To:	**Renfrewshire Integration Joint Board**
On:	**23 June 2017**
Report by:	**Chief Officer**
Heading:	**Service Improvement & Organisational Development Strategy Update and Workforce Plan**

1. Summary

1.1. On 18 March 2016, the Integration Joint Board (IJB) approved its Organisational Development and Service Improvement Strategy.

1.2. The Strategy focuses on three key objectives that support the workforce to be committed, capable and engaged in person-centred, safe and effective service delivery, namely:

- Development of a Healthy Organisational Culture;
- Delivering a clear approach to Organisational Development and Service Improvement; and
- Delivering a Workforce Plan for tomorrow's workforce.

1.3. This paper provides an annual update on the work undertaken by Renfrewshire Health and Social Partnership (HSCP) and parent organisations (Renfrewshire Council and NHS Greater Glasgow & Clyde) during 2016/17 to deliver on its implementation plan to deliver the Strategy's objectives.

2. Recommendation

It is recommended that IJB note:

- The progress made in 2016/17 to deliver the IJB's Organisational Development and Service Improvement Strategy;
- The proposed 2017/18 Organisational Development and Service Improvement Implementation Plan (Appendix 1);
- The HSCP 2017/18 Workforce Plan (Appendix 2) developed by the parent organisations; and
- The Organisational Development and Service Improvement Strategy and 2017/18 Workforce Plan will be subject to an annual review, which will be shared with the IJB and parent organisations.

3. Background

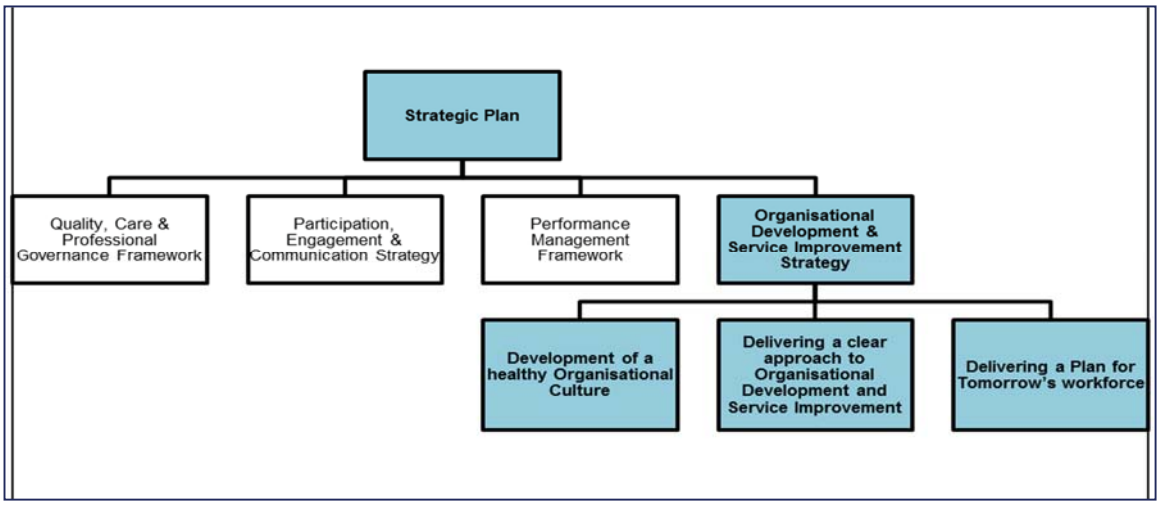
3.1. On 18 March 2016, the IJB approved its Organisational Development and Service Improvement Strategy. This Strategy made a commitment for our new integrated authority to work with our parent organisations, Renfrewshire Council and NHS GGC, to provide the highest quality services to our service users and communities, and improve how people feel about Renfrewshire HSCP as a place to work.

3.2. The Strategy focuses on three key objectives that support the workforce to be committed, capable and engaged in person-centred, safe and effective service delivery, namely:

- Development of a Healthy Organisational Culture;
- Delivering a clear approach to Organisational Development and Service Improvement; and
- Delivering a Workforce plan for tomorrow's workforce.

3.3. Whilst Renfrewshire IJB is not the employing body for the workforce, with staff employed by one of the two parent organisations (Renfrewshire Council or NHS GGC). The IJB recognises the people who deliver the services as its greatest asset. There is an inextricable link between the people who provide care and the people that they care for - without these people (e.g. Social Workers, Nurses, GPs, Home Care Workers, Therapists etc) there would be no health and social care services. As we face unprecedented demand on these services, increasing financial pressures, and a service user population with complex care needs, we must continue to ensure that our workforce have the right skills and competencies, are resilient, and feel valued, well supported and engaged.

3.4. This commitment is reflected in the IJB's Strategic Plan, and more specifically through the Organisational Development and Service Improvement Strategy, which links as shown in the diagram below.



OD & Service Improvement Governance Model

3.5. The HSCP's Workforce People and Change Group is responsible for the delivery of the IJB's Organisational Development and Service Improvement Strategy on behalf of the Chief Officer.

3.6. This Group coordinates the Partnership's organisational development and service improvement planning activities through the development, monitoring and implementation of its three year plan (see appendix 1: Implementation Plan).

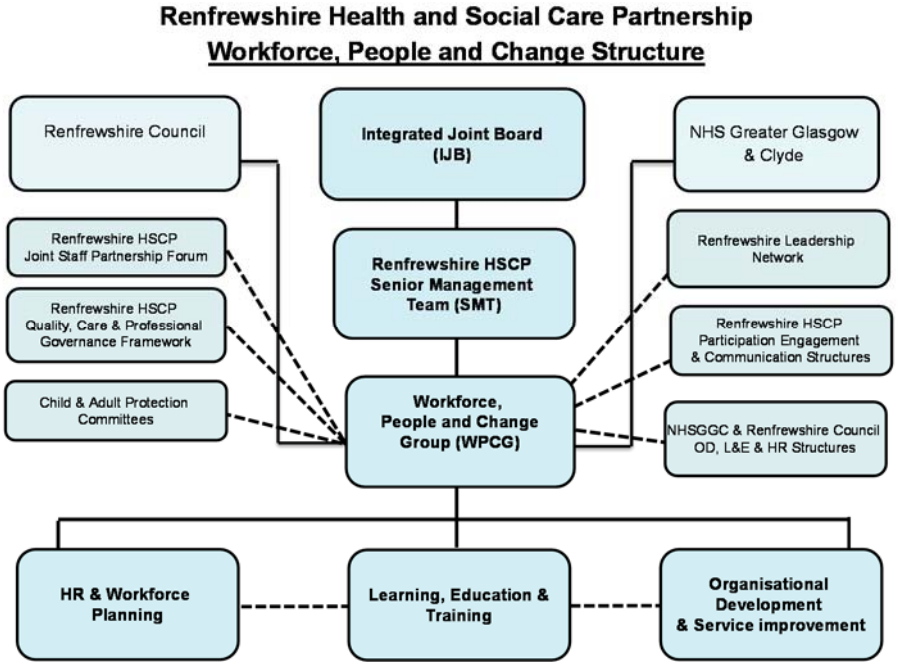
3.7. The Group has representation from each of the parent organisation's HR, Learning & Education and Organisational Development functions, alongside professional lead officers from the HSCP and trade union representatives. It also has three supporting subgroups dedicated around the key workforce specialisms:

- Human Resources and Workforce Planning
- Learning, Education and Training
- Organisational Development and Service Improvement

3.8. The activity of this Group is reported on a regular basis to the HSCP Senior Management Team, and an annual update report is presented to the IJB and parent organisations.

3.9. The Group connects and collaborates with operational, professional, governance and functional groups within the HSCP and in parent organisations in order to ensure that all activity is aligned with any partnership activity.

3.10. Processes and structures have been established to achieve this and these are illustrated and set out below.



4. Organisational Development and Service Improvement Plan

4.1. The IJB's Service Development Plan is set out in Appendix 1, and is structured around the Strategy's three key objectives:

- Development of a Healthy Organisational Culture;
- Delivering a clear approach to Organisational Development and Service Improvement; and
- Delivering a plan for tomorrow's workforce (the HSCP's first Workforce Plan).

4.2. This plan provides Members with an update on

- Progress made during 2016/17; and
- Activities planned for 2017/18;

5. Development of a Healthy Organisational Culture

5.1. Organisational culture is a system of shared behaviours, values, and beliefs, which governs how people work collaboratively. These shared values have a strong influence on the people in the organisation and dictate how they act, and perform their jobs.

5.2. Over the last year, since the establishment of the new HSCP, the Chief Officer and his the Senior Management Team have taken a leading role, working with our managers and staff, to set the tone of our new Partnership and provide visible and transformational leadership. A positive and shared culture is pivotal to our new organisation's ability to meet the demands placed upon it and in particular to maintain an engaged and motivated workforce.

5.3. The new HSCP brings together a diverse workforce from two distinct and recognised organisations – Renfrewshire Council and NHS GGC – with established cultures and subcultures, within our wide ranging services, teams, professions and disciplines.

5.4. The HSCP has sought to bring different groups of staff together in our new organisation. An organisation which will build upon the strong existing values and behaviours from our two parent organisations, whilst creating its own unique identity, brand and shared vision- that working together we can improve outcomes for the people who use our services.

Our vision: Renfrewshire is a caring place where people are treated as individuals and supported to live well

5.5. Key to developing our organisational culture is supported by:

5.5.1. The IJB's Strategic Plan provides a clear direction of travel for our organisation, and how our different services, teams and individuals all play a role in contributing to, and achieving our Vision and strategic objectives.

5.5.2. Renfrewshire's Quality, Care and Professional Governance Framework was recently commended by IJB members when they were presented with the annual performance report. Over the last year, the HSCP has successfully implemented a robust and integrated governance model, providing a framework that support our staff's professional governance and standards and ensure there is an environment where staff feel safe to challenge where this is not the case.

5.5.3. Our Participation, Communication and Engagement Strategy – this strategy does not sit in isolation, rather provides an ethos throughout our organisation - to keep our staff informed and to encourage their participation in a wide range of areas. Over the last year the HSCP has introduced its Vision and branding, and established a strong social media presence, with Twitter, Facebook and YouTube accounts, as a tool to foster ideas of inclusion and to promote key messages.

5.5.4. Our Healthy Working Lives Group promotes staff health and well-being. This group of dedicated staff organise and plan activities for the wider staff, in addition to their normal work duties. The HSCP currently hold the Healthy Working Lives Gold award in recognition of the policies, support and activities on offer to staff health and well-being. The main activity is to encourage staff to be more physically active as evidence shows this has a positive effect on all aspects on physical health and mental well-being. Opportunities are provided for staff to take part in walking challenges, pilates, salsa, yoga and boot camps. In addition, health information is regularly provided to staff. The focus for the current year is to promote women's and men's health.

5.6. The table below provides some highlights of the work the HSCP has progressed in 2016/17 to support the development of a healthy and integrated culture:

Key highlights:

- Chief Officer and IJB Chairman carried out a programme of service visits
- Development of the HSCP Vision, logo and branding
- Development of clear links with and between all Governance Structures including Participation, Engagement and Communication and Quality, Care and Professional Governance
- Held our first integrated HSCP staff awards, specifically recognising those who have demonstrated the benefits of integrated working in their day to day roles
- Introduced a monthly HSCP Team Bulletin to support staff participation, communication and engagement.

- Developed a Care at Home Newsletter to communicate with this dispersed workforce.
- Successful social media campaigns - recent examples include to celebrate International Nurses Day, and our staff participating in a national 'What Matter to You' day – where health and social care staff have conversations about what is important to their patients/services users.
- A range of Healthy Working Lives initiatives open to all staff including fitness classes, staff walking challenges
- Establishment of an HSCP Joint Staff Partnership Forum to ensure consultation, active participation and representation for our diverse workforce
- Implementation of staff survey process iMatter, across our health and adult social care staff, with positive outcomes including the highest returns of an HSCP in Scotland. iMatter is a staff experience continuous improvement tool designed with staff in to help individuals, teams and employers and HSCPs understand and improve staff experience within the HSCP, with the ultimate potential outcome of enhancing the service user experience

5.7. Whilst it can be subjective trying to gauge the health of our organisational culture, recent figures from our first staff survey, iMatter, can be viewed positively. 65% of our staff participated in the survey, which was one of the highest return rate in Scotland. Furthermore our engagement scores was 77% which is viewed as a result to 'strive and celebrate'.

5.8. In 2017/18 the HSCP will continue to work closely with our staff, managers and Trade Unions to build a positive, healthy and integrated working environment. Our proposed action plan for the coming year is set out in Appendix 1. One of the key priorities will be the development of shared organisational values and behaviours that will complement and build upon the shared values of our parent organisations, and to make these synonymous will our brand.

5.9. This work will further support our model of Organisational Development which has our Purpose, Vision, Values and Behaviours as its foundation.

6. Delivering a clear approach to Organisational Development and Service Improvement

6.1. Organisational Development is a planned and systematic approach to improve organisational effectiveness, aligning strategy, people and processes whilst building capability and capacity within our workforce.

6.2. The new HSCPhas benefited from being able to draw on existing, established Organisational Development expertise and resources within our parent organisations.

6.3. Over the last year the HSCP has worked closely with colleagues in NHS GGC and Renfrewshire to establish a common organisational development model, and a shared supporting implementation plan. This has enabled the HSCP to provide consistency in approach across the NHS and Local Authority staff in

newly integrated Partnership, and created a means to jointly identify opportunities for integrated working and shared learning.

6.4. There are 3 essential elements in our approach to Organisational Development:

- Effective Leadership;
- Engaged Individuals;
- High Performing Teams.

6.5. Over the last year, our Workforce, People and Change Group have worked to develop and support of our leaders, managers, teams and individuals, to build a learning culture which engenders a culture of continuous improvement and develops engaged, competent and confident employees.

Highlights in 2016/17

- Effective Leadership:
  - The establishment of a Leadership Network which brings together all the HSCP's managers and team leaders. These sessions are organised throughout the year to take forward a range of leadership and development issues as well as raising awareness of local key topics in an integrated model and approach.
  - Structural dynamic work with members of the Senior Management Team to support them to recognise and develop their own and other people's interactional reactions and responses particularly in more challenging situations.
  - Kissing with Confidence programme delivered to the Senior Management Team and the Leadership Network to support effective relationship management and communication.
  - The CO and SMT have engaged with the GP community to support the development of clusters and identify improvement opportunities.
  - Established Professional Leadership roles for Medical, Nursing, Social Work and AHP practitioners which are embedded in our Governance framework.

- High Performing Teams:
  - Organisational Development Leads have facilitated sessions to support integrated team working and the changes this can bring to working practices, roles and responsibilities, organisational structures and working relationships.
  - By early June 2017, every team within the HSCP will have an agreed action plan based on the feedback from their recent iMatter staff survey, which will capture and monitor the successes they wish to build upon and the key areas they wish to improve on over the coming year.
  - Heads of Service have led sessions supported by OD staff to engage practitioners and first line managers in the exploration of opportunities to unlock the benefits of integrated working

- Engaged Individuals:
  - The HSCP has introduced a range of tools to support staff

development and engagement including- iMatter staff survey, engagement sessions led by the Chief Officer, appraisal and development plans and supporting mandatory and statutory training
    - Online HSCP induction programme is in now place.
    - Professional orientation within services has been redeveloped and is now in place
    - Integration e-learning module has been developed and is available to staff

- Change management:
    - The Chief Officer has created a new centralised Change and Improvement Team. This team play a significant supporting and enabling role to Heads of Service, manager and staff, to drive service improvement and organisational change within the HSCP. The team are ensuring a structured approach to managing change, optimising the use of change and improvement competencies and developing and sharing best practice throughout the HSCP

6.6. In the coming year the HSCP has a wide range of organisational development activities planned, which are set out in Appendix 1.

6.7. Key Organisation Development actions to be progressed over 2017/18 include:

- To further develop and support for our team leaders, recognising that effective team leaders ensure that team morale remains high and that workers are motivated to perform well. A specific leadership programme will be provided to around 40 of our middle managers which will contribute to their development as adaptive and transformational leaders and ensure they are next job ready for succession planning purposes. We will retain knowledge in the organisation by asking our experienced leaders to help deliver this programme and this will also contribute to the development of a healthy organisational culture. We will also ensure each team has comprehensive team development plan in place.

- To build on our recent iMatter survey feedback, as a baseline for determining our priorities for ongoing continuous improvement.

- To provide tools and support for staff and managers through this period of significant change. A particular focus will be building the resilience of our workforce through creating greater capability for change, and ensuring staff are appropriately equipped to carry out the requirements of their job roles.

7. Delivering a Workforce plan for tomorrows workforce

7.1. Effective workforce planning ensures the HSCP and its services 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 competencies, which is responsive to

health and social care demand and ensure effective and efficient delivery of service across a broad range of services and locations.

7.2. Renfrewshire HSCP's Plan for Tomorrow's Workforce - our draft Workforce Plan, jointly developed with Renfrewshire Council and NHS GGC, can be found in Appendix 2.The Plan identifies both overarching priorities for the wider HSCP alongside service specific activities that are necessary to achieve the overall objectives of the Workforce Plan.

7.3. The Plan is structured around three main objectives:

- Establishing a Sustainable Workforce;
- Maintaining a Capable Workforce;
- Developing an Integrated Workforce

7.4. Under the new integrated authority - our employees, employed by NHS Greater Glasgow & Clyde and Renfrewshire Council, bring together a wide range of knowledge, experience, skills and talents and we are committed to supporting and developing them as they make the transitions to apply their strengths and talents within the Partnership.

7.5. In this draft Workforce Plan we have set out the arrangements that we presently have, and the arrangements we plan to put in place, to make sure that we have a workforce which is enabled and fit for purpose and able to deliver to meet current and future needs of our residents.

7.6. It also sets out steps we will take to anticipate future workforce needs based on legislative requirements, evidence of changes in demographics, the impact of ongoing change implementation and in particular a shift towards the provision of more community based health and care services.

7.7. We start from a position of strength. We have robust workforce planning and workforce development arrangements in place in each of the parent organisations which will provide ongoing HR and Organisational and Learning and Development support to employees. This Plan sets out additional support and development activity that will be implemented in support of our new partnership arrangements.

7.8. It is recognised that workforce planning and workforce development needs are emergent and dynamic therefore development of the workforce is a core activity embedded within our planning processes and is continuous.

7.9. The current Workforce Plan is presented to members as a draft, pending

- Further consultation with staff, staff-side and parent organisation over Summer 2017;
- The Scottish Government's National Workforce Plan for Health and Social Care (part one of this Plan is due at the end of May 2017 and part two in autumn 2017).

8. Monitoring and Review

8.1. The Workforce, People and Change Group is responsible for the implementation, monitoring and review of the Organisational Development and Service Improvement Plan, including the Workforce Plan.

8.2. This Group will report progress on a regular basis to the Senior Management Team and Staff Partnership Forum (SPF).

8.3. The Organisational Development and Service Improvement Strategy and Workforce Plan will be subject to an annual review, which will be shared with the IJB along with a supporting 2018/19 implementation plan.

Implications of the Report

1. Financial – None.

2. HR & Organisational Development – None.

3. Community Planning – None.

4. Legal – None.

5. Property/Assets – None.

6. Information Technogloy – None.

7. Equality & Human Rights – The recommendations containted within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised on the Council's website.

