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Glasgow City Health and Social Care Partnership

Workforce Plan 2025 to 2028



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1 Background

1.1 Introduction

Within Glasgow City, Glasgow City Council and NHS Greater Glasgow and Clyde have integrated the planning and delivery of all community health and social care services for children, adults and older people, along with homelessness and criminal justice services. This work is directed by the Glasgow Integration Joint Board, with the Council and Health Board delivering services under the banner of the Glasgow City Health and Social Care Partnership.

The Partnership comprises around 13,000 Social Work (Glasgow City Council) and Health (NHS Greater Glasgow and Clyde) staff. It is led by an integrated Executive Leadership and Senior Management Team.

Services are provided in the community and in building based settings where direct care is needed.

- Direct Care**

Mental Health, Eating Disorder and Addiction wards; Care at Home; Care Homes; Children's Houses; Older People and Learning Disability Day Care, and Prisons.

- Community Services**

Community Services to Children, Adults and Older People are provided via the three City localities of North East, North West and South. There are a wide range of these Services provided, these include: social care services provided to children and families, adults and older people; carers support; homelessness; asylum seekers; mental health for children and adults; alcohol and drugs; criminal justice; sexual health; welfare rights; district nursing; school nursing; health visiting services; palliative care; GP services; dental services; optometry; pharmaceutical services and services to promote public health and improvement.

Services are also delivered through health and social care contractors and providers. Some services cover the wider NHS Greater Glasgow and Clyde Health Board area (for example, sexual health services).

1.2 Workforce Plan Development

Glasgow City HSCP is required to develop and publish a workforce plan setting out the strategic direction for workforce development, service redesign and any resulting changes to our workforce.

The workforce plan sits alongside the HSCP Strategic Plan where the vision and strategic priorities are set out - the foundation of which is the importance of the move to develop a relationship with citizens based on helping them to

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help themselves where appropriate, be informed by the views and the preferences of individuals, and the importance of family and community resources in meeting the health and social care needs of the city.

This plan reflects the requirements set out by the Scottish Government in the National Workforce Strategy for Health and Social Care in Scotland. It outlines actions aligned with the five pillars of the workforce journey: Plan, Attract, Train, Employ, and Nurture. The focus will remain on delivering excellent care, while fostering an environment that empowers staff and supports their professional and personal development.

The plan was developed through collaboration with the NHS Staff Partnership Forum, in consultation with Local Authority Trade Unions, and following discussions at Care Group Programme Boards.

1.3 National Framework

The Workforce Plan is closed aligned with the Scottish Government Transform and Reform priorities, ensuring that workforce is equipped to deliver sustainable, high-quality care. Specifically, supporting Scottish Governments four key ambitions:

- **Improve access** – by expanding workforce capacity, optimising recruitment and retention strategies, and embedding new models of care
- **Harness digital and innovation** - This aligns with the government's commitment to expanding digital health solutions, including the integration of patient-facing digital platforms
- **Shift the balance of care** –aligning with national efforts to reduce hospital pressures and strengthen primary and community care
- **Improving population health** – by continuing to embed preventative and person-centered approaches into workforce development

This plan outlines the short-term workforce drivers aimed at maintaining services and addressing backlogs over the next 12 months, as well as the medium-term workforce considerations focused on resolving shortages and developing innovative solutions for service sustainability and long-term transformation within a 12 to 36 month timeframe.

The plan will outline existing establishment gaps and workforce challenges, including a comparison of projected staffing needs against current workforce numbers and skill sets. Additionally, it will provide a profile of staff numbers and identify any new roles required to meet future objectives.

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1.4 Local Framework

1.4.1 Executive Restructure

In the later part of 2025, there have been some significant changes to support the HSCP Transformation agenda. There has been an Executive restructuring, which welcomes the reintroduction of the role of Chief Officer, Operations & Governance, with the duties of the Chief Social Work Officer aligned. There has also been a new 3-year fixed term post, Chief Officer, Strategy, Innovation and Best Value. This is a time critical project planning post setting out the sustainability of the HSCP within the context of financial planning, policy and legislative requirements, while protecting the most vulnerable.

This post is central to the transformation and will be required to mobilise the HSCP and IJB at a rapid pace. To support this work, the IJB agreed that the 3 year [Strategic Plan](#) should be extended for a further two years, to create a 5-year plan from 2023 to 2028. This allows for the next plan (2028-31) to be informed by the transformation and service prioritisation work currently starting.

The extended Strategic plan still reflects what's important to Glasgow City HSCP and means that the vision and the six Partnership Priorities (below) outlined in the plan will continue to guide our work during this extended period.

1. Prevention, early intervention and wellbeing
2. Supporting greater self-determination and informed choice
3. Supporting people in their communities
4. Strengthening communities to reduce harm
5. A healthy valued and supported workforce
6. Building a sustainable future

At a service level these priorities are achieved through operational delivery and service redesign which are set out in this plan under the relevant services. Overarching developments are set out in the proceeding sections

1.4.2 Workforce Planning Framework

This year saw the reintroduction of the Workforce Planning Board providing a framework for discussing and progressing our workforce planning commitments in line with [National Workforce Strategy for Health and Social Care](#), using the 5 pillars of the workforce journey (plan, attract, train employ and nurture) as a framework for action

Workforce Planning supports short, medium and long-term planning:

- Short Term - how we plan to sustain services
- Medium Term - how we plan to address backlog and shortages
- Support long term transformation

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The Workforce Planning Board focuses on the short and medium and long term goals and the IJB agreed transformation projects are progressed and monitored by the HSCP Integration Transformation Board.

There is also a separate HSCP Safer Staffing implementation group chaired by Chief Nurse and attended by Senior Nurse Quality, Corporate Governance and Assurance who attends the workforce planning group as the link for these two activities. Further details in section 1.6.

1.4.3 Integration Transformation Board

The HSCP has an Integration Transformation Board that meets monthly to discuss and monitor progress on all service transformation activity from current year and prior year IJB approved saving plans along with any associated recovery plans. At these meetings services update on progress, milestones and risks with oversight of the service and financial impacts. All progress from this group is reported to IJB within their finance report closing the loop from decisions to implementation.

1.4.4 Future Workforce Plan and Strategic Planning Alignment

In the longer term, there is considerable value in aligning the workforce planning cycle with Strategic Plan and other organisational strategic planning timescales (e.g. Strategic, Commissioning and Financial Plans). It is envisaged these processes in the course of time will become more integrated.

1.5 Financial Resources

Glasgow City HSCP delivers a range of services to its citizens and in 2025-28 has recurring funding of £1.7bn to spend on services and employee costs account for 38% of the budget. The HSCP is committed to delivering services within the financial resources that are available and strives to do this while transforming the services which it delivers. The IJB is operating in an increasingly challenging environment with funding not keeping pace with increasing demand for services and increasing costs linked to delivery. The IJB will continue to be ambitious about the delivery of this plan, subject to financial constraints and will use the Medium Term Financial Outlook to support the IJB as it continues to transform services.

1.6 Health and Social Care (Staffing) Scotland Act 2019

The effective implementation of the act will aim to ensure staffing levels are appropriate to deliver high quality of care to meet the needs of patients/service users/ residents.

The workforce implications are that providers of Health and Care Services will be required to fulfil all duties of the act. This will involve having workforce plans and systems in place for:

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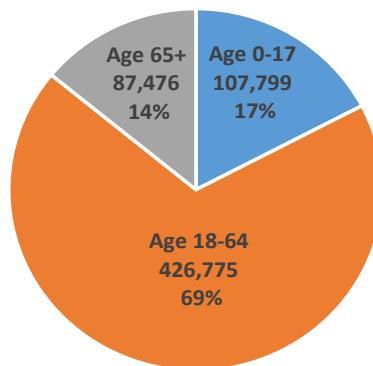
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- Real-time staffing assessment
- Escalation of staffing risks/ concerns and feedback response mechanism
- Use of Staffing Level Tools in relation to those mandated in the legislation, involvement of appropriate senior professionals providing clinical advice when making staffing decisions
- Providing appropriate time for clinical leadership and training
- Reporting as per legislation for both Health and Care Services
- Heads /Managers/Professional Leads/Workforce planners should be involved in the implementation and delivery of the act to be assured of the quality of care.

1.7 Glasgow Demographics – drivers of demand for Health and Social Care Services

Glasgow City has a population of **622,050**, which is **11.4%** of the population of Scotland. This is estimated to increase over the next twenty years by 4.1% or 25,504 people. The population is made up as follows:

Chart 1 – Glasgow Population (2022) by Age-band



	Current Population (2022)	Expected % Change (next 20 years)
Children aged 0-17	107,799	-6.8%
Adults aged 18-64	426,755	1.2%
Older People aged 65+	87,476	31.9%

Key population statistics that impact on Glasgow planning arrangements and impact on our workforce planning due to the levels of health and social care needs are:

- More than 8,000 people are estimated to be living with dementia in Glasgow
- Older people living alone (considered a key indicator of vulnerability) account for 44,450 of Glasgow households (14.8%)
- 14.4% of all Glasgow people are recorded as having a mental health condition

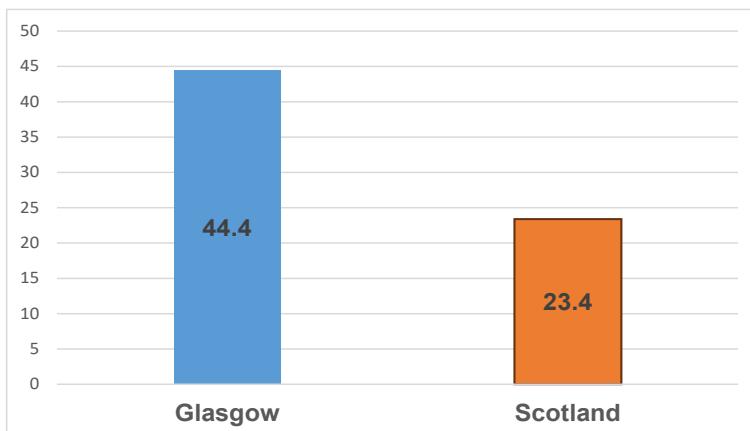
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and 25.0% of adults are reported as having common mental health problems

- 20.1% of all people in Glasgow have a long-term illness, disease or health condition while more than a quarter of Glasgow adults, 29.0%, live with a limiting long-term illness or condition
- The number of adolescents reporting emotional or mental illness in the city rose from 5% in 2015 to 22% in 2019, with children and young people waiting longer than adults to start treatment (61% start within the 18-week period compared with 89% of adults).
- More than a fifth of Glasgow toddlers (21.0%) are found to have developmental concerns at their 27 to 30 month check-up
- 49% of Glasgow S2-S6 pupils have a slightly raised, high or very high level of difficulties overall on the Strengths and Difficulties (SDQ) Scale which indicates social, emotional and/or behavioral difficulties
- 36,348 (32%) Glasgow children are living in poverty compared to around a quarter across Scotland as a whole

Chart 2 – Drug Deaths per 100,000

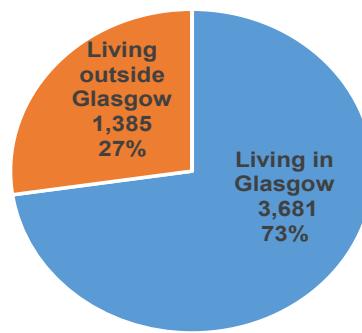


- Death rates from drugs, alcohol, smoking, homelessness and suicide are higher for Glasgow than for Scotland.
- Glasgow has more than 18,000 problem drug users, 4.1% of the adult population – more than the national average of 2.6%
- The average annual drug related deaths rate for Glasgow (44.4 per 100,000 population) is almost double the Scotland rate of 23.4 per 100,000 population. In 2022 there were 196 drug related deaths in Glasgow.

