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## Message from the Chief Officer

This Workforce Plan reflects our ambition to have the right people with the right skills in the right place at the right time. It describes the challenges we face and identifies strategic actions needed to deliver our vision. Our workforce are our most valuable asset and this plan seeks to support and empower our workforce for the future.

We know that in order to meet the challenges of our local population needs, workforce availability and financial constraints we need to do things differently, and transform how we deliver services. As we embark on this journey our workforce will need to be flexible, innovative and empowered to think creatively and bring new ideas to ensure sustainability of services. We want to attract and retain employees across all ages and experience by creating opportunities and flexible career paths to retain the skills and experience of our current workforce and support opportunities to diversify and remain in employment.

We are committed to ensuring we have the right people with the right skills in the right place at the right time, to deliver sustainable and high-quality health and social care services for the people of West Lothian. It is recognised that workforce planning and workforce development needs are emergent and dynamic therefore development of the workforce is a continuous core activity embedded within all our planning processes. We will provide training and development for our workforce to ensure they are appropriately skilled and to support them to be the best they can be, work at the top of their ability and encourage ownership of personal development.

As we transform our services our focus is increasingly on working in partnership on outcomes for individuals rather than on how we provide or deliver services. The contribution of partners from all sectors is essential to ensuring that we have a workforce fit for the future which is integrated and puts people at the heart of all we do.

Jim Forrest

Chief Officer

West Lothian Integrated Joint Board

## I. Introduction

The long-term aim for health and social care in Scotland<sup>i</sup> is for people to live longer, healthier lives at home or in a homely setting and have a health and social care system that:

- ❖ Is integrated;
- ❖ Focuses on prevention, anticipation and supported self-management;
- ❖ Will make day-case treatment the norm, where hospital treatment is required and cannot be provided in a community setting;
- ❖ Focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions; and
- ❖ Ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

The Integration Joint Board's Strategic Plan sets out our vision:

**To increase wellbeing and reduce health inequalities across all communities in West Lothian**

In addition, the partnership has a key role in the delivery of the health and well-being outcomes set out in the Community Planning Partnership's Local Outcomes Improvement Plan:

- ❖ People most at risk are protected and supported to achieve improved life chances
- ❖ Older people are able to live independently in the community with an improved quality of life
- ❖ We live longer, healthier lives and have reduced health inequalities

In order to achieve these outcomes, a programme of transformational change is already underway. At the heart of this is our single most valuable resource, our workforce. Our workforce planning requires to be integral not only to transformational change through the Integration Joint Board but also the transformational change programmes of West Lothian Council and NHS Lothian. To be successful our workforce will be flexible, appropriately trained and motivated to do things differently and work in new ways.

Workforce planning is critical to success. It is dynamic, evolving and needs to be robust, adaptable and affordable. Within our transformational change programme individual services will develop their own bespoke workforce plans reflecting their challenges in delivery of the overall programme and linking back to this plan to ensure an integrated and consistent approach. This workforce plan outlines the main challenges we will face over the medium term, the key actions to be taken and the stakeholders involved to help address these as well as the national and local policies and drivers that influence this plan. It is a work in progress and will remain flexible enough to support continuing fluctuations within our service delivery.

## 2. Our Demographics

It is well documented that Scotland’s population is aging with more complex health and care needs and this is reflected in our local population.

### 2.1 Our Local Population

National Records Scotland<sup>ii</sup> estimate from 2016 to 2026 the population of West Lothian will increase by 6.6%. The number of children (0-15) will be almost the same with only 0.1% growth; those of working age will increase by only 3.3% whilst those of pensionable age will increase by 27.7% and those over 75 years by 46% the second largest increase in Scotland.

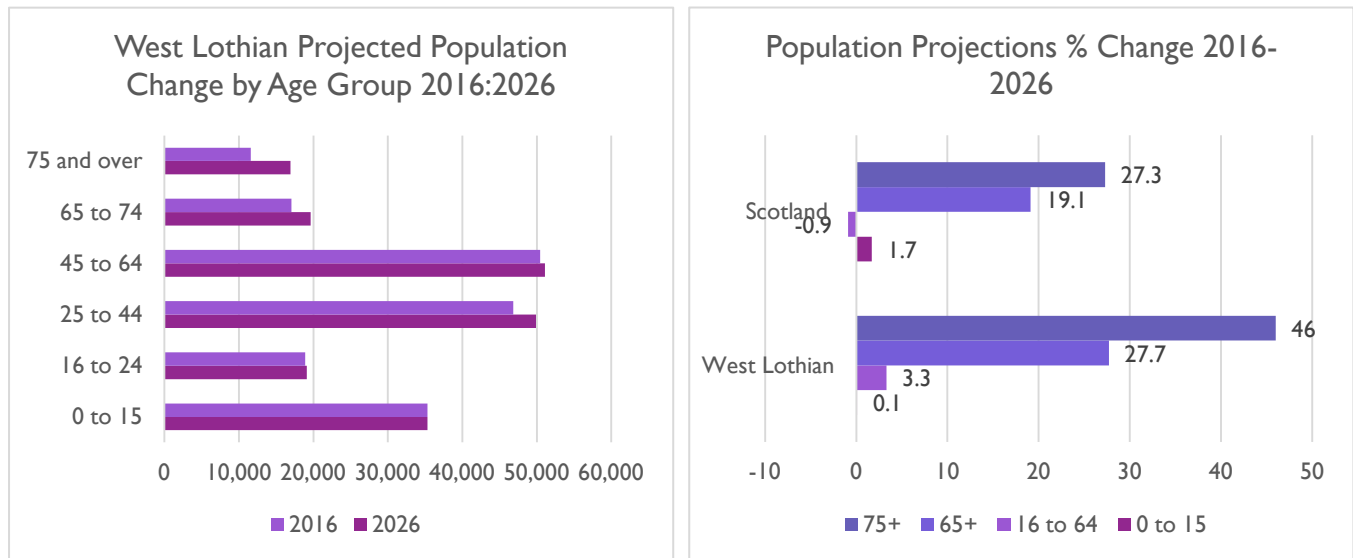


Fig 1 West Lothian Projected population change by age group Fig 2 Projected percentage change compared to Scotland

### Dependency Ratio

The dependency ratio (the ratio of those of working age to those above and below working age) is a useful indicator of the potential social support required as a result of changing population age structures. The larger the dependency ratio the greater the burden on the average adult as the needs of the dependents must be met by the rest of the adult population.

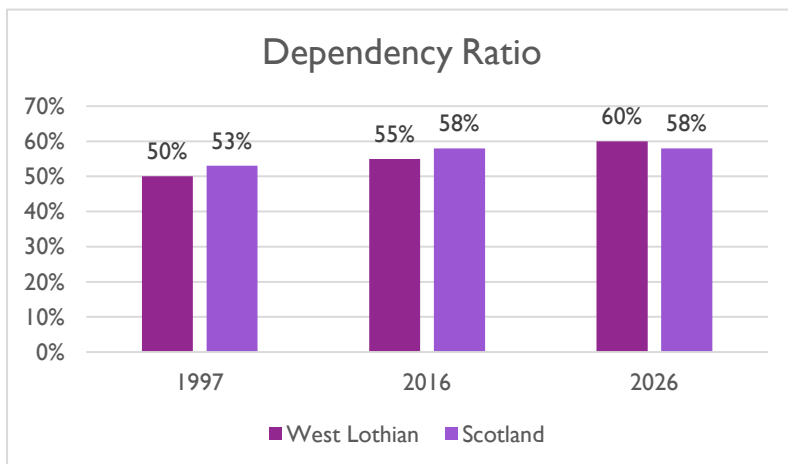


Figure 3: Dependency ratio trend 1997-26

The changing age structure of the population is having an impact on the West Lothian dependency ratio with an increasing dependency trend from 1997 (Figure 3). The projected increase to 60% by 2026 will take West Lothian above the estimated Scottish ratio and means that on average there will be 6 dependent people for every 10 working age people by 2026.

#### Key Health and Social Care Indicators

- ❖ 16% of the West Lothian population live within the 20% most deprived areas in Scotland.
- ❖ Life expectancy at birth is currently 78.3 years for men which is better than the Scottish average of 77.1 years and 80.8 years for women which is slightly below the Scottish average of 81.1 years.
- ❖ 19.2% of the adult population provide unpaid care which is higher than Scottish average of 17%.
- ❖ 32.4% of the over 65 population live alone.
- ❖ 18.5% of people over age 15 are prescribed antidepressants and/or anxiolytics (excluding Amitriptyline) which is higher proportion than Lothian (15.8%) and Scotland (17.9%).
- ❖ 7.9% of adults aged 16-64 are claiming incapacity benefits as they are unable to work due to a health condition or disability.
- ❖ 11.5% of population age 16 and over are claiming personal independence payment/disability living allowance/ attendance allowance to help with additional care and mobility costs associated with disability irrespective of employment status.

The changing demographic exerts pressure on both health and social care services both in relation to demand on services but also on the workforce, recognising that a significant proportion of our workforce are part of the local population.