8. Health & Safety – None.

9. Procurement – None.

10. Risk – None.

11. Privacy Impact – None.

List of Background Papers – Organisational Development and Service Improvement Strategy (approved by the IJB on 18 March 2016)

Author: Frances Burns, Change and Improvement Manager

Renfrewshire Health & Social Care Partnership

Appendix 1: Organisational Development and Service Improvement Implementation Plan

1. Development of a Healthy and Integrated Organisational Culture			
Objective	**Key performance measures**	**YEAR 1: Achievements during 2016/17**	**YEAR 2: 2017/18 planned actions**
Demonstrate the HSCP's ongoing commitment to developing a healthy and integrated organisational culture	• Delivery of the IJB's Organisational Development(OD)and Service and Improvement Strategy • iMatter HSCP Staff Survey – to continually improve the HSCP's overall Employee Engagement Index rating and staff response rate • Absence Management statistics - analysis of rates, trends and nature of absences • Health and Safety incidences – analysis of volume and nature • Discipline/Grievance – analysis of volume and nature	• Established a Workforce, People and Change Group, developed OD and Service Improvement Strategy and supporting implementation plan. • Rolled out iMatter Staff Survey across the HSCP, with a 65% staff response rate. Achieved Employee Engagement Index rating of 77%. • In consultation with the Leadership Network and SPF, Directorate agreed 2016/17 HSCP priorities based on key themes from iMatter and other cultural and performance indicators, and reflected within 2017/18 OD and Service Improvement Plan • Staff communication on iMatter feedback, noting where performing well and Directorate commitments and priorities for coming year. • IJB OD and Service Improvement Annual Report and updated Implementation Plan • The HSCP's dedicated Healthy Working Lives Group promotes staff health and wellbeing through a range of initiatives	• Review of previous year and successfully deliver year 2 planned action to support the delivery of the OD and Service Improvement Strategy • Roll out iMatter - with a target 70% staff response rate and increased Employee Engagement Index rating. • In consultation with the Leadership Network and SPF, Directorate agree 2017/18 HSCP priorities based on key themes from iMatter and other cultural and performance indicators, and reflected within 2018/19 OD and Service Improvement Plan • Staff communication on iMatter feedback, noting where performing well and Directorate commitments and priorities for coming year. • IJB OD and Service Improvement Annual Report and updated Implementation Plan

Develop a robust foundation of agreed and shared Purpose, Vision, Values and Behaviours and where staff demonstrate these daily	• All Planning and Service Improvement will be in accordance with the HSCP Purpose and Vision. • HSCP Values and Behaviours will be incorporated into the performance, development and review process. • Staff survey (iMatter) will be used to measure and report on those elements of Values and Behaviours that are captured in the questioning.	• Significant work has been undertaken at consultation, engagement and leadership events to scope and develop an HSCP Purpose, Vision, Values & Behaviours which are unique to the HSCP but which encompass those of NHSGGC and Renfrewshire Council. • The purpose is a simple statement of the rationale for HSCPs from the Health and Social Care Act; the Vision has been agreed and is being used on our materials; a draft set of values and behaviours are to be presented to SMT in June before final approval.	• Gain final approval for Values and Behaviours. • Implement/launch a set of HSCP Values and Behaviours and link to Performance Development and Review process. • Regular communications and engagement with staff and Leadership Network to embed these values and behaviours. • Values and Behaviours to be incorporated into team development planning.
Celebrate success and be viewed as a 'best in class' HSCP	• An increase in nominations to Staff Awards will be demonstrated each year. • Nominations will be received from all service areas.	• Established HSCP Integrated Staff Awards Process • Held 1st HSCP Staff Awards ceremony and shared these success stories through Team briefs and other communications • Established links into respective parent organisation Staff Awards, ensuring they recognised the new integrated nature of the HSCP.	• Annual Staff Awards Process and Ceremony • Regular communications to share success stories, role models through staff briefings • Maintain links into respective parent organisation Staff Awards.
The HSCP and its services are readily recognisable to our staff, service users and other providers.	• Establish and embed HSCP identity and branding internally and externally	• Established HSCP branding and logo.	• Roll out plan for new branding and logo across HSCP • Create and develop new HSCP website and service user Newsletter

HSCP Managers have a sound understanding of health and social care HR policies and integrated strategies	• Ensure HSCP managers have access to development and support around HR policy & guidance to support integrated working/management.	• Developed guidance documents to support integrated working/management reflecting parent employer policies • Established an interactive flow charts with differences between parent organisations highlighted	• Establish SPF as consultative group to review policies/strategies for HSCP. • Roll out of HSCP policies and integrated strategies to managers with support provision from parent organisations. • Annual review and update of key policy areas.
Staff participation, communication and engagement is regular and meaningful	• Staff Partnership Forum plays a pivotal role to ensure the staff voice is always heard • Staff Survey (iMatter) will be used as an indicator of how well involved and informed our staff feel.	• Established a HSCP Staff Partnership Forum (SPF) • Successfully implemented the agreed 2016/17 Internal Participation Engagement and Communication Plan which involved representatives from Staff Side Organisations. • Established an HSCP Team Bulletin • Established a strong social media presence, with Twitter, Facebook and Youtube accounts, as a tool to foster ideas of inclusion and to promote key messages. • First run of iMatter in Renfrewshire has been undertaken with 65% response rate and 77% employee engagement index. Overall staff scored working in Renfrewshire HSCP as 6.93 on a scale of 1 – a very poor experience to 10 – a very	• Develop the role of the SPF to enhance productive dialogue around involvement and engagement in participation, engagement and communication activity. • Work with the Participation, Engagement and Communication Group and SPF to develop and deliver a 2017/18 Internal Participation Engagement and Communication Plan • The new HSCP Website will go live in 2017/18 providing a forum to promote the HSCP purpose and values, communicate key messages widely with staff and encourage participation • iMatter will be run again in February 2018 with a response target of 70% and the aim to improve the Employee

		good experience indicating that working here is a good experience	Engagement Index and Working Experience Score.
Our staff feel safe and supported to deliver the role in line with quality, care and professional governance standards	• Robust links are made with the Quality, Care & Professional Governance Workstream to ensure key themes which affect the workforce are reported to the Workforce, People & Change Group to allow Organisational Development and Learning & Education support to be put in place.	• Representatives from the Quality, Care & Professional Governance Workstream(s) are core members of the Workforce, People & Change Group. • Reports from the Quality, Care & Professional Workstream are shared with the Workforce, People & Change Group.	• Training and development will be offered to staff across the HSCP as required. • Assess progress and streamline and revise plans.
2. Delivering a clear approach to Organisational Development and Service Improvement			
The HSCP demonstrates a commitment to continuous service improvement	• Service Improvement Plans will be visible and a Culture of Continuous Improvement will be evident. • There will be a consistent and robust approach to Service Improvement and Change Management. • There will be a process for and schedule of HSCP wide reporting on Service Improvement Activity.	• Service areas identified opportunities for improvement and improvement plans have been developed and successfully progressed through 2016/17	• Services are supported to implement service improvement plan(s) for 2017/18 and to measure and share the impact of improvement efforts • Service Improvement activity is captured and reported via the Quality, Care & Professional Governance work streams and within the Annual Quality Care and Professional Governance Annual report. • Staff have access to Service Improvement Tools and resources
There is an organisational focus on optimising the individual knowledge and skills of our staff	• Staff are offered the opportunity to develop the knowledge and skills in relation to the legislative requirements of their role	• Review the RHSCP workforce training requirements in dementia care. • All staff are competent and confident in working with individuals using the Self	• All staff are mapped to the national competence levels and a plan is in place to offer appropriate learning at each level

	• All staff are confident and competent in carrying out their public protection role • Professional learning is enhanced to reflect the changing and developing requirements of professional roles • We will meet our Parent organisation performance targets for employee completion of KSF/PDP/Appraisal	Direct Support approach. • All staff have training and development opportunities suitable to their role in understanding protecting vulnerable adults and children	• Updated briefings and skills based training is offer to staff across the partnership as required. • The competence level of all staff is reflected in their development plan and learning opportunities to enhance their understanding are offered to all staff • Enhance our provision of Autism learning and development within the learning disability service. All staff have received appropriate learning for their role • Staff understand the requirements of the Children and Young People (Scotland) Act 2014 and the application to their role
There is a culture of transformational and adaptive leadership.	• Ensure visible and accessible leadership within the HSCP • Measure using iMatter component specific to leadership • Leadership facilitates skills development of staff • Our leaders will be well equipped to lead staff, be next job ready and help to fulfil our succession planning requirements.	• Developed an annual programme of Staff Engagement Sessions to incorporate: Key information updates, consultations, opportunities for engaging in meaningful dialogue, Q&As with Chief Officer • Chief Officer and IJB Chairman carried out a programme of service visits • Leadership Network established and run quarterly including key messages; consultation, engagement and desktop exercises; and input from internal and external development resources (e.g.	• Staff who manage integrated teams will have access to the Renfrewshire Council Manager training programme • Ensure Programme of Service Visits are in place for all Heads of Service and Service Managers and themes are analysed to include in future development needs plans. • Review Leadership Network at end of year to inform plan for next year. • Managers will have a menu of

		Organisational Development; Kissing with Confidence) • Managers are supported by Senior Organisational Development Advisor to develop themselves and their staff and practice leadership methods such as Emotional Intelligence, mentoring, coaching conversations, team performance and development activity, action learning etc. • Leaders at appropriate levels have access to leadership training and Development Resources.	available development activity. • A group of approximately 40 middle managers will be provided with development in the shape of the Ready to Lead Programme, tailored to the specific needs of the HSCP and to include skills and knowledge development in topics including leadership, understanding the organisation/context in which we work, emotional intelligence, service improvement and team development.
Individual staff in our organisation feel engaged	• All new staff take part in organisational and service based induction and orientation. • Understanding of Integration and the new HSCP is enhanced through and e-learning module • Discipline and Service specific Inductions will be in place • Senior Managers will be approachable	• Online induction programme is in place. • Professional orientation within services has been redeveloped and is now in place • Integration e-learning module has been developed and is available to staff • Process is in place to enable staff to communicate directly with SMT	• Review of induction processes to take place and flowchart of processes to be provided to staff. • Induction figures and evaluation to be analysed and reported.
We have well-defined and high performing teams	• All staff will be part of a team where they get their objectives, support and supervision • All teams will have an annual development plan which specifically	• A baseline organogram of existing teams has been scoped. • Team Development Strategy has been approved by SMT.	• A Team Development Plan Template will be provided with guidance and reported on annually. • Team leads will ensure in conjunction with their Service Manager or Head of Service and the Senior Organisational

	captures team development around the team's identity, purpose, objective, clarity of roles, communication processes and both inter and intra team ways of working.	• All Team Leads have access to resources to enable them to evaluate and develop their team - "How Good is your Team"	Development Advisor that the team development component of the teams annual development plan is put in place with an agreed amount of support ie: 1) team leader is self sustaining with tools supplied by SODA, 2) team leader is coached to develop their team by SODA, 3) SODA facilitates team development.
3. Delivering a Workforce plan for tomorrows workforce			
See Appendix 2: draft HSCP Workforce Plan			

Appendix 2

Renfrewshire Health & Social Care Partnership

Workforce Plan 2017-2019

NHS Greater Glasgow and Clyde

Renfrewshire Council

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Executive Summary

1.1 This is the first integrated Workforce Plan since the inception of Renfrewshire Health and Social Care Partnership (HSCP).

1.2 The Public Bodies (Joint Working) (Scotland) Act 2014 put in place a framework for the formal integration of health and social care adult services. This placed a legal commitment on NHS Boards and Local Authorities, as parent organisations, to formulate and agree a plan of how the council and the health board would support the new partnerships in terms of workforce development and service improvement.

1.3 On 27 June 2015 the Renfrewshire HSCP became a legally constituted organisation in the form of an Integrated Joint Board (IJB) from our parent bodies of Renfrewshire Council and Greater Glasgow & Clyde Health Board (NHSGGC).

1.4 Our integrated workforce brings together staff from two public sector organisations with a range of health and social care backgrounds who understand that working together in partnership is far more effective in responding to the causes of poor health and social care.

1.5 The HSCP workforce remains employed by our two parent organisations. However, the HSCP has delegated responsibility for recruitment, deployment, learning, and educational development and attainment of professional qualifications. The HSCP is also responsible for ensuring the maintenance of skills and opportunities to refresh training in accordance with legislative requirements, professional regulations, competencies and national standards.

1.6 Underpinning all of these professional regulations and standards is our core principles and values of improving lives which are highlighted below.

1.7 Renfrewshire HSCP is committed to delivering positive outcomes for the wellbeing of our residents. Our commitment to do this is set out in our Strategic Plan 2016 – 2019 underpinned by our vision “Renfrewshire is a caring place where people are treated as individuals and supported to live well”.

1.8 The integration of health and social care is designed to deliver improvements to our services and to deliver services which are seamless and inclusive.

1.9 These new ways of working require us to deliver transformational change for the benefit of our residents. As we reshape and redesign our services within the Partnership in order to meet our commitments, our workforce will be required to do different things, to work in new and different ways and to further strengthen our partnership working arrangements.

1.10 Our employees, employed by NHS Greater Glasgow & Clyde and Renfrewshire Council, bring together a wide range of knowledge, experience, skills and talents and we are committed to supporting and developing them as they make the transitions to apply their strengths and talents within the Partnership.

1.11 In this Workforce Plan we have set out the arrangements that we presently have, and the arrangements we plan to put in place, to make sure that we have a workforce which is enabled and fit for purpose and able to deliver to meet current and future needs of our residents.

1.12 It also sets out steps we will take to anticipate future workforce needs based on legislative requirements, evidence of changes in demographics, the impact of ongoing change implementation and in particular a shift towards the provision of more community based health and care services.

1.13 We start from a position of strength. We have robust workforce planning and workforce development arrangements in place in each of the parent organisations which will provide ongoing HR and Organisational and Learning and Development support to employees. This Plan sets out additional support and development activity that will be implemented in support of our new partnership arrangements.

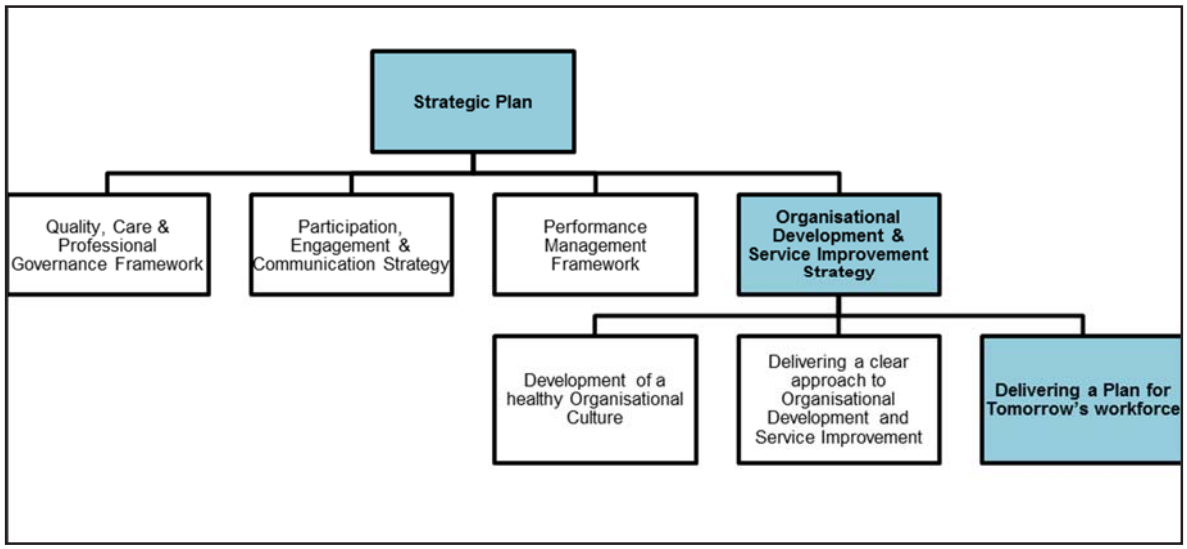
1.14 It is recognised that workforce planning and workforce development needs are emergent and dynamic therefore development of the workforce is a core activity embedded within our planning processes and is continuous.

Section 1: Background to the Renfrewshire HSCP Workforce Plan

1. Our Workforce

1.1 Renfrewshire HSCP's greatest asset is the people who deliver the services. There is an inextricable link between the people who provide care and the people that they care for - without these people (e.g. social workers, nurses, GPs, managers, assistants, therapists) there would be no health and social care services. As we face unprecedented demand on these services, increasing financial pressures, and a service user population with complex care needs, we must continue to ensure that our workforce have the right skills and competencies, are resilient, and feel valued, well supported and engaged.

1.2 This commitment is reflected in the IJB's Strategic Plan, and more specifically through the HSCP's Organisational Development and Service Improvement Strategy, which links as shown in the diagram below.



1.3 The Organisational Development and Service Improvement Strategy prioritises effective workforce planning as one of its key 3 objectives: *To deliver a plan for tomorrow's workforce.*

1.4 This document is Renfrewshire HSCP's Plan for Tomorrow's Workforce - our Workforce Plan, and should be read within the context of the overall Organisational Development and Service Improvement Strategy and its supporting implementation plan.

2. Establishment of Renfrewshire Integration Joint Board (IJB)

2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 set out the requirement for NHS Boards and Local Authorities to integrate health and adult social care services in Scotland, governed by Integration Joint Boards (IJB's). It is envisaged that by integrating structures and services, NHS and Council social care services can work together to deliver health and care needs of patients and service users, ensuring those who use services get the right care and support at every point in their care journey.

2.2 Following approval from Renfrewshire Council and NHS Greater Glasgow & Clyde (NHSGGC), the Renfrewshire Integration Scheme, the formal legal partnership agreement between the two parent organisations, was submitted to the Scottish Ministers on 16 March 2015. On 27 June 2015, Scottish Ministers legally established Renfrewshire IJB.

3. Renfrewshire Health and Social Care Partnership

Our vision: Renfrewshire is a caring place where people are treated as individuals and supported to live well

3.1 Renfrewshire Health & Social Care Partnership (HSCP) delivers adult social care services and community health services for adults and children in the Renfrewshire area, under the direction of the IJB. Services include:

- Community Health services (e.g. District Nursing, Rehabilitation and Enablement Services (RES), Children and Family Services, Specialist Children's Services, Mental Health, Health Improvement and Learning Disability Services);
- Contracted Health Services (GPs, Pharmacies, Dentists and Optometrists);
- All adult social care services (e.g. Adult Social Work, Care@Home services, Care Homes, Occupational Therapy, Domestic Violence);
- Elements of Housing services in relation to Aids/Adaptations and Gardening Assistance; and
- Aspects of Acute services (hospitals) relating to unscheduled care.
- Hosted services (Podiatry and Primary Care Support) on behalf of NHS Greater Glasgow and Clyde.

3.2 Staff delivering these services work closely with other local health and social care professionals and providers to plan and develop services across the HSCP area.

4. A Profile of Renfrewshire

4.1 Renfrewshire is a diverse area of towns, villages and countryside covering 270 square kilometres and situated 7 miles west of Glasgow City. The area has excellent transport connections to the rest of Scotland and is home to Glasgow International Airport. Scotland's largest business park is situated in Hillington, and key campuses of the University of the West of Scotland and West College Scotland are located in Paisley town centre.

4.2 Just over 170,000 people live in Renfrewshire. Over the next 20 years, the number of people aged 16-64 living in Renfrewshire is likely to fall and the number of children will remain broadly the same. A major change will be that the number of older people (over 65) will rise by 51%. 2.8% of Renfrewshire residents are members of an ethnic minority group.