Chart 3: Scotland's Asylum seekers

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- Almost three quarters of Scotland's asylum seekers are living in Glasgow (3,681, 72.7%)
- 5,339 households in Glasgow were assessed as homeless or threatened by homelessness in 2022-23
- 10.6% of all Glasgow people are recorded as having a physical disability
- 1.7% of Glasgow children aged 3 to 15 are unpaid carers compared to 1.8% of Scottish children
- 12.9% of Glasgow adults (around 68,000) are unpaid carers compared to 13.5% of Scottish adults
- Almost a third of Glasgow households are fuel poor (31.0%) with 18.5% classed as extreme fuel poor

2 Stakeholder Engagement

- 2.1 Each Service has a Programme Board which discusses challenges service have on staffing and is the forum whereby service changes are discussed. NHS Staffside and Council Trade Unions are both represented at these Boards.
- 2.2 Stakeholders are involved in the development and implementation of service change programmes affecting them and this involvement continues as developments and implementation plan. This includes where the service changes involve commissioned third-sector providers.
- 2.3 Staff engagement sessions take place at service levels and the iMatter annual staff survey is key in engaging the staff and getting their views. Our iMatter response rate in 2025 increased from the average position of 54% to 57% and the employee engagement index also increased to 78% which is firmly within the 'strive to celebrate' category. There is further room for improvement with regard to how performance is managed and decisions are made and visibility and trust in the board. These are areas for monitoring and further improvement and are being picked up through the relevant focus groups.

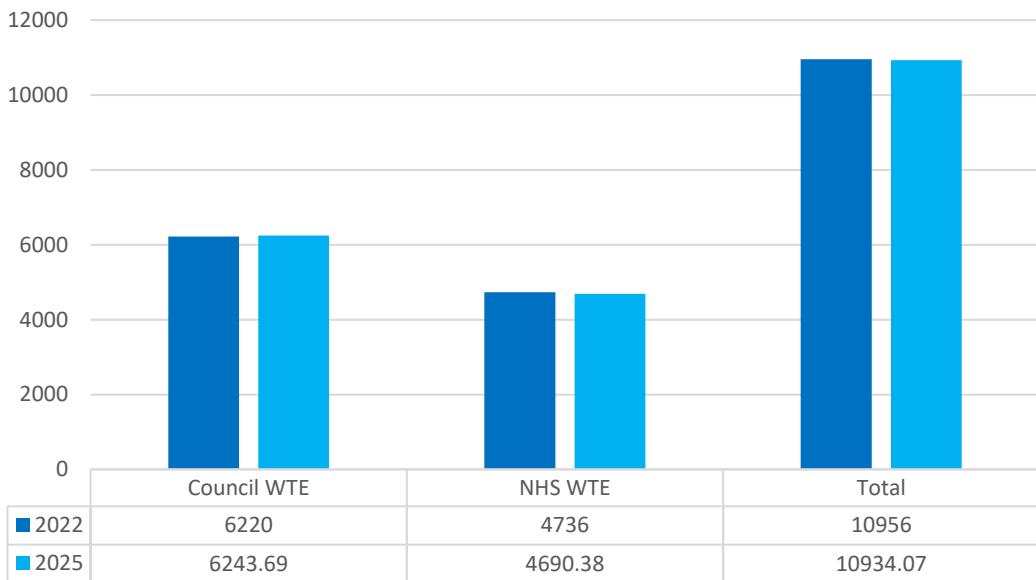
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3 Plan – Workforce Data

3.1 Composition of the workforce

Table 3.1 shows a comparison of the WTE workforce for 2025 against 2022. The figures represent the in-post workforce and do not include vacant posts.

Table. 3.1: Workforce Composition (April 2025)



3.2 Breakdown by Service Area (Head count and WTE)

Table 3.2 shows the workforce composition within operational service areas.

Table 3.2: Breakdown by Care Groups (Jul-25)

Staff Group	Head Count		WTE		Totals	
	Council	NHS	Council	NHS	Head	WTE
Adult	535	2,698	502	2,421	3,233	2,922
Care Services	3,804	0	2,977	0	3,804	2,977
Childrens Services	1,090	710	1,016	590	1,800	1,606
Hosted	0	110	0	105	110	105
Older People	336	1,202	320	1,001	1,538	1,321
Primary Care	0	361	0	304	361	304
Public Protection & Complex Care	440	201	405	191	641	597
Resources	1,192	77	1,002	71	1,269	1,072
Totals	7,397	5,359	6,222	4,682	12,756	10,904

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3.3 Specific Group Data – challenging groups for recruitment and retention

3.3.1 NHSGGC Nursing and Midwifery by WTE

	Establishment	In Post WTE	Implied Vacancy
HCSW	705	683	22
Band 5 Nurse	1,010	917	93
Band 6 Nurse	681	661	20
Band 7 Nurse	549	532	17
Band 8+ Nurse	77	72	6
Total	3,021	2,863	158

- Nursing and Midwifery make up 64% of our NHS workforce
- Establishment is at 95% (31st March 2025)
- Registered Nurses overall have 136 vacancies.
- Band 5 nurse vacancies will be addressed through the annual recruitment of National Qualified Nurses

3.3.2 Social Workers by WTE

Role	Established Posts	In-Post	Appts Pending	Vacancies	% vacs
Social Worker	893	843	33	29	3.25%

- Since January 2025, 62 new starts have joined the service
- Department adopts yearly recruitment plans to ensure vacancy levels are reviewed and periodic recruitment is undertaken.

3.3.3 Mental Health Officers (MHO)

Of the new starts since January 2025, 2 have been appointed to MHO positions. Current breakdown of MHO's:

Sector	FTE with MHO	% of Social Workers
Adult	39.41	23.9%
Children	1.91	0.6%
Older	14.07	10.5%
Public Protection	11.60	7.0%
Resources	1.50	100.0%
Total	68.50	

- In 2025 the HSCP introduced a recruitment and retention payment to attract new MHO's, encourage existing workforce to undertake training and retain existing practitioners.
- Adult and Older people have indicated a target of 15% of Social Workers holding the MHO qualification, achieved via recruitment and internal training programme. While not achieved yet in Older People the target is greatly exceeded in Adult Services. This target and its resulting effectiveness will be monitored and reviewed.
- 18 Social Worker (MHO's) are over the age of 60.

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3.3.4 Care at Home – Head Count

Role	In-Post	Vacancies due over next 6 months	Last 12 months recruits	Turnover
Home Carer, G3	2221 (1633.02 FTE)	147	308	10%

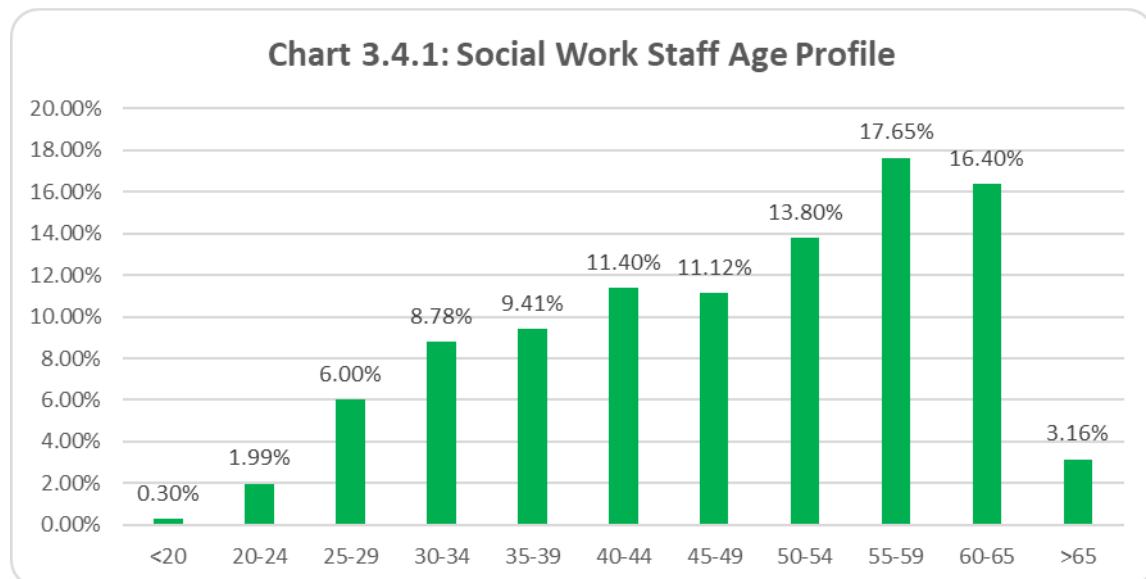
- The turnover is mainly from retirement; the service has planned approach to recruitment on average
- From January 2025 to September 2025 HSCP have appointed 147 Home Carers

3.3.5 Care Homes by WTE

Role	Established Posts	Permanent Vacancies	Temporary Vacancies	% vacs
Social Care Assist.(G3)	464	59	29	19%

- The Social Care Assistant is the entry level into our local authority Care Homes
- Since January 2025 we have appointed 32 Social Care Assistants
- A large recruitment exercise is planned for late 2025 early 2026 in order to support the full opening of our Riverside Care Home that has been partially closed due to refurbishment.

