

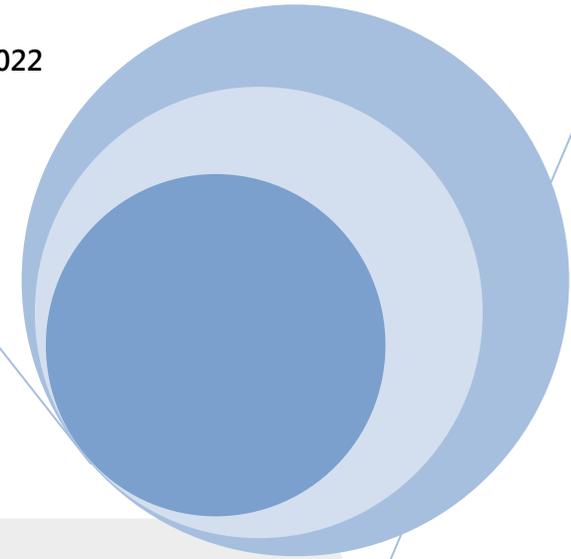
# CONNECTING HEALTH & SOCIAL CARE IN MIDLOTHIAN

## MIDLOTHIAN HEALTH & SOCIAL CARE PARTNERSHIP WORKFORCE FRAMEWORK

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

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

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



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

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## The Process

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

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

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

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

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

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

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

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

6. We need to feel the change to be confident in our services.

## 2.Executive Summary Key messages

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

## 3.Executive Summary Key Recommendations

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

1. **Investment in effective workforce** planning for the long term will have significant benefits, embedding this in the day to day practice of managers and leaders, actively working on succession planning
2. **Sustained investment in learning and development**, giving our staff skills to support them to innovate and giving them permission to do so will enable trust and confidence to grow.
3. **Developing new models of integrated working and new forms of commissioning**  
To support these:
  - Working together is essential to success – through co-location, through shared learning, sharing information, understanding roles and having honesty and trust in professionals at all levels in all sectors.
  - Scoping out an alliance approach to Care at Home service provision to address challenges around recruitment and direct provision of care hours, including night time supports.
  - Putting into practice our desire to work closely with Communities, investing in an approach which really makes use of community assets
  - Working with inequalities and diversity in each unique community within Midlothian

- Developing and implementing new roles already tested out, such as peer support in Substance Misuse, across other service areas.
- Creating a greater integration between Statutory and Voluntary and Independent Sector agencies, breaking down the barriers that prevent good outcomes for people.

#### 4. Scope of this framework?

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

#### 5. Priorities for our workforce – the Ambition

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

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

- A Workforce promoting people in Midlothian to take responsibility for their own health and wellbeing, **working with communities differently** to maximise and develop their talent and capacity.
- Succession planning which enables real opportunities for a **Career in Care**.
- Developing a culture that enables **talent management** to ensure we have the diverse leadership and talent needed.
- An investment in **real equal partnership** working with our Private, Third and Independent Sector partners.

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

#### 6. Midlothian Integration Joint Board Principles

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

- A stronger emphasis on prevention being adopted by all services.
- The development of a shared approach to risk across services
- An increased emphasis on people being supported and treated at home
- A move towards Realistic Medicine and Realistic Care
- A move toward more open access, to reduce waiting lists and waiting times

- Diagnosis and treatment only being provided in hospitals where these can only safely be provided in hospital settings

### 7. Financial Context

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



### 8. Objectives of The Workforce Framework

The framework aims to:

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

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

*Midlothian Community Planning Assessment 2016*

## 9. WHAT WE KNOW - our supply

### 9.1.a Our current Health & Social Care Workforce data (2016 figs)

Sector	Total	Male	Female	Full time	Part time
Mid Adult Social Care	691	76	615	304	224 + (160 ad hoc)
NHS Lothian (Midlothian)	484 headcount 361 WTE	-	-	177 (51%)	184 (49%)
Voluntary Sector	340	70	270	160	180
Private Sector	1470	175	1295	610	860
<b>TOTAL</b>	<b>2885</b>				