## 2.2 Who we are and what we do

The partnership brings together those who plan, manage, and provide the community and some elements of hospital services for the West Lothian population, and in some cases beyond with hosted services which are Lothian wide. Services are managed through a Senior Management team accountable to the Integration Joint Board Chief Officer.

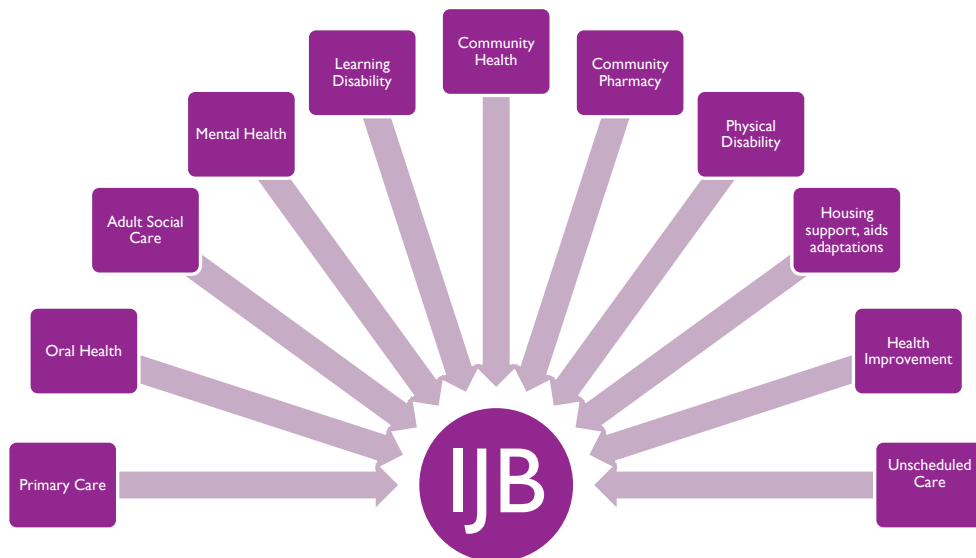


Figure 4 Adult Health and Social Care Functions Delegated to the Integration Joint Board

## 2.3 Our Current Workforce

The information in this section is taken from NHS Lothian and West Lothian Council Human Resource and Payroll systems and includes data for the whole Health and Social Care Partnership.

### 2.3.1 Headcount

As of June 2018, the headcount was 2804 with a full-time equivalent of 2383.

### 2.3.2 Gender and Contract Type:

86% of the workforce is female and 53% work full time.

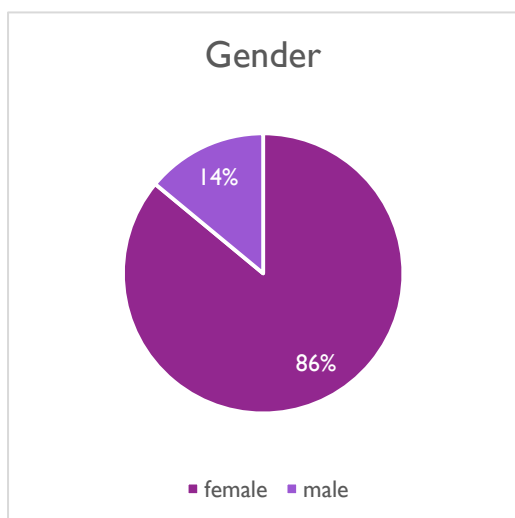


Fig 5 Gender profile of workforce

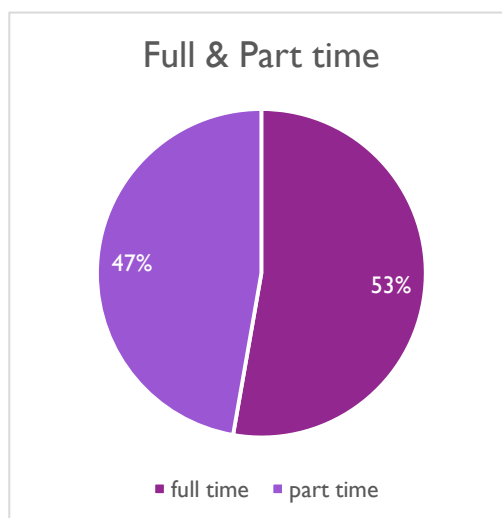


Fig 6 Contract type

The gender profile indicates that males are less attracted to the care professions resulting in a restricted workforce pool.

### 2.3.3. Age Profile

The workforce is aging with 59% over 45 years old and 25% over 55 years. 20% are under 35 years. The average age is 47 years.

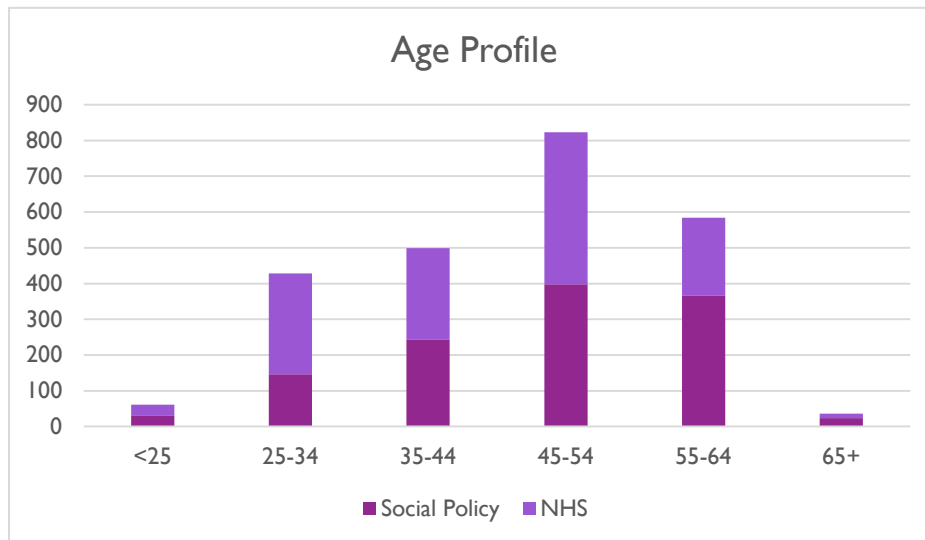


Fig 7 Age profile

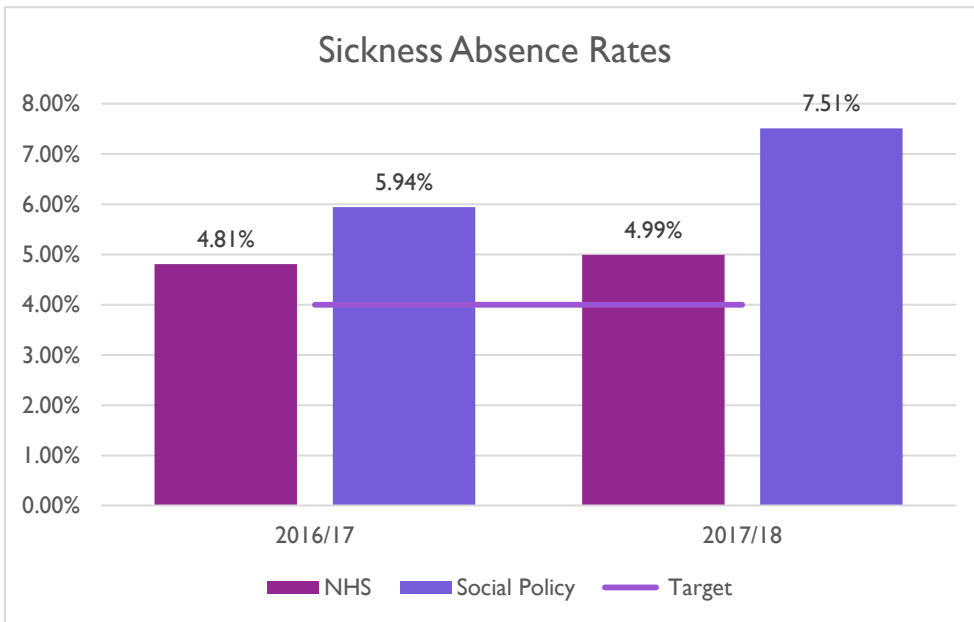
Changes to pensions will see the retiral age gradually increase to 68 years old. A significant number of registered nursing staff hold special class/ mental health officer status and as such can retire at 55 without any actuarial reduction to their pension. This means that potentially those staff within the 45-49 age category and above may consider retiral; this equates to 47% of the registered nursing workforce.

Research into *Age as an Asset*<sup>iii</sup> identified important lessons in facilitating a genuine *age aware* management structure and workforce planning for a 'mixed age' staff structure. Whilst the older group of employees benefits the service through increased experience and skill, there needs to be a focus on making flexible working work for all age groups, targeting training for managers on skills management and mentoring skills for older workers to support on the job learning and appropriate and targeted succession planning.

