Item No: 9

Meeting Date: **Wednesday 12th December 2018**

Glasgow City Integration Joint Board

Report By: **Sharon Wearing, Chief Officer, Finance and Resources**

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GLASGOW CITY HSCP WORKFORCE PLAN

Purpose of Report:	To provide Glasgow City Integration Joint Board with an update to the first Workforce plan for the HSCP, previously presented in June 2017.

Background/Engagement:	The first workforce plan for the HSCP was presented in June 2017. This document represents further activity and planned actions for the HSCP and will be presented to the SMT and Staff Partnership forum in addition to the IJB.

Recommendations:	The Integration Joint Board is asked to: a) note and approve the detail of the Workforce Plan. b) agree that future iterations of the plan will be aligned to the Strategic Plan timescale.

Relevance to Integration Joint Board Strategic Plan:

The workforce plan supports the HSCP to deliver priorities in the strategic plan and ensure appropriate staffing arrangements are in place across the HSCP.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Outcome 9 – resources are used effectively and efficiently in the provision of health and social care services.
Personnel:	The document describes the transformational agenda for the HSCP and the impact on our workforce going forward.

Carers:	None

Provider Organisations:	None

Equalities:	The document describes equalities challenges for the population of Glasgow City and also confirms the organisational requirements of equality duties and outcomes as detailed in the Equalities Act (2010).

Financial:	The document describes the service transformational agenda for the HSCP and the programmes of redesign underway to meet our financial requirements.

Legal:	None at this time

Economic Impact:	None at this time

Sustainability:	None at this time

Sustainable Procurement and Article 19:	None at this time

Risk Implications:	Services changes described will potentially impact on staff within the HSCP and these processes will have to be managed via appropriate H R processes.

Implications for Glasgow City Council:	Changes to structures and staffing arrangements.

Implications for NHS Greater Glasgow & Clyde:	Changes to structures and staffing arrangements.

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	✓

1. Purpose

1.1 Glasgow City HSCP, as with all other HSCPs, was required by Scottish Government to develop and publish a workforce plan which set out the strategic direction for workforce development, service redesign and the resulting changes to our workforce. This plan was presented to the Integrated Joint Board in June 2017

1.2 This document presents, as requested, a further update to the first workforce plan. It details service changes within HSCP and provides updates to the action plans previously provided. The Workforce Planning Board meets quarterly to review activity and to plan the required action to provide this update

2. Background

2.1 In December 2016, the Scottish Government published the Health and Social Care delivery plan.

2.2 This plan set out an aspiration for high quality health and social care services in Scotland which are focussed on prevention, early intervention and supported self-management.

2.3 In June 2018 the Scottish Government published the final part of its National Health and Social Care Workforce Plan. The National Health and Social Care Workforce Plan has been published in three separate parts:

- Part 1 of the plan focuses on supporting workforce planning within NHS Scotland
- Part 2 of the plan considers ways to address the challenges facing social care workforce planning post integration and was published jointly with COSLA in autumn 2017
- Part 3 of the Plan sets the government's approach to delivering primary care.

2.4 The updated HSCP workforce plan reflects service change and actions within the main care groups of Adults, Children and Older Peoples' Services. Business support arrangements are also referenced and all take cognisance of the financial context and challenges faced by Glasgow City HSCP in delivering a wide range of services across our community.

2.5 Through our workforce planning processes the HSCP need to redesign those services around communities and ensure that they have the right capacity, resources and workforce.

2.6 Within the updated document, consideration has been given to the length of previous version. On that basis the document has been shortened to focus on the areas of activity and also to reflect new areas of service change and reform that are underway within the HSCP.

2.7 Specific detail within the plan also includes reference to the new General Medical Services contract arrangements and the implications of the Primary Care Improvement Plan for the HSCP, the development of the Five Year Mental Health Strategy, the review of Sexual Health Services and wider changes to service provision underway within the HSCP. The plan also contains a range of information regarding the current workforce and changes that have taken place over the recent past in terms of turnover and other workforce detail within the HSCP.

2.8 The introduction of the ‘Safe and Effective Staffing legislation within health and social care is also detailed within the plan; some commentary on the local labour market and also the potential impact of Brexit on our staffing levels.

2.9 As per previous commitments, the workforce implications of service change and redesign are set out in the HSCP financial and service plans. It is recognised by all stakeholders that the redesign and service change plans set out in this document are at varying stages of development and implementation. In addition a number of the projects are still the subject of continuing discussion with staff side and therefore outcomes may change as consultations are completed.

2.10 The current iteration of the workforce plan, which is appended to this report, will be circulated and discussed with the NHS Staff Partnership Forum membership and also the Senior Management Team.

2.11 Whilst the document does describe a direction of travel in relation to areas of redesign which are detailed in the action plans included within the document, this does not preclude further and appropriate engagement with staff and trade unions in relation to any proposed service change.

2.12 The plan describes the workforce arrangements from 2018 until potentially 2020. The committee are asked to agree that, given the correlation between the areas of work, that future iterations of the Workforce Plan for the HSCP can be aligned to the timescales of the HSCP Strategic Plan.

3. Recommendations

3.1 The Integration Joint Board is asked to:

a) note and approve the detail of the Workforce Plan.
b) agree that future iterations of the plan will be aligned to the Strategic Plan timescales.

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	121218-9-a
2	Date direction issued by Integration Joint Board	12 December 2018
3	Date from which direction takes effect	12 December 2018
4	Direction to:	Glasgow City Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes (reference number: 210617-13-a)
6	Functions covered by direction	All functions and care groups covered in the appended Workforce Plan
7	Full text of direction	Glasgow City Council and NHS Greater Glasgow and Clyde jointly are directed to align future iterations of the Workforce Plan to the timescales of the HSCP Strategic Planning cycle and to progress the actions outlined in the Action Plan at Section 5 of the Workforce Plan.
8	Budget allocated by Integration Joint Board to carry out direction	Existing care group budget allocations
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	December 2019

Workforce Plan

2018 to 2020

1 Section One

Background to the Glasgow City Health and Social Care Partnership Workforce Plan

1.1 Introduction to the Workforce Plan

1.1.1 Integration of health and social care has been introduced to change the way key services are delivered, with greater emphasis on supporting people in their own homes and communities and less inappropriate use of hospitals and care homes.

1.1.2 Glasgow City HSCP's service redesign activities must also support a culture of improvement. Sustainable improvements in care, health and value will only be achieved by a strong and continued focus on innovation, improvement and accountability across the whole health and social care workforce.

1.1.3 The Health and Social Care Partnership is required by the Scottish Government to develop and publish a workforce plan for approval by the Integrated Joint Board, which sets out the strategic direction for workforce development and the resulting changes to our workforce.

1.1.4 This Workforce Plan has been developed using the Skills for Health "Six Steps Methodology for Integrated Workforce Planning"[1].

1.1.5 The Six Steps Methodology is a workforce model which enables provides a framework which can be applied across both health and social care services and, as such, allows the HSCP to take a coherent view of the workforce across all job families and sub-groups.

1.1.6 The workforce implications of service change and redesign are set out in Glasgow City HSCPs financial and service plans. These workforce implications highlight any planned recruitment activity and are further analysed in the project implementation documents (PIDs) which are prepared to support any significant service change and which set out the financial, workforce and equality impacts of any proposed changes.

1.1.7 It is critical therefore that all workforce plans whether stand-alone documents or part of wider service planning documents are signed off by a wide range of stakeholders including local management teams, service managers and planners, financial managers and local staff side representatives and partnership forums.

1.1.8 It is recognised by all stakeholders that the redesign and service change plans set out in this workforce plan are at varying stages of development and implementation. In addition a number of the projects are still the subject of continuing discussion with staff side and therefore outcomes may change as consultations are completed. This flexibility is reflected in the narrative of the plan. Some of these plans will change in response to external influences and events and this may affect projected workforce change.

1.1.9 **Actions arising from this Workforce Plan**

1.1.10 The 2018/20 workforce actions are noted within this workforce plan under each relevant heading/topic.

1.1.11 These actions are summarised in an action plan in Chapter 5 of this document

[1] http://www.skillsforhealth.org.uk/resources/guidance-documents/120-six-steps-methodology-to-integrated-workforce-planning

1.1.12 Annual updates on progress against the aims and targets set out in the Workforce Plan will be provided to the IJB, Senior Management Team (SMT), Staff Partnership Forum (SPF) and other stakeholder forums e.g. the Glasgow City HSCP Workforce Board.

1.2 An overview of Glasgow City Health and Social Care Partnership

1.2.1 Glasgow City Council and NHS Greater Glasgow and Clyde agreed to adopt the integration joint board model of integration, which integrates children and families, criminal justice and homelessness services as well as those functions required by the Act. The functions delegated from Glasgow City Council to the Integration Joint Board represent almost all of the current Social Care functions of the Council, along with the budget for these functions. A similar range of health functions, along with the budget for these, are also delegated to the Integration Joint Board by NHS Greater Glasgow and Clyde.

1.2.2 A full list of the functions delegated to the Integration Joint Board by the Council and Health Board is available in the Integration Scheme which is published on the Glasgow City Health and Social Care Partnership website.

1.2.3 This plan is a strategic document which sets out the vision and future direction of health and social care services in Glasgow. It is not a list of actions outlining everything that the Glasgow City Health and Social Care Partnership are doing or plan to do over the coming years. The plan shows the objectives that we want and need to achieve in order to improve the health and wellbeing of the citizens of Glasgow, making best use of all the resources available to us. The detail about how we achieve those things will be developed through our local and city-wide engagement structures in collaboration with all partners in the public, independent and voluntary sectors, and in local communities, over the lifetime of the plan. This will be how we ensure the joint commissioning of services.

1.3 Vision

1.3.1 Glasgow City Health and Social Care Partnership believes “that the City’s people can flourish, with access to health and social care support when they need it. This will be done by transforming health and social care services for better lives. We believe that stronger communities make healthier lives”.

1.3.2 Our Principles

1. Focussing on being responsive to Glasgow's population and where health is poorest
2. Supporting vulnerable people and promoting social well being
3. Working with others to improve health
4. Services designed and delivered around the needs of individuals carers and communities
5. Transparency, equity and fairness in the allocation of resources
6. Competent, confident and valued workforce
7. Strive for innovation
8. Develop a strong identity
9. Focus on continuous improvement

1.4 Glasgow City HSCP Draft Organisational Development Strategy 2018/2020

1.4.1 The draft OD Strategy has been designed to support the vision and principles for the HSCP as outlined in the strategic plan as well as to deliver the various elements of the workforce plan through the strands of:

- Culture;
- Service improvement and change;
- Establishing integrated teams;
- Leadership development.

1.4.2 Annual implementation plans will describe the activity that delivers this change

1.4.3 The draft action plan is noted across the next pages.

Glasgow City Health and Social Care Partnership Organisational Development Strategy 2018 - 2020

The OD Strategy has been designed to support the vision and principles for the HSCP as outlined in the strategic plan as well as to deliver the various elements of the workforce plan through the strands of – Culture; Service improvement and change; Establishing integrated teams and Leadership development. Annual implementation plans will describe the activity that delivers this change.

HSCP principles are the measures of success 1.Focussing on being responsive to Glasgow's population and where health is poorest; 2.Supporting vulnerable people and promoting social well-being ;3.Working with others to improve health;4.Services designed and delivered around the needs of individuals carers and communities;5.Transparency, equity and fairness in the allocation of resources 6.Competent, confident and valued workforce;7.Strive for innovation ;8.Develop a strong identity ;9.Focus on continuous improvement

Organisational Development Strand 1 HSCP Culture -To develop the values, attitudes and behaviours that support a healthy organisational culture, ensuring staff are engaged and prepared for future roles

Organisational Development Strand 2 Service Improvement and Change - Ensure consistent change management applied across HSCP with principles of Partnership working ;Value for money ; Quality approach; Improvement and sustainability ; Leadership developed to embed and sustain change

Organisational Development Strand 3 Establish Integrated Teams and team working -Effective team development process to support team development and measure impact of team leader's involvement

Organisational Development Strand 4 Leadership development Embed a leadership style that has a coaching approach to conversations either solutions or behavioural focus and building on organisational knowledge and learning

1.5 Organisational Development and Succession Planning

1.5.1 The immediate priorities for staff and workforce development will be

- Team effectiveness, leadership, development and engagement
- Succession planning to ensure our staff are fit for the integrated world they are operating in with a focus on relationship development, influence and collaborating
- Look at changes to ways of working and how to support and enable each other to take on new ways of working which contribute to the outcomes for the HSCP

1.5.2 Increasingly we must have the right people in the right jobs at the right times. We cannot afford to be without people who have the necessary knowledge, skills or behaviours to quickly fill a critical or key post when the need arises. This is Succession Planning.

1.5.3 On-going development of all staff to improve current performance, adapt to the changes being made to their existing posts, to broaden their expertise and contributions or move towards another post is essential. This is Career and Development Planning.

1.5.3 It is important to remember that staff will often move across as well as upward to a new post.

1.5.4 The workforce development required to support the HSCP Workforce Plan in the years ahead requires both succession planning and an approach to career and development planning which supports change. It is also recognised that the extent of potential change does impact on the capacity to develop and embed new ways of working and new models of care. This activity is essential to support staff through this process.

1.6 Key Priorities for the Partnership

1.6.1 The biggest priority for the Glasgow City Health and Social Care Partnership is delivering transformational change in the way health and social care services are planned, delivered and accessed in the city. We believe that more of the same is not the answer to the challenges facing Glasgow, and will strive to deliver on our vision as outlined below:

- **Early intervention, prevention and harm reduction** We are committed to working with a broad spectrum of city partners to improve the overall health and well-being of the population of Glasgow. We will continue our efforts to promote positive health and well-being, early intervention, prevention and harm reduction. This includes promoting physical activity, acting to reduce exposure to adverse childhood experiences as part of our commitment to 'Getting it Right for Every Child'[2], and improving the physical health of people who live with severe and enduring mental illness. We will seek to ensure that people get the right level of advice and support to maintain independence and minimise the occasions when people engage with services at a point of crisis in their life.

- **Providing greater self-determination and choice** We are committed to ensuring that service users and their carers are given the opportunity to make their own choices about how they will live their lives and what outcomes they wish to achieve.

[2] http://www.gov.scot/Topics/People/Young-People/gettingitright

- **Shifting the balance of care** Services have transformed over recent years to shift the balance of care away from institutional, hospital-led services towards services better able to support people in the community and promote recovery and greater independence wherever possible. Glasgow has made significant progress in this area in recent years, and we aim to continue to build on our successes in future years.

- **Enabling independent living for longer** Work will take place across our all Care Groups to assist people to continue to live healthy, meaningful lives as active members of their community for as long as possible.

- **Public Protection** We will work to ensure that people, particularly the most vulnerable, are kept safe from harm and that risks to individuals or groups are identified and managed appropriately.

1.7 Moving Forward Together

1.7.1 NHS Greater Glasgow and Clyde has developed a transformational change programme, Moving Forward Together, which sets out a vision for health and social care services. The aim of the strategy is to develop new models of care delivery which will provide safe, effective and person-centred care that is sustainable in the long term. The focus of the strategy is to ensure –

- People can look after and improve their own health and live in good health for longer
- People are able to live independently and at home or in a homely setting in their community
- Care is centred on helping to maintain or improve the quality of life of people
- Services contribute to reducing health inequalities
- Unpaid carers are supported to look after their own health and wellbeing and to reduce any negative impact of caring
- Service users are safe from harm
- Our staff feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- Resources are used effectively and efficiently

2. Demand Drivers

2.1 Glasgow City

2.1.1 Glasgow is a vibrant, cosmopolitan, award-winning city known throughout the world as a tourist destination and renowned location for international events. The city has been transformed in recent years, becoming one of Europe's top financial centres and developed remarkable business and tourism sectors, whilst the physical enhancement of our city has been dramatic. However, our challenges in addressing deprivation, ill health and inequality are significant and well documented.

2.1.2 While much progress has been made in addressing these issues, but there is more to be done to ensure that there are opportunities for everyone in the city to live longer, healthier, more independent lives.

2.2 The Glasgow City Population Profile

2.2.1 Glasgow has a population of 593,245, based on the 2011 census, which is 11.2% of the total population of Scotland. Although the population fell sharply towards the end of the 20th Century, it has been increasing again since 2004. This growth is expected to continue over the next few years.

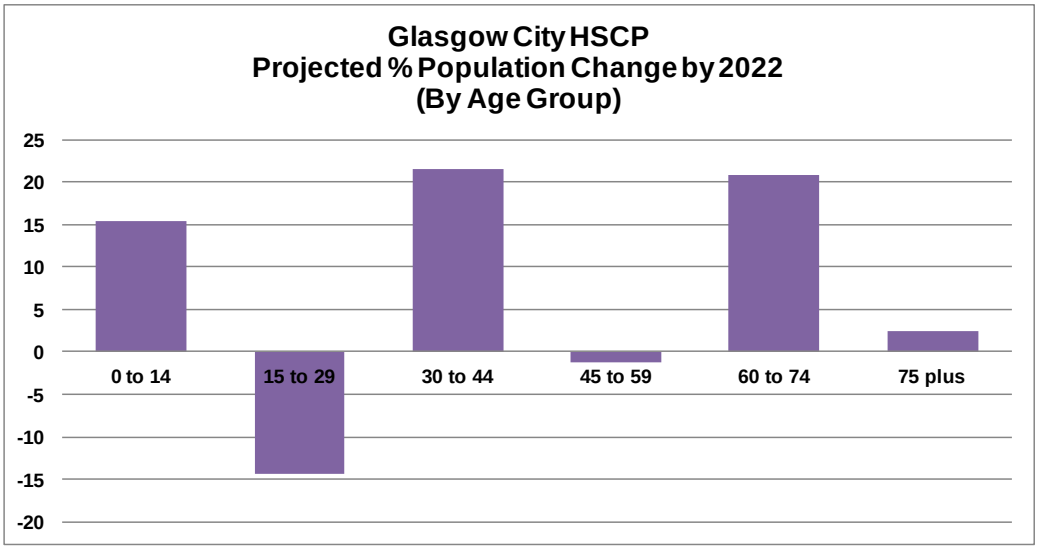
2.2.2 Estimates of Glasgow's population increase until 2022 indicate:

- An overall population increase of 2.5%
- The number of children increasing by 6.2%
- The population of older people aged 75+ rising by 14%

Figure 2.1

Glasgow City HSCP		
% Population Change to 2022 by Age Group		
Age Group	Glasgow City	All NHSGGC
0 to 14	15.4	6.2
15 to 29	-14.3	-12.3
30 to 44	21.5	8.8
45 to 59	-1.2	-6
60 to 74	20.8	18.3
75 plus	2.5	14
All Ages	0.8	2.5

Figure 2.2

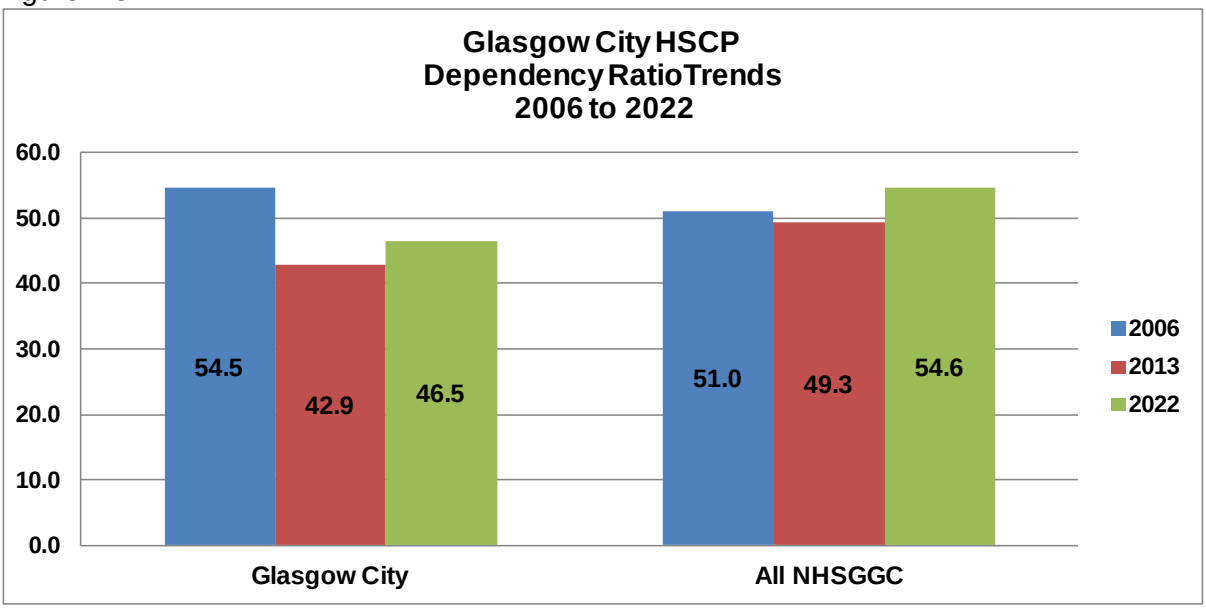


2.2.3 Dependency Ratios

2.2.4 Dependency ratios are a useful indicator of the potential social support required as a result of changing population age structures. The larger the dependency ratio, the greater the burden on the average adult as the needs of the dependents must be met by the rest of the adult population.

