

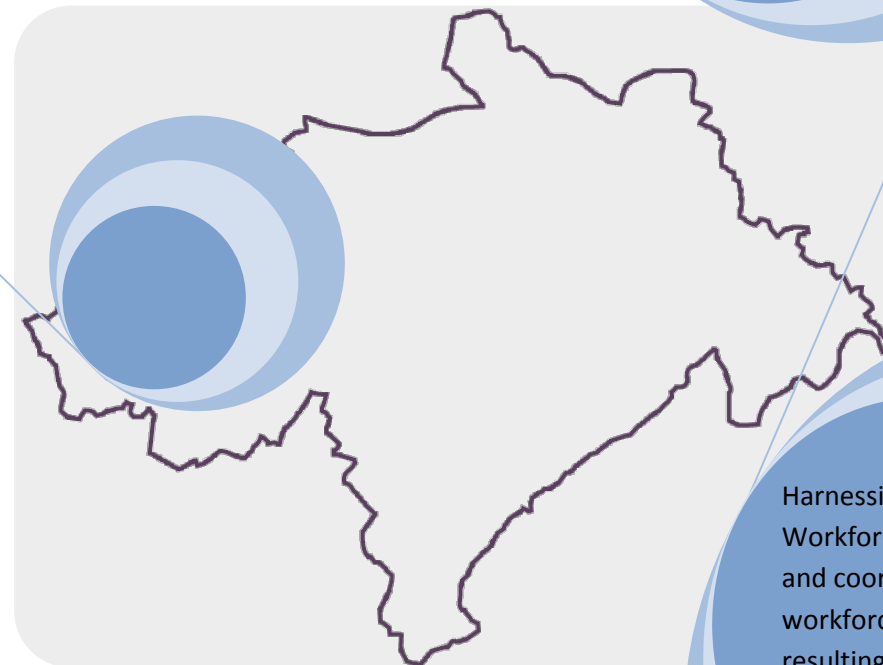
CONNECTING HEALTH & SOCIAL CARE IN MIDLOTHIAN

MIDLOTHIAN HEALTH & SOCIAL CARE PARTNERSHIP WORKFORCE PLANNING FRAMEWORK

Taking steps to plan for and deploy our workforce effectively against a complex, changing and shifting background

Providing a dynamic and evolving work programme of improvement for Midlothian Health and Social Care Services Workforce, including Third and Independent Sector partners, to achieve the ambition of our Strategic Plan

Making strong connections to make the optimum use of our human resources and achieve quality outcomes for the people of Midlothian



Harnessing the
Workforce - consistent
and coordinated
workforce planning
resulting in better
services and improved
outcomes for people

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The Process

This is the first Workforce Framework for the Partnership. It brings together information about our Workforce across all sectors of our Partnership. It provides a strong foundation to build on, as Integration progresses. Workforce Planning is an evolving, dynamic matter where new influences and drivers demand a fluid and flexible response.

This Framework has taken account of the shape of our current workforce and the policies and strategies being developed and implemented at national, pan-Lothian and local levels. It recognises that workforce planning is a central corporate responsibility for NHS Lothian, Midlothian Council and the many voluntary and independent health and care providers which provide services in Midlothian. Our Health & Social Care Workforce Framework, therefore, needs to connect to all associated planning, which may have an influence and be interconnected, for example, Community Planning.

The Framework has also taken account of the strengths of our current workforce and the key challenges, both locally and nationally reported, around Recruitment and Retention for specific professions and the opportunities offered to us for succession planning, for example, the Modern Apprenticeship Scheme.

Ownership and responsibility for the adoption of the Framework will sit with the lead for each service area, alongside their operational managers. It is intended that each member of our workforce will take responsibility for working within the ethos of the plan. Engagement sessions with staff across all sectors will support understanding and contribution.

The Framework will provide the foundation for individual service area Workforce Plans. Each Service Workforce Plan will determine the shape of what is required in terms of skill and knowledge and profession in their service area, how these assets are best used, in terms of achieving good outcomes for each person requiring Health and Social Care services. Each of these plans will be dynamic and will evolve with changing influences and priorities.

The Workforce Framework will sit alongside the Strategic Plan and Financial Strategy in terms of annual review and update.

PART 1 1. Introduction The Midlothian Health and Social Care Workforce Framework is essential to the successful implementation of the Health & Social Care Strategic Plan. The framework will provide a bedrock for the full Workforce Plan, made up of individual Service Plans. This Framework for Workforce Planning will:

- be primarily future-focused
- be integrated with strategic and financial planning
- be dynamic and responsive to the complex, changing and shifting landscape
- support the understanding of the need to link service outcomes and the workforce required to deliver these
- be relevant to all people who work across health and social care and provide the focal point for staff to develop their skills within the context of transformation
- involve planning and modelling sustainable, affordable approaches to support health and social care integration for the future

2. Executive Summary Key messages

1. Our workforce is our most valuable asset.
2. Our workforce is committed and talented. We need to celebrate our workforce, continuing to build strong values, invest in development and training , provide clear career pathways and listen to their contribution, for improvement.
3. We need to work on our approach to service provision, structuring resources around communities, sharing skill and knowledge. We can make improvements through:
 - a. Working more closely together to achieve coordinated care
 - b. Taking a more holistic view, developing a range of knowledge and skills but retaining the specialist knowledge needed
 - c. Believing that we have a real opportunity to make very significant continuous improvement
 - d. Achieving sign up and ownership at all levels
 - e. Investing in our frontline managers so they in turn can influence closer working across the professions and with communities
4. Our changing communities need a workforce to be flexible and responsive. We need to work with communities differently to maximise and develop their talent and capacity.
5. Delivering more coordinated care in the community is the right thing to do. To do so we need to make sure that our culture allows for best use of our resources across all sectors.
6. We need to feel the change to be confident in our services.