### 2.3.4 Sickness Absence

Levels of sickness absence are broadly typical of the health and social care sector. As the workforce ages it is anticipated there will be a corresponding increase in sickness absence. The emergent trend is that of long-term absences associated with musculoskeletal injuries and mental health. There are variations in methodology for recording of absences within the respective employing organisations in keeping with their policies. Figure 8 details the rates of absence from 2016/17 to 2017/18.





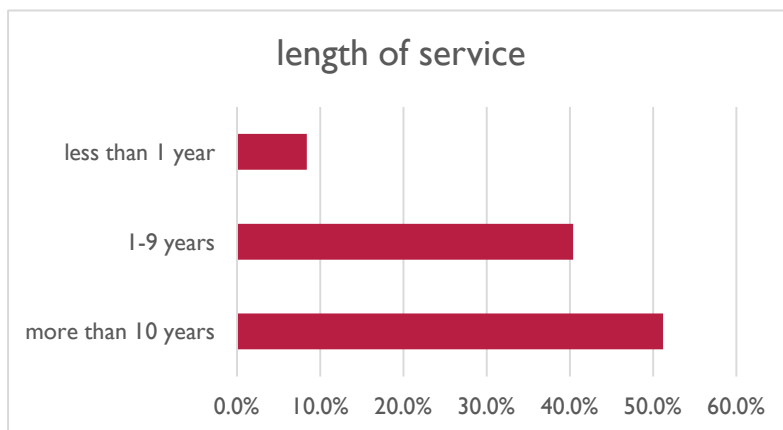
**Figure 8 Sickness Absence Rates 2016/17-2017/18**

Significant efforts continue to be made in maximising attendance at work through:

- ❖ Comprehensive, detailed and accurate sickness absence reporting
- ❖ Local line management capability
- ❖ HR support for line managers
- ❖ Robust consistent process for managing poor attendance
- ❖ Access to occupational health service, including counselling and staff physiotherapy services.

### 2.3.5 Length of Service

Length of service: over 50% of our staff have more than 10 years' service



**Fig 9 Length of service**

### 2.3.6 Turnover

Although there are variations between disciplines and areas of work the overall turnover rate is 9.32%: 6.58% social policy and 12% NHS. This is within the current norms for NHS and Social Care sectors, however it is anticipated that turnover is likely to increase over the next five years as retirements increase reflecting the age profile of the workforce.

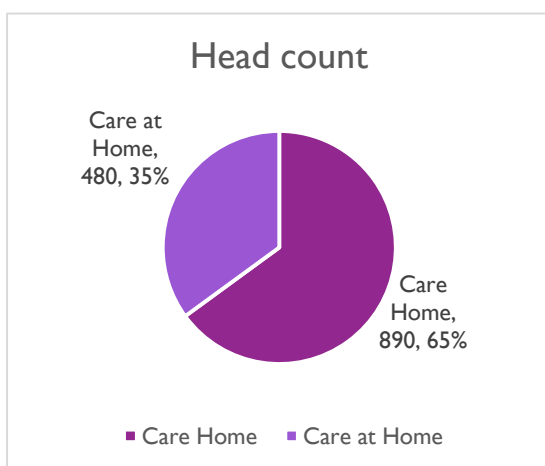
It is clear that that the demographic bulge in the workforce is a substantial risk for the partnership with a large proportion of the workforce retiring in a relatively short period. Recent changes in the pension schemes inevitably mean staff will consider their personal retirement circumstances and as such there may be changes to historic patterns.

Following the referendum vote for the UK to leave the European Union (EU) there is an increased risk around the recruitment and retention of staff from EU and overseas countries. It is not yet clear what restrictions may be and as a result there is significant uncertainty, which is highly likely to reduce the ability to attract applicants to fill shortage specialties in particular.

### 2.3.7 Our Partners

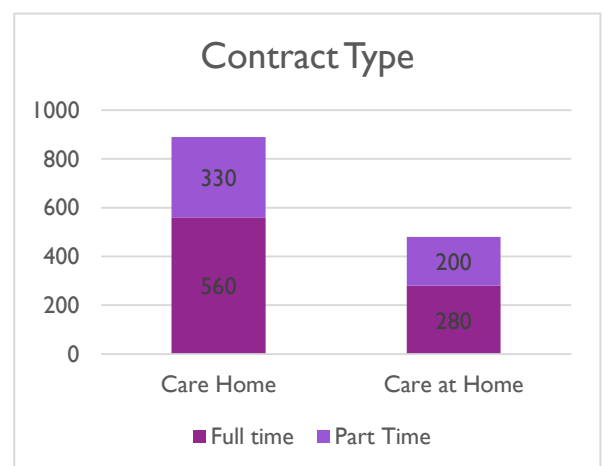
True health and social care integration is much wider than the Local Authority and NHS and includes our independent sector colleagues such as Care Home Providers, Care at Home Providers and our many voluntary organisation partners who provide vital support within the community as well as our Independent Contractors within Primary Care. All sectors are vital contributors to designing and delivering a sustainable and improved service and are very much viewed as equal partners in the delivery of our transformational change programme. We are committed to support our partners with workforce planning and are working with them to understand the workforce implications, capacity and capabilities as we transfer the balance of care from acute hospital to community settings.

Data on the 2017<sup>iv</sup> independent and third sector workforce providing care at home, housing support and care homes indicates that there are 1370 staff across the care at home and care home providers (figure 10). 61% work full time (Figure 11) and 89% of the workforce are female. 69% are class 2 care workers and 15% ancillary staff.

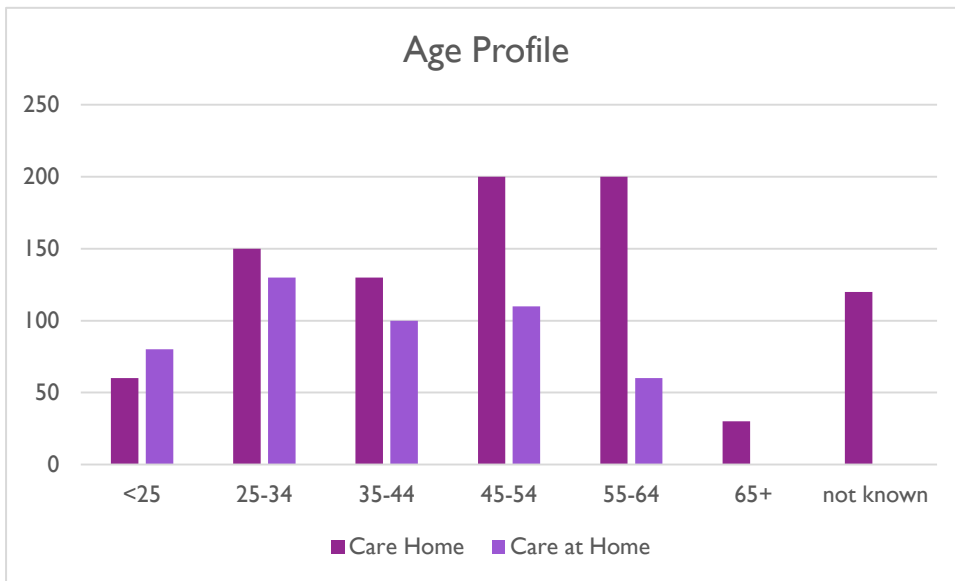


**Figure 10**  
Care  
Provider  
Workforce

**Figure 11**  
Care  
provider  
workforce  
contract  
type



There are similarities in the age profile with the statutory sector with 44% over 45 years old and 21% over the age of 55.

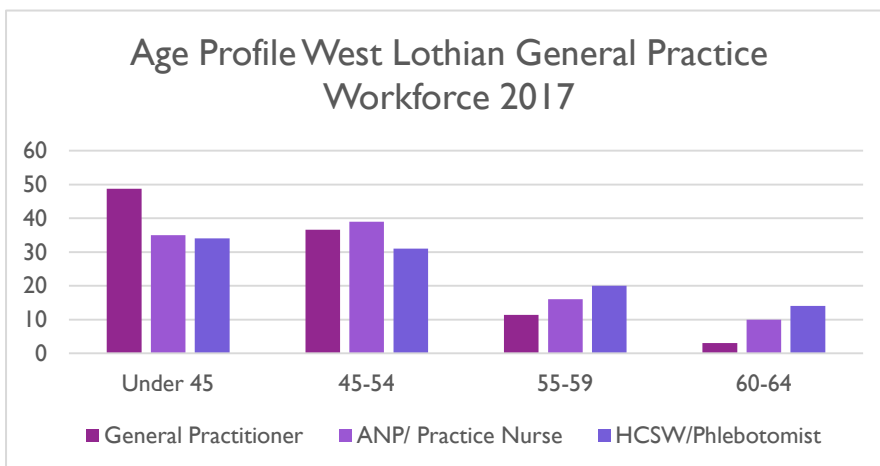


**Figure 12 Care providers workforce age profile**

### 2.3.8 Primary Care

The profile of the workforce within our 22 General Practices generally reflects the national picture with:

- ❖ 65% of the GP Workforce are female
- ❖ 66% of GPs work part time
- ❖ There has been a 10% reduction (12 WTE) in General Practitioners in West Lothian from 2015 to 2017
- ❖ 51% of West Lothian GPs are over 45 years old (2017)
- ❖ 26% of Nurses and 34% of Healthcare Support Workers/ Phlebotomists are over 55 years old in West Lothian Practices (2017).