4.3 Carers in Renfrewshire are a valued and important contributor to healthcare provision. 12,868 people in Renfrewshire provide up to 50 hours of unpaid care per week and a further 4,576 people provide more than 50 hours of unpaid care per week. 10% of our population are unpaid carers.

4.4 We have a range of services in Renfrewshire that respond each day to the needs of local people. We have 29 GP practices, 44 community pharmacies, 19 community

optometrists and 35 general dental practitioners. We also provide or commission a wide range of community based health and social care services and have a major acute hospital – the Royal Alexandra Hospital (RAH).

5. Strategic Plan

5.1 Our Strategic Plan describes the themes and high level priorities which will direct the HSCP over the three year period 2016-19. Our three strategic priorities are improving health and wellbeing, providing the right service, at the right time, in the right place, and working in partnership to treat the person as well as the condition. Examples of areas included within these priorities are:

- Supporting people to take control of their own health and wellbeing so they maintain their independence and improve self-care where possible;
- Supporting the Renfrewshire Tackling Poverty Programme through a range of specific programmes;
- Targeting our interventions and resources to narrow inequalities and build strong resilient communities;
- Delivering on our statutory duty to protect and support adults and children at risk of harm;
- Continuing to adapt and improve our services by learning from all forms of patient and service users' feedback;
- Supporting the health and wellbeing of carers to allow them to continue to provide crucial care.

5.2 In pursuit of our vision we work to deliver on the 9 national health and social care outcomes. Outcomes 8 and 9, below, are the key drivers in relation to our workforce and recognise the role they place in relation to delivery of health and social care services.

1. People are able to look after and improve their own health and wellbeing and live in good health for longer
2. 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
3. People who use health and social care services have positive experiences of those services, and have their dignity respected
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5. Health and social care services contribute to reducing health inequalities
6. 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
7. People using health and social care services are safe from harm
8. 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
9. Resources are used effectively and efficiently in the provision of health and social care services

6. Workforce Planning Objectives

6.1 The HSCP's Organisational Development and Service Improvement Strategy commits to delivering a 'Plan for Tomorrow's workforce' – our Workforce Plan.

6.2 The three key objectives of our Workforce Plan are noted below. These objectives are further detailed at Section 5 of the Plan:

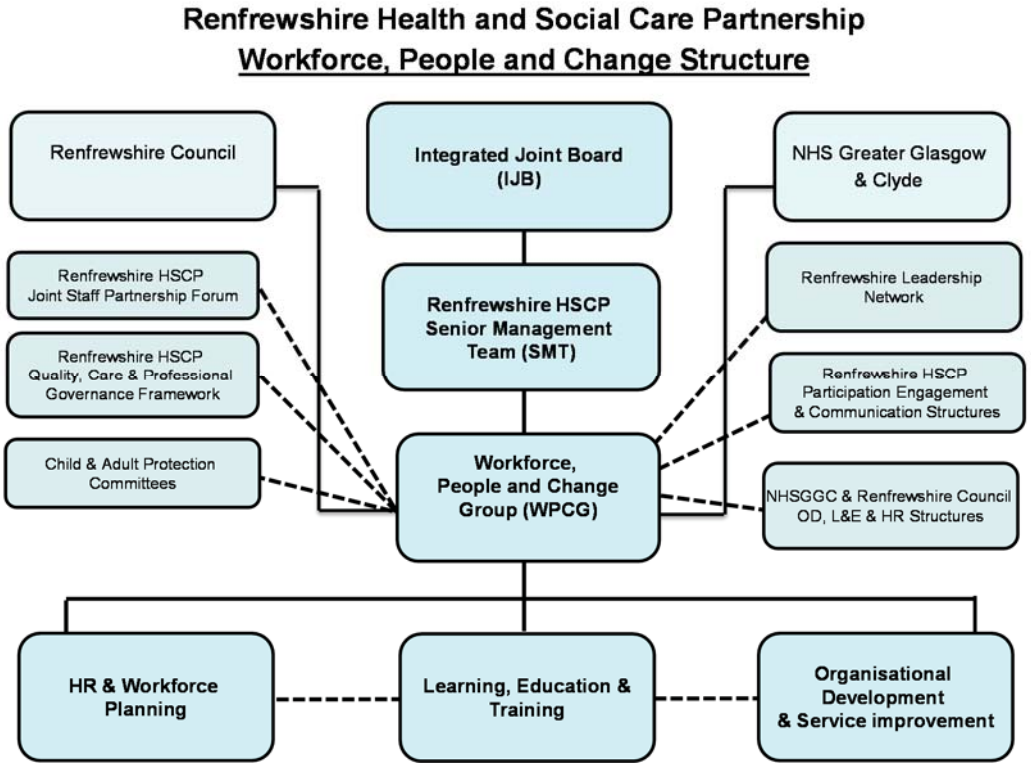
- Objective1: Establishing a sustainable workforce
- Objective 2: Maintaining a capable workforce
- Objective 3: Developing an integrated workforce

7. Workforce Governance and Partnership Engagement

7.1 Staff in Renfrewshire HSCP are employed by one of the two parent organisations: Renfrewshire Council or NHSGGC. While Renfrewshire HSCP is not the employing body for the workforce, the HSCP is tasked with managing joint budgets to provide integrated health and community care services in the most effective way possible. This being the case the HSCP has a key role in shaping workforce demand and developing and infrastructure to forecast service needs which must also be reflected in health and social care services workforce planning.

7.2 Renfrewshire HSCP, Renfrewshire Council and NHSGGC are committed to agreeing and delivering a Workforce Plan in consultation with a wide range of stakeholders, including staff side partners, trade unions and professional organisations.

7.3 Processes and structures have been established to achieve this and these are illustrated and set out below.



7.4 Effective workforce planning ensures the HSCP and its services 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 competencies, which is responsive to health and social care demand and ensure effective and efficient delivery of service across a broad range of services and locations.

7.5 The Renfrewshire HSCP Workforce Plan is a summary of the work of a series of local workforce planning and development activities underway across geographical, professional and care group structures across the HSCP.

7.6 All identified groups have representation from staff partnership and communicate their activity to relevant stakeholders.

7.7 This Workforce Plan has therefore been developed in partnership and will be reviewed on a regular basis.

7.8 The local workforce planning activities are brought together by the Workforce, People & Change Group (WP&CG) which has a series of subgroups for the organisation of work. This group is a partnership group which oversees the development of the Workforce Plan. The group has representation from HSCP services, HR, Learning & Education and OD functions from parent organisations, professional groups and trade union representatives.

7.9 The WP&CG group activity is reported internally, directly to Renfrewshire HSCP Senior Management Team and Renfrewshire IJB and externally to the two parent organisations i.e. Renfrewshire Council Corporate Management Team and NHSGGC's workforce planning structures.

7.10 The Group connects and collaborates with operational, professional, governance and functional groups within the HSCP and in parent organisations in order to ensure that all activity is aligned with any partnership activity.

8. Workforce Plan Methodology

8.1 The HSCP Workforce Plan process will need to recognise and address the challenges faced by both the NHS and social services sector in recruiting and retaining the staff needed to deliver social care services. It will need to be relevant in different contexts, and achieve a 'fit' between existing workforce plans within health and social care such as NHS Boards and Local Authorities.

8.2 As such the HSCP must develop an integrated approach to planning for services and to workforce planning. This will require a systematic approach informed by accurate, coordinated and relevant data, which will allow our workforce to be deployed flexibly to meet service needs.

8.3 It is expected that the Scottish Government will issue recommendations on the development of a workforce planning methodology for integrated health and social care services as part of the National Health and Social Care Workforce Plan which is due to be published in early summer 2017. We anticipate this plan will be informed by the recent safe and effective staffing consultation exercise, which Renfrewshire participated in.

8.4 In the absence of a formal methodology for integrated service workforce planning Renfrewshire HSCP has developed this plan in line with the recommendations set out in CEL(2011)32 and has used the NHS 6 Steps to Integrated Workforce Planning

Methodology[1] a workforce model which enables us to take a coherent view of the workforce across all job families and staff groups. The main aim of the 6 Steps Methodology is to set out in a practical framework those elements that should be in any workforce plan.

8.5 Use of the Six Steps Methodology across workforce planning ensures that decisions made around the design of services and the recruitment of the future workforce are sustainable, realistic and fully support the delivery of quality patient care, productivity and efficiency.

8.6 A description of the key stages in the 6 Steps methodology is available at the undernoted link.

[1] NHS Six Steps to Integrated Workforce Planning Methodology
http://www.workforcevision.scot.nhs.uk/wp-content/uploads/2015/05/Six-Steps-Methodology-to-Integrated-Workforce-Planning.pdfl

Section 2: Service Drivers & Demand

1. Policy Drivers

Public Bodies (Joint Working) (Scotland) Act 2014

1.1 The original purpose of health and social care integration, embodied in the Public Bodies (Joint Working) (Scotland) Act 2014, was focussed on meeting the challenges of Scotland's ageing population by shifting resources from hospital based care towards to community-based, preventative care at home, or in a homely setting. Under the 2014 Act, IJBs were established to lead this local 'transformation' of health and social care delivery, using 'integrated resources', to make a positive impact on service users and improve outcomes.

National Clinical Strategy

1.2 The Scottish Government's National Clinical Strategy published in February 2016, sets out the framework for the development of health services over next 15 years and the direction this change should take. The Strategy makes proposals for how clinical services need to change in order to provide sustainable health and social care services that are fit for the future.

1.3 Central to this step change is the need to increasingly divert resources from acute hospitals services, to create greater capacity within primary care and community services. This capacity would assist primary care to further develop multidisciplinary community team based working models, which must be fully integrated with social care and the independent and third sector.

Health and Social Care Delivery Plan

1.4 In December 2016, the Scottish Government published its Health and Social Care Delivery Plan. The Plan sets out three clear aims – to deliver better health, better care and better value. These aims are being driven forward by four major programmes of activity:

- health and social care integration;
- the National Clinical Strategy;
- public health improvement; and
- NHS Board reform.

1.5 The main area for HSCP action is to improve health by optimising the benefits of health and social care integration. This is, and will continue to be, achieved by supporting people to live and remain in their own homes and communities and by avoiding unnecessary demands on hospital and other inpatient care. For this to be realised, the Plan highlights the need for services to be well managed, resourced and based on an appropriate assessment of people's needs. This has been a distinct and clear priority of the Renfrewshire IJB since its inception in 2015 and builds on the work progressed locally over the previous 5 years to reduce delays in discharge from hospital and to support people in the community

1.6 Delivery of health and social care integration is centred on three areas of action: reducing inappropriate use of hospital services; shifting resources to primary and community care; and supporting capacity of community care. The Plan sets out a series of ambitious targets for each area. Some of the key objectives are outlined below:

Reducing inappropriate use of hospital services:

- By 2018, unscheduled bed-days in hospital care will reduce by up to 10 percent (i.e. by as many as 400,000 bed-days) by reducing delayed discharges, avoidable admissions and inappropriately long stays in hospital; and
- By 2021, everyone who needs palliative care will get hospice, palliative or end of life care.

Shifting resources to primary and community care:

- By 2021, Health and Social Care Partnership spending on primary care services to rise to 11 percent of the frontline NHS Scotland budget;
- By 2022, there will be more GPs, and every GP practice will have access to a pharmacist with advanced clinical skills and 1,000 new paramedics will be in post;
- By 2020, every family will be offered a minimum of 11 home visits including three child health reviews ensuring that children and their families are given the support they need for a healthier start in life.

Supporting capacity of community care:

- In 2017, the Scottish Government will continue to take forward a collaborative, national programme of work to deliver change in the adult social care sector in areas such as reform of the National Care Home Contract; social care workforce issues and new models of care in home care.

1.7 Fully implementing integration means the continuance of existing and development of new joint teams that are comprised of staff of multiple professions and disciplines from the two employing authorities. Managers require to be equipped to manage staff from both employing authorities regardless of their own employer and profession or discipline.

1.8 Managing joint teams in this general management model way is challenging as often professional staff can be protective of their professional role and management structure so it is essential to ensure that professional leadership structures are clear and embedded.

1.9 Additionally staff from the two employing authorities have different employment terms and conditions and this has the potential to create perception of being treated differently. Renfrewshire HSCP, working with the parent organisations, has taken a transparent approach to sharing of terms and conditions which demonstrates more commonality between those than is often perceived.

1.10 With change comes new ways of working, increased collaboration, new roles and differing professional boundaries. These changes can be challenging for staff and managers should be cognisant of this and be able to prepare staff to understand where roles need to be different and where different skills will be required for the future. Is essential that we listen to and involve staff as we change and change management will be a key component of the leadership role.

Self-Directed Support (SDS)

1.11 SDS is where service user needs are assessed and they are given a budget to spend on their care and support needs. Each service user can spend this budget by arranging their own care or by letting the HSCP do this for them. SDS allows people to have

more say in how they get care and support and gives more control over how the money is spent on the support required.

1.12 SDS choices have a direct impact on the demand for HSCP and external services. Thereby, changing workforce capacity and the need to review service structures with a greater focus on contracts and commissioning.

1.13 The HSCP is committed to supporting to in their understanding and delivery of SDS in order to successfully embed this approach as business as usual.

1.14 Going forward the HSCP is committed to creating greater awareness amongst staff to support their understanding of SDS in order to successfully embed this approach as business as usual.

1.15 Since the introduction of SDS the HSCP has dedicated resources to ensuring staff are equipped, trusted and supported so they are better able to help people choose the best support for them for example: guidance has been developed and training courses are offered.

Adult Protection

1.16 The Renfrewshire Adult Protection procedures have been revised and updated to reflect the new RHSCP structure, roles and responsibilities.

1.17 The numbers of referrals under adult protection has continued to increase year on year.

1.18 In 2014-15 there were 1,708 referrals to social work under adult protection. In 2015-16 changes were agreed to the system for reporting referrals under adult protection that separated adult protection concerns from adult welfare concerns. In that year there were a combined total of 2,515 referrals. In 2016-17, the total number of referrals received by Renfrewshire HSCP rose to 2,578. It should be noted that all referrals are initially treated as potential adult protection cases and therefore go through the same screening processes that may result in protection plans for adults assessed as at risk of harm.

1.19 The upward trend in adult protection referrals translates into increased pressure on the existing workforce, mainly social workers, to undertake inquiries and assessment under the Adult Support and Protection Act.

Carers (Scotland Act 2016)

1.20 This Act will be commenced on 1st April 2018.

1.21 The package of provisions in the Act is designed to support carers' health and wellbeing. These include, amongst other things:

- A duty on Local Authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria. National matters which local authorities must have regard to when setting their local eligibility criteria will be set out in regulations;

- A specific Adult Carer Support Plan and Young Carer Statement to identify carers' needs and personal outcomes; and

- a requirement for each local authority to have its own information and advice service for carers which must provide information and advice on, amongst other

things, emergency and future care planning, advocacy, income maximisation and carers' rights.

1.22 Assessments will be replaced by new assessments called Adult Carer Support Plans (ACSP) and Young Carer Statements (YCS). These involve a duty to set out personal outcomes, identified needs and detail the support required to meet these needs. If a person is identified as being a carer, they must be offered an ACSP or YCS.

1.23 Carers whose identified needs meet local eligibility criteria (these require to be agreed in consultation with carer organisations by 31st March 2018) will have a right to support. Where carers are provided with support to meet their identified needs, they should be offered choice through the four options under self-directed support. Carers cannot be charged for any support they receive.

1.24 Renfrewshire HSCP will be required to jointly produce a Local Carer Strategy, by 31st March 2018, as part of which carers and carer organisations must be involved in planning, shaping and reviewing services for carers and young carers.

1.25 The HSCP must publish a short breaks services statement to provide information about short breaks for carers and cared-for persons.

1.26 There is a duty on Health Boards to ensure that before a cared-for person is discharged from hospital, their carer is involved in the discharge plan, gives their views about the discharge, and is included as far as is practicable in making plans relating to the discharge. The regulations will prescribe timescales for the preparation of the ACSP in relation to adult carers of terminally ill carer-for persons.

1.27 The Act will result in the requirement to undertake more assessments, which will place considerable additional strain on the existing staff group, and will have added workforce implications in responding to demand for respite services and the infrastructure to support additional work generated via SDS.

1.28 The Carers (Scotland) Act 2016 will have a significant impact on the majority of staff working for the HSCP. The partnership is putting into place a strategy and resources to support staff in preparation for and in implementation of the act and the changes that come. Measures to achieve 'readiness' in time for commencement will include staff awareness briefings, policy sessions addressing the referral processes and the provision of advice information services. It will be essential that staff development provision has a greater involvement of carers and carers' organisations in the development and delivery of materials, as well as offering learning opportunities to the independent sector.

2. Social Drivers

Demographic

2.3 Just over 170,000 people live in Renfrewshire. Over the next 20 years, the number of people aged 16-64 living in Renfrewshire is likely to fall and the number of children will remain broadly the same. A major change will be that the number of older people (over 65) will rise by 51%. 2.8% of Renfrewshire residents are members of an ethnic minority group.

2.4 Local demographics and socio-economic issues such as poverty, deprivation and inequalities can vary significantly across Renfrewshire, which in turn, can impact upon the demand and supply of services in the community.

2.5 Key local challenges[2] include:

- 26% of the population of Renfrewshire are in the top 20% most deprived data zones in Scotland, with the main issues being health, income and employment.
- The most deprived data zone in Renfrewshire is ranked 1 in Scotland.
- Life expectancy in Renfrewshire is lower than the Scottish average
- People in Renfrewshire have slightly poorer mental health wellbeing compared to the Scottish average
- In light of the aging population, Renfrewshire is facing a future with more people with multiple long term conditions (also referred to as multi-morbidities). Multi-morbidities bring both person centred as well as long term challenges.
- In 2012/2013, 2.6% of Renfrewshire's population consume around 50% of our health resources (inpatient and day case hospital admissions, A&E attendances, consultant led outpatient clinics and community prescribing)
- For Renfrewshire in 2014/15, the crude rate of drug crimes recorded was 116/10,000, which was 68% higher than the Scottish level of 69/10,000.
- In 2014/15, the rate for alcohol-related hospital stays was 982/100,000, which was 46% higher than the Scottish level of 672/100,000.
- 12,868 people in Renfrewshire provide up to 50 hours of unpaid care per week and a further 4,576 people provide more than 50 hours of unpaid care per week. 10% of our population are unpaid carers.

2.6 Services across Renfrewshire HSCP require capacity, capability, flexibility and a resilient workforce that can respond to the pressures of a changing local community. This societal change creates increased demand on our workforce with the need to provide care for a larger proportion of the population, often living with multiple and complex health needs (co-morbidity).

Adults with Incapacity

2.7 Demand for Adults with Incapacity (AWI) MHO reports across Renfrewshire has risen steadily over recent years (and this picture is replicated across Scotland) increasing the workload of already pressured MHO service. AWI reports account for some 50% of the workload for MHO's. The other main area of work around the Mental Health (Care & Treatment)(Scotland) Act 2003 has also generated more activity for MHO's as the number of detentions under the Act has risen by 16% year on year and associated reports and applications for Compulsory Treatment Orders (S63) and subsequent Tribunal hearings further add to pressures on the system.

2.8 Last year Renfrewshire received 155 requests for AWI MHO Reports (reporting period 01/04/2016 – 31/03/2017), the previous year saw 137 such requests, and the year prior 152. There is an average of some 35 hours work for an MHO in preparing such a report.