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

The largest part of the Workforce in NHS and Council fall within the Age range, 40-65 years
<a href="#">A significant part of the Independent Sector workforce fall within the age range, 17-40 years old.</a>
In year 2015-2016, the largest number of staff leaving was in Nursing/Midwifery and due to Retirement
<a href="#">In year 2015-2016, sickness absence within NHS staff was due to anxiety/stress/depression/other psychiatric illness</a>
In year 2015-2016, the majority of staff in NHS Lothian ( MID) lived in Midlothian or City of Edinburgh
<a href="#">For NHS Lothian (Mid) the majority of employees ( 27%) had been in post for 11-20 years and (20%) 21-30years</a>
The actual year-to-date spend on agency workers for Adult Social Care was £1,006,105 TO CHECK
<a href="#">For Mid Council the majority of employees (29.52%) have been in post for 0-2 years and (17.5%) between 11-15 years</a>
In the Independent Sector, there are xx full time and x part time workers
<a href="#">The Scottish Average for annual turnover in the independent sector is 22%. In Mid Council Adult Social Care it is 3%.</a>
The population figure is 87,390 (2015 latest figs from National Records of Scotland). It is projected to grow by 17.6% by 2037 to 99,090.
<a href="#">There are approx 700 Voluntary organisations working in Midlothian.</a>
There are approximately 14, 000 unpaid carers in Midlothian

### **9.1.b Our Informal Workforce**

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

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

### **9.1.c Our Volunteer Workforce**

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

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

## 9.2 Key drivers and influences on Workforce planning and development

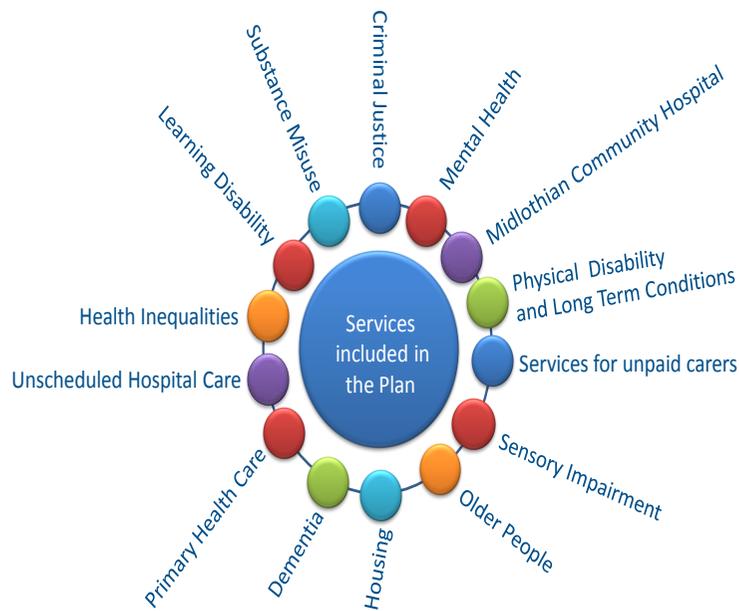
AREA	DRIVER/INFLUENCE	IMPACT
<b>Political</b>	<ul style="list-style-type: none"> <li>The UK departure from the European Union</li> <li>Expansion of Early years Child care services</li> </ul>	<ul style="list-style-type: none"> <li>Potential exodus of European workers across all sectors and professions, leaving very significant gaps in our Workforce</li> <li>Increased competition for scarce resources</li> </ul>
<b>Economic</b>	<ul style="list-style-type: none"> <li>Reduction in funding over medium to long term.</li> <li>Scottish Government funding for specific Workforce matters e.g. training</li> </ul>	<ul style="list-style-type: none"> <li>Working within tight financial parameters can result in improved efficiency and effectiveness</li> <li>Investment in establishing new models of health and social care and permanency for staff</li> <li>Potential for reduced ability to recruit and retain suitable staff</li> <li>Potential for reduction/withdrawal of services</li> <li>Economic development will support pathways to care</li> </ul>
<b>Social</b>	<ul style="list-style-type: none"> <li>Significant Demographic changes in Midlothian               <ul style="list-style-type: none"> <li>- an increasing older population, people living longer with complex health conditions</li> <li>- an ageing workforce – retirement and loss of knowledge and skills</li> <li>- younger people moving out of area for employment</li> </ul> </li> <li>Low value placed nationally on work done in social care</li> <li>Welfare Reforms and increased child care costs may get in the way of people taking up employment</li> </ul>	<ul style="list-style-type: none"> <li>Increased demand for services, particularly for older people Homelessness, Mental Health, Substance Misuse.</li> <li>Recruitment challenges for GPs, Nurses, Care at Home and Care Home Care workers, Mental Health Officer Social Workers</li> <li>Inequalities across sectors creates unnecessary tensions. A career in Care needs to be attractive and fair.</li> <li>Education &amp; Training which supports multi-disciplinary learning and working will allow staff to take on more flexible roles, and allow more varied and flexible careers</li> <li>Development of a generalist approach and General social care workers</li> </ul>
<b>Technological</b>	<ul style="list-style-type: none"> <li>Advances in digital technologies</li> <li>Technology Enhanced Care (TEC) – greater and growing use of Technology enhanced care</li> </ul>	<ul style="list-style-type: none"> <li>Offer opportunities to transform how services are provided</li> <li>National conversations suggest that our human resource may be eroded by greater use of TEC.</li> <li>Staff may feel undervalued and ‘cheated’ of work.</li> </ul>