3. Executive Summary Key Recommendations

There is no doubt from research nationally, together with local knowledge that the workforce in Midlothian will need to work differently. There are 3 key areas for investment:

1. **Investment in effective workforce** planning for the long term will have significant benefits, embedding this in the day to day practice of managers and leaders, actively working on succession planning.
2. **Sustained investment in learning and development**, giving our staff skills to support them to innovate and giving them permission to do so will enable trust and confidence to grow.
3. **Developing new models of integrated working and new forms of commissioning**

To support these:

- Working together is essential to success – through co-location, through shared learning, sharing information, understanding roles and having honesty and trust in professionals at all levels in all sectors
- Scoping out an alliance approach to Care at Home service provision to address challenges around recruitment and direct provision of care hours, including night time supports
- Putting into practice our desire to work closely with Communities, investing in an approach which really makes use of community assets
- Working with inequalities and diversity in each unique community within Midlothian
- Developing and implementing new roles already tested out, such as peer support in Substance Misuse, across other service areas

- Creating a greater integration between Statutory and Voluntary and Independent Sector agencies, breaking down the barriers that prevent good outcomes for people.

PART 2: Context

4. Scope of the framework

It is important that the overall scope of this Framework is inclusive of the totality of the Health & Social Care Workforce in Midlothian across all key partnerships to enable the delivery of outcomes..

5. Priorities for our workforce – the Ambition

The key priorities for our Workforce, as determined within a variety of Collaborative Conversation Workshops through 2016 and 2017 are:

- A management structure which enables us to **respond quickly and effectively to change pressures**
- An empowered frontline workforce, **equipped with skills and knowledge** to deliver a seamless service to the public
- A Workforce able to **operate flexibly**, both in terms of meeting demand and across a range of service areas
- A Workforce working in a modern and flexible way, **making best use of Technology** to meet personal outcomes
- A Workforce working in teams, **reflecting the diversity of each community**, enabling people to stay in their own home as far as possible
- A Workforce promoting people in Midlothian to take responsibility for their own health and wellbeing, **working with**

communities differently to maximise and develop their talent and capacity.

- Succession planning which enables real opportunities for a **Career in Care**.
- Developing a culture that enables **talent management** to ensure we have the diverse leadership and talent needed.
- An investment in **real equal partnership** working with our Private, Third and Independent Sector partners.

Many workforce planning decisions in Midlothian have already been made, so that resources are better targeted, aligning demand and supply through new models of health and social care. In addition, there are currently a number of reviews underway which will have an impact on the Workforce structure and dynamic.

6. Midlothian Integration Joint Board Principles

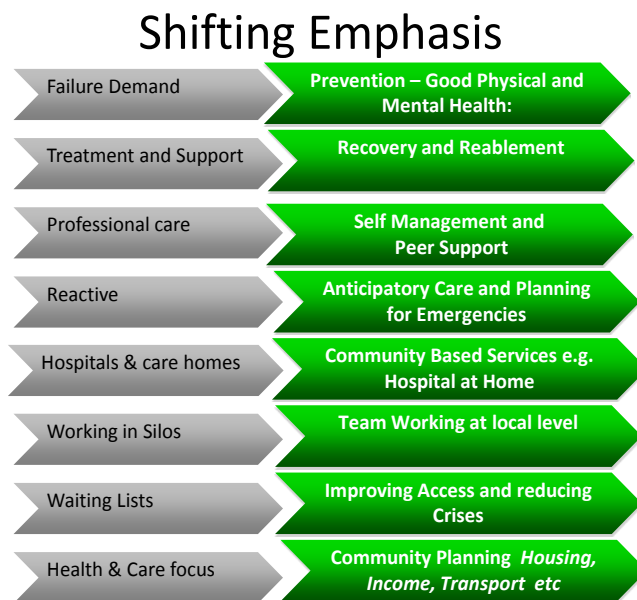
There are agreed emerging principles which the Midlothian IJB intends to guide and inform services of the future, namely:

- A stronger emphasis on prevention being adopted by all services
- The development of a shared approach to risk across services
- An increased emphasis on people being supported and treated at home
- A move towards Realistic Medicine and Realistic Care
- A move toward more open access, to reduce waiting lists and waiting times
- Diagnosis and treatment only being provided in hospitals where these can only safely be provided in hospital settings

7. Financial Context

The current financial challenges across the Public, Third and Independent sectors are well known.

The MIJB is required to plan, support and deliver services effectively and efficiently to achieve quality and consistency, and to bring about a shift in the balance of care from institutional to community-based settings. This will need to be achieved from the resources within the Midlothian integrated health and social care budget and includes making financial savings on an ongoing basis.



8. Objectives of The Workforce Framework

The framework aims to:

- Provide a strong foundation for dynamic and effective Workforce Planning in each Midlothian Health and Social Care Service area
- Establish a common understanding of the quality and shape of the staff resources required to deliver the breadth of Health and Social Care Services in Midlothian, now and in the future
- Promote understanding and ownership from all corners of the Partnership
- Support the development of individual Service Workforce action plans, which are responsive to future service development, supporting our staff to be flexible, future ready and equipped to deliver now and for the future as it unfolds

‘.....working closely with individuals and communities to understand their needs, maximise talents and resources, support self reliance, and build resilience Community.....recognising that effective services must be designed with, and for, people and communities....’

Midlothian Community Planning Assessment 2016

PART 3: 9. What we know - our supply**9.1. a) Our current Health & Social Care Workforce data** (2016 figs)

Midlothian Population 87,390 **Projected growth in 2037 to 99,090** (17.5.% increase) (2016 National Records for Scotland)

Sector	Total	Male	Female	Full time	Part time
Mid Adult Social Care	691	76	615	304	224 + (160 ad hoc)
NHS Lothian (Midlothian)	484 headcount 361 WTE	No data	No data	177 (51%)	184 (49%)
Voluntary Sector	340	70	270	160	180
Independent Sector	1470	175	1295	610	860
TOTAL	2885	321	2180		

These figures do not include the totality of the Workforce in Midlothian. GPs and staff within both hosted and acute hospital services are vital staff groups in the delivery of health and care services in Midlothian but are not included here, as we await accurate figures.

