

East Lothian Integration Joint Board Workforce Development Plan

East Lothian
Health & Social Care Partnership



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Executive summary

The changing nature of adult health and social care is complex and our aim is to consider what changes will make the greatest difference to outcomes for patients, service users and carers. As a Partnership we will seek to ensure that our workforce is motivated, knowledgeable and skilled and able to respond to the changes we envisage.

The workforce has to be equipped to support and implement approaches and interventions that actively seek to improve health and reduce inequalities. This is a shared responsibility of the entire workforce across all services.

The workforce equate to between 15 and 20% of all expenditure in East Lothian HSCP. The age profile of our health care workforce means that many will be retiring over the next 10–15 years, particularly health visitors and midwives. Without action now this has the potential to lead to shortages in the number of trained staff, but more likely to a shortage of experienced staff to take on leadership and supervisory roles. In social care, the workforce is also getting older while the range of ages is widening. There are similar issues in relation to experienced staff retiring in the next 10-15 years.

A further challenge is aligning the skills of our workforce, now and in the future, with the needs of patients and service users. There is a growing awareness that the current workforce is not well matched to needs and demands, and the training pipeline, particularly of doctors, may exacerbate these problems.

It has been predicted that, by 2020, as the workforce ages, the NHS is likely to have an oversupply of hospital doctors but a shortfall in the number of GPs. We have also yet to see a significant shift from acute to community sector based working, particularly in the numbers of nurses working in the community.

The broad reach of health and social care integration includes relationships beyond traditional NHS and local authority providers. The majority of social care services, for example, are delivered by the independent sector and integration of services is as relevant and important for them as it is for wider public services such as housing and leisure.

The independent sector is the largest social services employer in Scotland as a whole and 45% of the care delivery workforce in East Lothian is employed in this way. They have a pivotal role in supporting care at home and in care homes and the contribution and participation of the sector in service planning is fully recognised.

Nonetheless, social care as a vocation has sometimes been viewed as demanding but low paid, and recruitment and retention challenging. We face a potential crisis in the provision of care and support services over the coming years, with a growing population of older people but with fewer people coming into a labour market that is increasingly competitive.

This has already led at times to challenges in ensuring care and resources are focused on getting the services that meet people's needs across some areas of the county. Addressing this will be a key enabler in delivering our strategic change programme.

The IJB Workforce Plan acknowledges that Social Work delivers services to a variety of clients often with specific statutory duties attached. This workforce – specifically, criminal justice and mental health officers - have very different requirements than those workers within the social care field.

To ensure we meet our statutory and policy requirements, mandatory and statutory training has to be embedded within services to ensure our workforce is meeting legislative and policy requirements. We have to ensure that there are robust arrangements in place in both the Council and NHS to identify and address current and emergent development needs as well as to deliver and track completion of mandatory and statutory training. Consequently, learning & development plans for our regulated workforce need to be clearly linked to continuous professional development.

Central to our workforce plan is the provision of regular supervision. This enables support and guidance for professional practice and practitioner professional development through the assessment of competencies, knowledge, skills and value- based practice.

Our workforce is our most valuable asset and one which we need to continue to develop and promote. To help us plan for future needs and demands, we will actively seek to promote health and social care as a career of choice.

Scope of workforce plan

The purpose and scope of this workforce plan is based on service needs. It aims to ensure that East Lothian IJB strategically plans to have sufficient staff (health and social care), with the appropriate skills, to meet the current and future needs of the East Lothian population.

This is the first East Lothian IJB workforce plan and future plans will build on and improve on this foundation.

Our workforce is key to delivering our services and in scope for this plan are:

The East Lothian Partnership has two parts. The Integration Joint Board (IJB) which sets strategy, issues directions to partners for delivery and monitors performance against delivery and the Health and Social Care Partnership (HSCP) which focuses on delivery of NHS and Council services and supports the IJB. The services in the HSCP are not the same as the services delegated to the IJB. The services in scope include all services delegated to the IJB and those in the HSCP.

In addition NHS Lothian and East Lothian Council remain the employers of staff in the partnership and both have detailed workforce plans. As a result this plan does not duplicate the detail of these plans, but builds on these to address common issues across the partnership.

This workforce plan is informed by and informs workforce planning undertaken by partnership managers as they develop and review their service strategic plans.

Objectives of the Workforce Plan

In East Lothian we start from a strong base - there is a collective recognition of the need to change how we work across social care, community and acute providers. In collaboration with all our partners and stakeholders the Health and Social Care Partnership now aims to ensure that the workforce of tomorrow, both paid and voluntary, are knowledgeable and skilled and able to respond to the changes outlined in the East Lothian Strategic Plan.

To meet these challenges and deliver the vision for health and social care across the lifespan we expect the workforce to continue to diversify. They will be employed by individual employers, small to medium enterprises and large organisations across the NHS, local authority, voluntary and independent sectors, as well as in local communities. The continued transformation of our care delivery will also result in a workforce that is deployed in a wider range of ways, including through integration with health, social care and, potentially in time, other public sector team arrangements.

Our workforce will:

- have the skills, knowledge, experience and motivation to deliver the highest quality services.
- be flexible and adaptable around our changing organisational needs
- be resilient to change and instigate, as well as adapt to, changes in service delivery

- work in an increasingly integrated way across the Partnership
- celebrate professional roles including professional specialisms and synergies
- be a workforce that delivers with an emphasis on quality
- be a workforce supported to deliver quality services in the most efficient way

IJB vision, strategic aims, objectives & values

Integrated Joint Board Vision

Adult social care and health services in East Lothian will enable all adults to live the lives they want as well as possible, achieving their potential to live independently and exercising choice over the services they use.

Best health, best care, best value for our communities

- Best health - the health and wellbeing gap across East Lothian: if we fail to get serious about prevention then recent progress in healthy life expectancy will stall, health inequalities will widen and our ability to fund new treatments will be affected by the need to spend budget on avoidable illness or ill health.
- Best care - the care and quality gap: unless we reshape care delivery and drive down variation in quality, people's changing needs will go unmet and unacceptable variation in outcomes will persist.
- Best value - the funding and efficiency gap: if we fail to match funding levels with wide-ranging and, at times, controversial system efficiencies, this will impact on services, staff, and deficits

Strategic aims/objectives

Our strategic aims are about ensuring that services:

- are joined-up for service-users
- take account of the particular needs of individual service-users and their circumstances in different parts of the county
- respect our service-users' rights and take account of their dignity
- take account of the way that our service-users participate in their communities
- protect and improve our service-users' safety
- improve the quality of our services and ensure that they are planned and delivered locally in a way that is engaged with our communities
- anticipate needs and prevent them from happening
- make the best use of the available facilities, people and other resources.
- will work with others to improve health and wellbeing in justice settings, focusing on mental health and substance use
- will work to quickly identify offenders and ensure responses are proportionate, just, effective and promote rehabilitation

Our Strategic Objectives are:

- To make universal services more accessible and proportionate to need and to develop our communities. We want to improve access to our services, but equally to help people and communities to help and support themselves too.
- To improve prevention and early intervention. We want to shift and focus services towards the prevention of ill health, to anticipate at an early stage the need for support and to react where possible to prevent crises.
- To reduce unscheduled care. We want to reduce unnecessary demand for services including hospital care.
- To provide care closer to home. We want to deliver safe and effective care as close to home as possible, allowing people to remain in their homes and communities for as long as they can.
- To deliver services within an integrated care model. We recognise the need to make people's journey through all our services smoother and more efficient.
- To enable people to have more choice and control. We recognise the importance of person centred and outcomes focused care planning.

- To further optimise efficiency and effectiveness. We want to improve the quality of our services whilst recognising and addressing the challenging financial constraints we face.
- To reduce health inequalities. We want to reduce inequalities, break the cycle and impact of deprivation and support and protect the vulnerable in our communities.
- To build and support partnership working. We recognise the importance of developing effective and wide ranging strategic partnerships in delivering our ambition, vision and values.
- To reduce crime within our community by focussing our efforts on prevention and are working with partners to target the underlying causes of crime, including poverty and inequality.

Values

The values that will underpin delivery of the Integration Joint Board's vision and outcomes are:

- To give people control over what happens to them is in itself promoting good health and wellbeing. We will seek to maximise people's control over their lives as an integral part of the safe, caring and respectful services we provide
- It is better to prevent health and social problems than to deal with them once they have occurred. We will focus our attention and resources on prevention and early intervention.
- Some people's social and economic circumstances lead to them having poorer health, wellbeing and life chances than others. We will work to tackle these inequalities by focusing our efforts on those at greatest risk and being mindful of individuals' choices.
- It is right to offer people services as close to home as safe and practicable.
- We will promote working in partnership.
- In a single health and social care economy for East Lothian we will invest our resources wherever they will have the greatest impact on meeting our shared objectives.
- We will recognise the interdependencies of services and will take a holistic approach to service provision, respectfully considering each individual in the context of their circumstances.
- We will value the views of people who use our services.
- We will value the diversity of East Lothian. We will work closely with our communities to ensure they can contribute to the health and wellbeing of the population.

Equality

The Integration Joint Board and all our partners will strive to encourage equal opportunities and human rights, responding to the different needs and service requirements of people regardless of age, disability, gender re-assignment, marriage and civil partnership, (restricted to elimination of unlawful discrimination in employment) pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Key priorities for action

Key priorities for East Lothian are focussing on:

- Delivering more care closer to home - actively tackling the rise in unplanned or avoidable hospital admissions, and significantly reducing delayed discharges from hospitals to home or a homely setting
- Addressing the variation in the use and delivery of health and social care services across the county and tackling inequality
- Developing a strong focus on prevention and "low level" support
- Ensuring best value for the public purse through more effective partnership working
- Supporting people to care for themselves and supporting carers in their caring role

- Ensuring we meet our statutory requirements for some of the most vulnerable people in our community

Service delivery areas

Older People and Access Service

The workforce within this service will ensure that:

- Fewer older people will experience delayed discharge from hospital in line with the Scottish Government target of no delays over two weeks.
- Integrated service redesign for the ELSIE services is implemented which is staffed by both health and social care services.
- Steps are taken to improve anticipatory care plans in line with Scottish Government guidance.
- All unpaid carers are offered a carers assessment.
- People diagnosed with dementia and their carers receive post diagnostic support in line with the dementia strategy.
- Older people receive timely needs assessment and service provision.
- Older people receive timely reviews of their care and support.
- Self Directed Support is fully implemented being offered at initial assessment and review stages.
- Increased and more effective Independent and Third Sector collaboration is promoted.
- There is effective multi-agency service provision and common application of risk/eligibility thresholds.

Adult Statutory and Adult Community Resources

The workforce within this service will ensure that:

- The Health and Social Care Partnership structure is realigned with related management roles and responsibilities.
 - There is improved use of the Care at Home Provider framework.
- A service review of Care at Home and Adult Statutory Services (Social Work and Mental Health Officer Teams) is completed. This will be done in parallel to the service review within Older Adults and Access. There will be a need to focus on staff consultation as a priority.
- Prevention and early intervention is improved by increasing numbers of Council Officers.