2.2.5 As shown in Figure 2.2 the NHSGGC population is getting older which will have an effect on dependency ratios.

Figure 2.3



2.2.6 The NHSGGC dependency ratio has remained relatively flat since 2006 but is predicted to rise to 55 by 2022. There are, however, marked variations in the dependency ratios for each of the HSCPs within NHSGGC.

2.2.7 Glasgow City has the lowest ratio in 2013 and has fallen since 2006 (43 and 55 respectively) however it is projected to rise to 47 by 2022.

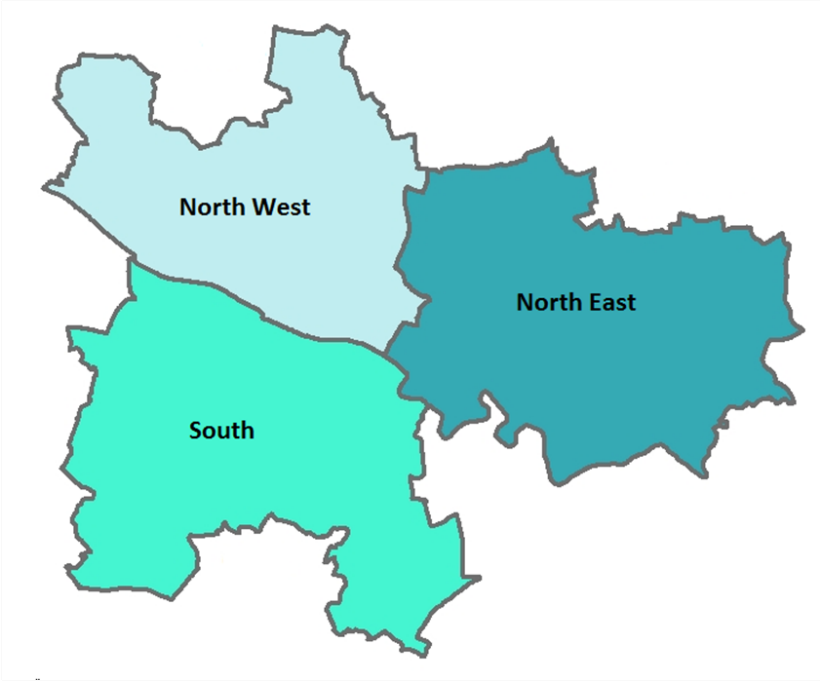
2.2.8 This means that on average, there will be almost 5 dependent people for every 10 working-age people by 2022.

2.3 Glasgow City HSCP - Locality Profile

2.3.1 Glasgow is divided into three areas, known as localities, to support service delivery. To ensure consistency in local service delivery, the Glasgow City Health and Social Care Partnership has adopted the same strategic areas as the Glasgow Community Planning Partnership. .

2.3.2 There are three localities areas:

- North East Glasgow;
- North West Glasgow;
- South Glasgow.



2.3.3 The localities continue the current organisation structure of social work, primary care and community health services, and also correspond to the three Community Planning Sector Partnership Board areas, that are recognised by all the public sector agencies as appropriate for service delivery.

2.3.4 Each of the localities includes:

- a management team responsible for service delivery and co-ordination and ensuring implementation of the Partnership's policies and plans at a local level;

- management teams for adult services, children's services, older people's services and health improvement;
- a range of service user and carer networks and groups;
- primary care locality groups for GPs, a Primary Care Strategy Group and GP Forum;
- locality children's planning and implementation group; and,
- care group planning groups.

2.4 Health as a driver of demand

2.4.1 Glasgow City contains 3 in 10 of the 15% most deprived data zones[3] in Scotland. This is the highest proportion for a local authority. 116 of these data zones are in the North East of the city, while the North West has 83 and South has 89.

2.4.2 Around two fifths of Glasgow's entire population live in one of these 288 data zones, with around 54% of these people living in the North East of the City.

2.4.3 Key Health and Social Care Indicators

- Although increasing, life expectancy at birth in Glasgow is currently 72.6 years for males and 78.5 years for females (compared to the Scottish averages of 76.6 and 80.8).
- Around 8.7% of the Glasgow population live in 'bad' or 'very bad' health, with 31% of Glasgow's population, around 184,000 people, suffering with one or more long term health conditions.
- According to national estimates, around one in 25 people will be experiencing dementia by the age of 70, rising to almost one in five by the age of 80. Up to 4,500 people aged over 80 in Glasgow currently may be experiencing dementia.
- Just under a quarter (22.7%) of people in Glasgow believe that their day-to-day activities are limited in some way by a long term health problem or disability.
- Almost 2.7% of the population have some form of learning disability or learning difficulty.
- 7.8% of the population have a physical disability.
- Almost 6.9% of the population were recorded as having a hearing impairment and almost 2.5% of the population were recorded as having a visual impairment.
- It is estimated that up to 7,000 people in Glasgow have a form of autism.
- Around 9.3% of people in the City carry out unpaid caring duties.
- It is estimated that up to 75,000 people in Glasgow experience common mental health problems such as depression or anxiety, with around 6,000 people experiencing a more severe and enduring mental illness.
- Glasgow has over 69,000 residents estimated to be problem alcohol drinkers, and has the highest rate of alcohol related hospital admissions in Scotland.

[3] Data zones are a common, stable and consistent, small-area geography produced by the Scottish Government. To produce data zones, groups of 2001 Census output areas with between 500 and 1,000 household residents are identified. Where possible, data zones respect physical boundaries and natural communities. They have a regular shape and, as far as possible, contain households with similar social characteristics.

- Glasgow has an estimated 13,000 problem drug users, most of whom also consume alcohol on a daily basis.

2.4.4 Each of the HSCPs localities has unique populations and consequently differing health and social care needs.

2.4.5 **North East Locality**

2.4.6 North East locality covers the following Local Area Partnerships:

- Calton;
- Springburn;
- East Centre;
- Shettleston;
- Baillieston; and,
- North East.

2.4.7 The total population of North East Glasgow is 167,518 people. A breakdown of the population by age is shown in the table below:

Figure 2.4

Age Bands	No. of people	% of population	% of this age band in Glasgow City
0-17 years	32,595	19.5	18.2
18-64 years	110,141	65.7	67.9
65 years plus	24,782	14.8	13.8

2.4.8 The health rating of general population in the North East shows 10.7% have 'bad' or 'very bad' health. This is higher than the city average of 8.7%

2.4.9 There are a number of factors affecting the health of the people living in North East Glasgow. Male and female life expectancy is significantly lower than the Scottish average, although it has been rising over time. Mortality rates from coronary heart disease, cerebrovascular disease and cancer (all under 75s) are all higher than the Scottish average, as are deaths from alcohol conditions in the last five years which is one of the highest death rates in Scotland. The proportions of the population hospitalised with alcohol conditions and with drug related conditions are also higher than the Scottish average.

2.4.10 Drug prescribing for mental health problems is significantly higher than average. Suicide death rate (23.4 per 100,000 population) is also significantly higher than the Scottish average (15.1 per 100,000).

2.4.11 North East Glasgow has a significantly higher percentage of adults claiming incapacity benefit/severe disability allowance than the Scottish average. Levels of income and employment deprivation, the percentage of working age population claiming Job Seeker's Allowance, dependence on out of work benefits or child tax credit, and people claiming pension tax credits are all significantly higher than the Scottish average.

2.4.12 The crime rate (76.4 per 1,000 population) is higher than the Scotland average (49.5 per 1,000 population). Rates of referrals to the Children's Reporter for violence-related offences, and rates of patients hospitalised following an assault are also high.

2.4.13 Breast screening uptake is lower than the Scottish average. The prevalence of pregnant mothers who smoke, and the rate of teenage pregnancies (under 18s) are both higher than average, while the percentage of babies exclusively breastfed at 6-8 weeks is lower than the Scottish average. Child dental health in primary 1 is worse than the Scottish average, although we have seen improvements in recent years as a result of concerted efforts to promote tooth brushing in schools and nurseries.

2.4.14 Initial Priorities for North East Locality

- Development of a Health and Social Care Centre on the Parkhead Health Centre and Hospital site;
- Working with families, especially through early intervention, to improve the life chances for children, with a specific focus on reducing the number of children who need to be looked after by the Council;
- Development of new adult mental health wards on the Stobhill Hospital site;
- Continuing to improve waiting times to access primary care mental health teams;
- Re-design of Older People's Mental Health Services to make sure that we deliver services in line with the most up to date care pathway;
- Focus on improving the uptake of cancer screening by local residents as these are below the Health Board average; and,
- Supporting the development of the Thriving Places agenda in Parkhead/Dalmarnock and Easterhouse.

2.4.15 **North West Locality**

2.4.16 North West locality covers the Local Community Area Partnership areas of:

- Anderston / City/ Yorkhill
- Hillhead
- Partick East/ Kelvindale
- Garscadden / Scotstounhill
- Drumchapel / Anniesland
- Maryhill / Kelvin
- Canal
- Victoria Park

2.4.17 The total population of North West Glasgow is 206,483 people. A breakdown of the population by age is shown in the table below:

Figure 2.5

Age Bands	No. of people	% of population	% of this age band in Glasgow City
0-17 years	32,501	15.7	18.2
18 -64 years	147,528	71.4	67.9
65 years +	25,454	12.8	13.8

2.4.18 There is a large proportion of people of working age, however this is due to the very high numbers of young people aged 16- 24 years (with students representing 13.5% of the total population in North West).

2.4.19 The minority ethnic population, including black or minority ethnic (BME 11.9%) and other white non UK/non Irish (4.9%) is higher than the overall Glasgow level (BME 11.6% and other white non UK/non Irish 3.9%). The percentage of the minority ethnic population varies significantly across the North West locality from 8% in Drumchapel/Anniesland to 32% in Anderston/City.

2.4.20 A significant feature of North West locality is the very marked difference in the social and economic circumstances of people living in different areas in the locality, therefore an overview of statistics relating to the entire North West can mask stark inequalities within the locality.

2.4.21 There are a number of factors affecting the health of the people living in North West Glasgow. Male and female life expectancy (71 and 77.2) is lower than the Scottish average (74.5 and 79.5) However there is a gap of 16 years between average male life expectancy in Possilpark (64.1) and Kelvinside (80.1) and 12.3 year gap in female life expectancy between Drumry East (72.2) and Victoria Park (84.5) .

2.4.22 Mortality rates from coronary heart disease, cerebrovascular disease and cancer (all under 75s) are all significantly higher than the Scottish average, as are deaths from alcohol conditions over the last five years. The proportions of the population hospitalised with alcohol conditions and with drug related conditions are also higher than the Scottish average.

2.4.23 Drug prescribing for mental health problems is significantly higher than average in North West. Suicide death rate (21.6 per 100,000 population) is also higher than the Scottish average (15.1 per 100,000).

2.4.24 North West Glasgow has a lower level of out of work benefit claimants than the level for the rest of Glasgow. The level however is not uniform across North West, ranging from 8.7% in Hillhead to 24.1% in Canal.

2.4.25 The crime rate in North West Glasgow (81.4 per 1000) is significantly higher than the Scotland average (49.5 per 1000) and the highest of all Glasgow localities areas; this is likely due to Glasgow city centre being part of North West locality. Rates of referrals to the Children's Reporter for violence-related offences and rates of patients hospitalised following an assault are also significantly high.

2.4.26 Breast screening uptake is lower than the Scottish average. The prevalence of pregnant mothers who smoke is lower than the Scottish average whilst the rate of teenage pregnancies (under 18s) is higher than average. The percentage of babies exclusively breastfed at 6-8 weeks at 29.4% is higher than the Scotland average. Child dental health in primary 1 is worse than the Scottish average with 49% of children with no obvious signs of decay.

2.4.27 **Initial Priorities for North West**

- Delivering the new Woodside Health and Care Centre (due to open Spring 2019) to support integrated working and improve access to primary care, community health and social care services;

- Working with partners to reduce the impact of health inequalities evident across North West, with a particular focus on the Thriving Places programme in Ruchill/Possilpark, Drumchapel and Milton/Lambhill;
- Improving the life chances for children, through implementation of 'Getting It Right For Every Child' and the new Children and Young People's Act;
- Working with GPs and the wider primary care team to develop 'locality clusters' to support service integration and partnership working;
- Achieve waiting time and access targets for services, including improving access to psychological therapies and reducing delayed discharges;
- Leading the implementation of service improvement and redesign work arising from the Sexual Health Services review
- Leading a range of programmes to improve Adult Services across the City, alongside meeting the challenge of delivering service efficiencies and savings.

2.4.28 **South Locality**

2.4.29 The South locality covers the Local Community Planning Area Partnerships of:

- Greater Pollok;
- Newlands / Auldburn;
- Southside Central;
- Pollokshields;
- Govan;
- Langside;
- Craigton; and,
- Linn.

2.4.30 The total population of South Glasgow is 220,489 people. A breakdown of the population is shown in the table below.

Figure 2.6

Age Bands	No. of people	% of population	% of this age band in Scotland
0-15 years	38,743	17.6	17.6
16 -64 years	151,602	68.8	65.7
65-74 years	15,622	7.1	9.0
75+ years	14,522	6.6	7.7

2.4.31 A particular feature of the locality is that a large number of people from an ethnic minority live in the South of the city, and make up 14.2% of the total population. In addition, there is also a lower percentage of people aged 65 and over as compared to the Scottish average (significantly different in the age 75 plus age group).

2.4.32 There are a number of factors affecting the health of the people living in South Glasgow. Male and female life expectancy is significantly lower than the Scottish average, although it has been rising over time.

2.4.33 Mortality rates from coronary heart disease, cerebrovascular disease and cancer (all under 75s) are all significantly higher than the Scottish average, as are deaths from alcohol conditions in the last five years. The proportions of the population hospitalised with alcohol conditions and with drug related conditions are also higher than the Scottish average.

2.4.34 Drug prescribing for mental health problems is significantly higher than average. Suicide death rate (19.5 per 100,000 population) is also higher than the Scottish average (15.1 per 100,000).

2.4.35 South Glasgow has a significantly higher percentage of adults claiming Incapacity Benefit/Severe Disability Allowance than the Scottish average. Levels of income and employment deprivation, the percentage of working age population claiming Job Seeker's Allowance, dependence on out of work benefits or child tax credit, and people claiming pension tax credits are all significantly higher than the Scottish average.

2.4.36 The crime rate (63.9 per 1,000 population) is significantly higher than the Scotland average (49.5 per 1,000 population). Rates of referrals to the Children's Reporter for violence-related offences, and rates of patients hospitalised following an assault are also high

2.4.37 Breast screening uptake is lower than the Scottish average. The prevalence of pregnant mothers who smoke is lower than the Scottish average whilst the rate of teenage pregnancies (under 18s) is higher than average. Although an increasing figure in the South Locality, the percentage of babies exclusively breastfed at 6-8 weeks at 22% is lower than the Scotland average. Child dental health in primary 1 is worse than the Scottish average with 49% of children with no obvious signs of decay.

2.4.38 **Priorities for South Glasgow**

- Delivering New Gorbals Health & Care Centre to support integrated working and improve access to primary care, community health and social care services;
- Responding with partner agencies to the specific needs in the Govanhill area including housing and the significant Roma population;
- Taking forward the Thriving Places agenda in Gorbals, Govan and Priesthill Househillwood;
- Supporting the development of new residential care facilities in Pollock
- Completion of the redesign of mental health services at Leverndale;
- Taking forward the Govan integrated care project with four GP practices testing new forms of integrated service delivery with community health, social care and the third sector to support and prolong independent living in the community harnessing all available resources;
- Developing Housing Options with four housing associations to prevent and avoid homelessness through a committed earlier cross agency response;
- Extension of Food for Thought through network of community gardens with housing associations and local communities;
- On-going delivery of health improvement programmes for older people, encouraging older people to improve their health; and,
- Continue to deliver smoking cessation work with the local BME population.

2.5 Equalities

2.5.1 Glasgow has a very diverse population, with interpreting services providing support for over 80 regularly used languages in the city. One in every six residents (15.4%) identified themselves in the last Census (2011) as non-British White. Our non-British White population has more than doubled in the last decade, with growth across most ethnic groups, but most significantly in Polish and Roma communities. We welcome and support around 3000 people seeking asylum per year.

2.5.2 We understand that around one in every fourteen residents are Lesbian, Gay, Bisexual or Transgender (LGBT), although we have further progress to make in enabling service users and patients to routinely disclose equalities information.

2.5.3 We will work to establish strong working arrangements with equalities networks within and beyond the city. This will include continuing to support the Community Planning Partnership's equalities work in particular, to work with partners to support the Single Outcome Agreement, which sets out the planned improvements for local areas' thematic and place based priorities.

2.5.4 We aim to remove discrimination in accessing all of our services; ensure that our services are provided in an equalities sensitive way; contribute to reducing the health gap generated by discrimination; and, work in partnership, to make Glasgow a fairer city.

2.5.5 Both the NHS Board and Council routinely publish Equalities progress reports which highlight the significant progress that is already being made. We will continue this journey to improve the health and care outcomes for equalities groups, recognising the additional challenges experienced by equalities groups living in poverty.

2.5.6 The Equalities Act (2010) requires public sector bodies to comply with general equalities duties. Integration Joint Boards have been added to the list of public sector organisations relevant to the Act and are therefore required to develop Equalities Outcomes by the 30th April 2016 and report on these outcomes by 1st April 2018.

2.6 Care Groups/Core Leadership Groups

2.6.1 The following text sets out the drivers which will influence the Glasgow City HSCP workforce within each of our main Care Groupings and are described under the following headings:

- Older People's Services
- Children's and Families Services
- Adult Services
- Business Support

2.6.2 Details of the identified actions for the workforce are described for each of the care groupings in Chapter 3 of this document.

2.7 Older People's Services

2.7.1 There are currently a number of service arrangements in place within Glasgow City to deliver older people and physical disability health and social care services across the city. These range from:

- Area based social work teams;
- Hospital interface social work teams;

- Social work occupational therapy teams;
- GP cluster based district nursing teams;
- Locality based community rehab teams;
- Locality based specialist nursing teams;
- Locality based older people's mental health teams;
- Citywide specialist nursing resources;
- Professional nursing support;
- Citywide residential and day-care services.

2.7.2 These services are not all co-terminus and cross cover in terms of location and service provision. There are also a number of direct access points and duty systems for each of these services which do not relate to each other.

2.7.3 Some but not all of the teams have direct connections to GPs and there are a varied set of arrangements in place in relation to the interface with acute.