2.9 Orders where the Chief Social Work Officer (CSWO) is appointed Welfare Guardian have also risen by 35% over two years from 79 in March 2015 to the current figure of 107. Each of these orders requires as Social Worker to be identified to act as the 'Nominated Officer' on behalf of the CSWO for day to day management of the case. There are some 15 further cases currently at various stages of process for the CSWO to be appointed as guardian.

Alcohol and Drug Treatment Services

[2] (Renfrewshire) ScotPHO Health and Wellbeing Profiles
http://www.scotpho.org.uk/comparative-health/profiles/reports/health-and-wellbeing-profiles

2.10 There is an ageing population within alcohol and drug treatment services. This means that there are more people who are in their 40s, 50s and 60s in drug or alcohol treatment than in previous years. Chronic conditions and physical co-morbidities that affect the mainstream population are often seen at an earlier age in addiction services, a consequence of substance use, poor lifestyle and multiple deprivations. This increasing complexity requires additional staff time. In Renfrewshire, there is a relatively static workforce where the average age is around 45 years old. Sickness absence levels are low and there are currently three vacancies.

2.11 There will be significant funding challenges in the coming year in relation to drugs and alcohol. A Whole Systems Review is proposed to ensure services remain fit for purpose in light of changes to budgetary alignments.

2.12 Prevention and Education remain an important facet of the work of Renfrewshire Alcohol & Drug Partnership. Funding constraints mean that the workforce dedicated to this stream has been significantly reduced in recent months, which will have an impact the ADP's ability to implement a whole population approach across communities.

Older People – Care@Home/Care Homes

2.13 A major development strand proposed in the 10 Year Joint Commissioning Plan for Older People's Services was to manage demand for care home placements, both reducing the level of "ordinary" residential referrals to care homes (Local Authority and independent sector) but to increase referrals for people with severe dementia who could no longer be cared for at home.

2.14 In terms of workforce development this would require care home providers to plan to increase the staff: client ratios in care homes and to increase training in the provision of care for people with dementia and significant levels of frailty.

2.15 A previous options appraisal process (indicated that costs for moving from current care provision in the three local authority care homes to dementia care) could rise from Year One costs of £3,876,075 to year 10 costs of £4,744,500. This does not include the costs of training, only of increased levels of staffing needed to meet Registration requirements. The total current FTE for Local Authority Care Homes is 136.44.

2.16 This option would require increasing levels of care at home staff to ensure that people with dementia at moderate levels can be supported in their own homes or in extra care housing by staff trained in dementia care, thereby reducing or delaying referrals into care homes. This will be a strain on the care at home workforce, which is currently the subject of development work due to the general recruitment and retention challenges.

2.17 The HSCP currently considers that it needs to expand the care at home workforce by around 4%. The cost of increasing Care at Home staff by 4.5% would be roughly £435,706 (based on 2016/17 outturn). This relates to basic employee costs and not the costs of training to meet the increased needs around dementia and palliative care at home.

2.18 There would be other impacts within HSCP which should be analysed as part of a whole systems approach e.g. increases or decreases in other services such as RES/DN service levels, OT support for equipment and adaptations.

Specialist Services

2.19 Another key area which requires scoping is the likely demand for specialist services e.g. as people with LD, Acquired Brain Injury and MH and Addictions conditions

increasingly reach old age with a range of long term conditions and need for supports. The HSCP requires to consider if it should "grow its own" service provision locally, and consequently its workforce, for these specialist services or to buy them from/develop them in partnership with other HSCPs.

Multi-morbidities

2.20 From 2012 to 2016, Renfrewshire has seen substantial increases in all long term condition crude discharge rates per 100,000 population. Long term conditions include asthma, COPD (chronic obstructive pulmonary disease), CHD (coronary heart disease, heart failure & hypertension) and diabetes. Over the four year period, the hospital discharge rates have increased by 39% for all long term conditions; 60% for COPD and 33% for CHD. While prevention and early intervention are priority areas to reduce the prevalence of these diseases, this is challenging within the current financial climate.

2.21 Challenging implications arising from the increasing levels of multi-morbidity in the older population for the health and care workforce may be mitigated by a strategic use of digital technology supports and further engagement with the third sector around community-based and peer support action for people with long term conditions. Initial evaluation of the "Community Connector" programme (community-based preventative and support services led by third sector organisations), current and planned technology-enabled care and recent telecare initiatives will be analysed for the identification of potential future service models and/or tests of change.

Carers

2.22 An acknowledgement of the role of unpaid carers and the need to improve levels of support through promotion of Anticipatory Care Planning, Powers of Attorney, Carers' respite etc. might suggest increasing training for sections of the workforce in carers' access to supports.

Prevention

2.23 The policy imperatives to act on preventative action would also suggest that workforce developments must include enhancing levels of support for development and co-production with community stakeholders to reduce or delay the referrals of people to statutory care services due to frailty, falls, and illnesses brought on through poor lifestyle choices.

2.24 Current service provision will not be sufficient to meet the future health and social care needs of the population. However, it is clear that from the information known about current and future cost saving requirements that the HSCP will require to deliver services in an increasingly constrained financial environment. We must, therefore, further develop ways of working which divert direct resources from expensive bed based models of care into community based services. The HSCP is keen to develop future workforce planning processes to incorporate the workforce in the third sector, particularly in the further development of community-based and community-led preventative action. Additionally, we must fully engage our stakeholders, particularly service users and carers, current and future, in planning, developing and delivering person-centred services that meet their needs. We need to also continually critically appraise and challenge our current models of service delivery to ensure our combined resources are focused on areas of greatest need delivering the best outcomes to our clients - securing productivity improvement efficiencies by rebalancing the workforce, while continuing to maintain and improve the quality of services, will be a key driver of the Partnership's approach.

Marketplace

2.25 The increasing demand on services is often compounded by difficulties in recruitment for specific hard-to-fill posts; the need to design multi-professional approaches to service delivery; and the availability and suitability of training and career pathways for social and health care professionals.

2.26 In addition to an ageing population, there is an ageing workforce (47% of our workforce are over 50 years old), who bring both an invaluable and incalculable level of experience to the services they deliver. Renfrewshire HSCP must mitigate the loss of these staff may present when planning future services, to ensure we have sufficiently resourced and experienced workforce.

2.27 A shortage of key professionals including General Practitioners, District Nurses, Mental Health Officers, Psychologists and Care@Home Staff are a current recruitment and retention challenge for Renfrewshire HSCP. High retiral rates within nursing services create a significant number of staff over 55. Potential impacts include negative effect on:

- the sustainability of, access to, and quality of, services;
- the resilience and health of our existing workforce as they attempt to provide the required level of services with reduced resources e.g. the impact of increasing referrals and caseloads within services with no commensurate resource transfer;
- the additional cost of using bank and agency staff.

2.28 The HSCP is recruiting in a very competitive local market where an increasing number of social care providers are paying the Living Wage and neighbouring HSCPs provide a higher level of financial remuneration for some posts. Furthermore, some other sectors, such as retail, can be viewed as less physically and emotionally demanding, with rates of pay being equal or greater than that of health and social care services.

2.29 We need to attract more people to choose a career path in the health and social care sector. The HSCP is currently doing this in a number of ways:

- Effective succession planning methods to ensure staff are next job ready – offering career development opportunities e.g. coaching (we have a number of staff being coached at any given time, are continuing to access training in coaching conversations for managers and have two staff training to become professional coaches), shadowing and acting up opportunities
- Working with local further education establishments who provide health and social care related courses and qualifications to influence intake levels and the courses delivered;
- Innovative approaches to developing local talent such as apprenticeships and graduate internships; and
- Positive advertising campaigns where current staff are promoting the HSCP as a good and rewarding place to work;
- Attendance at recruitment events such as job fairs in order to promote Renfrewshire as a positive place to work;
- Creating and effective use of our available resources e.g. within District Nursing to mitigate the lack of Band 6 roles a strategy is being developed to appoint apprentice type roles at Band 5 within certain criteria and an agreement that the SpQ programme will be undertaken.

2.30 There is a need to acknowledge that all of this will take investment which is difficult at a time of financial challenge, however this kind of investment this may be a prudent

way to ensure that our workforce is adequate and equipped to meet the needs of the population.

3. Digital Drivers

3.1 Digital technology offers new and exciting opportunities for transforming the outcomes and experience of our citizens – including service users and carers – as well as transforming the quality and reducing costs of health and care services.

3.2 Development of the use of digital across society, including throughout the public sector, is a key strategic priority of the Scottish Government. There is an opportunity to bring together all IT, digital services, telehealth and telecare, business and clinical intelligence, predictive analytics, digital innovation and data use interests in health and social care. This will be taken forward through a review to be completed in 2017, and a new Digital Health and Social Care Strategy for Scotland is to be published in 2017.

3.3 The HSCP recognises that further investment in digital systems is required to facilitate collaborative working practices. As a newly integrated organisation, with services that previously sat within Renfrewshire Council and NHSGGC, we still have different legacy, professional ICT systems and supporting processes. These systems are not currently integrated, as such there is often a day to day need for staff to access and source information from two different business systems, which can prove to be cumbersome and time consuming. The HSCP has undertaken a range of improvements to address some immediate digital and ICT issues since it was established.

3.4 Further improvements through digital enhancement will:

- Support easier access to business intelligence and predictive analytics for the whole HSCP to support planning and reporting activity;
- Enable staff to have 'real time' access to the information they need so they are better informed to make decisions sooner, offering a more seamless service;
- Opportunities for agile working creates scope to increase patient facing time;
- Focus efforts on a more integrated IT structures which will reduce duplication;
- Provide an opportunity to automate some tasks which may improve the way service users access services
- Better manage the growing demand for some services through a more seamless pathways whilst making effective use of critical resources;
- Provide ways for people to manage their own health and well-being at home and in the community giving them greater control of their lives.

3.5 The HSCP recognises the real opportunities digital technology offers, and the need to make on-going investment and support is essential. This however remains subject to the significant financial pressures and other demands on IJB resources. It is therefore viewed imperative that any investment in new technology aligns with the IJB's strategic priorities, with a focus on delivering operational efficiencies and to reduce the increasing pressures on service delivery.

3.6 Online learning is an important strand in a blended approach to staff learning and development. The parent organisation of the HSCP have invested in learning tools and systems which will benefit staff and managers in delivering core service areas such as protection, practice procedures, health and safety and recording. Not all of the partnership staff has ready access to IT, as this area progresses and changes we will ensure that all staff have access to learning materials in a suitable format.

Currently two different systems are in place and work is underway to harmonise resources across the platforms and make best use of learning materials.

3.7 One example of where the HSCP is investing in new technology is within Care@Home services. This is one of the HSCP's most critical services which enables service users to continue to be cared for in their own homes, and the planned procurement of a new monitoring and scheduling system will bring many benefits including:

- Reduce risk to our service users and the Council in the provision of a more robust, monitored service.
- The system will allow increased visibility of the actual service being delivered, and how it is contributing to supporting people's outcomes i.e. consistency of carer, punctual service and allowing for a more personalised service
- Produce staff time efficiencies and associated reinvestment of these into quality monitoring improvements
- Improve management data available which will allow us to improve care planning and delivery, as well as improving reporting ability – e.g., government returns; FOI requests, inspection and regulatory requirements
- Improve monitoring and management of external provision
- Improve financial and charging/billing accuracy

3.8 Renfrewshire Council is implementing Business World, the new Enterprise Resource Planning (ERP) system that will replace the existing finance, purchasing and employee/HR systems. ERP will underpin new business processes for managers and the workforce with a shift to self-service. This major ICT investment will supports a redesign of work-flow processes across Renfrewshire Council and it is anticipated that this will support a re-design in workload and impact in the workforce requirements, skills and capacity. It is further expected that the introduction of ERP will:

- Support easier access for the whole Council to support improved planning and reporting activity;
- Enable 'real time' access to information needed, which better informs decisions, offering a more seamless service;
- Provide an opportunity to automate some tasks which may improve service user access; and
- Create new and exciting opportunities for transforming the outcomes and experience of our service users

3.9 The benefits that the HSCP can realise from new technology are largely dependent on how well they are designed and how our workforce adopts these identified improvements. Central to the success of any IT developments is the involvement of frontline staff both in the planning and consideration of identified solutions to ensure these are fit for purpose. Early induction and training within these systems is also a critical feature to the overall success, as our staff will need to understand and be equipped with the knowledge to optimally use the systems and this, in turn, will deliver benefits to overall service user experiences.

3.10 The continuing evolution of technology will have an increasing impact upon the HSCP's workforce requirements and it is recognised that some staff may require further support and development as we move to more digitally driven ways of working. It will be essential to ensure all staff are digitally skilled for the current and future demands on our services and this should be a key component in the early planning for such improvements. Our leaders must also further develop the capability and culture of

remotely manage groups of staff and ensure performance based on their output as opposed to presence within a traditional office base. Whilst advances in technology can offer improved flexibility, there remains a risk and perception that staff are always available, thus impacting on staff worklife balance.

4. Financial

4.1 The financial environment within which IJBs is increasingly challenging with decreasing national government funding. The financial challenges have been compounded by the single local government financial settlements, increasing service demands flowing from a growing and ageing population and the need to respond to a number of new policies and legislations such as the living care, welfare reform which has had a major impact on local residents.

4.2 Renfrewshire IJB, along with other Scottish IJBs, faces financial challenges over the next few years. To date, Renfrewshire IJB has been able to maintain financial stability during a period of uncertainty and economic downturn and despite considerable demand pressures.

4.3 Although no figures are available beyond 2017/18, it is anticipated that the public sector in Scotland will continue to face a challenging medium term financial outlook. There is significant uncertainty over what the scale of this likely reduction will be. In addition, there remains wider risks which could further impact on the level of resources made available to the Scottish Government including, the changing political and economic environment, within Scotland, the UK, and wider. This will potentially have significant implications for Renfrewshire IJB's parent organisations and therefore the delegated Heath and Adult Social Care budgets. There is consequently no expectation of additional monies to be delegated to the IJB in year. The Chief Officer, Chief Finance Officer and the HSCP senior management team will work with key stakeholders to continually critically appraise and challenge current models of service delivery to ensure resources are focused on areas of greatest need delivering the best outcomes to clients.

4.4 So looking into 2017/18 and beyond, it is important to be clear that within the current models of working, the reducing budgets available will require further recurring savings to be made by this HSCP and this will mean the IJB needs to consider what can safely be delivered. It remains that we must work to deliver both a balanced budget and also continue to deliver accessible, high quality and safe services. After many years of budget reductions, it is fair and reasonable to state that these dual objectives cannot be assured

4.5 Furthermore, the impact of UK wide decisions such as Brexit on HSCP is not currently known. However, possible areas of attention may include:

- The HSCP currently benefits from European funding and there will need to be clarity around how this will be replaced;
- Whether staff born outwith the UK will be able to continue working for the HSCP.
- There could be additional resource overhead if new legislation and regulations require to be implemented.

4.6 The Scottish Government response to Brexit and the possibility of a second independence referendum creates further uncertainty

4.7 The challenging and uncertain financial environment can impact our workforce in a number of ways which can affect morale and wellbeing, such as:

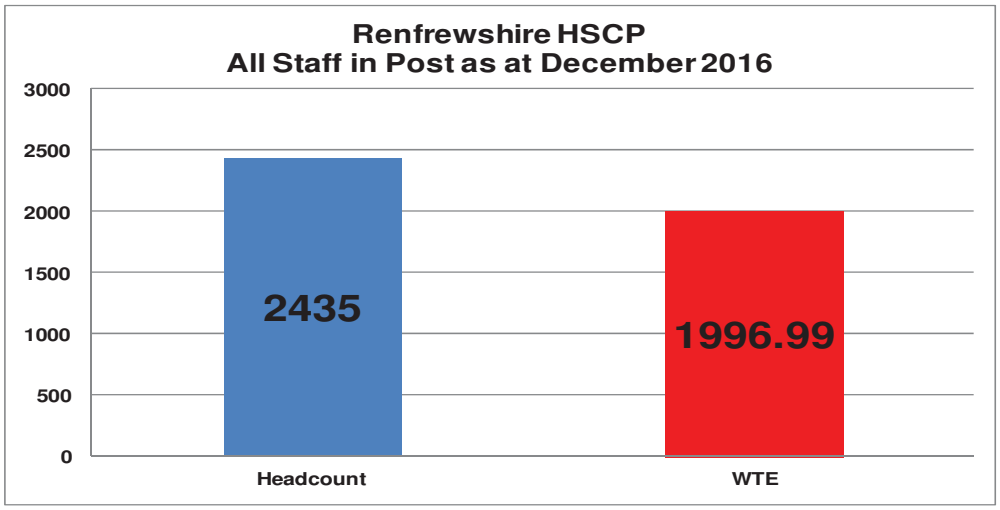
- No or limited pay awards from Council and NHS;
- Increasingly difficult conversations about realising savings and to driving organisational efficiency in all areas of the organisation; and
- Professional judgement around optimal care package and what is required and affordable

Section 3: Workforce Availability – Demographics

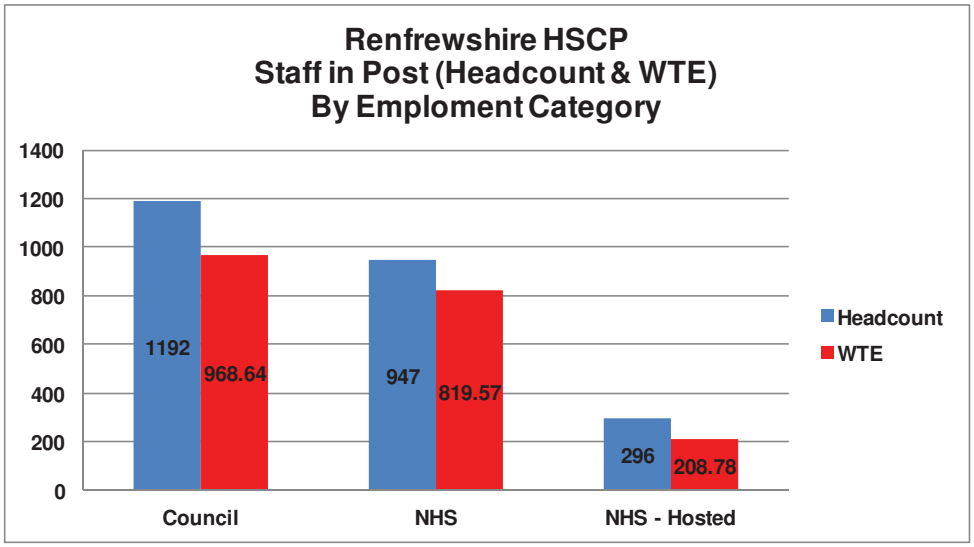
1. Current Workforce

1.1 All figures shown are as at December 2016 unless otherwise stated and includes staff cohorts for community Podiatry and Primary Care Support services, which Renfrewshire HSCP hosts on behalf of NHSGGC. Note that these figures do not include any vacant posts in the process of recruitment.

1.2 As at December 2016 the HSCP workforce comprised of 2,435 Headcount staff inputting almost 2,000 full time equivalents (FTE).



1.3 A breakdown of staff into their separate employing authorities (including hosted staff) is shown below by headcount and FTE.