**Figure 13 Age Profile of General Practice Workforce 2017 (ISD)**

General Practice within the Lothians is facing unprecedented pressures in sustaining the workforce as a result of retirements and the impact of part-time working. Increasing numbers of practices require some support and, in some cases, special measures are required. One of the most significant issues for practices is the lack of GP workforce availability, which is likely to be a continuing trend. Recruitment to GP training places has deteriorated further at a national level from 78% in 2015 to 68% in 2017 at an NHS Scotland level. This fill rate is likely to impact on the overall GP labour market which is already weakening.

Current recruitment pressures for trained GPs when taken together with the demographic changes that are emerging from a growing and ageing population show a clear need for a framework of support that can be provided for practices that are experiencing difficulties. The partnership

have been developing innovative approaches to creating additional capacity within the primary care team with ongoing programmes to introduce pharmacists, nurse practitioners, physiotherapists, paramedics and link workers to support implementation of the new GMS contract and Primary Care Improvement Plan.

General practice nurses are largely employed by independent GP practices and are an integral part of the practice workforce. Ensuring adequate supply is a key requirement in supporting GP sustainability. This workforce has typically been long serving and attracted experienced staff from other settings, however there has not been a career structure in place that would allow for a greater mix of skills and experience.

### 2.3.9 Recruitment Challenges

#### ❖ Mental Health Officers, Reviewing Officers and Out of Hours Social Workers

Whilst there are relatively few of these posts, they are highly specialised and crucial to enable Social Policy to enact its legislative duties. For the first two of these the Partnership is at a disadvantage in the local labour market as several neighbouring authorities offer an enhanced salary level. Out of hours posts are challenging across the sector as a whole.

#### ❖ Nursing

The national nursing and midwifery workload and workforce planning tools have been run on an annual basis. The findings have been triangulated with professional judgement and quality indicators and optimum staffing levels identified across specialty groups. Investment has been made to ameliorate the impact of incremental drift on budgets, to ensure safer staffing levels in areas of professional concern and to eliminate variation within specialties across sites.

Maintaining safe staffing has seen continued and increased use of supplementary staffing to ensure safety for patients across in-patient settings. The Francis, Keogh and Vale of Leven reports have all highlighted the impact of staffing levels and skill mix on the quality of care delivered. A risk assessment is carried out for every agency shift requested and whilst there has been a reduction in agency use this continues to be pursued where patient safety may be compromised.

Vacancies are monitored regularly and where appropriate we have deviated from the generic recruitment processes to focus targeted approaches in harder to fill vacancies.

#### ❖ District Nursing

District Nurses are instrumental in the delivery of care which is integrated from the point of view of the service users by ensuring high-quality person-centered care, care coordination and joint working across health and care agencies. Their skills are essential in helping transform the multidisciplinary future for primary care. The new GP Contract will see a significant shift in work away from General Practitioners to the wider health care team. In order to meet this demand, it is essential that the district nursing workforce is adequately resourced to meet this challenge.

District Nursing is facing significant demographic challenges with 43% of District Nurses over the age of 50 years. The national review of District Nursing will inform the strategic direction and further recommendations may be made in relation to caseloads.

We are continuing to develop models of anticipatory care, case management and more acute *hospital at home* provisions which are dependent on nurses and allied health professionals developing advanced clinical and decision-making skills and becoming independent prescribers.

#### ❖ Psychiatry

Recruiting to psychiatry posts in West Lothian is challenging requiring regular use of agency staffing to fill gaps. This is compounded by the fill rates for specialty training declining with around 30% remaining unfilled. This is having an adverse impact on waiting times and continuity of care. Options to enhance recruitment and to look at new roles and skill development to provide greater resilience are being explored.

#### ❖ Care at Home and Care Homes

The partnership continues to develop innovative services to facilitate earlier discharge from hospital through reablement and nursing teams. Recruitment of care staff both in the statutory and independent sectors is challenging and we need to consider how we can work collaboratively to manage these challenges. Successful delivery of the partnership goals relies on all sectors working together to ensure we have a flexible, robust, fit for purpose workforce.

This could involve developing a recruitment campaign encouraging entry to all care and nursing professions including community services, care homes, general practice and acute services, integrated training and development opportunities and liaising with our college and university partners to review the education pathway and links to all sectors.

## 2.4 Local Labour Market & Employability

Within West Lothian 79.1% of the working age population are economically active. The largest industry sectors are in Retail with 19.7% of jobs followed by Health and Social Work with 11.8%. The proportion of jobs in health and social work is lower than Scotland (16.3%)<sup>v</sup> (Figure 14). 3.7% (n=3,400)<sup>vi</sup> of those who are economically active are unemployed.

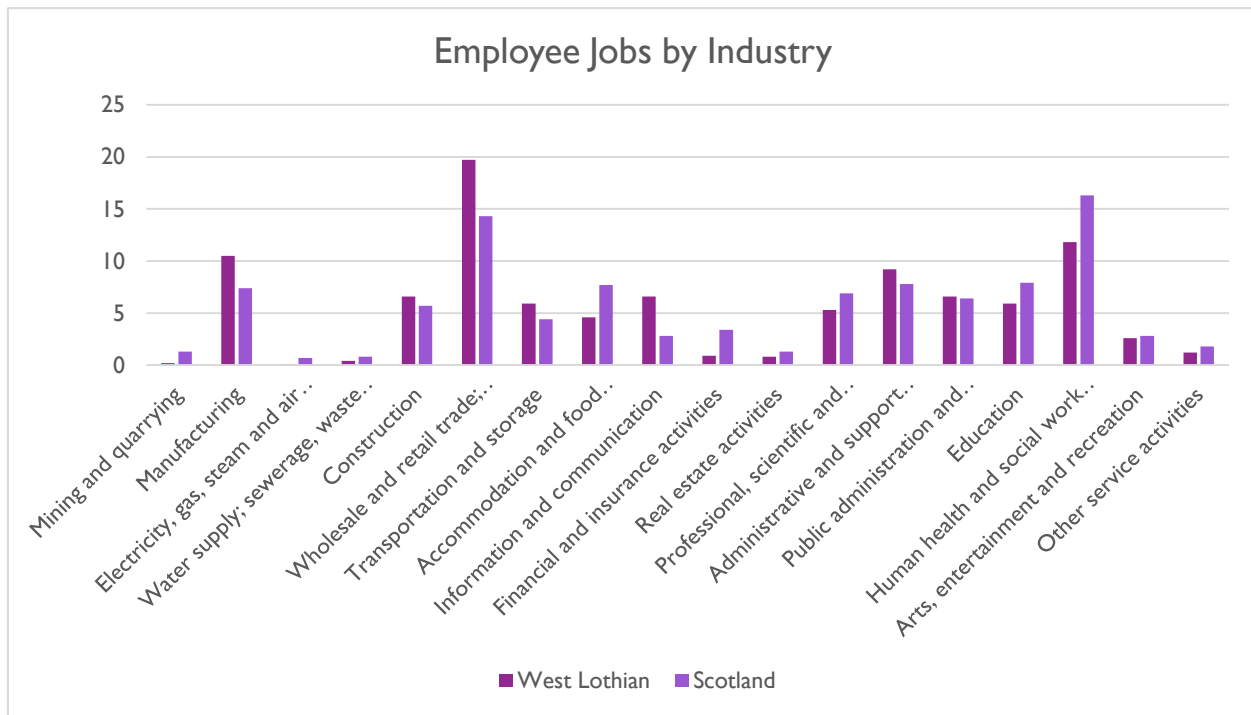


Figure 14 Employee Jobs by Industry 2018

Economic inactivity considers individuals who may be inactive for a variety of reasons: long-term illness or disability, studying, staying at home to look after family, or retired (Figure 15). Although this group are not considered an active part of the labour supply, given how dynamic the labour market is with people continuously moving between different categories it is important to consider them as they include those who may make up the future labour supply and those who were part of the labour supply in the past.

As at June 2018 20.9% (n=23,700) of the working age population are economically inactive, which is a lower proportion than Scotland (22.2%). 31.8% (n=7,500) of those currently economically inactive want a job. Whilst this potentially provides an increased supply in the local labour market it takes no consideration of existing skills, qualifications or suitability within the local population.