The largest part of the Workforce in NHS and Council fall within the Age range, 40-65 years
A significant part of the Independent Sector workforce fall within the age range, 17-40 years old.
In year 2015-2016, the largest number of staff leaving was in Nursing/Midwifery and due to Retirement
In year 2015-2016, the majority of sickness absence within NHS staff was due to anxiety/stress/depression/other psychiatric illness
In year 2015-2016, the majority of staff in NHS Lothian (MID) lived in Midlothian or City of Edinburgh
For NHS Lothian (Mid) the majority of employees (27%) had been in post for 11-20 years and (20%) 21-30years
Over 75% of the full workforce is female.
For Mid Council the majority of employees (29.52%) have been in post for 0-2 years and (17.5%) between 11-15 years
In the Independent Sector, there are 610 full time and 860 part time workers
The Scottish Average for annual turnover in the independent sector is 22%. In Mid Council Adult Social Care it is 3%.
The population figure is 87,390 (2015 latest figs from National Records of Scotland). It is projected to grow by 17.6% by 2037 to 99,090.
There are approx 700 Voluntary organisations working in Midlothian.
There are approximately 14,000 unpaid family carers in Midlothian

(Voluntary and independent Sector figures - Scottish Social Services Council Workforce Data 2016)

9.1. b) Our Informal Workforce

It is estimated that 2,173 unpaid carers provide 50+ hours of care per week across Midlothian. There is an estimated 14,000 plus (2015) unpaid carers in Midlothian. VOCAL offers a support service to unpaid Carers specifically.

There are a range of forums providing engagement with the Public, for example 'Hot Topics'.

9.1. c) Our Volunteer Workforce

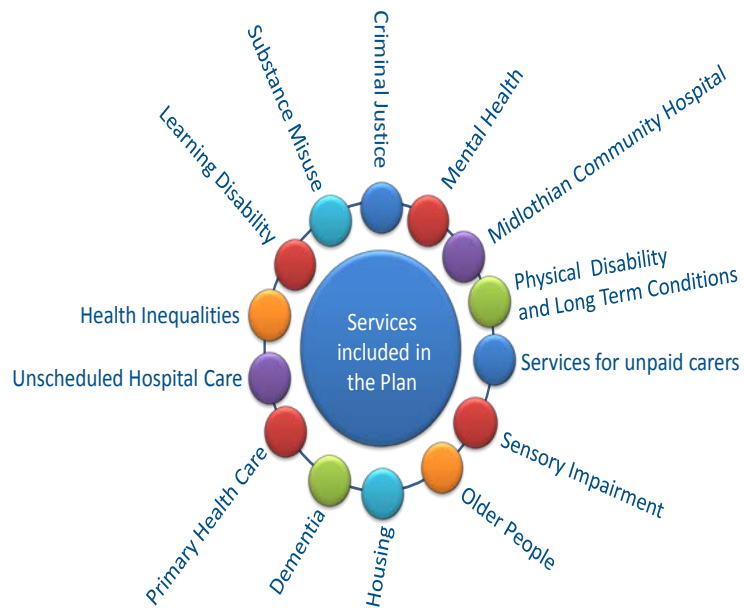
30% of Midlothian residents are volunteering in some capacity (2015 figs).

Volunteers are a respected part of the Workforce in each Community. Volunteers will have experience and knowledge which will benefit our future planning. Volunteer Midlothian is the leading agency for Volunteer development, providing advice, guidance and training within a clear and comprehensive strategy. Some Volunteer opportunities are befriending and mentoring.

9.2.1 Midlothian Strategic Plan for 2016....2019

The Workforce Framework will support the implementation of the Strategic Plan, ensuring Midlothian has the skills, knowledge and expertise in the right places.

What is the Strategic Plan about?



'.....recognise the role that families, carers, communities and the environment play in supporting people to stay well, recover from ill-health and manage independently'

'.....recognise the importance of physical, mental and social wellbeing to the quality of life of disabled people and those living with long-term conditions'

The plan is:

- To help people to stay fit and healthy*
- to make sure that people's care is better and more able to meet their needs*
- to provide care to people at home instead of in a Hospital or Care Home*
- for Health and Social Care Services to feel 'joined up'*

PART 4: 10. REFRAMING THE NARRATIVE

Defining our future workforce

- **Employment and Income** – people need and want stability, from earning and from being valued. Employment figures for Midlothian suggest that the landscape of employment is healthy in Midlothian. Yet we know that this summer Care at Home has been struggling to provide. Services are becoming distressed as a result of inability to recruit to vacancies and very significant increases in sickness and inflexibility. There is no doubt that a different model is needed, one where staff are enjoying their work, feel equal and valued and being proud for achieving great outcomes for the people of Midlothian.

Let's make a career in Health and Social Care in Midlothian attractive. Let's really work together to use our resources wisely and to good advantage in meeting the outcomes of the people of Midlothian. Let's listen to what works, try new ways first by testing out. Let's make new models permanent as soon as the evidence is there.

- **Self – management** – we are committed to person centred responses, supporting people to make personal improvements and manage as far as possible their situation. We can enable staff to work in a holistic way, using their specialist and generalist skill and knowledge to finding solutions to allow people to stay in their own homes, as far as possible, through treatment and services that are streamlined and effective. Developing a more generalist care and support worker role will enable flexibility of response with confidence.
- **Knowledge & Skills** – having the right skills and knowledge in the right place is a sound principle. We can work together to provide shared learning and development opportunities at all levels across all sectors, from Welcome and Induction to work, to qualification and CPD. In doing so, we build capacity and strength at the same time reducing the potential for duplication and increased spend.
- **Neighbourhood and Community** – responding to each unique community, getting to know that community and understanding and using to advantage its strengths and assets. Working with our partners in Community Planning and local groups will result in resources and responses being in situ which reflect a real understanding of each community. Working in true partnership with each community will enhance understanding, problem solving and solution finding. Professionals working together in local communities, pulling together skill and knowledge.
- **Keeping people safe** – building on collaborative working across sectors and agencies, will provide consistent and joined up responses, where information is shared where this is in the best interests of the person to maintain their safety and wellbeing.