- Within Community Resources services are being reviewed and redesigned to promote fully integrated services which are flexible and responsive to ensure that people can access the right support at the right time closer to home.
- Supported people are enabled to have more choice and control by reducing waiting times for assessment, auditing Self Directed Support assessment, budget setting and support planning processes.
- The Personal budget model is implemented.
- Training regarding outcomes and personal budget model is undertaken.
- Care is provided closer to home by developing cluster models of housing support and by supporting people to return to their home areas where appropriate.
- Young people's transition from Education and Children's Services are timely, best value and delivered through outcomes based plans for school leavers.
- There is improved budget management and accurate monitoring and forecasting.
- There is improved support to carers through implementation of the East Lothian Carers Strategy, Carers Support Plans and personal budgets.
- They are better able to provide support to Adults with Incapacity through increasing capacity within the statutory Mental Health Team to meet statutory requirements and timescales under the Adults with Incapacity Act. This includes increasing the numbers of Mental Health Officers.
- Participate in a review of Adult Statutory Services including Adult Social Work Assessment and the Mental Health Officer Team.
- Partnership working is supported through implementation of the Community Justice Local Outcome Improvement Plan.
- Partnership working is also supported through increased and improved use of Criminal Justice unpaid work placements.
- There is improved use of community interventions and programmes in particular diversion from prosecution, bail schemes and voluntary throughcare.
- Targeted interventions are monitored and assessed and risk of individuals' future offending is considered.
- There are improved employability opportunities for people with convictions including access to the recovery college.
- There are improved emergency rest centre arrangements.
- A Mental Health Strategy is developed for East Lothian.
- East Lothian is appropriately engaged with the development of the Royal Edinburgh Hospital campus and opportunities to develop services as locally as possible within East Lothian.
- Flexible and responsive Community Mental Health Team service is developed and integrated to ensure people can access the right support at the right time closer to home. The prevention of hospital admission and support for early discharge is prioritised.
- The delivery of older adults community based mental health services are redesigned.
- The East Lothian Dementia Strategy is developed and implemented.
- There are improved synergies between Mental Health and substance misuse support.

- The numbers of adults in mental health services experiencing delayed discharge are reduced.
- They support the delivery of the range of services within the Alcohol and Drugs Partnership in East Lothian.
- They support the implementation of the Recovery Orientated System of Care.
- Fewer supported people with Learning and Physical Disability are delayed in hospital.
- Development of a fully dedicated and integrated Learning Disability service which will streamline pathways and processes create increased capacity and reduce waiting times. This will improve quality and service delivery with the opportunity to create efficiencies. This will also provide the opportunity to align the service under one management structure.
- Review and redesign all community day supports for people with a disability or mental health problems. Opportunity to reshape how services are structured and delivered.
- There is improved community provision for people with a disability.
- The Shared Lives service is redesigned. Work underway to develop model to offer cost effective short breaks and day opportunities by recruiting new Shared Lives carers offering support for service users within a home/family setting.
- A strategic planning group for Disability services is redesigned.
- An integrated Strategy for people with Physical Disability and Sensory impairment will be developed.
- Increased employment opportunities for people with a disability are promoted.
- Contribute to the review of transport provision.
- Health inequalities are reduced and there is an emphasis on better health improvement.
- Community engagement is improved
- Service delivery is improved through commissioned services.
- There is improved awareness of issues relating to Adult Support and Protection, Criminal Justice, Mental Health and Challenging Behaviour.
- There is improved transitions planning.
- There is improved housing allocation.

Planning and performance

The workforce within this service will ensure that:

- The restructuring of the Planning and Performance service is completed.
- The Planning and Performance management team is established.
- Gatekeeping mechanisms for receiving requests for Planning and Performance support are developed.
- Project monitoring is consistently undertaken.

- They deliver a project management/change management/transformational management approach to Planning and Performance support.
- Internal and commissioned provision is effectively monitored and reviewed.
- Administrative review is conducted to assess opportunities to centralise services e.g. Care Home Administration.

Financial context

In terms of operational delivery it is envisaged that the Health and Social Care Partnership will largely be the delivery model for the delegated functions working on the broad premise that any service that can be managed by the Partnership should be managed by the Partnership.

The financial context is simple. Demand for health and social care services is increasing and the financial (and staffing) resources to deliver health and social care services are decreasing. Demand is driven by improvements in medical technology, increased patient expectation and demographic changes and the UK government's policy of constraining public expenditure has reduced the financial resources available. It is also important to note that health and social care is facing serious staff shortages-for example it is very difficult to recruit General Practitioners and Social Care Workers.

The key themes underpinning the financial strategy are:

- Prioritising the allocation of resources.
- Making more efficient use of resources.
- A move from failure demand to prevention.
- A move from hospital care or care homes to community based services
- A move to improved quality and access.
- A move from working in silos to team working.
- A move from reactive to anticipatory care planning.

The Management teams will now have to construct operational budgets that fit the resources expressed in the programmes and this will give them the opportunity to redesign their services based on the principles that the IJB has articulated in its Financial Strategy.

The current budget for the Partnership is broken down as follows.

Partnership total	49,930,208
Access & Older People	24,303,159
Adult Services	19,640,147
Planning & Directorate	5,986,902

East Lothian demographics & workforce profile

IJB Population & Projected Changes*

The population of East Lothian was estimated to be 105,790 (June 2018, National Records of Scotland).

East Lothian has a higher proportion of older and younger people than the Scottish average.

The number of people aged over 65 is forecast to grow by 72% between 2012 and 2037 and the number of 0-15 year olds is projected to increase by 27.5% over the same period.

The population of East Lothian is forecast to grow at one of the fastest rates of all 32 local authorities in Scotland.

The number of young adults aged 16-24 increased by 35.8% between the 2001 and 2011 census dates. Whereas this figure was only 9.2% for Scotland as a whole.

There were an estimated 45,975 households in East Lothian in 2018 (Mid 2018, National Records of Scotland).

The number of households is projected to grow by 23.8% between 2015 and 2037 compared to a growth of 14.3% in Scotland.

The main component of the increase in the number of households is forecast to be a large increase in the number of households containing one adult.

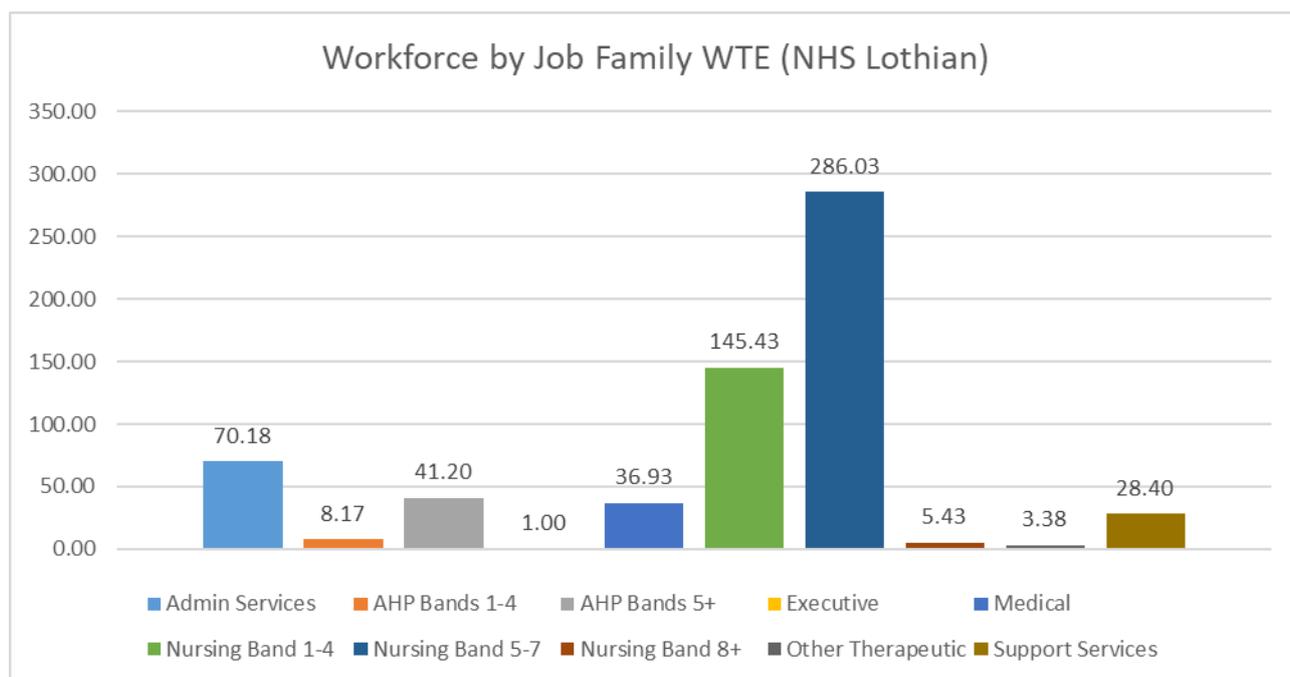
The number of households in which the head of household is aged over 75 is forecast to double between 2012 and 2037.

More people have arrived in East Lothian than have left causing positive net migration over the last decade.

(*East Lothian by Numbers: A Statistical Profile of East Lothian" East Lothian Partnership 2016)

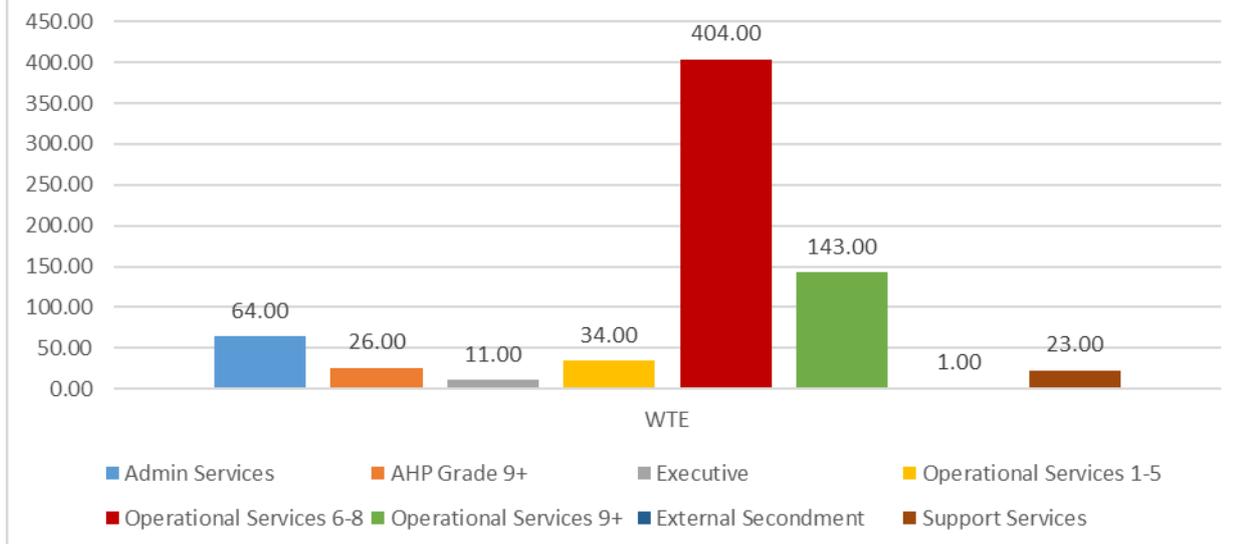
Our workforce

The dimensions and characteristics of our existing workforce as at March 2018 is set out below. East Lothian used **1332.15** (including supplementary staffing) covering all job families at a cost of **£22.66 m** per year.



