Item No: 12

Meeting Date: **Wednesday 29th June 2022**

Glasgow City Integration Joint Board

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

Contact: **Christina Heuston, Assistant Chief Officer HR**

Phone: **0141 287 8751**

Glasgow City HSCP Workforce Plan 2022-2025

Purpose of Report:	To provide the IJB with an update on the Workforce Planning and Service Redesign programs, currently and over the next 3 years.

Background/Engagement:	The 3-year Workforce Plan is in draft has been requested by Scottish Government to detail the short and medium term workforce planning activity. All details have been discussed at our Workforce Planning Groups or Care Group Program Boards and in Partnership with the NHS Staff Partnership Forum and in consultation with GCC Trade Unions. The draft plan will be submitted to the Scottish Government for comment and the final plan will return to the IJB for approval in September 2022.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☒ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☐

Recommendations:	The Integration Joint Board is asked to: a) Review and approve the draft plan; and b) Note that the draft plan including the action plan will return to the IJB in September 2022 for final approval.

Relevance to Integration Joint Board Strategic Plan:

The workforce plan supports the delivery of the HSCP Strategic Plan and ensures appropriate staffing arrangements are in place across the HSCP.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	Outcome 9 – resources are used effectively and efficiently in the provision of health and social care services.
Personnel:	The document describes the service redesign agenda for the HSCP, the impact on workforce numbers and the support and development of staff.
Carers:	The Plan support the Carers Strategy.
Provider Organisations:	None.
Equalities:	Each service redesign that is detailed in the document will have completed an EQIA appropriate to the changes.
Fairer Scotland Compliance:	The socio-economic impacts are part of individual service reform designs and will be reviewed where implementation progresses.
Financial:	The document describes the service redesign agenda current and future within our financial framework.
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:	Service changes can potentially impact on staff within the HSCP. All changes require to be managed via appropriate HR processes
Implications for Glasgow City Council:	Changes to staffing arrangements

Implications for NHS Greater Glasgow & Clyde:	Changes to 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. To provide the IJB with an update on the Workforce Planning and Service Redesign programs, currently and over the next 3 years.

2. Background

2.1. The HSCP requires to have a workforce plan published every 3 years. Due to the Covid pandemic the timescales have changed and the process adjusted. All HSCP draft plans will be submitted to the Scottish Government for review by the end of July 2022, comments will be returned by the Scottish Government in mid-August, with plans then finalised and published by the end of October 2022. The final plan will be submitted to the IJB in September 2022, this will include an action plan.

2.2. This Plan takes account of the Scottish Governments requirements in the National Workforce Strategy for Health and Social Care in Scotland and as such the plan includes our ambitions around Recovery from Covid, Growth and Transformation of Services and the Workforce. The Plan includes actions required around the 5 Pillars of the workforce journey Plan, Attract, Train, Employ and Nurture

2.3. Our workforce plan is designed to achieve the five key priorities for Glasgow City IJB / HSCP for health and social care. Success in achieving these aims is underpinned by the commitment to support and nurture our workforce, looking after mental and physical wellbeing as well as offering roles and development opportunities that staff find rewarding and fulfilling.

2.4. Consideration has been given to the length of previous plans and on that basis the document has been shortened to focus on the main areas of service redesign activity and the challenges and solutions faced around recruitment and retention of staff.

3. Recommendations

3.1. The Integration Joint Board is asked to:

a) Review and approve the draft plan; and
b) Note that the draft plan including the action plan will return to the IJB in September 2022 for final approval.

Glasgow City Health and Social Care Partnership

DRAFT (20/6/22)

Workforce Plan, 2022 – 2025

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1. Background

1.1 Introduction

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

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

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

Direct Care

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

Community Services

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

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

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

The Workforce Plan sits alongside the HSCP Strategic Plan where the vision and strategic priorities are set out - the foundation of which is the importance of the move to develop a relationship with citizens based on helping them to help themselves where appropriate, be informed by the views and the preferences of individuals, and the importance of family and community resources in meeting the health and social care needs of the City.

This Plan also takes account of the Scottish Governments requirements in the National Workforce Strategy for Health and Social Care in Scotland and as such the plan includes our ambitions around Recovery from Covid, Growth and Transformation of Services and the Workforce. The Plan includes actions required around the 5 Pillars of the workforce journey Plan, Attract, Train, Employ and Nurture.

This plan is a 3year plan to 2025 and describes the short-term workforce drivers focused on recovery and remobilisation during the next 12 months, and the medium-term workforce drivers focused on sustaining growth and supporting longer term transformation in the 12 - 36 month's timeframe. The plan will detail the establishment gaps, the workforce challenges, comparing the future staff demand with our current workforce numbers and skills. It will also profile the numbers of staff and any new roles require to achieve all of this.

Glasgow City HSCP delivers a range of services to its citizens and in 2022-23 has recurring funding of £1.4bn to spend on services, of which £540m is recurring revenue for employee costs. The HSCP is committed to delivering services within the financial resources that are available and strives to do this while transforming the services which it delivers. The IJB is operating in an increasingly challenging environment with funding not keeping pace with increasing demand for services and increasing costs linked to delivery. Our response to the pandemic has also brought with it a number of challenges as well as opportunities to deliver services in a different way. Our response to the pandemic has been funded by the Scottish Government to date. It is anticipated that this funding will end in 2022/23 and will add to the challenges which we require to manage including how we support our services and employees while we continue to respond to the pandemic. In addition, the Scottish Government's spending review sets a target of containing employee costs over the lifetime of the parliament at 2022-23 levels.

This creates a challenging environment in which to operate, managing demand and pressures within the financial constraints, whilst planning for recovery and transformation of services as we continue to navigate our way through the pandemic. A clear financial strategy is required to ensure the IJB remains financially sustainable over the medium term. The IJB will continue to be ambitious about the delivery of this plan and will use the Medium Term Financial Outlook to support the IJB as it continues to respond to the

pandemic whilst transforming services. The Medium Term Financial Outlook estimates a financial gap of £60m over the medium term which will require to be met from savings and provides the context in which we need to develop and deliver our workforce strategy.

The plan has been developed with partnership input through our NHS Staff Partnership Forum, consultation with our Local Authority Trade Unions and discussion at our Care Group Programme Boards.

1.2 Key Priorities

1.2.1 Our workforce plan is designed to achieve the five key priorities for Glasgow City IJB / HSCP for health and social care. Success in achieving these aims is underpinned by the commitment to support and nurture our workforce, looking after mental and physical wellbeing as well as offering roles and development opportunities that staff find rewarding and fulfilling.

The overarching key priorities are:

1. Prevention, early intervention, and harm reduction

We are committed to working with a wide range of partners across the City to improve the overall health and wellbeing and prevent ill-health of the people of Glasgow, including increasing healthy life expectancy and reducing health inequalities and the impact of deprivation through the delivery of services where they are needed most. We will continue to promote positive health and wellbeing, prevention, early intervention and harm reduction. This includes promoting physical activity for all-round wellbeing, acting to reduce exposure to adverse childhood experiences 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 levels of advice and support to maintain their independence and reduce the instances of people having to engage with services at points of crisis in their life.

2. Providing greater self-determination and informed choice

We are committed to ensuring that service users and their carers are supported and empowered to actively participate in making informed decisions about how they will live their lives and what outcomes they want to achieve. We recognise that those who have already received services (those with ‘lived experience’) have unique and valued perspectives that will be harnessed in helping to shape services into the future.

3. 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 that are 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 by investing in local people, neighbourhoods and communities to help us shift the balance of care. Over the next 10 years we will increasingly move towards health and social care services being delivered in local communities across Glasgow.

4. Enabling independent living for longer

Work will take place across our all care groups to support and empower people to continue to live healthy, meaningful and more personally satisfying lives as active members of their community for as long as possible. To do this will show ambition and be innovative to develop and try new ways of providing services that haven't been done before, even that is difficult and sometimes more risky than the easy option.