2.7.4 **Proposals for the development of Older People's Services**

2.7.5 As noted previously within this document Glasgow city is currently divided into to 3 localities all with a network of health and social care services, partner agency services and community and third sector services.

2.7.6 The HSCP has agreed new arrangements for delivery of older people, adopting a community/neighbourhood model which will reflect the development of the GP cluster arrangements and link to natural communities.

2.7.7 We are establishing neighbourhood teams to deliver integrated health and social care services for older people and those with long term conditions, based on the principle of supporting people with increasing levels of frailty and complex needs to live longer at home. It is our ambition to provide an older people's system of care across the City that ensures that services users/patients get access to the service at the right time and can live well for longer within their own community.

2.7.8 The model will consist of 20 GP clusters' across the City

- 7 in South,
- 7 North West
- 6 North East

2.7.9 In broad terms these clusters are geographically based although a number of cross boundary issues still exist with GP patient lists. We are establishing 10 neighbourhood teams in the new arrangements

- 4 covering South Glasgow;
- 3 covering North West Glasgow
- 3 covering North East Glasgow

2.7.10 These neighbourhood teams will link to the broad geographical area that the clusters cover.

2.7.11 **Rationale for Change**

2.7.12 The challenge facing Glasgow City HSCP is how to maximise the opportunities of Health and Social Care integration to deliver effective and efficient services. Current drivers include:

- Glasgow's high use of care home places
- New GP contract and cluster arrangements
- Agreed shift in resources to support home based care
- Financial pressures across Health and Social Work

2.7.13 Evidence suggests that joint approaches between Health and Social Care that result in a multi-component approach are likely to achieve better results than those that rely on a single or limited set of strategies (King's Fund 2011). The establishment of Neighbourhood Teams will allow for:

- Community-based multi-professional teams based around general practices that include generalists working alongside specialists
- Joint care planning and co-ordinated assessments of care needs
- Clinical records that are shared across the multi-professional team
- Streamlined access and response for service users/patients
- Earlier intervention and prevention approach.

2.7.14 We expect the integrated models of service delivery to:

- Increased patient satisfaction
- Increased staff satisfaction
- Increased access to services
- Reduce the number of professionals involved in delivery of care
- Utilise neighbourhood capacity
- Enhance trust between services

2.7.15 **Vision for integrated Teams**

2.7.16 Neighbourhood Teams are being formed based on the following principles:

- Neighbourhoods within Localities will reflect local population profiles and will be inclusive of emerging Clusters of GPs (in some cases, Clusters might span Neighbourhoods)
- A Service Manager will lead each Neighbourhood team to ensure health & social care activity is connected to that of key partners and will work closely with primary care services to support people with complex presentations.
- The team will include directly employed health & social work leads and will establish strong links with Housing and 3rd Sector organisations within a neighbourhood.
- The team will work to a system of cross-discipline referral & information sharing that enables effective MDT input to complex cases.

2.7.17 Teams will:

- Manage access for both Health and Social Care services but build on existing access routes while considering opportunities for more integrated systems
- Better joint working with GPs and other contractors
- Joint assessment focussed on agreed outcomes

- Person centred joint anticipatory care planning
- Joint monitoring and review
- Shift in culture towards home based care including enablement/ re-ablement
- Prevention of unnecessary admissions to hospital and prompt discharge home
- Support structured community management of high risk individuals
- High quality palliative and end of life care delivered in place of choice
- Supporting people to manage their own illness
- Flexible and responsive team approach to care, delivered at home across 24/7
- Ensure best use of resources such as day care and residential/nursing care

2.7.18 We are also developing a new Home is Best Service that will be a key component of the City's HSCP's response to unscheduled care and delayed discharge. The team will assist in:

- Reshaping the design and delivery of care for older people across the City ensuring there is a clear focus on maintaining their independence; health and wellbeing.
- Ensuring that older people have access to the right service at the right time.
- Establishing close working relationships with Acute Hospital Staff and Glasgow HSCP staff.
- Redirecting patients who may have unplanned admission to community based Health and Social Care Services.
- Improving patient flow through the acute system, ensuring that patients can return home, or to a homely setting, at the earliest opportunity.
- Facilitating supported discharge in patients who when assessed may not require admission but could be supported in the community.

2.7.19 The drivers for developing this proposal are:

- Increasing older population
- Reduction in hospital beds
- Glasgow's high use of care home placements
- Shift in culture towards home based care including enablement/ re-ablement
- Financial challenges in Health and Social Care
- National Target - patients who are defined as medically fit for discharge to be discharged home within 72 hours.
- Government aspiration that discharges should be earlier in the day and be the same 7 days per week
- Focus on improving outcomes, not services

2.7.20 At the present time patients can be delayed in an acute bed due to multiple reasons.

2.7.21 An important root factor identified is a lack of timely information to connect the person at the earliest possible time in their hospital journey. The opportunity to engage and connect with people is happening too late in the person's assessment/ admission and is impacting on potential discharge outcomes. Information sharing between the acute and community teams is inconsistent and patchy. There is a lack of a co-ordinated response to admission avoidance and community alternatives to prevent admission are often not available.

2.7.22 The Home is Best Service will be developed on key principles which will include:

- Avoid preventable admissions from front door where appropriate , 'whole system' approach -or patients/service users following assessment/screening
- Plan discharge direct from admission involving patients and carers , explore a named person , responsible for all aspects of the patients journey based on most relevant MDT professional
- Staff will work within a framework of integrated multi-disciplinary and multi-agency team working to manage all aspects of discharge.
- Person centred approach - everyday problem, move away from focus on census point.
- Good communication with patient, carers and ward staff to head off future difficult conversations/ decisions
- Discharge to assess. Long term care assessment / decision should not take place in an acute hospital setting.
- Robust interface between the hospital based integrated teams and the emerging neighbourhood teams.

2.7.23 **District Nursing**

2.7.24 District nursing services play an important role in helping people to maintain their independence by supporting them to manage long term conditions and treating acute illness. These services are key to policies that aim to provide care closer to home such as the Scottish Governments 2020 vision. They deliver an ideal model of person - centred, preventative, and co-ordinated care which can reduce hospital admissions and help people stay in their own homes.

2.7.25 District nurses are leaders in community nursing teams and co-ordinate increasingly complex care for people at home and in the community. They operate within the current, rapidly evolving policy landscape, working within the context of integrated health and social care, and the evolving models of community care.

2.7.26 District nurses are instrumental to the delivery of care which is integrated from the point of view of service users by ensuring high quality person centred care, care co-ordination and joint working across health and care agencies. Their skills are essential in helping transform the multi –disciplinary future for primary care.

2.7.27 The new GP contract will see a significant shift in work away from general practitioners to the wider health care team. In order to meet the growing demand it is essential that the district nursing workforce is adequately resourced to meet the challenge. Despite the acknowledgement that these services are key to future models there remains a dichotomy between the frequently stated policy ambition to offer care closer to home and the continued focus on acute hospitals in terms of resources.

2.7.28 In order to ensure that services are fit for the future NHSGGC carried out a review of district nursing services in 2012 which set out the workforce model going forward. In addition the service uses the national workforce tool to plan the workforce, assess workload and to ensure maximum efficiency and productivity.

2.7.29**Occupational Therapy**

2.7.30 The National Delivery Plan (NDP) for the Allied Health Professions in Scotland (2012)[4] identified AHPs as experts in rehabilitation at the point of registration, bringing a different perspective to the planning and delivery of services, it stated that AHPs are uniquely placed to exploit their expertise in enabling approaches through providing rehabilitation and re-ablement approaches across health and social care as well as driving integrated approaches at the point of care.

2.7.31 The national active and Independent Living and Improvement Programme (AILIP), builds on the work of the NDP and will focus on the contribution of AHPs throughout the life curve and emphasise their contribution in early intervention, rehabilitation and enablement.

2.7.32 A key message within the AILIP will be the importance of integrated working. Occupational Therapists are traditionally employed across health and social care structures. This means that they function separately with separate management and professional leadership arrangements, and different working practices.

2.7.33 The establishment of Health and Social Care Partnerships (HSCPs) provides the opportunity to consider the current systems and how these can be improved to enhance service delivery A review of Occupational Therapy across health and social care has been undertaken in Glasgow across older peoples services. The recommendations of this review are being implemented and include: ensuring that the service is more connected, duplication is reduced, and that the the concept that all OTs are "Glasgow HSCP OTs" regardless of whether they are employed by NHSGG&C or Glasgow City Council, is embedded across the HSCP. This will be supported by a competency framework and will be implemented on a phased basis across all care groups.

2.7.34 The integration agenda provides the opportunity to ensure consistent governance across OT, establish one performance management framework and develop one workforce plan which will include support staff/social care assistants. The existing "health" workforce plan can be used as an initial stage of this.

2.7.35 The emphasis in the strategic plan around early intervention and prevention could suggest that more Occupational Therapists should work in Primary Care. The majority of the current NHSGGC workforce are deployed in secondary care services. Similarly given their skills within rehabilitation, the focus on "home is best"/organising discharge as early as possible, could recommend that a high proportion of the Occupational Therapy resource should be in the community to facilitate early discharge and provide re-ablement and rehabilitation.

2.7.36 The emphasis in the AILIP is also around prevention and early intervention and would support this shift in the workforce.

2.8 Children's and Families Services

The **Glasgow Integrated Children and Young People Service Plan 2017-2020** sets out the context, priorities and outcomes for all children's services in the city. The key drivers that inform the plan are:

[4] www.scotland.gov.uk/Publications/2010/06/15133341/0

- The policy framework outlined in **Getting it Right for Every Children** and a range of other policy and legislative changes being implemented by the Scottish Government.
- The impact of **poverty and inequalities** on children and young people in Glasgow.
- The **Transforming Glasgow** agenda is a focus on transforming services to be more efficient and to make best use of resources to resolve issues early, so that we can prevent crisis situations occurring.
- Responding to the improvement recommendations as detailed in the report by the **Care Inspectorate** on the findings from their inspection of children's services in Glasgow City in 2017.
- The **significant financial challenges** facing local authorities, the NHS and third sector organisations are still affecting our capability to provide high quality services.
- Policy changes taking place in a wide range of other areas, such as primary care (for example the Vaccination Transformation Programme), mental health and alcohol and drugs services.

Expected outcomes from our transformation programme are:

Medium term

- Re-focusing investment on sustainable family and community based supports that promote early intervention and prevention
- Preventing, where possible, children and young people from coming into statutory care
- For those children, who are already in care, we want to promote the longer term stability of placements
- Reducing our reliance on more institutional forms of care for young people

Longer term

- Working with other agencies in the city to reduce child poverty
- Achieving positive physical and emotional health and wellbeing outcomes for children and young people
- Improvement in positive destinations for care experienced young people

The transformation programme for children's services is based on a series of inter-related reviews and re-designs projects to substantially shift the balance of care from acute, crisis driven activity towards prevention and early intervention. This is a system-wide programme of work which requires strong partnership working with colleagues in Education Services and the third sector. The key work streams are:

2.8.1 **Improving the care pathway for care experienced children and young people**

- Continuing to improve assessment and care planning for looked after children.
- Reviews and re-designs of our intensive services for children and young people, including the young women's centre, the Intensive Supervision and Monitoring Service (ISMS) and Functional Family Therapy.
- A commissioning strategy for young people with complex care needs who will be in need of support into adulthood
- Specific outcomes are a reduction in children moving into formal care, more appropriate placements made available for young people and reductions in the

use of high cost placements/ secure placements/purchased foster care placements, especially those located out-with Glasgow.

2.8.2 **The development and implementation of a family support strategy**

- Which will ensure that we have an agreed definition of family support, a consensus amongst the multiple funding agencies on the priorities for investment,
- Development of a commissioning framework
- Improved sustainability for third sector providers.
- Increased investment in prevention and early intervention services that focus on building the capacity of families and communities.
- Increased recruitment drive in family based respite and shared care.

2.8.3 **Develop and modernise the continuing care arrangements**

- Capacity within formal care arrangements is currently been overseen by the Continuing Care group. The outcomes of this work will be to improve the outcomes for young people (e.g. education, training, employment and housing) and enhance capacity in responding to the increasing number of young people who will require longer term services as a consequence of them being accommodated by the council for longer periods.

2.8.4 **Kinship Care**

- To ensure the correct balance of care is afforded to kinship families, in order to promote stability of placements and to ensure kinship care remains the primary consideration when children are no longer able to remain in the care of birth families
- Extend family network searching through models of “life-long links” services and ensure every opportunity to enhance kinship placements are made available.

2.8.5 **Social Work Services Residential Services**

The Residential Review is considering issues around more effective rehabilitation, short stays, long term units, the needs of younger children and the challenges around continuing care. In parallel the service will modernise the placement process and improve the matching of children to the most appropriate resource and providing choices in relation to type and location of placements for children and young people. Furthermore, the service will continue to improve arrangements around its accommodation strategy, initiatives around homelessness, the needs of unaccompanied asylum seeking children and initiatives around more flexible family based support.

2.8.6 **Provided Foster Care and Purchased Foster Care**

The service will review and, where appropriate, seek to reform the current provision, ensuring that, as far as is possible, the number of carers within and closer to Glasgow is maximised as well as the recruitment of more respite and supported carers. Particular attention will be made to matching children’s needs to choice and outcomes.

2.8.7 **Development of integrated health and social care neighbourhood teams**

To create integrated health and social work team that will be based around local geographic areas and facilitate improved partnership working between children's health and social work services and the wider public and third sector organisations. Our expectation is that the integrated teams will include social work, health visiting, school nursing, CAMHS and community paediatric staff who will work in teams managed by integrated service manager posts.

2.8.8 **Health Visiting**

Ring fenced funding has been made available to Health Boards across Scotland to deliver the new Universal Pathway for children under the age of five. The underlying assumption is that health visitors will assess and make plans to meet all under 5s children's health and wellbeing needs utilising both their clinical knowledge and the Getting it Right for every Child national practice model. NHSGGC has undertaken significant work to develop an appropriate workforce model for this service. It is anticipated that by the end of January 2019 Glasgow City HSCP will have an additional 123 health visitors in the workforce.

Within this envelope of increased health visiting resource there will be opportunities for the HSCP to re-design services and maximise efficiencies in service delivery models.

2.8.9 **School Nursing**

Glasgow City HSCP is developing a local service plan for school nursing that will outline the tasks and functions that can reasonably be undertaken by the school nursing services within its existing complement of staff and in the context of changes to the wider health services for school age children, such as the on-going reviews of the Youth Health Service and Sandyford Sexual Health Services.

2.8.10 **Family Nurse Partnership (FNP)**

Family Nurse Partnership (FNP) is a voluntary programme for first time mothers aged 19 and under. It is an intensive, structured home visiting programme which is delivered by specially trained nurses to pregnant women from under 28 weeks gestation through to their child's second birthday. The Scottish Government is committed to the further expansion of the FNP programme. The funding, however, is non-recurring as it is subject to the annual spending review and is not committed beyond 2020.

2.8.11 **Changes to Children and Families' Workforce**

2.8.12 **Community Child Health Services**

NHSGGC has prioritised the development of community children and family services, based on the national policy directives such as Health for All Children[5], the Early Years' Framework[6] and Getting it Right for Every Child and most recently

[5] Health for all children: http://www.gov.scot/Resource/Doc/37432/0011167.pdf
[6] Early years framework: http://www.gov.scot/resource/doc/257007/0076309.pdf

CEL13(2013) Public Health Nursing Service Future Focus our own local policy paper Mind the Gaps[7]. Key deliverables from this work have included:

- Enhancing the capacity and infrastructure of our children and family teams to support delivery particularly to vulnerable children.
- Developing leadership and creating management capacity for the expanded teams.
- Introducing an NHSGG&C - wide GIRFEC framework.

A recruitment drive remains in progress and students are supported through the Specialist Community Public Health Nursing (SCPHN) Health Visiting Programme in order to increase our health visiting capacity by 123 WTE posts in line with the Scottish Government's health visitor investment programme.

In preparation for the implementation of the Named Person and the introduction of the revised 0-5 Universal Pathway Child Health Pathway, health visitors, practice development nurses, practice teachers and team leaders are receiving continuing professional education with a focus on the nationally agreed priority topics.

2.8.13 **Social Work Services**

The Children and Families Core Leadership team have agreed critical and substantial areas of activity for Children's Social Work staff. These are:

- Child Protection;
- Looked After Children;
- Looked After and Accommodated Children and focus on planning for permanence.
- Reports to SCRA;
- Kinship Care Placements.

As part of our workforce planning process an exercise to project required need using a time weighting for each task associated with these priorities was conducted (using baseline staffing figures for Qualified Social Workers as at August 2016). Even assuming these figures remain at the same level until April 2019, it is projected that there will be a deficit in the workforce required to deliver these services. However, the capacity of the workforce to deliver has been compounded further by staff leaving the service and posts not being filled because of the Council's budget constraints. Furthermore, despite fewer children being taking into care, the number of children being referred to social work remains at a consistently high level – for example, the number of cases open to the system at approximately 12,000 children – and places considerable strain on staff. In response, therefore, the HSCP has made a commitment to fund the recruitment of an additional 40 qualified social workers in 2018/19 to fill gaps in the workforce.

During 2018/19 we have made a major investment in our residential care services, through the recruitment of a peripatetic team to support the existing staff in our children's homes; this has included a management post, 2 senior practitioners and 34 day and night duty workers. While this represents a significant investment, the

[7] Mind the gaps: http://www.gov.scot/Publications/2003/10/18358/28082
Scottish Government (2013) Public Health Nursing Service Future Focus. Chief Executive Letter Edinburgh, Scottish Government.

intention will be to review the staffing each year in accordance with the recommendations of the transformational programme. When fully operational the team will provide the following benefits:

- Support staff annual leave, short term sickness, learning & development and staff redeployment for various reasons
- Reduce the current level of "Violence to Staff" requests for the removal of a child to purchased providers.
- Ensure the correct numbers on duty to provide specialist support for young people and the risk management of particular individuals/groups.
- Assisting in the return of children currently placed out with the city to provided residential care. Provided residential will become the sole high cost intensive bed and assist in the elimination of external high cost.
- This staffing model will specifically assist in avoiding leakage to high cost.
- Assist in the reduction of placing children in secure services by allowing the majority of children to remain looked after within provided residential care.
- Assist the rehabilitation of children back to the parental home/ kinship placements support parents/carers and encourage the fulfilment of their parental responsibilities to their children as fully as possible.
- Support the current analysis of trends, needs and required resources in line with the current and future modernization programme.
- Support educational placements.
- Facilitate changes to the role and function of smaller units.
- The staffing will also be reviewed in tandem with the review of role and function of provided residential care and with a specific focus on staffing relative to need.
- The staffing and role/ function will also be radically effected by the introduction of the 'intensive outreach team' assisting the sector by reducing admissions, as this team impacts this will require an ongoing review of number of beds and staffing.

Workforce Actions – Children and Families Services
• 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. • Undertake recruitment for additional health visitors and qualified social workers. • Develop appropriate health visitor team leader arrangements in response to the increase in health visitor posts. • Implement the transformation programme through the review and re-design of fostering and adoptions services, residential care and family support. • Develop proposals for the establishment of integrated neighbourhood children and family teams. • Complete and implement the recommendations from the reviews of our intensive services. • Initiate a review of our continuing care services, including the Leaving Care Employability Service. • Continue to undertake staff engagement activity with staff in the work programmes. • Ensure staff across the whole service receive continuous professional development.

2.9 Adult Services

2.9.1 Within the HSCP Adult Services includes mental health, learning disabilities, alcohol and drugs, homelessness, sexual health, prison health care, police custody and Criminal Justice Social Work.