<b>Legal</b>	<ul style="list-style-type: none"> <li>• SSSC Registration of Care at Home workers</li> <li>• Equalities of Regulated care</li> </ul>	<ul style="list-style-type: none"> <li>• Greater demand on our SVQ centre</li> <li>• Fully qualified workforce by 2020 would ensure flexibility of Care workers from Health and Social Care with ability to work across all settings</li> </ul>
<b>Environmental</b>	<ul style="list-style-type: none"> <li>• Changing shape of communities, with a diverse population</li> <li>• New housing and an increase in demand for services</li> </ul>	<ul style="list-style-type: none"> <li>• Need for locality working with a breadth of knowledge of each community and skills needed in response.</li> <li>• Need for projections of the changes needed in the workforce in response to changing communities</li> </ul>
<b>Equalities</b>	<ul style="list-style-type: none"> <li>• Skills Development Scotland and SSSC opportunities promoted for a Career in Care for young people</li> <li>• Inequalities across sectors with Voluntary/ Third/Private sectors having significant recruitment and retention issues</li> </ul>	<ul style="list-style-type: none"> <li>• Investment in Modern Apprenticeship and a clear pathway for a Career in Care</li> <li>• Inclusion of Third/ Independent Sectors at all levels on an equal partnership basis</li> <li>• A commitment to Equality and Diversity principles</li> </ul>

9.2.1 Midlothian Strategic Plan for 2016....2019

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

What is the Strategic Plan about?