5. Public Protection

We will work to ensure that people, particularly the most vulnerable children, adults and older people, are kept safe from harm, and that risks to individuals or groups are identified and managed appropriately. We accept that not all risks can be avoided entirely. However, risk can be managed effectively through good professional practice. By promoting health and well-being we aim to strengthen, safeguard and protect vulnerable people.

1.2.2 At a Service level these priorities are achieved through daily operational delivery and service redesign.

The key service level priorities are:

- Remobilisation and recovery including addressing backlogs
- Finding solutions to challenging recruitment situations: Medical Consultants; Nursing roles particularly in District Nursing, Health Visitors, Mental Health, Prisons and Addiction Services; entry level posts in Care Homes and Care at Home; Social Workers inc Mental Health Officers (MHO) and in the specific roles created as part of PCIP - advanced nurse practitioners, pharmacists, pharmacy technicians and MSK physiotherapists.
- Redesign of services, in particular Urgent Care, Homeless, and Addiction and Recovery Services
- Delivery of local policies and strategies such as Maximising Independence, Hospital at Home, Primary Care Improvement Plans (PCIPs), Single Point of Access, Vaccination Programmes, Carers Strategy
- In Children's Services 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 publication of the Promise, and the need for a strengths-based approach to working with families. This will build on the work we have been

doing, focused on keeping families, and brothers and sisters together within their homes and communities.
- Mental Health Services – development of community-based services, inpatient services and Child and Adolescent Mental Health.
- Creation of a joint Business Administration Structure and also addressing difficulties recruiting to administrative posts
- Development of staff to meet the changing needs of service users, particularly in Care Homes and Care at Home Services.
- Recognition and understanding of the crucial interdependencies within the health and social care system, ensuring that our approach strengthens these vital connections. Eg Urgent Care, Hospital Discharge, Mental Health services
- Prepare for the introduction of the National Care Service

1.3 Recovery

Glasgow City HSCP has dealt with considerable pressure due to the COVID-19 pandemic, services were maintained but things did change and in some cases stopped or reduced eg. operating models, new services and enhancements to existing including technological and digital changes.

There were particular pressures on our Older People Care Home sector, both provided and purchased, Children's Houses, Mental Health wards and Homeless Services. Day Care for Older People and Learning Disability both closed and our Home Care Services were also initially reduced but reinstated quickly as staff returned and additional staff were recruited. These services continue to be impacted at varying levels mainly due to the availability of staff due to Covid, the psychological impact on staff, changes in procedures for infection control, and now increased sickness absence levels combined with difficulties recruiting into these services. In recovery these services are a priority in respect of recruitment and staff welfare.

The NHS Recovery Plan 2021-2026 sets out the ambitions and actions to be developed and we are working to the plan to increase capacity where required and deliver service reforms as quickly as possible.

Some key areas we must focus recovery on are:

Staff Availability

COVID-19 continues to cause high levels of sickness absence across both Health and Social Work staff groups. The impact of the pandemic on the workforce has been particularly significant in its effect on staff mental health and wellbeing. Supporting staff in work and to return to work is a priority.

Working from Home

We require to review the operating model of services where staff groups worked at home either partially or fully, make decisions on what changes are retained and what reverts to previous arrangements or a hybrid of these two things.

Staff Training and Development

We require to address the backlog of training that staff require and assess any new requirements, particularly around digital skills needed to work differently.

Adult Mental Health

There has been an unprecedented demand on mental health services with increased acuity and complexity of need. Admission routes and discharge relationships were disrupted by the pandemic including COVID-19 positive patients, staff redeployment to ward areas, wards closed to admissions and patient movement as a result of infection prevention and control measures. There continues to be pressure on delays because of the complexity of patient need and availability of commissioned packages of care and accommodation.

The creation of the Mental Health Assessment Units has been a success as has the move to digital interventions and the development of in hours and out of hours compassionate distress response services. We will continue to develop these changes and use the Scottish Government Recovery and Renewal Funding to further develop the services.

Alcohol and Drugs Services

The main challenges in recovery are getting back to face-to- face contact with service users and dealing with an increase in the city centre injecting population however we will continue to develop changes that have been implemented eg. The out of hours crisis service, the pharmacy street work programme, the WAND initiative, increase in residential rehab facility and roll out of Buvidal prescribing. We will also continue our discussion with the Scottish Government on Safer Drug Consumption Facility and conclude the external review of ADRS services

Primary Care Implementation Plan

We need to identify gaps that exist and address the turnover of staff in treatment and care services, pharmacy and advanced nurse practitioners

Child and Adolescent Mental Health Services

COVID-19 related restrictions reduced the number of face-to-face appointments offered with Near Me/Attend Mental Health Services Anywhere and telephone contact offered for all other children and young people. The waiting list was impacted (CAMHS) by a significant number of missed appointments (DNAs) at the end of last year which had to be rescheduled. Challenges also remain with recruitment and resourcing of teams to meet current demands.

Anticipatory Care Planning

Continued pressures on services due to the COVID-19 pandemic have limited staff capacity to engage with conversations and people on the topic of ACPs and future care planning.

Intermediate Care

COVID-19 restrictions continue to have an impact on the percentage of individuals returning home. Factors that affect the numbers discharged home include COVID-19 infection control requirements, the frailty of individual service users, and the impact of COVID-19 on other services involved in discharge processes.

Older People Mental Health

We continue to experience challenges in discharging patients with complex needs.

1.4 National Workforce Strategy

Our Workforce Plan is aligned to commitments made within the National Workforce Strategy, published in March 2022, which sets out the ambition for recovery, growth and transformation of the health and social care workforce. The strategy introduces the concept of 5 pillars of the workforce journey – Plan, Attract, Employ, Train and Nurture

1.5 Health and Social Care (Staffing) Scotland Act 2019

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

The workforce implications are that providers of Health and Care Services will be required to fulfil the 10 duties of the act. This will involve having workforce plans and systems in place for:

- Real-time staffing assessment
- Escalation of staffing risks/ concerns and feedback response mechanism
- Use of Workforce workload tools (where available in settings) to capture detailed feedback from staff on staffing levels in relation to the quality of care
- Involvement of appropriate senior professional clinical advice making staffing decisions
- Heads /Managers/Professional Leads/Workforce planners should be involved in the delivery of staffing levels in relation to the quality of care.

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

Glasgow City has a population of **635,640**, which is **11.6%** of the population of Scotland. This is estimated to increase over the next twenty years by 4.3% or 27,380 people. The population is made up of:

- **111,512** (17.5%) children aged 0-17 – expected to decrease by 6.8%
- **438,505** (68.9%) adults aged 18-64 and – expected to increase by 1.6%
- **85,623** (13.5%) older people aged 65 and over – expected to increase by 31.8%

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

- More than **8,000** people are estimated to be living with **dementia** in Glasgow

- Older people living alone (considered a key indicator of vulnerability) account for **42,600** of Glasgow households (14.4%), lower than the Scotland figure (16.5%).

- **6.5%** of the population has been recorded as having a **mental health condition**

- **More than a quarter** of Glasgow adults, 28.6%, live with a **limiting long-term illness or condition**

- The number of adolescents reporting **emotional or mental illness** in the city rose from **5%** in 2015 to **22%** in 2019, with children and young people waiting longer than adults to start treatment (61% start within the 18-week period compared with 89% of adults

- **36,000** children were living in poverty in Glasgow in March 2020

- Around a third of children aged 0-15 in Glasgow are estimated to be living in poverty, compared with around a quarter across Scotland as a whole

- Death rates from drugs, alcohol, smoking and homelessness are **higher for Glasgow** than for Scotland.

