

Integrated Workforce Plan 2022-2025

“To enable the people in Clackmannanshire and Stirling Partnership area to live full and positive lives within supported communities.”

Foreword

As part of the development of this Integrated Workforce Plan, and wider engagement, the HSCP continues to engage with the workforce, and the public, to understand what people most value, and what a safe, sustainable, high quality, integrated health and social care support system will look like in the future. This means being explicit and clear with both the public and staff about the re-designs being introduced and why, and through the Strategic Planning Group, Locality Planning, Carers Planning Group and partners within our Commissioning Consortium will involve them in the continued monitoring of the impact of these changes. This Plan lays out our approach, our current understanding of our context and our action planning process to deliver integrated workforce planning and a workforce of the future.

Well-being to support staff resilience, across all sectors, through the emergency response to COVID, the recovery phase and post pandemic is a key pillar of workforce activity for the HSCP. Anecdotal evidence and initial research findings would suggest a large increase in mental health and well-being issues and symptoms of stress and exhaustion of staff, carers, providers and communities. From an HSCP perspective, the delegation of community mental health supports and associated support functions creates the conditions and the opportunity for a joint and co-ordinated community response to the expected increase in demands.

By creating opportunities with primary care for more effective joint working, it is hoped that the HSCP is better able to support those with clinical and care needs within our communities as well as aligning to the new models of integrated care are being developed. As described throughout this Plan, a programme of re-design is in place which is delivering integrated working and partnership approaches with services offering clinical and care support to prevent unnecessary hospital admissions, offer individuals choice and control in the care and support as well as a focus on prevention. We need to ensure that we support our staff, providers, carers and partners through offering training & development, effective management and collaborative compassionate leadership.

This Workforce Plan is part of a suite of documents including the current Strategic Plan 2019 – 2023, our newly developing Strategic Commissioning Plan, Annual Performance Report and Medium Term Financial Plan all of which are in place for the Integration Joint Board and wider strategic partners are able to support the delivery of our vision and monitor progress against the actions within this Plan.

There are significant policy and legislative changes, financial pressures, recruitment challenges and the ongoing impact of COVID which will influence the overall delivery of this Plan. One of the most significant changes to health and social care services is the Scottish Government publication of the National Care Service Bill which lays out the high level framework for the development of a new National Care Service. As an HSCP, we have a programme of engagement with our Integration Joint Board, our Strategic Planning Group, local providers, staff and supported people on the Bill, as the new national service has the potential to bring far reaching and ambitious change, which should be reflected in local and national workforce plans.

This Plan demonstrates our ongoing commitment to the delivery of a programme of transformation and change to meet the needs of our population, by ensuring that we focus on the well-being of our staff, carers and providers who continue to be affected by the pandemic and cost of living changes whilst continuing to provide high quality care and support to our citizens.

Annemargaret Black, Chief Officer Clackmannanshire and Stirling Health and Social Care Partnership.



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Introduction

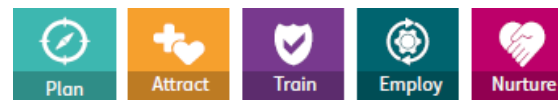
This document sets out our intention for Integrated Workforce Planning over the next three years. A process that is a continuous cycle (Model of Improvement, Plan, Do, Study & Act), to ensure that we are a dynamic and flexible organisation, capable of dealing with what comes our way.

At the centre of all this work is person centred care and a human rights based approach. We recognise that our workforce and strategic partnerships are our most valuable resources and we could not provide the care and support across our communities without the dedication of our own staff, providers and partners.

We are embedding our integrated approach to Workforce Planning in our wider service planning and delivery process. This plan outlines the initial steps of the re-design and modernisation of community health and care workforce, which is being delivered through the development of our new Strategic Commissioning Plan and our ambitious programme of transforming care.

This Workforce Plan has therefore been developed using the Skills for Care model of self-assessment and guidance produced by the Improvement Service as well as the National Workforce Strategy for Health and Social Care published by the Scottish Government in April 2022, which is detailed within five elements called pillars: Plan, Attract, Train, Employ and Nurture.

We have also supported this process with a number of co-production workshops, discussing the elements of the five pillars. We have encouraged everyone who has a role in providing health and social care services across Clackmannanshire & Stirling. These discussions will continue and we are developing actions to deal with the ideas and challenges that have been raised. This work compliments the work we are doing within our Localities where we are co-designing our services with people with lived and living experience.



National Context

Clackmannanshire & Stirling Health and Social Care Partnership (HSCP) operates within the national context. Our Integrated Workforce Plan sits as part of the suite of planning documents which inform our new Strategic Commissioning Plan and Medium Term Financial Plan. The Strategic Commissioning Plan identifies our priorities and what we need to deliver. The Integrated Workforce Plan sets out the staff we need and how to support them and our Interim Financial Plan sets out our budget and how we will resource what we do.

What we do locally, contributes and is influenced by the policies and legislation set out by the Scottish Government and the national framework.



NHS Recovery Plan & HSCP Recovery Plan

NHS Boards and HSCPs created Three Year Plans which reflect workforce implications associated with the priority areas outlined in the Recovery Plan i.e. Social, Primary & Community Care, Planned Care (including Outpatients and Diagnostics), Cancer Care, Unscheduled Care and Mental Health services.

The newly developing National Care Service for Scotland

Three Year Workforce Plans (particularly for HSCPs) should consider workforce implications of ongoing social care demand in advance of the development of a National Care Service. Based on organisations' existing service provision responsibilities, they should describe their projected workforce needs across social care and social work services in the short and medium-term s.

Health and care (Staffing) (Scotland) Act

Progress is continuing on measures within the Health and Care (Staffing) (Scotland) Act, with the Scottish Government (SG) continuing to fund the Healthcare Staffing Programme (HSP) through Healthcare Improvement Scotland (HIS), and the Safe Staffing Programme (SSP) through the Care Inspectorate. HIS and Chief Nursing Officer Directorate (CNOD) have also developed a number of real-time staffing resources (for use during Covid-19), which will inform further developments.

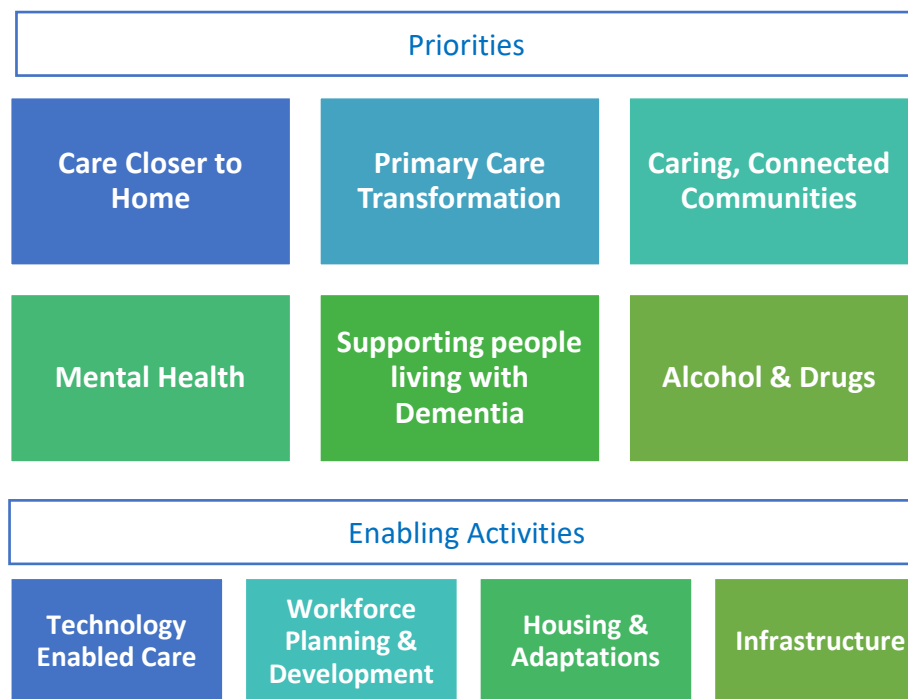
Healthcare Improvement Scotland has developed a Self-Assessment Template to support NHS Boards in preparations for implementing the Act and its reporting requirements once in force. Feedback from testing indicates that this is a useful tool, both for external reporting to Scottish Government and internal reporting within local Health Boards.