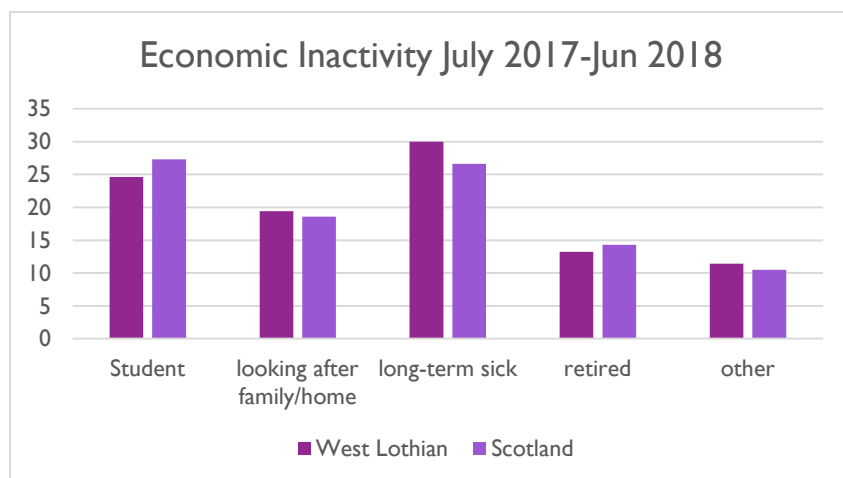


Figure 15 Economic Inactivity Categories June 2018

Employment is one of the most strongly evidenced determinants of health, the World Health Organisation notes that 'unemployment puts health at risk' and 'unemployment has a direct bearing on the physical and mental health and even life expectancy for unemployed people and their families'. Unemployment therefore has a direct impact upon service demand. There are a range of employability services available to support West Lothian residents into work and consideration needs to be given to how we can attract more people into careers in health and social care.

A key challenge is to maintain a skilled workforce to meet current demands, whilst adapting, supporting and growing this workforce to achieve the vision of the partnership. This needs to be done considering the following:

- ❖ Meeting the needs of an ageing population with an ageing workforce;
- ❖ The changing demand resulting from an increasing prevalence of complex long- term conditions and co-morbidities, dementia and frailty;
- ❖ Meeting user expectations as they influence the care they receive;
- ❖ Transformation that sees the person as the expert in their own care and a move towards supported self-management.

### 3. National Strategy

#### 3.1. National Health and Social Care Workforce Plan

Workforce Planning is already challenging in the current climate and is further complicated by incorporating multiple organisations and a commitment to a fast-paced transformation programme. To help support integrated workforce planning across health and social care a National Health and Social Care Workforce Plan has been developed and is set out in three parts:

- ❖ Part 1 – Framework for improving workforce planning across NHS Scotland, June 2017<sup>vii</sup>
- ❖ Part 2 – Framework for improving workforce planning for Social Care in Scotland, Dec 2017<sup>viii</sup>
- ❖ Part 3 – Framework for improving workforce planning in Primary Care – April 2018<sup>ix</sup>

The intention is this will be an evolving document which will improve and strengthen workforce planning across the health and social care partnerships. A National Workforce Planning Group has also been created to consider issues and barriers that can't be addressed locally.

#### 3.2. Safe Staffing Legislation

In April 2017 the Scottish Government consulted on Safe and Effective Staffing in Health and Social Care. The Health and Care (Staffing) Scotland Bill sets out the intention to legislate across the health and social care landscape to build on and strengthen existing mechanisms in place to ensure and assure appropriate staffing for high quality care and to enable further improvements in workforce planning.

### 3.3. NHS Scotland's Everyone Matters - 2020

The Workforce Vision Plan 2018-20 from Everyone Matters<sup>x</sup> continues to deliver an implementation plan for NHS boards in relation to 5 key workforce priorities:

- ❖ Health Organisational Culture
- ❖ Sustainable Workforce
- ❖ Capable Workforce
- ❖ Workforce to Deliver Integrated Services
- ❖ Effective Leadership and Management

## 4. Drivers for Change

### 4.1 Demographic Change

As outlined in section 2 West Lothian has an ageing population with increased complex conditions including dementia and frailty and an aging workforce. Our workforce will need to design and adapt to new ways of service delivery for our users as they deal with more complex situations and move away from traditional 'done to' methods and educate to promote more self-management, prevention and early intervention approaches to keep our population well. Managing our users' expectations will be challenging as we redesign our services. In addition, as our workforce ages some are likely to be affected by complex health conditions now or in the future, which may impact on their ability to carry out their roles.

### 4.2 The Health and Social Care System

The workforce will be able to support implementation of approaches and interventions which seek to improve health and reduce inequalities. This is a shared responsibility of the entire workforce across all sectors. New, integrated, innovate ways of working are already emerging across traditional boundaries such as multi-disciplinary teams and will continue to do so. We are encouraging our users and their families to be involved in decisions about their own health and social care journey which is a relatively new approach for many professionals where historically people would be told what treatment/care they would receive. Our workforce will be equipped to support this way of delivering care and have the appropriate skills and knowledge to ensure informed decisions are made inclusive of and to the benefit of the user.

### 4.3 Quality & Efficiency

Traditional ways of delivering care will be challenged and redesigned to include new technologies and prevention techniques and to consider the whole system across all sectors. Any changes made will deliver improved outcomes and be financially viable which include changes to the workforce. We need to be able to measure the impact of the changes to ensure they provide an improvement and benefit to the users and to how we deliver our services.



## 4.4 Financial Context

It will be essential to match our Strategic Plan and service delivery models with the resources available to us. Taking account of a number of underlying assumptions around future cost and demand pressures, as well as future funding, the indicative scale of the financial challenge is set out in the Medium-Term Financial Plan. To meet this financial challenge, delivering services in a more streamlined and effective manner will be essential, the following being key considerations:

- ❖ Full review of all elements of the budget.
- ❖ Review of demand drivers and impact on future costs to identify relevant mitigating actions.
- ❖ Identify operational risks associated with potential reduced service provision.
- ❖ Deliver the ambition of the IJB and a safe level of service within delegated resources.
- ❖ Compliance with Health and Care Delivery Plan (December 2016) with focus on set aside budget.

It follows that new service implementation needs to be robust, cost effective and sustainable. This will inevitably impact the workforce at some level.

## 5. Transformational Change

In response to the Health and Social Care Delivery Plan West Lothian is delivering a transformational change programme that is designed to provide new and innovative approaches to the delivery of health and social care services. Effective workforce planning will be influenced by the output from the various projects within the transformational change programmes (Figure 16).

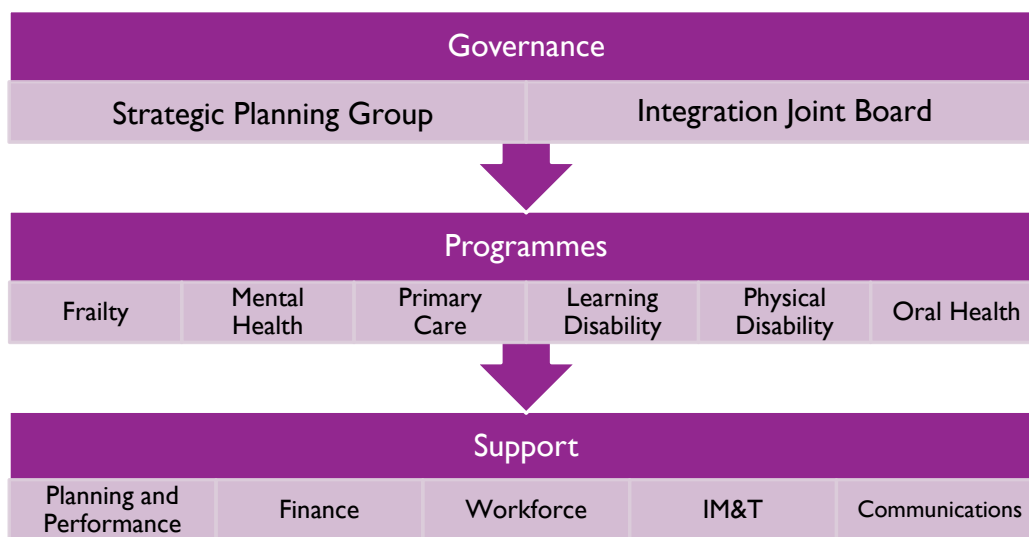


Figure 16 Transformational Change Programmes

## 5.1. Where Are We Now

Some of our key challenges are:

- ❖ Our population has more complex health needs than before. We have many unavoidable admissions to hospital due to lack of investment in infrastructure and workforce in the community which also contributes to delays in patient transfers from hospital;
- ❖ Shifting towards prevention and early intervention and focusing on efforts to keep the population well, whilst working within a system where the effort is often in relation to health care service provision and treatment;
- ❖ Our general practices are usually the first point of contact within the community and are integral to successfully shifting the balance of care from hospital to community settings. However, there is a national shortage of GPs and vacancies are difficult to fill. It will not be possible to replace all GPs who retire or leave over the next 10-15 years;
- ❖ Our workforce is aging and it is difficult to attract and recruit certain groups of staff
- ❖ There are financial pressures and we need to close the financial gap and transform the way we work to achieve sustainability;
- ❖ Re-thinking and redesigning services to be enabling, integrated and person- centred;
- ❖ Consideration of the impact the Living Wage has on lower graded posts and contracts with independent and third sectors.
- ❖ Improving current flows and processes and use of technology.

## 5.2. What Will We Do

### 5.2.1 Team development

Effective high-performing teams are at the heart of effective service delivery and are also key to staff health and well-being. Teams from each organisation have been working together in an integrated way to deliver high quality care for some years – but we can do more. We are committed to developing teams to work collaboratively within and across agencies and to giving them the capacity, capability and confidence to do so.