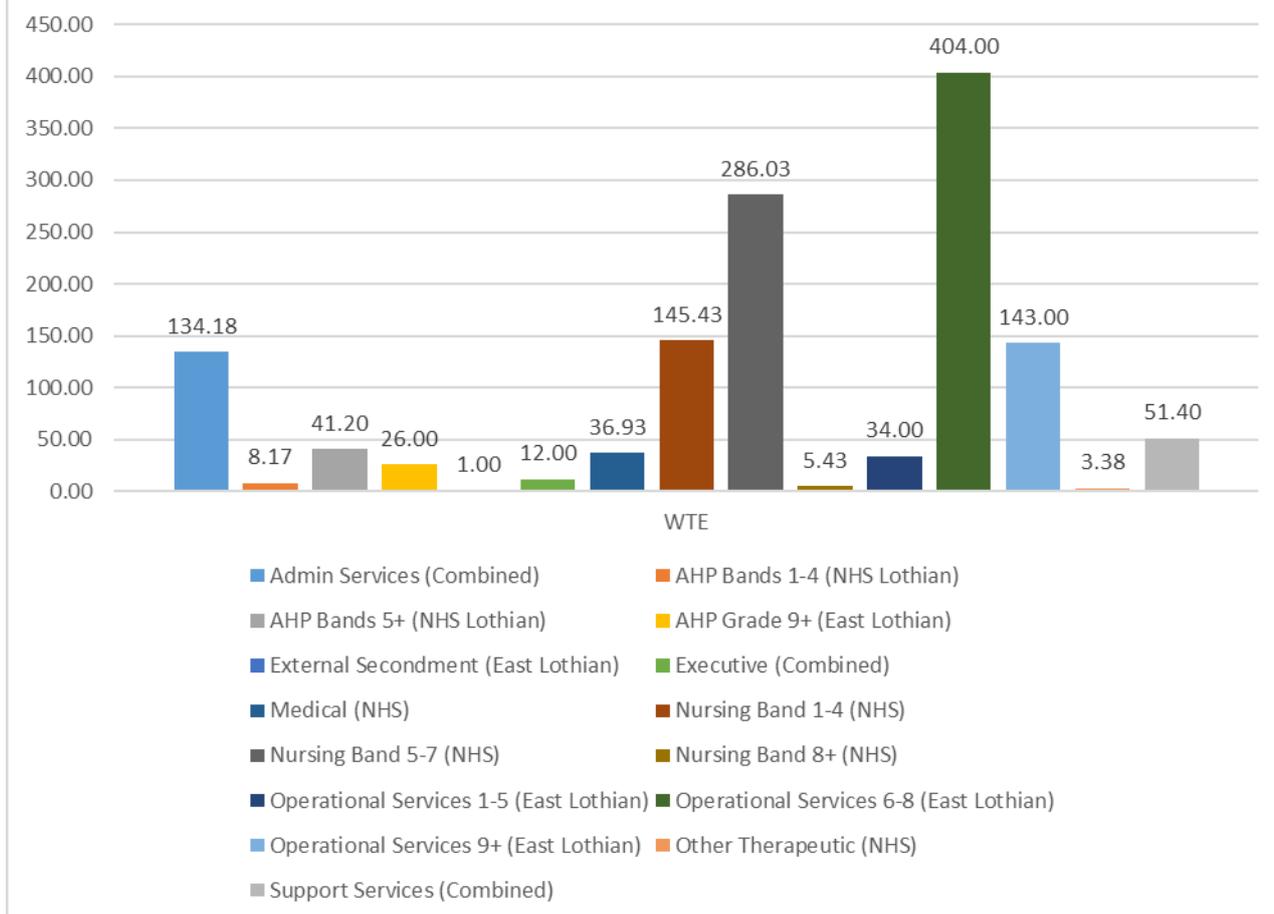
Note: Grand Total – 626.15

Workforce by Job Family WTE (East Lothian Council)



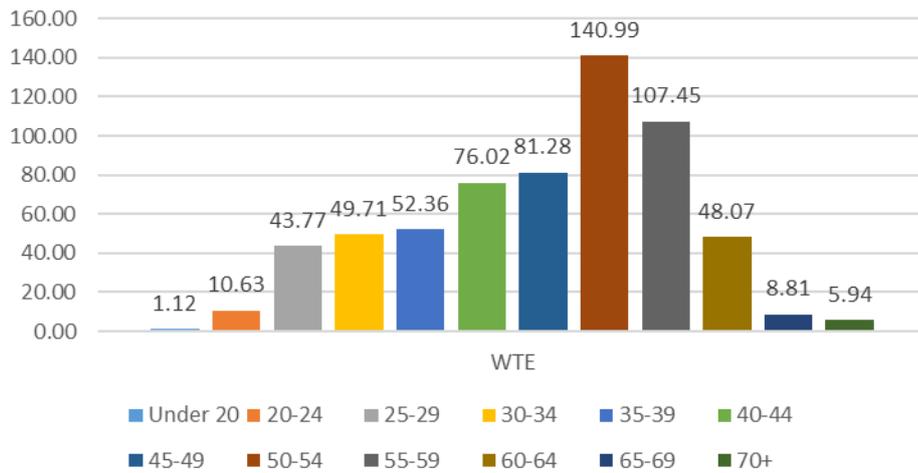
Note: Grand Total - 706

Workforce by Job Family WTE (Combined)



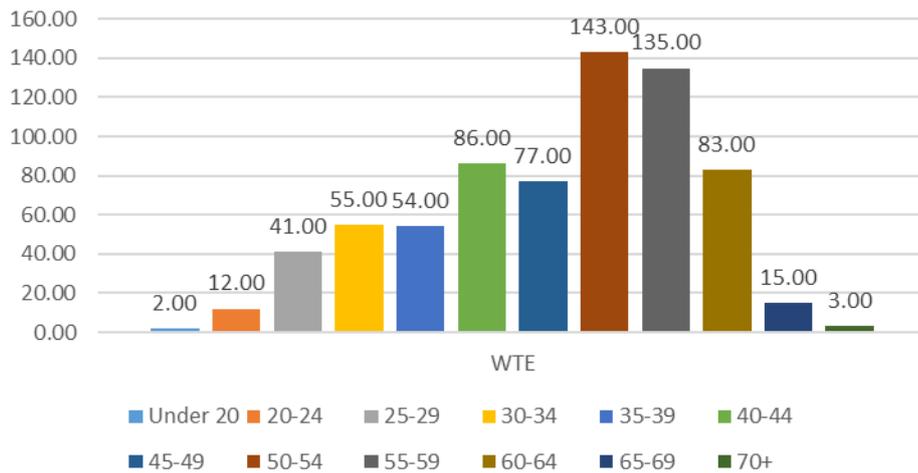
Note: Grand Total – 1332.15

Age Profile (NHS Lothian)



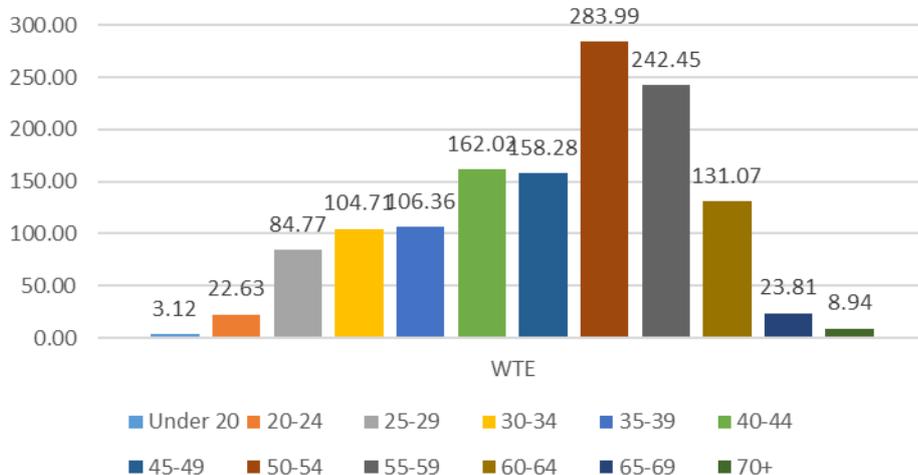
Note: Grand Total – 626.14

Age Profile (East Lothian Council)



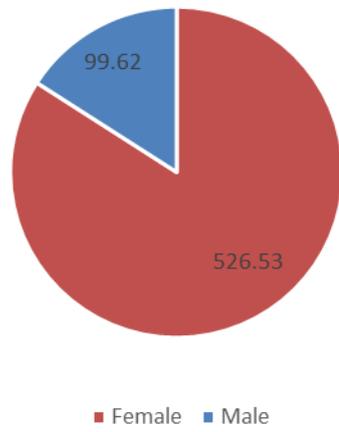
Note: Grand Total - 706

Age Profile (Combined)



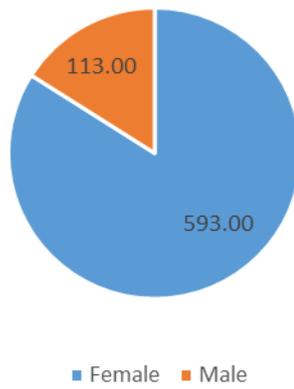
Note: Grand Total – 1332.15

Workforce Gender Profile WTE (NHS Lothian)



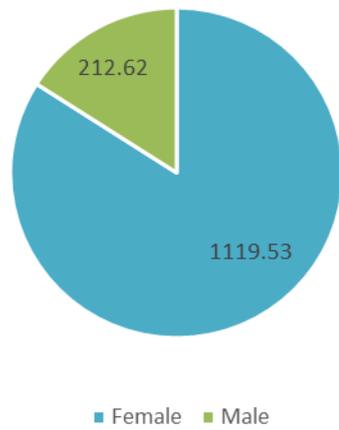
Note: Grand Total – 626.15

Workforce Gender Profile WTE (East Lothian Council)