Scottish Social Services Council have a commitment to workforce planning and development which is essential to make sure social services deliver high quality outcomes for the people who use them and having a skilled, confident and flexible workforce is a key part of delivering improved outcomes and performance in services. They have a key role to register social workers, social work students and most job roles in the social service sector as well as providing Codes of Practice for Social Service Workers and Employers (the Codes) which set out the behaviours and values expected of social service workers and their employers.

Local Context - Our Priorities

We are preparing our Strategic Workforce Plan and a time of many transitions. From response to the COVID-19 pandemic, the end of the Strategic Commissioning Plan 2019-2022 and producing a new Strategic Commissioning Plan that will span the next ten years as well as nationally with Brexit and the National Care Service.

Our Priorities are identified by the data we collect, and understood by the experience of our workforce. It is likely that the themes within the current priorities will continue to be prioritised within the future Strategic Commissioning Plan as they continue to reflect local and national priorities. Although, they may be organised slightly differently.



Transformation

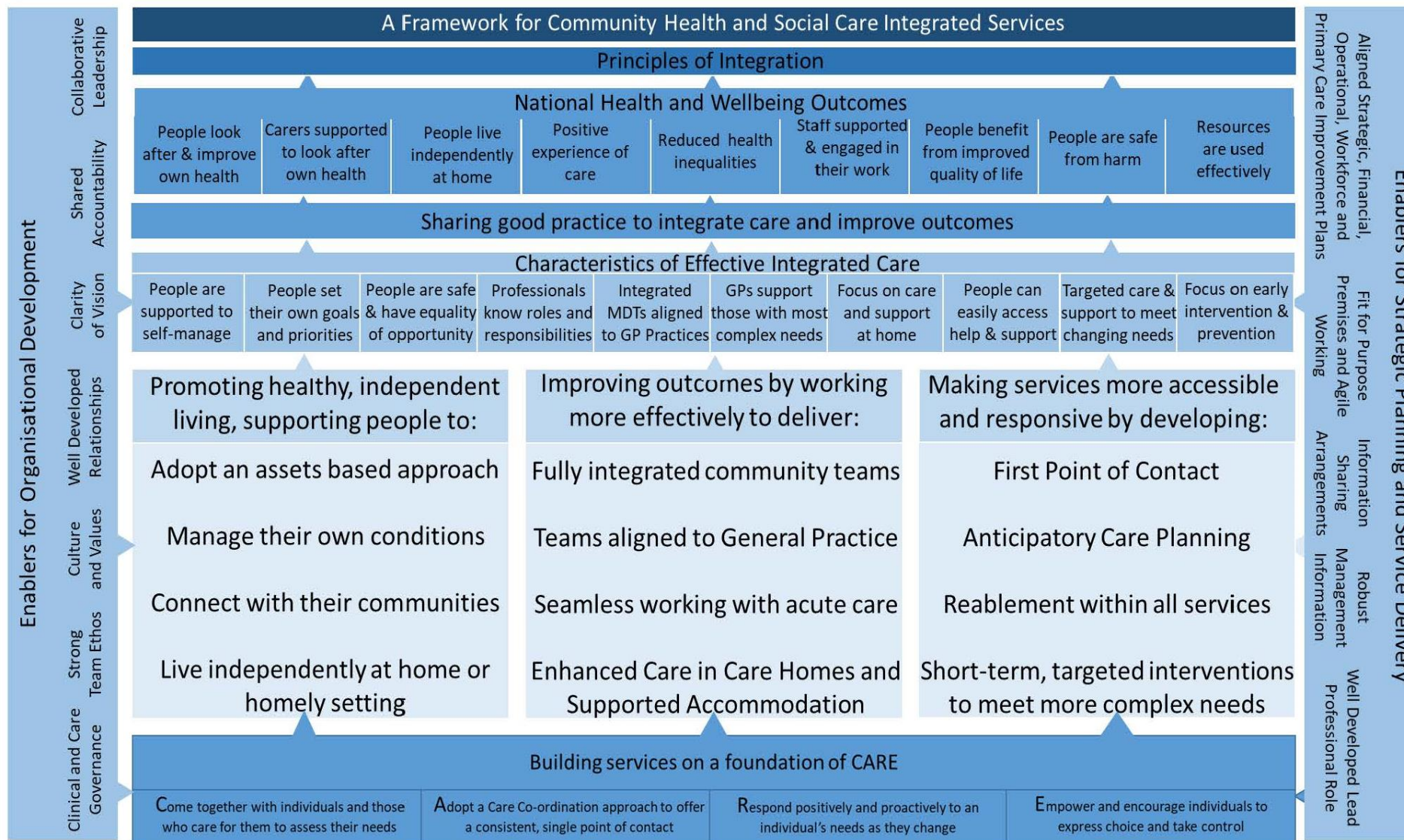
Framework for Community Health and Social Care Integrated Services

As an HSCP, we have developed an ambitious programme of transformation and change which supports our staff and services to meet the demands of our changing population. There is a significant amount of work to be undertaken across all service areas, working with our strategic partners across community health and social care, within Clackmannanshire Council, Stirling Council, NHS Forth Valley as well as third and independent sectors.

We volunteered to be early adopters of the Scottish Government Framework for Community Health and Social Care Integrated Services, due to the complexity of our context and the volume of activity required to be delivered. Our focus is on redesigning the model of care and support locally, and we used the Framework to map our programme of transformation, to manage the implementation of significant change and create a programme of work which we could share with staff, partners, staff side and trade unions.

The Framework ensures the connectivity of interconnected work streams and programmes of change. For example, as laid out below, the review of adult social work requires the implementation of an asset based assessment within an ethos of choice & control linked to Self-Directed Support. This aligns to the HSCP wide Allied Health Practitioners Pathway Redesign which also includes alignment with the assessment and review process.

All of these areas of work rely on establishing an effective early intervention model - linking people with third sector, lived and living experience forums and community supports. Each of these work streams aims to improve performance, ensure better outcomes for people and relies on broad staff engagement and consultation, in partnership with staff side and trade unions.



COVID 19 response and remobilisation

In light of the ongoing response to the COVID-19 pandemic, and as lockdown has eased, care and support services across the HSCP have been re-mobilised to meet the ongoing needs of those living within localities. The HSCP continues to seek to better understand the long term impact of COVID and keep under constant review the service changes applied, collecting feedback from relevant staff, stakeholders and supported people to inform ongoing recovery and planning for the future.


The HSCP Re-mobilisation Plan created a bridge between the continued response to the pandemic and the aligned work streams of the transformation agenda and the strategic planning which will support the delivery of the activities and planned programmes of change for the next three years. The HSCP Operational Recovery Plan continues to be refreshed as national and local guidance is updated, thus ensuring that the HSCP is able to apply the learning and understanding gained during the height of the pandemic to the recovery and the programme of renewal ahead. The Winter Planning priorities have been developed for coming year and have also been aligned into the Recovery Plan for consistency and oversight of the totality of the joint response.