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

Renfrewshire HSCP				
WTE Staff in Post by Service area and Employer as at December 2016				
Service Area	**Council**	**NHS**	**NHS - Hosted**	**Grand Total**
Adult Services	924.85	455.90		1,347.63
Children's and Families Services		145.92		179.04
Health & Community Care Services	13.85	144.95		158.80
Business Support/Resources ***	29.94	72.60		102.53
Hosted - Primary Care Support Services		0.21	65.22	65.42
Hosted Podiatry Services			143.56	143.56
Grand Total	**968.64**	**819.58**	**208.78**	**1,996.98**

*** NB While this category is predominately comprised of administration staff it also includes staff of a variety of grades from Health Improvement; Service Improvement, Change and Organisational Development; Finance and Senior Management.

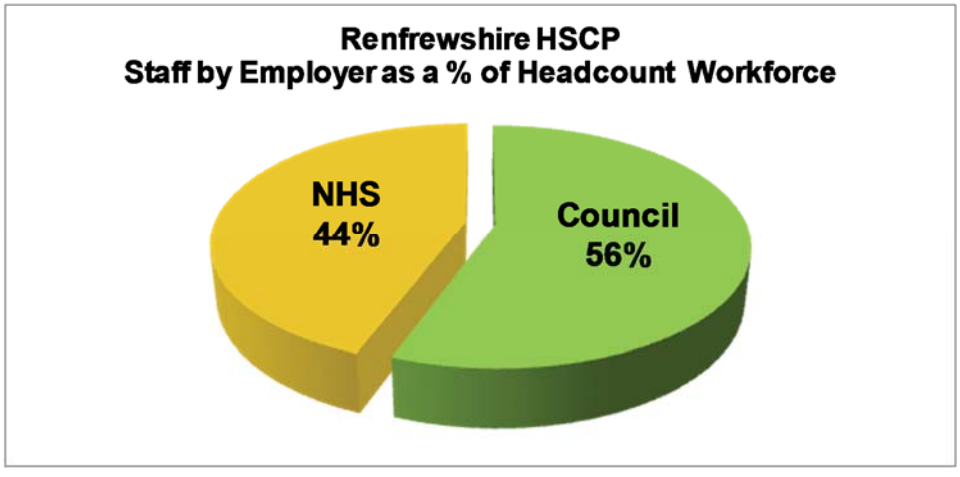
1.5 Please note that managerial posts are counted within Hosted Services but senior managerial (Executive) posts are grouped within Business Support/Resources service area. Further breakdown of this information will be provided in future updates of this document.

1.6 The largest current service area breakdown is Adult Services where 1347.63 FTE staff are deployed. This is followed by Health and Community Care Services which employs a workforce of 158.80 FTE. Business Support and Resourcing functions (including Administrative Support, Planning and Executive functions) account for 102.53 FTE.

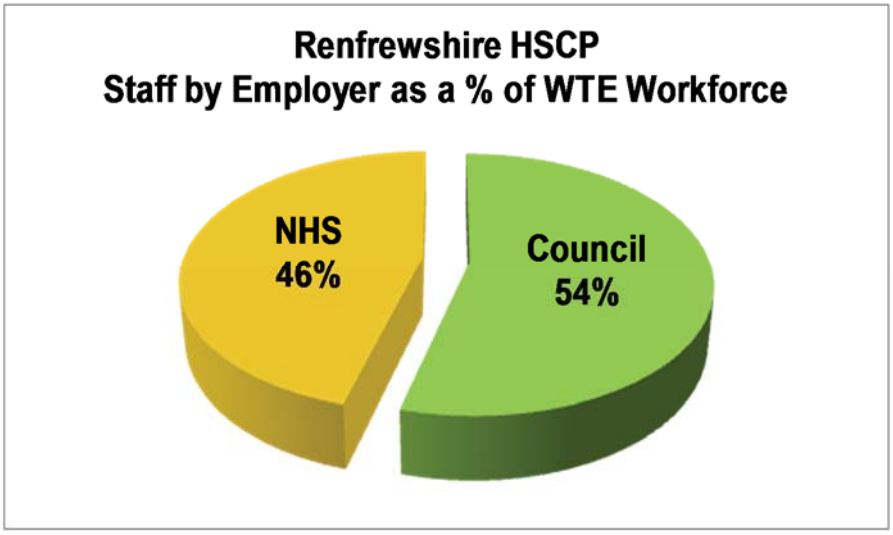
1.7 For future iterations of the Workforce Plan, once the new Enterprise Resource Planning (ERP) system, Business World, is implemented within the Council, it is anticipated that a more detailed breakdown of the services areas will be available.

1.8 For the purposes of this plan hosted NHS staff will be excluded from further workforce demographic breakdowns as they will be part of their own workforce planning process.

1.9 When NHS hosted staff are excluded, Council employees make up 56% of the HSCP workforce by headcount.

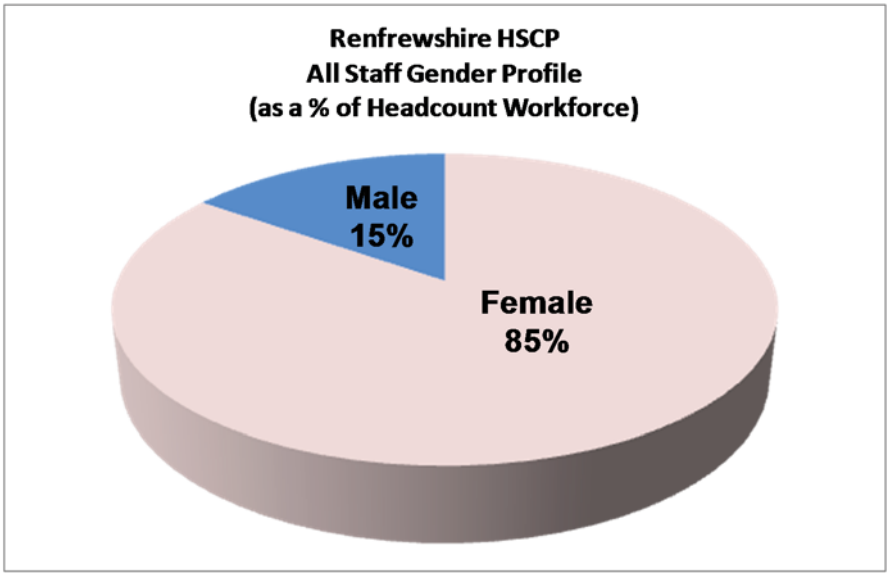


1.10 When the split by employing authority is shown as a whole time equivalent figure the Renfrewshire Council changes change slightly with NHS staff now making up 46% of the workforce compared to 54% for Council employees.



2. Gender Profile

2.1 The gender profile for the HSCP workforce shows that it is predominantly female.

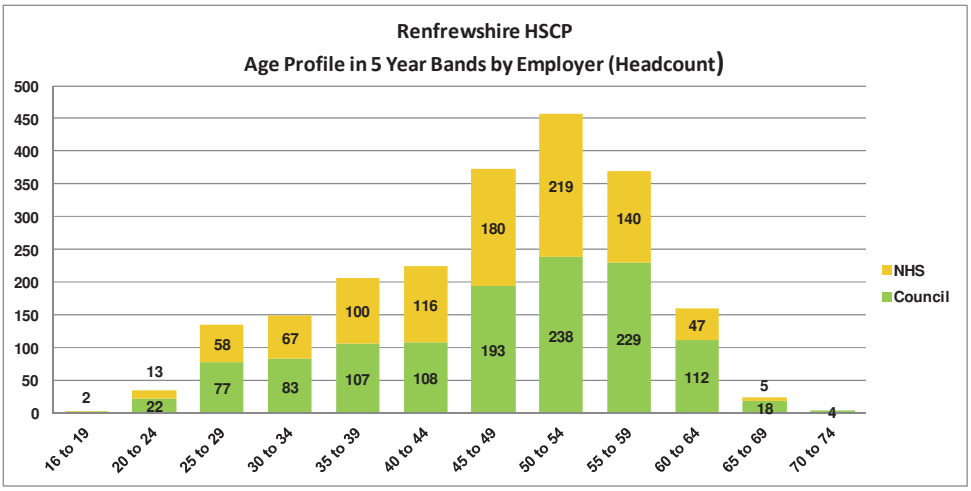


2.2 There is a minimal variance between the NHS and Council gender profile

- NHS – 84% Female and 16% Male
- Council – 86% Female and 14% Male

3. Age Profiles

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



3.2 The profile displays a number of workforce characteristics which are important in relation to our workforce planning processes:

- **47.3%** of the combined HSCP workforce is over 50 years old
- **50%** of the Council workforce are over 50 years old with the NHS figure at **43%**
- The largest age band falls between 50 and 54 years of age with significant numbers also falling in the 55 to 59 year old grouping.
- **8.7%** of the workforce are over 60 years old.
- Only **1.78%** of HSCP staff are under 24 years old and there are only 3 staff members under 20 years old.

3.3 When the age profile is further broken down into the different employing authorities it suggests that there is a greater tendency among council staff to work into their sixties and beyond.

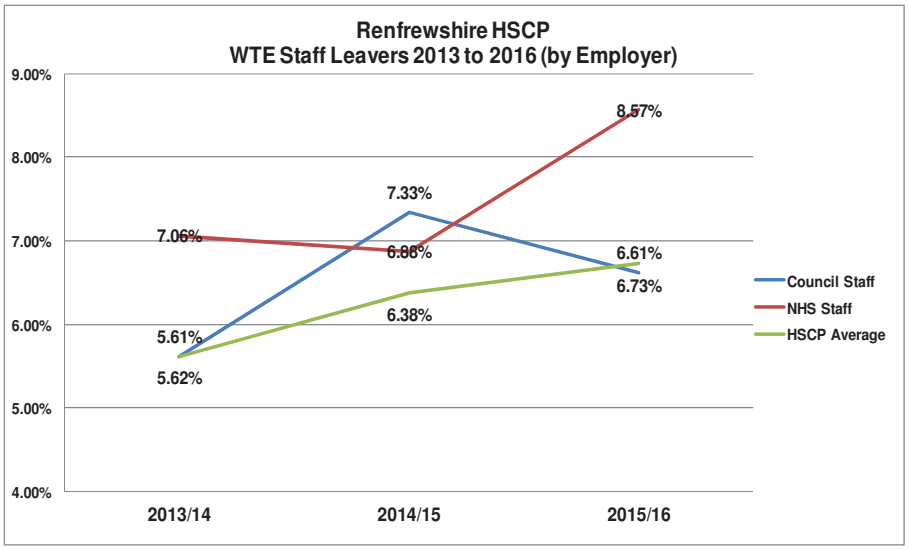
4. Leavers

4.1 For workforce planning purposes the Renfrewshire Workforce has been classified into three areas of retirement risk across the 5 year period 2017-2022 as follows.

4.2 The number of whole time equivalent leavers noted in the last three financial years, 2013 to 2016 are noted in the table below.

Renfrewshire HSCP			
WTE Leavers by Employer 2013 to 2016			
Financial Year	**Council Staff**	**NHS Staff**	**Grand Total**
2013/14	59.62	57.90	117.51
2014/15	79.42	56.35	135.77
2015/16	75.96	70.23	146.19
Grand Total	214.99	184.48	399.47

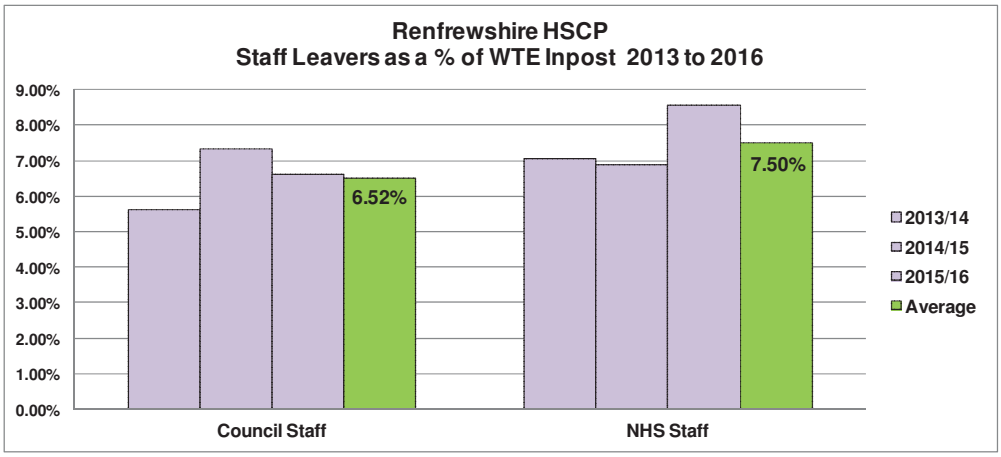
4.3 Leavers' activity has been monitored on a monthly basis over the last 3 completed financial year's period and is shown on the line graph below.



4.4 The overall HSCP average trend displays an increase of circa 1% across the last three financial years. This is primarily explained by an increase in the level of NHS staff leavers during the 2015/16 financial year (an increase of almost 1.5% on previous year's figures).

4.5 The level of FTE Council staff leavers has been variable with an increase during financial year 2014/15 offset by a decrease during 2015/16.

4.6 Further analysis shows the average figures for Council and NHS across the 2013 to 2016 reference period.



4.7 The HSCP will continue to monitor leavers to establish if this represents a pattern of staff behaviour over a longer time period.

5. Reasons for Leaving

5.1 The primary reasons identified for staff leaving employment with Renfrewshire HSCP are resignation and retirement. The number of whole time equivalent resignations has remained constant over the reference period while there has been an increase in the numbers of retrials'. This pattern is consistent with the ageing workforce profile identified earlier in this plan.

5.2 The other reasons for leaving (fixed term contracts, dismissals, deaths and ill health) are more variable across the reference period however such variability would be expected within a normal workforce industrial relations environment.

Renfrewshire HSCP				
WTE Staff Leavers 2013 to 2016 by Reason for Leaving				
Reason for Leaving	**2013/14**	**2014/15**	**2015/16**	**Grand Total**
Resignation	**59.12**	**61.47**	**61.18**	**181.78**
Retirement	**28.44**	**35.67**	**44.71**	**108.82**
Dismissal	**7.51**	**15.06**	**5.03**	**27.60**
End of Fixed Term Contract	**8.51**	**3.10**	**7.27**	**18.88**
Death In Service	**0.81**	**2.62**	**3.68**	**7.11**
Ill Health	**7.85**	**9.48**	**12.44**	**29.78**
Grand Total	**112.24**	**127.40**	**134.31**	**373.95**

5.3 The table below shows the 2013 to 2016 leavers by reason for leaving and parent employing organisation.

Renfrewshire HSCP			
WTE Staff Leavers 2013 to 2016 by Reason for Leaving and Employer			
Reason for Leaving	**Council Staff**	**NHS Staff**	**Grand Total**
Resignation	**102.75**	**79.03**	**181.78**
Retirement	**36.65**	**72.17**	**108.82**
Dismissal	**23.80**	**3.80**	**27.60**
End of Fixed Term Contract	**3.81**	**15.07**	**18.88**
Death In Service	**6.11**	**1.00**	**7.11**
Ill Health	**16.36**	**13.42**	**29.78**
Grand Total	**189.47**	**184.48**	**373.95**

5.4 There a variations between parent employing bodies. Though resignations have been broadly in line with the relative sizes of each workforce the NHS has been subject to more age related retirals' than the Council. Council employees are more likely to leave by reason of dismissal (conduct or capability) than their NHS counterparts.

6. Ageing Workforce

6.1 The HSCP has an ageing workforce and the Workforce Planning process has identified that the main risk to service delivery across the next 5 to 10 years is the impact of the workforce age profile.

6.2 The table below shows the number of staff aged over 55 by their service areas.

Renfrewshire HSCP			
Staff Aged Over 55 as a % of WTE Workforce (by Service Area)			
Service Area	Staff Aged Over 55 (WTE)	Service Area Workforce (WTE)	Over 55s as a% of In post WTE
Adult Services	363.04	1347.63	27%
Business Support/Resources***	26.11	102.53	25%
Children's and Families/Criminal Justice	39.61	179.04	22%
Health & Community Care	27.28	158.80	17%
Grand Total	456.05	1788.01	26%

*** NB While this category is predominately comprised of administration staff it also includes staff of a variety of grades from Health Improvement; Service Improvement, Change and Organisational Development; Finance and Senior Management.

6.3 When benchmarked over the last 3 full financial years the average age of Council staff on retiral is 64.2 years old and NHS staff 60.4 years old.

Renfrewshire HSCP				
Average Age at Retiral 2013 to 2016 by Employer				
Employer	2013/14	2014/15	2015/16	3 Year Average
Council	65.3	64.6	63.3	64.2
NHS	60.7	60.3	60.3	60.4

6.4 For workforce planning purposes the Renfrewshire HSCP Workforce has been classified into three areas of retiral risk across the 5 year period 2017-2022 as follows:

- 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 staff with Mental Health Officer (MHO) Pension Status aged 50 or over.

Renfrewshire HSCP					
Risk of Retirals in the next 5 Years by Care Group as a % of WTE Workforce					
5 Year Retiral Risk Classification	Adult Services	Business Support/Resources	Childrens and Families/Criminal Justice	Health & Community Care	Grand Total
LOW	58%	68%	63%	69%	62%
MEDIUM	26%	15%	22%	18%	23%
HIGH	16%	17%	15%	12%	15%

6.5 The risk factors identified suggest similar impacts across most of our service areas (circa 15%) with Health & Community Care Services showing the lowest figure at 12%.

Mental Health Officer (MHO) status applies to certain groups of staff who were members of the SPPA NHS pension scheme prior to 1st April 1995 and is given in recognition of the nature of the difficult work undertaken by the staff member. It is important to note that the MHO 'Status' ascribed to NHS employees for pension

purposes is distinct and different from the Social Work Statutory MHO 'Role' described in section 9.7.

6.6 Nurses, midwives, health visitors, physiotherapists, nursing assistants/health care assistants and mental health officers in post before 1 April 1995 (collectively described as 'Special Class Status') have the right to retire from age 55 without a reduction to their pension provided that they are in current pension scheme membership.

6.7 Under the new 2015 pension scheme normal retiral age will increase in line with the state pension age for most NHS staff.

6.8 This means that most staff will see an increase in pension age from 66 years old as from October 2020 rising to 68 years old. However, some NHS staff within 10 years of current normal pension age are included in protection of pension arrangements in their existing scheme (which covers staff aged 45 years or over who have Mental Health Officer status).

6.9 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 status staff within 10 years of their normal retiral age of 55 will continue to accrue pension benefits as normal until 2022.

6.10 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 and require to work until 67 years of age).

6.11 Given this, it is the Workforce Planning Group's view that the majority of staff with MHO status who can retire prior to 2022 are highly likely to do so.

6.12 90 (83.73 FTE) of the HSCPs Mental Health/Addictions & LD Services workforce have MHO status. 69 staff (64.3FTE) will reach 55 years of age by 2022 (i.e. the end of the pension protection period).53 staff (48.7 FTE) working within this service area are/will be eligible to retire by the end of 2020. This highlights a specific workforce planning challenge for these services.

7. Service Redesign

7.1 The current profile of our workforce presents opportunities as well as risks.

7.2 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 new integrated health and social care arrangement.

7.3 At this time it is unclear how the workforce will 'respond' 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 possible increased caring needs.

7.4 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 less able to perform "physically demanding" duties.

7.5 We will continue to monitor age profiles and retiral trends across the workforce to inform future need.

8. Projected Replacement Needs

8.1 Using the average in post staffing figures across 2013 to 2016 benchmarked against numbers of staff leaving identifies an annual leaver rate of 7.5% for NHS staff and 6.5% for council employees across the last three year reference period. Note that as detailed previously this figure excludes staff employed in hosted services.