For the future we are moving towards:

- A better pathway in a career in care
- Improved recruitment and retention across the professional fields, making health and care work more attractive
- Building on the good reputation of Midlothian Health and Social Care Partnership

PART 5: 12. MIDLOTHIAN WORKFORCE PLANNING FRAMEWORK**Priorities for our Workforce**

This section works in themes, drawing on the knowledge and experience of local managers across key partner sectors and national research and development on Workforce planning issues. Each Theme comprises:

- What we need to pay attention to
- What we will work on and key outcomes
- Key Risks

The themes are:

- A. Organisational Culture and Structure**
- B. Leadership Development**
- C. Attainment & Achievement**
- D. Shared understanding- Closer working**
- E. Recruitment & Retention**
- F. Employment & Rewards**
- G. Working with Communities**
- H. Communication**
- I. Stepping Forward - Top ten commitments**

The priorities for Workforce planning set out in this Framework aim to provide a solid basis for our future individual Service Workforce Plans. This Framework will support the shaping of our future workforce in its totality, promoting a culture of close working and collaboration at all levels. The Workforce Framework, along with the Service Workforce Plans, will sit alongside the Strategic Plan and Financial Strategy in terms of annual review and update. The Workforce Framework and Plans will be dynamic, responding to changing priorities and influences.

A. Organisational Culture and Structure: Providing a clear vision of what we want services to look & feel like in the future, valuing our staff and ensuring the health and wellbeing of our staff

WE NEED TO PAY ATTENTION TO

- The Midlothian Health and Social Care Delivery Plan 2016 sets out a vision for health and social care services that focus as much on prevention, early intervention and enablement, as it does on the effective treatment of illness, injury and multi-morbidity.
- Workforce planning is not all about numbers. Providing effective and efficient health and social care services requires a shift in our approach and mindset to providing care and wellbeing. We are challenged now to move from the shared vision to the shared practice. Staff will need support and space to take on new thinking and direction.
- The overarching principle of a sustainable approach to having an effective staff resource is to have the right people with the right capabilities, motivations and commitment in the right part of the organisation to deliver and lead the business strategies.
- For some parts of service provision within the statutory services, there are reviews ongoing which creates some uncertainty at this point in time.
- Current Service reviews will bring clarity in due course to these areas and will inform the Service Workforce Plans e.g. Senior Management structure, Learning Disability Integrated Community team, Learning Disability Day Services, Adult Service Fieldwork structure.
- Midlothian Health & Social Care Partnership has the opportunity to build on its strong positive identity and reputation.
- The achievements of our Workforce in its totality are to be celebrated.
- Technology Enhanced Care developments impact on our workforce.
- Workers will be required to take on extended roles as, for example, hospital care moves into the Community – e.g. Midlothian Intermediate Care Service.

WE WILL WORK ON

1. Supporting the development of an effective culture and approach to collaborative working in an holistic way

Ultimately it is how the professional groups combine to deliver this care most effectively that has the biggest influence on outcomes for people.

We will build on the positive reputation and strong leadership evident in Midlothian Health and Social Care.

We shall develop a culture which promotes:

- Mutual Value being given to and from each profession, where contributions are understood and valued. Effective use of the Lothians' Team development toolkit will support staff to work better together

OUTCOMES

A common understanding will emerge and closer working relationships and understanding of what professionals can contribute.

Scarce resources will be better used.

Services will be collaborative and working towards providing quality services on an equal footing.

People will receive a more consistent coordinated dependable service.

<ul style="list-style-type: none"> ○ Sharing Good news stories about positive outcomes as a result of creative use of human resources and community resources ○ Learning from each other through shadowing, speed networking and sharing space and time together ○ Supporting acceptance of cross professional supervision ○ Collaborative learning and supporting through Peer Supervision ○ Collaborative learning cross sector through regular forums for discussion and debate, such as Action Learning. ○ Development of knowledge and understanding of communities and their resources and strengths to support self management. Supporting engagement of frontline workers with Community planning, for example. ○ Developing financial acumen so supporting staff as gatekeepers to maximising use of public monies. ○ Acknowledgement and practice which reflects the National Carers Strategy, which recognises in practice unpaid carers as equal partners in care. ○ Developing a culture of Trusted Assessment, whereby positive, trusting working relationships and mutual respect allow for the professional best placed to complete an assessment, so reducing waiting times <p>2. New structures and new developments are not new to Midlothian. There are a number of pilot new models of care current and a significant number of structural reviews ongoing. These will impact on our workforce and need to give full consideration to workforce planning issues.</p> <p>a. Building on Collaboration work to date, such as the Penicuik Collaboration which encourages staff in a local area to come together as a complete care community for house bound older people.</p> <p>b. Allied Health Professionals Reshaping services to achieve the best use of resources.</p> <p>c. Community Care Fieldwork Review This review of Adult Care Fieldwork teams is active and will report in due course. Temporary contracts will be addressed within this review.</p> <p>d. Development of the Joint Community Learning Disability team. This work is active and will reach conclusion along with the Fieldwork review.</p> <p>e. Learning Disability Day Service Review</p>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Clarity of structure will bring security and confidence to the workforce.</p>
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<p>This review of all services providing day opportunities for young adult and adult people with a learning disability is actively underway</p> <p>f. Commissioning - scope the development of alliance commissioning – where organisations formally agree to work together to balance the best interests of the local population with what is best for the sustainability of the health & social care system, and share risks and gains across organisational boundaries. Build on the work being done informally by the Older People Provider group.</p> <p>g. Inequalities – Consider how best to address issues of financial inequality as a result of terms and conditions and funding across sectors. This links to the commissioning action.</p>	
RISKS	
<ul style="list-style-type: none"> • The traditional view of professional roles pervades. Testing out new models do not have a clear timeframe. • The projected 'Crisis in Care' in Scotland becomes a reality particularly with recruitment and retention • Nothing changes despite reviews and transformation plans, as no investment of time, as not seen as priority. • Frontline managers do not have the skill, confidence or capacity to support the changing landscape, as a result of lack of investment. • The talent within our Communities is not harnessed. 	