We will look to supporting a range of models to suit local circumstances and service requirements – one size does not fit all. The Team Development Toolkit for Health & Social Care Teams has been developed in partnership and will be used to support this work which includes supporting team leaders with their own development and with the development of their team.

### 5.2.2 Service Improvement and Innovation

Faced with significant financial and operational pressures, the importance of effective and efficient services has never been greater for the public sector. The IJB and leaders acknowledge they have a significant role in creating a supportive culture and environment which enables service improvement and innovation to flourish. However, responsibility must extend well beyond senior leaders, instead a shared distribution with leaders at all levels across the partnership must exist. We must ensure: -

- ❖ A compelling vision for improvement is shared at all levels within the partnership.
- ❖ Clear, aligned objectives for all services, teams and individuals.
- ❖ Data is used effectively at all levels, in order to identify gaps, define performance indicators and measure the impact of different interventions of quality care.
- ❖ Supportive and enabling people management and high levels of staff engagement.
- ❖ Service improvement and learning embedded in the practice of all staff.
- ❖ Effective team working

The IJB recognises the importance of innovation at all levels in order to address our challenges and improve the health and wellbeing of the people of West Lothian. We acknowledge all staff must be supported and encouraged to start thinking in different ways and doing things differently to drive forward innovative practice to support transformational change. This will be supported through:

- ❖ Setting of clear goals for innovation at an organisational and service level.
- ❖ Harnessing and nurturing the creative talent of staff.
- ❖ Ensuring structured processes are in place to generate staff ideas which supports a culture of open innovation and co-production.
- ❖ Adopting a more pro-active approach to involve service users and carers in service improvement and innovation to embrace a culture of co-creation.

### 5.2.3 Workforce Planning

Each of the parent organisations has in place existing arrangements to address workforce planning to ensure that the partnership is viewed as an employer of choice and attracts high quality suitably skilled and motivated employees and potential gaps are identified with proactive measures in place to address these.

Workforce Planning is a dynamic process. As service improvement plans, redesign and transformational change programmes are implemented, workforce needs will be emergent and continue to be addressed in real time. In some areas national reviews and initiatives to address known pressures are underway and we will have due regard to these.

When determining the future workforce requirements for the delivery of integrated services, we must take account of our existing workforce and the challenges of developing roles and skills. Due to the changes in demand, on-going economic challenges and the identified strategic & commissioning priorities

there will naturally be a corresponding change to the make-up of the future workforce and the support and development they will require. Some of the known workforce challenges that need to be considered within service areas are: -

- ❖ Continued provision of a suitably skilled and diverse personal carer workforce
- ❖ Improving the gender balance within the personal carer workforce
- ❖ Sustaining suitable numbers of Mental Health Officers
- ❖ Addressing the national shortage of qualified District Nurses
- ❖ A national shortage of GP's and the implications of the new GMS contract
- ❖ Supporting increased use of advanced practitioners in Primary Care: Nursing, Physiotherapy, Pharmacy and Specialist Paramedics
- ❖ Promotion of asset-based approaches through the greater visibility and engagement of staff within local communities.
- ❖ Changes in the balance of care from acute to more community working and supporting people in their home or a homely setting
- ❖ Maintain current professional roles whilst recognising the changes to specific skills, knowledge and behaviours in order to work more collaboratively
- ❖ Implementation of new technology requiring both shifts in the skills mix required of staff
- ❖ and the possibility of removing the need for certain activities to be provided by staff.
- ❖ New types of worker role and a growth in personal assistants, the engagement of non-traditional health/social care workforce in supporting better outcomes for people, including leisure and sport staff.

### 5.3. How Will We Do It

As the transformation vision becomes reality, this will be a huge shift away from how we traditionally deliver services meaning new, innovative ways of working for our workforce.

We need to understand our current core workforce and model what our future core workforce will look like, for example, a shift to more enhanced and inclusive roles combined with multi-disciplinary team working. Some of the required resources are currently available, but limited, some skills gaps can be filled by upskilling the current workforce through training and development and other gaps will be filled by recruitment, modern apprenticeships, work placements etc.

We need to plan to ensure our workforce has the skills required to deliver our future services and is affordable and sustainable. This all needs to be done through:

- ❖ Better understanding of workforce demand and supply;
- ❖ Cognisance of the integration of workforce, service and financial planning;
- ❖ Building a flexible workforce able to respond to future needs and demands
- ❖ Working in alignment with existing and developing legislation.

In order to fulfil our workforce transformation we need to:

- ❖ To encourage and support our current workforce to work to the top of their competency by ensuring they have the right skills and knowledge to do so;
- ❖ Look at the skills gaps within our current workforce and provide training and development opportunities to upskill our workforce to fill these and provide career progression opportunities;
- ❖ Develop new career paths, new job types and more flexible routes into and within health and social care.
- ❖ Maximise opportunities to attract a new workforce to the Partnership to fill any skills gaps through various methods including apprenticeships, work- placements and recruitment;
- ❖ Be guided by national, regional and local strategy/policy and influenced by external drivers for change such as understanding supply and demand;
- ❖ Be seen as an employer of choice where our workforce is motivated, committed and flexible;
- ❖ Consult with staff representation across the Partnership and all staff groups including in the form of focus groups.
- ❖ Broaden the range of activities and therefore skill set of the workforce that contributes to the health and well-being of citizens.
- ❖ Create more varied learning and development methods, including volunteers, carers and service users as equal contributors and participants with access to accreditation where desired.
- ❖ Improve use of current and new technologies test different approaches to creating a more flexible and mobile workforce
- ❖ Increase understanding within the wider community of the contribution of the workforce on the health & well-being of all citizens.
- ❖ Contribute to local and national discussions on future workforce planning and the content of accredited training courses particularly for key professional groups.
- ❖ Work with local and national academic and vocational bodies to support and review the development of new and existing qualifications.
- ❖ Develop a Core Competency Framework, comprising the skills, knowledge, behaviours and attitudes that are relevant to the integrated workforce in its totality.
- ❖ Explore the use of technology enable care to promote greater shared responsibility in provision of care and support
- ❖ Explore the opportunity for positive action to be taken to support recruitment of a diverse workforce and to address the balance of the workforce particularly in relation to age and gender.

#### 5.4. Risks

To achieve these ambitions, it is vital we have the right people with the right skills in the right place at the right time however this won't be easy in light of the challenges we face locally and nationally.

- ❖ Transformational change programmes are happening nationally therefore competition for qualified, trained and experienced staff is unavoidable;

- ❖ There are shortages within certain groups of staff e.g. GPs, District Nurses, Personal Carers, Care Home Nursing staff; Mental Health Officers
- ❖ Some workforce groups take time to be trained or achieve the necessary qualifications before they can take up post;
- ❖ The financial pressures mean the workforce will require to be streamlined and roles redefined, with some being more generalist to allow flexibility;
- ❖ Staff will need to work across different boundaries and organisations which is a culture shift for many;
- ❖ We have many volunteer carers, young and old, who are key contributors to our health and social care provision and we must retain this resource by providing support, respite and training where appropriate;

## 6. Our People

As our single most valuable resource is our workforce there are various initiatives in place to support them. The partnership is committed to become an employer of choice, which is able to attract and retain a highly qualified and skilled workforce. Key themes and ambitions have been determined through collaborative workshops, road shows, staff engagement, demographic and policy direction (Table 1).

Theme	Ambition
Leadership, Management and Team Development	To develop our leaders and managers and strengthen our teams to ensure collaborative and compassionate leadership and high performing teams.
Culture and Values	To understand and value the different organisational cultures across sectors and develop a healthy culture across the partnership.
Developing and engaging the workforce	To ensure that workforce development contributes to a sustainable, capable, engaged and motivated workforce
Professional and Technical advances	To ensure we have a workforce who works to the top of their skill set and understand their contribution to a team and delivering the best outcomes for the population we serve
Integrated working	To explore how to do things differently and achieve new, effective integrated models of care by supporting and helping our collective workforce and representatives to develop and work together in joined up ways
Workforce planning	Our workforce is our most valuable asset which we need to celebrate and plan for future needs and demands. We will seek to promote health and social care as a career of choice
Quality and evaluation	To be able to demonstrate the ability to make significant continuous improvement

## 6.1. Our Values

The IJB have aligned NHS and Council values to develop a common set of values for the Partnership.



Figure 17 IJB Values

## 6.2. Organisational Development

An Organisational Development (OD) approach is adopted to ensure that Workforce Planning, Organisational Development interventions, Learning and Development provision and HR Policies and Procedures are fully aligned to support the aim of this plan to have the right people with the right skills in the right place at the right time.

All Services and Sections within the partnership are supported to identify current and future development needs to equip our workforce with the skills, knowledge and attitude they need to deliver the outcomes of the Strategic Plan.

Each Service will be supported to have an OD Plan aligned to their service improvement activity to identify and plan appropriate interventions to support service redesign, development of integrated teams and team-working, collaborative and joint planning and joint working with partners and stakeholders and change management. In addition, each professional discipline working within the Partnership has appropriate access to relevant learning and development and advice to ensure they are fully supported to deliver in their role now and in the future.