- Glasgow has more than 18,000 **problem drug users**, **3.4%** of the adult population – more than the national average of 2.0**%**

- The average annual drug related deaths rate for Glasgow (**38.7 per 100,000** population) is almost double the Scotland rate of **20.6 per 100,000** population. In 2020 there were **291** drug related deaths in Glasgow

- **5210** households in Glasgow were assessed as homeless or threatened by homelessness in 2020-21

- nearly all of Scotland's asylum seekers are living in Glasgow (**3,713, 97.3%**)

- It is estimated that more than 100,000 people in Glasgow have a **physical disability,** 7.8**%** of the population

- **2.5%** of Glasgow children under 15 are **unpaid carers** compared to **2.0%** of all Scottish children

- **14.4%** of Glasgow adults (around 74,000) are **unpaid carers** with a higher percentage of women (16.0%) than men (13.0%) undertaking this role

- A quarter of Glasgow households are fuel poor **(25.3%)** with **11.8%** classed as extreme fuel poor

2. Stakeholder Engagement

2.1. Each Service has a Programme Board which discusses challenges service have on staffing and is the forum whereby service changes are discussed. NHS Staffside and Council Trade Unions are both represented at these Boards.

2.2. Stakeholders are involved in the development and implementation of service change programmes affecting them and this involvement continues as developments and implementation plan. This includes where the service changes involve commissioned third sector providers.

2.3. Staff engagement sessions take place at service levels and the iMatter annual staff survey is key in engaging the staff and getting their views. Our

iMatter response rate has been around 54% which we would like to increase and in 2022 for the first time we will include 2,500 Home Carers in the survey (via their work phones).

3. Plan – Workforce Data

3.1. Composition of the workforce

Figure 3.1 shows the WTE workforce for 2022 since 2018. The figures represent the in-post workforce and do not include vacant posts.

Figure 3.1

Glasgow City HSCP			
WTE Staff at April 2022 compared to previous			
Year	**Council WTE**	**NHS WTE**	**Total**
2018	5754	3658	9,412
2022	6220	4736	10,956

The increase in NHS staff numbers is partly due to the transfer into the HSCP of Children's Specialist Services, however the creation of new posts eg PCIP, additional posts due to cover for Covid and a large increase in recruitment since 2018 to fill posts that had been vacant or had been filled on a temporary basis via the bank is the main reason

3.2. Breakdown by Service Area (Head count and WTE)

Figure 3.2 shows the workforce within operational service areas.

Figure 3.2

Breakdown by Care Groups							
Staff Group	**Head Count**		**WTE**			**Totals**	
	Council	**NHS**	**Council**	**NHS**		**Head**	**WTE**
Adult	469	2690	440	2456		3,159	2,896
Care Services	3972	n/a	3070	n/a		3,972	3070
Older People	315	1132	297	967		1,447	1,267
Primary Care	n/a	286	n/a	240		286	240
Children	1073	1077	999	928		2,150	1,927
Public Protection and Complex Care	655	n/a	602	n/a		655	602
Resources / Other	998	182	812	145		1,180	957
Totals	**7482**	**5367**	**6220**	**4736**		**12,849**	**10,956**

*Resources includes Business Development, Admin and Clerical, Finance, HR, OD, Training, Commissioning

3.3. Specific Group Data – challenging groups for recruitment and retention

3.3.1. Nursing and Midwifery by WTE

Grade	Established Posts	In-Post	Vacancies	% vacs
HCSW, Band 2-4	792	698	94	
Band 5 Nurse	1113	987	126	
Band 6 Nurse	685	628	56	
Band 7 Nurse	553	582	-30	
Band 8+	64	69	-6	
Total	**3,207**	**2,964**	**240**	**7.48%**

- Nursing and Midwifery make up 68% of our NHS workforce
- 7.48% of posts are permanently vacant
- Our Registered Nurse total has overall 147 vacancies.
- Band 5 nurse vacancies will be addressed through the annual recruitment of National Qualified Nurses, however ongoing retirals will lead to further vacancies.

3.3.2. Medical Consultants by WTE

Role	Established Posts	In-Post	Vacancies	% vacs
Consultant Total	150	139	11	7.3%

- 7.3 % posts are vacant and are difficult to fill.

3.3.3. Social Workers by WTE

Role	Established Posts	In-Post	Appts Pending	Vacancies	% vacs
Social Worker	889	752	123	28	17% / **3%**

- 123 new starts due from current recruitment are mainly newly qualified workers starting in the summer. Vacancy level will move to 3% thereafter.

- Early recruitment has improved the position and will be the practice going forward.

3.3.4. Mental Health Officers (MHO)

Role	Target in 5 years	In-Post	Due to qualify 2022 / 2023	Gap pre turnover
Social Worker (mho)	130	60	16	54

- Target is to have 15% of Social Workers holding the MHO qualification
- Achieve via recruitment and internal training programme
- Age retirement potential is a loss of 9 people within next 3 years plus 9 others who are already over aged 60

3.3.5. Care at Home – Head Count

Role	In-Post	Vacancies due over next 6 months	Last 12 months Recruits	Turnover
Home Carer, Grade 3	2,759	147	308	10%

- Turnover mainly from retirement, generally must recruit at least 300 people per year

3.3.6. Care Homes by WTE

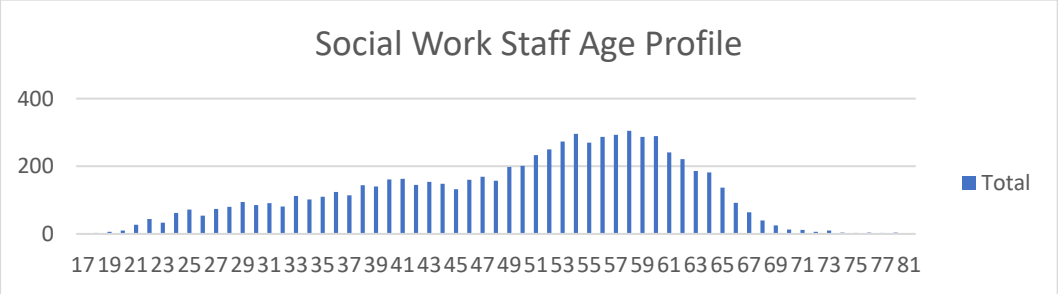
Role	Established Posts	Permanent Vacancies	Temporary Vacancies	% vacs
Social Care Assistant (Grade3)	464	65	21	18.5%

- Entry level into our local authority Care Homes

3.4 Age of the workforce

A significant factor for workforce planning over the next 5 years is the age of the workforce. Both NHS and Council staff can retire with pension from the age of 55. The current profile of both staff groups is shown at Figure3.3

Figure 3.3



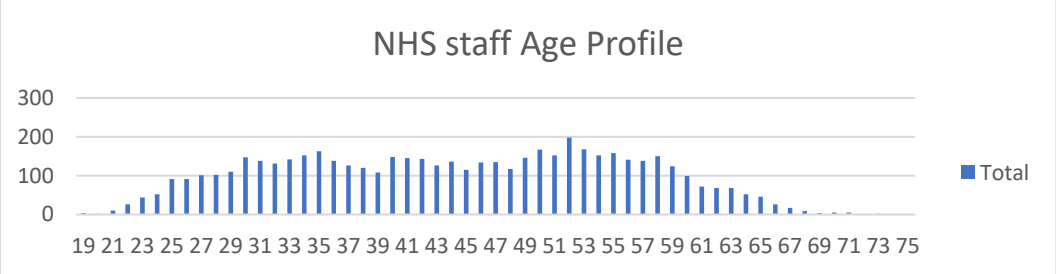


Figure 3.3 shows that Social Work staff has a higher number of staff over age 50 and the flatter trajectory of the NHS chart highlights a more even spread across the age groups.

The key age statistics are:

- 49% of HSCP staff are over 50; Social Work @ 57% and NHS @ 38%
- 32% of HSCP staff are over 55: Social Work @ 40% and NHS @ 22%
- It is Social Works large Care staff group (Care at Home, Care Homes) with 3,900 staff, that has the highest figure of aged 55 and over, 41% of the staff in these groups are in this category.
- In Social Work the remaining staff groups sit at 37%, with Social Workers lower at 32%, although the Social Worker /Mental Health Officer role sits at 42% over 55.
- While the NHS overall position sits at 22% over aged 55 in the largest group of Nursing and Midwifery the figures for District Nursing and Health Visiting are higher at 24%, with Band7 Nurses slightly higher again at 26%
- In both organisations all staff groups the management levels have a higher age profile than their teams.