3.4 Age of the workforce

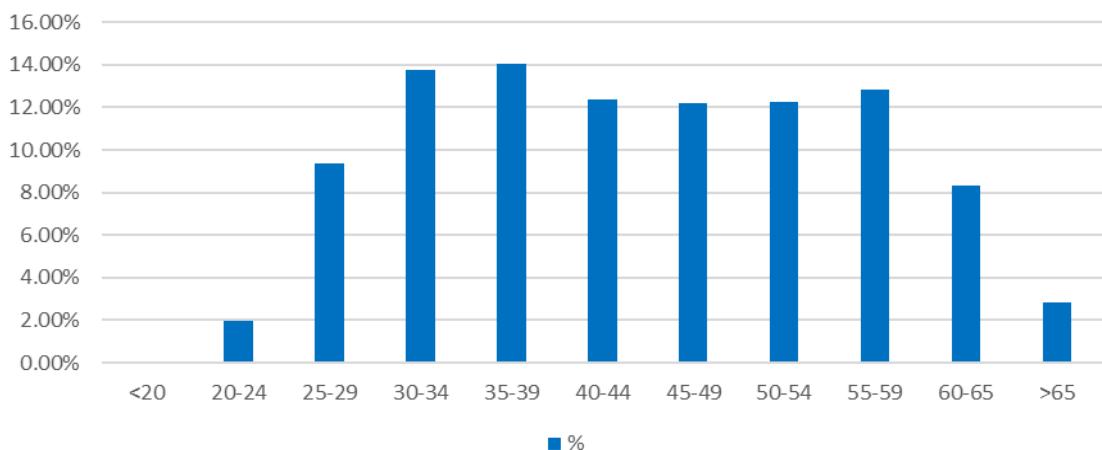


A significant factor for workforce planning over the next 3 years is the age of the workforce. Both NHS and Council staff can retire with pension from the age of 55. The current profile of both staff groups is shown in the charts below:

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Chart 3.4.2: NHS Staff Age Profile



Charts 3.4.1 and 3.4.2 indicate that Social Work staff have a greater proportion of individuals over the age of 50, while the NHS chart displays a more balanced distribution across various age groups, as evidenced by its slightly flatter trajectory.

The key age statistics are:

- 49% of Health and Social Care Partnership (HSCP) staff are aged over 50; this figure is 57% within Social Work and 38% for NHS.
- 32% of HSCP staff are over 55: Social Work at 40% and NHS at 22%
- It is Social Work's large Care staff group (Care at Home, Care Homes) with 3,900 staff, that has the highest figure of aged 55 and over, 41% of the staff in these groups are in this category.
- In Social Work the remaining staff groups sit at 37%, with Social Workers lower at 32%, although the Social Worker /Mental Health Officer role sits at 42% over 55.
- While the NHS overall position sits at 22% over aged 55 in the largest group of Nursing and Midwifery the figures for District Nursing and Health Visiting are higher at 24%, with Band7 Nurses slightly higher again at 26%
- In both organisations, in all staff groups the management levels have a higher age profile than their teams.
- Mitigations are implemented; the HSCP operates a succession planning group, and services have local workforce planning groups. Glasgow City Council provides flexible retirement guidance, enabling eligible employees to retire in stages by reducing their grade or hours and accessing their pension.

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3.5 Turnover

The turnover rate among Glasgow NHS staff is currently 8.4% and 6.4% for Social Care staff groups. Over the past five years, turnover has shown considerable variation. The highest rate, 13% in March 2023, was associated with the COVID-19 pandemic and resource adjustments, as some staff delayed leaving or retirement to support pandemic response efforts. Since that point, the turnover rate has decreased and returned below pre-pandemic levels (10%). During this timeframe, staff resource increased across the Glasgow NHS by 7% and Social work by 10%.

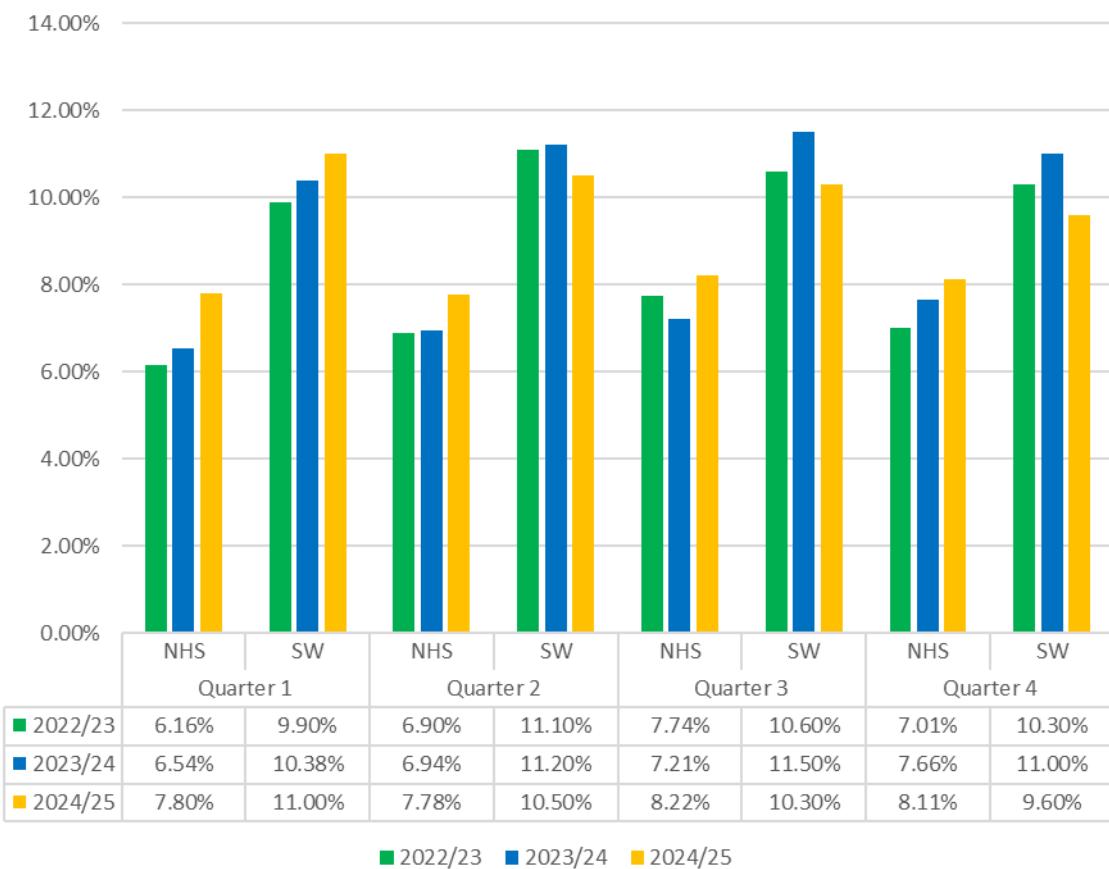
3.6 Sickness Absence

Sickness Absence levels contribute significantly to the ability to provide services to the required level.

Chart 3.4 shows the absence levels since 2022/23

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Fig. 3.4: Glasgow City HSCP Sickness Absence



At the end of quarter 4, social work levels are the lowest recorded since before COVID-19, following the implementation of the attendance management action plan and the allocation of HR resources according to priority areas. For Health, further progress is required to reach pre-COVID-19 figures and meet the national target of 4%. The attendance management

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action plan facilitates a structured approach, with regular updates provided to FASC.

- **NHS, 8.11%**
- **SWS, 9.6%**

4 Nurture - Wellbeing of the Workforce

Staff wellbeing is a priority focus for the HSCP and the fifth pillar of the [National Workforce Strategy for Health and Social Care](#). The significant costs of absence and operational impact it has on performance, service delivery and staff moral are well documented and understood.

The supporting attendance action plan is reported to FASC and covers the following activity:

- HR support and action
- Management Training and development
- Redeployment
- Staff wellbeing
- Occupational health
- Governance, compliance and reporting

However, staff wellbeing is about more than attendance management, Workplace wellbeing is a complex environment encompassing physical and mental health including aspects such as financial health, relationships, security, purpose and environment. These factors are often interlinked with what is happening in one area of someone's life, impacting on other areas both in and out of work.

Glasgow City HSCP are committed to supporting the workforce both in the environment and resources we provide and in assisting the workforce to support and better care for themselves. To support overall wellbeing there is a wealth of guidance in the [National Wellbeing Hub](#), Public Health Scotland's [Mentally Healthy Workplace](#), NHS GC and [GC council workforce wellbeing](#) pages. These pages direct employees and managers to resources, advice and links on all aspects of health and wellbeing. The HSCP integrated wellbeing group provides regular communication and supports and ensures that our provision for staff changes and responds to their need. The ongoing staff mental health and wellbeing action plan includes:

- Support the development of a culture of compassionate leadership and kindness, - building capacity of resilience through utilising trauma informed leadership and strengthening personal resilience programmes
- Support staff mental and physical health and wellbeing
- Ensure accessibility of mental health and wellbeing resources to all HSCP staff
- Support all staff who are absent from work, ensuring early intervention and access to specific resources and guidance to support managers and staff in their recovery

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- Particular focus on the management and support of psychological conditions, supporting early intervention and referrals to Occupational health and Psychological services
- Improved stress at work process
- Promote peer support
- Promote and support rest and recovery and green space access
- Support the mental health and wellbeing of women that are experiencing peri/menopause

4.1 Culture

It is recognised that key to growing and transforming our workforce, is a supportive and inclusive workplace culture centering round staff wellbeing, employee engagement, leadership and development and equalities.

It is acknowledged that organisational culture needs to align with changes in systems, processes, and structures, and that developing an integrated workforce culture is considered a key objective. Managing roles across two employers and maintaining dual identities poses a challenge to fostering the desired HSCP culture and achieving the goal of a unified, identifiable workforce.

The transformation work provides an excellent opportunity to reset and review our provision in this area.