All OD interventions are designed to deliver improvement and are derived from a strength and asset-based perspective (Figure 18).



**Figure 18 Organisational Development Interventions, tools and techniques**

The Chief Officer and Management Teams will support leadership development, leading change and building high performing teams in support of the delivery of transformation.

### 6.3 Leadership

We require leadership at all levels from a broad range of backgrounds and experiences to drive our ambitious transformational change and quality improvement programmes forward for the integration of health and social care services.

Clarity of direction and a clear vision about the future of health and social care in West Lothian will require strong leadership to meet the future challenges ahead. Our inclusive approach will support the development of locality working and the closer collaboration with all our communities. We have invested in leadership programmes and competencies in our partnership. We will build on these programmes to ensure that we develop and nurture our current and future leaders. We will use the Leadership for Integration Framework developed nationally and jointly by the Scottish Social Services Council (SSSC) and NHS Education for Scotland (NES) to guide the development of our leaders and managers (Table 2)



**Table 2: Leadership for Integration Framework (SSSC &NES)**

Vision	Seeing how best to make a difference, communicating and promoting ownership of the vision, promoting a public service ethos, thinking and planning strategically
Empowering	Enabling leadership at all levels, driving a knowledge sharing culture, promoting professional autonomy, involving people in development and improvement
Self-Leadership	Demonstrating and adapting leadership, improving own leadership, enabling intelligent risk taking, demonstrating and promoting resilience, challenging discrimination and inequality
Collaborating and Influencing	Leading partnership working Influencing people Understanding and valuing the perspectives of others
Motivating and Inspiring	Inspiring people by personal example Recognising and valuing the contribution of others Driving the creation of a learning and performance culture
Creativity and Innovation	Seeing opportunities to do things differently, promoting and supporting creativity and innovation, leading and managing change

## 6.4. Human Resources

West Lothian Council and NHS Lothian remain the employer of the workforce and as such employees continue to adhere to their respective terms and conditions of employment. In addition, within the Partnership it is recognised that a number of Senior Management posts should be developed as joint appointments and as such have management responsibility for employees from both organisations.

Human Resources provide a professional service and ensure the Partnership meets its legal obligations as an employer and maintain responsive and supportive employment practices and processes in partnership with Staff Side and Trades Unions, to support the demands of an increasingly flexible workforce within the changing environment.

## 6.5. Workforce Development

As our transformational change programmes progress our workforce will look different, it will be integrated, engaged, motivated and empowered, where innovation and positive response to change is necessary. Our traditional working boundaries will become blurred with new ways of working such as multi-disciplinary team working, across, not just health and local authority, but also with our third and independent sector partners.

The new National Health & Social Care Standards came into force in April 2018 and provide a framework to plan and deliver services. Health and Social Care professionals have learning frameworks in place namely, the Knowledge and Skills Framework (NHS) and the Continuous Learning Framework (SSSC) which closely align to core skills across the sector.

We are committed to workforce development and by retaining ownership of their professional and personal development every employee will continue to be supported to be the best they can be through relevant training and development opportunities to ensure they are equipped to meet the new challenges ahead and be our workforce of the future.

Mandatory and statutory training remains a priority to ensure our workforce is meeting legislative and policy requirements. There are robust arrangements in place in both the Council and NHS to identify and address current and emergent development needs and to deliver and track completion of mandatory and statutory training.

For specialised roles, we continue to support employees to have necessary qualifications and accreditation. Many registered roles require an element of continuous professional development which are fully supported.

In ensuring that we maintain a capable workforce we will:

- ❖ Develop learning & development plans which meet the needs of our regulated workforce as relevant to the regulatory requirements for all professionals including continuous professional development.
- ❖ Design opportunities to create an integrated approach to learning & development (where appropriate) which makes best use of resources.
- ❖ Build career pathways that facilitate opportunities for cross sector working through access to learning across organisations.
- ❖ Continue to develop skills and behaviours that promote employee engagement in co-production to achieve better outcomes for individuals and communities.
- ❖ Provide regular supervision in support of sound professional practice and practitioner professional development through assessing competency, knowledge, skills and value-based practice, relevant to the practitioner role being undertaken.
- ❖ Review development arrangements of Newly Qualified Social Workers (NQSW) to increase retention in line with the Scottish Social Services Council's review.

We need to ensure that all managers of integrated teams are competent and compliant in the implementation of policy and procedures across the employing agencies. To support this, we will:

- ❖ develop an induction programme which will reflect learning in relation to the respective terms and conditions, policies and procedures across both employing agencies.
- ❖ Facilitate change management sessions for managers to develop skills in managing change, transition and service improvement.
- ❖ Continue to deliver local integrated management training/learning programmes to ensure managers (current/new) have the necessary knowledge and skills.

Employee development in relation to changing working practice will be addressed by continuing to build on our positive shared cultural and value base and support the development of new working practice by:

- ❖ Delivering employee engagement events which communicate and inform employees of organisation change and transition.

- ❖ Delivering Team building and Team development sessions for integrating teams
- ❖ Develop opportunities to up skill employee's capabilities which may enhance cross sector working.
- ❖ Continue to further develop integrated learning building on, for example, our Integrated Dementia Learning Pathway and Joint Manual Handling training delivery.

The Partnership will work with all partners further educational establishments and Higher Educational Institutions to influence the development of new qualifications that may emerge as a result of service redesign and changing work practices.

## 6.6. Health, Wellbeing & Resilience

Change can be an unsettling experience for many people, so it is imperative we have a flexible, responsive and adaptive workforce to deal with this. Health, wellbeing and resilience is a training priority to ensure our workforce is able to manage this change and delivery of wellbeing and resilience training for our workforce is underway.

Healthy Working Lives is a nationally recognised scheme which helps organisations to create healthier and safer workplaces by providing resources, information and opportunities to improve employee health and wellbeing, both at work and at home. West Lothian Health and Social Care Partnership have achieved and maintained the Gold Award.

## 6.7. Equality

Equality is also extremely important and our commitments within our Strategic Plan and the approach we have adopted to Workforce Development are designed to engender a culture which promotes equality, values, diversity and protect human rights and social justice and tackles discrimination for our workforce and also our residents. All new policies, procedures and service changes are also the subject of an Equality Impact Assessment to ensure no protected group is disadvantaged by any change implemented

## 6.8. Trade Union/Partnership Working

We are committed to ensure our workforce is supported to be the best it can be through the areas described and fully engage with our Trade Union and Staff Side representatives to ensure fairness and consistency across the full workforce.

Empowering the whole workforce to become engaged and valued for its contribution will be essential as we move towards viewing the workforce as one entity.

## 7. Defining the Required Workforce

Whilst the Council and NHS already have separate systems in place to collect data on their workforce, the Scottish Government's Workforce Plan Part 2, confirms that NES and other stakeholders will be

undertaking work to establish a single data set on the Health & Social Care Workforce which will aid more comprehensive analysis of the workforce particularly in relation to supply and demand.

In order to determine future workforce requirements, we will consider the following and link them to strategic, financial and service planning:

- ❖ Skills set analysis and requirements;
- ❖ Roles and number of staff required; and
- ❖ Productivity and new ways of working.

Thereafter the current workforce data set can then be compared against future workforce requirements, and a plan developed to bridge any gaps.

New roles will emerge as service models change and this will mean building and enhancing existing skills, and developing new ones for our current workforce.

The future characteristics of the workforce are designed to meet the needs of service users now and in the future. These characteristics can and must run in parallel to the transformational change programme. The workforce should be:

- ❖ Kind, compassionate and person centred;
- ❖ Flexible and able to adapt to changing circumstances;
- ❖ Confident, well-informed and value-driven – in ability to make decisions and act in their role, and in addressing inequalities and improving health where possible;
- ❖ Creative and innovative – in service design and delivering for service users;
- ❖ Integrated – a culture that values and trusts the skills and roles of others, not just in their immediate job family or organisation but across the partnership;
- ❖ Able to have a clear picture of career progression, succession planning and development, taking mutual accountability for that development, with clear access as and when appropriate.

## 8. Approach

Workforce planning and development is a central corporate responsibility for both NHS Lothian and West Lothian Council and therefore this plan is designed to augment that work and reflect local priorities and actions. There are co dependencies with corporate plans and strategic direction, set by policy or community planning priority areas. Central to this is the IJB Strategic plan which sets the vision and direction for West Lothian. In order to meet the outcomes of the Strategic Plan it is necessary to ensure that we :-

- ❖ Attract, recruit, motivate and engage, support and develop and thereby retain the right and the best people to deliver services for our residents.
- ❖ Take forward the actions required to deliver this objective as set out in the Action Plan
- ❖ Ensure that workforce planning is an integral part of our service and financial planning.

Ownership and responsibility for the workforce development plan will sit with the Senior Lead accountable for each service area alongside their operational managers and professional leads. This will enable the production of individual service workforce plans that will determine the shape of what is required in terms of skills, knowledge and profession within each of the service areas. The workforce plan will sit alongside the Strategic Plan and Financial Strategy in terms of annual review and update.