Renfrewshire HSCP			
Projected WTE Replacement Need 2017/18 by Service Area			
Service Area	**Council**	**NHS**	**Grand Total**
Adult Services	**57.96**	**34.19**	**92.16**
Children's and Families/Criminal Justice	**2.15**	**10.94**	**13.10**
Health & Community Care Services	**0.90**	**10.87**	**11.77**
Business Support/Resources* **	**1.95**	**5.44**	**7.39**
Grand Total	**62.96**	**61.45**	**124.41**

*** NB While this category is predominately comprised of administration staff it also includes staff of a variety of grades from Health Improvement; Service Improvement, Change and Organisational Development; Finance and Senior Management.

8.2 Using these figures as an indicative guide table projects an annual leavers figure of approximately circa 125 FTE across the next full financial year.

9. Specific Service Challenges

Care at Home

9.1 The Care at Home workforce is predominantly female and mostly over 50 years of age. The hours are typically 25 hours per week although some staff work 35 hours. There may be a requirement to revisit shifts and working patterns in the service to ensure the most effective cover at the busiest times of day, for example, getting up in the morning, lunch, dinner time and bed time. However, also required is a focus on recruitment and retention, and the provision of shifts and working patterns which are attractive to the existing and potential workforce.

Residential Home Care and Day Care Centres

9.2 Residential Home Care and Day Care Centres have a predominantly female workforce, with the majority of staff over 50 years old. The demographic profile of the workforce can lead to availability issues because of sickness absence rates due to age related illnesses and illnesses related to the job, such as, musculoskeletal and mental health conditions. Turnover is high in Residential, however stable in Day Care, the reason thought to be because of the smaller close knit workforce.

Mental Health, Addictions and Learning Disabilities

9.3 The average age of Mental Health employees (excluding Medics) is approximately 48 years old, while for Medics it is approximately 51 years old. The population of Managers/Team Leaders in this section are aged 40 years plus on average, and the Psychotherapists who can take 10 years to fully train for their role also have an older

age profile. Therefore, a significant number of the specialist workforce may be eligible for retirement in the coming years, impacting on workforce availability.

District Nursing

9.4 There are current challenges in recruiting to the Band 6 District Nurse role, which is also a GG&C and Scotland wide challenge, in part due to disinvestment in training for a number of years, and the ageing workforce profile. Coupled with increasing age and complexity of patients referred to the service, this has significant impact.

9.5 We have a succession plan in place to support staff to undertake SpQ Advanced Practice in District Nursing; however, this attracts minimal numbers of staff currently as we have a large number of relatively newly qualified staff who do not meet the criteria.

9.6 It has also become evident that Renfrewshire District Nurses carry higher patient numbers than comparable HSCP's; with commensurate higher levels of intervention. These elements are being scrutinised to address any measures to assist i.e. patients with diabetes and Care Home residents.

Mental Health Officers (MHO) Service.

9.7 A Mental Health Officer (MHO) is a social worker who has special training and experience in working with people who have a mental illness or related condition. They have a unique role in supporting and protecting people vulnerable because of mental disorder. MHOs are involved in the assessment of individuals experiencing mental disorder who may need compulsory measures of care, treatment, or detention. Their duties include:

- Protecting health, safety, finances and property
- Safeguarding rights and freedom
- Duties of the Court
- Public protection in relation to mentally ill offenders

9.8 In Renfrewshire, we have developed a Mental Health Officer (MHO) Service that provides a responsive service to requests for detentions under the Mental Health Act and ensures that individuals who are subject to detention receive information and advice regarding their legal rights of appeal and access to advocacy services. The MHO Service has robust processes in place to ensure new legislative requirements are met, specialist input is provided, and that advice, support and training is provided where necessary.

9.9 The main demands on the MHO service are:

- Requests for consent to detentions under the Mental Health Act
- MHO reports required to support applications under the Adults with Incapacity Act
- Attendance at Mental Health Tribunals
- Provision of social circumstances reports and other court related matters such as applications for warrants and removal orders
- Supervision of Restricted Patients
- Input to Multi Agency Public Protection Arrangements (MAPPA); Adult Protection Case Conferences; and Care Programme Approach.

9.10 Considerable investment has already been made in the MHO service to increase the numbers of qualified staff available to undertake statutory work. However, demand for MHO services continues to increase year on year, placing considerable additional pressure on this service. The introduction of the 2015 Mental Health Act (expected Summer 2017) will add further responsibilities to the MHO role and will place greater pressures on the MHO service that will require to be met by increasing the number of MHOs available.

Primary Care Independent Contractors

9.11 There are approximately 120 GPs in practices in Renfrewshire. Of these, 16% are aged 55-64, with a further 40% aged 45-54. There is therefore an assumption of significant numbers of retirements over the coming years. Note this will be further updated based on results of local GP workforce survey (currently being undertaken)

9.12 In the past 10 years the GP headcount in Scotland has risen from 4,598 in 2006 to 4,913 in 2016 (ISD Scotland data). This represents an increase of 7% in headcount but this does not necessarily correlate with an increase in FTE GPs - anecdotal evidence points to a reduction in clinical sessions provided by more recently qualified GPs as well as those struggling to manage the increasing workload in primary care. This is against a backdrop of significantly increased demand and consultation rates over a similar period: a study by the Kings Fund into General Practice in England estimated that face to face consultations increased by 13% whilst telephone consultations increased by 63% in the 3 year period from 2010/11 to 2013/14.

9.13 In addition the demographic makeup of the GP workforce is changing; 58% of the workforce in 2016 was female, compared to 48% a decade earlier. A 2015 BMA survey highlighted the fact that one third of GPs in Scotland plan to retire in the next 5 years with an additional 14% planning to move to part time working. In Scotland the salaried GP workforce has more than doubled in the past decade – increasing from 8% to 16% of the total workforce - whilst in England more than 26% of GPs are salaried. This suggests a shift away from the previously predominantly GP partner workforce to a more diverse and sessional one.

GP Workforce within GG&C context

9.14 As of January 2017 the total headcount (not FTE) GPs registered with the GGC Performer's list was 1,228. The breakdown by role and HSCP, alongside calculated population per GP, is outlined in the table below. There are currently 118 GP partners and 6 salaried GPs in practices in Renfrewshire. Of these, 16% are aged 55-64, with a further 40% aged 45-54. This suggests a significant retirement bulge in the coming years.

HSCP area	List Size	GP partners	Salaried GPs	Total GPs	Patients per GP	Least doctored
S Glasgow	267,033	170	64 (Glasgow City)	493 (Glasgow City)	1,418 (Glasgow City)	4 (Glasgow City)
NE Glasgow	210,534	117				
NW Glasgow	221,672	142				
E Dunbartonshire	106,093	64	7	71	1,494	2
W Dunbartonshire	96,387	66	7	73	1,321	5
Inverclyde	82,060	61	3	64	1,282	6
E Renfrewshire	94,841	53	9	62	1,530	1
Renfrewshire	180,666	118	6	124	1,457	3
ALL HSCPs	**1,259,286**	**791**	**96**	**887**	**1,420**	N/A

9.15 The average registered population per GP across GGC of 1,420 compares to a national average of 1,154 (based on January 2017 figures of total registered list size of 5.67 million and 4,913 GPs nationally). Renfrewshire has the 3rd highest registered population per GP across GGC. Due to the lack of information about FTE GP numbers this is the best proxy measure for assessing whether GGC is 'under doctored' compared to other parts of the country.

9.16 Glasgow LMC has reported that 13.9% of GP practices surveyed across GGC in December 2016 reported at least one GP vacancy. They also report that 41 practices reported having been unable to secure locum cover in the 4 weeks prior to the survey with 3 practices having had a period of over 7 days in the preceding 4 weeks where no locum cover could be found.

9.17 Despite the Scottish Government's 'golden hello' scheme – offering between £7,500 and £12,500 for GPs taking up a substantive post in practices in deprived areas – a number of Renfrewshire surgeries have reported struggling to fill vacancies. There is, however, a lack of information regarding how many practices are carrying vacancies and how many GPs are likely to retire locally in the coming months or years – making workforce planning & support challenging at present.

Section 4: Service Priorities

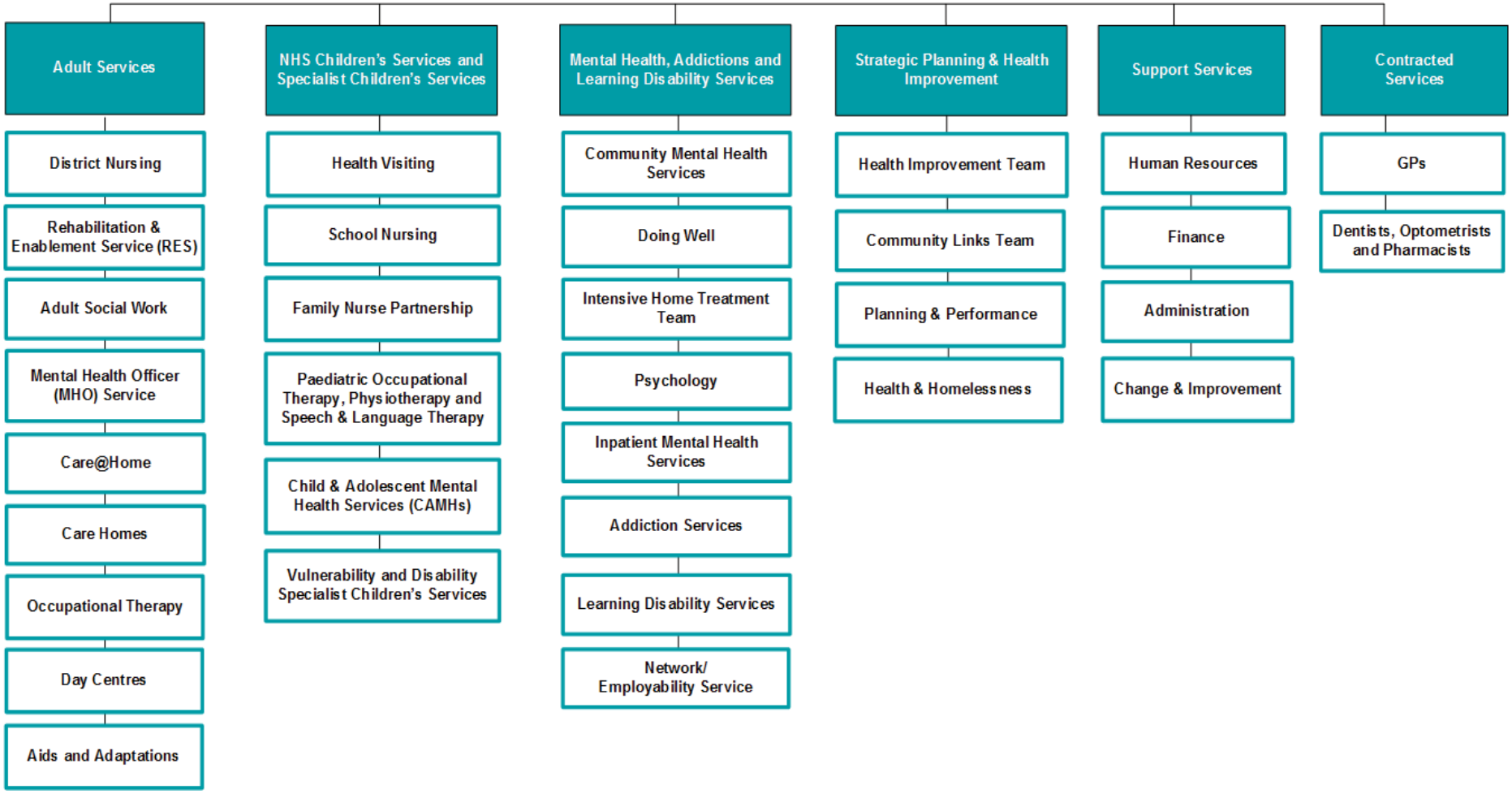
1. Service Areas

1.1 This Section sets out the specific priorities and challenges in relation to our workforce for each HSCP service area.

1.2 These service areas are set out in the diagram overleaf, namely:

- Adult Services
- NHS Children's Services and Specialist Children's Services
- Mental Health, Addictions and Learning Disability Service
- Strategic Planning and Health Improvement
- Support Services
- Contracted Services
- Hosted Services

Diagram 1: HSCP Service Areas



2. Adult Services

Focus of Activity

2.1 The Heads of Service for our two localities manage a substantial and broad range of NHS and Council staff that provide assessment and intervention for adults over the age of 16 years. The Locality services consist of a number of discrete services (including Care at Home, District Nursing, Rehabilitation, Mental Health Officer, Adult Protection) and professional and paraprofessional roles (Social Worker, Nurse, AHP, Adult services co-ordinator, social care worker) roles. These services and roles are coordinated and collaborate to provide a matrix of support in order to meet the national outcomes such as ensuring people are safe, and are supported to live independently at home or in a homely setting.

Workforce Capacity

2.2 The most significant challenge facing services is their capacity to meet demand within the constraints of the available resource. In particular the need to meet the growing volume and complexity of needs of an older population will require more assessments to be completed and more services to be provided. Alongside this fact is the policy drive to maintain people at home or in a homely setting which requires investment in community services to achieve the goal.

2.3 Over recent years there has been some investment in community services from the Change Fund, now known as the Integrated Care Fund (ICF), which has improved performance with delayed discharge and the voidance of admission to hospital by investing in community nursing, rehabilitation and re-ablement services in line with the policy aims. The Council has also responded positively to the increased in demand by investing substantially in the Care at Home service over several years. However there has been no release of resource from Acute Service as the increased demand for hospital beds has absorbed all of the capacity that has been realised from these work streams. Sustaining this performance into the future without further investment in community services will be problematic.

2.4 Whilst there will always be opportunity to review and remodel services to changing circumstances, it should be noted that there has already been significant redevelopment work completed for example establishing the Care at Home re-ablement services, outsourcing service and taking forward skill mix reviews which have allowed service to deliver efficiencies and manage demand. The scope to find further significant efficiencies is diminishing.

2.5 There are also capacity challenges in relation to statutory work associated with the trio of Acts associated with Adult Protection as the volume of work continues to rise. There was a modest investment on Social Worker and MHO posts using additional resources provided by the Scottish Government when the Adult protection Act came into effect in 2008. A further 3 MHO posts were created using the Change Fund in 2012 and a further 3 Social Worker posts were funded in Council's 2016/17 budget. However the demand has absorbed the capacity of these investments and demand continues on an upward trend indicating a need to ensure that qualified Social Workers are focused on these most complex areas of work with the consequence that more everyday care management tasks are directed to other job roles. This has influenced the HSCP's decision to invest in para professional posts to undertake assessment and care management roles with less complex circumstance and where personal budgets are primarily directed towards care at home and day care services interventions

Recruitment and Retention Challenges

2.6 There are a range of challenges to be addressed arising from the fact that Health and Care has growing demands to secure a larger share of working age adults and there is competition both within the sector (across HSCP's; within the NHS; with the independent a sector) and with other areas of the employment market (retail, leisure).

2.7 Social Care Posts: The largest components of the HSCP's workforce are social care workers who work within Care at Home, Care Homes and Day centres. As noted there is increased demand for these roles in care at home whilst the demand in care homes and day care is relatively static. The introduction of the living wage has helped to improve the pay of this element of the workforce, however it has not helped particularly with making the role in Renfrewshire more attractive as the HSCP is still in competition with other living wage employers in the same employment sector as well as those out with where arguably the task is less complex and requires fewer conditions to employment (PVG, SSC registration). The partnership has adopted an improvement approach to this issue to both increase the profile of social care roles and be more pro-active in its efforts to attract and retain staff.

2.8 Specialist Roles: There are similar challenges with the specialist role of Band 6 District Nurse and Mental Health Officer. Both of these roles require experienced practitioners (Nurse and Social Worker respectively) to undertake additional Masters level training. In both service areas there is risk associated with the age profile of the workforce and the ability to replace people who retire or leave for other reasons. This is as much a national as a local issue. Replacement is dependent upon practitioner's willingness to progress to these roles, funding for training being available and there being sufficient training places at the Universities. The services have been active in managing the local pressures for example our stand alone MHO team is seen as an attractive service to work in and we have successfully recruited when we increase the size of the team. However, the dispersed MHO numbers remain static as these practitioners are promoted or are drawn from the generic to specialist MHO teams. In both of these service areas succession planning and growth will need to be considered going forward.

Succession Planning

2.9 Strong leadership and effective management at the first line manager level are essential for delivering quality services and meeting outcomes. The DN Band 6 challenge is illustrative of some of challenges of replacing key roles. Across a range of promoted post there is often a poor response to vacancy adverts. Not everyone is attracted to specialist or promoted posts and even those who are can be hesitant to move from a role they are comfortable with and perform well in to take on the responsibility of leading a team or providing professional leadership which require a different skill set. The workforce plan will strengthen the HSCP's approach to talent spotting, succession planning and supporting new leaders to optimise the appeal of these posts to those most able to lead the service in the future. In relation to retiral rates, there is scope to offer those retiring part-time positions, to retain experience within the workforce.

Resilience

2.10 There are a number of service areas, particularly AHP roles, where the service is small in scale and/or where activity level is high where risk emerges whenever they staffing levels are anything other than optimal (e.g. through vacancies, maternity leave, long term absence). Waiting lists and times quickly increase and take time to

recover once staffing levels are restored. This is associated with the capacity issue noted above and will require managers to be active in addressing the prevailing issues as they arise and also to consider opportunities to redesign services to manage demand.

2.11 Similar issues are experienced across the wider range of health and social care services including Child & Family, Mental Health, Addictions and Learning Disability Services.

Development Challenges

2.12 As well as succession planning there are a number of personal and organisational development challenges for the locality services. One particular issue is the imminent registration of the care at home workforce with the SSSC. All carers will have to hold or work towards attaining relevant qualifications. This will be a considerable personal endeavour for the workforce and will make significant demands on the organisation. Previous tranches of registration have shown that some existing and very competent employees will need a lot of support to secure the relevant qualifications. A further concern is that this additional "test" will further discourage potential recruits. It will be important that we support this staff group in securing registration and also take time to consider the development of an improved career pathway and other incentives to ensure the role stands out as a positive opportunity in a competitive market place.

2.13 Working within an integrated organisational model, continues to highlight both opportunities and challenges for the different professional groups within locality services. Within the localities there is work under way to scope out and capitalise on the opportunities to unlock the benefits of integration to improve the Adults experience of using services, to engage better with referrers and other partners and to release capacity within the existing workforce resource. For existing staff this work will requires them to change and give up previous ways of working and for some there is an element of loss and even threat inherent to this. The challenge for the HSCP is to make the most of the opportunities whilst ensuring that professional identity is preserved and that professional expertise is utilised to achieve the maximum impact. There will be a need to maintain the engagement with professional leads and the staff partnership Forum and through forums such as team meetings and the Leadership Network to engage with practitioners, their professional leads to move this element of the work forward in a structured and purposeful way that encourages participation and buy in from all levels of the workforce.

Key Workforce Priorities and Actions

- Explore opportunities to reinvest resources from elsewhere in the system (such as unscheduled care) to increase the capacity of locality based services with the aim to provide more support for people to live longer in their own home or community.
- Review and develop the recruitment strategy for key posts such as social care workers, specialist roles such as DN's and MHO's and first line managers. As part of this, to review the career pathway and incentivising of care at home staff.
- Continue the programmes of work which set out to streamline business processes and redesign delivery models to capitalise on the benefits of integration and to release capacity to manage increasing demand levels. In doing so to ensure effective engagement with practitioners and professional groups.
- Invest in a programme of activity to support the registration of the Care at Home workforce over the next 3-5 years.