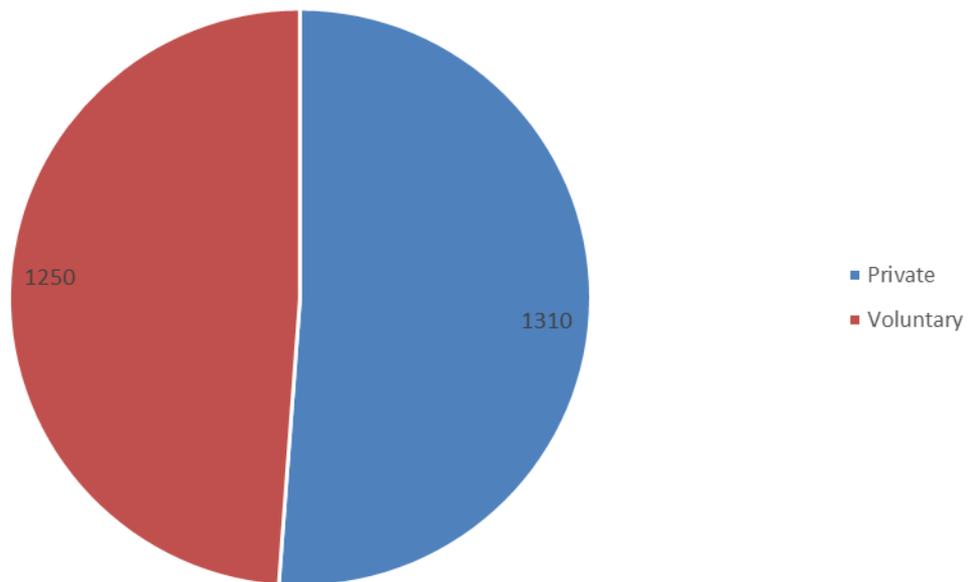
Note: Grand Total - 706

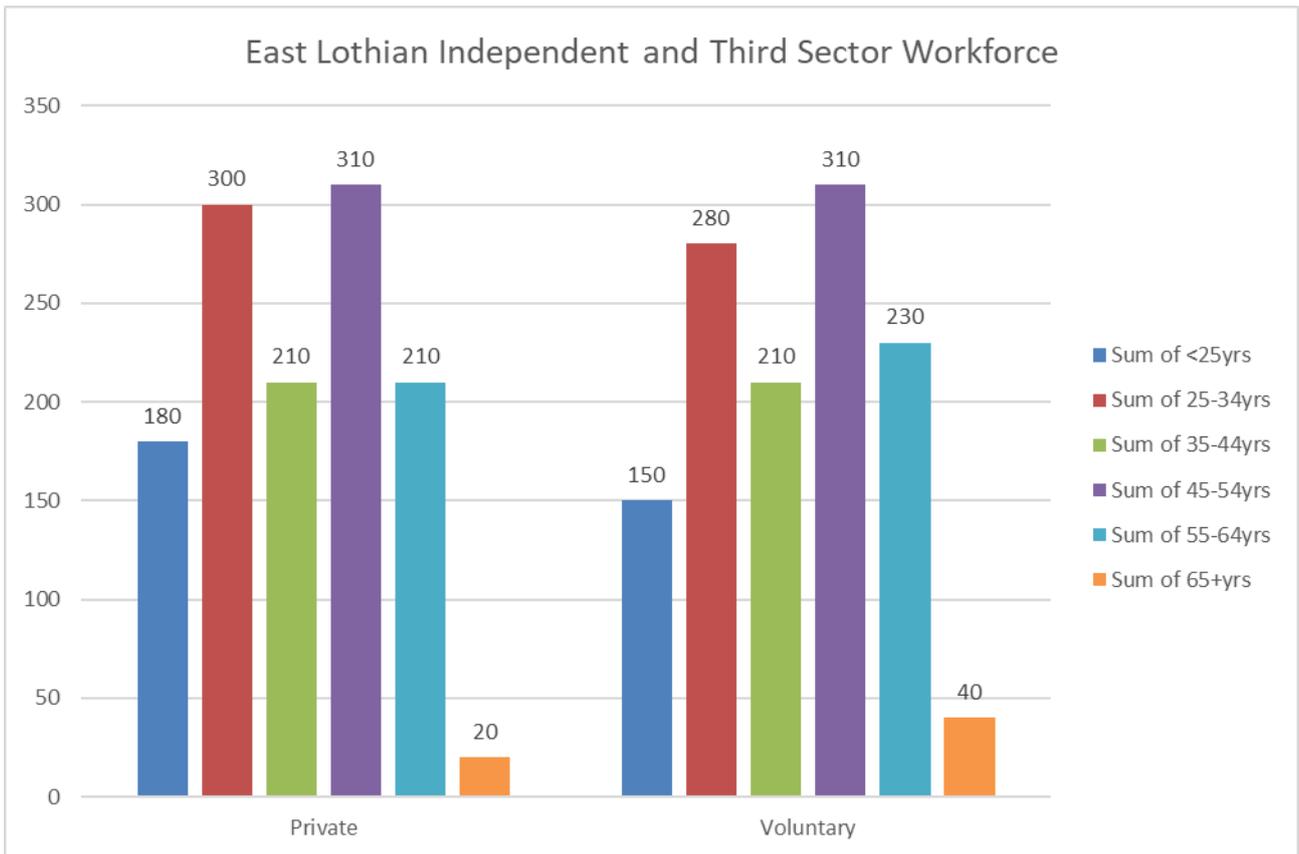
Workforce Gender Profile WTE (Combined)



