Commissioning Plan will set out the vision for the Integration Joint Board taking account of these pressures. The challenges facing West Dunbartonshire are not unique to this region as current pressures are mirrored elsewhere in Scotland. We are continuing to work with our National Networks to ensure we are capturing lessons learned and to ensure we are working together and sharing learning across the Partnerships.

That being said, West Dunbartonshire is one of the smallest HSCPs in Scotland, and the challenges faced by our local communities will undoubtedly realise a surge in demand for health and social care services which will require a whole system response and will therefore place additional demands on all services, including those traditionally thought of as back office functions.

In order to respond to these demands the HSCP will have to maximise its capacity in respect of support services, through investment in new staffing, resources and facilities. Key areas of pressure include:

- Ensuring staff wellbeing: ensuring that staff can continue to work safely and effectively with appropriate training, guidance and line management and access to timely physical, practical and emotional wellbeing support.
- Ensuring system flow: through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible. This is already a significant focus for Service Improvement Leads but further capacity is required in order to effectively review and redesign services in a timely manner improving outcomes for service users.
- Discrete projects: The HSCP is frequently required to deliver bespoke projects in response to Scottish Government policy requirements. These work streams often

require responses in quick time and usually impact on Commissioning, HR, Finance, and improvement, data and evaluation teams.

- National Care Service: The creation of a National Care Service for Scotland is a potentially a significant transformational change for HSCPs across Scotland. It is expected this will place additional pressure on data/information teams and planning functions.

8.1 Challenges

Some of the challenges we face in the medium term are:-

- Figures from Scottish Social Services Council (SSSC) 2019 note that there has been in the last 5 years a 12% reduction in social work degree completions (SSSC, 2019) from 94% to 72% from the period 2012-2017. With every HSCP within the NHS GG&C area recruiting for Social workers we are all competing for the same pool of available staff. We need to develop better pipelines of social workers and develop structured career pathways to develop Social Work Assistants to enable them to progress to a qualified social worker. The average career length of a social worker nationally is 7 years
- Reducing levels of turnover within services with high rates i.e. care at home and care homes. As people leave, the organisation loses critical experience and expertise and invokes costs. The average costs of a leaver is £30,000 (*incl. lost output, recruitment cost, management time, ref. Oxford Economies Report 2014). We want to have those who work here to want to stay. All staff who leave the organisation have the opportunity for an exit interview however as this is not mandatory it cannot be relied on to produce robust data. Working collaboratively with TU colleagues we are forming a recruitment and retention working group to consider what improvements can be made to ensure we maximise the retention of staff
- We have a number of difficult to fill roles in most job families. We will work to improve pathways from schools and higher Education establishments to improve our pipeline of available resource. Work experience opportunities were ceased during the pandemic, however we will work to re-establish this. We will work collaboratively with wider NHS Greater Glasgow and Clyde and other HSCPs as our difficult to fill roles are not unique to West Dunbartonshire and are common across all partnerships
- Care worker recruitment continues to be a huge challenge nationally. The health and social care system depends on care workers to deliver services to those most vulnerable in society and to ensure that care packages are in place to allow early discharge from hospitals. Recruitment will remain an ongoing challenge in the medium term with a number of national shortages within job families. We need more innovative and tailored recruitment solutions to ensure that we do not lose candidates to other organisations

8.2 Service Delivery

A continuing focus will be required on the way we deliver services. This will include:-

- Redesigns of services building on new ways of working and new technology
- Consideration of the impact of Long COVID and its implications on Rehabilitation Services
- Implementation of the outcomes from the ongoing Care at Home Review

- Management development to support integration and build leadership capacity at all levels
- Workforce modelling to inform ICT needs, balanced against a blend of office-based and home working
- Improved virtual patient/service user management. Consultation, triage and assessment can be done via virtual management tools where appropriate
- In services where substantial backlogs continue to exist in the next 12 months additional resource may be required if the backlogs are to be addressed, which could have recruitment and retention and financial implications
- The requirement for the provision of care for Older People continues to grow and, in particular, medical staffing levels within old age psychiatry continue to be challenging. We are striving to achieve long term stability in terms of medical staff resourcing and continue to work closely with recruitment and medical bank colleagues within NHS Greater Glasgow and Clyde however it is known that this specialty is particularly hard to obtain across all HSCP's within NHS Greater Glasgow and Clyde and in other Health Boards
- Further development of NHS Greater Glasgow and Clyde Safe Staffing and Workload Tools will require us to review staffing models for community services.