3.5. Turnover

The current turnover of staff sits at 13% for NHS staff groups and 6.4% for Social Care staff groups. In the 2018 Workforce Plan the turnover figure was 5.5% for NHS and 3% for Social Work. Due to the age profile an increase had been expected however the extent of the increase was not predicted. It is expected that Covid has impacted on people's personal plans, either retiring earlier than planned or changing career away from health and care however a more detailed analysis of this required to understand the position and plan around it.

3.6. Sickness Absence

Sickness Absence levels contribute significantly to the ability to provide services to the required level. Levels of sickness have always been of concern however Covid has been an added factor since April 2020. While absences due Covid positive cases, Shielding and self-isolation are not part of the sickness absences figures there is a direct correlation to the pandemic and increasing general sickness.

Figure 3.4 shows the absence levels since 1/4/2019 to 31/3/2022

Figure 3.4

Quarter	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Year	NHS	SWS	NHS	SWS	NHS	SWS	NHS	SWS
2019/20	6.05%	6.6%	6.44%	7.2%	6.48%	8.6%	6.47%	8.5%
2020/21	5.6%	6.7%	5.71%	6.9%	5.8%	8.7%	5%	8.5%
2021/22	6%	9%	7.1%	10.4%	7%	11.1%	6%	9.8%

The levels as end of May 2022 indicate that levels are continuing to decrease. These are as follows:

NHS, 5.7%
SWS, 8.6%

In addition to these sickness absence levels Covid Absences over the last 2 years have impacted significantly on services. The Covid absence has fluctuated since April 2020 reaching a peak of 700 people absent in January 2022 (6.4% of staff). At 10 June 2022, 152 people were absent with Covid including Long Covid. This is 1.4% of total staff.

While the level has significantly decreased it remains a factor in service provision and continues to impact on daily cover particularly in Care at Home, Care Homes and Mental Health wards.

4. Nurture - Wellbeing of the Workforce

4.1. Staff wellbeing has had an additional focus through our response to the covid 19 pandemic. We recognise the impact of this difficult time on our current staff group and are keen that future staff feel supported in the workplace in relation to their mental health and wellbeing.

4.2. Glasgow City HSCP has a pilot role in the national Scottish Trauma Informed Organisation approach which includes how we lead and manage as well as work with patients and clients.

4.3. We will continue to apply HSCP values and principles to future leadership development and this includes informing our leadership competences and succession planning in relation to mental health, wellbeing and a collective and collaborative approach.

4.4. Our principles for staff mental health and wellbeing are:

1. Staff mental health becomes part of the HSCP's local strategies and action plans

2. Staff mental health and wellbeing is everybody's responsibility

3. All staff deserve to work in a mentally healthy workplace where discussions about mental health and wellbeing are valued and met with kindness and compassion

4. All staff have the opportunity to talk about mental health and wellbeing with their manager to ensure they receive the appropriate supports

4.5. Our ongoing staff mental health and wellbeing action plan includes:

1. Support the development of a culture of compassionate leadership and kindness

   - Building capacity of resilience through utilising trauma informed leadership and strengthening personal resilience programmes

2. Support staff mental health and wellbeing

   - Raising awareness of mental health and wellbeing resources available to staff
   - Staff mental health and wellbeing is a core agenda item at local management and team meetings

3. Promote a mentally healthy workplace

4. Accessibility of mental health and wellbeing resources to all HSCP staff

    - A review of existing communication arrangements, exploring alternative ways to reach non pc facing staff

5. Support staff who are absent from work and are experiencing long COVID and other health conditions

    - Identify specific resources and guidance to support managers and staff in their recovery

6. Support the mental health and wellbeing of women that are experiencing the peri/menopause

    - promote and implement both organisation's menopause policy / guidance to raise the profile
    - provide support options to women in managing symptoms of peri/menopause

7. To continue to support the Healthy Working Lives programme

    - continue to promote health initiatives / activities associated with the maintenance of the gold award campaign to widen the wellbeing champions at local level
    - Activity that supports staff mental health and wellbeing will happen as close to the building footprints as possible to ensure equitable access.
    - Empower local service areas to access funding for health and wellbeing initiatives and encourage the development of local activities based on staff needs.

8. Introduce/extend R&R hubs across all HSCP establishments

    - Access to local HSCP facilities / staff room for all HSCP staff within Health and Care Centres
    - Identify local premises / cafes for community based staff e.g. Home Care to access spaces for tea and coffee
    - Support staff to access a spa back chair to support individual moments of 'Rest and Recovery' and to help with screen fatigue.
    - DSE available for all staff with appropriate supporting equipment

9. Promote local green space to staff
    - Identify outdoor space for relaxation and to enjoy the surroundings
    - Managers encouraging staff to make use of outdoor green space where available

5. Attract and Employ

5.1. While our workforce has grown over the last 3 years the high level of turnover and the level of age retirals due over the next 5 years means that we have to continually revise our recruitment strategy to attract staff both nationally and from local communities.

5.2. Glasgow HSCP commenced a radio, tv and social media campaign in January 2021 to advertise the HSCP and Glasgow as a great place to live and work. We have 2 campaigns running in tandem, one specifically oriented to Care at Home and Care Homes the other HSCP wide roles. The focus is to attract interest in Health and Social Care at all levels. This recruitment format will continue over the next 3 years. We also now have a strategy to recruit as early as possible, predicting vacancies, to reduce the timescales between a vacancy arising and it being filled. This relates to large scale recruitments such as Social Workers.

5.3. Our aim is to attract more people to a career in Health and Social Care and particularly to let young people see what careers are available. In Social Care we now have Modern Apprentices in frontline client services (Day Care for Older People and Learning Disabilities; and Care Homes) as well as continuing our existing programme in Administration. Following completion of the MA we have a 100% success rate in the young people securing a job with us.

5.4. We have recently linked with Glasgow Clyde College to create a new online course, an Introduction to a Career in Social Care, which on completion will offer guaranteed interviews for current vacancies and we are working with Colleges to arrange placements for HNC (Social Care) students in our Care Homes. Consideration is also being given to an initiative between the NHS and Job Centres for a 6-week pre-employment course focussed on introducing the Health Care Support Worker role and NHS administrative roles.

5.5. We have increased our capacity of student social worker placements which has led to an increase in applications for jobs with us.

5.6. We have also changed the initial applicant process for entry level / unqualified positions in our Care at Home Service to an on-line values based assessment which encourages applicants as there is no application form to complete at the 1st stage. We will develop this model further to increase applicant numbers for posts.

5.7. Continued Initiatives are required to make careers in Health and Social Care a first choice for everyone but particularly young people.

5.8. We do also have to compete with surrounding local authorities and HSCP's. A factor in our high turnover figure is that vacancies exist across all surrounding Health and Social Care Organisations and as such people move around the system away from Glasgow. Key roles that are particularly impacted by this are Medical Consultants, Band 6 and 7 nurses, Pharmacy and Therapy roles.

5.9. Once in employment both NHS and Glasgow City Council offer excellent terms and conditions, including pay and flexible working policies. Both organisations also now have policies to allow part retirement (in the NHS this is called Retire and Return, in the Council it is Flexible Retirement) – these policies allow staff to keep working longer and allows us to retain their experience. We do however continue to have a high turnover figure excluding people who retire on age. To improve retention we require to provide better induction into jobs, improved training and development opportunities and have better structures for progression.

5.10. We support training that allows existing staff to attain further qualifications. eg Band 5 nurse to be a District Nurse @ Band 6 and Social Workers to gain the additional Mental Health Officer qualification. In 2022 we have 11 new MHO's qualifying.

5.11. We require to develop further programmes including a pathway for existing staff to become Social Workers.

5.12. An overall aim is to create more career pathways that allow entry level staff at NHS Band 2/3 and Council Grade 3 to progress within the organisation to qualified positions.