2.9.2 The main common drivers which will influence workforce planning for Adult Services include

- Rising demand
- Ageing workforce with forecast increase in retirals
- Impact of poverty, welfare reform and job insecurity on people's mental resilience
- National strategies e.g. mental health, alcohol and drugs , learning disabilities
- National professional workforce models and benchmarking projects
- National inspections and audit reports e.g. MWC, Housing Regulator
- Local transformation programmes.
- HMIP and HIS Prison inspections
- Recently published HIS Standards for Healthcare and Forensic Medical Services for people who have experienced rape, sexual assault or child sexual abuse – Children, Young People and Adults

2.9.3 **Mental Health**

2.9.4 Glasgow City leads on whole system planning and clinical leadership for mental health services and workforce across all 6 HSCP areas, 2 of which (East Dunbartonshire & East Renfrewshire HSCPs) are non-bed holding.

2.9.5 There are 3 inpatient sites across Glasgow City HSCP which provide 392 beds and 9 Community Adult and Older Peoples Mental Health Service Teams, 3 Primary Care Mental Health Teams and 3 Psychotherapy Teams (15 teams in Glasgow City HSCP)

2.9.6 In the past three decades two major themes have impacted on the configuration of the mental health workforce

- The closure/downsizing of the large psychiatric hospitals (mainly the continuing care beds);
- The development of the community based teams to support the care in the community programmes.

2.9.7 Within NHSGGC mental health services, community developments have also expanded beyond generic Community Mental Health Teams (CMHTs) to create specialist community services.

2.9.8 The mental health workforce also faces specific issues which will impact on the workforce, these are:

- An ageing workforce
- Mental Health Officer Status
- Application of the national workforce and workload planning tool
- Nursing staffing standards.
- 5 year Mental Health Strategy

2.9.9 **Ageing Workforce**

2.9.10 The MHS nursing workforce exhibits an older profile

2.9.11 Of the ***2360*** wte staff in post, ***896*** are aged between 50 and 60 years old with a further ***180*** aged over 60. This represents an increase of 30% in staff aged over 50 years old in the past 5 years.

2.9.12 **MHO Status**

2.9.13 ***As at June 2018 360 staff (or 15%)*** of the workforce retained Mental Health Officer (MHO) pension status which allows some staff members to retire at age 55 years with full pension benefits

2.9.14 **Workforce and Workload Planning Tool**

2.9.15 NHS Boards are mandated by SGHD to use the validated Nursing and Midwifery Workforce and Workload Planning (NMWWP) tools to assist with workforce planning and to ensure safe and effective staffing levels. At the present time a tool exists for in-patient services which is used in conjunction with a formal professional judgement tool and a number of quality measures. It is expected that the use of the NMWWP tools will become a statutory requirement under the proposed legislation on safe staffing levels within the NHS and social care

2.9.16 Between October and November 2017 62 of the 63 eligible wards conducted a 2 week run period of the mandatory specialist Mental Health and Learning Disability NMWWP tools.

2.9.17 **Nursing Staffing Standards**

2.9.18 The Royal College of Nursing (RCN) recommends a % skill mix of registered to unregistered nurses at a ratio of 65:35. This is based on a body of evidence that reports safer and improved outcomes for patients where there are more registered staff working on the wards.

2.9.19 The 2013 Nurse Director's review paper supported this position however acknowledged that services required additional investment to achieve this and suggested that a safe working model was a ratio of 60:40 for Acute Admission/IPCU and 50:50 for Continuing Care wards as an interim position, with the aim being to work towards the RCN recommendation.

2.9.20 **5 Year Mental Health Strategy**

2.9.21 NHS GG & C now has a 5 year Mental Health Strategy which will see significant changes in the workforce; a reduction in inpatient staffing numbers, an increase in community resources and a greater use of 3rd sector resources to support the delivery of Mental health services in the community.

2.9.22 Given that inpatient costs represent the majority of MH expenditure, unless a reduction in beds is achieved, there is limited scope to reinvest in alternative provision, and there would be a correspondingly adverse impact on community services. The aspiration is to provide alternatives to inpatient care, which would aspire to sustain bed occupancy levels of 85-90%, and release significant resources to fund the development of community alternatives to inpatient care.

2.9.23 A reduction in inpatient mental health bed numbers is proposed, beginning from a baseline in the 18/19 financial year, and achieved over the five subsequent years. The rationale for this proposal is that the reduction takes account of:

- 30% of “acute” beds are currently occupied by patients staying for more than 1 month, whose needs would better be met elsewhere
- the average length of stay is about 32 days, it should be possible to reduce this significantly, especially with an emphasis on longer-stay patients

2.9.24 **Psychology**

2.9.25 NHSGGC and Glasgow City HSCP are embarking on a Board wide review of Psychological Services which will determine the future workforce required to deliver psychological interventions across all areas. This work is being undertaken on a partnership basis with input from Area Partnership Forum representatives

2.9.26 **Social Work Services – Mental Health Officers**

2.9.27 It is recognised that there is a national shortage of Mental Health Officers operating within Social Work roles, and as such there is on-going activity to review the pressures on local systems, work to review MHP capacity and the current numbers employed.

2.9.28 Glasgow city HSCP’s Mental Health Officer’s range and scope of work covers statutory interventions, emergency detentions, Adults with Incapacity, Guardianship and Adult Support and Protection

2.9.29 The role of Mental health Officers is significant within the broader mental health system. There is continuing pressure on the system and work is on-going to increase the mental Health Officer capacity in the City by looking at different models to meet the demand.

2.9.30 **Occupational Therapy – Adult Services**

2.9.31 The National Delivery Plan (NDP) for the Allied Health professions in Scotland (2012) identified AHPS as experts in rehabilitation at the point of registration, bringing a different perspective to the planning and delivery of services.

2.9.32 This plan, and the Independent Living and Improvement programme (AILIP) builds on the work of the NDP and will focus on the contribution of AHPS throughout the life curve and emphasise their contribution in early intervention, rehabilitation and enablement.

2.9.33 The emphasis in the strategic plan around early intervention and prevention could suggest that more Occupational Therapists should work in Primary Care. The majority of the current NHSGGC workforce are deployed in secondary care services. Similarly given their skills within rehabilitation, the focus on “home is best”/organising discharge as early as possible, could recommend that a high proportion of the Occupational Therapy resource should be in the community to facilitate early discharge and provide recovery and rehabilitation.

2.9.34 **Homelessness Services**

2.9.35 Adult Services within the HSCP leads in relation to Homelessness Services provided across the City.

2.9.36 Homelessness Services are delivered primarily through the Community Homelessness Teams (CHTs) which perform a central role in a wider network of homelessness service delivery. In addition, there are Homelessness health, residential and Property Teams.

2.9.37 Currently 314 staff are directly employed by the HSCP in the delivery of Homelessness Services. 247 are in the CHTs, Residential Teams and related activities and 67 in Health Teams.

2.9.38 **Sexual Health Services**

2.9.39 Sandyford Sexual Health Service is a service for the whole of NHS Greater Glasgow and Clyde, hosted by Glasgow City HSCP. The service provides universal sexual health services for the population provided for by NHS Greater Glasgow and Clyde as well as specialist services for complex procedures and specific population groups. Many of the specialist services are provided on a regional or national basis.

2.9.40 Sandyford is also a significant training centre for new consultants in genito-urinary medicine and gynaecology and receives significant funding from NES (NHS Education for Scotland) to facilitate this.

2.9.41 The service is managed through the North West Locality and has planning structures in place for each of the Health & Social Care Partnerships across the Board area. It delivers services across 15 sites.

2.9.42 In February 2017, a review of services was initiated with the following aims

- Improving the use of existing resources and releasing efficiencies through service redesign, with consideration of team structures, skill mix, localities and patient pathways
- Encouraging those who could be self-managing to be supported differently;
- Ensuring that Sandyford services are accessible to and targeting the most vulnerable groups

2.9.43 Sandyford has a highly skilled clinical workforce with a mix of consultant and specialty grade doctors, training grade doctors, advanced nurse practitioners, specialist sexual health nurses, sexual health advisors, biomedical scientists, healthcare support workers and administrative staff who are all trained to work with clients with specialist sexual health presentations. The new model will need to ensure that the integrated workforce is working in an efficient way that allows a degree of flexibility and builds capacity to manage both scheduled care and urgent/ undifferentiated care services.

2.9.44 Increasingly the service has faced problems with the shortage of specialty medical cover (this is a problem nationally for sexual health services). This has presented some skill mix challenges and the services has responded with the development of Advanced Nurse practitioners – there are currently four ANPs with a further two in training. However, the service continues to face pressures in service delivery. The review process has therefore recommended a new service model across three tiers, two of which will be nurse delivered. This will require a full review of the workforce, including a greater skill mix within nursing.

2.9.45 **Alcohol and Drugs**

2.9.46 Recovery Services

2.9.47 Alcohol & Drug Recovery Services in Glasgow City cover 3 sectors by means of Care and Treatment Teams (CAT's). They deliver integrated health and social care for individuals affected by drug and alcohol misuse.

2.9.48 Core objectives for the service are;

- To ensure individuals in the greatest need are prioritised in terms of access to co-ordinated services.
- To improve efficiency and effectiveness of addiction related intervention by effective multidisciplinary working.
- To ensure that services users and the wider community can benefit from the full range of care and treatment options available.
- To ensure that individual needs are assessed by competent staff with a wide range of specialist skills and knowledge.
- To ensure that service users have a robust recovery plan ensuring that the service and services users have a clear focus on outcomes
- To ensure that there is a joint approach to the planning and development of new services, which meet local unmet need.

2.9.49 Teams are multidisciplinary and include Medical Officers, nurses, social care workers, psychologists , Occupational Therapists and Pharmacists

2.9.50 There are also 2 day and 2 inpatient services at Stobhill and Gartnavel Hospitals with staffing groups consisting of nursing, psychiatry and dietetics.

2.9.51 Medical Staffing

2.9.52 Medical staff work either in the community (Medical Officer/Senior Medical Officers supporting community addiction teams) or in Tier 4 addiction services.

2.9.53 General Practitioners (and practices) are also contracted through the NES Drug Misuse Contract to deliver Opiate Replacement Treatment in partnership with the community services.

2.9.54 **Learning Disability**

2.9.55 Glasgow City HSCP has Learning Disability Services in both health and social care. A piece of work has commenced to allow the delivery of an integrated service model – ' L D the Way Forward', to address the pressures of an aging workforce and increase in demand. Once completed, a revised workforce profile will be implemented to ensure staffing numbers can deliver services to the right people at the right time in the right place.

2.9.56 Across Glasgow City HSCP there are 83.13 wte Social Care staff and 65.01 wte Health Staff.

2.9.57 **Prison and Police Custody Healthcare Services**

2.9.58 There are three publically owned prisons in the NHSGGC geographical area all of which are closed prisons. These are:

- HMP Barlinnie;
- HMP Greenock;
- HMP Low Moss.

2.9.59 The NHSGG & C Prison Healthcare Model is nurse led with healthcare split into three areas: Primary Care (Acute and long term conditions, Addictions (drug alcohol and tobacco) and Mental Health (mild, moderate and severe mental health concerns). Medical input is via Prison healthcare GPs who work core hours and supported by a range of visiting specialities including Psychiatry, Dentistry, Podiatry and Ophthalmology. Out of hours medical cover is provided via Forensic Physicians linked to Police Custody healthcare. Patients receive a comprehensive assessment and open referral service in Prison healthcare. Links are also maintained or established with community resources to ensure continuity of care is maintained for patients.

2.9.60 Recruitment and retention of a skilled workforce remains an on-going issue for Prison Healthcare. Delivering healthcare in a challenging environment is added to when considering the following factors.

- Inappropriate accommodation
- Increasing prisoner numbers
- Ageing population of prisoners
- Increased use of NPS
- Prison regimes
- Increasing number of complaints

2.9.61 Developments in service provision include the use of Telehealth, NMP and ANP, Psychological Therapies, Palliative Care pathways and working towards Smokefree Prisons – effective from November 2018.

2.9.62 The NHSGGC Police Custody Healthcare Service model is a nurse led service with nursing staff on duty 24 hours a day, 7 days a week, supported by an on call rota of Forensic Physicians, (FPs).The nursing staff arebased at an NHS healthcare hub located in a Police Office (currently at Govan Police Station) and work peripatetically from there. All calls are triaged and cases allocated to the most appropriate clinician on duty. The service provides healthcare required for individuals arrested and held within police cells in the GG&C area. It is a peripatetic service providing assessment and treatment in 5 full-time and 2 part-time stations. The service provides a comprehensive assessment and offer treatment for drug and alcohol withdrawals, chronic disease management and mental health issues. The service will also, where possible, try to link the individual into community services and also liaise with various partners within the Health and Social Care Partnerships. Service provision also includes responding to the Scottish Terrorist Detention Centre, as set out in the Service Specification.

2.9.63 The current staffing compliment is 23.5 wte. The Medical input to the service is supplied by a private group of doctors who provide FP and Child Forensic Physicians cover (CFP).

2.9.64 The development of a Criminal Justice Hub in Glasgow will allow Police Custody healthcare to form a close partnership with other agencies to ensure that individuals in custody will have access to a range of services at the point of contact. The creation of joint nursing posts between Police Custody healthcare and Archway is another new development for the service.

2.9.65 **Criminal Justice**

2.9.66 Glasgow City HSCP is responsible for the provision of statutory Criminal Justice services across the City. These are delivered via three locality based teams along with a number of citywide centre based teams.

2.9.67 In the forthcoming year, new legislation (The Management of Offenders Bill) along with an increase in the presumption against short term sentences of under one year are expected to lead to an increase in community based sentences. This is likely to result in an increased demand on Criminal Justice Services within the city both in terms of the level of demand, but also the complexity of need and level of risk being managed in the community.

2.9.68 Health Improvement

2.9.69 The majority of the Health Improvement workforce in Glasgow city is organised in three locality based teams, with additional capacity from a small number of city wide posts(all led by the Head of Health Improvement) and significant input from Board wide specialist teams in sexual health, addictions and mental health.

2.9.70 Health Improvement forms part of the wider Public Health workforce and liaises closely with Public Health colleagues within the GGC NHS Board.

2.9.71 Workforce Planning and development is driven through the Board wide Health Improvement workforce development group, chaired by one of the city health improvement managers.

2.9.72 Glasgow City HSCP services were part of the NHSGGC Public Health review which concluded in the spring of 2017. The review advocated a refresh of the functional domains for staff (based on Scottish Review of Public Health published in February 2016). This identifies 12 critical and core functional areas for health improvement staff, the challenge is to develop and maintain levels of competence of the workforce across these domains.

2.9.73 Live issues for the health improvement workforce include:

- Responding to the workforce implications emerging from the national Public Health Review and Public Health Strategic Statement from the Scottish Government.
- Implement the Practitioner registration scheme led by NHS Health Scotland. (NHSGGC currently have a small number of staff working to achieve registration via the pilot scheme).

- Ensure that the workforce is appropriately trained, supported and developed to fulfil the full range of competencies set out in the refreshed UKPHR Skills and Competency framework[8]) and the public health functions as set out by GGC in its suite of work on the Public Health Review

2.9.74 Overall within Health Improvement there is an on-going collaborative effort to ensure that a workforce development plan is co-ordinated for the city for health improvement, achieving efficiencies and economies of scale in responding to the training and development needs of the staff, with a clear fit and link into the Board wide Workforce Development Plan for health improvement

2.9.75 Key priorities for the workforce will be developing transferable skills and key functions in partnership working, influencing and creating partnerships to drive forward the health improvement strategic direction for Glasgow city within the workforce.

2.9.76 In practical terms, there is an on-going collaborative effort to ensure that a workforce development plan is co-ordinated for the city for health improvement, achieving efficiencies and economies of scale in responding to the training and development needs of the staff, with a clear fit and link into the Board wide Workforce Development Plan for health improvement

2.9.77 Transferable skills and key functions in partnership working, influencing and creating partnerships to drive forward the health improvement strategic direction for Glasgow city within the workforce, via distributed leadership, are some of the key priorities in moving forward

2.10 Pharmacy and Prescribing Support

2.10.1 The professional direction of Pharmacy is outlined in Achieving Excellence in Pharmaceutical Care (AEPhC), published in August 2017. This is aligned to strategies such as the Health and Social Care Delivery Plan, the National Clinical Strategy, Realistic Medicine, the Mental Health Strategy, and actions to reduce unscheduled care. It aims to improve 'NHS Pharmaceutical Care' and 'Enable Transformation', and is underpinned by 9 commitments. Key commitments for primary care are 'Pharmacy Teams Integrated into GP Practice'; 'Improved Pharmaceutical Care at home or in a Care Home '; Improved and Increased Use of Community Pharmacy'; 'Safer Use of Medicines'; Enhanced Workforce Capability and Capacity'; and 'Improved Service Delivery through Digital Information and Technologies'. This supports a further commitment to ensure 'Sustainable Services that Meet Population Needs'.

[8] http://www.ukphr.org/wp-content/uploads/2014/08/UKPHR-Practitioner-Standards-14.pdf

2.10.2 Publication of the new Scottish GMS contract in November 2017, included a proposed Pharmacotherapy service, requiring investment in additional Pharmacy staff. This supports pharmacy staff to take on appropriate medicines related tasks in GP practice, freeing up GP time and improving the safe, effective and efficient use of medicines to benefit patient care. Small amounts of funding have been available since 2016 to allow piloting of new ways of working, which have resulted in 23 wte staff being employed as at March 2018. Planning is currently underway to scale the service in line with available workforce and finance.

2.10.3 In addition to the strategic and contractual influences on the service, there remains a core requirement within the HSCP Prescribing Support Team to ensure cost-effective use of medicines. The team works closely with Prescribers and other stakeholders, to deliver prescribing initiatives aimed at attaining financial balance in the Primary Care Prescribing Budget of around £125 million per annum.

2.10.4 Additional to the Prescribing Support Service within the HSCP is the Community Pharmacy contractors. 2017 saw extension of the minor ailment service to include management under patient group directive (PGD) of uncomplicated UTI and impetigo. Further extension of this is under discussion with the aim of increasing utilisation of Pharmacy First, and reducing unnecessary demand on other parts of the system. Alongside this the Chronic Medication Service is being relaunched in 2018 as the Medicines Care and Review Service, which supports suitable patients to receive repeat medication direct from their pharmacy for up to 48 weeks. Consideration is currently being given to how patient use of this service can be maximised. These developments, along with testing of automated dispensing are supported by the national strategy.

2.10.4 Across the HSCP, PPSU has supported the development of Prescribing Support Teams which are delivering cost efficiencies and improved quality of primary care prescribing practice. Skill mix review is also a feature of this development with increasing responsibility being assigned to community pharmacists and to specialist pharmacy technicians who support the GPs and the Prescribing Support Pharmacists. Investment in this activity can demonstrate both cost and quality improvements.

2.10.5 The HSCPs Lead Clinical Pharmacist continues to operate clinics to manage caseloads of patients with long term conditions reducing pressure on GP appointments. This is in line with the PfE vision of “General Practice Clinical Pharmacists” and has the potential to reduce demand on GP’s and offering a part solution to GP workforce shortages.

2.10.6 The need for ongoing efficiencies will clearly influence all aspects of service provision, with concerns about cost effectiveness and affordability in prescribing practice, driven by the ageing population, increasing prevalence of long term conditions and the emergence of innovative therapies from the pharmaceutical industry.

2.10.7 The Scottish Government (SG) has indicated that NHS Board Pharmaceutical Care Services Plans should be subject to wide ranging review and redesign with the aim of enhancing the role of the pharmacist and encouraging closer working with GPs and other community based services. This will examine the pharmaceutical needs of patients and the arrangements for providing NHS Pharmaceutical Services to ensure safe and effective care to patients in the community

2.10.8 The PPSU Community Pharmacy Development Team is facilitating a significant programme of change in professional roles in community pharmacy through the Chronic Medication Service (CMS) which is a partnership between the GP, pharmacist and patient to improve the safe, effective and cost effective use of medicines used in long term conditions.