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

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

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

## 10. REFRAMING THE NARRATIVE

### Defining our future workforce

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

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

- **Self – management** – we are committed to person centred responses, supporting people to make personal improvements and manage as far as possible their situation. We cannot fix everyone and everything. We can enable staff to work in a holistic way, using their specialist and generalist skill and knowledge to finding solutions to allow people to stay in their own homes, as far as possible, through treatment and services that are streamlined and effective. Developing a more generalist care and support worker role will enable flexibility of response with confidence.
- **Attainment and Achievement** – having the right skills and knowledge in the right place is a sound principle. We can work together to provide shared learning and development opportunities at all levels across all sectors, from Welcome and Induction to work, to qualification and CPD. In doing so, we build capacity and strength at the same time ridding ourselves of duplication and reductions in spend.
- **Neighbourhood and Community** – responding to each unique community, getting to know that community and understanding and using to advantage its strengths and assets. Working with our partners in Community Planning and local groups will result in resources and responses being in situ which reflect a real understanding of each community. Working in true partnership with each community will enhance understanding, problem solving and solution finding. Professionals working together in local communities, pulling together skill and knowledge.
- **Keeping people safe** – building on collaborative working across sectors and agencies, will provide consistent and joined up responses, where information is shared where this is in the best interests of the person to maintain their safety and wellbeing.

### For the future we are moving towards:

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

## **PART 5: 12. MIDLOTHIAN WORKFORCE PLANNING FRAMEWORK**

### **Priorities for our Workforce**

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

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

The themes are:

- A. Organisational Culture and Structure**
- B. Leadership Development**
- C. Attainment & Achievement**
- D. Shared understanding**
- E. Recruitment & Retention**
- F. Employment & Rewards**
- G. Working with Communities**
- H. Communication**
- I. Top ten commitments for Midlothian Health & Social Care Partnership**

The priorities for Workforce planning set out in this Framework aim to provide a solid basis for our future Service Workforce Plans. This Framework will support the shaping of our future workforce in its totality, promoting a culture of close working and collaboration at all levels. The Workforce Framework will sit alongside the Strategic Plan and Financial Strategy in terms of Annual review and update. The Workforce Framework is a living document which needs to change in shape and priority in line with the Strategic Plan, influences and drivers.

<b>A. Organisational Culture and Structure: Providing a clear vision of what we want services to look &amp; feel like in the future, valuing our staff and ensuring the health and wellbeing of our staff</b>	
<b>WE NEED TO PAY ATTENTION TO</b>	
<ul style="list-style-type: none"> <li>• The Midlothian Health and Social Care Delivery Plan 2016 sets out a vision for health and social care services that focus as much on prevention, early intervention and enablement, as it does on the effective treatment of illness, injury and multi-morbidity.</li> <li>• Workforce planning is not all about numbers. Providing effective and efficient health and social care services requires a shift in our approach and mindset to providing care and wellbeing. We are challenged now to move from the shared vision to the shared practice. Staff will need support and space to take on new thinking and direction.</li> <li>• The overarching principle of a sustainable approach to having an effective staff resource is to have the right people with the right capabilities, motivations and commitment in the right part of the organisation to deliver and lead the business strategies.</li> <li>• For some parts of service provision within the statutory services, there are reviews ongoing which creates some uncertainty at this point in time.</li> <li>• Current Service reviews will bring clarity in due course to these areas and will inform the Service Workforce Plans e.g. Senior Management structure, Learning Disability Integrated Community team, Learning Disability Day Services, Adult Service Fieldwork structure.</li> <li>• Midlothian Health &amp; Social Care Partnership has the opportunity to build on its strong positive identity and reputation.</li> <li>• The achievements of our Workforce in its totality are to be celebrated.</li> <li>• Technology Enhanced Care developments impact on our workforce.</li> <li>• Workers will be required to take on extended roles as, for example, hospital care moves into the Community – e.g. Midlothian Intermediate Care Service</li> </ul>	
<b>WE WILL WORK ON</b>	<b>OUTCOMES</b>
<p><b>1. Supporting the development of an effective culture and approach to collaborative working in an holistic way</b></p> <p>Ultimately it is how the professional groups combine to deliver this care most effectively that has the biggest influence on outcomes for people.</p> <p>We will build on the positive reputation and strong leadership evident in Midlothian Health and Social Care.</p> <p>We shall develop a culture which promotes:</p> <ul style="list-style-type: none"> <li>○ Mutual Value being given to and from each profession, where contributions are understood and valued. Effective use of the Lothians' Team development toolkit will support staff to work better together</li> <li>○ Sharing Good news stories about positive outcomes as a result of creative use of human</li> </ul>	<p>A common understanding will emerge and closer working relationships and understanding of what professionals can contribute.</p> <p>Scarce resources will be better used.</p> <p>Services will be collaborative and working towards providing quality services on an equal footing.</p> <p>People will receive a more consistent coordinated dependable service.</p>