The re-mobilisation of services within this context of workforce planning continues to be done in a way that is considerate to the fact that COVID will continue to represent a very real public health challenge to the country and its population. The HSCP must therefore be able to react quickly and decisively to additional outbreaks of the virus that may require further standing up and down of services and staff, and to respond to external influences such as additional or changing guidance from the UK and Scottish Governments. The re-mobilisation and re-design of HSCP services continues to be managed to cope with any predicted or unexpected surge in demand for services from other sources for example winter pressures and annual flu outbreaks that may also arise. The HSCP's commitment to continuing to re-design and re-mobilise services at the same time introducing and retaining new approaches must be achieved with at least the same high levels of transparency and accountability with the whole sector's workforce.

The success or failure of our recovery of services and re-design changes relies on ensuring that our affected workforce understands, and are part of the decisions being taken, as this will affect how they deliver care and support and work with other partners and organisations. This Plan demonstrates the progress the HSCP has been able to make across the wider strategic landscape, the increasing maturity of the local strategic relationships and the developing strength of Integration Joint Board in this space.

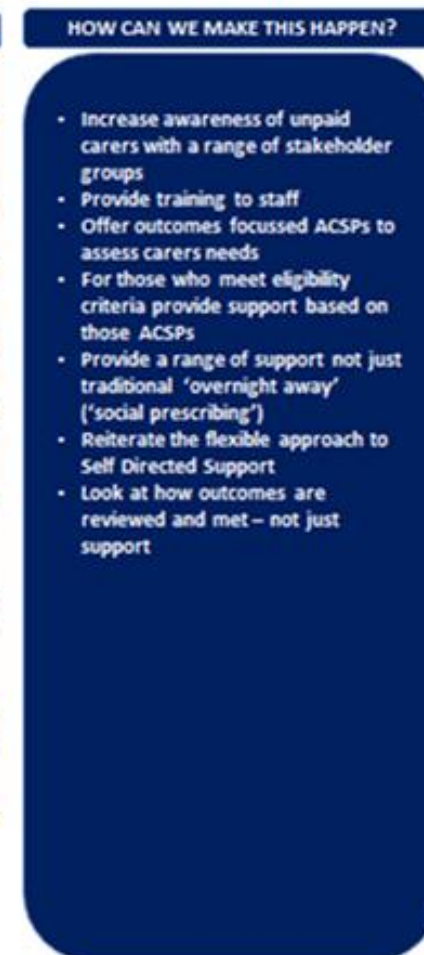
Recovery Plan for Carers

Over the past year, the HSCP has reinvigorated the multi-agency Carers Planning Group, as carers are key partners in the delivery of care and support across our communities. An agreed programme of joint working to deliver improved carers support and a more consistent response to carers' needs across Clackmannanshire and Stirling has been developed and is being delivered by the HSCP and partners collectively. For example, by listening to the needs of carers, the HSCP has developed a Short Break Co-ordinator post for an agile and rapid response to carers in crisis as well as to ensure agreed planned respite for carers and those they care for. This will be funded through the carer's resources within Scottish Government settlement aligned to the Carers Act (Scotland) 2014 and above lays out the programme of work underway to support carers.



The investment in supporting carers is laid out within our agreed Carers Investment Plan which was agreed by the Integration Joint Board and will create additional carer support capacity and more robust performance, reporting and financial arrangements. In response to the impact of COVID on carers and feedback from our carers' organisations we are developing a carer focused Recovery Plan for unpaid carers who require support now and with the service

pressures we have, there is a real risk that if arrangements break down unpaid carers may be unable to support their loved ones. This work is being progressed in partnership with the two Carers centres and two Third Sector Interfaces, this HSCP seeks to ensure we are delivering better outcomes for carers.



What is Workforce Planning?

Integrated workforce planning ensures we have a competent, confident and compassionate workforce who put people at the heart of everything we do by making sure we have the right people with the right knowledge, skills, values and experience providing the clinical care and social work/care support people need.

We value our workforce as our biggest asset. Due to the changing nature of our population and environment, we need to regularly assess demands on services and resources and how we are placed to deal with these to ensure our workforce is sustainable.

The National Workforce Strategy sets out five pillars to workplace planning; Plan, Nurture, Train, Attract and Employ.

Plan looks at the workforce, service demand and need, within the context of legislation, policy and environmental pressures.

Attract is about making health and social care in Clackmannanshire and Stirling attractive to the best people and looking at our recruitment processes to support inclusivity and value diversity in our workforce.

Train supports workers through learning and development to equip them with the skills, knowledge and competence required to deliver the best quality of care and experiences to people.

Employ looks at how we can be employers of choice and what we can do to help staff feel supported, valued and rewarded.

Nurture focuses on the importance of the health and wellbeing of all workers.

The key aim of this Integrated Workforce Plan is to ensure a compassionate leadership, a flexible and supported workforce who work collaboratively with all partners. A confident and self-assured workforce working within an inclusive and supportive HSCP.

Methodology

This Workforce Plan, merges with the Scottish Government National Workforce Strategy in 2021 – 2022 with both having a vision of a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do.

We have also incorporated elements of the Skills for Care Workforce Planning toolkit and the Improvement Service Workforce Profiling tool.

We have coproduced this plan through workshops with stakeholders, data on current workforce, demographics, and issues faced by the workforce were explored.

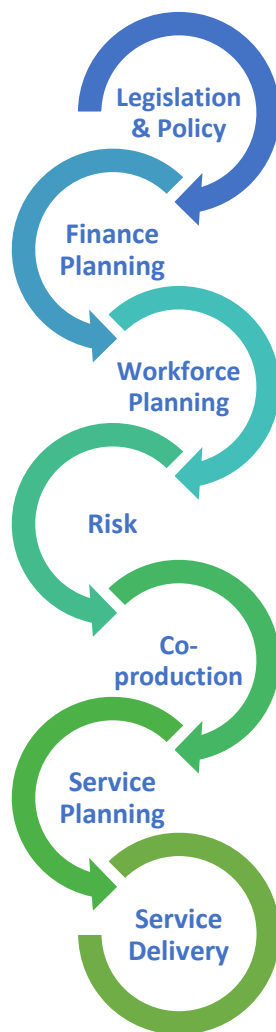
Invitation and participation was wide reaching. From Clackmannanshire Council, NHS Forth valley and Stirling Council, Human Resources (HR) and Organisational Development (OD) leads were involved in the planning and data collection. Trade Unions, local service planning leads, third and independent sector representatives, financial planning leads, social work and social care leads, professional lead officers attended. Service users and unpaid carers also made valuable contributions to ensure they were at the heart of our plan. Further to this, we attended the Health and Social Care Forum, spoke to unpaid carers and attended the Care and Support Managers meeting for all providers of social care.

The qualitative data gathered from the workshops has been collated and analysed to produce the actions for the Workforce Plan and Service planning over the next three years.

Participants and stakeholders have also contributed to the drafting of this document the Workforce Plan and will continue to be involved in future workforce and service planning activity going forward.

Elements of delivering our services

Workforce planning is an element of a whole system approach to providing and delivering health and social care.



Legislation and Policy

We work within a complex framework of legislation, regulation and policies from the Scottish Government. We have to make sure we are following the legislation, delivering Best Value and improving outcomes for the people we care for.

Finance Planning

Our financial outlook in the medium terms outlines priority investment, service levels. Financial planning will consider changes and transformation and impact to the workforce that is required.

Workforce Planning

Understanding the workforce, roles and responsibilities, skills and interests helps us plan our service delivery. We consider what support our people need in their work and personal lives. We want to support our workforce and make them feel valued, planning our services helps achieve this.

Risk

The Strategic Risk Register is reviewed and assessed regularly by Senior Leadership Team and Audit and Risk Committee. The HSCP aligns risk arrangements across the three constituent organisations to pressures faced by operational service and mitigating actions.

Co-production

Co-production is a way of working where service providers and users work together to reach a collective outcome. It is an understanding that those who are affected by a service are best placed to help design it.

Service Planning

Service planning looks at need and demand, what resources we have to meet that need. It considers legislation and policy and resources; finance, people and equipment. We co-design services with people with lived experience, people and families using services and with our partners.