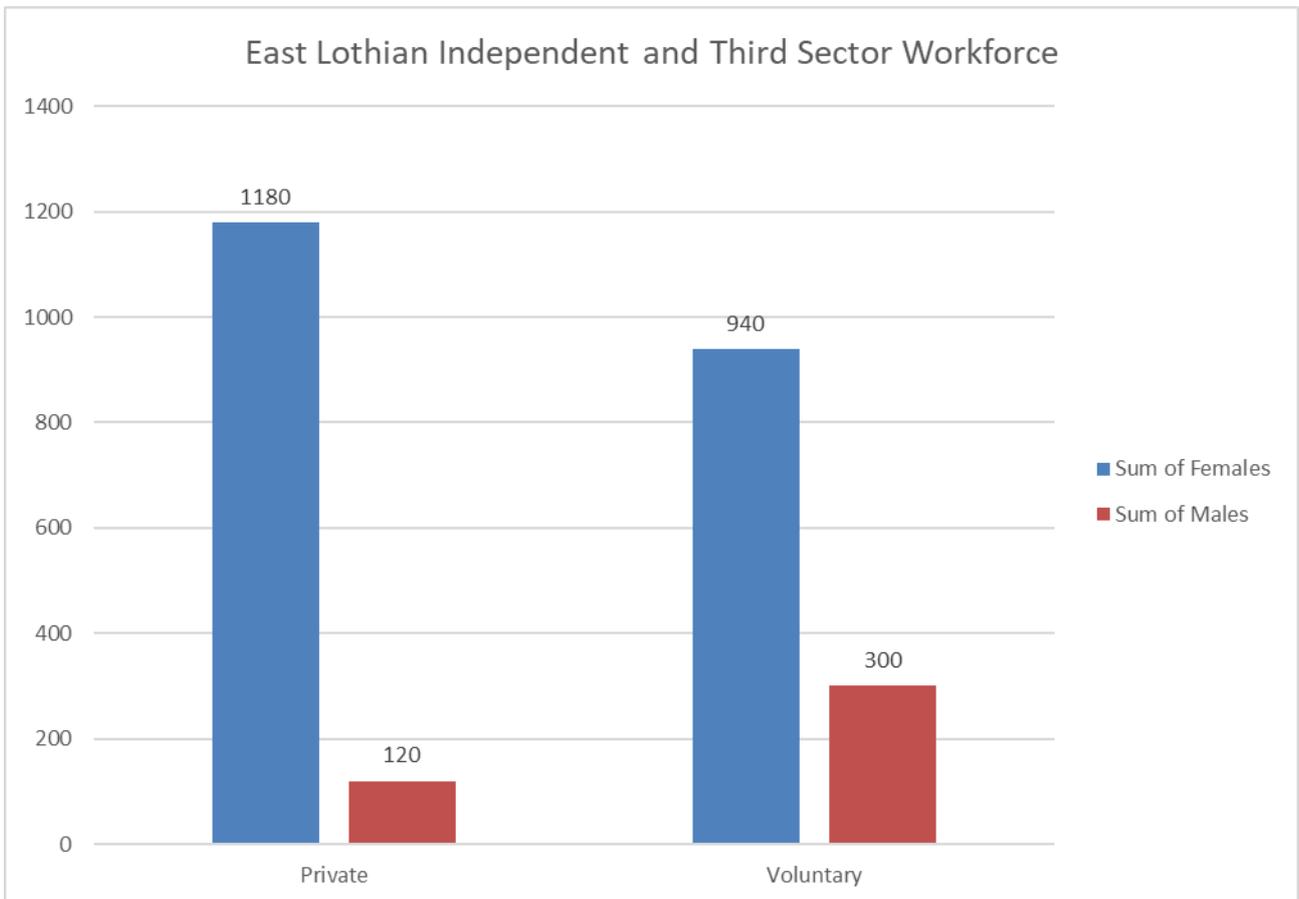
Note: Grand Total – 1332.15

East Lothian Independent and Third Sector Workforce



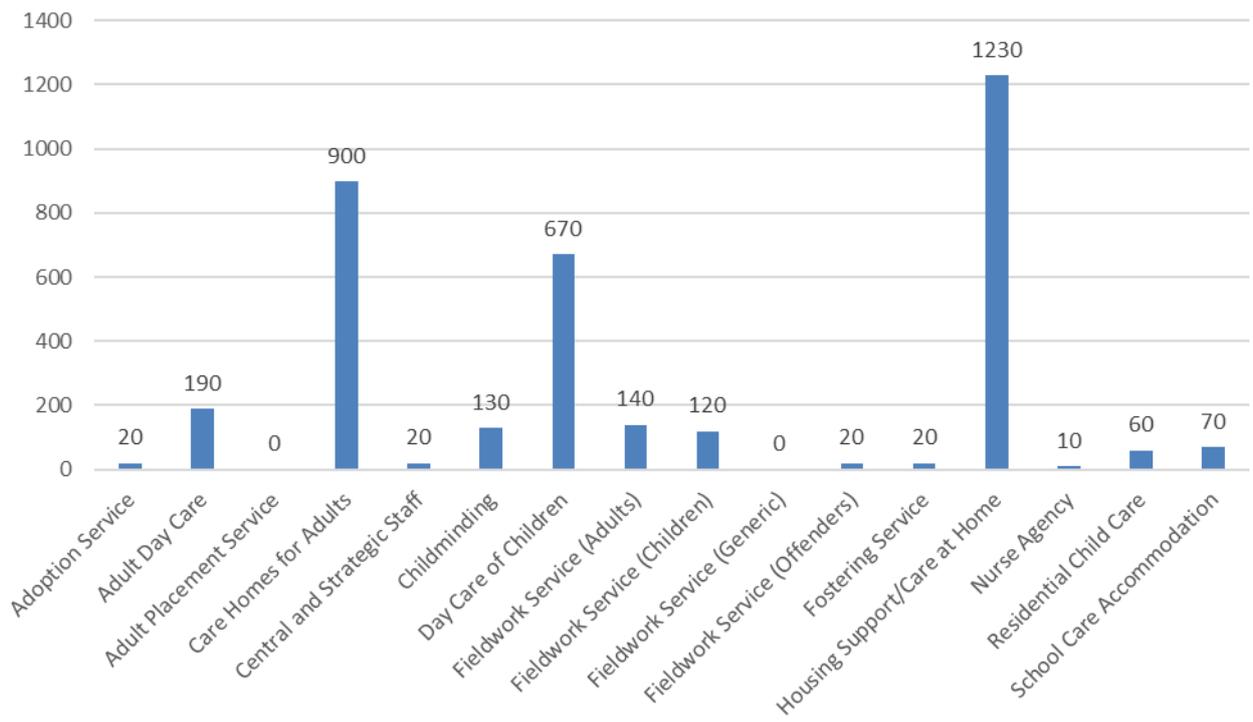


Note: Grand Total Private – 1230 and Voluntary - 1220

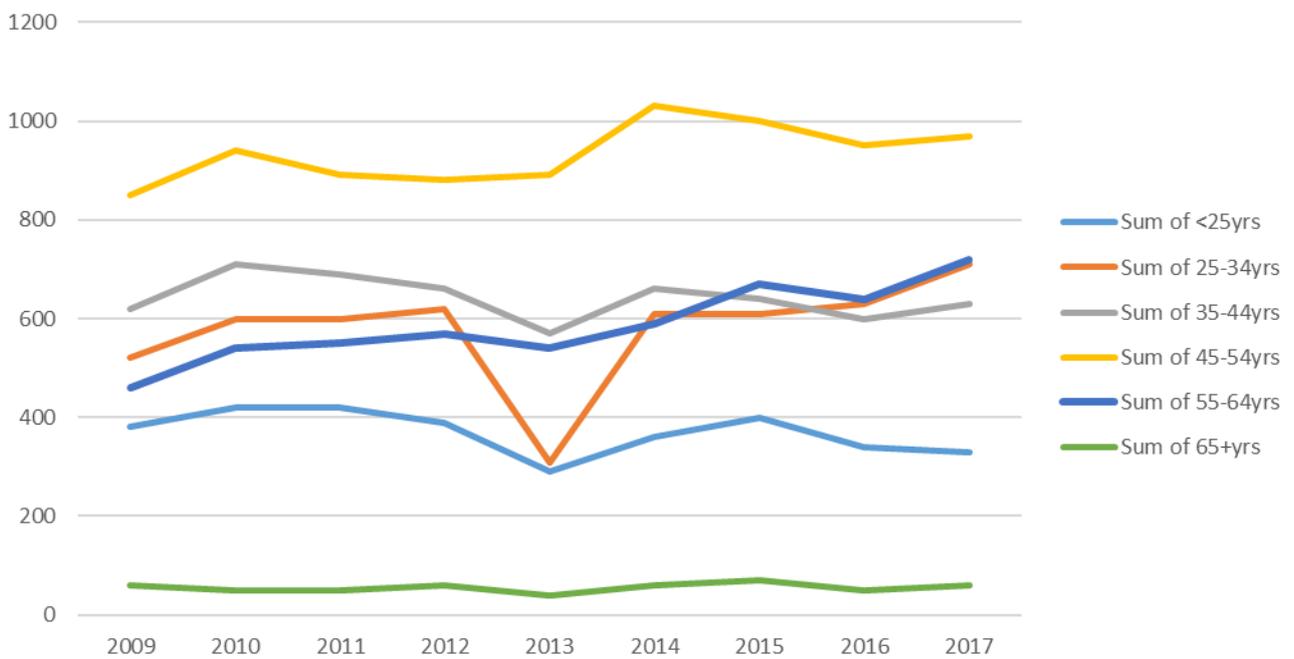


Note: Grand Total Private – 1230 and Voluntary - 1220

East Lothian Independent and Third Sector Workforce Sub-Sectors



East Lothian Workforce Public, Independent and Third Sector



Demographic changes

Demographic change within our workforce, particularly in Health, is one of the most significant drivers for service change and redesign and the following graphs show how this change is becoming evident in East Lothian. The HSCP will require to develop new roles, new ways of working and recruitment and retention strategies in order to avoid the loss of a significant proportion of the workforce over the next 5 to 10 years.

The graphs above illustrate the dimensions of change in the East Lothian workforce. Of particular note is the increasing number of staff in the 55-64 years age range who will imminently need to be replaced and workforce recruitment and development programmes accelerated or initiated.

Workforce challenges

- General Practice

Over the last 10 years the profile of the GP workforce has changed significantly. There are now more female GPs than males and in East Lothian the proportion of GPs who are part-time is increasing. Demographic change within the GP workforce is also a key factor as the majority of GPs (55%) are aged over 45 years old - the majority of females are aged under 45 and the majority of males are approximately 48 years old. Where gaps arise they are typically partners and these posts can be unattractive given the predominance of part-time working.

A revised national GMS contract was introduced in April 2018 with a phased implementation over 3 years to March 2021. The resulting Primary Care Improvement Plan to support this highlights significant growth and development of the MDT team required to achieve the reduction in GP workload recommended in Section 4.

- Health Visiting

The Health Visiting (HV) workforce will require to increase in East Lothian to ensure compliance with the Named Person and Child Statutory Planning Service legislation introduced from August 2017 and to accommodate recent changes in the HV pathway by the SGHD which indicate that an all Health Visitor model will prevail.

At the same time there is significant risk associated with the ageing of the HV workforce – 54% of Band 6 HVs in East Lothian are aged over 50 years of age (9.0 WTE). Most HVs have retained NHS 'special status' and therefore could potentially retire at 55. This, together with growth in the East Lothian population through increasing housing and incoming families in East Lothian and recognition of the caseload complexity has increased the HV requirement.

The impact of this is currently being experienced in East Lothian with a B6 HV Establishment gap of approximately 16.6%(3.3WTE) across health visiting and it will remain challenging to meet the requirement for HVs going forward.

- School Nursing

A national School Nursing Group sponsored by the Scottish Nurse Directors Group was established to develop a School Nursing pathway. The group identified nine care areas that school nurses shall work within, delivering a more individual and caseload based approach to care. These are: emotional health and wellbeing; substance misuse; child protections; domestic abuse; looked after children; homelessness; youth justice; young carers; transitions

The new pathway and the caseload approach to working by school nurses aims to reduce inequalities and to allow children and young people to progress through their school years on a more positive trajectory into adult life.

The requirement is to grow the school nursing workforce in Lothian to address existing shortages within the financial envelope and there has been support to train additional staff.

- District Nursing

District Nursing is also facing significant demographic challenges in East Lothian with 72% (9.7WTE) of B6 district nurses over the age of 50 years. The percentage gap (vacancies) for B6 District Nursing is 19.4% (3.2WTE) for District Nursing B5+ the establishment gap is 4.1% (1.9 WTE). A larger establishment gap is found when comparing all Band 5+ Nursing posts across East Lothian 12.2% (39.1WTE).The national review

of District Nursing will inform the strategic direction and may make recommendations in relation to caseloads, as happened with Health Visiting.

To enable delivery of the IJB strategic aims and objectives, East Lothian continues to develop new models of care, including anticipatory care / hospital at home schemes and ELSIE (East Lothian Service Improvement for the Elderly) is now well established. These models are dependent on district nurses developing advanced clinical skills as well as decision making skills and independent prescribing. .

East Lothian has also developed innovative services, in conjunction with council colleagues to facilitate earlier discharge from hospital, providing nursing and social care packages ahead of the formal Social Work provision.

- General Practice Nursing

General practice nurses (PN) are largely employed by independent GP practices and are an integral part of the practice workforce. As with the other nursing groups, there is a significant risk of reduction in this key workforce due to retirements in the next 5 years, at a time when the demand for PNs is increasing. This will represent a significant challenge for GP practices.

The PN workforce has typically been long serving and attracted experienced staff from acute settings, there has however not been a career structure in place that would allow for a greater mix of skills and experience. The development of the GP nurse is currently under development and aims to offer a more coherent pathway for the progression of nurses in this area.

- AHPs

There is a need to develop Advanced Practitioner posts in Physiotherapy and Occupational Therapy. The roles of these practitioners would include the provision of musculoskeletal services in primary care and also in primary care pharmacy posts. They would also assist with developing new ways of working across health and social care services. The aim will be to ensure health and social care teams work as one team which will increase capacity and deliver smoother pathways of care in the rehabilitation model.

Develop a strategy for 3rd sector partnership working with agencies e.g. British Heart Foundation, Chest Heart and Stroke, and Enjoy Leisure.

- Social Workers

Recruitment and retention of Social Workers is currently challenging due partly to new recruits normally being placed at the bottom of the pay scale. It places existing workers under greater pressure in having to supervise a growing number of newly qualified staff. We need to enhance levels of training and supervision within supervisory lines.

The Scottish Social Services Council is carrying out a review of post qualifying learning for Social Workers. This is a recommendation within the National Health and Social Care Workforce Plan Part 2. We will need to respond to any additional requirements for a new post qualifying framework to ensure our Social Workers in the workforce have appropriate professional development and career development opportunities.

- Criminal Justice Social Workers

This professional group access national training in relation to risk assessments; sex offender intervention work; and domestic abuse. Co-ordination of this is crucial to ensure we have a fully trained and informed staff team.

- Mental Health Officers

We are presently 50 per cent below the required level of MHO's per head of the East Lothian population. In order to address this we need to accelerate the current 'grow our own' MHO training programme for existing workers while addressing the consequent reduction in experienced staff from the generic Adults Social Work team who take up this career development opportunity.

- Social Care Assistants

Due to the increasingly ageing workforce especially in Home Care services we need to attract younger recruits. This will require reviewing service models which is already underway and considering innovative approaches to attracting new workers including trainee schemes and apprenticeships.

In common with Social Workers the Social Care workforce is subject to a review of learning and development being undertaken on behalf of the Scottish Government by the Scottish Social Services Council as part of

the National Health and Social Care Workforce Plan Part 2. A new professional learning and development framework for Social Care is being created. This will have implications for the professional development of the Social Care workforce.

- **Small / Specialist Services**

The McMillan Nursing Service is provided by a small nursing team who like many other community nursing teams have an ageing workforce. Two of the three nurse specialists including the manager are due to retire in the next 12 months. Succession planning has commenced and a new staffing model is currently being looked at including augmenting the team with a new Band 4 post.