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

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

### WE NEED TO PAY ATTENTION TO

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

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

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

**WE NEED TO PAY ATTENTION TO**

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

**WE WILL WORK ON**

**OUTCOMES**

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| <ol style="list-style-type: none"> <li>1. Develop an integrated pathway for all care workers, from Welcome and Induction to learning through shadowing and shared development opportunities – Develop a pilot opportunity for shared Induction across Care at Home services. Management commitment to implement this is key to success.</li> <li>2. Invest in understanding the roles of Health Care Support Worker and Care workers and develop modern job descriptions to reflect flexibility.</li> </ol> | <p>Creating strength, confidence understanding and flexibility and equality for staff</p> <p>Consistency of approach for the person receiving services.</p> |
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<ol style="list-style-type: none"> <li>3. Pilot the Modern Apprenticeship programme in terms of SVQ qualification and implement full project in April 2018, working in collaboration with key agencies</li> <li>4. Open up further opportunities in each sector to cross sector participation and learning as standard practice to establish pathways that extend beyond single organisations</li> <li>5. Scope out the administration resource needed for successful implementation of practice learning and development, particularly in relation to SVQ Centre development.</li> <li>6. Continue to promote and offer a blended approach to learning, from e-learning, in practice learning, face to face courses both internally and externally, coaching, peer supervision, group supervision.</li> <li>7. Seek greater ownership of practice learning and development at the individual level and its application to practice.</li> <li>8. Positively promote and enable student placements and sponsor more staff to complete qualification courses, in terms of succession planning.</li> <li>9. Invest in training locally by providing placements for students at all times and support peer assisted learning. The spin-off is potentially having vacancies filled by professionals who already have knowledge of Midlothian.</li> <li>10. Investing in Staff Supervision, promoting an acceptance of and confidence in cross professional supervision and use of reflective practice as a learning tool.</li> <li>11. Developing a two-way collaborative between Hospital care teams and Community teams working closely together with trusted confidence in each others’ knowledge and capabilities</li> </ol>	<p>Ensuring quality induction and strong first experience of care.</p> <p>Learning from cross sector contribution, increasing confidence and sense of closer working with greater understanding. Enabling shadowing within and across sectors</p> <p>Ensuring the workforce has the necessary skills and competencies for their role and responsibilities</p> <p>Developing flexibility to take on new roles as the work progresses.</p> <p>A culture of shared learning building on the scheme we already have</p> <p>A strong and sound system of information and advice to all staff</p>
<p><b>RISKS</b></p>	
<ul style="list-style-type: none"> <li>• National reporting states that ‘the care home system in the UK is “teetering on a knife edge” because of a severe skills crisis that risks being made worse by Brexit. “Brexit may already be influencing people’s decision to migrate in and out of the UK which could spell further trouble for a system which relies so heavily on foreign labour.” For Midlothian, this scenario has not yet been quantified.</li> <li>• National bodies, such as NHS Education Scotland (NES), Scottish Social Services Council(SSSC )and Scottish Qualification Agency (SQA) are not working together to address issues together such as the qualification and career pathways for Health Care Support workers and Social Care care workers. As a result there is a barrier to progress.</li> </ul>	