Service Delivery

Service delivery is the result, we aim to provide the best services we can, and review and monitor service performance regularly.

Financial Planning

The financial outlook for the IJB is reflected in our Medium Term Financial Plan (MTFP) which is currently being reviewed and refreshed post publication of the Scottish Government Resource Spending Review (RSR) on 31 May 2022.

The RSR sets out the high-level parameters for resource spend within future Scottish Budgets up to 2026-27 and was articulated as a reset for public finances.

Whilst the Health and Social Care Portfolio is relatively protected it is critical, in order to be realistic, that the HSCP workforce planning is aligned to the high level principles set out in the RSR with respect to public sector pay policy and the size of the public sector pay bill.

The key elements of this are:

- From 2023-24, a broad aim for the devolved public sector to maintain the total cost of the overall annual pay bill compared to 2022-23 levels.
- A broad aim to return the total size of the devolved public sector workforce to around pre-COVID-19 levels by 2026-27
- There will also be wider implications for the workforce of the Scottish Governments recent Bill to establish a National Care Service and the associated financial memorandum.

Further detailed modelling is required to more fully understand the likely further implications of the aims set out in the RSR and this will be undertaken in the coming period to inform an updated Medium Term Financial Plan and further iterations of this document.

Risk

The following key risks have been identified:

Plan

- Ageing population - There is an increasing number of people who need care with co-morbidity and complex needs.
- Workforce - Our workforce is also ageing with 47% aged 50+. We need succession planning and develop staff for the future.
- National shortages of specific professions including mental health nursing, psychiatry, Allied Health Professionals particularly Occupational Therapists and Social Workers as well as practitioners and clinicians within primary care, including GPs.
- Services require detailed succession planning, due the specialist nature of the roles.
- We need support our workforce with the right technology and access to tools needed for the task within a complex system.

Attract

- Challenges in recruitment of care at home and care home staff across the statutory and independent sector.

Train

- Missed opportunities without collaborative and inclusive approach to training.

Employ

- Attracting people into the sector and retention.

Nurture

- Staff are recovering from supporting people through the pandemic – health and wellbeing is challenged by the impact of trauma experienced by staff.
- Promoting a healthy work-personal life balance and meet the needs of people needing our care and support.
- The Cost Living Crisis is impacting staff. The cost of fuel to get to work and expenses while at work are putting pressure on the workforce and on the independent sector.
- Continued concern about exposure to Covid is impacting service delivery.

Clackmannanshire and Stirling HSCP is a unique partnership in that there are two local authority and one NHS board creating a complex landscape.

We have also aligned our integrated workforce planning with each of our key strategic partners and have had a joint planning approach with regular discussion with all HR and Organisational Development Workforce Planning Leads from the three employing organisations to provide an aligned and collaborative workforce plan.

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As highlighted by the Digital Health and Care Strategy, digital technology is critical in better informing the way we design and shape services, transform the way those services are delivered, and have capacity to make care provision more effective, efficient and responsive to the needs of our citizens and communities. Critically, technology also holds the potential to empower individuals to live more independently and manage their own care at home.

With this in mind during 2022-2025 we are reviewing the current capability of our workforce to work, learn and lead digitally, with any skills gaps and key issues identified addressed under the joint Training and Development framework in partnership with the three employing organisations.

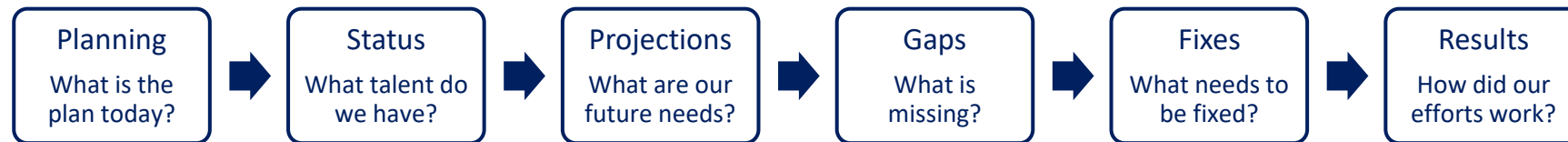
- Everyone involved in delivering health and social care and support for the HSCP has the confidence and competence to work digitally;
- All staff have the opportunity to develop their digital skills to lead more successful, digitally enabled work and home lives;
- Digital learning is a crucial part of workforce development, and part of a blended approach to learning and development including the achievement of standards and qualifications (making use of digital accreditation e.g. Open Badges where possible); and
- We develop digital leaders – capable of transforming our Services, and leveraging the benefits of digital through their decision making processes.

Workforce Planning Process

In preparation for our new Strategic Commissioning Plan, we are delivering on our programme of transformation and redesign and are currently developing service plans that will assess service demand and staffing levels and profile.

We are embedding our approach to Workforce Planning into our Service Plans in a more detailed and in-depth way. We have used the Skills for Care 'Practical approaches to workforce planning' toolkit to form a questionnaire and will assess key data and drivers, staff numbers and profile, gaps in knowledge and skills, identify costs, risks and actions.

Service Planning will follow the steps below:



Gap analysis

HSCP aims to deliver high quality and safe services for our citizens. However this is currently being undertaken within a context of significant and ongoing pressures; continuing to deliver in the context of COVID infection rates; an ageing population with significant ill health and issues of co-morbidity; increasing public expectations for flexible and person centred services; and a decreasing budgetary envelope.

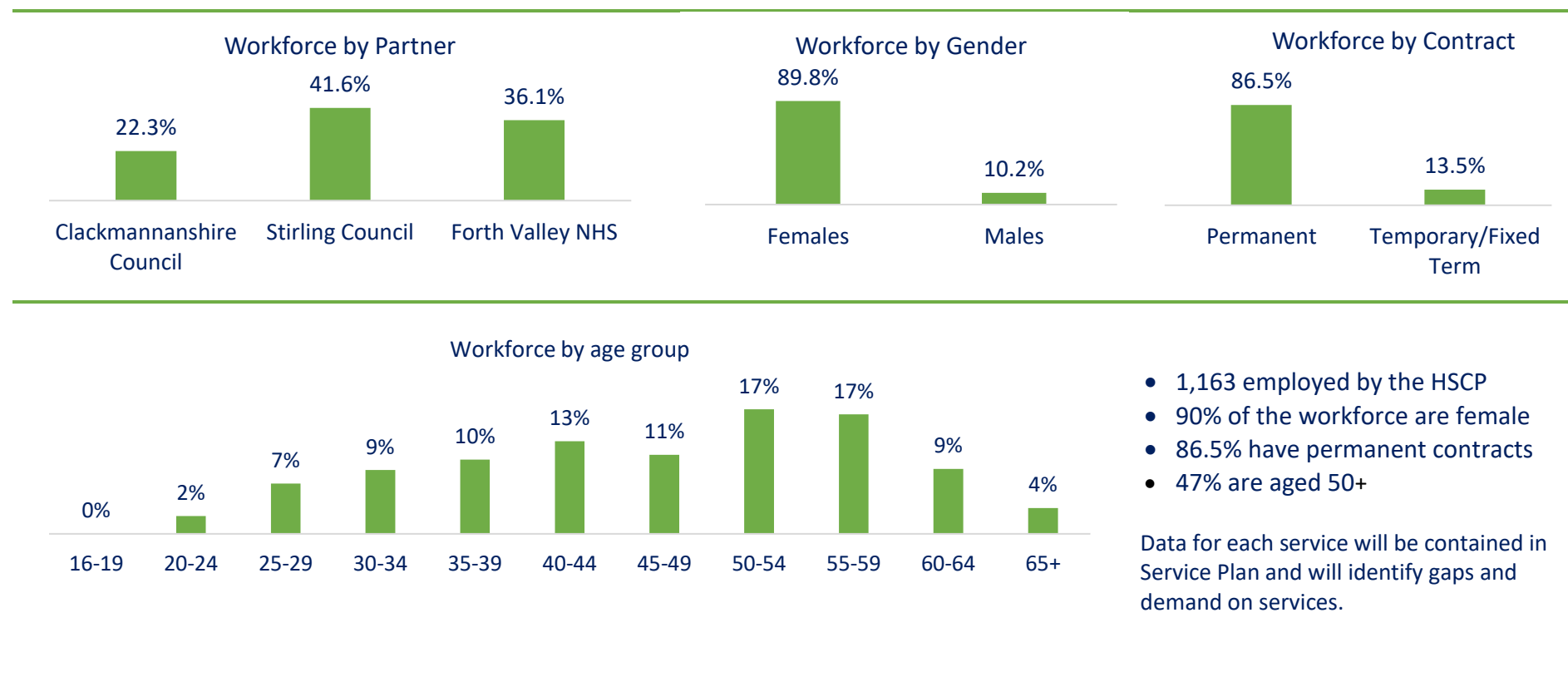
Clackmannanshire and Stirling HSCP is unique in that it has two local authorities within the HSCP, and an NHS Health Board whose remit also includes another HSCP area. It has further complexity in that some of the key functions, as outlined in the Public Bodies (Joint Working) Scotland Act have not yet completed delegation. As such, integrated workforce planning is at an early stage within those services still not wholly delegated. As such, there are areas of workforce planning where, we have limited ability to plan and identify gaps in a comprehensive way, so it is tactical to carry out service and workforce planning incrementally, focusing on our priority areas and on our already delegated services.