B. Leadership Development: Building visionary, ambitious and effective leadership across the partnerships

WE NEED TO PAY ATTENTION TO

- **Professional leadership – Collective, Courageous, compassionate leadership**
Maximising on our investment in leadership development over the past years. Supporting those new to management at all levels to have the right skill and confidence. .
- **Team Leader development**
Ensure the structure of frontline management reflects the opportunity to achieve a skilled, knowledgeable, confident and accountable set of team leaders with the capacity to address team, workforce and quality matters effectively and collaboratively. Invest in our team leaders in terms of their resilience and capacity to lead and manage.
- **Talent management** -Talent management is a set of integrated organisational workforce processes designed to attract, develop, motivate and retain productive, engaged employees. The goal of talent management is to create a high-performance, sustainable organisation that meets its

strategic and operational goals and objectives' (Kings Fund).	
WE WILL WORK ON	OUTCOMES
<ol style="list-style-type: none"> 1. Involve a broader range of professions in leadership development, across sectors, recognising the inter-dependence of staff groups and a more distributed model of professional leadership - combining "first point of contact" practitioners with advanced practitioners from across the disciplines. 2. Invest in promotion of and use of our Lothian Team development toolkit. 3. Challenge our thinking and approach to managing talent and succession planning at all operational management levels 4. Invest in our frontline managers to create capacity, resilience and leadership 	<p>Managers and leaders and staff will be confident and strong in their role.</p> <p>Working across sectors will strengthen relationships and understanding</p>
RISKS	
<p>'Time' becomes a reason for not taking up development opportunities.</p> <p>Lack of investment in frontline management will place barriers in the way of change</p>	

C. Attainment and Achievement - across all sectors, developing skills and knowledge in an innovative, high performance, multi-agency context

WE NEED TO PAY ATTENTION TO

- **Collaboration at all opportunities for shared learning and development**
Build on Joint Practice learning and development opportunities
Develop a shared learning and development pathway for Care workers, both Social Care and Health Care Workers to enable flexibility in providing frontline services.
- **Pathways to Careers**
A Collaboration with Employability and Lifelong Learning and NHS Education to implement the opportunity offered by Scottish Government funding to develop Modern Apprenticeships in Health and Social Care.
Development of the newly implemented Midlothian SVQ Centre to respond to increased demand from health support workers and social care workers, providing a comprehensive service across all service groups.
- **Practice learning and development**
Ensuring staff across all sectors can be released for training in order to 'up-skill' the workforce for more complex practice with service users in the community who have increasing levels of need
New Scottish Social Services Council (SSSC) requirements for registration e.g. housing support service workers, will require the workforce to acquire qualifications and as such be released from work to do so
- **Professional Training**
The Scottish Government commitment to the creation of 2300 new training places for nurses (August 2017).
Creation of first Scottish Graduate entry programme for medicine, with a strong focus on primary care and remote/rural components
£2 million is being invested nationally in 2017 in training for General Practice nurses.
1000 more paramedics will be trained over the next 5 years to work in the Community, helping reduce pressure on A & E services.

WE WILL WORK ON

1. Develop an integrated pathway for all care workers, from Welcome and Induction to learning through shadowing and shared development opportunities – Develop a pilot opportunity for shared Induction across Care at Home services. Management commitment to implement this is key to success.
2. Invest in understanding the roles of Health Care Support Worker and Care workers and develop modern job descriptions to reflect flexibility.

OUTCOMES

- Creating strength, confidence understanding and flexibility and equality for staff
- Consistency of approach for the person receiving services.

<ol style="list-style-type: none"> 3. Pilot the Modern Apprenticeship programme in terms of SVQ qualification and implement full project in April 2018, working in collaboration with key agencies 4. Open up further opportunities in each sector to cross sector participation and learning as standard practice to establish pathways that extend beyond single organisations 5. Continue to promote and offer a blended approach to learning, from e-learning, in practice learning, face to face courses both internally and externally, coaching, peer supervision, group supervision. 6. Seek greater ownership of practice learning and development at the individual level and its application to practice. 7. Positively promote and enable student placements and sponsor more staff to complete qualification courses, in terms of succession planning. 8. Invest in training locally by providing placements for students at all times and support peer assisted learning. The spin-off is potentially having vacancies filled by professionals who already have knowledge of Midlothian. 9. Investing in Staff Supervision, promoting an acceptance of and confidence in cross professional supervision and use of reflective practice as a learning tool. 10. Developing a two-way collaborative between Hospital care teams and Community teams working closely together with trusted confidence in each others' knowledge and capabilities 	<p>Ensuring quality induction and strong first experience of care.</p> <p>Learning from cross sector contribution, increasing confidence and sense of closer working with greater understanding. Enabling shadowing within and across sectors</p> <p>Ensuring the workforce has the necessary skills and competencies for their role and responsibilities</p> <p>Developing flexibility to take on new roles as the work progresses.</p> <p>A culture of shared learning building on the scheme we already have</p> <p>A strong and sound system of information and advice to all staff</p>
RISKS	
<ul style="list-style-type: none"> • National reporting states that 'the care home system in the UK is "teetering on a knife edge" because of a severe skills crisis that risks being made worse by Brexit. "Brexit may already be influencing people's decision to migrate in and out of the UK which could spell further trouble for a system which relies so heavily on foreign labour." For Midlothian, this scenario has not yet been quantified. • National bodies, such as NHS Education Scotland (NES), Scottish Social Services Council(SSSC)and Scottish Qualification Agency (SQA) have not as yet taken a collaborative approach to address the qualification and career pathways for Health Care Support workers and Social Care care workers. As a result there is a barrier to progress. 	