2.10.9 This links directly to the vision in PfE that pharmacists working in community locations are independent prescribers, working in close partnership with the medical profession. The aim is that post diagnosis patient caseloads will be selectively allocated by GPs to the local prescribing pharmacists who will manage the patient's medicines by conducting regular consultations to review progress, monitor outcomes and prescribe the appropriate medicines.

2.11 Business Support

2.11.1 The Integration Scheme agreed between the Council and Health Board (The Parties) indicates that:

2.11.2 "The Parties agree to make available to the Integration Joint Board such professional, technical or administrative resources as are required to support the development of the Strategic Plan and the carrying out of delegated functions.

- *The existing planning, performance, quality assurance and development support arrangements and resources of the Parties will be used as a model for the future strategic support arrangements to the Integration Joint Board.*

- *The Parties will reach an agreement on how this will be integrated within the annual budget setting and review processes for the Integration Joint Board.*

- *Collaboratively, the Health Board, Council and Integration Joint Board will conduct an in-year review within the first year of the Integration Joint Board being established, to ensure the Parties are providing the level of support required."*

2.11.3 Following the establishment of the Glasgow City Integration Joint Board (IJB) and the Glasgow City Health and Social Care Partnership (HSCP), it is considered that there is scope to improve the provision of the Business Support function through an integrated approach, as opposed to the largely separate Council and Health Board systems currently in place.

2.11.4 The scale of the Glasgow HSCP, and the significant amount of transformational change and integration of previously separate functions which will take place over the next few years is such that continuing to apply previous models of support to these functions is very unlikely to be the most effective, efficient or appropriate way forward.

2.11.5 It is necessary therefore to review our Business Support arrangements in the context of this change, and the expected future needs of the Integration Joint Board and the Partnership.

2.11.6 At present, the Business Support function is largely delivered within two separate Council and Health Board systems. A joint review of Administrative functions has commenced. Early work has included full scoping of the staffing and tasks undertaken across both organisations and the review group has been established including representatives from both the NHS Staff Partnership Forum and council trade unions

2.11.7 The main objectives of the review are:

- Developing a clear understanding of existing business support arrangements within the Health and Social Care Partnership
- Consideration of how effectively these arrangements support the aims, objectives and future direction of the Partnership
- Development of options / proposals for how business support could be delivered in future

2.11.8 The nature of the impact on the workforce cannot be quantified until completion of review activity. The impact on the workforce will be analysed and considered in the identification of recommended options.

2.11.9 Glasgow City Council and NHS Scotland is at present committed to a policy of no compulsory redundancies among its staff, and it is further considered that no proposals will be brought forward which involve any element of compulsory redundancy for health board employees.

2.12 The Financial Environment

2.12.1 Figure 2.7 shows the 2018/19 budget for Glasgow City HSCP by the various service delivery areas.

2.12.2 Glasgow, in common with all public services in Scotland, has faced significant financial challenges in recent years, with further pressures anticipated in future years.

Figure 2.7

	Annual Budget
	£000's
Children and Families	149,150
Adult Services	269,569
Older People Services	272,786
Resources	50,169
Criminal Justice	-830
Prescribing	125,196
Family Health Services	173,470
Other Services	5,969
Net Expenditure	**1,045,479**

2.12.3 The Partnership Annual Finance Statement is published in April each year. This statement outlines the total resources available to the Integration Joint Board for delivery of the overall Strategic Plan.

2.12.4 Financial pressures on health and social care services include:

- Reduced levels of funding from central government

- Increasing costs of medications and purchased care services
- An ageing population with a corresponding increase in multi-morbidities and individuals with complex needs
- Increasing rates of dementia
- Increases in hospital admissions, bed days and delayed discharges
- Increases in National Insurance contributions for employers
- The increasing minimum wage and move to a living wage, leading to increased employer costs and requests for uplifts from contractors
- Superannuation increases and the impacts of automatic pension enrolment

2.12.5 Some of the measures we will take to address the financial changes facing the partnership are:

- Through our Service Reform programme, develop more efficient methods of service delivery which focus on outcomes and the needs of patients and service users
- Develop innovative new models of service which support people to live longer in their own homes and communities, with less reliance on hospital and residential care
- Continue the successful programme of work already underway to reduce and ultimately eliminate delayed discharges
- Develop a service model which is focussed on prevention and early intervention, promoting community based supports over residential settings
- Develop a Property Strategy which ensures that our use of property supports the aims of the Integration Joint Board of delivering high-quality, effective services to people in their own communities

2.13 New General Medical Services (GMS) Contract (2018)

2.13.1 The new contract began in April 2018 and outlines a range of changes that will take place between 2018 and 2021. It is intended that this three year period will be Phase 1 of the process and the Government and profession have agreed to develop plans for a second phase which will be subject to another poll pf GPs in 202. The contract for 2018-21 is supported by a Memorandum of Understanding which identifies 6 priorities for reducing the workload of GPs as part of the broader plan for sustaining primary care services.

These priorities are,

- Vaccination Services
- Parmocotherapy services
- Community treatment and care services
- Urgent care services
- Additional professional services, including acute MSK physiotherapy services and community services
- Community Link work services.

2.13.2 The detail of the proposals in relation to the new GMS arrangements are detailed in the Primary Care Improvement Plan for the HSCP, developed in partnership with General Practitioners across the HSCP, and will be delivered in conjunction with them, NHS Greater Glasgow and Clyde and the other HSCPS. Progress in relation to workforce proposals will be reported in future plans.

2.14 Potential Impact of Brexit

2.14.1 The United Kingdom's decision to leave the EU will have major implications for many employers, not least National health and Social Care Services. The full implications for migration and the HSCP workforce will only become clear once the Withdrawal Agreement and the UK's future relationship with the European Union is finalised.

2.14.2 Glasgow City Council and NHS Greater Glasgow and Clyde are preparing practical plans to mitigate the potential impacts and some practical steps are already in place, including working groups at both a board and council level taking a risk assessment approach to issues being identified at both a local and national level.

2.15 Safe and Effective Staffing in Health and Social Care

2.15.1 Consultation has taken place regarding delivery of legislation within Scotland to establish in the law the principles of safe staffing within both health and social care services. The aim of the legislation is to be an enabler of high quality care and improved outcomes for services users in both the health service and care services by helping to ensure appropriate staffing for high quality care.

2.15.2 The use of workload tools across both the health and social care staffing groups, use of professional judgement, local context and quality measures are anticipated in the legislation planned.

3 Future Workforce

3.1 The future Older Peoples Services Workforce

3.1.1 As described in Chapter 2 of this plan work is underway to reshape the design and delivery of care for older people across the city ensuring there is a clear focus on maintaining their independence; health and wellbeing.

3.1.2 The workforce implications include a move to a flat management structure across older people and physical disability services and in implementing the new structure it is likely that efficiencies can be achieved across the service reflecting new roles and responsibilities

Workforce Actions – Older People's Services
• Development of a work stream to consider the future role and management arrangements of the community nursing workforce. • Developing a workforce to support delivery of the Primary Care Improvement Plan • Complete the review of occupational therapy services and community rehabilition and enablement services. • Develop and support advanced nurse practitioner roles • Support the embedding of integrated working to deliver the neighbourhood team model • Ensure on-going evaluation and review of the city-wide Respiratory service to alight workforce and work patterns to the effective delivery of a 7 day service that meets identified need and reduces the demand on unscheduled care and dependency on General Practice. • In keeping with Action 22 of the HSCPs 5 year Palliative and End of Life plan, work with partners to maximise resource utilisation and consider the workforce and financial implications of meeting the increasing need for palliative and end of life care in community settings.

3.1.3 **District Nursing**

3.1.4 The average age of the Band 6 Nursing Workforce is 53 years with 70% of the workforce over the age of 50 years.

3.1.5 Staff over 60 years could opt to leave the service at any time and the number of staff that have the option to leave in the next 24 months is 68.11 wte or 13% of the current workforce

The District Nursing Review Programme Board identified a future workforce model for the service of 1 Band 6 WTE per 9000 registered population supported by a wider skill mix team of staff nurses and health care assistants. This was based on an analysis of workforce and workload including a benchmarking exercise with other health boards / authorities across the UK. Achievement of the redesigned workforce model was predicted to be completed by March 2017 through natural turnover.

3.1.6 Since that time services have moved towards the agreed model as opportunities have arisen to redesign the workforce. The new model saw a reduction in the number of band 6 posts across the system with an increase in band 5 and band 3 support workers.

3.1.7 There has been an increase in the past 2 years in the number of experienced district nurses retiring and moving to other areas to work which has resulted in recruitment and retention difficulties within the service. This has resulted in a number of vacancies across the system with services required to develop risk management plans to ensure safe and effective service provision.

3.1.8 In a bid to ensure the supply of adequately qualified district nurses Glasgow City HSCP committed to recruit to and train staff for in the Post Graduate Diploma Advanced Practice in District Nursing on a part time and full time training programme at Glasgow Caledonian University

District Nursing Workforce Student Training Allocation

HSCP	DN Students
2016 - 2017	14
2017- 2019 (pt prog)	7
2018 – 2019 (ft prog)	13

3.1.9 In future there is a need to consider the potential increase in demand for community nursing services as a result of new ways of working for GPs which will place additional pressured on the existing workforce.

3.1.10 The district nursing workforce is key to the emerging models of community care and the provision of high quality care at home which will be essential in supporting the increase in demand for complex care. NHSGGC committed to a workforce model in 2012 to ensure that the right number of staff were in place at the right time to deliver this service.

3.1.11 There have been challenges in ensuring that sufficient numbers of qualified district nurses are in place due to the demographics of the workforce which is ageing in line with the wider population. A continued commitment to the on-going education has resulted in the HSCP's being in a better position than some other parts of the country. However there is a real risk that the current financial challenges may see a shift from the agreed workforce model. Incorporated within this is the risk that individual HSCP's may have differing priorities therefore a range of models could potentially exist across the health board area.

Workforce Actions – District Nursing

- Align graduating DN student to existing HSCP DN team vacancies
- Continue to Monitor DN Workforce Trends and assess required student training numbers for induction onto future training cohorts;
- Assess the impact of recommendations of the national review of District Nursing
- Monitor the results of future applications of the workload tool to the DN workforce
- Explore the opportunities available to widen access to the Post Graduate Diploma Advanced Practice in District Nursing through flexible education and training routes

3.1.4 **Occupational Therapy**

Workforce Actions – Occupational Therapy

- Consider creative ways of developing OT posts at an early stage within the care pathway to evidence the impact they can make
- Review the OT support staff role and consider where they are best placed within the care pathway
- Develop a performance management system for OT

3.2 The future Children's and Families Services Workforce

3.2.1 Health Visiting

3.2.2 The Scottish Government guidance stipulated that each Board must run the Caseload Weighting Tool during May 2015 to "identify any gap in resources needed to deliver the future vision".

3.2.3 NHSGGC completed The Caseload Weighting Tool exercise, and Scottish Government subsequently confirmed, in June 2015, resource to fund a projected need of 200 WTE Health Visitors required supporting additional activity.

3.2.4 As part of this additional input it was identified that Glasgow City HSCP required an extra 123 wte Health Visitors.

3.2.5 NHSGGC has prioritised the development of community children and family services, based on the national policy directives such as **Health for All Children**[9], the **Early Years' Framework**[10] and **Getting it Right for Every Child** and most recently CEL13(2013) Publiic Health Nursing Service Future Focus our own local policy paper **Mind the Gaps**[11]. Key deliverables from this work have included:

- Enhancing the capacity and infrastructure of our children and family teams to support delivery particularly to vulnerable children;
- Developing Leadership and Increasing Management Capacity;
- Introducing an NHSGGC GIRFEC framework.

3.2.6 A recruitment plan has been put in place to support students through the Specialist Community Public Health Nursing (SCPHN) Health Visiting Programme in order to increase our Health Visiting capacity by 200 wte across NHSGGC (123 WTE for Glasgow City HSCP) posts in line with the SG Health Visitor Investment Programme.

[9] Health for all children: http://www.gov.scot/Resource/Doc/37432/0011167.pdf
[10] Early years framework: http://www.gov.scot/resource/doc/257007/0076309.pdf
[11] Mind the gaps: http://www.gov.scot/Publications/2003/10/18358/28082
Scottish Government (2013) Public Health Nursing Service Future Focus. Chief Executive Letter Edinburgh, Scottish Government.

3.2.7 The table below splits out into historic and projected future graduates per financial year:

NHS Greater Glasgow and Clyde				
Health Visiting Workforce Allocation 2015/19				
Graduating Year	**2015**	**2016**	**2017**	**2018**
Students Graduating	**10**	**54**	**80**	**56**

3.2.8 By 2019 the HSCP expect to deliver:

- A cap on caseloads to 350 children;
- A reduction in caseloads to 100 children for those health visitors who have the largest proportions of deprived children;
- Capacity to undertake targeted interventions for vulnerable children;
- Leadership/Supervisory ratios maintained at 1:10.

3.2.9 In preparation for the implementation of the Named Person and the introduction of the revised 0-5 Health Visiting Universal Pathway Health Visitors, Practice Development Nurses, Practice Teachers and Team Leaders require continuing professional education with focus on the four nationally agreed priority areas below. Three of the priority CPDs sessions have been delivered and the final CPD will commence in April 2017. The CPS is being delivered by Glasgow Caledonian University colleagues.

- Named Person;
- Leadership and Management;
- Strength/Asset Based approaches;
- Child Development, Illness and Assessment Tools.

3.2.10 In addition to the Continuous Professional Development (CPD) requirement there are other key areas for training as part of the GIRFEC NPM including:

- Outcome Analysis Training;
- Graded Care Profile/Neglect Tool;
- New Universal Pathway Training;

3.2.11 To support the workforce the GIRFEC group has developed training based around the relevant topics outlined below:

- Named Person; Lead Professional; Single Childs Plan; Request for assistance;
- Information management, sharing and transfer;
- Communication Strategy; Complaints process;
- Links with colleagues in the wider Community Services, Acute Services and Women & Children Service.

Workforce Actions – Children and Families Services
• Continue to monitor the level of Health Visitor vacancies to mitigate risk to service provision

- Continue to monitor the additional Health visiting posts in line with recent investment from SG
- Ensure future retiral projection numbers are returned on a regular basis to SGHD in order to inform future recruitment requirements
- Continue engagement with staff in the work programmes
- Review and audit of expenditure on children's services is in progress
- Undertake an evaluation of the Includem activity to measure its effectiveness and ability to reduce expenditure
- Re-design the Placement Team.

3.3 The Future Adult Services Workforce

3.3.1 Mental Health Services

3.3.2 The Adult Mental Health workforce is made up predominantly of psychiatrists, psychologists, nursing and occupational therapist staff with 65% of the total made up of nurses. Across all disciplines the workforce has fallen by around 9% since 2010.

3.3.3 In comparison to 2010 staffing levels in 2018 were

- AHPs 70%
- Admin 79%
- Medical 78%
- Consultants 105%
- Therapeutic Services 75%
- Nursing 62%
- Personal & Social Care 82%

Though unavailable to new entrants the current workforce of **medical consultants** is able to retire at 55 on account of MHO status. Projected potential retirals over the next two years amongst consultants are around 18.65 wte (24 posts) or approximately 17% of the current workforce.

3.3.4 In addition some specialist services could be disproportionately affected by retirals.

3.3.5 While we have little current difficulty in recruitment within the city it is estimated that if even 50% of the potential total retires that this will pose a serious challenge with competition from other health boards. This will leave us more dependent on reaching arrangements with returning consultants (those recently retired) or through increased use of locums. However in terms of consultant trainees the medium term looks more promising.

Workforce Actions – Mental Health Medical

- Monitor levels of Consultant retirals in specialist service to assess impact on service delivery

3.3.6 Nurses comprise 70% of the total mental health workforce with 2,440 working across Greater Glasgow and Clyde city. 88% are full time with an average age of 47 years but with a significant proportion (45% over the age of 50 years). 15% have MHO status (a drop of 180 staff since the anchor point in 2016) with 190 eligible to retire within the next 2 years. Turnover as predicted is high – with the primary source of causation being age related factors (55% 2017/18). Some services could be particularly affected in the coming years by retirals exceeding 50% of staffing within 24 months. The Workforce Planning Group's view that the majority of staff with MHO status who can retire prior to 2022 are likely to do so. It would appear that although the critical mass of nursing staff within Mental Health has dropped through closure and or realignment of services – the numbers of staff leaving has not dropped pro rata – conversely it is on an upward gradient

3.3.7 The Workforce Planning Group's view that the majority of staff with MHO status who can retire prior to 2022 are highly likely to do so.

3.3.8 There are a number of care group areas with staff profiles which could potentially lead to retirements in excess of 20% of current workforce per annum are:

- Acute adult inpatients (20%);
- Inpatient Rehabilitation/Continuing Care (31%);
- MH Inpatient support (25%);
- Inpatient Allied Health Professional (21%);
- Inpatient older adult (28%);
- Inpatient older adult complex/continuing care (28%).
- Psychotherapy (51%)

3.3.9 All inpatient wards are overspent against funded establishment. An analysis of current staffing ratios across the 50 inpatient wards reveals current deficits in terms of the levels of registered staff. A number of wards are working with a Registrant ratio of around a 50:50 or less which is below the recommended skill mix level of 65:35. Recent action was taken within Glasgow City in order to improve the relative % of skill mix of 4 wards in order to meet the Nurse Director, Partnerships' minimum recommended ratio of 60:40 with a view to achieving 65;35 in the longer term in preparation for the requirements of the statutory workforce tools' outcomes.

3.3.10 There is an imbalance between those who may leave and those may enter the profession. Currently there are 116 pre-registration mental health students in training with only a small increase planned. Some additional funding of £3M has been provided nationally to recruit advanced nurse practitioners but this is across all nursing groups.

3.3.11 In light of these factors it is recommended that a review of current ward establishment budgets is undertaken to reflect this in the context of meeting the recommended registered to unregistered nurse skill mix ratio and ensuring the nursing profile model detailed in the table below is met.

NHSGGC Mental Health Services	
Possible Staffing Profile for 20-24 Bedded Ward*	
Band	**WTE**
Senior Charge Nurse (Band 7)	**1.00**
Charge Nurse (Band 6)	**2.00**
Band 5	**13 – 17 WTE (depending on bed numbers)**
Unregistered staff	**10 – 14 WTE (depending on bed numbers)**

3.3.12 Currently inpatient wards have an indicative "funded establishment" aligned to budget. The only expected variation to this budget is the additional monies to support pay awards and/or incremental appreciation.

3.3.13 At present every ward requires supplementary additional staffing to meet clinical need the main reasons relate to enhanced observation, sickness and vacancy cover. At the anchor point in 2016 the supplementary staffing approximates to over 300 WTE per week (i.e. 20%) of the current inpatient nursing workforce. At the time of writing (August 2018) the average additional WTE per week used to augment the inpost is averaging 330 wte's per week The additional resources are made up from Agency, Bank, Overtime and Extra to Contracted hours. Furthermore several of Community services are now regularly reliant upon augmentation through the Nurse Bank.

3.3.14 In total, this supplementary staffing approximates to over 300 WTE per week (i.e. 20%) of the current inpatient nursing workforce. The additional resources are made up from Agency, Bank, Overtime and Extra to Contracted hours. Mental Health has always relied upon additional hours to supplement services.

3.3.15 The results of the NMWWT suggest that the current ward funded establishments are not sufficient to meet the increasing complexity and acuity of patient need. The current funded establishment staff figures were established circa thirty years ago in response to the perceived population need at that point.

3.3.16 The result of the recent NMWWT tool showed that in excess of 50% of the supplementary staff was used to provide enhanced observations, it is further evidence that the nature of the severity of condition for mental health patients on admission has changed. Amongst other factors, improved access to Community Services and the work of the Crisis teams are enabling patients to be maintained in the community for longer, but experiencing greater severity in their symptoms at the point of admission.