5.13. We are also improving our facilities for both the public and our staff. Over the past few years we have seen major changes which have allowed us to provide services from modernised buildings. An example of this is the new £67m **North East Health and Care Centre** which will be built on the site of the former Parkhead Hospital and is due for completion in 2024. The hub will be home to three GP practices, as well as to a range of community services delivered by the HCSP and other public and third sector organisations. The hub will be the largest primary care development in the history of NHSGGC and will be a leader in sustainability, becoming the Board's first zero carbon facility through a range of measures including air source heat pumps and solar panels.

6. Train, Learn and Develop

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

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

6.3. Succession Planning and Talent Development -

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

- Invest in protected time for staff development on a regular basis
- Increase our capacity for coaching and mentoring at all levels
- Every employee must have the opportunity to have a conversation career and aspiration conversations
- Investment in wellbeing is practiced and observed
- Establish networks at all levels

6.4. Leadership, Training and Development -

The importance of developing leadership skills and experience is a major part of our Succession Planning. We are committed to developing staff to prepare them for leadership roles. We offer management training each year with staff and want to maximise this over the next 3 years.

7. Plan – Workforce Planning Drivers (Short Term – to March 2023)

Our short-term workforce planning drivers are in the main associated with Recovery, as set out in Section 1.3, however we must also get any service reforms that have been delayed back into the play including the planning and implementation processes.

In summary the drivers in the short-term are the availability of staff to cover sickness absence, the turnover rates including the retirement risk, the Mental Health and Wellbeing of our staff and the recruitment to all vacancies in line with budget availability. Staff availability until March 2023 will also be impacted due to levels of annual leave that have been carried forward over the last 2 years. We must allow staff to take their leave and encourage and support them to do so.

In relation to service provision there is a very high likelihood that the impact of Fuel Poverty, the cost of living increase, the war in Ukraine and Brexit will have a knock on impact on the key population indicators set out in Section 1.6. We need to be ready for increased demand on our services, be ready to respond, equip our staff and link with wider partners where required. We must ensure our services are designed to maximise individual and family incomes and that our staff are aware of increasing poverty issues. Supporting our staff in their role is vital but we also must be aware that there may also be an impact on our own lower paid staff.

8. Plan – Service Specific Reform Activity and Action Plans including Workforce Planning Drivers (Medium – to March 2025)

8.1. Care Services (Care at Home, Care Homes, Day Care for Older People)

Our **Care at Home** services employs 2,500 staff, supporting over 5000 people per day. 2,500 community referrals come in per year and the service facilitates 9,000 hospital discharges per year. The Service supports people to remain in their own home or within specialist extra care housing services thus preventing admission to Acute Hospital or Care Homes. It operates as part of a multi-disciplinary community based approach in partnership with the Community Social Work and Nursing Teams, Reablement and Occupational Therapy team. The service is central to early intervention, prevention of admission to hospital and plays a key role in the hospital discharge process.

The services care for a range of people, focusing on those with physical and mental health issues or a combination of the two; the service user group is predominantly in the 75+ age bracket but not exclusively with younger service generally living with physical disabilities and/or physical illness. A challenge for this workforce is to adapt to meet the changing needs and complex conditions they support within the community.

Current service redesign work involves a review of the Out of Hours model of care and support including links to the urgent care resource hub and 7 day hospital discharge.

Our directly provided **Care Homes** employ 900 staff across 5 homes, looking after up to 520 residents.

There is an ongoing recruitment challenge in both Services to retain the required number of staff. Turnover is high due to the age profile of the staff (average age is 55 to 67), and high sickness absence levels exist. There has been a significant increase in sickness absence due to a range of issues; the Pandemic, fatigue, ageing workforce, muscular skeletal issues due to the physical nature of the job, stress and anxiety and delays accessing NHS treatments.

Additional resource has been provided via Winter Planning funding to Care at Home and Care Home staffing has had to be increased on a temporary basis. Continual recruitment takes place to both Services and movement between the services is part of our workforce planning. The HSCP continues to fund radio and tv recruitment campaigns but local recruitment is key to attract new employees. Alongside the recruitment we run 2 week training and induction prior to start dates. The Pandemic has however impacted our recruitment process and limitations on the number of people who can attend the training have slowed the process.

Also part of the Operational Care Services are our **Older People Day Care** Units, (10 buildings, 3 co-located with the Care Homes). Now open after a period of closure due to the pandemic they are a crucial part of the system to allow people to stay at home and maximise the independence of older people. A current review is underway to review the eligibility criteria to access the service with consideration being given to introducing outreach day care and a dynamic use of the building-based assets.

The health and wellbeing of this workforce and their development is a priority. The workforces are registered with SSSC and there is a need to develop a comprehensive competency-based career pathway for all job roles with a review of skill levels and an assessment of learning and development needs carried out. This would require investment directed appropriately.

8.2. Older People and Primary Care Services

The key drivers for change within Older People's services include, Transforming Nursing Roles strategy, The Older People's Mental Health 5year Workforce Strategy, Proposed Community Framework and the Primary Care Improvement Plans (PCIP)

In addition to the provision of the standard Older People's Services, there are a range of organisational change and service redesigns in our Older People's Services, all of which have workforce implications between 2022 and 2025.

- Transforming Nursing Roles: District Nursing Workforce 5year workforce strategy.

District Nurses are key to the delivery of care and provide a critical contribution to support the ambition of shifting the balance of care from hospital to community settings, avoiding unnecessary hospital admissions and enabling people to live longer and healthier lives at home by ensuring high quality, person centred care, care co-ordination and joint working across health and care agencies. The Service is provided 24 /7 with a day and out of hours model. Overall there are challenges in the recruitment and retention of Band6 District Nurses and the out of hours service has some additional challenges which are being addressed by considering different models of delivery.

The DN skills are essential in helping transform the multi-disciplinary model of working in future for primary care.

The service uses the national workforce tool to plan the workforce, assess workload and to ensure maximum efficiency and productivity. The outputs from the Quality and Professional Judgment Tools will align with Safe Staffing legislation.

The workforce strategy for District Nursing sets out the plan to address staff shortages and retain staff within the service including:

- Introduction of Advanced Nurse Practitioner (ANP) Roles
- District Nurses must be clinically up to date and educationally prepared to work within the community setting. They require to undertake the Specialist Practitioner Qualification (SPQ) prior to taking up a District Nursing Band 6 post. To mitigate the loss of staff from retirement and moves to other posts, Glasgow supports 30 Band6 staff every year to undertake the SPQ on a full-time basis, funds the back-fill of the post-holders to ensure the workload is covered and funds the additional Community Practice Teachers (CPT) to support the learning and assessment of staff undertaking the SPQ.

- Implementation of Review of Occupational Therapy Services which is a proposal to integrate Community OT with Rehabilitation Teams.

- Introduction of ‘Frailty @ Front Door Team’ in QEUH & GRI with the aim of preventing admission of frail individuals to hospital if they can be cared for at home.

- Hospital at Home service was introduced to the South locality of Glasgow City HSCP as a test of change for one year. The initiative started January 2022 and has capacity to take up to 25 patients. Learning from the test will inform wider roll out of this initiative across GGC in 2023 including the workforce required.

The aim of the service is to deliver high level interventions in a person's home that would routinely require hospital admission. The service is nurse led with input from a specialist GP and oversight from a Consultant Nurse and Resident Medical Officer

- OPMH – 5 Year Strategy / Planned Changes to In- Patient Bed Model which is a proposed reduction of beds over time may highlight changes to staffing profile.

- OPMH – 5 Year Strategy / Proposed Community Framework which details a review and refresh of the role and function of the OPMH Community Team

- Review provision of Out of Hours District Nursing Service due to ongoing staffing challenges, considering options with neighbouring HSCP's and review of shift patterns.

- Primary Care implementation Plan –Phlebotomy Service - Planned movement of Acute Phlebotomy Hubs (resourced by Acute) to Community Settings

- Community Treatment and Care Centres/ PCIP

- Community Diabetes Service – Review of service to ensure that patients with Type 2 diabetes are supported in the most appropriate clinical setting by the most appropriate member of the wider Healthcare Team. A workforce profile of CDSN's was undertaken and skill mix within the service has been achieved however work ongoing to agree final model.