Areas of work include:

- Supporting and nurturing our workforce, ensuring that as employers we offer roles and development opportunities that staff find rewarding and fulfilling.
- Support the development of continued integration, supporting an HSCP identity and removing existing barriers to this where possible.
- Glasgow City HSCP has a pilot role in the national Scottish Trauma Informed Organisation approach which includes how we lead and manage as well as work with patients and clients.
- Applying HSCP values and principles that are aligned to our culture and are embedded into our future leadership development and this includes informing our leadership competences and succession planning.
- Supporting staff mental and physical health and wellbeing and a collective and collaborative approach.

4.2 Employee Engagement

IMatter is our annual staff survey tool and provides a vital snapshot of how we're doing and where we can grow. We're proud to share that our **Employee Engagement Index (EEI)** is **78**, placing us in the *Strive & Celebrate* category. This reflects the strong commitment and collaboration across our teams.

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The key Highlights this year were:

- 89% of staff are clear about their duties and responsibilities.
- 87% feel supported and confident in their direct line managers.
- 85% understand how their role contributes to organisational goals.
- 83% feel that work gives them a sense of achievement.
- 83.9% of teams scored in the highest EEI category.

With the following areas of improvement and what we intend to do in each area:

1. **Enhance Leadership Visibility**
 - Increase opportunities for staff to engage directly with senior leaders through forums, site visits, and Q&A sessions.
2. **Strengthen Staff Voice**
 - Launch a new “You Said, We Did” initiative to track and communicate actions taken in response to staff feedback.
3. **Support Inclusive Decision-Making**
 - Develop a new approach to governance arrangements, engage with workforce on transformation journey
4. **Increase our focus on performance**
 - Improve whole system organisational understanding of our agreed key performance targets by engaging with HSCP workforce. Improve support to staff and managers.
5. **Monitor Progress**
 - Share quarterly updates on progress and impact and continue to invite feedback to guide our efforts.

5 Attract and Employ

Our workforce has grown over the last 7 years with a surge during and post-covid. The growth was 10% in NHS staff and 7.4% over the last 7 years. While slowing down, turnover is at 8% for NHS and 6.4% for council and with an aging workforce we have to continually revise our recruitment strategy to attract staff nationally, internationally and from local communities.

GCHSCP has moved away from large media campaigns and now deploys a more targeted approach, using social media, and this will continue and be developed over the course of the next two years. We use various social media channels to promote a range of vacancies and to provide a more targeted approach for hard to fill posts.

More generally, services continue to work with HR to provide workforce data on trends to best support recruitment. The planning incorporates bespoke recruitment processes to support each service, this includes streamlining recruitment processes based on service requirements, a supported timeline for key activities and improvement in the overall candidate journey. In 2024/25 we have continued to see a consistent volume of applications for our key roles. There were 23 recruitment campaigns for Social Workers positions within this period with an average 56 applications per campaign. Home Care, the largest front line service saw recruitment campaigns

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attracting an average 250 per advert for the same period.

Our continued focus is to attract more people into a career in Health and Social Care, particularly those from younger age groups and diverse backgrounds.

The Skilled worker visa programme allows the HSCP to diversify its social care workforce and support recruitment and retention. This is even more important, since the impact of Brexit reduced the number of European Workers. Currently there are over 130 social work employees and 98 health employees sponsored across the HSCP

We continue to take the opportunity to promote careers within the HSCP by visiting local schools and colleges and attending recruitment events and working with colleagues in the Council and NHSGCC to look at ways of attracting a more diverse workforce from the local population.

There is an ongoing programme with Glasgow Clyde College to support a move to a Career in Social Care, which on completion offers guaranteed interviews for current vacancies. Additionally, we are working with Colleges to arrange placements for HNC (Social Care) students in our Care Homes.

NHS GGC has a well-established Technical Apprenticeship Programme in Pharmacy, and we currently have 3 such apprenticeships. This Apprenticeship provides structured training and on-the-job experience to individuals aiming to become qualified pharmacy technicians. Delivered in partnership with West College (Scotland), the programme typically lasts 2 years and leads to a recognised qualification; Scottish Vocational Qualification (SVQ) in Pharmacy Services at SCQF level 8. There are also opportunities through the Paid Placement Programme which offers valuable opportunities for individuals to gain hands-on experience while earning a wage which can lead to permanent roles. These programmes also support local employability and help build stronger, more inclusive communities. This is an area we are exploring with NHS GGC with a view to the opportunities becoming available in the future.

Consideration is also being given to an initiative between the NHS and Job Centres for a 6-week pre-employment course focused on introducing the Health Care Support Worker role and NHS administrative roles.

It is important to note that there is movement across the HSCP's and as such people move around the system away from Glasgow. Key roles that are particularly impacted by this are Medical Consultants, Band 6 and 7 nurses, Pharmacy and Therapy roles.

Once in employment both NHS and Glasgow City Council offer excellent terms and conditions, including pay and flexible working policies. To improve retention, we are reviewing our induction focusing on a more integrated approach as well as refreshing our management induction and succession planning structures, to assist career progression.

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We currently support training that allows existing staff to attain further qualifications. e.g., Band 5 nurse to be a District Nurse @ Band 6 and Social Workers to gain the additional Mental Health Officer qualification.

The HSCP supports programmes to 'grow our own', for example, a pathway for existing staff to become Social Workers and to allow entry level staff at NHS band 2/3 and Council Grade 3 to progress within the organisation to qualified positions.

We are also improving our facilities for both the public and our staff to make our estate fit for purpose and a great place to work. Over the past few years, we have seen major changes which have allowed us to provide services from modernised buildings. Our new North East Health and Care Centre opened in 2025. The hub is home to three GP practices, as well as to a range of community services delivered by the HCSP and other public and third sector organisations. The hub is the largest primary care development in the history of NHSGGC and is the Board's first zero carbon facility through a range of measures including air source heat pumps and solar panels.

6 Train, Learn and Develop

Ensuring staff have the skills and knowledge to do their job as well as the opportunity to develop themselves is critical to the daily operational services and to the future workforce. It is key to giving staff a career pathway, succession planning, attracting and retaining staff.

Our training, learning and education approach is designed to prepare for changes to the work environment brought about by developments in practice, changing legislation, advances in technology and national strategies. Our professional leads and internal training educators work in partnership with professional bodies, NHS Education Scotland, Social Work Scotland, SSSC, colleges and universities to develop courses and design ways of learning. We have suites of courses both mandatory and developmental which we review and adjust as practice develops.

Our Practice Learning team (Practice Teachers) work in partnership with professional bodies e.g. SSSC, SQA, and universities to deliver the Professional Development Award in Practice Learning (PDAPL) and also support 75 social work students every academic year, subsequently supporting our workforce plan and the recruitment and retention.

We provide placement opportunities for HNC (Social Care) students in our Care Homes, and through our accredited SQA assessment Center we deliver our own HNC to our workforce who require this for registration or personal development. We deliver on a range of SVQ programs and these are available to meet SSSC requirements and promote continuous learning. Newly qualified Social Workers are supported through the SSSC mandatory year by our learning and development team with additional support provided to managers and mentors. A successful Modern Apprenticeship programme in our Older People Day Care centres continues where trainees develop a

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blend of on-the-job practical learning whilst gaining a SVQ qualification, with all trainees to date securing permanent employment at the end of their apprenticeship programme. We offer post graduate opportunities for staff some of which include K318- Leading, managing and caring, MHO (Mental Health Officer) award and the PG in Child Welfare and Protection.

We are also committed to delivering joint training where we can, to deliver HSCP provision removing the barriers of employer specific approach. This approach is already evidenced in induction and leadership training and is developed whenever possible.

6.1 Succession Planning and Talent Development

The HSCP introduced a Succession and Talent Development Working Group in 2021. The group was created in recognition of the need to identify managers of the future and to encourage staff to take on development opportunities. Some key themes have been identified and are being taken forward:

1. Investing in protected time for staff development on a regular basis
2. Increasing our capacity for coaching and mentoring at all levels
3. Utilisation of Leadership Success Profiles (LSP's) and supporting development tools
4. Promoting that every employee has the opportunity to have a career development conversation
5. Establishing peer networks at all levels of leadership
6. Ensuring a succession plan is in place for Executive Leadership and SMT level roles

To support personal and professional development the HSCP have adopted a renewed focus on Personal Development plans, acknowledging that our employees are our greatest asset. Supporting their personal and professional development is a priority and the foundations of all good people practice and performance.

We are also relaunching a renewed supervision policy in January 2026 and are committed to ensuring all employees across the HSCP have PDP discussions with their managers discussing their development, aspirations, and objectives. To embed this, we have adopted a performance approach where PDP's are monitored and reported to leadership teams. This ties in with the wider cultural aspiration (section 4.1) removing, and supporting movement across the HSCP environment, acknowledging the size and scale of the workforce and the opportunities this provides.

6.2 Leadership, Training and Development

The importance of developing leadership skills and experience is a major part of our Succession Planning. We are committed to developing staff to prepare them for leadership roles. We offer management training each year to established and new people managers and ensure where possible that our provisions straddle the HSCP and are not employer specific, such as

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new New people managers and Supervisors

In addition to the NES, Council and NHSGGC leadership programmes a range of internal talent development programmes are being developed specifically for HSCP managers including; Women in Leadership, Leadership Accelerator and SCLIP (Scottish Coaching and Leading for Improvement Programme). Several Leadership Peer Reflection sessions are currently being facilitated and can be requested by leaders at all levels when required.

In addition to the NHSGCC mentoring programme a HSCP specific program is being developed. Coaching is made available through the NHSGGC internal coaching bank.

7

Plan – Service Specific Reform Activity and Key Actions

This section outlines the workforce challenges currently facing the different services delivered within Glasgow City HSCP, with focus on factors affecting both staff wellbeing and the delivery of essential services. Ongoing pressures such as staffing shortages, increased workloads, recruitment difficulties, and external socioeconomic factors are considered in evaluating their effects on the workforce and service provision.

Despite these challenges, it is important to recognize the dedication, resilience, and adaptability demonstrated by our staff. Their commitment has been vital in ensuring that essential services continue to reach those who need them most. By working collaboratively, embracing innovation, and supporting one another, we can build on our strengths and continue to make a positive difference for our community.

The following overview identifies key risks, opportunities, and recommendations for supporting staff and maintaining the organisation's capacity to address the evolving needs of the population.