In addition to this, our integrated workforce planning will also need to take account of the planning needs of the new National Care Service Bill and its development over the coming months.

Workforce Plan data

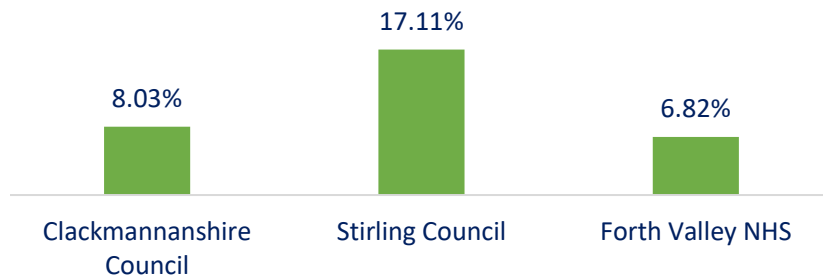
As a HSCP our workforce consists of a wealth of people including employees of Clackmannanshire Council, Stirling Council and Forth Valley NHS, third and independent sector organisations and is further enhanced by the support of unpaid carers across our communities.

This section focuses on the demographics of the workforce within the three employing organisations within the HSCP – Clackmannanshire Council, NHS Forth Valley and Stirling Council. For ease of reference, this section of the workforce will be described as the HSCP workforce.



Sickness absence

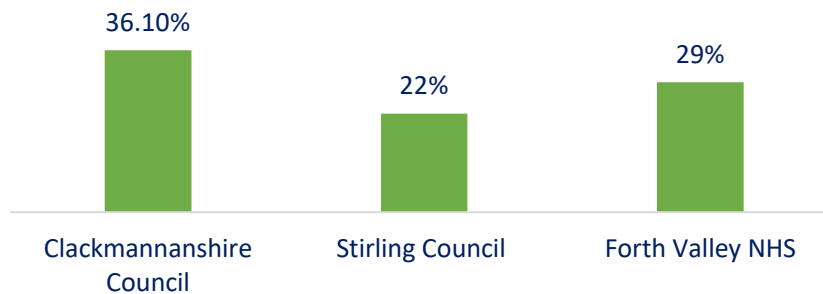
Absence Rate 2021-2022



Each of the employing organisations record absence in different ways, grouping reasons differently and terminology. Forth Valley NHS have reported the lowest absence rate, which is similar to Clackmannanshire Council. Stirling Council has reported the highest rate. However, due to the differences in reporting and collation, these figures are not yet comparable.

We will be working with employing organisations to improve these figures over the coming months and to understand absence better. We will also be working to harmonise data collection and reporting.

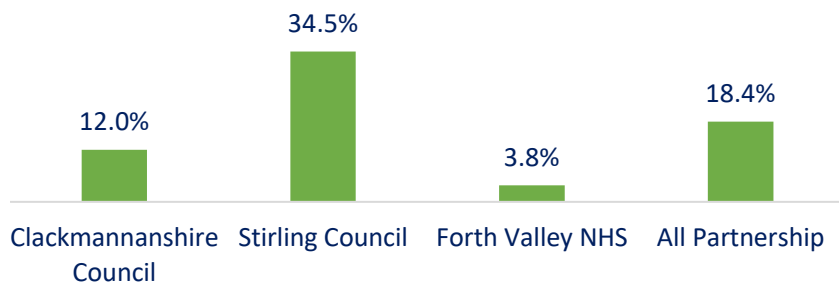
Anxiety/stress/depression/other psychiatric illnesses



Mental health conditions such as stress (work related and non-work related), anxiety, depression and other psychiatric illness was the most common reason for absence for all three organisations. These figures are not comparable due to the differences in coding, but give an understanding that mental health should be a priority for workforce planning.

Other common reasons were gastrointestinal, back problems, musculoskeletal and minor illness such as colds, coughs, flu and headaches.

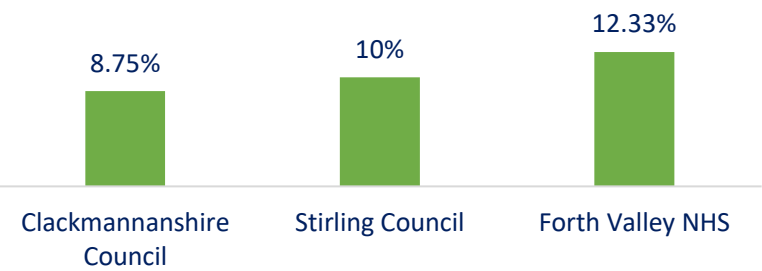
Long Term Sick



Over 18% of the HSCP workforce were on long term absence. As part of workforce planning with services, we will look at long term sickness and the reasons why. Due to the sensitivity of data, this cannot be reported here, but support is given to help those back to work when they are fit.

Leavers & Turnover

Turnover Rate



Turnover measures the number of people leaving an organisation. Clackmannanshire had the lowest turnover. The reasons people leave their jobs can be more money and better benefits, career progression, better work/life balance etc. A high turnover can be expensive as it costs to replace employees and we lose expertise and knowledge.

Better use of Exit Interviews will provide us with greater insight to the reasons people leave.

Reasons for leaving (all partnership)



Each of the organisations record reasons for leaving in different ways, grouping reasons differently and terminology. Here is an overview of the most common reasons for absence.

Resignation includes moving to a new employment either with the same organisation or a different organisation. Retirement includes those reaching retirement age and career completion.

Medical reasons and family reasons includes those leaving due to ill health, medically retired, and retirement due to ill health as well as those who have left due to family reasons and commitments. Other reasons include mutual termination, redundancy, studying and end of fixed term contracts.

Better exit interviews would help the HSCP and other organisations understand why people leave and look at ways to retain staff.


Staff Experience – imatter

imatter is the staff experience tool the HSCP currently uses to help individuals, teams and organisations understand and improve staff experience.

Below are a number of key indicators from the imatter survey carried out in 2021 and 2022 which show general improvements in experience for staff. 53% of HSCP staff participated in 2022 although we aim to see completion rates increase in the coming year. All indicators scored green (strive and celebrate), with the exception of three yellow (to be monitored and improved).