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

**WE NEED TO PAY ATTENTION TO**

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

**WE WILL WORK ON**

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

**OUTCOMES**

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

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

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

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

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

<p>collaboration with our partners</p> <ol style="list-style-type: none"> <li>4. Explore the interface between health and social care and further and higher education to maximise opportunities to recruit and retain staff</li> <li>5. Review current learner and student support across the health and social care workforce to maximise the attractiveness of careers in health and social care, and work to promote them in schools; assessing how access to training and developmental opportunities can promote better retention of existing staff</li> <li>6. Continue to tap into the work of LLE on Modern Apprenticeships and consider Graduate trainee schemes to develop our talent pipeline</li> <li>7. Recruitment needs to be considered as part of regional service and workforce plans, including the development of further ways to fill vacancies and address recruitment issues.</li> <li>8. Consider coordination of Regional recruitment activity for Medical staff*</li> <li>9. Examine extension of bursary approach, other training/developmental incentives to retain staff across NHS and Council</li> <li>10. Work to consider retention initiatives, including potential for employers to outline Regional Retention Strategies including e.g. “bonding”, and increasing returners and offering ‘rewards’.*</li> <li>11. Continue to work closely with our Volunteer agency to develop volunteer roles based on community needs and provide support to community members to take on volunteer roles.</li> <li>12. Work with Children Services Colleagues on Recruitment and Retention matters specifically in relation to the expansion of Early Years Services &amp; potential competing for staff.**</li> <li>13. Continue to develop our Primary Care Strategy reviewing roles and strengthening skill mix</li> </ol>	<p>Careers in Care will be attractive, staff in Caring services will feel valued</p> <p>Flexibility of use of staff skill and knowledge will result in better use of resources and greater job satisfaction</p> <p>Staff feel valued</p> <p>The contribution to each Community from Volunteers is used most effectively</p>
<p><b>RISKS</b></p>	
<p>The traditional approaches are not challenged.</p>	

\*Regional Workforce Planning – as per Scottish Government recommendations June 2017.

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

<b>F. Employment &amp; Rewards: Implementing effective approaches to reward the workforce whilst taking account of budget and efficiency requirements</b>	
<b>WE NEED TO PAY ATTENTION TO</b>	
<ul style="list-style-type: none"> <li>Working to develop equity and value at the same level for all social care across all sectors.</li> <li>Recruitment of care workers across the sectors needs to acknowledge the impact of the increase in the required SSSC Registration fees and pay levels being comparable with supermarket employment.</li> <li>Midlothian as a region had a poor record of providing employment to people with a disability, sitting at the lowest end of Equality Act Disabled Employment rates (16-64) in Scotland. Scottish Government promotes, 'a greater understanding and a positive attitude amongst employers and educators to disabled people.'*</li> </ul>	
<b>WE WILL WORK ON</b>	<b>OUTCOMES</b>
<ol style="list-style-type: none"> <li>Scope out the inequalities current across Partner sectors for Care Workers and assess options to address these. This may involve a review of our Commissioning Policy, resulting in greater integration of the Statutory and Voluntary sector Providers</li> <li>Scope out an extension of access to Health &amp; Wellbeing services, such as are offered to Midlothian Council, to Care Workers in the Voluntary and Independent Sector, as a reward/incentive.</li> <li>Take steps to offer real permanent jobs to people with a disability within Health and Social Care services. The Focus team launched in May 2017 supports people facing barriers to employment. Connect with the Work of Midlothian Council as a Disability Confident Employer</li> </ol>	<p>Our Care jobs across all sectors will be more attractive and equitable.</p> <p>The Care Worker resource will become more stable and flexible.</p> <p>Addressing barriers to employment will provide access to an increased talent pool</p>
<b>RISKS</b>	
Developing an incentive/reward scheme may be expensive and unsustainable.	