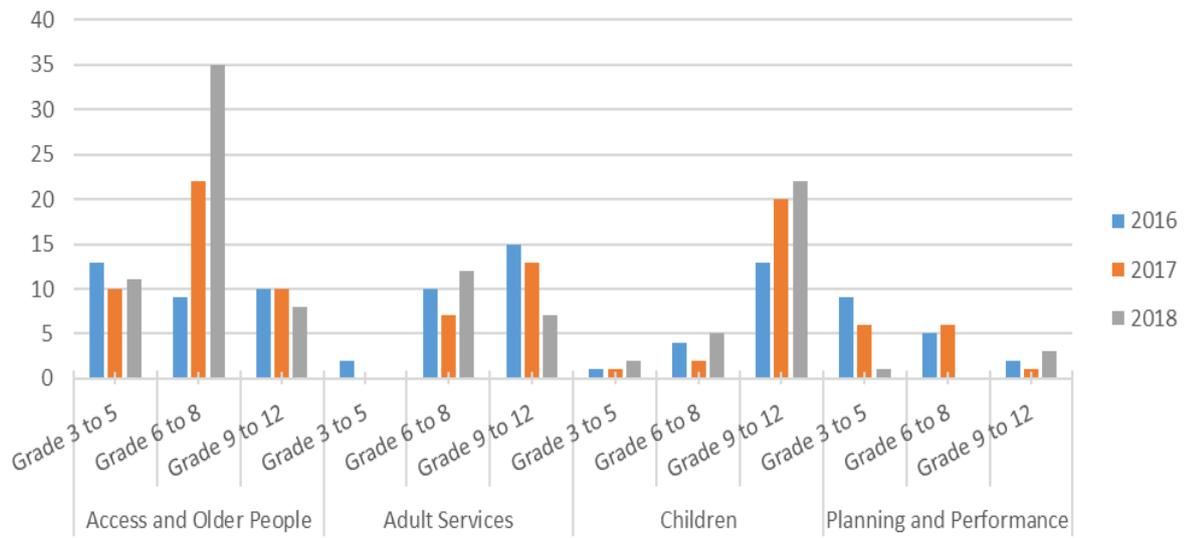
- **Multi Disciplinary Team Development**

East Lothian Health and Social Care Partnership is developing innovative approaches to creating additional capacity in the primary care team. Different models of working are being introduced in primary care. One example is the Collaborative Working for Immediate Care (CWIC) Service; a multi-disciplinary team comprising Advanced Nursing, Physio and OT roles. The team absorbs a significant amount of same day demand from general practice, providing patients quick access to a high quality service and ensuring they see the right person, in the right place at the right time. The CWIC service also acts as a training hub, recruiting staff into training posts and providing a supportive learning environment for them to complete qualifications and gain invaluable work experience. This is vital as the new GP contract rolls out over the coming years and the demand for these advanced roles increases across the county. Work is also underway to ensure support from pharmacy is extended and partnership working with our third sector colleagues will increase, providing services such as Links Workers, ensuring we are in a position to meet the demands of our patients both now and in the future.

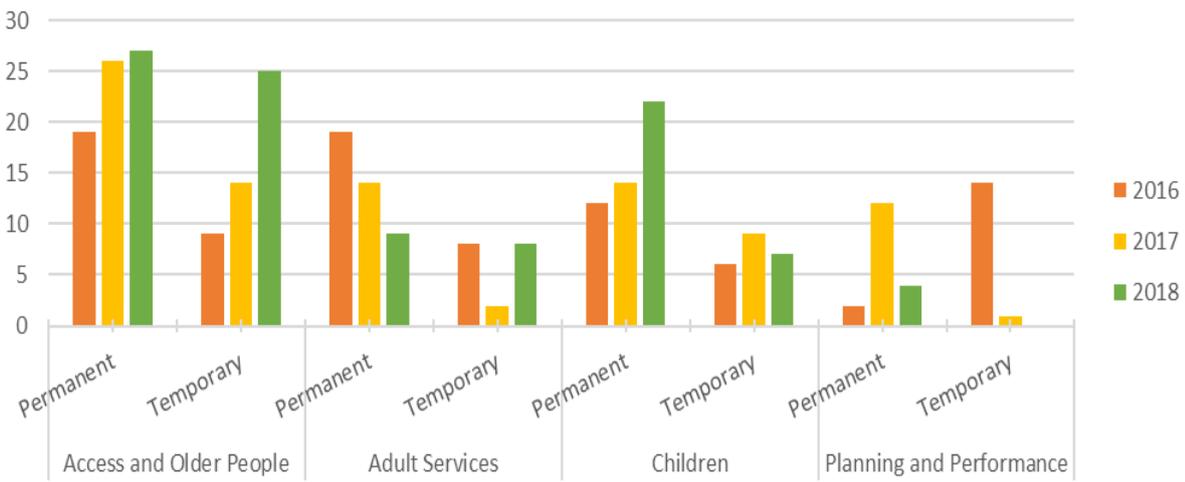
- **Recruitment and Retention**

We can see that there are consistent issues across most of the aforementioned professional groups that present a challenge for the Partnership. Firstly the need to recruit urgently to fill impending gaps due to the ageing workforce. In addition the need to develop further career structures and pathways for example in General Practice Nursing and in Social Care to recruit and retain staff. Also grading at the lowest point on the pay scale for Social Workers and OT's has led to difficulties in recruiting experienced staff. Consequently existing staff in these professions are supervising a relatively high number of inexperienced individuals.

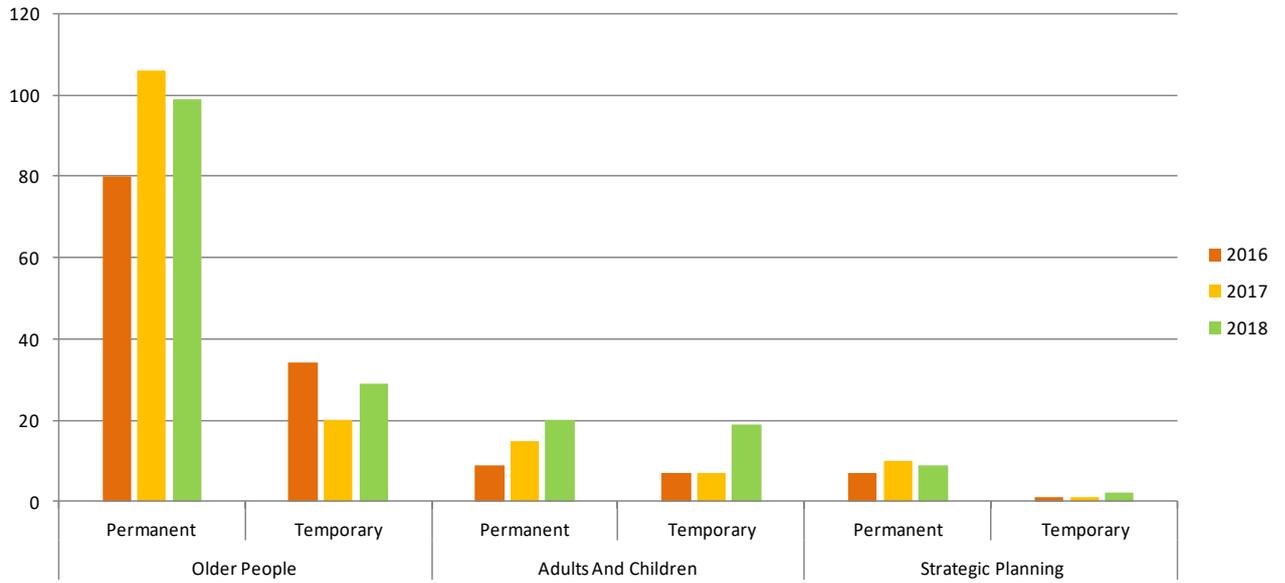
Workforce Recruitment 2016 to 2018 (ELC)



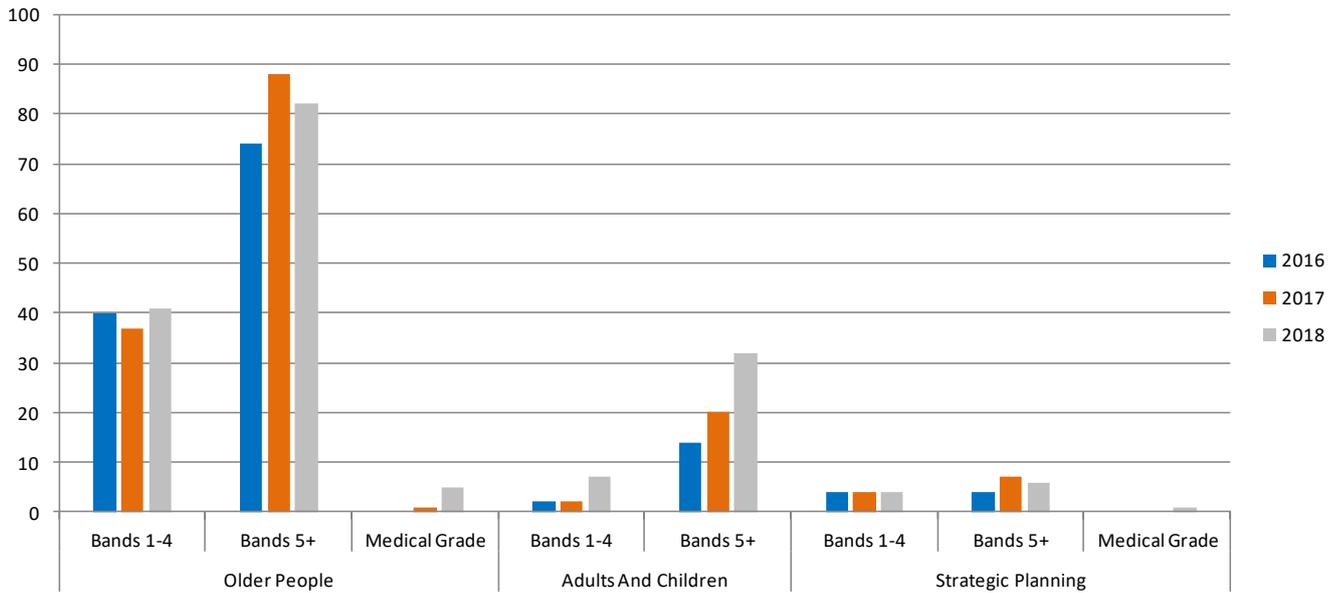
Workforce Recruitment 2016 to 2018 (ELC)



Workforce Recruitment 2016 to 2018 (East Lothian Partnership: NHS Lothian)



Workforce Recruitment 2016 to 2018 (East Lothian Partnership: NHS Lothian)



Workforce Leavers (ELC) (2017/2018)		Workforce Leaver Reasons (ELC) (2017/2018)	
HS Access & Older People	39	Dismissal	
Access & Rehabilitation	10	Ongoing Care	1
Assess & Supp Planning	2	End of Contract	
Ongoing Care	27	Access & Rehabilitation	5
HS Adults	11	Ongoing Care	8
Adult Community Resource	3	Planning & Performance	5
Adult Social Work	8	Resignation Non Teaching	
HS Planning & Perf	9	Access & Rehabilitation	2
Planning & Performance	9	Adult Community Resource	2
Total	59	Adult Social Work	7
		Assess & Supp Planning	2
		Ongoing Care	14
		Planning & Performance	3
		Retirement	
		Access & Rehabilitation	3
		Adult Community Resource	1
		Adult Social Work	1
		Ongoing Care	4
		Planning & Performance	1
		Total	59