To support this West Lothian Organisational and Workforce Development Board has been established to commit to a common organisational development approach to ensure consistency and identify opportunities for joint working and shared learning wherever possible. This proactive and integrated approach to the development of leaders, managers, teams and our people supports a learning culture which engenders a culture of continuous improvement and develops engaged, competent and confident employees.

## 9. Monitoring, Measuring and Evaluating This Plan

West Lothian IJB is committed to agreeing and delivering its workforce plan in consultation with a wide range of stakeholders. The plan will be subject to monitoring and reporting on a regular basis and progress will be reported annually to the West Lothian IJB to ensure it continues to align with the Strategic Plan.

In view of the emergent and responsive nature of organisational development interventions and workforce development, monitoring and measuring the impact of these interventions is continuous.

Monitoring and measuring our organisational development actions is built into our feedback measures following development events and through more formal review of project and programme work undertaken to support change. In addition, we will utilise the existing review measures available within the parent organisations, such as: -

- ❖ Staff Surveys
- ❖ imatter team feedback
- ❖ Consultation and Engagement events
- ❖ Feedback from development events, team meetings and performance review

All of this feedback will provide learning and support continuous improvement to meet the changing needs of our workforce and our population. We will continue to consult our workforce as we review and renew our Strategic Plan and this supporting workforce plan to ensure that their needs are met.

This Plan will be reviewed annually and updated to take account of future changes and priorities, including the ongoing changes to the profile of the workforce, their development needs and succession planning as services change to meet service demand.

The Organisational Development and Workforce Development Board will monitor the effectiveness of the plan and its deployment across the partnership to ensure a consistent approach is taken and to support shared learning and identify opportunities for shared delivery as appropriate.

## 9. Conclusion

In the current climate of various skills shortages, the long lead times in training and developing new staff, a declining working age population, changing demography health profiles and the current (and predicted) financial climate, it has never been more important for us to take a robust and strategic approach to workforce planning.

Proactive steps have been taken to date within services and across the partnership. This plan will continue to support a cohesive approach to identifying skills gaps and addressing these collaboratively. The Action Plan at appendix 1 outlines in more detail some of the actions which will ensure we have the right people with the right skills in the right place at the right time, to deliver high quality health and social care for the people of West Lothian.

Our drivers include ongoing reform at a national level including the Scottish Governments reform agenda informed by the Christie Commission, the introduction of the Community Empowerment (Scotland) Act 2015 and the plan to develop a strategy that will build on the 2020 vision for health and social care in Scotland.

This Workforce Plan sets out arrangements already in place and the action we will take to attract, recruit, motivate and engage, support and develop and thereby retain, our future workforce.

NHS Lothian and West Lothian Council already have workforce planning and workforce development arrangements in place which will continue and form part of the arrangements to support and develop our people. Adopting an Organisational Development approach means that, the recruitment, support and development of our workforce is embedded within our strategic planning arrangements.

This plan will be implemented to take account of the emergent needs of the workforce in response to change and to engender in employees the ability to work flexibly within a change environment.

## Appendix I: Action Plan

AIM	PRIORITY	WHAT WILL WE DO	HOW WILL WE DO IT
Right People	Be an employer of choice	Promote West Lothian as an attractive place to work  Promote Health and Social Care as a Career Choice	Robust recruitment advertising campaigns especially for difficult to recruit posts  Design career opportunities for those that wish to progress within the partnership  Provide flexible and agile working opportunities to attract wide range of candidates  Engage champions/ role models to share their experiences
	Engage a younger workforce	Attract school/ college /university leavers  Promote health and social care as career choice	Improve accessibility of modern apprenticeships, work experience and foundation apprenticeship opportunities  Collaborate with West Lothian College to develop relevant qualifications and learning opportunities  Visit schools and colleges to promote the opportunities and explain choices which best fit
	Attract returners to the partnership	Provide opportunities for career change	Offer flexible learning opportunities to retrain  Offer flexible working patterns to support training and work/life balance
	Be inclusive and diverse employers	Ensure recruitment opportunities are accessible to all groups  Provide appropriate training and awareness raising of different equality areas	Examine opportunities for Positive Action in recruitment to increase number of employees employed with protected characteristics in terms of the Equality Act
	Ensure workforce is fit for purpose, sustainable and affordable	Ensure workforce planning is embedded into service improvement plans	Undertake workforce review for each service area  Support managers to integrate workforce planning into everyday responsibilities
	Work with partners to support appropriate staffing to deliver and sustain services	Liaise with third and independent sectors to share learning and experience  Encourage our partners to forward plan to ensure appropriate skills and resources are accessible	Work together to promote recruitment  Support partners to produce workforce plans  Share training and development opportunities
	Value our volunteers	Attract recruit, train and support volunteers  Recognise important contribution of volunteers	Promote benefits of volunteering  Provide training opportunities and support networks

<b>Right Skills</b>	Develop a workforce aligned to the organisation values	Promote the organisation values and behaviours	<p>Incorporate values and behaviours into recruitment and selection processes</p> <p>Provide robust induction programmes for new starts</p> <p>Integrate values into day to day service delivery</p> <p>Lead by example and adopt values and behaviours</p>
	Ensure workforce is fully equipped to fulfill their role	<p>Ensure appropriate process is in place to identify workforce needs</p> <p>Support training and development requirements</p> <p>Encourage and support the workforce to work at the top of their competency level</p> <p>Ensure that the National Health and Social Care Standards are implemented and embedded in practice</p> <p>Identify technology training needs and how technology can enable learning and develop associated training plan</p>	<p>Undertake ongoing training needs analysis</p> <p>Promote learning and development opportunities for employees</p> <p>Ensure personal development reviews are implemented</p> <p>Monitor compliance with National Health and Social Care Standards across the partnership</p> <p>Ensure staff have access to appropriate PC/ Technology. Optimise use of technology to support learning and widen access to opportunities</p>
	Ensure workforce is focused on prevention and early intervention	Ensure workforce are confident and competent to utilise opportunities to improve health and reduce inequalities	Develop programme of capacity building in line with public health skills and knowledge frameworks
	Encourage and provide opportunities to develop skills	Ensure opportunities are available to help people retrain or attain new qualifications to support personal and organisational growth	<p>Utilise flexible working policies</p> <p>Support access to learning and development opportunities internally and externally</p> <p>Explore retraining opportunities in redeployment situations</p>
	Promote and deliver integrated working	<p>Develop a more efficient and effective workforce</p> <p>Ensure workforce is appropriately qualified and has the flexibility to move across the partnership</p>	<p>Review existing roles and determine where roles can be more generic/ flexible</p> <p>Engage with education providers to review course being delivered</p> <p>Develop management teams who champion integrated working</p>



<b>Right Place</b>	Continue to support the shift in the balance of care to community settings	Ensure skilled and sustainable workforce in community where it is needed	<p>Enhance multidisciplinary teams within primary care setting</p> <p>Ongoing recruitment of workforce to reduce vacancy gap</p> <p>Invest in community care and support services across health and social care to increase capacity and improve access</p> <p>Ensure workforce available to support services delivering alternative options- <i>know where to go</i></p> <p>Explore colocation opportunities</p>
<b>Right time</b>	Have a skilled workforce at the right time	Plan ahead to ensure a resource is available to deliver service needs at the right time	<p>Workforce plans within service improvement plans need to consider lead times for training and development</p> <p>Consider recruitment timescales</p> <p>Succession planning and workforce planning embedded into management objectives</p> <p>Aligned to financial availability</p>
	Support people to be at work	Maximise all opportunities for attendance by supporting the workforce in line with policies and procedures	<p>Improve workforce attendance</p> <p>Provide resilience training to ensure workforce are prepared for change</p> <p>Ensure workforce are familiar with policies, procedures and their responsibilities</p> <p>Ensure managers are trained in implementation of policies and procedures</p>
	Plan for an ageing workforce	Consider the challenges and potential solutions to address an ageing workforce	<p>Consider alternatives to retirement e.g. new roles, mentorship roles</p> <p>Utilise work/life balance policies to support continued employment</p>
<p><i>All actions should be progressed with partner organisations to ensure an integrated approach and take account of all relevant policies and procedures. Where possible developments should be progressed utilizing collaborative approaches to ensure total workforce benefits and supports integration.</i></p>			

<sup>i</sup> Health and Social Care Delivery Plan (2016) Scottish Government

<sup>ii</sup> National Records of Scotland: Population Projections (2016 based)

<sup>iii</sup> Enabling Age as an Asset in the South East NHS Workforce NES

<sup>iv</sup> SSSC <https://data.sssc.uk.com>

<sup>v</sup> NOMIS 2017 <http://www.nomisweb.co.uk/reports/lmp/la/1946157436/printable.aspx>

<sup>vi</sup> Office for National Statistics

<sup>vii</sup> <https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-1-framework-improving/>

<sup>viii</sup> <https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-2-framework-improving/>

<sup>ix</sup> <https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-3-improving-workforce/pages/2/>

<sup>x</sup> <https://www2.gov.scot/resource/0042/00424225.pdf>