Indicator	Score 2021	Score 2022
Appropriately trained and developed	74	78
Treated fairly and consistently with dignity in and environment where diversity is valued.	77	81
My work gives me a sense of achievement	81	83
I feel my organisation cares about my health and wellbeing	73	74
I would be happy for a friend or relative to access services within my organisation	75	78

Staff experience, health and well-being is detailed further within the “nurture” and “employ” elements of this plan.



Workforce Challenges

Recruitment and vacancies

Recruitment is an issue nationally and locally. There are a number of roles that are identified as particularly difficult to recruit to, these are AHPs, Mental Health nurses and officer, registered social workers, GP's District Nurses, Learning Disability Nursing, care workers, personal care workers. All of which are critical to the delivery of our services. Gaps in our recruitment place additional stress on our workforce and the outcomes for our communities.

Succession Planning

A key part of our service and workforce planning will focus on developing and growing our talent and succession planning for our services. Our ageing workforce and specialism of roles means we need to invest in development and leadership opportunities for staff career development. Identifying talent and pathways for progression will reduce risk to service delivery and increase retention when staff have clear career progression goals and investment.

Terms and Conditions

There are different terms and conditions across the three employers of HSCP staff. Differences in pay structures, job descriptions and terms and conditions such as annual leave and hours contribute to the difficulty of recruitment and retention. We have additional complexity in that we work across three organisations, two local authorities and one health board. This means there are three sets of policies and procedures to follow during the recruitment process. These difficulties are also faced by the third sector and independent sectors in that the differences in terms and conditions creates a lot of movement of staff from one organisation to another, from one sector to another as people follow better terms and conditions.

We will review the data collected, the opportunities we create, training and development pathways as we view the HSCP workforce as one and want to retain our workforce within Clackmannanshire and Stirling. Within our action plan, we have identified key actions such as campaigns to attract people to the HCSP, career pathways and opportunities and working with local partners such as universities, Forth Valley College to develop relationships and support for people entering their profession.

Trauma

Responding to psychological trauma is, now more than ever, a public health priority. COVID-19 and the restrictions put in place to contain the virus have significantly increased the risk of people experiencing trauma and re-traumatisation. The prevalence of trauma is already higher for people facing adversity, disadvantage and inequality and we know that the pandemic has exacerbated existing economic and social inequalities. Without access to high-quality support, people affected by trauma are at higher risk of experiencing poorer outcomes at all stages of their lives. Trauma can impact on outcomes across mental and physical health, education and employment, and we know that trauma and vicarious trauma can cause poor wellbeing, chronic stress and burnout across the workforce. A trauma informed and trauma responsive workforce is therefore vital in recognising where people are affected by trauma and adversity and responds in ways that prevent further harm and supports recovery and we have a duty to ensure our workforce is supported as well.

Attracting and Retaining Staff

Reducing turnover by understanding the reasons for leaving is important to supporting and developing our workforce and in turn, delivering our services. Understanding the barriers to employment for people with caring responsibilities and people with lived and living experience, and providing support to people

from diverse backgrounds will increase the reputation of the HSCP. By understanding how we can support our workforce and in their personal life, retention of staff should increase.

Medical reasons and family reasons includes those leaving due to ill health, medically retired, and retirement due to ill health as well as those who have left due to family reasons and commitments. Other reasons include mutual termination, redundancy, studying and end of fixed term contracts.

Unpaid Carers, Independent Sector, Third Sector & Volunteers

Unpaid Carers

There are approximately 21,250 unpaid carers in Clackmannanshire and Stirling area. 12,958 people identify as unpaid carers and it is estimated that there are 8,000 unknown unpaid carers. The graphs show that 55% of carers are employed and providing care.



There are more unpaid carers providing care support than staff and the impact of COVID has been more significant for carers due to the limitations of respite care and restrictions linked to movement and access to ongoing care and support. Anecdotal evidence suggests carers have been significantly affected over the past two and half years which has affected their ability to care and their well-being. Locally a Carers Recovery Plan has been developed to address these pressures in the short term.

It is also important to consider that unpaid carers do not receive the terms and conditions of other workers in terms of pay, pension, holiday entitlement, restricted hours, training, health and safety, supervision and support etc. This makes it vitally important we provide them with support needed to achieve the outcomes important to them and allow them to continue to care.

Adult Social Care Workforce in Scotland

Scottish Government set out key findings around the adult social care workforce in Scotland. It found that

- The number of people employed in adult social care increased by 5.7% from 2011 to 2020, driven by housing support/care at home sub-sector.
- 80% of adult support care staff were female and 44% were aged 45 and over.
- On average staff worked for 31 hours per week and were employed on permanent contracts.
- There was a high vacancy rate (43%) in comparison to all sectors in 2020 (11%), care at home, housing support, and care homes for older people reported that vacancies were hard to fill. The sector also has qualifications gap with 52% holding qualifications appropriate to their role.
- Private sector employs 44% of the workforce.

Findings from our HSCP engagement sessions found that there was a mismatch between demand for services and staffing levels and there was a shortage of frontline staff. Concern was voiced around the cost of living crisis and that the cost of fuel had a significant impact as did income insecurity due hours of work rather than shifts worked. Staff are volunteering to work extra hours due to staff shortages and some are experiencing stress.

The HSCP will support the independent sector and third sector with recruitment and retention and look to how we can build opportunities and link with each other in future

Third Sector Activity in the Partnership

The Third Sector employs around 4,500 people across Clackmannanshire and Stirling. The Third Sector includes charities, social enterprises, community anchor organisations, housing associations, and further education. A further 39,000 people are involved in volunteering across the Partnership area (based on figures from National Household Survey 2019).

The number of people directly involved in delivering health and social care services is made up through a variety of different ways:

Commissioned health services

These include for example delivery partners for the Alcohol & Drug Partnership (ADP) ([Change Grow Live, Scotland's Families for Drugs and Alcohol, Recovery Communities Scotland, Transform Forth Valley](#)); mental health and dementia provision ([Wellbeing Scotland, Action in Mind, Town Break, Alzheimer's Scotland, Artlink](#)); carers' support ([Falkirk and Clackmannanshire Carers' Centre and Stirling Carers' Centre](#)); supported discharge services ([Royal Voluntary Service, Food Train, Dial-a-journey and Strathcarron Hospice](#)); and advocacy and support services ([Forth Valley SDS, Forth Valley Advocacy, People's First, Forth Valley Sensory Centre and Stirling Council on Disability](#))

Community provision that supports health outcomes – a mixture of commissioned services (sometimes via Self Directed Support (SDS) and care packages) and non-commissioned services.

Third sector activity includes organisations that support people with learning disabilities ([Play Alloa](#), [People First](#), [Neighbourhood Networks](#), [PLUS](#), [C-change](#), [Scottish Autism](#), [Council on Disability \(Stirling\)](#)); supporting people facing barriers or experiencing inequality ([Clackmannanshire Citizens Advice Bureau](#), [Stirling Citizens Advice Bureau](#); [The Gate and Start Up Stirling](#), [Clackmannanshire Women's Aid](#), [Stirling Women's Aid](#), [Forth Valley Rape Crisis](#), [APEX](#), [Families Outside](#)); and health and employability providers ([Enable](#), [CERT](#), [Resilience Learning Partnership](#), [Stirling Community Enterprise](#)) as well other local mental health and wellbeing providers ([Reachout with Arts in Mind](#), [Resonate](#), [Artlink](#), [Creative Stirling](#), [Braveheart](#) and [Mens' sheds and Wellbeing Scotland](#)). In addition, many churches across the Partnership area provide support activities for people from young to old.