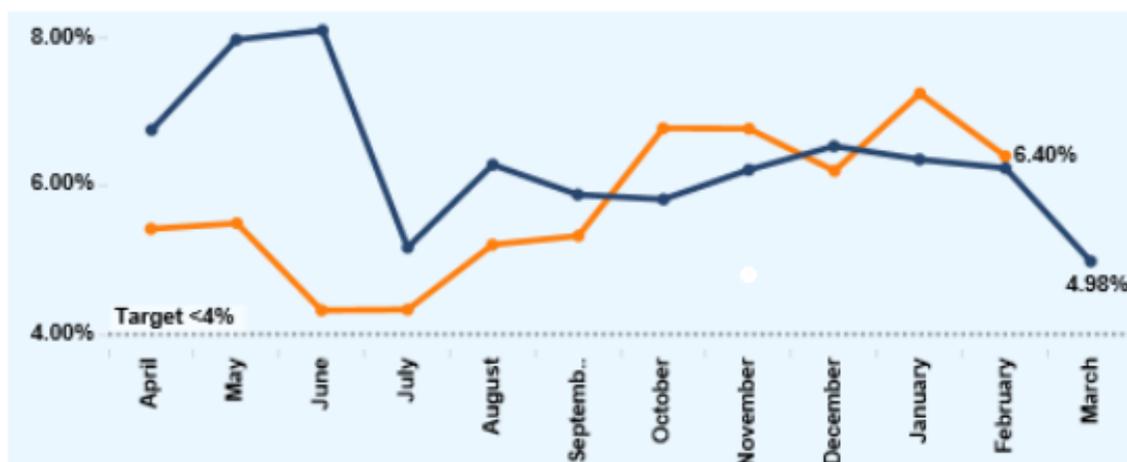
- Attendance

Sickness Absence by Department HSCP (ELC)		
April 2015-March 2016 % Absence	April 2016-March 2017 % Absence	April 2017-March 2018 % Absence
8.48	7.40	8.64

Directorate	Sickness Absence Rate
Adults And Children	4.9%
East Lothian Gms	4.6%
El Part Comm Svcs Older People	6.5%
Strategic Planning	5.5%

Sickness Absence Rates

2017/18 2018/19

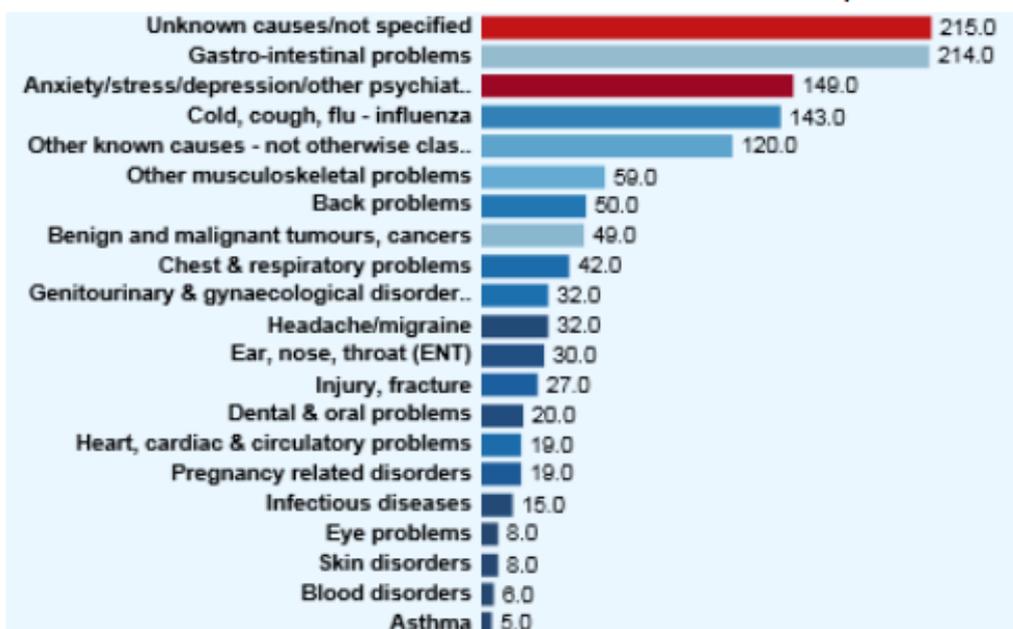


2017/18	6.75%	7.97%	8.08%	5.17%	6.29%	5.88%	5.82%	6.22%	6.53%	6.36%	6.23%	4.98%
2018/19	5.42%	5.49%	4.33%	4.33%	5.21%	5.32%	6.78%	6.77%	6.20%	7.24%	6.40%	

Reasons for Overall Absence by Episodes (filter below)

This data is aggregated across the last 12 months and available to Directorate level

This data excludes other recorded reasons which have less than 5 episodes



1. Workforce planning and development

What workforce do we want to have?

- We want a learning workforce – where quality of care and learning is core to what staff do, training is given a level of priority and staff find it motivating
- We want to find our common language and common “givens” to build on the things that bind us together
- We want a workforce who are clear about their roles and where they are empowered to bring benefit to clients/patients through flexibility and synergies
- We want a workforce that understands all aspects of the client/patient journey through health and social care

- We want a workforce that is an early intervention asset – trained and knowledgeable about how to manage care early to mitigate and prevent complexity / admission
- We want a workforce that supports and delivers prevention strategies across all client groups and supports people in gaining and maintaining independence
- We want to orientate to a competency / skills based workforce rather than one that is boundaried by profession/qualifications/registration
- We want to recruit for career (not just a job), to have career pathways and to provide local opportunity for staff to self navigate those career pathways
- We want to retain staff, reducing unnecessary turnover by providing support at all career stages
- We want to plan and manage our workforce age profile and not be defined by it and to succession plan so that our wisdom and experience are held in the organisation rather than by individuals.
- We want to invest in our front line managers at all levels so they have the required skills and tools to manage services operationally releasing Service Managers to review and develop services.

What do we have to build on?

- Unique contribution made by each profession within the Health and Social Care Partnership.
- We have experience of planning and implementing innovative models that work (e.g. multidisciplinary team working, 7 day working) and could be adapted for implementation more widely.
- More innovation and change is already planned that will provide opportunity e.g. new GMS contract, development of non-medical staff roles, new Community Hospital, increased profile of modern and foundation apprenticeships, National CSO review
- We have good competencies and skills already, have access to good training options, and have an understanding of the competencies and skills we will need more of to deliver the models of care in the future
- Work is well forward re developing learning and training frameworks for some areas
- The NHS has good workload management tools to enable planning of the workforce and can share the methodologies with social care. Useful tools are also available within East Lothian Council and through SSSC the main professional registration body for social care. Many of these relate to acute services and workload management tool required to support community based services.
- In many areas staff are very keen to integrate to work as “one” team – they are motivated, committed and have the energy for it
- We have tools, or are developing them, to enable flexibility such as job passport, rotations, job swaps.
- East Lothian has a mixed community so is an interesting place to work and an attractive place to live and we have social media access already to enable us to “tell our story” widely to attract staff
- Enhance service delivery within current resource.

What challenges will we need to meet?

- Making roles part of attractive career pathways and efficient use of resources will need review, rebalance and refocus of roles - skill mix, registered / non registered, consistency in registration, HSCP/ 3rd Sector/ Volunteers
- The timelines to train our workforce for the competencies and skills we will need is out of sync with demand so will continue to need detailed forecasting, planning and budgeting
- Change will be ever present so we need to increasing our capacity and capability to lead and manage change well, while carrying on with the day job
- Closing the gaps re shortages of staff will need safe and effective workarounds until we can either attract and recruit or train the growth we need – particularly in Health
- Supporting an ageing workforce (who are caring for an ageing population) to look after their health and well being so that we have good attendance of permanent staff to provide consistent, high quality care
- Getting the right IT systems, kit and skills that truly enable mobile working and communication across different organisations, to release the time, attention and energy of staff for patients / clients
- Creating cohesion in one workforce with two employers – two cultures, two sets of Ts and Cs, different pay systems
- Financial environment is very challenging and the effect of Brexit unknown

Where do we have sustainability challenges in our workforce?

- **GPs** The existing national shortage of GPs and the trend towards medical graduates not selecting general practice as a career has severely limited the number of GPs available to maintain a stable workforce. Many practices are over dependent on locum GPs. In addition increasing workload is having an adverse effect on the number of GPs remaining in the profession.
- **Nursing** Advanced Nurse Practitioners and Nurse Practitioners-These new roles require ongoing investment in post-registration training and in providing relevant experience. There is a risk that the growth of ANP and NP posts in non-hospital settings will cause shortages of nursing staff in other settings.
There is currently a shortage of mental health nursing staff within East Lothian due to recruitment difficulties. This is exacerbated through an ageing workforce with consequent risks in maintaining service delivery. Mental Health nursing services also require investment regarding leadership and post graduate qualifications for experienced practitioners regarding the Advanced Nurse Practitioner role. We have a high number of nurses due to retire over the next couple of years.
- **Social Workers** Registered Social workers need to be employed in specific roles and for specific tasks. Professional training needs to be maintained to ensure workers meet professional registration requirements. Human resource practice to recruit at bottom of pay scale results in recruitment of newly qualified staff not experienced staff. Consequently this means enhanced levels of training and supervision required within supervisory lines. This also impacts on the number of Council Officers as experience required to do this role.
- **MHO's** MHO's have specific statutory duties to carry out. Appropriate training is required to ensure workers are kept abreast of developments including legislative changes. Within East Lothian the current MHO team is under resourced as the guidelines advise there should be 1 MHO per 10,000 of the population. Currently there are only 5.5 MHO's which is 50 per cent below advised MHO numbers for the population. We have taken the decision to recruit from within the Council. Whilst this offers a clear professional progression it leads to pressures in other areas of the service as those wanting to pursue MHO status need to be experienced workers.
- **Social Care** Staff that work within Social Care who are not registered as a Social Worker but registered with SSSC or in the process of registration. This is an ageing workforce especially within Home Care. We need to attract a younger workforce but currently limited by recruitment arrangements and service model.
Community Care Workers work within the statutory framework to provide a range of activities to support individuals to live at home. There is no requirement at present for SSSC registration. Given the developing role of CCWs within the Partnership, further work is required to provide an appropriate training and career pathway, to capitalise on the skills and experience of this part of the workforce.
- **Council Officers** As we develop our Workforce Plan we would want the Council Officer role to be embedded across a number of professional roles. This would be within the confines of the legislation.
- **AHP** Advanced Physiotherapy Practitioner posts need to be developed to provide musculoskeletal services in primary care, similarly primary care pharmacy posts need to be developed to extend this role. Work is needed to attract and develop staff with these enhanced roles. Advanced Practitioners in Physiotherapy and Occupational Therapy can be seen in new roles supporting primary care in new ways of working.
Health and Social Care teams working as one team increases capacity and smoother pathways of care in the rehabilitation model. Joint AHP training and competencies will ensure quality services and equity of care across East Lothian.
- **Medical** Psychiatry-There is currently a deficit in the provision of consultants with gaps being filled on a part time basis by retired staff.
Psychology- Staffing shortages within Community Mental Health and Substance Misuse services.

- **Planning & Performance**

Project managers required with the skills to be able to support a project from commencement to completion. Requirement for additional change managers skilled in bringing stakeholders with the change process.