3.3.17 It was also noted that out of the 62 participating wards, 10 had skill mixes lower than 50:50. The lowest skill mix was 38% registered WTE to 62% unregistered WTE. Many of these skill mixes are historical in nature and do not meet the recommended RCN 65:35 % skill mix for registered to unregistered nursing staff.

3.3.18 The current skill mix for inpatient wards is 56:44% (730 wte to 580 wte). In order to meet a 65:35% skill mix the service would require to recruit an additional 140 wte (note that this does not take into account the replacement requirements generated by retirals and other leavers).

3.3.19 The high numbers of potential retirees not only creates gaps in workforce capacity, but also represents a significant diminution in organisational knowledge, skills and experience which cannot be remedied solely by the appointment of newly qualified registrants. It would be prudent to consider how the experience and quality relationships with service users and their families can most effectively be "handed over" to the next generation of nurses.

3.3.20 Within NHSGGC Nursing and Midwifery leavers rates are, on average around 8%.The figure for mental health nursing is now averaging around 15% (with retirement accounting for up to 40% of MHS leavers and rising). There are almost 400 staff who will be able to retire under MHO criteria during financial years 2017-19.

3.3.21 Within NHSGGC, Mental Health Services have not encountered difficulty in recruiting registered staff. This picture varies across HSCP areas and in order to ensure ongoing successful recruitment we require to ensure equitable access to vacancies for this staff group.

3.3.22 The Nursing and Midwifery Student Intake Planning Stakeholder Group recommendations to Ministers resulted in confirmation of a 10.8% increase in the intakes to pre-registration nursing and midwifery programmes in the 2018/19 Academic Year, local Higher Education Institutions (HEIs) in the West of Scotland (WoS) will recruit to a total of 197 pre-registration mental health nurse training places (note that this pool of graduate staff will be available for recruitment in 2021 to all WoS NHS Boards). In addition, 36 student places have been allocated to Open University (OU) to enable flexible and widened access to pre-registration education nationally. NHSGGC are actively promoting Healthcare Support Worker access to the OU programme.

3.3.23 Return to Practice – during 2017 - 2020 the Scottish Government will provide an additional £450,000 (nationally) for a Return to Practice scheme to encourage former nurses and midwives back into the profession. This will enable around 75 former nurse and midwives to retrain each year and re-enter employment. This is hoped to address short term recruitment challenges, while at the same time helping address a more cost-effective way to meet projected requirements for more qualified staff in the medium term.

Workforce Actions – Mental Health Nursing

• Complete the review of current ward establishment budgets
• Implement Nurse Director recommended registered to unregistered skill mix of 65:35% for all wards
• Better use of resources
  • Improved Rostering through running more "Master classes"
  • Application of 25% Predicted Absence Allowance when rostering
  • Advance Nurse Practitioners training/recruitment
  • Recruitment Actions to mitigate the impact of ageing workforce and increased MHO retirals

3.3.24 **Addictions**

3.3.25 Following the conclusion of the Community Addiction Team Review, the community based medical workforce and non-medical prescribers will become more aligned to the functions of the recommended sub-teams as they come into effect. It is also anticipated that more capacity will be required in GP shared care services. With the increasing complexity and psychiatric co-morbidity of the community caseload and to ease patient pathways to access mental health supports, recent progress has seen some addiction psychiatry services being delivered within the community addiction team. Work is on-going to release psychiatry capacity for community work and to reduce the number of consultant teams working into the in-patient units.

3.3.26 Non-medical prescribers have been employed to take on prescribing roles previously held by medical officers and an advanced nurse pilot is being tested in an addiction in-patient unit.

3.3.27 Following the conclusions of the Alcohol and Drugs CSR, day services are being re-designed from April 2018, and the Glasgow ARBD services will undergo review. Both will have implications for medical roles in these settings.

3.3.28 It is anticipated that medical staffing changes can be made to meet the priorities identified above through utilisation of opportunities anticipated through retirements and the regular turnover of community based medical staff.

Workforce Actions – Alcohol and Drugs
• Review the results of the advanced nurse pilot • Monitor workforce alignment with continuing implementation of CAT review • Review implications for medical role with day service redesign and ARSD review • Monitor Staff turnover and workforce balance

3.3.29 **Learning Disability**

Workforce Actions – Learning Disability Nursing
• Develop a 5 Year plan to ensure stability of services within projected financial parameters and produce a workforce plan to support planned changes. • Implementation of a NHSGGC-wide resource allocation model (RAM) and associated workforce changes • Continue to review the registered nursing skill mix within Learning Disabilities

3.3.30 **Homelessness Services**

3.3.31 The HSCP is currently active in a number of areas with a view to improving responsiveness and outcomes for this vulnerable group.

- The ADP has funded an assertive outreach service which has been focused on public injectors. This has informed a contemporary health needs assessment and the current business case on safe consumption room and heroin assisted treatment – which will be reported to the IJB in October.

- Homelessness Services is under a voluntary intervention from the Scottish Housing Regulator on its occasional statutory failure to accommodate individuals at the point of need. There is a high correlation between adults with multiple and complex needs and failure to accommodate – often linked to actual and perceptions of challenging behaviour.

- Homelessness Services has undertaken a strategic review and has set a policy direction which is focused on a housing first model, a reshaping of responses to individuals seeking emergency accommodation and a collaborative partnership with the voluntary sector in response to the target group. The CAN initiative is currently being up-scaled to continue its intervention with this vulnerable group.

- Criminal Justice Services has range of initiatives developed with partners to improve service responsiveness and reduce reoffending. Important in this context are 'Tomorrows Women' working directly with vulnerable women known to the criminal justice system and the 'Persistent Offenders Project' a multi-agency outreach approach focused on individuals who are engaged in acquisitive crimes within city centre – often linked to drug misuse.

3.3.32 As noted adults with multiple and complex needs are a highly vulnerable group whose health and social care needs transcend individual care group boundaries. Consequently responses can be fragmented with clients/patients falling through the 'net'. This can be compounded by a range of additional factors including the reluctance of individuals to engage with statutory services.

3.3.33 Recent analysis on public injectors coupled with findings from homelessness and criminal justice work reinforce the importance for the HSCP in reviewing and recommending service delivery arrangements. This has the potential for transformational change and for financial efficiencies assuming both a more rational redeployment of directly provided/purchased resources and a more defined role for the voluntary sector.

Workforce Actions – Homelessness
• Using existing core group of clinicians and managers supported by the HSCP OD Lead working across the care groups, establish project team to develop a project plan and to formalise recommendations for more effective cross care service delivery

3.3.34 **Sexual Health Services**

3.3.35 In the newly established operating environment that is the integration of health and social care, and a review of services has been undertaken which will:

- Improve the use of existing resources and release efficiencies through service redesign which will consider team structures, skill mix, localities and patient pathways;
- Encourage those who could be self-managing to be supported differently;
- Ensure that Sandyford services are accessible and targeting the most vulnerable groups.

3.3.36 It is imperative that this review and reform involves key stakeholders from HSCP services, acute services, education and the third sector utilizing joint commissioning approaches recently approved by the IJB.

3.3.37 As part of the review it was recognised that there was a need to look at how the core Sandyford service was structured particularly in relation to:

- team structure;
- skill mix;
- localities;
- opening hours;
- accessibility.

3.3.38 Reduced numbers of young people attending clinics requires the service to re-think its model in relation to opening times, locations and what outreach services could be developed and delivered.

3.3.39 In an attempt to target resources to the most vulnerable, there is a need to look at more innovative ways of enabling those who can self-manage their sexual health to do so, thus freeing up more clinic time for the most needy.

3.3.40 There is a clear need to engage with GP and pharmacy services regarding the relationships and pathways between services and if it would be beneficial to direct some of Sandyford's routine activity towards them, consideration is required regarding the nature of that activity and how it should be resourced.

3.3.41 Improved partnership working perhaps with innovative and very different future arrangements with addiction services, homelessness, criminal justice and the third sector will also deliver better sexual health outcomes through staff training and the development of outreach and will be considered as part of the review.

3.3.42 With the improvements in HIV management and care which means that for most people it is now a long term manageable condition, there is a requirement to look at how outpatient care for this patient group is provided and whether this should continue to be delivered from the Acute outpatient based Brownlee Centre in Gartnavel. There is a need therefore to engage with colleagues in acute services on this review and reform programme.

3.3.43 The review of Sandyford has been presented to the IJB and work continues to complete implementation of the recommendations reached

Workforce Actions – Sexual Health Services

- Following conclusion of the review of Sexual Health Services, the subsequent planned transformation of services is to be completed .
- Ensure programme of change delivers sustainability to the service during 2018/19 and beyond

3.3.44 **Prison Healthcare**

3.3.45 Historically retention of staff in Prison Healthcare is poor – the 15 – 18% turnover levels are considered indicative of an underlying retention problem, using standard workforce planning methodology. Additionally information gathered indicate that over 60% of Prison Healthcare staff who left did so within the first two years of service.

3.3.46 The Prison Healthcare Management Team is working closely with Workforce Planning Lead, HR, Staff Side and OH to ensure that staff retention is a key operational issue.

3.3.47 Promotion of Prison Healthcare in a variety of clinical environments and Higher Education Institutions is also hoped to assist in the recruitment of staff to the service.

3.3.48 Due to some changes in processes the way patients are admitted into prisons has altered. This has allowed a review of the role of nurses in this activity and the provision of healthcare within a prison environment.

3.3.49 By developing staff in key areas such as Non-Medical Prescribing, Advanced Assessment and Advance Nurse Practice, the workforce model for nursing can move to a Nurse Led Clinic format, providing professional advantages for both nursing and medical staff in Prison Healthcare.

3.3.50 Following a review of the Prison Healthcare Drug, Alcohol & Tobacco Strategy the integration of addiction workers with addiction nurses and other professionals will allow greater emphasis on the holistic care of patients with complex addiction needs.

3.3.51 As a result of the Mental Health Innovation fund Prison Healthcare has developed better ways of delivering services, particularly psychological therapies. Greater focus will be made on distress and trauma work with improved quality of work through training and development of the existing staff group.

Workforce Actions – Prison Health Care
• Retention of existing workforce and recruitment to vacant posts • Review of Nursing Workforce Model in relation to Nurse Led clinics and Admissions • Development of Nursing staff in key areas : Non-Medical Prescribing, Advanced Nurse Practitioners, Advanced Assessment • Redesign of Addiction Strategy and provision • Enhance of psychological and mental health input • Development of TeleHealth

3.3.52 **Police Custody**

3.3.53 The service will continue to invest in retention, and development of existing staff group, including training in unscheduled care assessment and non-medical Prescribing. This will enhance staffs skill profile and add value to service, through reduced need for forensic medical input.

3.3.54 Service Managers are currently drafting a proposal for consideration by Head of Service around a review of staffing profile. This proposal will include moving from flat line structure to address areas such as succession planning, flexibility and cost effectiveness of service.

3.3.55 It is proposed that this could be achieved by creating band 5 and band 3 roles, to support the band 6 practitioners in their practice and let them focus on the value aspects of role discussed above. The broadening of pool of staff this would provide would also benefit contingency planning and sustainability of service provision at times of challenge.

3.3.56 In the shorter term we are looking at the extension and development of nurse bank capability for this service. This is challenging in relation to police Scotland vetting requirements for staff to work on their premises and In relation to level of induction required to fulfil the specialised nature of the role.

Workforce Actions – Police Custody
• Review current service model in line with developments such as criminal justice hubs. • Improve retention of existing workforce. • Additional training/ development of existing workforce, Sexual Assault training, Unscheduled care, NMP qualifications, Role of Forensic Nurses. • Development of the joint SA / PC nursing role. • Review of nursing workforce model in relation to development of MH provision in line with commitment 15 monies. • Continued commitment to staff development in Key areas – Non Medical Prescribing, Advanced Assessment and Unscheduled Care provison

3.3.57 **Business Support**

3.3.58 As noted in Chapter 2 the development of the new HSCP structure introduces scope to improve the provision of the Business Support function through an integrated approach.

3.3.59 This has the potential to improve efficiency to the largely separate Council and Health Board systems currently in place.

3.3.60 The full workforce implications of this will emerge following a review our Business Support arrangements, and the expected future needs of the Integration Joint Board and the Partnership.

Workforce Actions – Business Support
• Complete information gathering on NHS admin staffing arrangements

- Complete mapping of current business support arrangements across the HSCP
- Identify and appraise possible alternative models of business support provision using SWOT or similar methodology

- **Digital Capability within the Workforce**

  Workforce development in digital skills and capabilities across the whole health and social care workforce underpins the successful update and use of technology. There is a need for leadership to support digital transformation, as well as ensuring that training for staff in digital skills is available at all levels.

4 The Glasgow City HSCP Workforce

4.1 Staffing Resource

4.1.1 Figure 4.1 shows the WTE workforce for the HSCP since 2014. These figures have been sourced using data from the payroll systems of both NHS Greater Glasgow and Clyde and Glasgow City Council. The figures represent the in-post workforces as at 31st March each year (end of the financial year) and do not include any vacant posts.

Figure 4.1

Glasgow City HSCP			
WTE Staff Inposts by Financial Year and Employer*			
Financial Year	**Council WTE**	**NHS WTE**	**Combined HSCP WTE**
2014	3889.00	4030.00	7919.00
2015	3343.81	3929.00	7272.81
2016	3215.78	3884.96	7100.75
2017	3189	3617.60	6806.6
2018	3435	3659.84	7094.84

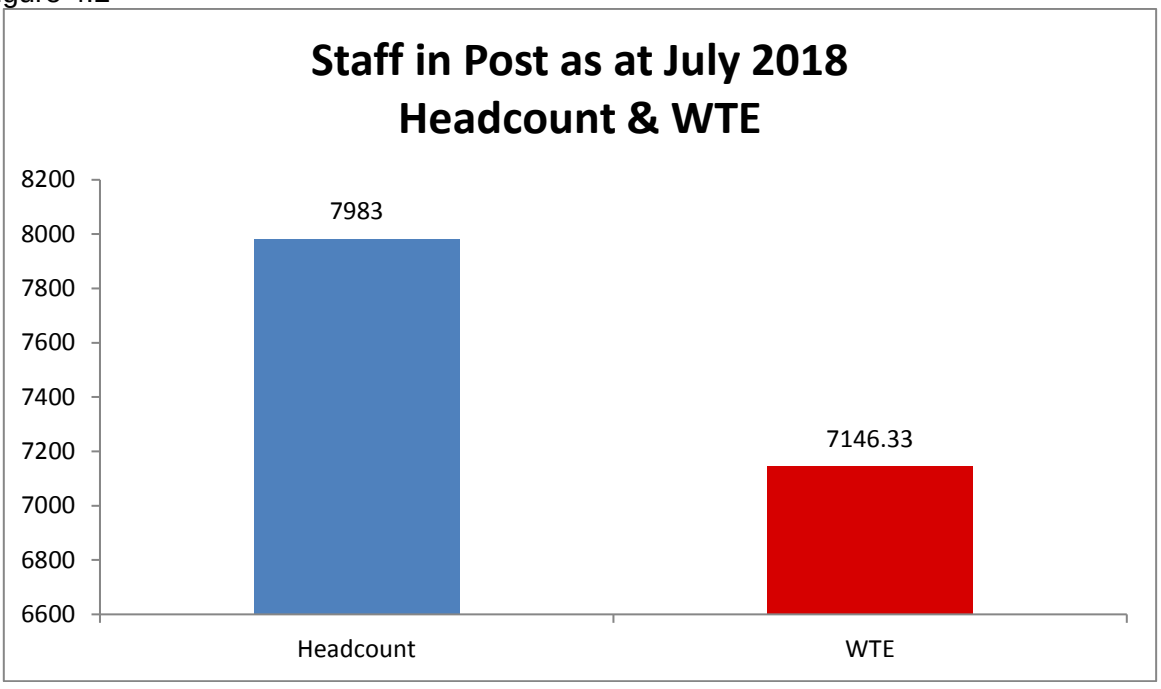
*Corrected to Exclude NHS Hosted Services, Learning Disability Services and Specialist Children's Services

4.1.2 Note that the NHS WTE in Figure 4.1 have been corrected to exclude staff who have moved into other NHSGGC divisions since 2014. i.e. Forensic and Learning Disability Services and Specialist Children's Services.

4.1.3 Council Staffing in-post has been changed by the transfer in of Business Support staff back into Social Work from CBS. The figures above do not include the Homecare staff transferred back into the HSCP from 30th September 2018. These figures will be formally recorded and described in future plans. As at the point of transfer of this staff group from Cordia, 2309 wte (3300 headcount) staff were transferred to the HSCP.

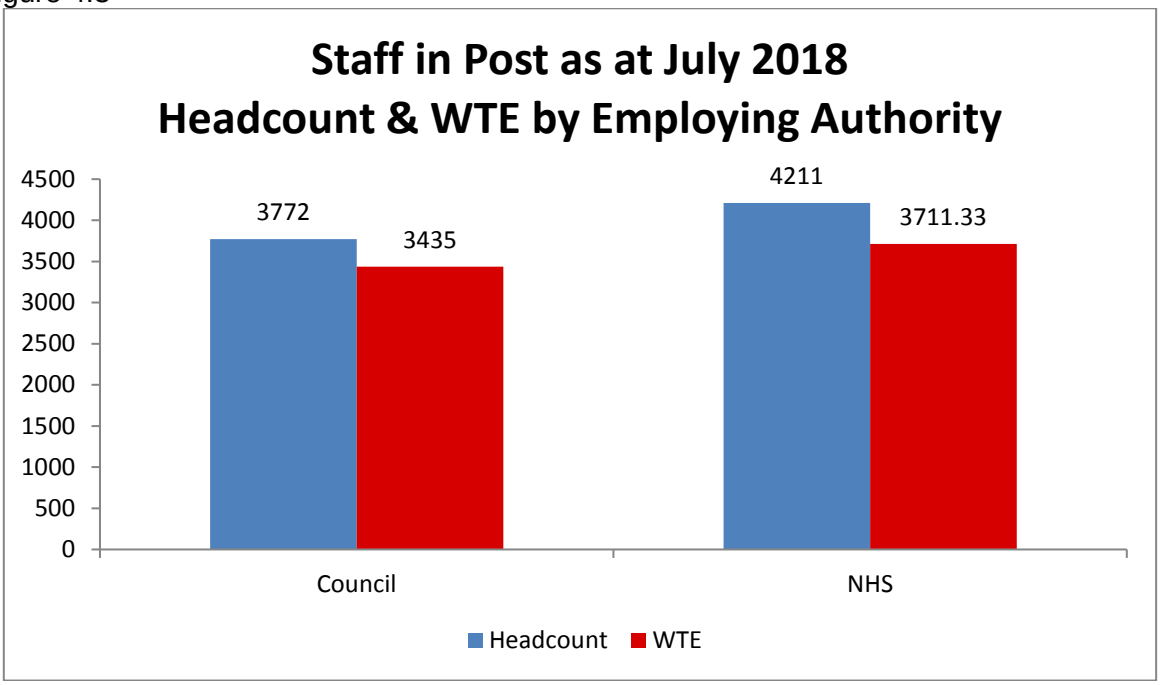
4.1.4 As at 31st July 2018 Glasgow City HSCP employed approximately 4211 (NHS headcount) and 3772 (Council) staff inputting circa 7983 wtes into the workforce.

Figure 4.2



4.1.5 The HSCP workforce is employed by two separate employing authorities, NHS Greater Glasgow and Clyde and Glasgow City Council. As shown in figure 4.3 the NHS is slightly larger employer by headcount and wte although some of the NHS workforce is "hosted" by the HSCP and delivers services across a wider geographic area than just Glasgow City.

Figure 4.3



4.1.6 In terms of overall percentage, this represents an HSCP workforce comprising of **53% NHS** employees and **47% Social Care** employees. This will change with the addition of the Homecare workforce for future reporting.