8.3 National Care Service

The proposals set out for the NCS are based on the ambition to improve integration and therefore care pathways and outcomes.

The creation of the NCS will be a fundamental change for the workforce and will have an impact across all HSCP's and health settings in general. As such we view as vital that staff are supported through this significant change programme as part of its implementation.

In our response to the consultation which was completed in Nov 2021, West Dunbartonshire HSCP noted that it gave rise to a range of questions about the proposed scope of the NCS and the need to fully understand the potentially significant implications for the delivery of social care moving forward.

Further detail is required to understand the extent of any structural change and the implications of this for our workforce and service users

9 Conclusion

As we move forward effective workforce planning and development is required in the context of an organisation with new models of care being developed and evolving. We need a flexible workforce model that takes account of the potential of another period of lockdown, the shape and timing of which is unpredictable.

Existing services will change or may be delivered in a different way and some new services may be introduced. This will undoubtedly have implications for staff however this will be done in partnership with our Trades Union colleagues and in accordance with staff governance standards and existing organisational change policies.

Recruitment and retention of staff will be an ongoing challenge as there will be an increased demand for staff across all health boards and HSCP's as we continue to address backlogs and develop new ways of working. We will continue to work with our recruitment colleagues in both NHS Greater Glasgow and Clyde and West Dunbartonshire Council to ensure

vacancies are processed as quickly as possible and to discuss recruitment campaigns and the potential for more innovative ways to promote West Dunbartonshire HSCP as an employer of choice.

10 Action Plan

Issue	Action	Lead	Further Information
Plan	Submission of Draft Workforce Plan to IJB	Head of HR	
Plan	Develop Strategic Plan	Head of Strategy and Transformation	
Attract	Form working group to consider recruitment and retention issues	Head of HR	Group established date of first meeting to be confirmed
Attract	Develop existing links to schools, and other educational establishments	Head of HR	
Attract	Develop young person's engagement plan to consider modern apprentice, kickstart etc.	Head of HR	
Attract	Identify difficult to fill posts and work collegiately with NHS GG&C and other HSCP's to consider wider approach to recruitment	Head of HR	
Attract	Continue to recruitment to Care Home vacancies - currently 34	Care Home Management Team	
Attract	Recruitment to 4.8 WTE School Nurse posts by the end of 2023	School Nursing Management Team	
Train	Explore development of Health and Social Care Training Passport	Head of HR	
Train	Ensure all staff complete statutory and mandatory training within timescales	All Heads of Service	
Train	Develop cross service shadowing programme	Head of HR All Heads of Service	
Train	Introduce digital champions within the partnership to encourage and demonstrate new digital ways of working	Head of HR Head of Strategy and Transformation	
Train	Development of a digital roadmap to ensure staff are digitally enabled to adapt to new digital ways of working and technologies	Head of Strategy and Transformation	
Train	Ensure staff are appropriately trained to promote	All Heads of Service	

	self-management to individuals that they work with		
Train	Development of I.T guidance to support and encourage the use of technology for all staff in particular staff working in the community	Head of HR, ICT, Heads of Service	
Employ	Develop Plan for services to “Grow our own’ to meet our future workforce needs	Head of HR All Heads of Service	
Employ	Recognise and celebrate achievement of staff and partners	All Heads of Service	
Employ	Promote the culture and environment of the dimensions of the Fair Work Framework	Head of HR All Heads of Service	
Employ	Increase approachability visibility an engagement with leadership and management e.g. Chief Officer road show	Head of HR Chief Officer	
Employ	Use iMatter results to develop service specific and meaningful action plans	Heads of Service	
Nurture	Develop Post Pandemic Health and Wellbeing Plan	Head of HR	
Nurture	Improve staff’s health, mental health & support well-being via health & well-being programme	Head of HR	