7.1

Older People's Services

Overall Glasgow City Older People's services face widespread workforce challenges including recruitment difficulties, ageing staff, and limited succession planning. These issues are compounded by training gaps, bureaucratic delays, and funding constraints, impacting service delivery and staff wellbeing across multiple service types and localities. Key insights are listed below:

- **Workforce Stability and Challenges:** The recruitment of specialist roles, including Band 6/7 nurses and clinical specialists, is affected by procedural requirements and issues with VRF forms, leading to potential delays. Additionally, an ageing workforce and insufficient succession planning further exacerbate staffing gaps.
- **Training and Development:** There are significant skill gaps in specialist areas like diabetes management and mental health, compounded by limited access

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to continuous professional development and challenges supporting student placements due to workload and assessor shortages. MHO training often leads to QSWs moving to MHO posts leaving gaps in QSWs to manage workload.

- **Succession Planning:** Most services rely on informal or early-stage succession strategies, hindered by lack of funding, time, and structured development pathways, affecting workforce sustainability.
- **Strategic Planning and Service Redesign:** Services aim to modernise care delivery, improve responsiveness, and align with national standards despite budgetary and resource constraints. Increasing ageing population projections need to be considered in workforce planning to ensure an appropriately skilled workforce is available and able to respond.
- **Technology Use:** The impact of digital transformation is universal across all services. Adoption of technology varies, with common use of basic systems like EMIS and CNIS, while some pilot innovations such as Alexa and digital stethoscopes are underway. Challenges include poor connectivity, outdated systems, and lack of integration. There are AI opportunities identified across services, with horizon scanning needed.
- **Risks and Impact:** High absence rates, workloads and recruitment issues contribute to staff burnout, increased waiting lists, reduced care quality, and difficulties meeting demand.

Various similarities and differences are identified between both service groups and individual locality-based services, resulting in three key recommendations to ensure the workforce can meet the needs of an increased population:

- Population forecasting to assist with workforce planning
- Streamline recruitment procedures
- Horizon scanning and sharing best practice across services of AI tools which enhance service provision

7.1.1 Older People Service – Overview by local service

7.1.1.1 Clinical Services (Community Rehab Team, Hospital @ Home, Home First Response Team, District Nursing, Diabetes Specialists)

Within Clinical Services, recruitment for specialist roles remains challenging due to the niche expertise required and a limited pool of applicants. Many services depend significantly on internal upskilling; however, financial limitations often reduce access to advanced training opportunities, such as non-medical prescribing or master's-level diabetes education.

The Diabetes CNS Service faces persistent and complex challenges. Recruitment and retention difficulties are widespread, particularly for Clinical Nurse Specialist roles, with services relying heavily on experienced staff to maintain safe and effective care. Training and development are prioritised, but access to specialist courses and ongoing mentoring for advanced roles

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remain limited. Succession planning is underway yet backfilling posts and supporting career progression are of ongoing concern.

Strategic planning and service redesign are ongoing processes, with teams updating working patterns, aiming to enhance efficiency, and responding to the increasing prevalence and complexity of diabetes within existing financial constraints. Changes in general practice expertise and higher thresholds for acute care are affecting service capacity. Technology is utilised to support care delivery; challenges such as connectivity and limited time allocated for innovation impact the pace of progress.

Within the District Nursing service, there are persistent and complex challenges. Recruitment and retention difficulties are widespread, particularly for key bands and out-of-hours roles, with services relying heavily on bank staff and overtime to maintain safe staffing levels. Training and development are prioritised, but access to specialist courses and ongoing mentoring for advanced roles remain limited. Succession planning is underway yet backfilling posts and supporting career progression are of ongoing concern.

The ongoing review of the District Nurse Band 5 role is anticipated to influence the service model, which may affect workforce morale. Strategic planning and service redesign initiatives are underway, with teams committed to modernising working practices, enhancing efficiency, and addressing the growing complexity of patient needs while navigating significant financial constraints. Technology is extensively used to assist with care delivery, but challenges remain due to connectivity limitations and restrictions on innovation capacity.

7.1.1.2 Older People Mental Health Services (OPMH)

OPMH is facing persistent and complex challenges. Recruitment and retention difficulties are widespread, with significant absences and vacancies stretching resources and impacting service delivery. Training and development are prioritised, however freeing up staff for learning opportunities be challenging amidst ongoing service pressures. Succession planning is encouraged but not yet fully embedded, with ageing workforces and limited progression pathways. Strategic planning and service redesign efforts are evident, with a drive for more cohesive, citywide approaches, shared learning, and improved service specifications. Technology adoption is progressing, but integration and innovation remain in development.

7.1.1.3 Older People and Social Work Services

Social Work and care services for older people are under significant and sustained pressure. Recruitment and retention challenges are widespread, with ageing workforces, persistent vacancies, and increasing demand placing strain on service delivery. Training and development are prioritised, with ongoing efforts to upskill staff and create pathways for advanced practice, though the scale and structure of these initiatives vary. Succession planning is being addressed through supervision, shadowing, and internal

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progression, helping to build leadership capacity and continuity, however staff view career progression opportunities as lacking which can affect motivation. Strategic planning and service redesign are underway in each service, aiming to refresh operational criteria, align with best practice standards, and optimise resource use. Technology is increasingly seen as a tool to enhance efficiency and support workforce and carer needs, with digital initiatives and pilot projects in progress.

7.1.1.4 **Community Rehab Services**

Both Community Rehabilitation Teams and Social Work Occupational Therapy services are experiencing substantial and ongoing pressure. Widespread recruitment and retention difficulties, coupled with an ageing workforce and persistent vacancies, are contributing to increased demand and operational strain. To address these challenges, services are prioritising staff training and development, with active initiatives aimed at upskilling personnel and establishing pathways for advanced practice; however, the scope and format of these programmes differ between teams. Succession planning is being facilitated through structured supervision, shadowing opportunities, and internal progression, thereby supporting leadership development and continuity. Strategic planning and service redesign efforts are underway within each service to revise operating criteria, ensure alignment with best practice standards, and maximise resource efficiency. Technology is recognised as an increasingly valuable asset in enhancing operational effectiveness and meeting workforce needs, as evidenced by ongoing digital initiatives and pilot projects.

7.1.1.5 **Specialist Services (SPHERE and Enteral Feeding)**

Specialist services, such as SPHERE and Enteral Feeding, are characterised by very small teams, resulting in a fragile workforce that is highly susceptible to stress and faces limited capacity for cross-coverage. The specialised nature of these roles significantly restricts succession planning opportunities, with training delivered primarily through experiential learning rather than formalised programs. Technological systems, including MyConneX and Synergy, are utilised; however, persistent challenges with system functionality and patient safety remain. Collectively, these factors increase risks related to patient safety, financial overspend on containment, and potential service disruption due to both staffing constraints and supply chain vulnerabilities.

7.1.2 **Older People Services – Key Workforce Actions**

Looking ahead, it is essential to develop and implement proactive, adaptable, and well-supported workforce strategies that address changing organisational needs. Employing flexible and robust workforce approaches will be crucial for maintaining resilience and ensuring long-term sustainability as demand continues to evolve. Key workforce actions include

- Promote multidisciplinary collaboration between diabetes services, district nursing, and rehabilitation teams to ensure holistic patient care.

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- Implement targeted recruitment campaigns and retention strategies across all service areas, with a focus on critical roles and out-of-hours coverage.
- Enhance access to specialist training and ongoing professional development, ensuring staff are supported in advancing their skills and career progression.
- Strengthening succession planning initiatives through structured supervision, mentoring, and internal progression pathways to build leadership capacity and workforce continuity.
- Advance strategic planning and service redesign to modernize working patterns, improve operational efficiency, and align with best practice standards while responding to patient complexity and financial constraints.
 - Diabetes Service
 - District Nursing
 - Community Rehabilitation
- Expand the adoption and integration of technology to support care delivery, workforce needs, and efficiency, while addressing connectivity issues and promoting innovation.
- Foster collaborative, citywide approaches to service delivery, shared learning, and resource optimisation to ensure cohesive and sustainable outcomes.

7.2 Primary Care Improvement Plan

As part of the transformation of general practice, efforts have focused on shifting responsibilities from GPs and their teams to alternative forms of service delivery. Since 2018, 425 employees have been recruited. There have been periods of higher staff turnover, and some positions—particularly in treatment and care services, pharmacy, advanced nurse practitioners, and physiotherapy—have been challenging to fill.

To address some of the issues, a proactive approach to skill mixing teams has been adopted, which also provides progression opportunities for staff. If necessary, different delivery models have been developed, such as hubs or commissioning externally. Staff turnover is impacted by individuals moving around the system to other vacancies or to newly created roles, such as Hospital at Home.

To support the challenges and improve service delivery in Primary Care, the NHSGGC has developed the [Primary Care Strategy 2024-2029 - NHSGGC](#). This strategy embraces a whole-system approach, developed through extensive collaboration with both patients and staff. It details key priorities and goals to be accomplished over the next five years, all of which are supported by a comprehensive implementation plan.

One of Strategy's priority ambitions is 'Optimising Our Workforce', this is to enable us to sustain and continue to do what we do to improve our impact and outcomes for patients, service users and communities. The first NHSGGC Primary Care Workforce Strategy 2026-30 is expected to be published in Spring 2026, with an accompanying workforce implementation plan now developed.

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7.3 Adult Services

7.3.1 Mental Health – Community and Inpatient Services

- **Band 5 NRN Recruitment and Retention**

The centralised NRN (Newly Registered Nurse) recruitment process was introduced in 2020 and has demonstrated considerable success, attracting a substantial number of NRNs to band 5 positions across Mental Health, Addiction and Recovery Services, and Prison Healthcare Nursing. This initiative enhances organisational operations and streamlines recruitment by providing a standardised entry point for NRNs, ensuring equitable allocation throughout services. Additionally, it has mitigated the risks associated with duplicate applications from NRNs who are not eligible for business as usual (BAU) band 5 vacancies.

Commissioned by the Chief Nurse, Adult Services, this suite of work was developed recognising that NHSGGC Mental Health Nurses work with some of the most vulnerable individuals who face significant and complex health and social care challenges and inequalities; and require responsive, resilient well-trained nurses to provide care and treatment. In recognition of the complex mental health care environment and to support retention and employee wellbeing a bespoke development infrastructure has been designed comprising of an Adult Services NRN Induction and a 12-month CPD (continuous professional development) programme.