- Social Work Student Hub Model - Participation in hub model to provide work experience for student social workers and support succession planning, with the aim of increased recruitment and retention of qualified Social Workers into the HSCP. Planning underway to support 15-20 Students in August 2022 and a further cohort in Dec/ Jan 2022/2023

Key Workforce Challenges

- The high level of vacancies across a number of services and professional groups such as Nursing including District Nursing, OPMH Community and In-Patient Services
- Particular difficulties recruiting Physiotherapists for Rehabilitation Services
- Highly concerning staffing issue within medical staff, in particular Consultant level within Older People Mental Health Services
- Recruitment to posts to support Frailty @ Front door Team
- High level of turnover in new services e.g. Phlebotomy and Treatment Rooms, requiring ongoing programmes of recruitment and training

Workforce Plans

- Organisational Change process to support review of in-patient model
- Advanced Nurse Practitioner role introduced in support of in-patient model, District/ Community Nursing.
- Recruitment for 2022/2023 of Band 5 (Annexe 21) Staff to undertake SPQ qualification and move into DN Charge Nurse Band 6 roles on completion of qualification. (31 posts)
- Recruit Band 5 Community Staff Nurses to fill gap created by District Nurse training posts
- Succession planning to be reviewed throughout services
- Ongoing work to support the development of a Band 4 HCSW for District Nursing Teams and options to retain Band 5 Community Staff Nurse's.
- Recruitment to progress for 1 x Service Manager, 3 x Grade 8 Team Leaders and 3 x Grade 7 Practice Teachers.
- The extension of the Hospital at Home service will increase the provision of care across a multidisciplinary team, including rehabilitation services which will also require additional clinical and managerial resource.

8.3. **Primary Care Improvement Plan**

Created as part of the transformation of general practice with the aim of shifting work from GP's and their teams to other forms of delivery. 350 employees have been recruited since 2018, however there has been significant turnover and difficult to fill posts especially in treatment and care services, pharmacy, advanced nurse practitioners and physiotherapists. Where we have not been able to fill posts we have changed the skill mix in the teams or developed different delivery models, such as hubs or commission externally. Staff turnover is impacted by people moving around the system to other vacancies or to other newly created roles eg Hospital at Home.

8.4. **Adult Services**

8.4.1. **Mental Health**

The Mental Health Strategy has a focus on shifting the balance of care into the community from inpatient services and is a significant organisational change programme for the HSCP. As part of the Mental Health Strategy at the end point, following a planned and stepped reduction of beds the new model would mean 850 wte new appointments over the next 5 years and the development of new staffing models and roles across both health and social care.

Services will be more focussed on aligning the care we provide to support people with access to integrated community based services working closely with primary care and other community health and social work services, third sector provision and crisis support.

8.4.2. Mental Health – In Patients

The service provides secondary mental health care and treatment for adults and older people at 10 sites located across 6 HSCPs, through a multi-disciplinary team from clinical and non-clinical professions including Nursing, Medical, Allied Health Professionals, Pharmacy, Psychology, Advocacy and Befriending.

Ongoing workforce planning is centred upon reviewing the current staffing model, taking account of current context of care, mental health strategy and recovery and renewal plans, policies, previous workforce papers and modelling (including WFP tools). A three phase proposal has been agreed, covering all professions and support staff and looking at numbers, skill mix, new roles, shift patterns, and impact of 'enhanced observations'.

Nationally, there has been a reduction in overall numbers of registered mental health nurses due to the combination of fewer training places and the number of staff leaving the service, with retirement at age 55 impacting on recruitment and retention. The recently agreed 13% increase in training places will not be realised until student complete training in 2025.

A baseline model of 65% registered nursing staff and 35% unregistered staff has been recommended across all inpatient settings. However, some areas will require a higher proportion of registered staff, with a greater skill blend due to complexity, acuity and risks.

The role of the Senior Charge Nurse (SCN) has become increasingly pivotal in managing the quality of clinical care, practice assurance, clinical governance, professional practice, leadership and staff development. It is recommended that a standardised approach be applied across all areas in regards to the utilisation of this role.

There is a wide range of shift timings and patterns throughout the service. It is recommended that whatever local approaches are adopted, they are patient / needs led, support safe staffing, and allow for fluctuations in clinical activity.

There are variations in the provision of activity team nursing, psychological group work, art and recreational activities. It is proposed that all sites should be supported by a physical and psychological wellbeing service, including an 'In-ward' aspect to provide clinical pharmacy, OT, physio, dietetics, therapeutic/art/socialisation for those individuals unable to attend a central service. An 'Out of ward' aspect will also be provided by the site 'therapeutics' team with additional elements to be explored further and agreed:

- A 7 day service providing focused interventions and necessary core skill work, rather than generic recreational activities. It is anticipated that recruitment of staff who traditionally work Monday – Friday may be challenging.

- Additional Physiotherapy staff, ensuring that patients are assessed initially for physical activity shortly after admission. It is recommended that for every in-patient ward with 16 beds, there should be 0.5 WTE Specialist Physiotherapy input as part of the MDT.

Medical staff provide crucial input to assessment and care planning and maintain responsibility for individuals in transitions between hospital and community care. Increases in service provision have not been matched by an increase in capacity and have coincided with significant challenges in recruitment and retention. The increase in less than full time working due to a range of factors including personal circumstances and pension changes has further impacted the workforce.

Over the past 4 years almost 20% of consultants have retired as a result of their MHO status eligibility and current estimates suggest that up to 15% of consultants would be eligible to retire within the next year, with a further 20% over the next 5 years. Recruitment to these vacancies is difficult and there is competition from outside Glasgow with more preferable working arrangements available. A review of what changes could be made to attract candidates is required.

The proportion of other non-training grade medical staff who are eligible to retire over the next 5 year period is comparable at 20%.

This will not be offset by the numbers of trainees completing their training, with a marked shortfall of between 20 to 30 WTE consultant posts spread across all specialities and settings over the next three years. This equates to between 15-20 % of the consultant workforce within Mental Health.

There are associated recruitment challenges due to negative perceptions around work/life balance, consultant job planning and limited opportunities for undertaking supporting professional activities. Certain areas also have a longstanding reliance on locum and agency staff. There is limited potential for mitigation over the next 5 years, mirroring national trends. The approaches which have been identified in order to address these challenges include:

- Recruitment strategies to target DDiTs whilst still in Core Training years
- Expansion of the range of professional roles within current multi-disciplinary model and development of defined training, recruitment and supervisory pathways. This includes Physician Associates (PA), Pharmacy Prescribers, Advanced Nurse Practitioners and GP with Special Interest.
- Expansion of existing physical health care resources including consistent phlebotomy provision across all sites, GP sessional input into rehab, HBCC and associated settings
- Standardisation of job planning approaches to address variations in resource allocation and SPA allowances and to consolidate emergency and out of hours clinical activity across fewer sites

- Additional ANP roles to support assessment, diagnosis and prescribing with requirement determined by bed numbers. This cluster approach has commenced on the North East inpatient site with 10 posts having been proposed / introduced.

Consideration should be given to the integration of a dedicated social work resource within the multidisciplinary team with an active role throughout the in-patient stay, not only as a component of the discharge process.

The roles and configurations of operational support teams vary across sites. All of these staff are vital components of the multidisciplinary team and it is proposed that each site has similar functions with future work to focus on role identification and functions, establishing minimum requirements.