Learning and Development Officers severe capacity issues in responding to the increasing demands from the Health and Social Care Partnership. There is a need to review the Learning and Development workforce across all departments within the Partnership and with partner agencies to ensure that it is adequately resourced and coordinated.

What can we do?

- **Leadership**
 - Ensure we have a framework describing what leadership is in East Lothian HSCP
 - Use current resources to map out the behaviours, values and knowledge for leadership and show where leaders can get learning, training and experience to support them
 - Identify current and future leaders and ensure they are nurtured and have support to develop
 - Develop Collaborative Leadership approaches to address the significant HSCP challenges.
- **Workforce Planning and Development**
 - Utilise the new workforce planning platform being developed for HSCP by Scottish Government/ Information Services Division for Intel.
 - Cascade workforce planning to service level to measure the gaps i.e. wte by job type, assess the strategies we have for closing the gaps, and to forecast the future competences and skills which the HSCP will need in view of the demographics, in particular the ageing workforce.
 - Collate the information with the demand pipeline to give a clear picture of the shortage of wte, skills and competences by service and by job type and influence SG re required numbers.
 - Assess where we need to recruit and retain and plan actions for specific groups and identify where we needed to train and retrain to close the gaps. In some areas benchmarking exercises are underway with similar services.
 - Look at ways to 'grow our own' staff from the local community and across the employer base.
 - Develop a Youth Employment Strategy exploring Modern Apprenticeships, school and college engagement including Foundation Apprenticeships and 'Employer of Choice' offering, reviewing the Borders model of being 'the place to live and work'.
 - Further assess the impact of BREXIT on the workforce availability and sustainability.
 - Develop support for the 'unpaid workforce' (carers and volunteers) as well as Third and Independent sectors.
- **Learning and Development**
 - Expedite the learning frameworks and focus on mapping out the learning access staff have in both organisations so they can up-skill quickly where we need it
 - Map out different types of learning to achieve competence and skills so that staff have choices about how and when they learn – including safe learning on the job if we can't release time for training
- **Enabling Careers**
 - Set out career pathway options to attract and retain staff including generic Support Worker role.
 - Expedite the development of tools e.g. clinical passport that enable staff to move between roles / areas
 - Refocus recruitment for careers and set out the process(es) when recruiting across both organisations
 - Communicate career options via social media
- **Sharing Innovation**
 - Enable a way of sharing developments and innovation in East Lothian so managers and staff can bring the ideas and options into their own service areas to test and develop
 - Develop guidance on how to lead and manage the process of innovating and testing change so that managers can work through it step by step with their teams
 - Consider having innovation / change link managers who are knowledgeable about navigating NHSL&ELC for others to consult when needed.

- Role Clarity and Development
 - Clarify freedom to act for staff in current areas of crossover and synergy between roles.
 - From the workforce planning above, put in place an HSCP SLWG to identify the opportunities for reshaping roles and for creating new roles and to option appraise these for patient / client benefit, staff benefit, cost benefit.
 - Prioritise two and do a test of change so that we have both two new or re-focussed roles and a methodology for implementing role change on an ongoing basis.
- Developing our Digital Strategy
 - IT System - set up a working group to develop and cost a phased IT plan for the HSCP designed to meet the needs of staff for future service delivery ensuring remote IT access available for all.
 - Use of social media for recruitment and communication e.g. blogging, tweeting, using Facebook and screens within services.
 - Identify how new technology can be used to promote the professional development of the workforce for example the production of an online learning management system.
- Staff Experience and Engagement
 - Engage staff to bring together HSCP values and ensure all leaders role model them and share them with all staff
 - Develop and implement a quarterly staff letter to share HSCP direction, developments, progress and successes
 - Bring shared language and common “givens” into team leadership and team development so that it builds from the bottom up
 - Bring staff health and well being onto the agenda and support managerial understanding of how to enable it. Develop a shared approach to attendance management across the HSCP so that managers have one process to implement
 - Implement engagement events twice a year to ensure staff have a direct voice to the SMT
 - Analyse Terms and Conditions across the lead employers and ways to promote the wider benefit packages to facilitate movement within a career pathway.
 - Build the brand of the partnership addressing culture and values to address barriers to effective working. Ensure this is embedded from HSCP induction through to exit interviews for staff.
 - Assess opportunities to work together on staff Health & Wellbeing initiatives including delivery of Occupational Health e.g. Physio services by NHS employees to Council staff to reduce costs.

Impact assessment

To ensure that we are aware of the impact of the workforce plan on all employees and can address any potential issues for specific groups and individuals, an Integrated Impact Assessment will be undertaken

Integrated Impact Assessment (IIA) enables us to meet the legal duties to consider equality, human rights, sustainability and the environment in planning and also creates an opportunity to identify and tackle unanticipated impacts for our workforce.

Engagement and consultation

The development of this plan was undertaken with:

- Heads of Service
- Managers
- Human Resources
- Organisational Development
- Trades Unions
- Workforce Planning and Development

Monitoring and evaluation

Implementation of this plan will be monitored by the East Lothian Workforce Planning and Development Group and progress will be reported annually to the East Lothian IJB to ensure it continues to align with the Strategic Plan.

Monitoring will be through progress review against our short, medium and long term action plan and assessment against delivery of service priorities and change programmes. Other review tools used will be:

- East Lothian Council staff survey
- the NHS i Matter team feedback
- feedback from engagement events

APPENDIX 1 POLICY DRIVERS

East Lothian Plan (Single Outcome Agreement) 2013-2023

Three strategic objectives-Sustainable Economy, resilient People and Safe and Vibrant Communities.

The Plan ten high level outcomes which provide a clear vision for East Lothian. Of these two are most relevant to the work of the East Lothian Health and Social Care Partnership.

Outcome 6: In East Lothian we live healthier, more active and independent lives

Outcome 10: East Lothian has stronger, more resilient, supportive, influential and inclusive communities

East Lothian Council Plan

The Council's aim is to create a prosperous, safe and sustainable East Lothian that will allow our people and communities to flourish. To achieve this the Council Plan has four objectives:

Growing our Economy

To increase sustainable economic growth as the basis for a more prosperous East Lothian.

Growing our Communities

To give people a real say in the decisions that matter most and provide communities with the housing, transport links, community facilities and environment that will allow them to flourish.

Growing our People

To give our children the best start in life and protect vulnerable and older people.

Growing the Capacity of our Council

To deliver excellent services as effectively and efficiently as possible within our limited resources.

NHS Lothian Strategic Plan 2014-2024

The Plan "Our Health, Our Care, Our Future 2014-2024" sets out what NHS Lothian proposes to do over the coming decade to address the health needs of a growing and ageing population and to meet the challenges this presents while continuing to provide a high quality, sustainable healthcare system for the people of Lothian.

Key proposals which support the achievement of the Scottish Government vision for health and care by 2020 include:

- To improve the quality of care
- To improve the health of the population
- To provide better value and financial sustainability

National Health and Wellbeing Outcomes

The National Health and Wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. This suite of outcomes focuses on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals. The nine Health and Wellbeing Outcomes are:

People are able to look after and improve their own health and wellbeing and live in good health for longer.

People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

People who use health and social care services have positive experiences of those services, and have their dignity respected.

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Health and social care services contribute to reducing health inequalities.

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.

People who use health and social care services are safe from harm.

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

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

Health and Social Care Delivery Plan

This delivery plan sets out a programme to further enhance health and social care services so that the people of Scotland can live longer, healthier lives at home or in a homely. It aims to ensure that we 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
- ensures people get back into their home or community environment as soon as possible with minimal risk of re-admission

Six improvement areas agreed between the Ministerial Steering Group and the Integration authorities which have been developed to measure progress towards health and social care integrated delivery of improved services. While these initial six indicators have a health focus further indicators, with a social care focus, will follow. They are:

- Occupied bed days for unscheduled care
- Unplanned admissions
- Accident and Emergency
- Delayed Discharges
- End of Life Care
- Balance of care spend across institutions and community care services

The National Health and Social Care Workforce Plan

The National Health and Social Care Workforce Plan developed in three distinct parts from 2017 aims to further improve workforce planning across health and social care. Its overall aim is to support organisations which provide health and social care services to identify, develop and put in place the workforce they need to deliver safe and sustainable services to Scotland's people. It sets out new thinking about the health and social care workforce across Scotland, within a framework for wider reform of our health and care systems through the aforementioned Health and Social Care Delivery Plan

East Lothian Health and Social Care Partnership Strategic Plan 2019-2022

The Strategic Plan, agreed by the IJB in March 2019, sets out six priorities for the development and delivery by East Lothian Health and Social Care Partnership of integrated health and social care services, leading to improved outcomes for people across East Lothian. The six priorities of the Plan are:

- primary care
- adults with complex needs
- mental health and substance misuse
- shifting the balance of care
- reprovion programmes
- carers.

Work to deliver these priorities will be set out in an annual delivery plan which will be actioned by six 'Change Boards' focussing on the priority areas. These Change Boards will link to and support the projects and programmes which are delivering our strategic priorities, operational priorities and IJB Directions. All our work will comply with Scottish Government integration planning and delivery principles which require that all services:

- are integrated from the point of view of our service-users
- take account of the particular characteristics and circumstances of different service-users in all settings
- respect the rights of our service-users
- take account of the dignity of our service-users
- take account of the participation by our service-users in the community in which service-users live
- protect and improve the safety of our service-users
- improve the quality of our services
- are planned and led locally in a way which is engaged with our communities
- best anticipates needs and prevents them arising
- make the best use of the available facilities, people and other resources.

Other Policy and Legislative Drivers

- Mental Health Strategy 2017-2027

- Carer's Scotland Act 2016
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Mental Health (Scotland) Act 2015
- NHS and Community Care Act 1990
- Adult Support and Protection Act 2007
- Adults with Incapacity (Scotland) Act 2000
- Social Work Scotland Act 1968
- Community Justice Scotland Act
- Community Justice Local Improvement plan 2017-2020
- Social Care (Self Directed Support) (Scotland) Act 2013
- National Learning Disability Strategy 2013 'Keys to Life: Improving Quality of Life for People with Learning Disability'
- Suicide Prevention Strategy Scotland 2013-2016
- Scotland's Suicide Prevention Action Plan 2018: 'Every Life Matters'
- Scotland's National Dementia Strategy 2017-2020
- Midlothian and East Lothian Drug and Alcohol Partnership Delivery Plan 2015-2018
- Active independent Living Improvement Programme 2016 (Physical Disabilities)
- 'See Hear' Strategic Framework for meeting the needs of people with a sensory impairment in Scotland 2014
- East Lothian Autism Strategy 2015
- 'Opportunity and Independence' East Lothian Joint Strategy for People with Physical Disability or Hearing/Sight Loss 2013-2020
- East Lothian Learning Disability Strategy 2013-2018
- Community Empowerment Scotland Act 2015
- Care Inspectorate National Care Standards 2018
- Children (Scotland) Act 1995
- Children and Young People (Scotland) Act 2014
- Domestic Abuse (Scotland) Act 2018