Hosted by the Chief Nurse, Adult Services face to face induction is now entering its third year and is designed to prepare our Newly Registered Mental Health Nurses for the initial stages of post registration practice. This is supplemented by a 12-month follow-up programme that promotes wellbeing and helps our NRNs to develop professional practice and build clinical discretion through engagement with scenario-based learning as the progress from novice to advanced beginner, to expert.

Overall, the NRN Induction and CPD follow up programme has been designed to support Adult Services nursing recruitment and retention, demonstrate investment and support for our staff to develop as they take up their first post within NHSGGC and to enable them to complete the requirements of Flying Start and Nursing Core Competencies within their first year of post registration practice. Providing a basis from which our NRNs can continue with their professional development and maintain increased levels of well-being so that they can respond safely and effectively to the needs of the service user population.

- **Mental Health Inpatient Nursing Workforce Plan 2024-2025**

A workforce plan is being developed for mental health in patient nursing to enhance recruitment and retention and offset unfilled vacancies by adjusting nursing skill mix within existing funded establishment. This has increased the number of charge nurses (Band 6) per ward and introduced new Mental Health Assistant Practitioner (Band 4) roles. This allows a system wide

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approach to escalating and managing nursing staffing issues. Rostering masterclasses have been completed by all SCNs/CNs with ongoing follow-up roster audit.

- **Mental Health Community Workforce Planning**

A newly established system wide group currently replicating the format of the established inpatient workforce plan group has been established, this has a focus on a community workforce establishment that is future orientated, considers transforming roles and is aligned with meeting complex care needs of those requiring community mental health care. There are plans underway to replicate bespoke CMHT Rostering Masterclass in 2025/26.

- **MHAP (Band 4) Test of Change (4yrs) - Mental Health/ADRS/CAMHS/FMH Inpatient & Community**

This initiative has been commissioned by END/CN, with a CNOD/OU stakeholder steering group established to oversee its implementation. The primary objective is to attract, train, and retain registered mental health nurse (RN) positions, which are vital to the NHSGGC Mental Health Nursing Workforce Plan and aligned with broader transformational strategies and financial frameworks. The key focus is on recruiting future RNs who progress through the Open University (OU) Mental Health Pre-Registration Nurse Education Programme, utilising existing funded establishment vacancies.

Health Care Support Workers (HCSWs) who secure a place on the OU programme will be offered a transfer to a new MHAP Band 4 post, backfilling substantive HCSW position. This test of change introduces an RN pathway for employed HCSWs, recognising their commitment to professional development. Dedicated support and supervision in practice will be provided by the Practice Development Nurse (PDN) Team. The MHAP role fosters autonomy, enhances a sense of belonging, and enables post holders to contribute directly to the quality of patient care and to service delivery as integral members of the multi-disciplinary team.

- **Psychology and Psychological Therapy Staffing – Mental Health**

The following MH Strategy reset priorities have psychology and psychological therapy workforce implications:

- Inpatient bed reconfiguration
- Community Mental Health Acute Care Service
- Expansion of the BPD treatment pathway
- Development of a Community Rehabilitation Team
- Expansion of Care Home Liaison

Some work has been done on psychology and psychological therapy staffing requirements associated with developments in these service areas.

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However, until service specifications have been finalised, it is not possible to determine workforce requirements and consider staffing models.

In relation to recruitment, an adequate pool of psychologists and psychological therapists at all grades, is available and advertised posts attract more than sufficient numbers of suitable applicants

- **Transforming roles**

The National Transforming Roles agenda has continued to advance within Adult Services, including Mental Health Inpatients, Community Mental Health, Alcohol and Drug Recovery Services, and Prison Health Care. The progression of each service varies, with some—such as Mental Health Inpatients—not yet having Advanced Nurse Practitioners (ANPs) in post at this stage. A plan is being developed to integrate insights gained from various tests of change, with the aim of advancing the role within Inpatient Services, Community Mental Health, and Specialist Services.

A recent scoping exercise was conducted to determine whether any roles within NHSGGC align with the definition of a Clinical Nurse Specialist (CNS) as outlined within Transforming Roles. The findings revealed that several nursing positions in mental health, ADRS, and specialist services meet this definition; however, these roles are not currently designated with the CNS title, nor do they have established educational pathways at present.

The infrastructure supporting this agenda has recently been streamlined through the establishment of the Transforming Roles Operational Group, which convenes quarterly. This group replaces both the Oversight and Sub-group meetings and now reports directly to the Core Leadership Group as well as the NMAHP Transforming Role Programme Board.

- **Continuous Intervention Policy and Practice Guidance**

The Continuous Intervention Policy and Practice Guidance was implemented on the 31st March 2025.

A skills enhancement programme was facilitated by the consultant nurse for Mental Health to prepare staff for the practice change and support successful implementation, this was supplemented by an awareness raising session.

A 12-week audit was conducted across all wards at each inpatient site to assess compliance with the policy and guidance, identifying areas where additional support may be needed. The findings indicated that further review is required regarding systems and processes related to monitoring the general whereabouts and safety of patients who are not on a Continuous Intervention. This has resulted in a discussion about clarifying practices concerning general or essential care as they relate to Continuous Intervention.

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- **Wellbeing Service**

The Mental Health Workforce Plan proposed that all inpatient sites should be supported by a “Wellbeing Service” to ensure standardised, equal and sustainable access for all to therapeutic activity/interventions.

A comprehensive scoping exercise was conducted across all existing services, and a report was submitted to Core Leadership. The findings identified variations among the three Glasgow City Hospitals regarding staffing levels, skill mix, and access to facilities.

A MDT Task and Finish approach to the development of a Wellbeing Service specification and implementation plan commenced in May 2025. A draft service specification has been developed and this includes the aims, principles and service standards.

There are a range of key elements and components described in the specification which allow for local service development, flexibility and resource identification.

It is recommended that a phased approach to implementation of the service with some further scoping and discussion regarding what is required.

7.3.2 Alcohol and Drug Recovery Services (ADRS)

- **Central Shared Care Team**

Glasgow Alcohol and Drug Recovery Service (ADRS) work in partnership with GP enhanced services who offer Medication Assisted Treatment (MAT standard 7) to their patients in the community. A new team consisting of recovery workers, team leader, senior medical officer, pharmacist and data analyst will support GPs to manage people who use drugs and patients who are being prescribed MAT via their GP. The team will audit, monitor, report and review practice within Primary Care and the interface with Specialist Care, organise regular educational events and updates for GPs, and improve on Quality Improvement work. The recovery workers will support individuals to navigate and access community support, and statutory/clinical services where required.

Managerial oversight for the service is provided by an existing Service Manager. The team consists of one Grade 8 Team Leader and eight Grade 5 Primary Care Recovery Workers. All positions are newly established social work roles.

The new team is scheduled to be inducted, trained, and operational from November 2025. The central team will assume responsibility for 72 clinics, with approximately 800 Service Users transitioning from locality teams to the central team. Business support staff are assisting with transferring data from the current system to the new setup. From this date, the current social care workers (grade 6s) will become part of the locality teams and support local caseloads.

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- **Primary Care Facilitation Team (PCFT)**

The PCFT will work collaboratively with shared care GPs, practices, and GADRS moving forward. Co-located with the Central Shared Care Team, they will play a key role in clinical governance, training, and service development, while regularly meeting with practices and coordinating with specialist services.

Additional positions have been successfully filled, including a 0.7 WTE Senior Medical Officer, a 0.5 WTE Pharmacist, a 0.5 WTE Data Analyst, and business support professionals.

- **The Thistle**

The Thistle is the first Safer Drug Consumption Facility in Scotland and the UK. It was established after a health needs review conducted in 2015 following an HIV outbreak in Glasgow. The facility provides a space where individuals can use drugs obtained elsewhere. It offers an area for injections and aims to reduce risks associated with injecting, including injecting injuries, equipment sharing, and improper disposal of equipment.

The staff includes nurses, psychologists, medical professionals, and social workers, as well as new harm reduction roles focused on individuals with lived experience. The recruitment process involved in-person information sessions and participation of people with lived experience at the interview stage, setting their own questions. This proved really effective and the recruitment experience feedback was positive from the panel and applicants, including those who were unsuccessful.

7.4 Prison Health Care and Police Custody

NHSGGC nursing and medical staff working in prison services, work alongside colleagues from Scottish Prisons Service and are based at the following key locations:

- HMP Barlinnie (housing 1000 – 1400 inmates)
- HMP Low Moss (housing up to 884 inmates)
- HMP Greenock (housing up to 250, 50 of whom are female)

Each site faces ongoing challenges in recruiting General Practitioners and nursing staff. Staff working in these potentially challenging environments do not receive additional remuneration which can be a barrier to recruitment and retention.

- **Prison Healthcare**

Recommendations from a recent Workforce Review will be implemented to address challenges in recruitment and retention of salaried GPs and primary care nurses and to reduce medical agency spend.

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An Advanced Nurse Practitioner model will be introduced to support these challenges and enable GPs to focus on complex care and treatment delivery.

Significant work has been done over the past year in order to define, develop and promote the role of the prison health care (PHC) nurse. This includes developing relationships with Higher Education (HE) institutions with Practice Development Nurse (PDN) team having designed and continuing to deliver a series of education events to engage with student nurses.

This has resulted in student nursing placements and interest visits to sites including an open day at HMP Barlinnie. In addition, the PDN team attend a variety of recruitment fairs and have produced a promotional recruitment video to actively promote PHC opportunities via social media.

Work is underway to increase the number of staff trained non-medical prescribing (NMP) in order to enhance roles and improve service delivery.

- **Police Custody**

Since the commencement of the Police Custody Healthcare Service in 2014, the health needs of the population served have become more challenging, with patients requiring more complex health interventions. Presentations within the service include physical health, mental health, addictions and forensic management, requiring knowledge across all spheres of care delivery.

Service delivery has evolved with an increased number of care interactions and interventions being performed by nurses rather than doctors, resulting in reduced dependence on medical staff. In response, the service provided training in advanced nursing education for staff. However, there was no formal recognition of the advancement of the roles or evidence of a career structure for nurses, with a flat line structure of band 6 posts and 1 band 7. This resulted in difficulty in retaining staff, as well as the differing levels of skills within the team, providing a potential for inequity in patient care delivery.

A workforce review was approved in 2021 and concluded in 2025. The workforce review was considered in line with the Transforming Nursing Roles Strategy, identifying a new workforce model and career structure for nurses. An implementation plan is due to be agreed and commenced by the end of 2025.