Circa 350 Mental Health nurses are in training in the West of Scotland at this time. Mental health family of services would need to recruit all registered qualifiers and have no-one retire over the next three years to achieve pre-development needs. All child, adolescent and adult/older peoples mental health professions medical, nursing, clinical psychology, AHPs, social work etc – role transfer helpful but not an overall solution

- An increase in the workforce is needed to increase capacity to assess and treat within specialist secondary mental health services – across whole mental health "family" of services

- Mental Health "family" includes Child and Adolescent Mental Health (CAMHS), Mental Health Social Care, Adult Mental Health, Older People's Mental Health (OPMH), Alcohol and Drugs, Learning Disability, Forensic Services and development of specialisms e.g. Eating Disorder, Perinatal, Borderline Personality Disorder, First Episode Psychosis, Trauma and community enhanced rehabilitation team

- Time resource for training and change to support staff to develop and do things differently

- Supporting our own NHS/HSCP staff as per the employer approach (under public mental health above)

Developments are welcomed. An unintended consequence during workforce shortages is that developments can only recruit from existing services, which creates further staffing shortages in established inpatient and community services.

8.4.3. Alcohol and Drug Recovery Services (ADRS)

a) National frameworks are being developed to reduce the number of deaths either in relation to substance or alcohol misuse. Nationally, a £250m investment in Substance Misuse, will support:

- Expansion of community based intervention, residential rehabilitation and outreach services
- Full implementation of the new Medication Assisted Treatment Standards (MAT), ensuring same day treatment or same day prescribing for those who need it – there are 10 standards, proposals have been submitted to the Scottish Government on the staffing increase required at the access points, the focus is on MAT Standards 1-5, full implementation expected by 2025.
- Commitment to the introduction of medically supervised, safe consumption facilities, exploring every legal avenue in order to establish them in Scotland

b) Glasgow City ADRS commissioned a review of service with recommendations received in 2021. Ten recommendations were received and have been grouped into 3 themes; Resource and Capacity; Training & Development; Governance. The desired outcomes are to improve the quality of service; increase access to treatment and care; implementation of psychologically and trauma informed practice; fully implement recovery oriented systems of care. In relation to the staffing numbers this means expanding nursing, medical and prescribing capacity, introducing new qualified Social Worker roles and there is consideration being given to AHP roles. A training needs analysis is being undertaken for all staff and management capacity will be prioritised in order to support staff through supervision and personal development.

c) To respond to non-fatal overdoses and immediate needs in Out of Hours situations a Crisis Outreach team was established in 2021. Located alongside Stobhill Mental Health Assessment Unit and working closely with Scottish Ambulance Service and Police Scotland, the team consists of both nursing and social work staff. The next steps to development of the service are to consider including Advanced Nurse Practitioners, having prescribing/medical cover to support same day treatment OOH and the introduction of peer support. Further developments will be dependent on additional funding as recurrent funding requirements for Mental Health Assessment Units remain as an open discussion for resolution from central funding.

d) A service for young people is being developed based on learning from a test of change that included ADRS and CAMHS staff – the service will increase access to care and treatment and will be multi-disciplinary. Funding is allocated and the service will be developed by April 2023.

8.4.4. **Prison Health Care and Police Custody**

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

- HMP Barlinnie (housing 1200 – 1800 inmates)
- HMP Low Moss (750 – 850)

- HMP Greenock 250, 50 of whom are female)

Common to each site is the challenge to recruit GPs and Nursing staff, with high agency spend as a result. There is no additional remuneration for staff in working in this potentially challenging working environment. Registered nurses are at 83% of establishment (72 of 87)

The majority of staff's time is focused on 2 major tasks – dispensing (mainly opiate) medication and dealing with prisoner complaints. The level of medication which is currently dispensed is 4 times higher than in 2012. Previously, complaints were dealt with by a dedicated B6 Admin staff member however this is now being absorbed by Band 6 nursing staff.

Due to the historical and current difficulties in staffing prison health care there is a workforce review of the service ongoing which will seek to propose a revised workforce model with workforce implications likely that will improve recruitment and retention. Implementation of recommendations is expected to begin in 2022/23. The review is considering the skill mix and looking at new and innovative ways of staffing the service including the introduction of Advance Nurse Practitioners, PDN, enhanced pharmacy posts and a balance of registrant / non registrant staff. Offering posts on a rotational basis for 6-12 months and developing a post-grad qualification specifically for Prison Health Care as its own specialism we think will attract Band 5 nurses into the service

Consideration is also being given to the role of Social Care staff, The GP and Nursing structures including GP renumeration will be considered to attract and retain staff. Health Improvement Services will also be reviewed and consideration as to how Telehealth developments could improve service delivery.

b) Women's Custody Suite

The Lillias Community Custody Unit (CCU) for women is scheduled to open in Maryhill in September 2022. It will provide safe accommodation for 24 women currently in prison, and its purpose is to support the needs of women in prison whilst promoting closer community contact and access to local services. This new approach to women in prison will create sustained stability for women in preparation for successful reintegration into the community. The Lilias centre will operate a gender specific regime, which is trauma informed and person-centred in its approach. Services will be delivered in-house and in the community, collaboratively with Scottish Prison Service (SPS), NHS, Local Authority and third sector providers. The Lilias centre is one of two CCUs currently being developed in Scotland alongside the development of a new smaller national facility for women to replace Her Majesty's Prison and Young Offenders Institution (HMPYOI) Cornton Vale. The second CCU will be built in the Hilltown area of Dundee. These developments are in line with the Scottish Government's Justice Strategy 2017 – 2020 and the Vision for Justice in Scotland Strategy 2022.

The preferred option for the provision of health services to the women residing in the Lilias centre is for a blended model with a mix of in house and community health services accessed. The service model will include GP input, psychiatry and psychology sessions, AHP and nursing provision. One Social Worker is in post and recruitment of health staff will be progressed when Scottish government funding is confirmed

c) Police Custody

A full review of Police Custody Healthcare is ongoing. Specifically, the review will:

- Review the skill mix
- Review the nursing model
- Review the career pathway for nursing within the service
- Consider new ways of staffing the service – potential to introduce additional Band7 roles in management or advance practice ; starting Band5 in the service, having Band 3 health care support worker / call handler roles

8.4.5. Sexual Health Services

Glasgow City hosts this Board wide service. A full service review was carried out in 2019 but was paused in 2020 due to the pandemic. Many of the staff moved to assist in other services during 2020 and 2021. A new service model is being introduced, including self management options and improved use of technology. The Team structures, medical and nursing structures, business /support/ non clinical workforce were all included in the Review. One of the reasons for the changes is to improve recruitment and retention. The implementation of the changes will conclude in 2023.

8.4.6. Learning Disability

The integration of community learning disability teams across all professions will require staff to adopt and consolidate new integrated operational practice and procedures. This will commence with the integration of the management teams across the service to allow staff to become more engaged with the work they do and they will receive support to continuously improve information, care and treatment provided to our patients and service users.

The model of LD day service provision is transitioning to become a service more focussed on community and alternative supports for individuals who are assessed as not requiring a building based service. Staff are fully engaged in this work and we are currently developing proposals for improving the environment for service users and access to health care clinics by assessing our staffing need to deliver this change. This will commence with a review of nurse staffing levels using the professional judgement tool to ensure there is a fair distribution across localities and identify any gaps or issues for consideration. The role of Health Car Support Workers will also be developed to increase access trained HCSW who will

have competencies across a number of disciplines. This will reduce waiting times from individual disciplines and reduce the number of staff involved with each service user.

8.5. **Justice Services**

In addition to the provision of the standard Justice Social Work Services, theree are a range of organisational change and service redesigns in our Justice Services, all of which have workforce implications between 2022 and 2025.

- Review of the Caledonian System Domestic Abuse Programme
- Colocation of Diversion staff at London Road marking hub
- Implementation of Glasgow Youth Structured Deferred Sentence Court
- Development of Bail Services at Glasgow Sheriff Court
- Implementation of Lived Experience Mentoring Service

Key Workforce Implications

- Ensure staff are supported to consolidate new operational practice and procedures
- Ensure understand new performance and governance frameworks
- Ensure staff are engaged with the work they do and are supported to continuously improve support, care and treatment they provide
- Recruiting Social Care staff into Justice is not a matter of concern however staff turnover is around 4% and it is vital to maintain the required number of Social Workers and Social Care Workers.