D. Shared understanding, closer working... to ensure best use of our resources and provide good outcomes for people

WE NEED TO PAY ATTENTION TO

- For some teams, this will start with co-location in a shared base. Co-location offers greater opportunities for sharing, understanding, mutual confidence and trust and effective planning.
Co-location is advantageous to member of the public seeking access to services.
Building on such models as the Bonnyrigg Medical Centre, the Recovery Hub, Wellbeing services within Primary Care, Physiotherapists working from within GP surgeries.
- Co-location is not always feasible. Wherever their base, professionals need to invest in working more closely together to build knowledge and capacity and understanding. Neither professional snobbery nor silo mentality is acceptable now and for our future. Every effort needs to be made to bring staff together with mutual respect, confidence and trust.

WE WILL WORK ON

1. Take learning from new developments and use the experience to advantage
2. Promote team development linking with i-Matter staff surveys and related team action plans within statutory services.
3. Build on inclusion of Voluntary and Private Sector service professionals in team development events as appropriate.
4. Develop an Induction programme for all Care at Home and Care Home workers across all sectors.
5. Invite partner professionals to meet informally, by way of speedy networking locally.
6. Offer space to partner professionals within offices as happens in MERRIT and Substance Misuse services.
7. Promote healthy strong working relationships between Midlothian H & SC Partnership and NHS Lothian. There is mutual dependence.
8. Promote good learning and understanding between Acute and Community Services, maintaining strong links, offering opportunities for shadowing and rotation.
9. Promote Peer learning in all areas
10. Promote Peer support models as with Substance Misuse and ensure access to practice learning and development in its fullness

OUTCOMES

Building on what works well will achieve greater strength & confidence throughout the Workforce

Building on working relationships and being inclusive will support greater confidence and trust and promote better outcomes for service users.

RISKS
Lack of time becomes a reason not to invest in close working. The silo approach remains.

E. Recruitment & Retention: Working with partners to recruit and retain the right workforce, address key skill gaps, promote jobs and careers, identify, develop and motivate talent and address

WE NEED TO PAY ATTENTION TO	
<ul style="list-style-type: none"> At all levels, those responsible for recruitment need to be confident and clear about what they are recruiting for and why. It is essential not just to recruit to today's needs but to also have our future vision and strategy in mind. Recruitment drives need to be exciting and attractive and visible – particularly for Care workers. Our future lies with our youth. We need to harness the vitality and enthusiasm, attracting young people using their language and ways of networking Continuously developing the talent identified in our organisations enables services to be responsive to change and keep our leadership talent agile and future-focused. Succession planning is the identification of those critical job roles that may arise due to retirement, attrition, business growth, innovation or change, and the strategic consideration of where and how internal candidates might fill those roles. Recruitment of care workers across the sectors has been made more uncertain/difficult as a result of Britain leaving the EU. Volunteers are a respected part of the Workforce in each Community. Unpaid family Carers are essential element of the Workforce in Midlothian 	
WE WILL WORK ON	OUTCOMES
1. Test out new approaches – improving marketing and advertising in the Care Sector in collaboration with our partners	Developments will be based on evidence and what we know works. Staff will feel greater confidence in reviews and necessary restructuring
2. Collaborate with our Independent Sector Providers to understand their recruitment and retention issues and work together to address challenges e.g. promotion of a career in care.	
3. Test out new approaches – improving marketing and advertising in the Care Sector in collaboration with our partners	Care services will have a sense of greater value
4. Explore the interface between health and social care and further and higher education to	Careers in Care will be attractive, staff in Caring

******The Care Inspectorate has warned that a Government push to almost double the number of hours of free childcare by the end of this parliament will likely result in nurseries and other childcare providers recruiting new staff from other parts of the care sector. The proportion of day-care services struggling to fill vacancies rose from 30% in 2014 to 35% in the inspectorate’s latest research. Ministers have been advised that it is “therefore important for national and local workforce planning strategies to take account of this, ensuring that there is an overall increase in the early learning and childcare sector and wider social care workforce rather than increased competition for the same pool of potential recruits.” Sept 2017 Sc Gvt.

F. Employment & Rewards: Implementing effective approaches to reward the workforce whilst taking account of budget and efficiency requirements

WE NEED TO PAY ATTENTION TO

- Working to develop equity and value at the same level for all social care across all sectors.
- Recruitment of care workers across the sectors needs to acknowledge the impact of the increase in the required SSSC Registration fees and pay levels being comparable with supermarket employment.
- Midlothian as a region had a poor record of providing employment to people with a disability, sitting at the lowest end of Equality Act Disabled Employment rates (16-64) in Scotland. Scottish Government promotes, 'a greater understanding and a positive attitude amongst employers and educators to disabled people.'*

WE WILL WORK ON

1. Scope out the inequalities current across Partner sectors for Care Workers and assess options to address these. This may involve a review of our Commissioning Policy, resulting in greater integration of the Statutory and Voluntary sector Providers
2. Scope out an extension of access to Health & Wellbeing services, such as are offered to Midlothian Council, to Care Workers in the Voluntary and Independent Sector, as a reward/incentive.
3. Take steps to offer real permanent jobs to people with a disability within Health and Social Care services. The Focus team launched in May 2017 supports people facing barriers to employment. Connect with the Work of Midlothian Council as a Disability Confident Employer

OUTCOMES

Our Care jobs across all sectors will be more attractive and equitable.

The Care Worker resource will become more stable and flexible.

Addressing barriers to employment will provide access to an increased talent pool

RISKS

Developing an incentive/reward scheme may be expensive and unsustainable.

*This year Midlothian Council has been awarded Disability Confident Employer status. This scheme aims to attract, recruit and retain disabled workers.

G. Working with Communities ...harnessing strengths, taking an asset based approach which is specific to each community, locality focused and working with inequalities and diversities

WE NEED TO PAY ATTENTION TO

- Getting close to and understanding each Community – what are the assets, both informal and formal.
- Continuing to work together with the Voluntary Sector, paid services and Volunteers, with respect and trust.
- Harnessing the energy of young people to grow into making a contribution to their community.
- Investing in 50plus people to channel their knowledge and experience to the benefit of their Community.