The new model will address the skill mix within the service with the introduction of an 8A Lead Advanced Nurse Practitioner role and Clinical Nurse Manager role. The 8A roles will be supporting a Band 7 Senior Charge Nurse in Police Custody Healthcare and Archway Glasgow (Sexual Assault Response and Coordination Service) and the development of a new Band 7 Advanced Nurse Practitioner (ANP) service in Police Custody

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Healthcare. This will support an ANP on duty every 24 hours, providing access to an experienced practitioner to support the often complex healthcare needs of patients referred.

A band 6 nurse practitioner role will remain and a band 3 Health Care Support Worker role will be introduced to support the nursing roles. This will in turn assist in releasing nurses from administration activities to be available for direct clinical care.

In the first 12 months, it would be envisaged that the senior posts and the band 3 posts will be appointed. Training will commence for the new band 3 roles immediately. The training of the ANPs within the service will commence with the expectation of a minimum of 2 years for the ANP service to be developed (dependent on the prior training level of the appointed ANPs).

The forensic development of the service will be dependent on the ongoing requirement for doctors to complete forensic assessments, in line with the judiciary process. While the need is recognised, considerations are ongoing regarding how this can potentially be delivered within the service in the future.

7.5 Sexual Health Services

Glasgow City hosts this Board wide service, which operates across 10 locations in NHSGGC including the non-Glasgow City HSCPs. In the past 12-18 months, the service has experienced significant challenges in demand because of changes in national and local policies in Sexual Health and Blood Borne Viruses, reduction in provision of LARC in Primary Care services, and increase in demand in Abortion Care Services.

After workforce engagement in 2024, the service proposes adjusting the delivery model, particularly by reviewing site numbers, to manage demand and improve efficiency. Resource Transfer from acute services to abortion care (TOPAR) in Sandyford also means that accommodation within Sandyford Central needs reviewed and adapted to accommodate the changes required in this time sensitive clinical service. Over the coming months a plan will be submitted via Adult Core Leadership, detailing these changes.

7.6 Learning Disability

The integration of community learning disability teams across all professions requires staff to adopt and consolidate new integrated operational practice and procedures. This integration of the management teams across the service has been concluded, alongside the new governance forum will support operational staff to become more engaged in the wider planning.

Glasgow has formed an LD Clinical Care & Governance Forum that will have a direct interface to the Board wide LD Clinical Care & Governance Forum. The Glasgow forum will aim to promote integrated working,

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consistency in practice across Glasgow; establish equity of service access across localities and services; promote best value by minimising duplication; identify best practice and work across services to exchange knowledge and embed this widely and consistently.

Learning Disability Services (adults) consist of 3 locality multidisciplinary teams providing specialist care and treatment to people with predominantly complex learning disability needs in the community which is under review in relation to staff skill mix and profession.

All disciplines are now working with Service Managers/Professional Leads to prioritise their tasks and processes where there are significant vacancies/absences. This will be guided by the document developed by LD Services Citywide. Implementation of the Safer Staffing process will allow better monitoring of the situation, with an escalation process where there are issues.

Dynamic Support Registers (DSRs) are in place as part of national reporting arrangements established to monitor implementation of the 'Coming Home' report and reduce delayed discharges. As of April 2025 all three localities have implemented the DSR processes. Significant progress has been made in reducing the number of LD delayed discharges over recent months, with numbers stabilising.

In addition, city-wide day services are provided in Riddrie and Calton day centres. Our current day services are not in line with the changing complexity of our learning-disabled population who have a diagnosis of complex and Profound and Multiple Learning Disability (PMLD). There are plans to develop a business case for new purpose-built facilities in addition to developing a contingency plan due to the duration of a new build. In line with the development of a new building-based day service there is a requirement to align staffing numbers and skill mix to meet the complex needs of the service users. There is a plan to develop a strategic approach towards supporting an aging workforce by reaching workforce planning agreements for reduced hours being offset to WTE and therefore creating an opportunity for a modern apprentice and new staff.

In 2025, the Locality Review Teams (LRTs) in Glasgow City HSCP, which were established after the conclusion of the Central Review Team's work on transitioning service users to the updated Social Work Framework, For 2025, the LRTs will temporarily shift their focus from standard reviews to reassessing all services in line with the new Strength Based Practice (SBP) Support Needs Assessment (SNA) model as part of phase 1 of the SNA implementation plan.

7.7 Justice Services

In addition to the provision of statutory Justice Social Work services, there are a range of organisational changes and service redesigns projects ongoing which may have workforce implications:

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- Development of a risk practice approach to case management within the Barlinnie Prison based Social Work Team.
- Development of a Public Protection Team to manage all the registered sex offenders in the City. This will support the introduction of the new Home Office case management system MAPPS.
- Ongoing developments within Glasgow Sheriff Court to support the provision of bail by way of reducing the prison population. Including new approaches to bail assessments.
- Review of Drug Treatment and Testing Orders – the development of standalone Structure Deferred Sentences.
- Development of a safer framework for men assessed as unsuitable for the Caledonian Program who are at high risk of harm.

7.7.1 Key Workforce Implications

- Ensure staff are supported to consolidate new operational practice and procedures
- Ensure understand new performance and governance frameworks associated with the change developments
- Ensure staff are engaged with the work they do and are supported to continuously improve support, care and treatment they provide
- It is vital to maintain the required number of Social Workers and Social Care Workers to deliver on statutory duties as well as innovative projects.

7.8 Homeless and Asylum

There have been a range of organisational change and service redesigns in our Homelessness Service, all of which had workforce implications between 2022 and 2025.

The HSCP, in collaboration with colleagues in NRS, has published a Housing Emergency Action Plan following the Council's declaration of a housing emergency in November 2023. This Action Plan will serve as a primary framework for the service in the coming years as the HSCP addresses housing-related issues within the city.

The HSCP is also undertaking a review of Homelessness Services focusing on improving system efficiency and ensuring that services are data-driven and responsive to legislative changes. A key part of this work is the redesign of casework processes and the integration of digital tools to streamline referrals and assessments. In relation to temporary accommodation, the use of smart technology in partnership with Smart Cities, such as motion sensors, are being considered to more effectively identify void properties compared to the current in-person checks for staff which will free up staff time to carry out additional roles.

Furthermore, Homelessness Services are due to publish its ten-year temporary accommodation strategy in the coming months which will set out how the service will transform its use of temporary accommodation over the coming decade. The Service will soon be recruiting for an Assistant Service

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Manager to lead on the implementation and governance of the strategy.

Homelessness Services continue to utilise Rapid Rehousing Transition Plan funding provided by the Scottish Government on an annual basis. There are a significant number of staff who are funded through RRTT monies and there remains significant risks to service delivery should this external funding not continue. Many of the successes delivered by Homelessness Services, particularly in relation to homelessness prevention and resettlement have been as a result of this funding.

Homelessness Services have also created an updated training plan for frontline workers and by early 2026, every social care worker will have completed the first three modules of the housing options toolkit. The plan will also include training on assessment as well as harm reduction and engagement with Alcohol and Drug Recovery Services.

The Trauma-Informed workforce plan is moving ahead and Homelessness Services have completed the service readiness road map and continue to invest in a trauma development co-ordinator to embed trauma informed practice into every aspect of the service delivery model.

The Service continues to recruit for any vacancies which arise and receive a high volume of qualified and experienced candidates for all roles within the service.

7.8.1 Key Workforce Implications

- Continue to ensure that all vacancies are filled timeously to support service delivery
- Ensure that staff continue to receive training and development opportunities aligned with the updated training plan
- Ensure continued funding in relation to posts aligned to RRTT objectives.

7.9 Children's Services

The **Glasgow Integrated Children and Young People Service Plan 2023 – 26** sets out the context, priorities and outcomes for children's services in the city. The key drivers that inform the plan are:

- **Getting it Right for Every Children** and a range of other policy and legislative changes being implemented by the Scottish Government.
- Addressing the impact of poverty and structural inequalities on children and young people in Glasgow and the HSCP's Strategic Plan to deliver effective early intervention and prevention.
- Implementation of the Promise, and the need for a strengths-based approach to working with families, which is focused on keeping families, and brothers and sisters, together within their homes and communities.
- Implementation of the revised Family Support Strategy (2024 – 2030).

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- Delivery of Children's Services Plan 2023 – 20226 priorities and delivery plans from the range of community planning partners, including Education, Glasgow Life, Scottish Children's Reporter Administration, and Police Scotland.
- Strengthening the whole system of family support through early and effective intervention, focusing on systems change and learning from effective approaches within the HSCP and the wider Whole Family Early Intervention Fund programme to ensure seamless support for families.
- Response to the improvement recommendations of the Care Inspectorate, based on the findings from their joint inspection of children's services in Glasgow City in 2025.

7.9.1 Key Workforce Challenges

- Recruitment challenges associated with a number of qualified posts, including Social Workers and Health Visitors, with challenges to replace vacancies timeously.
- Anticipated national shortage of qualified Health Visitors, particularly in the context of the age profile of the current workforce.
- Team leader/Manager cover in social work services, resulting from time lag in recruitment, which has implications for supporting the high proportion of new social workers joining the service, who have protected caseloads.
- Implications of new Health and Care (Staffing) (Scotland) Act 2019 for residential staffing model.
- Managing demand in social work involves addressing the increasing complexity of families' needs and changes in the social work role due to a shift in the balance of care. Currently, there is a greater focus on supporting families within the community who may not have other sources of support. Previously, the social work role was supplemented by assistance from foster carers, residential services, and schools for a larger proportion of families. As a result, caseload numbers are no longer considered an accurate measure of workload, and enhanced team leader oversight is required to ensure wellbeing and equity across the workforce.
- Supporting the changes associated with the transformation and service prioritisation.

7.9.2 Key Workstreams

7.9.2.1 Transformational Change Programme

The transformation programme for children's services is based on a series of inter-related projects to substantially shift the balance of care from acute, crisis driven approaches towards prevention and early intervention. This is a system-wide programme of work which involves strong partnership working across the Children's Services Planning Partnership. The transformation programme is entering its third phase, having reduced the number of out-of-authority placements and implemented nurture within children's houses:

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Phase 1: Reduction in out-of-authority placements to keep families together through developing the infrastructure to meet the needs of families with children and young people returning to live in the city. Test of change to identify effective approaches to support families with children on the edge of care.