4.2 By Service Area/Leadership Group

4.2.1 Figure 4.5 shows the HSCP workforce broken down into the three core leadership groupings as well as a central business support category.

Figure 4.5

Glasgow City HSCP		
Staff in Post at July 2018		
Headcount and WTE by Core Leadership Group		
Core Leadership Group	**Headcount**	**WTE**
Adult Services	3789	3358.77
Children & Families Services	1420	1272.04
Older Peoples Services	1892	1693.68
Business Support	882	821.84
Grand Total	7983	7146.33

4.2.2 Figure 4.6 shows the whole time equivalent workforce in core leadership groupings split by Council and NHS employing authorities.

Figure 4.6

Glasgow City HSCP			
Staff in Post at July 2018			
WTE by Employer and Core Leadership Group			
Financial Year	**Council**	**NHS**	**Grand Total**
Adult Services	902	2456.77	3358.77
Children & Families Services	924	348.04	1272.04
Older Peoples Services	1005	688.68	1693.68
Business Support	604	217.84	821.84
Grand Total	3435	3711.33	7146.33

4.3 Leavers Trends

4.3.1 Figure 4.7 shows the total WTE leavers recorded by each of the HSCP employing authorities across the 2013/14 to 2017/18 time frame.

Figure 4.7

Glasgow City HSCP			
WTE Staff Leavers by Financial Year and Employer*			
Financial Year	**Council**	**NHS**	**Grand Total**
2013/14	138.64	298.86	488.85
2014/15	149.41	330.10	479.85
2015/16	154.07	352.60	564.18
2016/17	161	368.22	529.22
2017/18	180	369.40	549.4
5 Year Average	156	343.84	499.84

*Corrected to Exclude NHS Hosted Services, Learning Disability Services and Specialist Children's Services

4.3.2 Figures 4.8 and 4.9 shows the adjusted leavers figure for the HSCP.

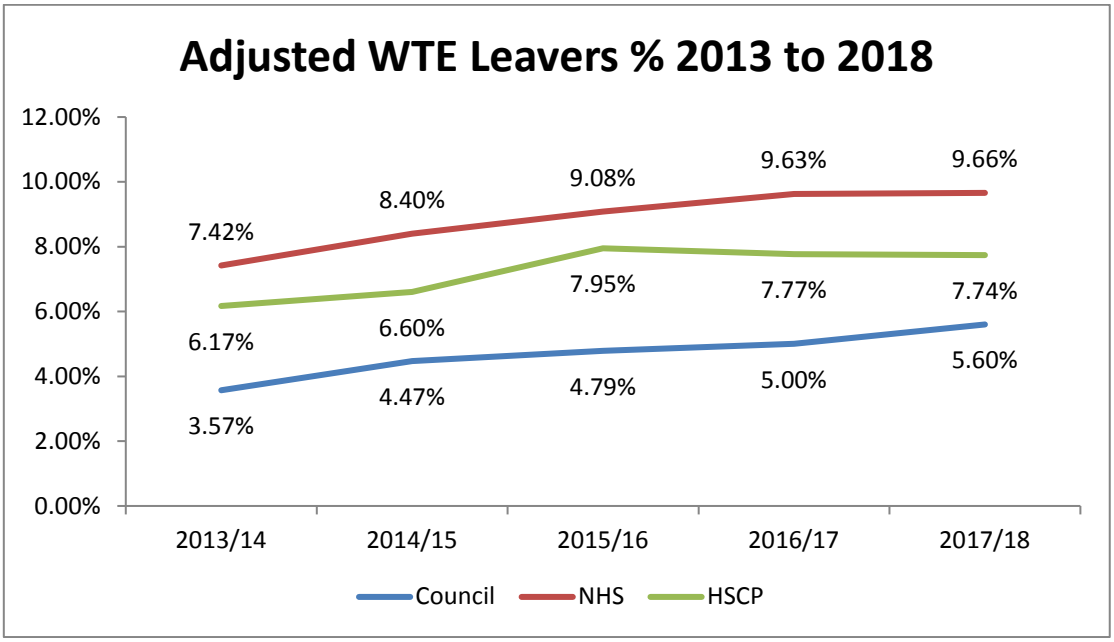
Figure 4.8

Glasgow City HSCP			
Staff Leavers by Financial Year and Employer* as a % of average WTE in post			
Financial Year	**Council**	**NHS**	**Grand Total**
2013/14	3.57%	7.42%	6.17%
2014/15	4.47%	8.40%	6.60%
2015/16	4.79%	9.08%	7.95%
2016/17	5%	9.63%	7.77%
2017/18	5.6%	9.66%	7.74%
5 Year Average	4.68%	8.99%	7.24%

*Corrected to Exclude NHS Hosted Services, Learning Disability Services and Specialist Children's Services

4.3.3 Using the adjusted figures suggests a steadily increasing level of “natural” level turnover across both organisations over the previous three financial years.

Figure 4.9



4.4 Risk of Retirals

4.4.1 The pattern of age retirals have been analysed to identify any factors which may provide additional details on the average ages where staff may choose to retire. The following factors were found to be indicative of retiral.

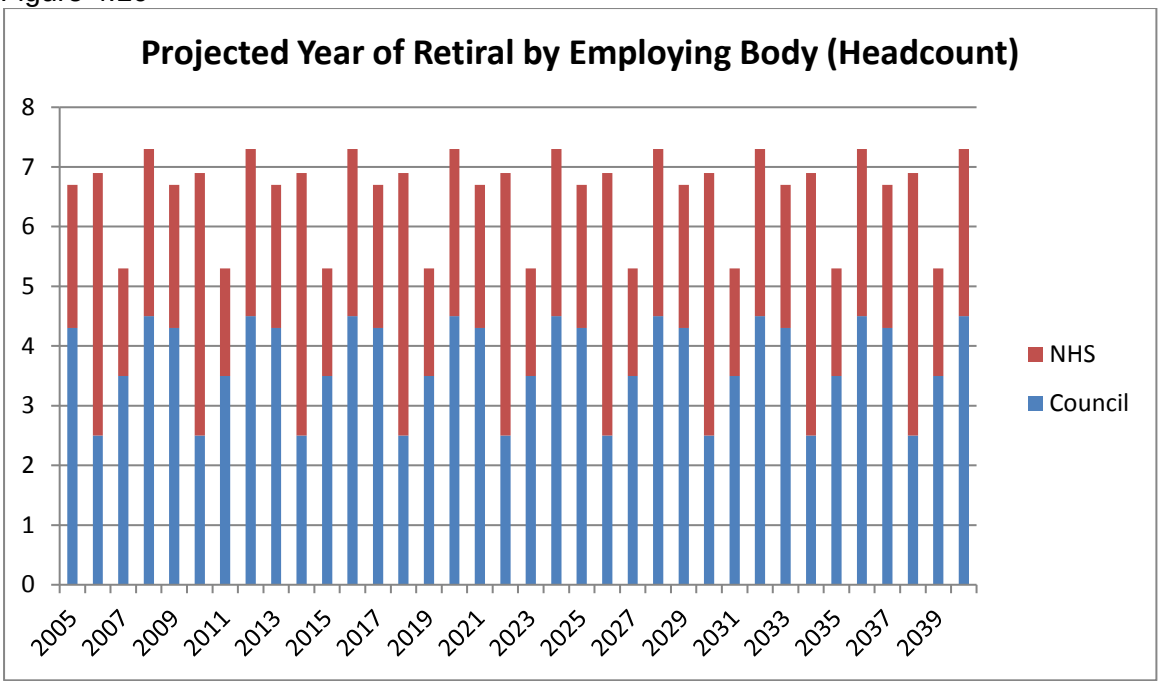
- Pay Band
- Job Role (Clinical vs. Non Clinical Staff)
- Pension Scheme Membership
- Enhanced Pension Status (NHS staff only)

4.4.2 Using the average age of retirals all HSCP staff have been classified into groups on the basis of the factors above and along with their current age this has been used to develop a risk of retiral for the HSCP using the following categories.

- **Red –** staff who’s age, pay band and pension status indicate potential retiral by the end of the calendar year 2018
- **Amber –** anticipated retiral date during 2019 to 2022
- **Green –** anticipated retiral beyond 2022

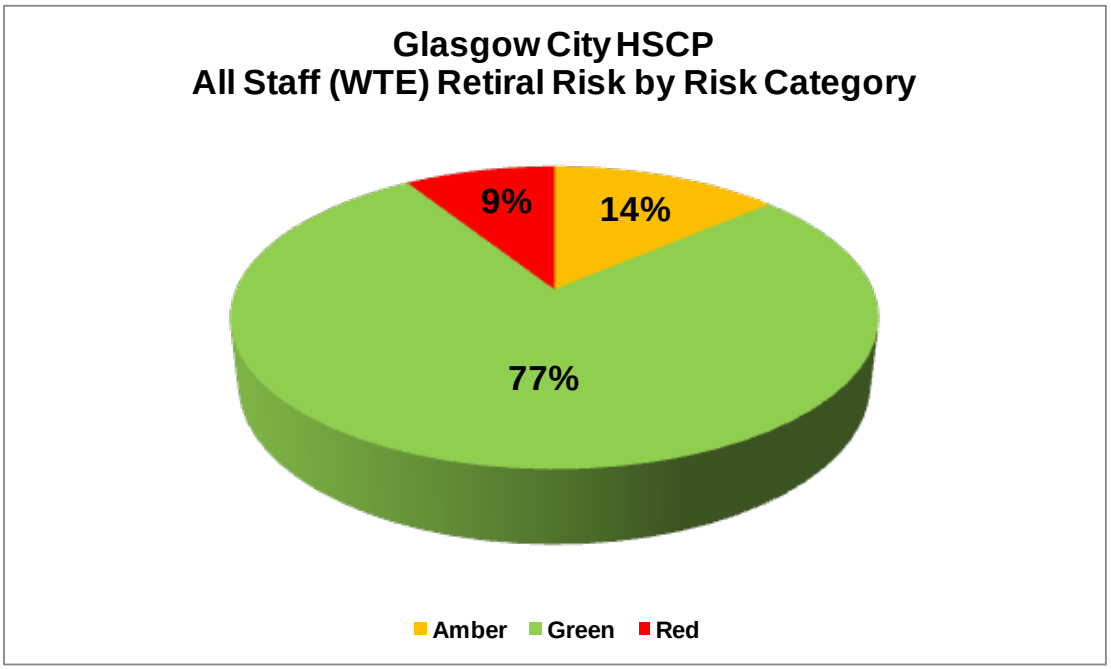
4.4.3 Figure 4.10 shows a timeline of the estimated staff retiral years split by employing body. Note that small numbers of staff have chosen to work beyond their estimated retiral year and, as such, show as years already reached.

Figure 4.10



4.4.4 Figures 4.11 shows the proportion of the workforce falling into each category (as a percentage of the WTE inpost staffing levels)

Figure 4.11



4.5 Estimated HSCP Turnover Levels

4.5.1 Using the WTE figure for the Red Retiral Risk category along with an assumed Natural Turnover rate of 3% for Council employees and 5.5% for NHS employees

4.6 Equalities Profile

4.6.1 As noted previously in this document Glasgow City HSCP aim to remove discrimination in accessing all of our services; ensure that our services are provided in an equalities sensitive way; contribute to reducing the health gap generated by discrimination; and, work in partnership, to make Glasgow a fairer city.

4.6.2 Both the NHS Board and Council routinely publish Equalities progress reports which highlight the significant progress that is already being made.

4.6.3 For the purposes of this report this data has been amalgamated to present an overall picture of the diversity of the HSCP workforce.

4.6.4 Given that the data has been sourced from both organisations there have been some methodological issues experienced in relation to the presentation of the equalities data. Some of the diversity data definitions were not consistent between NHS and Council sources and as such have had to be amalgamated. While this is not ideal, it represents the current position in the newly integrated structure and equalities data is available for the HSCP.

4.7 Ethnicity

4.7.1 Staff in both employing organisations identified themselves a white with only a small percentage (circa 3% of NHS and Council staff) identifying themselves as Black or Minority Ethnic.

Figure 4.16

Glasgow City HSCP		
Ethnicity as a % of Headcount by Employer		
Description	**NHS**	**Council**
Black or Minority Ethnic	3.55%	3.8%
White	87.84%	87.7%
Not Known / Declined to comment	8.61%	8.5%

4.8 Religious Beliefs

4.8.1 The quality of data provided on religious beliefs is affected by the response rates with high levels of staff choosing not to disclose this information. At almost 85% the non disclosure figure for Council staff is more than double that of the NHS workforce.

Figure 4.17

Glasgow City HSCP		
Religious Beliefs as a % of Headcount by Employer		
Description	**NHS**	**Council**
Christian Based Religions	39.44%	10.98%
Other Religious Beliefs	3.07%	1.02%

No Religious Beliefs	24.42%	8.1%
Not Known / Declined to comment	33.07%	79.9%

4.9 Disability

4.9.1 The NHS workforce described a low level of staff with disabilities when compared to council figure (although both are below the estimated prevalence of disability within Scotland).

Figure 4.18

Glasgow City HSCP		
Disability as a % of Headcount by Employer		
Description	**NHS**	**Council**
Staff who declared a Disability	0.41%	3.8%
Not Disabled	41.86%	20.8%
Not Known / Declined to comment	57.73%	75.4%

4.10 Sexual Orientation

4.10.1 Figure 4.19 shows a breakdown of the know data in relation disclosed sexual orientation.

Figure 4.19

Glasgow City HSCP		
Sexuality as a % of staff who disclosed data by Employer		
Description	**NHS**	**Council**
Lesbian / Gay	1.93%	4.33%
Heterosexual	97.10%	95.29%
Bisexual	0.57%	0.38%
Other	0.39%	-

5 Section Five

Action Plan

ACTION PLAN

OLDER PEOPLE'S SERVICES

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	Timescale
Section 2.7 & Section 3.1	Development of Older People's Neighbourhood Teams	Review of existing management structures in older people's services including the development of a flat management structure and the enhancement of frontline management posts. The establishment of integrated Service Manager posts that will manage all Health and Social Work community services for older people and people with a physical disability. All Service Manager posts have been filled 2018.	Community-based multi-professional teams based around general practices that include generalists working alongside specialists Joint care planning and co-ordinated assessments of care needs Clinical records that are shared across the multi-professional team	People are able to look after and improve their own health and wellbeing and live in good health for longer People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community Health and social care services are centred on helping to maintain or improve the quality	Older People's Core Leadership Group	HR Process complete. A timeline to formally move to Neighbourhood Teams will be confirmed.

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	Timescale
Section 2.7 & Section 3.1		The integration of the Rehab Service and the Social Work OT service. A paper describing and proposal to create Rehabilitation and Enablement Teams was supported by the Older People's Core Leadership Team in August 2018. This paper will now be shared with the Older Peoples System of Care programme Board. The increased capacity of frontline management posts in District Nursing and Rehab and Support services. This has been completed although staff have not all formally taken up new posts A detailed OD and training and development plan will be developed to	Streamlined access and response for service users/patients Earlier intervention and prevention approach.	of life of people who use those services People using health and social care services are safe from harm		

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	Timescale
Section 2.7 & Section 3.1		ensure that staff taking on these new roles have the required skills; competency and knowledge to carry out the task. A plan has been developed but further work to develop plans to develop Neighbourhood Teams may be required A detailed HR process and transitional management arrangements will be put in place. With the recent completion of the HR Process for Team Leaders, each Locality is working towards appropriate transitional arrangements. An HR Process for frontline Social Work staff is currently underway and it is anticipated that this will				

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	Timescale
		be competed in Autumn 2018. This will allow us to move forward to establish the teams within Neighbourhoods.				
Section 2.7 & Section 3.1	Development of the Home is Best Service	The development of a multi-disciplinary team to support acute admission avoidance and address delays in discharge from acute beds. An integrated Service Manager post will be developed to manage this service. Service Manager has been appointed A multi-disciplinary team will be developed including Social Work; n Nursing and AHP staff. The Social Work component of the team has been established, with HR processes completed for Home is Best. Pending the	Avoid preventable admissions from front door where appropriate , 'whole system' approach -or patients/service users following assessment /screening Plan discharge direct from admission involvi ng patients and carers , develop a named person responsible for all aspects of the patients journey based on most relevant MDT professional	People are able to look after and improve their own health and wellbeing and live in good health for longer People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community Resources are used effectively and efficiently in the provision of health and social care services	Older People's Core Leadership Group	Dec 2017

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	Timescale
Section 2.7 & Section 3.1		timescale for the neighbourhood Teams HR Process the service should be established Autumn 2018. A service specification for the ream will be developed. Operating principles for the service have been developed and are at final draft stage. New processes which are consistent HSCP wide are currently being rolled out across the North Sector, with the aim of introducing some of the processes to the South Sector in September 2018. This will allow the process to operate in a shadow format pending formal launch of the service. A detailed OD and training and development plan will be developed to ensure that staff taking on	Staff will work within a framework of integrated multi-disciplinary and multi- agency team working. manage all aspects of discharge.	Health and Social Care services are centred on helping to maintain or improve the quality of life of people who use those services		

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	Timescale
Section 2.7 & Section 3.1		these new roles have the required skills; competency and knowledge to carry out the task. A date to bring together all SW Team leaders to support the development of interfaces and to share the operating principles is being established. A detailed HR process will be put in place for any new roles that are developed as part of this service redesign. Appropriate HR Process have been followed in relation to the appointment of Service Manager, Team Leaders and front line staff Workforce Skill Mix implications arising from review of roles				

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	Timescale

ACTION PLAN

CHILDREN and FAMILIES SERVICES

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	Timescale
Section 2.8 & Section 3.2	Improve the care pathway	Staff fully involved in range of improvement projects, such as the Transformation Zone in the South and the Edge of Care programme Review of the working links between the localities and direct services	Reduction in the number of children moving into formal care More appropriate placements for young people Reduction in the use of high cost placements/ secure placements.	Resources are used more effectively	Children & Families Core leadership group	Dec 2017
Section 2.8	Monitor the impact of the review of management, staffing profile and skill mix	Ensure that employees are able to undertake their roles effectively and	Structure and profile of our staff support the	Resources are used more effectively	Children and families Core	On going

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	Timescale
& Section 3.2	to deliver on the Council's Transformation Programme	risks to children are minimised.	delivery of the strategic priorities Contribution to Corporate Savings Achieve consistency in management to staff ratios		leadership group	
Section 2.8 & Section 3.2	Development and implement the family support Strategy	Potential to reduce demand on workforce by preventing children needing more intensive services Involvement of workforce in developing the strategy	Improved support for families who need extra help Reduction in costs of care More flexible and robust approach to Family Support Increased sustainability, where appropriate, of family preservation and rehabilitation		Children & Families Core leadership group	Implement 2018/19

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	Timescale
Section 2.8 & Section 3.2	Develop and modernise the continuing care arrangements	Role and function of staff may need to change to reflect changing profile and needs of young people	Improve outcomes for young people (e.g. education, training, employment, housing) Enhance capacity in response to the increasing number of young people who may opt to stay in care longer.		Children & Families Core leadership group Adult core leadership group	By 2019/20
Section 2.8 & Section 3.2	Continue to enhance kinship care services, including evaluation and possible roll out of Family Group Decision making and family finding services and utilising third sector to support long term and stable kinship placements	New roles being developed to undertake FGDM Potential reduction in workload for staff	Stability of placements Kinship care remains the primary consideration when children are no longer able to remain in the care of birth parents short term or long term.		Children & Families Core leadership group	By 2018/19