Community anchor organisations

Development trusts and community anchor organisations operate in the area, playing a key role in supporting the HSCP outcomes. Many also manage their local community facilities and host lunch clubs and activity groups. These are particularly vital in rural areas where they offer a range of services and supports to help people stay healthy at home. Some of the groups are: [Balfron Lunch Club](#), [Dollar Development Trust](#), [Clackmannan Development Trust](#), [Killin and District Car Club](#), [Lomond and Trossachs National Park](#), [Salvation Army](#), [Sauchie Community Group](#), [Strathfillan Development Trust](#)). The [Mountain rescue teams Ochils and Trossachs](#) have also provided support, Trossachs acting as first responders (including for MECs) and both supporting the statutory sector regarding safety of missing persons.

Some voluntary sector organisations operate as social enterprises serving specific health needs in communities ([Dynamic Wheel](#), [Forth Valley Top Toes](#), [HSTAR](#), [The Gate Meals at Home Service](#), [Playpen Café CIC](#), [Killin Car Club](#) and [Dollar Car Club](#), [Rubber Chicken Theatre](#), [Yoga Tree Stirling](#)).

Voluntary support groups

Voluntary groups, many of which have no paid staff, provide vital support to the Partnership and include peer support groups for those who have enduring conditions or are recovering from illness ([Neuro Central](#), [Breatheasy](#), [Stirling Access Panel](#), [Stroke Association](#), [Breastfeeding Network](#), [Recovery Community](#)), and for those who are maintaining their wellbeing in their communities and using a social prescribing model of care ([Bannockburn House](#), [EPIC Ochils](#), [Macmillan Cancer Relief](#), [Men's Sheds](#), [Parkinsons Association](#), [Tullibody Community Garden](#), [Wee County Walkers](#), [Wee County Veterans](#)).

Care providers, National providers and Care homes

Some of the leading care providers and care homes are third sector organisations in the Partnership area as well as some of the larger national organisations who provide support via helplines to local people ([Richmond Fellowship](#), [Abbeyfield](#), [Camphill](#), [Sight Scotland](#), [Samaritans](#), [Age Scotland](#)).

Other key Third Sector partners

The Partnership works closely with our local housing associations who are coproducing housing solutions to meet changing healthcare needs and have staff employed who are skilled to support people with illness and disabilities who are tenants ([Kingdom Housing Association – Primrose Place, Alloa](#); [Rural Stirling Housing](#), [Ark Housing Association](#), [Ochil Housing Association](#), [Bield](#), [Key](#), [Hannover](#), [Paragon](#)); and locally-based further education providers support training and development of our current and future healthcare staff as well as provide innovation and research around healthcare , provision, disability and dementia ([Forth Valley College and University of Stirling](#))

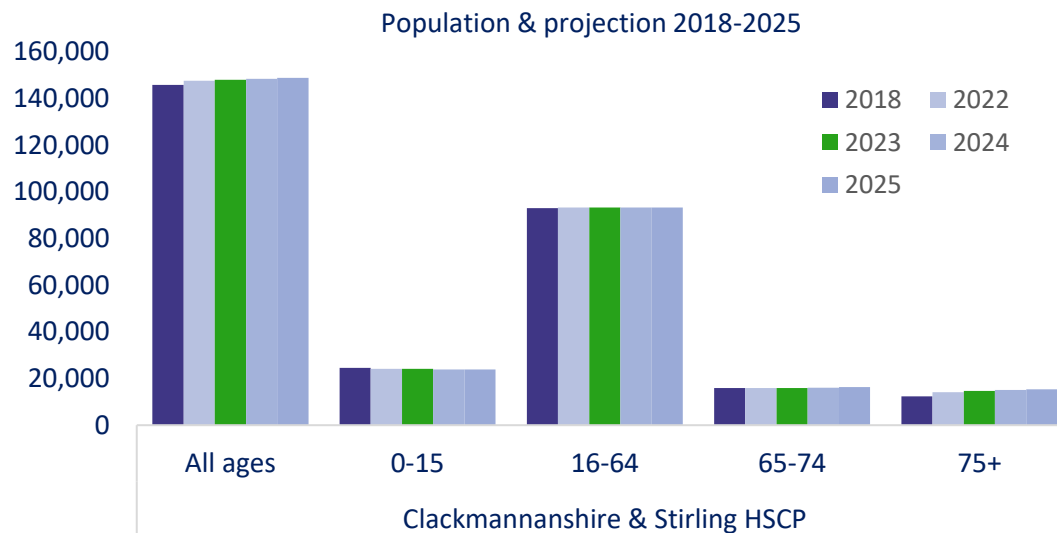
Volunteers

Volunteering is supported across Scotland by **Volunteer Scotland** and the **TSI Scotland Network**. In the Partnership area volunteers are represented by **Stirlingshire Voluntary Enterprise(SVE)** and **Clackmannanshire Third Sector Interface (CTSI)**. Volunteering is actively promoted by the TSIs to help people stay active and healthy through volunteering and by encouraging volunteers to take up roles within many of the organisations listed above and support healthcare provision. The TSIs will be working with **Volunteer Scotland** and the **Scottish Government** to deliver the new Volunteering for All Action Plan which was launched in Summer 2022.

The numbers of people involved in volunteering had increased before the pandemic in both local authority areas – including formal and informal volunteering. More people are involved in volunteering in rural areas with numbers as high as 50% in Rural Stirling. The TSIs operate the Saltire Awards scheme for young volunteers and advertise opportunities for young people. This can play a critical part in encouraging young people to consider a career in health professions in the future and they are keen to work with the Partnership to develop meaningful opportunities for volunteering.

Both TSIs celebrate their volunteers through the annual Volunteers' Week and with regular awards ceremonies and this helps raise the value of volunteers and the critical role they play within our communities.

Population of Clackmannanshire & Stirling



The population of Clackmannanshire and Stirling is expected to grow from 145,730 in 2018 to 148,773 in 2025.

The age groups 0-15 is expected to fall, from 24,494 to 23,846.

For people aged 16-64 there is a slight increase in population from 93,007 to 93,199 an increase of 0.2%. The number of people aged 65-74 is expected to grow from 15,924 to 16,348 and increase of 2.66%. The number of people aged 75+ is expected to grow from 12,305 to 15,380. This is an increase of 24.9%.

Scottish Index of Multiple Deprivation (SIMD) 2020

SIMD Quintile	Clackmannanshire		Stirling	
	Population	%	Population	%
1	14,510	28.2%	11,374	12.1%
2	14,073	23.4%	12,743	13.5%
3	8,666	16.8%	14,860	15.8%
4	8,000	15.5%	27,645	29.3%
5	8,291	16.1%	27,588	29.3%
Total	51,540	100%	94,210	100%

The SIMD is a tool for identifying areas of multiple deprivation in Scotland. Deprived does not mean just low income, but also that people have fewer health and education outcomes, opportunities and access to services. Quintile 1 is considered the most deprived and Quintile 5 the least deprived.

Where there is low income and fewer health outcomes, health can also be poorer.

This information helps us understand the needs of the population and is in more detail in our Strategic Needs Assessment ([link](#)).

Life Expectancy & Healthy Life Expectancy

Females	Life Expectancy	Healthy Life Expectancy	Difference
Clackmannanshire	80.6	62.66	17.94
Stirling	81.9	64.71	17.19
Scotland	81	61.79	19.21
Males	Life Expectancy	Healthy Life Expectancy	Difference
Clackmannanshire	76.2	62.47	13.73
Stirling	77.6	63.38	14.22
Scotland	76.8	60.93	15.87
Sources: Life Expectancy 2018-20, ScotPHO; Healthy Life expectancy 2018-20, Scottish Government			

Life expectancy helps identify health inequalities, and there is variation across the HSCP.

On average, across the HSCP life expectancy is similar to Scotland, and healthy life expectancy is better than Scotland for each area. However, there is variation between the areas in Clackmannanshire and Stirling. Details of this can be found in our Strategic Needs Assessment.

Healthy life expectancy is about 60, so this means that more people are living with conditions from 60 and may therefore need health and social care to support them to live full and independent lives.