Phase 2: Developing a culture of care through nurture in children's houses, and increased investment in family support, including development of interdisciplinary model of intensive family support.

Phase 3: Enhancing understanding of families' neurodiverse needs to ensure a consistently high-quality response, giving families the support required to stay together in their homes and communities. There will also be a focus on growing our culture of care across all levels of our system ("holding the hands of those who hold the hands", as described by the Promise), by building families' confidence and resilience through addressing poverty and inequality, developing flexible 'stepdown' and employability opportunities, in partnership work with the Child Poverty Pathfinder.

The Family Support Strategy has been revised in 2025 and provides an outline of the shared commitment to supporting families across the Children's Services Planning Partnership. Continuing to strengthen our shared approach to supporting families remains the key strategic direction for Children's Services, aligned to GIRFEC and the Promise by optimising families' chances of staying together in their homes and communities, increasing future resilience and reducing likelihood of service dependency in the future.

7.9.2.2 Whole Family Wellbeing Early Intervention Fund

The Whole Fund Early Intervention Fund aligns funding from the Child Poverty Pathfinder, No-one Left Behind employability initiative and Whole Family Wellbeing Fund, in order to provide seamless support for families. The aim is to respond to needs at the earliest opportunity through a hub model with a network of service that respond to the full range of families' needs, attending to building long-term resilience through stepdown employment opportunities tailored to families' circumstances. This work is being complemented by targeted anti-poverty approaches, guided by data on levels of poverty across specific wards in the city. The aim is to develop 'bottom up' approaches within discrete communities, supported by HSCP Health Visiting and Social Work teams who have an in-depth knowledge of families' needs and effective approaches to promoting engagement.

7.9.2.3 Reviewing the range of community mental health and wellbeing supports

- Review of tier 1 and 2 community mental health supports, following confirmation of the baselining of this funding in 2024.
- These supports include a networking team to help to create seamless pathways for children, young people and their families into the right support to address neurodiversity needs, compassionate distress response support for young people who do not require clinical intervention, additional capacity for the Youth

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Health Service which is operating from 9 bases across the city, and a parenting peer support hub.

- The review will explore the efficacy of approaches to ensure additional investment is achieving best outcomes for children, young people and families through effective early intervention support.

7.9.2.4 Review of 16+ and Families for Children

16+ services are being reviewed using the Scottish Approach to Service Design, informed by lived experience to ensure effective support for young people at key transition points. This is being complemented by a review of fostering and adoption services, informed by the learning from the nurture programme in children's houses in order to equip carers with effective approaches to supporting children and young people, including those with neurodiversity needs. The aim of these reviews is to continue to roll out the learning on effective approaches to achieving consistently high quality, strengths-based support across all children's services settings.

To support this, the training teams within residential and fostering services are being amalgamated under one manager, and two Senior Learning and Development Officers are being recruited, with one post dedicated to developing effective practice in relation to neurodiversity and one to focus on nurture and Pathways assessment and planning.

7.9.2.5 Recruitment and retention

Continue to develop a sustainable approach to retention through investment in first year in practice and ongoing roll out of the peer supervision model across the localities. A focus of this work will be to build resilience using peer support, particularly during the first two years of practice. There will also be review of effective methods for retaining the staff we have invested in – for example, through professional development, opportunities for developing skills and specialisms, and succession planning, to mitigate the impact of staff moving to other areas of the HSCP (e.g. Justice Services).

7.9.2.6 Increasing diversity of workforce

Our cultural competence initiative aims to identify effective strategies for enhancing workforce diversity to better mirror the varied backgrounds within our population. In collaboration with Caledonian University, we are working to strengthen cultural competence by preparing students for HSCP roles in consideration of their individual backgrounds, beliefs, and values. This approach acknowledges the value of diverse experiences in cultivating a workforce that is culturally representative.

7.9.2.7 Implications of the Children (Care, Care Experience and Services Planning) (Scotland) Bill

Specific details of the Bill have yet to be confirmed; however, it is anticipated that the legislation will impose additional duties requiring extra staff. National concerns exist regarding whether enough practitioners are being trained to meet the expected demand. Current projections indicate that expanding

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entitlement to Continuing Care and Aftercare support will necessitate 35 additional posts nationally, with about a quarter of these positions associated with Glasgow. This modeling is based on an incremental 10% uptake rate over the next few years, though this is believed to be an underestimate—especially given the proposed £2,000 care leaver payment, which will likely result in further demand for assessment and support services.

7.9.3 Workforce Actions – Short Term

- Continue to monitor the level of health visitor and qualified social worker vacancies to mitigate risks to service provision and the safety and wellbeing of children.
- Implement recommendations of the three Health Visiting workstreams relating to caseload weighting, baseline cover and record keeping in order to redistribute resource according to families' needs, taking into account the impact of vacancies, changes of working patterns and 'retire and returns'.
- Rolling recruitment programme for Social Workers, supported by HR.
- Introduction of new staffing model for children's residential service based on the Health and Care (Staffing) (Scotland) Act 2019, following conclusion of discussions with trade unions.
- Continue to monitor impact of absence and leave, particularly long-term sickness absence and maternity leave.
- Monitor impact of implementation of new school nursing pathways and develop a longer term approach to developing capacity to deliver the key priorities.
- Continue to monitor the impact of staff moves, for example, as short to medium-term funding becomes available, which creates risks in relation to the number of staff available to cover core roles within health and social work.
- Continuing focus on continuous professional development, particularly relating the learning from the roll out of the nurture programme in children's houses, family support service, and the recommendations from the 2025 joint children's services inspection.
- Development of training, development and coaching opportunities to promote high quality, strengths-based practice to provide effective support to families, building on the opportunities associated with the Whole Family Early Intervention Fund.
- Build capacity to support the Whole Family Early Intervention Fund at all levels of the system, including strategic leadership.
- Introduction of additional capacity following confirmation of Whole Family Wellbeing funding to address current system pressures relating to placement availability and neurodiversity needs, including additional Independent Reviewing Officers to support meaningful participation of children and young people, and employability opportunities guided by lived experience. The funding will also support an expansion of intensive family support for families with neurodiversity needs, as well as the roll out of an effective test of change in health visiting for families with children on the waiting list for CAMHS.
- Continue to roll out peer support model to increase staff retention and support movement of practitioners to other areas of the HSCP.
- Develop the cultural competence workstream to explore methods to increase the diversity of the workforce.

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- Explore the implications of the Children (Care, Care Experience and Services Planning) (Scotland) Bill, in terms of delivering the additional Continuing Care and Aftercare duties.
- Build capacity in the planning team to support children's services planning across the community planning partnership, and to develop and support the plan for the Whole Family Wellbeing Fund, pending confirmation of any changes associated with the new Executive structure.

7.9.4 Workforce Actions – Medium Term

- Potential organisational risks associated with the projected national shortage of health visiting staff, with associated implications for Child Protection, and delivery of the full Universal Health Visiting Pathway.
- Review of 16+ and Families for Children services to ensure best use of resources to maximise outcomes for children, young people and families.
- Implement, monitor and review the new model for children's houses
- Succession planning and creation of leadership opportunities for the current cohort of managers at all levels of the system.
- Implement the Children (Care, Care Experience and Services Planning) (Scotland) Act, and monitor impact on staffing.

7.9.5 Workforce Actions - Longer Term

- Development of fully integrated teams across health and social work, building on the learning from the hub model being developed via the Whole Family Early Intervention Fund.
- Continue to build the infrastructure of support for frontline practitioners through increasing the capacity of Social Work and Health Visiting team managers to provide coaching and development opportunities for their staff, focusing on the delivery of consistent strengths-based practice to children, young people and families to promote meaningful change and reduce future reliance on services.
- Continue to develop and maintain a robust feedback loop from frontline practice to leadership team, which is informed by feedback from families, in order to ensure aligned decision making across all areas of children's services.
- Together with the Child Poverty Pathfinder team, promote an integrated approach to addressing poverty and to build families' readiness to engage with services through an aligned, single system of support for children, young people and families.

7.10 Health Improvement

The Health Improvement Service is currently undergoing a comprehensive review, impacting on most of the 116 WTE staff. To meet budget reduction requirements, it is anticipated that 13 WTE posts will need to be removed across the grading structure. This will have implications for the workforce, including changes to roles and the associated skills and competencies required.

A recent review of the Smoking Cessation Service has already taken place and a further 1.2 WTE vacancies have been removed.

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The Health Improvement Service continues to progress a number of significant temporary service developments. These developments require the recruitment of fixed-term staff, with 14% of the current workforce employed on this basis, and commissioning to external providers:

- Community Link Workers are contracted via third sector organisations and embedded within GP practices. While plans for expansion have paused, the existing workforce is secure until March 2027.
- Welfare Advice in Health Partnerships, previously operating in 84 practices, has been scaled back to 53 practices due to reduced Scottish Government funding. Current funding is confirmed until 31 March 2026.
- Whole Family Wellbeing Programme in Primary Care continues to provide a range of services across 12 participating GP practices. All associated contracts and staffing arrangements are in place until 31 March 2026.

7.11 Resources

The Resources Team comprises a wide range of support services which are an essential component of the development and daily organisation of the HSCP:

- Finance
- HR
- Organisational Development
- Learning & Development
- Health & Safety
- Welfare Rights
- Business Development
- Business Administration

All service leads are conducting evaluations of team structures, competencies, and learning and development needs to inform potential future changes and succession planning. Ensuring the HSCP has the right resources and skill mix is critical to effectively achieving its ambitious transformation agenda.

- **Business Administration**

For Business Administration, the final stage is currently underway, and the alignment of the remaining NHS service areas will be completed by the end of 2025.

Progress has already been made with the development of joint posts, and work is underway to review service delivery requirements, streamline processes, and enhance business contingency planning across teams and localities. Going forward, there will be further opportunities to explore additional joint roles and integrated working arrangements, staff development initiatives, succession planning, as well as reviewing support structures and identifying future areas for improvement.

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There are two joint working groups focused on attraction, recruitment, and retention, as well as a Training & Development group collaborating with Organisational Development to support induction, training, development, and a compassionate workplace.

8 Glasgow City Health & Social Care Partnership Workforce Plan 2025-2028

- 8.1 The following is the Action Plan to support the delivery of the Glasgow City HSCP Workforce Plan 2025-2028. It should be noted that actions are subject to HSCP Financial Plan and may be subject to change.

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