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

<b>G. WORKING WITH COMMUNITIES ...harnessing strengths, taking an asset based approach which is specific to each community, locality focused and working with inequalities and diversities</b>	
<b>WE NEED TO PAY ATTENTION TO</b>	
<ul style="list-style-type: none"> <li>• Getting close to and understanding each Community – what are the assets, both informal and formal.</li> <li>• Continuing to work together with the Voluntary Sector, paid services and Volunteers, with respect and trust.</li> <li>• Harnessing the energy of young people to grow into making a contribution to their community.</li> <li>• Investing in 50plus people to channel their knowledge and experience to the benefit of their Community.</li> </ul>	
<b>WE WILL WORK ON</b>	<b>OUTCOMES</b>
<ol style="list-style-type: none"> <li>1. Promoting a culture of community, localism and locality working through team development, leadership and management development</li> <li>2. Strengthening the collaboration with key partners to progress an improved approach to supporting our staff to achieve better knowledge, understanding and use of our community assets and strengths.</li> </ol>	<p>Community assets will be used effectively through self-management and collaborative approaches to finding solutions.</p> <p>The focus will shift away from Statutory services to community solutions, as appropriate.</p>
<b>RISKS</b>	
We do not invest enough time in understanding the assets of communities.	

<b>H. Communication – keeping the Workforce across all sectors informed</b>	
<b>WE NEED TO PAY ATTENTION TO</b>	
<ul style="list-style-type: none"> <li>• Keeping all staff across all sectors informed and in touch with opportunities and developments, promoting better understanding, ownership and leadership</li> <li>• Keeping the public in touch with our thinking and planning</li> </ul>	

WE WILL WORK ON	OUTCOMES
<ol style="list-style-type: none"> <li>1. Strengthen our partnerships across sectors – housing, voluntary organisations, private providers and social enterprises through inclusion and effective communication.</li> <li>2. Continue with Midlothian Health &amp; Social Care Partnership newsletter, having a balanced approach to content</li> <li>3. Through the RCRE Communication and Engagement Group develop good information and opportunities for good conversations amongst our Workforce</li> <li>4. Promote sharing good stories across all services and the public. Make good use of traditional media and social media</li> </ol>	Staff and the public will feel better informed & involved.
<b>RISKS</b>	
There are not consistent efforts to create opportunities within and across services to share information and have good conversations. Social media is not perceived as a valid way of promoting good news stories and positive messages about staff and services.	

## I. CLOSING THE GAPS....STEPPING FORWARD

### OUR TOP TEN COMMITMENTS for OUR WORKFORCE Planning

<b>1. Leadership</b>	Investing in our frontline managers to have the skill and confidence to work across professions and making best use of skill, knowledge and resource
<b>2. Close working</b>	Professional groups combining to achieve better outcomes for people. Multi disciplinary working reflecting inclusion of all professions, including Care workers
<b>3. Developing Localism</b>	Responding directly to the priorities and aspirations of local communities. Services are more carefully tailored to local needs
<b>4. Equal Partners</b>	Seeking solutions to address inequalities – working more effectively on a level playing field with Providers on employment terms and conditions and rewards

<b>5. Closing the attainment gap</b>	Investment in a Pathway to a career in Care and development of the Modern Apprenticeship scheme for Health Support workers and Social Care Workers both young and older.
<b>6. Community assets</b>	Strengthen the collaboration with Community to determine how best to draw on the strengths of each community with a strong focus on Community engagement and Community connections to find local solutions for people with health and social care needs
<b>7. Health &amp; Wellbeing</b>	Improve levels of sickness absence, particularly in relation to anxiety and stress, with drive and leadership coming from Corporate source as the role model
<b>8. Supporting employment</b>	Work with Midlothian Council to ensure there are sufficient creche facilities accessible to frontline Care Workers, in particular. Enable access to Rewards for all including Third and Independent sector staff.
<b>9. Equality and Diversity</b>	Build on our local workforce, welcoming people from the EU with the right skills
<b>10. Volunteers</b>	Scope out how best we can ensure Volunteer resources are coordinated and used to best effect to support people in self-management

*Tricia Hunter*

*Organisational Development*

*September 2017*