8.6. **Homeless and Asylum**

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

- Rapid Rehousing Transition Plan
- Housing First
- Redesign of temporary accommodation service delivery model
- Redesign of Homelessness Health Services to Complex Needs Service
- Improve practice governance and develop staff development programmes
- Delivery of Trauma informed support
- Ukraine Project - a recent programme of support that has required immediate recruitment of Social Care Staff.

Key Workforce Implications

- A stable staff group in terms of numbers but must ensure vacancies are filled timeously
- Ensure staff are supported to consolidate new operational practice and procedures

- Ensure understand new performance and governance frameworks

8.7. **Children's Services**

The **Glasgow Integrated Children and Young People Service Plan 2020 – 23** sets out the context, priorities and outcomes for all children's services in the city. The key drivers that inform the plan are:

- 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 **inequalities** on children and young people in Glasgow, and the learning from the pandemic, attending to families' needs in relation to poverty and mental health, which may have been exacerbated by the experience throughout lockdown and associated restrictions.

- The publication of the **Promise**, and the need for a strengths-based approach to working with families, which is focused on keeping families, and brothers and sisters together within their homes and communities. The need to focus on keeping brothers, sisters and families has also been emphasised in discussions with IJB members.

- The **Transforming Children's Services** agenda and its focus on improving earlier intervention services in order to support families to stay together within their communities, with easily accessible neighbourhood supports.

- Service delivery plans from the range of **community planning partners**, including Education, Glasgow Life, Scottish Children's Reporter Administration, and Police Scotland.

- Response to the improvement recommendations of the **Care Inspectorate**, based on the findings from their inspection of children's services in Glasgow City in 2017.

8.7.1. **Key Workforce Challenges**

- Recruitment challenges associated with a number of qualified posts, including Social Workers, Health Visitors and Paediatricians, which has been further exacerbated by the interruption to university courses
- High attrition rates which is leading to a high amount of reactive recruitment
- Adapting to different ways of working and addressing the challenges of working from home, and supporting staff who are experiencing isolation
- Absorption of the leadership of Specialist Childrens Services into the HSCP, which has increased the need for leadership, management, planning, and human resource support for this large workforce, in order to align SCS with the vision and direction of Children's Services

- Lack of capacity within the Planning Team, which is being stretched due to the number of requests for support across children's services (including SCS), with a number of new/ expanded workstreams (Domestic Abuse, Single Point of Access and Mental Health developments) and North East locality (particularly linked to the restart governance process, the citywide property strategy work, and the PCIP improvement work).

8.7.2. **Key Workstreams**

1. Transformational Change Programme

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

- Aligned vision for children's services
- Involvement of frontline practitioners and team leaders in the development of a model for Glasgow, with a robust feedback loop to the leadership team in order to support consistent decision-making across the services, underpinned by shared values.
- Development of a strengths-based, trauma informed practice model for residential, foster care, intensive support, social work and health visiting services, to build a consistent approach to working with families, based on evidence of what works.

2. Expanding the range of community mental health and wellbeing supports

- Development of an in-reach school support service to support young people to access and sustain school, and also to provide support for young people who have left school
- Development of a networking team to help to create seamless pathways for children, young people and their families into the right support
- Development of a range of tier 1 and 2 community level mental health supports
- Additional capacity for school nursing service
- Support to align resources, and to work with third sector partners to create readiness for a collaborative and consistent approach to supporting children, young people and families

In addition to these work streams, it is noted that there is significant change across the service impacting on service delivery and therefore the roles delivered by staff:

3. **Improving the care pathway for care experienced children and young people**

4. **Implementation of the family support strategy**

5. **Kinship Care**

Workforce Actions – Short Term

- Continue to monitor the level of health visitor and qualified social worker vacancies to mitigate risks to service provision and the safety and wellbeing of children.
- Monitor the challenge of insufficient SG investment in HV following the rebanding of HV posts
- Continue to monitor impact of absence and leave, particularly long-term sickness absence and maternity leave, as well as the impact of pandemic.
- Continue to monitor the impact of staff moves, as short-term funding becomes available, which is impacting on the number of staff available to cover core roles within health and social work, with a particular impact on specialist children's services due to the number of initiatives being developed and posts being created, which is resulting in internal moves and increased vacancies.
- Introduction of a number of fixed term posts to support the development of community mental health and wellbeing services. The posts will support the design, delivery, alignment and commissioning of services, working closely with finance and commissioning colleagues.
- Where required, provision of overtime in the evenings and at weekends, to address the CAMHS waiting list and to provide support in response to children and young people's neurodevelopmental needs, and an increase in general demand and support required for young people affected by eating disorders as a result of the pandemic.
- Introduction of perinatal mental supports/ posts across GGC
- Expansion of Youth Health Service
- Greater emphasis on GIRFEC learning and development opportunities within specialist children's services.
- Increased focus on continuous professional development, which has been impacted by the pandemic response.
- Development of a Training and Development Fund to promote high quality, strengths-based practice to address the mental health impact of the pandemic.

Workforce Actions – Medium Term

- Potential organisational risk associated with the number of health visiting staff, due to turnover and delay in graduations of health visitor student cohort until at least September 2022, with associated implications for Child Protection, and full implementation of the Universal Health Visiting Pathway, particularly the antenatal visit.
- Development of neurodevelopmental pathway

- Review of Children and Families Band 7 roles and responsibilities, across health visiting, practice development nurses and team leaders to assess skill mix.
- Increasing the capacity of the Independent Care and Review Team to support meaningful participation of children and young people, and to support the implementation of the Glasgow Promise Action Plan
- Sustaining and Developing a Safe Workforce programme (GGC) to ensure that the right people deliver the right person-centred care at the right time
- Focus on succession planning and creating leadership opportunities for the current cohort of Service Managers

Workforce Actions - Longer Term

- Development of fully integrated teams across health, social work and specialist children's services
- Increasing the infrastructure of support for frontline practitioners, and increasing the capacity of Social Work and Health Visiting team managers to provide coaching and development to their staff, focusing on the delivery of consistent strengths-based practice to children, young people and families to promote meaningful change.
- A robust feedback loop from frontline practice to leadership team, which is informed by feedback from families, in order to ensure aligned decision making.

8.8. **Health Improvement**

The Health Improvement Service has a number of significant temporary service developments under way as well as continuing to fulfil their service remit. These temporary pieces of work require the employment of fixed term staff, with 14% of the workforce currently employed on a fixed term basis. The service supports a number of key initiatives for the HSCP which involve the employment of staff via other organisations:

- Community Link Workers are contracted from the 3rd Sector to be embedded in GP Practices and this will be expanded to all 143 GP Practices across the city.
- Welfare Advice in Health Partnerships, embedded in 84 GP Practices

The expansion of the Youth Health Service and review of Smoking Cessation provision is likely to impact on staffing within the Health Improvement service over the next year to 2 years.

Workforce Implications

- 27% of the workforce are over 55 years of age. The aging profile of the workforce has been acknowledged as a national professional issue with 37% of PH specialists due to retire in the next 5 years.
- Often short term nature of posts prevent vacancy planning and challenge on the job learning

- New national body Public Health Scotland (PHS) undertaking significant recruitment and draining local pool of experienced staff.
- Workforce increased by 25% in four years which challenges management and supervision, however additional 3 x Band 8a posts have been recently filled. There is a need to succession plan Band 7 and beyond posts and need to create more entry level (Band 5) posts with incremental development for Band6

8.9. **Resources**

The Resources Team comprises a wide range of services which have been key in supporting the HSCP through the pandemic and are an essential component of the development and daily organisation of the HSCP.

The teams are Finance, HR, Organisational Development, Learning & Development, Health & Safety, Welfare Rights, Business Development and Busines Administration.

Each of these teams have had to adjust work arrangements over the past 2 years and some structural changes will be required going forward.

The reform of our Business Administrative Structure is the key service redesign to be implemented over the next 3 years. This redesign is to initially bring administrative services under a single joint management structure and thereafter review the administrative support arrangements as well as the development structure for the staff.

Recruitment and retention within Resources is overall good however within Administration there is a higher level of turnover and applications for jobs are lower than normal.