WE WILL WORK ON

1. Promoting a culture of community, localism and locality working through team development, leadership and management development
2. Strengthening the collaboration with key partners to progress an improved approach to supporting our staff to achieve better knowledge, understanding and use of our community assets and strengths.

OUTCOMES

Community assets will be used effectively through self-management and collaborative approaches to finding solutions.

The focus will shift away from Statutory services to community solutions, as appropriate.

RISKS

We do not invest enough time in understanding the assets of communities.

H. Communication – keeping the Workforce across all sectors informed

WE NEED TO PAY ATTENTION TO

- Keeping all staff across all sectors informed and in touch with opportunities and developments, promoting better understanding, ownership and leadership
- Keeping the public in touch with our thinking and planning through a variety of mediums

WE WILL WORK ON	OUTCOMES
<ol style="list-style-type: none"> 1. Strengthen our partnerships across sectors – housing, voluntary organisations, private providers and social enterprises through inclusion and effective communication. 2. Through the RCRE Communication and Engagement Group develop good information and opportunities for good conversations amongst our Workforce 3. Promote sharing good stories across all services and the public, making good use of traditional media and social media 	Staff and the public will feel better informed & involved.
RISKS	
<p>Consistent effective efforts to engage with partner agencies and the public are reduced as a result of lack of resource.</p> <p>Social media is not perceived as a valid way of promoting good news stories and positive messages about staff and services.</p>	

I. Stepping Forward..

OUR TOP TEN COMMITMENTS for OUR WORKFORCE Planning

1. Leadership	Investing in our frontline managers to have the skill and confidence to work across professions and making best use of skill, knowledge and resource
2. Close working	Professional groups combining to achieve better outcomes for people. Multi disciplinary working reflecting inclusion of all professions, including Care workers
3. Developing Localism	Responding directly to the priorities and aspirations of local communities. Services are more carefully tailored to local needs
4. Equal Partners	Seeking solutions to address inequalities – working more effectively on a level playing field with Providers on employment terms and conditions and rewards
5. Developing a Career Pathway	Investment in a Pathway to a career in Care and development of the Modern Apprenticeship scheme for Health Support workers and Social Care Workers both young and older

6. Community assets	Strengthen the collaboration with Community to determine how best to draw on the strengths of each community with a strong focus on Community engagement and Community connections to find local solutions for people with health and social care needs
7. Health & Wellbeing	Improve levels of sickness absence, particularly in relation to anxiety and stress, with drive and leadership coming from Corporate source as the role model
8. Supporting employment	Work with Midlothian Council to ensure there are sufficient creche facilities accessible to frontline Care Workers, in particular. Enable access to Rewards for all including Third and Independent sector staff.
9. Equality and Diversity	Build on our local workforce, offering people with a disability opportunities within Health & Social Care Services
10. Volunteers	Scope out how best we can ensure Volunteer resources are used to best effect to support people to make use of their own assets

PART 6

13 NEXT STEPS

- Engagement with staff and the public on the Workforce Framework will allow for contribution, understanding and ownership at all levels.
- Workforce Plans for each of the main Service areas will be developed and monitored by the Health and Social Care Joint Management Team.

Tricia Hunter

Organisational Development

September 2017

Why a Workforce plan?

This is a Scottish Government requirement. To a greater effect however the Workforce plan for the Midlothian Health and Social Care Partnership will have real benefits in terms of ensuring the Strategic plan can be implemented with confidence, knowing we have the right skill mix and have addressed the key influences.

In this plan, we describe the practicalities of how we intend to work with all social care and health employers and partners to make a reality of our health and social care policies. We all want to ensure that the people of Midlothian are supported to maintain healthy, independent lives and to have access to services and community resources which support their health and wellbeing. To do this we need to nurture a high quality, skilled, courageous and compassionate workforce that promotes dignity, safety and respect and takes a strengths-based approach. Successfully implementing this plan together, will provide a consistent and positive step towards meeting that commitment and our ambition.

National Drivers

1. The Christie Commission identified a need for urgent and sustained reform of the public sector to ensure that it can meet a number of unprecedented challenges. These priorities include a need to ensure that services are actively built around the people and communities who use them. The Christie Commission also identified a need to focus on preventative services and to promote equality. Many of these objectives have implications for the social service workforce. Changing models of health and social care services are inevitable and we require a workforce which is flexible and adaptable to local needs, fluctuating budgets and new approaches.

2. 2020 Vision for the NHS in Scotland

The Scottish Government's 2020 Vision promotes that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and will have a healthcare system where:

We have integrated health and social care, where:

- There is a focus on prevention, anticipation and supported self-management
- Hospital treatment is required, and cannot be provided in a community setting, then day case treatment will be the norm
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission

3. Social Services in Scotland: a shared vision and strategy 2015 – 2020

(Scottish Government, 2015) states:

“Everyone in the workforce needs to feel valued and to be motivated to improve their contribution and be innovative in their practice. Employers across social services need to ensure that workers have the right skills, knowledge and values to provide high quality services. Retaining experienced staff in front line practice is crucial to delivering excellent social services. Continuous professional development and career pathways need to be in place across the workforce so that people are equipped for their current jobs as well as for future careers.”

“For employers, improving recruitment and retention, particularly in the largest part of the workforce - social care - can lead to significant benefits in respect of time and cost through reduced turnover, as well as improving consistency and continuity for service users”.

4. Research Please see a summary of research completed by the King’s Fund at Appendix 7.

Local Framework

1. Midlothian Health and Social Care Partnership Strategic Vision and Strategic Plan 2016-2019

The Midlothian Strategic Plan sets out how the Midlothian Partnership will provide services, promoting changing models of achieving health and wellbeing for the people of Midlothian. The challenges set out in the Strategic plan can only be met by having a skilled and knowledgeable and flexible and motivated workforce across each of the partner areas. The Workforce Plan is therefore critical to achieving the ambition set out on the Strategic Plan. The vast majority of an organisations success or improvement comes when the right people with the right skills are deployed in the right place. Having a Workforce plan aligned to the Midlothian Strategic plan is about helping the Partnership achieve that match.