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	Timescale
Section 2.8 & Section 3.2	Implement recruitment and training programme for health visiting	Substantial increase in workforce Reduction in caseload sizes	Increased capacity to focus on early intervention and prevention More time spent with vulnerable families		Children & Families Core leadership group	Complete by 2019/20
Section 2.8 & Section 3.2	Review of functions to take account of health visiting recruitment programme, including delivery of immunisation, parenting education, practice development nurse role and specialist health visiting posts	Depends on outcome of review but potential for service re-designs which may result in roles and functions of staff changing with possible re-deployment to alternative posts	Efficiency savings and improved productivity		Children & Families Core leadership group	From 2018/19
Section 2.8 & Section 3.2	Implement the Named Person Service Implement the new universal early years' child health pathway	Training and development requirements Changes in day to day work of staff	Enhanced focus on early intervention and prevention		Children & Families Core leadership group Children's Services Executive Group	Named person Services - Depends on legislation being in place (possibly during 2018/19) Child health pathway by 2019/20

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	Timescale
Section 2.8 & Section 3.2	Complete the review of health and wellbeing for school age children and re-design of school nursing to realise the savings plan	Potential re-deployment for staff New roles and responsibilities to reflect revised functions of school health and wellbeing services	Ensure a provision of health and wellbeing services for school age children which takes into account both the local context the national agenda		Children & Families Core leadership group Child and Maternal Health Strategy Group (NHSGG&C)	Review complete 2017/18 with implementation from 2018/19
Section 2.8 & Section 3.2	Consider the future roll out of Family Nurse Partnership in Glasgow City as part of the wider discussions on the family support strategy.	This will depend on future funding for FNP	Promotion of early intervention and prevention Improved used of resources		Children & Families Core leadership group	2018/19
Section 2.8 & Section 3.2	Continue to monitor the impact on children and our staff of implementing the "critical activity" for social work staff and ensure, where possible, that risks are minimised.	Roles and functions of staff focused primarily on a core set of activities which limits the wider support that they can provide for children and families.	Risks to children are minimised		Children & Families Core leadership group	Ongoing
Section 2.8 & Section 3.2	Review and re-design of commissioned services	Workforce involved in review and re-design process Should support staff in providing more effective	Greater focus on early intervention and prevention Improved use of resources		Children & Families Core leadership group	By 2019/20

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	Timescale
		services for children and families				
Section 2.8 & Section 3.2	Review and transform residential care • Continue the building modernisation programme through investment in new build residential units. • Re-design of services to reflect changing profile of looked after children, such as the increasing number of younger children (under 12) and older young people who are staying in care longer but are not ready to move on to supported accommodation • Creating capacity and re-designing services to enable young people who are in high cost placements to reside in our own provided units. • Residential Unit Managers will chair the reviews of care plans for looked after children reviews • Responding to the Scottish Government's requirement all residential workers to have Level 9, degree level qualification	Investment in training and development of workforce Involvement of workforce in re-design programme Potential for roles and functions of staff to change to reflect changes in service specification	Creating flexibility and space within residential care in response to the increase in demand as a result of the expansion in continuing care Improving outcomes for young people		Children & Families Core leadership group	By 2019/20

ACTION PLAN

ADULT SERVICES

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	Timescale
Section 2.9 & Section 3.3	Learning Disability • Develop a 5 year plan to ensure that services are delivered within projected financial parameters • Manage associated workforce consequences of the implementation of a NHSGGC-wide resource allocation model (RAM).	Develop a workforce plan to support planned change	Continued delivery of LD care with minimum service impact	People using health and social care services are free from harm. Resources are used efficiently and effectively	Adult Core Leadership Group	
Section 2.9 & Section 3.3	Alcohol & Drugs Day Service • Develop a 5 year plan to ensure that services are delivered within projected financial parameters • Implementation of day service review - Move day services to a	Develop a workforce plan to support planned change This will include a reduction in workforce which is being managed within the wider Alcohol & Drugs Service.		People using health and social care services are free from harm. Resources are used efficiently and effectively	Adult Core Leadership Group	

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	Timescale
Section 2.9 & Section 3.3	single model and consolidation onto a single site Police Custody and Prison Healthcare Services Police Custody Review of Police Custody Service Provision Prison Healthcare Review of healthcare provision within Prisons : • Nurse Lead Clinic • Non Medical Prescribing • Advanced Nurse Practitioners • TeleHealth	Review of team structures, localities and potential for more integrated working with Criminal Justice stakeholders Development of a workforce plan to support the recommended changes to service provision Investment required to facilitate workforce development	Make more efficient use of resources and staffing through the development of resources and joint working opportunities such as development of criminal justice hubs. Transformational change and financial efficiencies arising from better use of Nursing staff within Prison Healthcare	Resources are used more efficiently and effectively Resources are used more efficiently and effectively	Adult Core Leadership Group Adult Core Leadership Group	In line with Development of Criminal Justice hub work (expected to be 18 months) Some Service Changes already in place – NMP & TeleHealth. Training and Developmental changes will require a minimum of 18

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	Timescale
						months from start date.
Section 2.9 & Section 3.3	• Review of Prevention & Education contracts	Existing contracts are due to be terminated in June 2017 New contract sum will be less than the current value.				June 2017
Section 2.9 & Section 3.3	Sexual Health Services • Clinical resource and change programme	Review of management and team structures, localities and workforce skill mix.	Make more efficient use of resources through the development of self-management options	Resources are used efficiently and effectively		Recommendations to be fully implemented by 2018/9
Section 2.9 & Section 3.3	Mental Health Over the next 18 months, clinicians including GPs, health and social care managers and planners will work together and will engage with patients, service users, the public and staff to develop plans for a better, changed modernised, healthcare and social care	Develop a workforce plan to support planned change	Streamlined Service arrangements will deliver a more cost-efficient service whilst continuing to deliver current	People using health and social care services are free from harm. Resources are used efficiently and effectively	Adult Core Leadership Group	March 2020

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	Timescale
Section 2.9 & Section 3.3	system for Greater Glasgow and Clyde residents. This new system of care will be organised in the most effective way to provide safe, effective person centred and sustainable care to meet the current and future needs of our population and able to provide best value. It will be designed to: • Support and empower people to improve their own health • Support people to live independently at home for longer • Empower and support people to manage their own long term conditions • Enable people to stay in their communities accessing the care they need • Enable people to access high quality primary and community care services close to home • Provide access to world class hospital based care when the required level of care or treatment cannot be provided in the community • Deliver hospital care on an ambulatory or day case basis whenever possible		performance necessary to support a reducing inpatient model.			

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	Timescale
Section 2.9 & Section 3.3	• Provide highly specialist hospital services for the people of Greater Glasgow and Clyde and for some services, in the West of Scotland • Develop a 5 year plan to ensure that services are delivered within projected financial parameters • Unscheduled Care Review - Review of NHS Mental Health out of hours CPN, all MH Liaison and Crisis services to ensure we have a co-ordinated 24/7 MH response to unscheduled care for Primary Care services and Acute Hospitals.					
Section 2.9 & Section 3.3	• Primary Care Mental Health Team review	Review existing functions including commissioned options and increased use of e-Health solutions.				
Section 2.9 7 Section 3.3	• Review of Psychotherapy Services	The redesign will address current resources shortfall in North West Glasgow and also address savings requirements.	Deliver the requirement that more patients will access the service and at the same time			

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	Timescale
			continue to delivery 18-week target.			
Section 2.9 & 3.3	• Review of Adult Inpatient Bed Capacity	Capital investment, delivering improved estate on Stobhill site.				
Section 2.9 & Section 3.3	Mental Health Services – Reviews of Specialist Services • Early Intervention for Psychosis Service - (Esteem) • DART service review - liaison function in conjunction with the local community mental health resource centres to return people to home. • PSYCIS Review - clinical and demographic information on people who are in contact with Adult Mental Health Service's in Glasgow & Clyde with a diagnosis of psychosis • TRAUMA Review - includes newly configured NHS GGC wide service, delivering responses for people who have mental health	Workforce areas for consideration include business processes, skill mix, and other support costs.	Redesigns will seek to identify areas for improved efficiency with minimal impact on front line services including performance and quality.			

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	Timescale
	difficulties following traumatic events. • GIPSI/SPRINT Review- supervision and skills based training to staff in psychosocial interventions for those with mental disorders and research in psychosocial therapies • RESTART review - vocational training, workshops and meaningful to those with severe and enduring mental health conditions					
Section 2.9 & Section 3.3	Occupational Therapy Review • Review role of Occupational Therapists in traditional Health and Social Work roles and to consider how these currently distinct services can become more connected. • Review the OT support staff role and consider where they are best placed within the care pathway • Develop a performance management system for OT	Workforce Skill Mix implications arising from review of roles	Occupational Therapy resource in the community to facilitate early discharge and provide re-ablement and rehabilitation		OT Professional Lead	Ongoing

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	Timescale
Section 2.9 & Section 3.3	Homelessness Services Review • Establish project team to develop a project plan and to formalise recommendations for more effective & cross care service delivery		Transformational change and financial efficiencies arising from a more rational redeployment of directly provided purchased resources and a more defined role for the voluntary sector.			

ACTION PLAN

CORPORATE SERVICES

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	
	The development of integrated and multi-disciplinary team working arrangements -	Review of existing structures.	Seamless co-ordination of HSCP priorities in	Effective and responsive organisational	SMT	2017-19

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	
Section 1.5	including purpose, roles , responsibilities and objectives	Establishment of integrated management posts and teams Development of integrated roles and objectives Ensure good understanding of all organisational requirements for both NHS and GCC staff	terms of service planning and delivery. Clarity of objectives and expected outcomes for all service areas Single HSCP culture and structures across the organisation	arrangements ensuring delivery of effective care in all services		
Section 1.5 & Section 2.11	Review and implement streamlined and improved professional leadership and advisory arrangements – links to decision making and communication structures	Review of existing structures to reflect on new integrated working arrangements and ensure that these reflect new ways of working Reflect on any opportunities for integrated professional leadership	Recognised, joint professional leadership structures in place across services	Health and social care services are focussed on maintaining or improving the quality of care and life of service users	SMT	

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	
Section 1.5	Support the development of strong teams including agreed and resourced team leader spans of control and skill mix.- manage risk, support innovation , develop new ways of working	As service redesigns move forward ensure agreed team management models are developed and implemented consistently within each service area, reflecting local requirements. Ensure relevant and effective learning plans are in place for all service areas. Ensure ongoing engagement with staff to encourage comment and feedback on opportunities to continue to improve service delivery.	Confirmed staffing models reflecting care group service delivery and consistent management arrangements. Staff are clear on responsibilities and actively engaged in service improvement across the HSCP.	Resources are used effectively and efficiently in the provision of health and social care services	SMT	
Section 4.3	Further development of organisational supports to maximise front line staff efficiency and effectiveness including improvement in IT arrangements to	Focus on sharing and improving a joined up I T infrastructure for all staff as far as possible.	Less duplication of work, more streamlined I T processes in	Resources are used effectively and efficiently in the provision of Health	SMT	2017-19

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	
	support agile/flexible working, accommodation solutions to support co-location, business support including administration systems One HSCP induction and on-going development arrangements	Development of a common approach to accommodation arrangements and flexible or agile staffing detail as accommodation arrangements evolve across the HSCP Develop a single induction programme for new staff and managers of integrated teams to ensure clear understanding of organisational arrangements and consistency of approach to policy interpretation and application.	place freeing up more time for service delivery. Staff and managers feel informed and able to access any required organisational information	and Social Care services		
Section 1.4 & 1.5	Structures and resourced PDP arrangements, iMatters, team development and organisational culture etc. – opportunities for succession planning	All staff must have a completed PDP in place, reviewed annually in line with organisation and professional requirements.	Measurable improvement in eKSF and PDP compliance levels for all staff across the HSCP	Staff are appropriately trained and engaged within their teams and service areas.	SMT	

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	
		Additional resource has temporarily been identified for iMatter implementation. Further discussion required re mainstreaming of processes moving forward OD and learning and education plans to be in place across all service areas	demonstrating active engagement with staff about their learning and development requirements. Following completion of iMatter survey processes, action plans in place reflecting local priorities highlighted by the engagement process and preparation underway for further surveys.			
Section 1.4	The development of a change agent team, mentoring and coaching opportunities as part of our improvement programme	Enhance current OD team with improvement specialists and use improvement skills within HSCP appropriately to support change	Clear and consistent support to large scale pieces of change	Resources are used effectively and efficiently in the provision of Health and Social Care services Staff are	Integration Transition Board	Sept 2017

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	
			Measurable improvements ROI conducted	appropriately trained and engaged within their teams and service areas.		
	Invest in systems and capacity to develop improved and real time workforce planning information	Proposals to develop an integrated HR function are to be scoped. Within this there is a need to focus on workforce planning resource for the HSCP to reflect both health and social care information needs. This will include a review of current staffing arrangements within the teams. Current information systems within Social care are responsive to real time requirements. Health will implement eESS in due course, but this is a number of years ahead. In the interim	Local workforce planning capacity is responsive to any information requirements and working closely and participating in service redesign discussions. HR process become increasingly streamlined and, where possible single processes have been implemented to simplify	Resources are used effectively and efficiently in the provision of Health and Social Care services	SMT	2017/18

Workforce Plan Reference	Description of Organisational Change Or Service Redesign	Workforce Implications	Measures of Success	Contribution to Outcomes	Leadership Group	
		further work regarding use of SSTS should continue	approaches to HR work, e.g. recruitment and advertising process, knowledge and implementation of policy, etc			

6Section Six

Implementation, Monitoring & Review

6.1 Workforce Plan Governance & Monitoring

6.1.1 Monitoring of progress with the actions and intentions set out in the 2018/20 Workforce Plan will be carried out within the governance framework described in this document.

6.1.2 The Workforce Plan will be published on the HSCP webpage after it has been approved by the Integration Joint Board (IJB).

6.1.3 The initiation and implementation of service plans and redesigns and the consequent workforce implications are also closely monitored and progress will be reported to local management and partnership groups as appropriate.

6.1.4 It should be recognised by all stakeholders that the redesign and service change plans set out in this Workforce Plan are at varying stages of development and implementation. In addition a number of the projects are still the subject of continuing discussion with Staff Side and therefore outcomes may change as consultations are completed. This flexibility is reflected in the narrative of the plan. Some of these plans will change in response to external influences and events and this may affect projected workforce change.

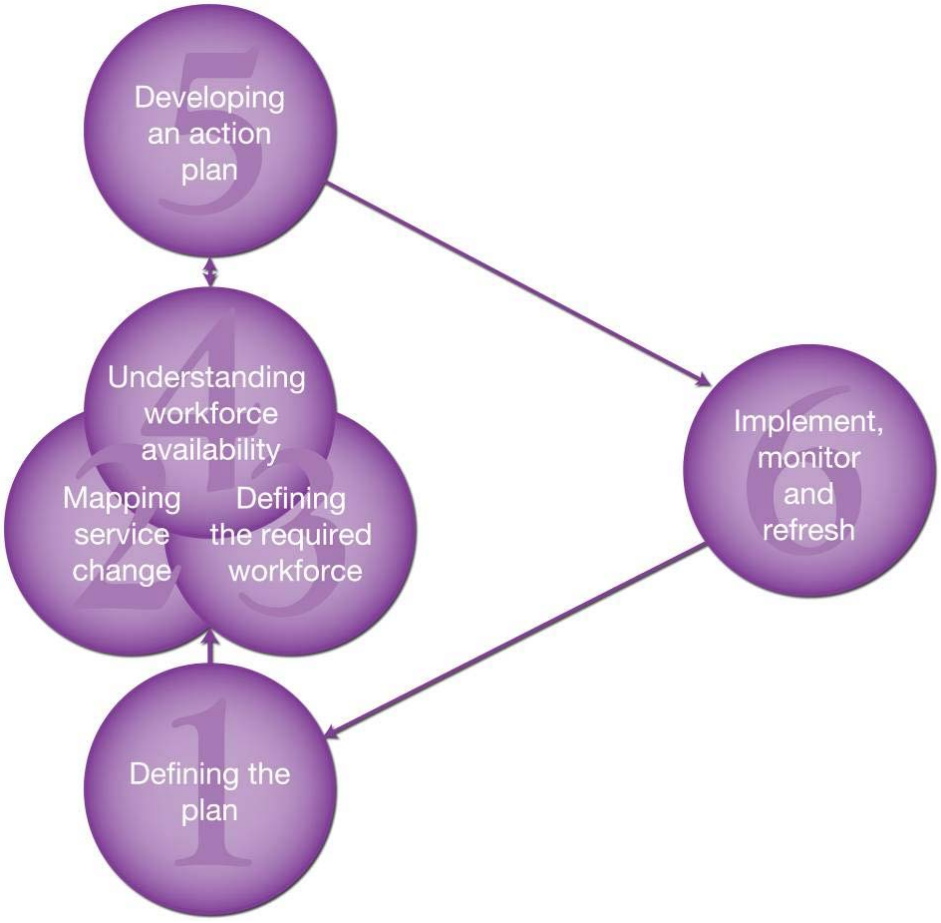
6.1.5 The achievement and implementation of specific actions within the 2018/20 Workforce Plan will be reviewed by the Senior Management Team (SMT), Staff Partnership Forum (SPF), Trade Union liaison arrangements and, ultimately, the Glasgow City HSCP Workforce Board.

7 Appendices

7.1 The 6 Steps Methodology

The 6 Steps Methodology sets out a consistent, practical framework that outlines the elements that should be contained in workforce plans whether they are at departmental, service or Board level.

The format of the guidance reflects the 6 Step Methodology to Integrated Workforce Planning and contains workforce planning checklists at each step of the process and sign-posts to other data and information sources that will be of particular help in ensuring that workforce plans are evidence based.



Step 1 - Defining the Plan

Is the first step in any planning process and outlines why a workforce plan is necessary and how it will support the achievement of wider corporate goals and objectives. The purpose, scope and ownership of the workforce plan are made explicitly clear within this section.

Step 2 - Service Change

The second step of the plan indicates the goals and benefits of change, the future context for how services will be delivered. At this point it important to identify the options for future service delivery, the drivers for and/or constraints against future changes and what any preferred option(s) might look like.

This step is an excellent way of ensuring appropriate engagement with a range of stakeholders in the planning process.

From here is it possible to determine the specific benefits, goals and objectives of any future service delivery. It is also possible to begin to create a range of service scenarios for the future and how this may specifically impact on the workforce.

Care must be taken not to unduly replicate information that is available in other plans such as the Local Delivery Plan (LDP), finance plan, service plans etc. The intention is not to duplicate information but to ensure that underpinning information and context is taken into consideration.

Step 3 – Defining the Required Workforce

This step should outline the workforce required to meet the predicted service needs and requires all of the key issues local and national which will impact on workforce design and deployment to be taken into account.

Step 4 – Workforce Capability

Describes the characteristics of the current workforce (i.e. baseline data), how any supply data can inform workforce forecasting and identify what options can be implemented in managing future supply.

Step 5 – Action Plan

Developing an action plan is a high priority in the process because it identifies the actions and sets out how these will be progressed and managed.

Step 6 – Implementation and Monitoring.

Step 6 is the monitoring process for plans, it also allows for reflection on actions and taking account of any new drivers and any unintended consequences of developments.

7.2 Appendix 2 - Glasgow City HSCP Workforce Plan Board Membership

Suzanne Miller, Chief Officer, Strategy and Operations and CSWO

Sharon Wearing, Chief Officer, Finance and Resources

Christina Heuston, Head of Corporate Services

Sybil Canavan, Head of People and Change

Isla Hyslop, Head of Organisational Development

Anne McDaid, RCN, Staff Partnership Representative

David Walker, Assistant Chief Officer, Corporate Strategy

Jackie Kerr, Assistant Chief Officer, Adult Services and North West

Anne-Marie Rafferty, Assistant Chief Officer, Public Protection and Complex Needs

Stephen Fitzpatrick, Assistant Chief Officer, Older Peoples Services and South

Mike Burns, Assistant Chief Officer, Children's Services and North East

Margaret Hogg, Assistant Chief Officer, Finance

Hamish Battye, Head of Planning, Older Peoples Services

Gary Dover, Head of Planning, Children's Services

Janet Hayes, Head of Planning, Adults Services

Michael Smith, Associate Medical Director, Mental Health

Allison Eccles, Head of Business Development