- Develop proposals to increase the resilience of particular services including SLT, Dieticians, and Physiotherapy.
- Conduct Service Needs Analysis to determine if Advanced Nurse Practitioners could be developed to provide an expert level of clinical assessment and treatment planning for our population with a potential resultant pressure on GPs.

3. Children's Services

Focus of Activity

3.1 Children's Services consist of a number of services including Health Visiting, delivering on the universal pathway for pre-school children, School Nursing and more specialist service provision such as Paediatric services including child development, vulnerability and disability pathways and Child & Adolescent Mental Health Services (CAMHs). These services are delivered by range of professionals including nurses, psychologists, medical staff, occupational therapists (OT), physiotherapists, speech and language therapists (SLT). Children services programmes are planned on a GGC boardwide basis and Medical staff (paediatricians and psychiatrists) are managed boardwide.

3.2 There is also a Family Nurse Partnership (FNP) team hosted by Renfrewshire and serving Renfrewshire, East Renfrewshire and Inverclyde populations. FNP is an early intervention licensed home visiting programme offered to young mothers and their families under 19 years and having their first baby. The Family Nurse also delivers the components of the universal health visiting pathway until the child is 2 years old. The programme is funded directly by Scottish Government and a service level agreement in place for delivery of the programme until 2020. The Family Nurses come from a variety of professional backgrounds including health visiting and midwifery and have completed further training at an advanced level to equip them for delivery of the programme.

Workforce Capacity

3.3 In 2015 the Scottish Government announced development in the health visiting workforce and the intention through the investment of £20 million across Scotland over a 4 year period to create an additional 500 FTE health visitors (200 for NHSGGC).

3.4 The majority of this investment was allocated to achieve the requirements of the Revised Universal Pathway and Children and Young People (Scotland) Act 2014. This required significant planning to support access to the health visiting course and coordination of releasing Band 5 staff where appropriate whilst continuing to deliver safe and effective services. The planning and implementation of this 4 year workforce plan has been project managed as a whole system.

3.5 In Renfrewshire this means an additional 19.4 FTE trained Health visitors by 2020. There has also been additional investment of 6.6 FTE band 7 supervisory and leadership positions to deliver on 1:10 supervisory ratio and ensure adequate practise teacher support for student HV placements. Whilst there has been significant investment in these posts to deliver on the universal pathway there requires to be a reduction in the Band 5 workforce by 9.0 FTE resulting in the total new investment of 17.0 FTE additional staff by 2020.

3.6 A National review of School Aged Children is currently underway in response to CEL 13 (2013) and the resulting change in policy and the future focus of public health nursing. A report is due to report to Scottish Executive Nurse Directors (SEND) March 2017.

3.7 There has been no access to school nursing post registration qualification for a number of years and this has resulted in none of the Renfrewshire workforce having completed a school nursing qualification. A number of existing school nursing staff have opted to access health visitor training.

3.8 There has recently been significant investment and / or redesign of Services across NHSGGC which have effectively reduced activities for School Aged Children. These include, for example, Enuresis / Encopresis Services, Thyroid Screening by Specialist Services and School Aged Children Immunisation Teams. Other partnerships across NHSGGC are currently involved in a review of NHS School aged children service. In Renfrewshire there is a requirement to agree core school nurse activities and consider opportunities for skill mix and other agency involvement in the delivery of services to meet the health care needs of school aged children.

3.9 70% of the school nursing team currently work term time which means we have limited capacity during school holidays to be responsive to the healthcare needs of school age children.

3.10 Across specialist children services a resource allocation model has been agreed for all disciplines and whilst operationally managed in Renfrewshire planning of service provision is undertaken on an NHSGGC wide basis. The exception to this is the SLT workforce who are also receive funding by Renfrewshire Council education services and the workforce associated with this is determined by the funding and agreed outcomes.

Recruitment and Retention Challenges

3.11 There have been significant challenges associated with recruitment and retention of Band 7 psychology posts, usually associated with newly qualified clinical psychologists who then quickly move on to higher banded positions in the CAMHS service. It is understood this is not unique to CAMHS but a wider psychology issue.

3.12 With such investment across Scotland in the Health Visiting workforce we are experiencing some recruitment and retention issues among the workforce at present due to the number and choice of locations associated with these posts.

Succession Planning

3.13 The Health Visiting investment over a 4 year period has resulted in a robust and coordinated approach to succession planning. There has been further investment in leadership/ management posts in keeping with the overall NHSGGC health visiting workforce plan.

3.14 Children's Services have maintained a robust approach to supporting leadership through KSF and personal development planning.

Development Challenges

3.15 The HSCP needs to continue with developmental work across children service teams and ensure robust joint working with Renfrewshire Council Children's Services department and full engagement with NHSGGC and local workstreams associated with implementation of the revised universal pathway and the Children and young people (Scotland) Act.

Key Workforce Priorities and Actions
• Continue to implement the NHSGGC health visiting workforce model.

- Agree core school nurse activities and consider opportunities for skill mix and other agency involvement in the delivery of services to meet the health care needs of school aged children.
- Continue the programmes of work which set out to streamline business processes and redesign delivery models.
- Develop proposals to increase the resilience of particular services including SLT and Psychology.

4. Mental Health, Addictions and Learning Disability Services

Focus of Activity

4.1 The Head of Service for these services manages a wide range of NHS and Council staff who provide assessment, intervention and support for adults over the age of 16 years. These discrete services, including Community Mental Health, In-patient Mental Health, Older Peoples Mental Health Services, Learning Disability Day Centres, Torley Unit, Integrated Alcohol Team, Renfrewshire Drug Service and both adult and addiction Liaison services, face a number of competing challenges in supporting the population of Renfrewshire. Within these services there are a number of roles including Nurses, Social Workers, Allied Health Professionals (AHPs), Professional Nurse Advisors, Medical, Health Care and Social Care Support Workers.

4.2 These services and roles are co-ordinated and collaborate to provide a matrix of support in order to meet the national outcomes such as ensuring people are safe, and are supported to live independently at home or in a safe and caring setting.

4.3 It is estimated that 1 in 4 adults in the UK each year will experience a mental health disorder and this may also change over time in response to different life stages or challenges. The prevalence of mental health conditions is much higher amongst people with learning disabilities than amongst the rest of the population.

4.4 Furthermore, people with learning disabilities are at greater risk of developing dementia, which tends to develop at a much younger age and also physical conditions, such as, epilepsy, sensory impairment and respiratory disorder have been shown to be more common in people with learning disabilities. There is also a strong link between mental health conditions, such as, depression and the over consumption of alcohol.

Workforce Capacity

4.5 Some of the key workforce demands on the respective services within Mental Health, Addictions and Learning Disabilities are detailed below.

Addictions

4.6 Increasing referral levels, which currently stand at approximately 700 per year, drive the demand in this. There is an Alcohol and Drug Partnership funding deficit for Renfrewshire which will impact on front line service provision.

Renfrewshire Learning Disability Service

4.7 It can be difficult to categorise cases accurately as there are number of referrals that could be defined as being related to Learning Disabilities that may better fit or overlap with the work of other HSCP services. There is also a need to meet more stringent SSSC requirements. A significant amount of time is spent on contract and commissioning work and specific Officers deal with this area.

4.8 It can be difficult to get “overall control” of the workforce due to there being a mix of NHS and Council employees and different terms with conditions of employment, including hours and public holidays. Within the section there are 7 NHS employees who are protected by the relevant NHS Displacement Policy, which can provide availability challenges.

4.9 As a result of SDS, some employees are being privately employed as Personal Assistants at weekends and on days off, by or on behalf of the service user's family. This reduces the flexibility and availability of the workforce, but also can impact on the resilience of employees in an already demanding role.

4.10 Day Centre Managers are registered with the SSSC, which means that any related skill/qualification requirements do not extend to the Day Centre employees. This is a significant issue given the future more complex needs of service users. There is also an impact on succession planning and the recruitment process. The section often experiences high responses to job adverts, with many applicants not having the relevant skills and experiences. The Community Team have been through a re-design fairly recently which is hopefully making best use of workforce availability.

Community Mental Health

4.11 The availability of NHS employed Mental Health Officers is impacted on by the pension regulations which allow some Mental Health Officers special status to retire on full benefits from 55 years old.

4.12 The two Community Mental Health Teams are facing increasing referrals, activity and have significant issues retaining social work staff due to difference in payment grades from other HSCP areas. Health staff are under significant pressure to meet national heat targets which impact on staff deployment, resources and availability.

4.13 Across all disciplines recruitment and retention can be difficult due to increased workload, increased demand, reducing resources and skill mix

4.14 Primary Care Mental Health Team referrals have increased following the ability for clients to self-referral and this is impacting on waiting times

Adult Mental Health

4.15 There is significant pressure on our in-patient beds across all areas, linked in part to the patients requiring longer periods in hospital as a result of significant mental illness and the lack of suitable and appropriate supported accommodation options to provide care and treatment in the community.

4.16 As a result of this nursing observation levels are a significant cost pressure for all areas due to funding of appropriate staffing levels to meet the service activity and demands.

Recruitment and Retention Challenges

4.17 Within our NHS employed Mental Health/Addictions/Learning Disability Services workforce the issue of the ageing workforce is exacerbated by two additional factors:

- Mental Health Officer (MHO) status which allows some staff members to retire at age 55 years with full pension benefits;
- Changes to NHS pension provision.

4.18 MHO status applies to certain groups of staff who were members of the pension scheme prior to 1st April 1995 and is given in recognition of the nature of the difficult work undertaken by the staff member.

4.19 Nurses, Midwives, Health Visitors, Physiotherapists and Mental Health officers in post before 1 April 1995 (collectively described as 'Special Class Status') have the right to

retire from age 55 without a reduction to their pension provided that they are in or have been in current membership for five years up to retirement.

4.20 MHO status affords NHS employed staff an earlier Normal Pension Age (NPA) of 55 rather than the age 60 NPA for other members and all completed years service beyond 20 years are doubled for pensionable purposes meaning staff can reach 40 years pensionable service after 30 years reckonable NHS employment with MHO status.

4.21 Under the new 2015 Pension scheme normal retiral age will increase in line with the state pension age for most NHS staff.

4.22 This means that most staff will see an increase in pension age from 66 years old as from October 2020 rising to 68 years old. However, some NHS 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 Mental Health Officer status).

4.23 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 will continue to accrue pension benefits as normal until 2022.

4.24 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 and require to work until 67 years of age).

4.25 Given this, it is the Workforce Planning Group's view that the majority of staff with MHO status who can retire prior to 2022 are highly likely to do so.

4.26 90 (83.73 FTE) of the HSCPs Mental Health/Addictions & LD Services workforce have MHO status. 69 staff (64.3FTE) will reach 55 years of age by 2022 (i.e. the end of the pension protection period).53 staff (48.7 FTE) working within this service area are/will be eligible to retire by the end of 2020.

Succession Planning

4.27 The average age of Mental Health employees (excluding Medics) is approximately 48 years old, while for Medics it is approximately 51 years old. The population of Managers/Team Leaders in this section are aged 40 years plus on average, and the Psychotherapists who can take 10 years to fully train for their role also have an older age profile. Therefore, a significant number of the specialist workforce may be eligible for retirement in the coming years, impacting on workforce availability.

Development Challenges

4.28 As well as succession planning there are a number of personal and organisational development challenges for Mental Health, learning disability and addiction services. It is essential to maintain staff development and training within the existing demands to the service.

4.29 Working within an integrated organisational model, continues to highlight both opportunities and challenges for the different professional groups within locality services. Within the localities there is work under way to scope out and capitalise on the opportunities to unlock the benefits of integration to improve the Adults experience of using services, to engage better with referrers and other partners and to release

capacity within the existing workforce resource. For existing staff this work will requires them to change and give up previous ways of working and for some there is an element of loss and even threat inherent to this. The challenge for the HSCP is to make the most of the opportunities whilst ensuring that professional identity is preserved and that professional expertise is utilised to achieve the maximum impact. There will be a need to maintain the engagement with professional leads and the Staff Partnership Forum and through forums such as team meetings and the Leadership Network to engage with practitioners and their professional leads to move this element of the work forward in a structured and purposeful way that encourages participation and buy in from all levels of the workforce.

Key Workforce Priorities and Actions

- A Whole System Review of Addiction Services to include reviewing demand and capacity and also appropriate skill mix to support service needs.
- Continue with succession planning for staff who can retire at 55 years of age with Mental Health Officer status ensuring appropriate skills are deployed within the services.
- Continue to review observation levels within the clinical area as demands are increasing. Ensuring safe staffing levels with the appropriate skill mix to support the observation.

5. Health Improvement

5.1 Our specialist health improvement workforce support the HSCP aims of preventing ill health and early intervention. In a few areas, they deliver health improvement activity, but their role is more about working with the wider public health resource both inside and outside the HSCP. They are able to draw on current research and literature to support health practitioners and partners to promote wellbeing and self-care.

Challenges

5.2 The team is funded through recurring and non-recurring money, making it challenging to plan ahead and deliver a consistent service. The workforce tends to be mobile and flexible, moving to areas which can offer permanent contracts where possible.

5.3 The outcomes for the health improvement team are long term and although proxy measures can be used, tangible outcomes may not be apparent for 3 to 5 years or even longer.

5.4 The team works with communities, the Third Sector and Community Planning partners such as the Police, colleges and the Fire Service. This work is often not visible to health practitioners and the team has to evidence health benefits.

Key Workforce Priorities and Actions

- Offer permanency to health improvement staff where possible to minimise turnover, and attract and keep experienced, skilled staff.
- Plan a range of staff development opportunities linked to evidence about what works.

6. Support Services

6.1 Support Services is the overarching term to describe the teams that support the delivery of front line services including Finance, Administration, Human Resources, Strategic Planning, Organisational Development and Change and Improvement. These teams play a pivotal role in supporting the organisation and enabling frontline clinical and care staff to deliver the right service, to the right person, at the right time, in the right place.

6.2 Amidst the ever-changing healthcare landscape, HSCPs are continually challenged to "do more with less" and continue to seek opportunities to reduce costs and simultaneously improve service user care and outcomes. Effective support services enable a better use of resources by eliminating or significantly reducing the "dilution" effect on our health and social care professions, to enable our frontline services to prioritise their duties appropriate to their discipline, skill and job description.

6.3 Our Support Services staff undertake a wide range of organisational activity that allows the Partnership to effectively and efficiently function, including:

- Assuring the Integrated Joint Board and HSCP meet their statutory and governance responsibilities including management, monitoring and reporting of health and safety, complaints, enquiries and Freedom of Information, performance, financial management, building management, audit, risk management, data protection and record management.
- Setting the strategic direction of the organisation and developing aligning Strategic and Financial Plans to deliver the best outcomes for the people who use our service, whilst ensuring best use of resources.
- Providing a structured approach to managing change, optimising the use of change and improvement competencies and developing and sharing best practice throughout the HSCP.
- Support, develop and protect our staff through sound organisational development, appropriate HR policies and investing in our workforce's learning and development.
- Oversight, input and review of externally provided services such as human resources, payroll, building maintenance and ICT to ensure their effective delivery.
- Providing a performance framework and performance management information to maintain organisational activities.
- Customer facing, including frontline reception
- Communication, including Team Brief, and website development
- Data collection.

Challenges

6.4 At this time of financial challenge, there has been a national agenda to protect frontline services. However, it is important to recognise the organisational governance risks the HSCP could be exposed to if support services are degraded to deliver our ambitious financial savings.

6.5 HSCPs are complex organisations with dual systems and processes e.g. a budget delegated from two very different organisations and staff with differing terms and conditions. Work requires to be undertaken with the Scottish Government and parent organisations to create a more integrated, streamlined organisation, with aligned policies. In addition, two business support models are in place within the HSCP providing different levels of support.

6.6 It is recognised that current service provision is insufficient to meet future need. Going forward the scale and pace of the changes anticipated by new IJBs are significant. Continuing to deliver existing services at the same time as implementing change requires the HSCP to create some 'headroom' to allow staff to manage this agenda. This will be particularly difficult as, to date, general HSCP budgets have been balanced partly through the non-filling of vacancies and there is little capacity left in the organisation for additional project and development work.

Key Workforce Priorities and Actions

- Seek to maximise support services through improved use of IT, seeking to remove duplication and further opportunities to introduce new, smarter ways of working.
- Ensure the link with operational services continues to be fit for purpose with the required capability and capacity to deliver value to the organisation and reduce the burden on our frontline staff.
- With the introduction of EMIS, administration services within Mental Health are being reviewed to ensure that workforce skills and capacity provide a level of service appropriate to clinical, operational and governance requirements.
- Ongoing monitoring of the level of resources required to deliver effective financial management and governance.

7. GPs and Contracted Services

Primary Care Independent Contractors

7.1 There are approximately 120 GPs in practices in Renfrewshire. Of these, 16% are aged 55-64, with a further 40% aged 45-54. There is therefore an assumption of significant numbers of retirements over the coming years. Note this will be further updated based on results of local GP workforce survey (currently being undertaken)

7.2 In the past 10 years the GP headcount in Scotland has risen from 4,598 in 2006 to 4,913 in 2016 (ISD Scotland data). This represents an increase of 7% in headcount but this does not necessarily correlate with an increase in FTE GPs - anecdotal evidence points to a reduction in clinical sessions provided by more recently qualified GPs as well as those struggling to manage the increasing workload in primary care. This is against a backdrop of significantly increased demand and consultation rates over a similar period: a study by the Kings Fund into General Practice in England estimated that face to face consultations increased by 13% whilst telephone consultations increased by 63% in the 3 year period from 2010/11 to 2013/14.

7.3 In addition the demographic makeup of the GP workforce is changing; 58% of the workforce in 2016 was female, compared to 48% a decade earlier. A 2015 BMA survey highlighted the fact that one third of GPs in Scotland plan to retire in the next 5 years with an additional 14% planning to move to part time working. In Scotland the salaried GP workforce has more than doubled in the past decade – increasing from 8% to 16% of the total workforce - whilst in England more than 26% of GPs are salaried. This suggests a shift away from the previously predominantly GP partner workforce to a more diverse and sessional one.

Key Workforce Priorities and Actions

- RHSCP will undertake a local survey of GP practices – as well as GPs themselves – to help create a clearer picture of the scale of the workforce challenge. This may also provide early indications of the acceptability of potential solutions and inform the HSCPs approach to supporting sustainable General Practice in Renfrewshire.
- A practice evening event will be planned for May 2017 to review the results of the GP Workforce Survey and explore possible solutions and support for primary care locally. This will also allow Cluster Quality Leads (CQLs) and GPs to consider proposals for the Primary Care Transformation Fund (PCTF) across GGC.
- Clinical Director will work with the local GP Vocational Training Scheme (VTS) Programme Directors and trainees to understand the factors which may encourage recently qualified doctors to take up substantive posts in Renfrewshire.
- Clinical Director will work with the Glasgow Local Medical Committee (LMC) and NHSGGC colleagues within Primary Care Support services to identify regional and national programmes which have the potential to support local activities to enhance the GP workforce.

8. Hosted Services

8.1 Health and Social Care Partnerships across NHS Greater Glasgow and Clyde have responsibility for hosting of a variety of NHS boardwide services.