The Midlothian Integrated Joint Board has a clear set of intentions around Health and Social Care services as detailed within the Strategic Plan. For the wider Council, the “Great place to grow” plan describes the intentions as we progress to 2020 and sets out our anticipated role which is focused externally on creating economic growth and wellbeing. The current financial pressures are likely to increase, driving the need to plan and use our resources to maximize impact.

We will be focused on reducing inequalities in our communities, improving the life chances, health and wellbeing of all and building a vibrant economy with high quality jobs, making Midlothian a place where people choose to live and work.

The key priorities for our workforce are:

- a lean effective management structure, enabling us to respond quickly and effectively to change pressures,
- an empowered ‘front-line’ workforce, equipped with skills and knowledge to deliver a seamless service to the public,
- a workforce able to operate flexibly, both in terms of meeting demand and across a range of service areas,
- maximizing the potential of Technology and Digital approaches, enabling working which is modern and flexible and has the business acumen to respond to changing demands; and
- a workforce that reflects the diversity of the community it serves.

Above all, we need a workforce that is fit and ready to face the future and proud to work for Midlothian.

2. Midlothian Council People Strategy – The vision of the Council is for ‘Midlothian to be a **Great Place to Grow.**’ This means being an ambitious, progressive and successful organisation which focuses on key outcomes for Midlothian.’

The Focus of this local Strategy is to:

- **Attract, engage and retain our workforce**, including strengthening our recruitment strategy, actively planning for succession as part of workforce development and supporting our employee's engagement and productivity.
- **Develop our talent**: includes identifying our leadership talent and strengthening succession planning opportunities. As well as developing a coaching approach across the organisation and encouraging a mentoring approach to increase leadership effectiveness.

3. Midlothian Workforce Planning Study (June 2016) - University of Glasgow Training and Employment Research Unit

Background

The supply of appropriate skills and qualifications is an important driver of economic growth and competitiveness, since it boosts employee productivity and improves adaptability in workplaces. Publicly funded education via schools, colleges and universities are the main institutions where skills are acquired and therefore issues such as the long term employability of learners as well as meeting the employment and skills needs of employers are key. It is in this context that Midlothian Council commissioned this research, which set out to deliver a ***bespoke workforce planning model for Midlothian*** to inform partners about where future skills investment should be directed.

This study covering all areas of employment in Midlothian, including Health and Social Care concluded the need to complete a labour market intelligence (LMI) system. The aspiration for Midlothian Council and partners should therefore be to collect and share these different data sources on a regular and systematic basis.

With regard to Vacancies, the study concluded that Midlothian is in a relatively strong position here, as the DWP already collects and shares vacancy information on a weekly basis via its '*Highlighted Vacancies*' email to partners. The weekly update includes information on:

- Vacancies advertised on Universal Jobmatch.
- Fort Kinnaird Recruitment and Skills Centre vacancies.
- Community Jobs Scotland vacancies.
- Recruitment fairs and events.
- Local employability support services – e.g. Employability Fund programmes, Job Clubs.

4. Midlothian Health and Social Care Partnership Workforce Planning will focus on achieving the Health and Social Care Partnership Vision:

'People of Midlothian will lead longer and happier lives by getting the right advice, care and support, in the right place, at the right time.'

This ambition will be achieved by way of (Midlothian Health and Social Care Strategic Plan):

1. Supporting people to recover and live at home
2. Working with the whole person
3. Improving care pathways
4. Exploring ways of using new technologies
5. Working together with carers and local communities
6. Developing stronger partnerships with a range of public , private and voluntary agencies
7. Safeguarding is everyone's business

Underlying the vision is a firm commitment to the principles of reducing health inequalities, promoting opportunities and eliminating discrimination in line with the Equality and Human Rights Acts. Having a workforce across Health, Social Care and Third and Independent services understanding and working within a culture reflecting these principles is essential to the success of the Strategy. Developing the workforce taking a locality focus will enable capacity and strength within communities and local solutions which are not dependent on Health and Social Care services but make best use of the breadth of Community resources.

Methodology

The Six step methodology is an accepted structure in Workforce Planning terms and is in universal use. This framework has been adopted for the Midlothian Workforce Planning work, using the steps flexibly in response to our specific needs. In essence it focuses on Supply, demand and the gaps and identifies Workstreams resulting from the analysis. The framework offers:

- a systematic practical approach that supports the delivery of quality patient/person care, productivity and efficiency
- assurance that workforce planning decisions taken are sustainable and realistic
- a scalable approach, from small team plans to larger organisations
- a joined-up approach with across health and social care

The steps

Step 1: Defining the plan

Step 2: Mapping service change

Step 3: Defining the required workforce

Step 4: Understanding workforce availability

Step 5: Planning to deliver the required workforce

Step 6: Implement, monitoring and refresh.

Scope of the Workforce plan

The plan aims to cover all aspects of Health and Social Care employees and services in Midlothian. This will be inclusive of both NHS Lothian, Midlothian Council, all Third Sector and Independent sector agencies who are currently engaged in providing services in Midlothian area.

Supply of Workforce

1. WTE - Headcount and Grades cost by job family /staff category
2. WTE Head count and gross cost by Area/service
3. Band/grade profile
4. Establishment
5. Vacancies
6. Turnover by reason
7. Supplementary staffing
8. Age distribution
9. Length of service
10. Sickness and other leave i.e. Maternity, study, training etc
11. Home location/postcode analysis
12. Volunteers
13. Unpaid carers

Understanding the current Workforce? The shape and profile of all aspects of the workforce, describing the existing workforce, its skills and deployment; assessing problem areas arising from such things as age profile or turnover and including:

- Vacancies and Turnover
- Supplementary spend
- Workforce Demographics
- Skills Development /Learning and Development
- Commissioning issues

WORKFORCE PLAN 2017 – 2022

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