8.2 This arrangement has been in place for a number of years under previous Community Health Partnership (CHP) structures. Renfrewshire HSCP hosts two services on behalf of NHSGGC – all Podiatry Services and Primary Care Contractual Support. There are hosting agreements in place to support this arrangement and these outline that:

- Renfrewshire HSCP is responsible for the operational oversight of the services;
- Through the Chief Officer will be responsible for the operational management of the services, on behalf of the IJB; and
- Renfrewshire HSCP will be responsible for the strategic planning and operational budget of the services.

8.3 Details regarding workforce planning for these hosted services is detailed in the undernoted sections.

Podiatry Services

8.4 The Podiatry service anticipates a small workforce change during 2017/18 associated with the final phase of a Podiatry redesign process.

8.5 There is projected to be a reduction of 1.0 WTE Band 7 and 1.0 WTE Band 6 associated with a Learning Disability podiatry role being assimilated into a single-system service.

8.6 Over the next two years there will be a small decrease in the Band 5 and 6 workforces, although the Band 6 WTE deployed in the high risk foot protection services will increase. The Band 3 assistant workforce will also be subject to redesign over the next 5 years, with the requirement for these pots reducing from 10.89 WTE to 4.8 WTE.

8.7 Some further small changes may also take place across the next five year period predicated upon a potential reduction in the number of administrative staff required following TrakCare implementation in order to improve services to the highest risk foot protection element of the service. This will be managed via vacancies.

Key Workforce Priorities and Actions
• Implementation of the final stages of the Podiatry workforce plan (which has its own detailed supporting action plan)

Primary Care Support Services

8.8 The Key drivers for change for the hosted Primary Care Support and Development Services in 2017/18 are as noted below.

8.9 The key driver of change for Primary Care Support and Development is the new GP contract. This is being negotiated nationally, and has implications for PCS staff

involved in administering and implementing the contract and changes within NHSGGC. While a period of relative stability is anticipated in 17/18 for the contract, this will be a period when the team will have to prepare for the changes to the contract and develop new skills and roles in supporting GP cluster working, quality improvement and assurance approaches, and ensuring that payment processes are implemented accordingly.

8.10 The further development of HSCPs, with a critical role in strategic planning for GP services, means that the team will have to continue to develop relationships and joint working with HSCPs to ensure that local contractual arrangements support HSCP priorities.

8.11 The new nationally procured Child Health System (SCPHWS) is likely to lead to changes in business processes within the screening and immunisation team and corresponding service redesign, building on recent EMIS developments. A regional model for child health administration is not currently being pursued but may be revisited in future as the benefits and implementation of the new system become clearer.

8.12 Attention is being given to succession planning for a small number of critical roles where individuals have particular specialist knowledge. The approach includes documenting operational processes and ensuring that staff within the team have the opportunity to develop their skills and knowledge.

8.13 Pressures within the wider GP contractor workforce including recruitment difficulties for GPs, Practice Nurses and other practice staff will influence the focus of the team and the skills and interactions required.

Key Workforce Priorities and Actions

- Providing direct support to practices in difficulty, including support to find cover, occasional direct input from team members to practices and advice on roles and recruitment
- Increasing role for the PCS team in supporting new approaches to skill mix and workforce development, e.g. Advanced Nurse Practitioner roles, development of practice nurses from other nursing roles.
- Potential for more practices to become 2c Board managed practices on a temporary or longer term basis. The governance and management arrangements for this will need to be reviewed if this becomes a more common scenario; management of the workforce within these practices also becomes the Boards / HSCPs responsibility with attendant risks re managing vacancies, and TUPE transfer of staff.

Section 5: Action Plan, Implementation, Monitoring and Review

1. HSCP Organisational Priorities

1.1 To be successful in the medium to long term, our workforce needs to adapt to a rapidly shifting landscape, influenced by the wide range of significant and challenging policy, social, digital and financial drivers (detailed in section 3). This Workforce Plan is intended to provide a framework to support our leaders and staff in delivering on their service specific priorities whilst addressing the real challenges they face. Our future skills requirements and resourcing needs will be aligned by providing an HSCP-wide workforce planning approach and supporting organisational development strategies.

1.2 The Partnership has identified a range of overarching, organisation-wide priorities which focus on transformational change, developing our workforce and defining how we will operate in the future, in alignment with the ethos of our parent organisations.

1.3 These priorities, which contribute to delivering our three core objectives, are noted below:

Objective 1: Establish a Sustainable Workforce

- Invest in staff training and development, where appropriate, to strengthen workforce capability, competence and resilience in support of effective service delivery.
- Develop engagement strategies within Renfrewshire HSCP priority areas with higher staff turnover and for 'difficult to recruit to' posts.
- Retain and recruit a sustainable workforce of the right size, with the right skills and in the right place, which is responsive to health and social care demand. This will require access to accurate, detailed workforce information and data will highlight areas for focus.
- Invest in strong leadership and robust succession planning.
- Benchmark current equalities data available through parent employers and create common dataset that captures required information.
- Benchmark and source data on increasing demand particularly around over 65s; mental health services and learning disability services in order to provide clear projections of service need moving forward.

Objective 2: Maintaining a Capable Workforce

- Develop our workforce by ensuring employee performance and development reviews are meaningful, with agreed standards and objectives. This process should provide fair access to learning and development and strengthen workforce capability in support of continuous service delivery.
- Ensure managers are supported and developed with the strategic knowledge and practical skills they require to be effective.
- Effective workforce planning strategies to ensure that the HSCP has the necessary capacity and skills to plan for current and future workforce requirements. This will strengthen the delivery of safe, effective services which operate within clear clinical and care governance arrangements.

Objective 3: Developing an Integrated Workforce

- Foster and develop the right conditions for an integrated workforce, by facilitating improved communication and collaborative working.
- Realise the benefits of integrated working through focused organisational development approaches to individual, team and leadership development.
- Work towards building a single, unified organisational management model with a shared vision, priorities and common language.
- Build upon existing interfaces with our partners e.g. GPs, our parent organisations, community planning partners and providers in order to optimise shared working approaches that deliver efficient and effective services, making best use of valuable workforce resource.

2. HSCP Action Plan

2.1 The full HSCP's Workforce Action Plan can be found in Appendix 1. This plan includes our overarching priorities set out above and also includes service specific actions and priorities, which are more fully described in Section 4.

2.2 The Action Plan is structured under the overarching three workforce planning objectives, though it is noted there will be necessary crossover at points:

- Establishing a Sustainable Workforce;
- Maintaining a Capable Workforce;
- Developing an Integrated Workforce.

3. Implementation, Monitoring and Review

3.1 The Workforce, People & Change Group, which reports directly into the HSCP Senior Management Team (SMT), is responsible for monitoring and reviewing progress against the agreed actions within this Workforce Plan, and the successful implementation of the identified HSCP organisational priorities. Responsibility for the service area specific actions lies with the Head of Service for the area who will be supported in achieving this by the Workforce People & Change Group.

3.2 The Workforce, People & Change Group will report progress on a regular basis to the Senior Management Team and Staff Partnership Forum (SPF), highlighting any new risks and/or issues that emerge and require action throughout the year.

3.3 An annual review will also be brought to the IJB and shared with parent organisations.

Appendix 1a: HSCP Wide Action Plan

1 - Establishing a Sustainable Workforce			
	Action	**Desired Outcome/Potential impact on Workforce /Service**	**Lead**
1	Further work is required to explore how succession planning can be more effectively managed For existing staff: - An audit of required skills and knowledge for posts along with analysis of existing skills and knowledge will be undertaken. - Ensure the reasons for resignation are regularly reviewed through exit questionnaire and or/interview process to establish if there are indicators requiring specific focus and mechanisms and safeguards applied to improve retention. - Encourage retention of staff by ensuring fixed term contracts are carefully utilised and reviewed and where possible made permanent following appropriate Risk Assessment i.e. NHSGGC Fixed term contract policy. Specific planning to increase the percentage of HSCP staff under aged 24 years from currently 1.78% to 5% by 2019 by: - Identifying career pathways to target and inform schools colleges and universities to promote health and social care as a first choice career. - Considering the Modern Apprentice scheme as a mechanism of providing a route into a variety of roles within the health and social care sector. - Promoting employability within our patient groups - Pursuing opportunities for students who leave professional healthcare study early	A clear succession planning approach will be in place with individuals "next job ready" and ready for development identified. Any underlying trends will be identified. Turnover levels will reduce. We will be able to recruit from a more diverse workforce and shape the skills of those we recruit. There will be clear plans for addressing: - Engagement with schools, colleges and universities. - Management of the Modern Apprentice Scheme within the HSCP - Evidence of increased employment rates. - Reduction in loss of partially trained individuals to service.	Heads of Service, Professional Leads & OD Lead

	Action	Desired Outcome/Potential impact on Workforce /Service	Lead
2	Take cognisance of the national and parent organisation position in terms of workforce planning and explore examples of best practice that will support and enhance the delivery of services within Renfrewshire HSCP	There will be collaboration and continuity of approach to the delivery of service and reduced duplication and conflict of priorities for the workforce.	Head of People & Change
3	Reductions of current absence levels and focus on incremental improvement towards employing organisation strategic targets.	Reduced burden on other staff, cover and replacement costs and less disruption to the delivery of services and ultimately improved continuity to the individuals we provide service for.	Head of People & Change Heads of Service
4	Provide SMT and SPF with quarterly reports on workforce analysis and trends.	Accurate information about the workforce will be available to assist planning and enable us to identify and respond any emerging issues.	Head of People & Change
5	Provide monthly reports on absence figures and trends.	Accurate information will enable proactive management and support of absence levels and impact on services e.g. use of Resilience Toolkit and other supportive resources. Downward trajectory.	Head of People & Change
6	Benchmark current equalities data available through parent employers and create common dataset that captures required information.	Improved Equalities Data will enable us to address any issues that might prevent our workforce being representative	Head of Planning and Health Improvement, Strategic Change and Improvement Manager
7	Benchmark and source data on increasing demand particularly around over 65s; mental health services and learning disability services in order to provide clear projections of service need moving forward.	Consistent and accurate data will be available to enable workforce planning to be proactive.	Head of Planning and Health Improvement, Strategic Change and Improvement Manager

2 - Maintaining a Capable Workforce			
	Action	**Desired Outcome/Potential impact on Workforce /Service**	**Lead/Responsible**
1	We will meet our Parent organisation performance targets for employee completion of KSF/PDP/Appraisal	All staff have appropriate performance management, support and development to their role.	Head of People & Change, Heads of Service; Service Managers, Line Managers
2	Work towards integrated induction processes.	There is a clear structure of both an integrated induction process applicable to all staff and service/profession and role specific induction.	Learning, Education and Development Leads, Professional Leads, Heads of Service; Service Managers, Line Managers
3	Provide adequate awareness and training in public protection.	All staff are confident and competent in carrying out their public protection role	Learning, Education and Development Leads
4	Provide staff with the opportunity to develop their knowledge and skills in relation to the legislative requirements of their role.	All staff are confident and competent in carrying out the legislative requirements of their role.	Learning, Education and Development Leads, Professional Leads, Heads of Service; Service Managers, Line Managers
5	Professional learning is enhanced to reflect the changing and developing requirements of professional roles.	All relevant staff hold or are working towards the required qualifications for their professional role.	Professional Leads & Learning, Education and Development Leads,
6	Management development is reviewed to ensure we meet the requirements of a new and integrated organisation.	Managers are capable, confident and competent in their managerial duties.	Head of People & Change, Learning, Education and Development Leads & OD Lead
7	Team Development will be a priority for new and existing teams to facilitate high quality and efficient service delivery and a positive work experience for team members.	New and existing teams are high performing and fully functioning.	Heads of Service, OD Lead and all line Managers
8	Leadership development will be available	Our Leaders will be competent, capable and confident in their role and the workforce will feel that they are effective, supportive and accessible.	OD Lead, Learning, Education and Development Leads, Professional Leads and Heads of Service

3 – Developing an integrated workforce			
	Action	**Desired Outcome/Potential impact on Workforce /Service**	**Lead**
1	Foster and develop the right conditions for an integrated workforce, by facilitating improved communication and collaborative working.	An Integrated Workforce will be evident.	Heads of Service and Service Managers supported by Change and Improvement Team
2	Realise the benefits of integrated working through focused organisational development approaches to individual, team and leadership development.	An Integrated Workforce will be evident.	Team Leaders supported by Organisational Development
3	Work towards building a single, unified organisational management model with a shared vision, priorities and common language.	An Integrated Workforce will be evident.	Chief Officer and Heads of Service supported by Organisational Development
4	Build upon existing interfaces with our partners e.g. GPs, our parent organisations, community planning partners and providers in order to optimise shared working approaches that deliver efficient and effective services, making best use of valuable workforce resource.	An Integrated Workforce will be evident.	Heads of Service supported by Service Improvement Officer

Appendix 1b: Service Specific Plans

Adult Services			
	Action	**Desired Outcome/Potential impact on Workforce /Service**	**Lead/Responsible**
1	Explore opportunities to reinvest resources from elsewhere in the system (such as unscheduled care) to increase the capacity of locality based services with the aim to provide more support for people to live longer in their own home or community	Increased capacity will be evident.	Heads of Service and Service Managers
2	Review and develop the recruitment strategy for key posts such as social care workers, specialist roles such as DN's and MHO's and first line managers. As part of this to review the career pathway and for and incentivising of care at home staff.	Clear strategy and career pathway will be in place.	Heads of Service and Service Managers, Professional Leads, HR and Staff Side
3	Continue the programmes of work which set out to streamline business processes and redesign delivery models to capitalise on the benefits of integration and to release capacity to manage increasing demand levels. In doing so to ensure effective engagement with practitioners and professional groups.	Revised delivery models will be in place.	Heads of Service and Service Managers, Professional Leads
4	Invest in a programme of activity to support the registration of the Care at Home workforce over the next 3-5 years.	Programme will be evident.	Heads of Service and Service Managers, Professional Leads
5	Develop proposals to increase the resilience of particular services including SLT, Dieticians, and Physiotherapy.	Proposals will be offered for consideration to SMT.	Heads of Service and Service Managers, Professional Leads
6	Conduct Service Needs Analysis to determine if Advanced Nurse Practitioners could be developed to provide an expert level of clinical assessment and treatment planning for our population with a potential resultant pressure on GPs	Proposal will be offered for consideration to SMT.	Heads of Service and Service Managers, Professional Leads

Children's Services			
	Action	**Desired Outcome/Potential impact on Workforce /Service**	**Lead/Responsible**
1	Continue to implement the NHSGGC health visiting workforce model.	Health visiting Workforce will be fit for purpose as defined by the NHSGGC workforce model.	Heads of Service and Service Managers, Professional Leads
2	Agree core school nurse activities and consider opportunities for skill mix and other agency involvement in the delivery of services to meet the health care needs of school aged children	Roles and responsibilities will be clear.	Heads of Service and Service Managers, Professional Leads
3	Continue the programmes of work which set out to streamline business processes and redesign delivery models.	Revised business processes and redesign delivery models will be in place.	Heads of Service and Service Managers, Professional Leads
4	Develop proposals to increase the resilience of particular services including SLT and Psychology.	Resilience of key services will be improved.	Heads of Service and Service Managers, Professional Leads
Mental Health, Addictions & Learning Disability Services			
	Action	**Desired Outcome/Potential impact on Workforce /Service**	**Lead/Responsible**
1	A Whole System Review of Addiction Services to include reviewing demand and capacity and also appropriate skill mix to support service needs.	Review outcomes will be offered for consideration to SMT.	Heads of Service and Service Managers, Professional Leads
2	Continue with succession planning for staff who can retire at 55 years of age with Mental Health Officer status ensuring appropriate skills are deployed within the services.	There will be clarity of succession plan for key roles.	Heads of Service and Service Managers, Professional Leads
3	Continue to review observation levels within the clinical area as demands are increasing. Ensuring safe staffing levels with the appropriate skill mix to support the observation.	Staffing levels for clinical observation will remain within safe parameters.	Heads of Service and Service Managers, Professional Leads

Support Services			
	Action	**Desired Outcome/Potential impact on Workforce /Service**	**Lead/Responsible**
1	Seek to maximise support services through improved use of IT, seeking to remove duplication and further opportunities to introduce new, smarter ways of working.	Continuous improvement will take place in order to maximise resource productivity.	Heads of Service and Service Managers
2	Ensure the link with operational services continues to be fit for purpose with the required capability and capacity to deliver value to the organisation and reduce the burden on our frontline staff.	Continuous improvement will take place in order to maximise effective skill utilisation.	Heads of Service and Service Managers
3	With the introduction of EMIS, administration services within Mental Health are being reviewed to ensure that workforce skills and capacity provide a level of service appropriate to clinical, operational and governance requirements.	Continuous improvement will take place in order to ensure resource is fit for purpose.	Heads of Service and Service Managers
4	Ongoing monitoring of the level of resources required to deliver effective financial management and governance.	Continuous improvement will take place in order to maximise resource productivity and budgetary compliance.	Heads of Service and Service Managers

Contracted Services			
	Action	**Desired Outcome/Potential impact on Workforce /Service**	**Lead/Responsible**
1	RHSCP will undertake a local survey of GP practices – as well as GPs themselves – to help create a clearer picture of the scale of the workforce challenge. This may also provide early indications of the acceptability of potential solutions and inform the HSCPs approach to supporting sustainable General Practice in Renfrewshire.	We will have a clearer picture of the workforce challenge and some solutions.	Clinical Director and Service Improvement Officer
2	A practice evening event will be planned for May 2017 to review the results of the GP Workforce Survey and explore possible solutions and support for primary care locally. This will also allow Cluster Quality Leads (CQLs) and GPs to consider proposals for the Primary Care Transformation Fund (PCTF) across GGC.	Proposals will be in place to utilise the PCTF.	Clinical Director and Service Improvement Officer
3	Clinical Director will work with the local GP Vocational Training Scheme (VTS) Programme Directors and trainees to understand the factors which may encourage recently qualified doctors to take up substantive posts in Renfrewshire.	We will have enhanced understanding of motivating factors and will be able to utilise this to aid recruitment.	Clinical Director
4	Clinical Director will work with the Glasgow Local Medical Committee (LMC) and NHSGGC colleagues within Primary Care Support services to identify regional and national programmes which have the potential to support local activities to enhance the GP workforce.	Access to activities will be evident.	Clinical Director and Service Improvement Officer

Hosted Services – Podiatry			
	Action	**Desired Outcome/Potential impact on Workforce /Service**	**Lead/Responsible**
1	Implementation of the final stages of the Podiatry workforce plan (which has its own detailed supporting action plan)	Podiatry workforce will be fit for purpose and able to respond to demand.	Head of Service, Quadrant Managers
Hosted Services – Primary Care Support Services			
	Action	**Desired Outcome/Potential impact on Workforce /Service**	**Lead/Responsible**
1	Providing direct support to practices in difficulty, including support to find cover, occasional direct input from team members to practices and advice on roles and recruitment	System and Process will be in place.	Head of Service
2	Increasing role for the PCS team in supporting new approaches to skill mix and workforce development, e.g. Advanced Nurse Practitioner roles, development of practice nurses from other nursing roles.	New ways of working will be evident.	Head of Service
3	Potential for more practices to become 2c Board managed practices on a temporary or longer term basis. The governance and management arrangements for this will need to be reviewed if this becomes a more common scenario; management of the workforce within these practices also becomes the Boards / HSCPs responsibility with attendant risks re managing vacancies, and TUPE transfer of staff.	Review will be offered for consideration to Board.	Head of Service