Scottish Burden of Disease

The Scottish Burden of Disease team have also carried out work to estimate the overall, and inequalities in the direct impact of COVID-19 on population health through looking at the years lost to premature mortality (YLL), years lost to ill-health (YLD) and the sum of these (DALYs). This work has shown that COVID-19 was the leading cause of disease burden in 2020, second only to heart disease, and that it was not shared equally among areas experiencing different levels of deprivation. Furthermore, there were marked inequalities in COVID-19 years of life lost (YLL) by deprivation in 2020 which were further exacerbated in 2021.

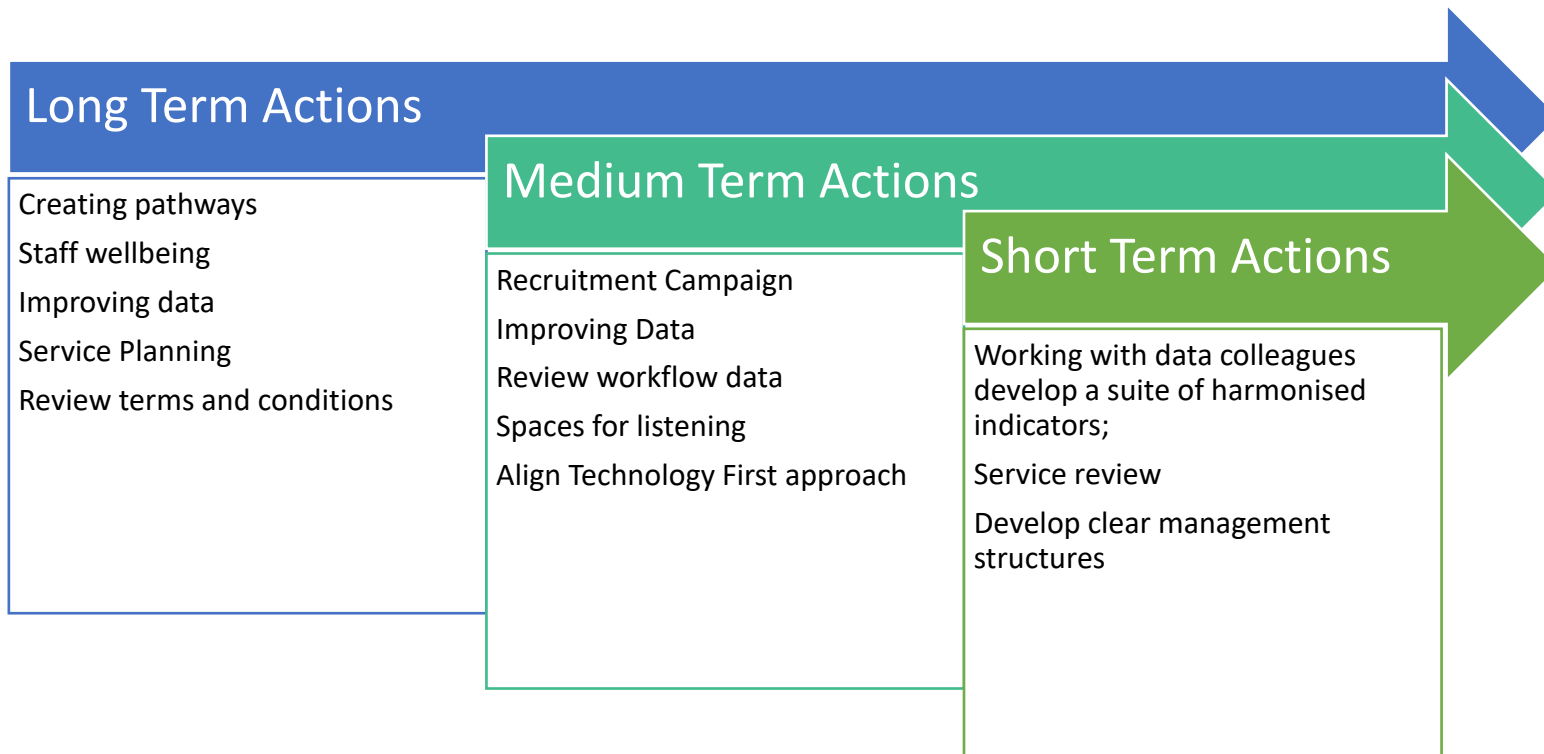
Inequalities and COVID-19 Pandemic

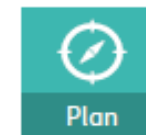
In September 2020, the Scottish Government published “Coronavirus (COVID-19): impact on equality research” anticipated groups that would be disproportionately impacted by COVID-19 and Brexit.

Group	Anticipated key impacts
Socio-economically disadvantaged people	Health inequalities and attainment gap could widen; high economic inequalities may persist or widen
Children and younger people	High impact on current and future mental health; negative impact on learning; economic scarring for young people
Older People	High deaths; increased risks of loneliness
Disabled People	Significant disruptions to health and care; more likely to experience loneliness; attainment gap may have heightened; gaps in employment participation may widen and reduce incomes; may be negatively impacted by loss of EU protections
Race	Gaps in employment participation and progression may widen increasing poverty; increased risk of serious illness or death from COVID; increases in hate crime; reduced educational attainment for certain groups
Women	Increased negative mental health impacts, domestic abuse and commercial sexual exploitation; long term impact on gender equality in the labour market; lone parents disproportionately impacted
Men	More likely to have had serious illness from COVID; loss in employment

Workforce Action Plan

The following actions plan details the priorities upon which we will focus. These are based on the five pillars of workforce set out in the National Workforce Strategy, to support local service growth and transformation.





Plan

Service review and Planning

Discussion around the 'Plan' Pillar considers staffing levels, demand, single points of failure and risks and focusses on the gap between levels of staff and demand. The feeling that "everyone is struggling" resonated for a lot of people across staff working in the NHS, councils, third sector, providers and unpaid carers at the time of writing. There was feeling that staff are working reactively with little time for early intervention, planning, horizon scanning or innovation.

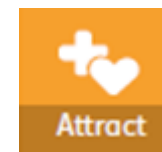
We also looked at Staff Profile with awareness of who the workforce are, their needs and how we can support them is important. Our ageing workforce has a wealth of experience and knowledge that cannot be easily replaced, and therefore needs to be nurtured and shared. As people age, their health can deteriorate and their personal lives can become more complicated with caring duties and family, so our aim to work towards providing people with the support needed to fulfil their roles at home and work.

We also aim to increase diversity in our workforce and to include more people with lived experience – this is focused within Employ.

Improving data to understand our workforce was identified as a priority. We need evidence to identify where there is a conflict between demand and capacity. There also needs to be greater consistency to accessing sharing data and harmonised data and processes to promote effective planning.

Theme	Priority Outcomes	Actions	Measured by	Timescales
Service Planning	Workforce planning is based on up to date and accurate quantitative and qualitative workforce data	HR leads to define a framework of HR data which can be harmonised and shared across the HSCP	Suite of Core harmonised indicators	Year 1
	Workforce planning is based on up to date and accurate locality data.	Review and analysis of workflow data and geographical / Locality pressures on services		Year 1
Demand	Workforce planning is a critical component of continuous improvement and transformation across the HSCP	Service Plans will look at workload and review resources to deliver a modernised of model of care and support locally. Managers will be supported to integrate workforce planning into everyday responsibilities.	Model of care being delivered to meet local needs.	Ongoing
	Workforce recruitment planning means the right staff (compassionate, competent, and confident) are in the	Service plans include intensive programmes of recruitment across all communities to meet the gaps in workforce across HSCP, partners and providers. Planning includes focused activity to meet Locality pressures.	Increased numbers of staff recruited across all organisations	Ongoing

	right roles in the right places at the right time.			
	Workforce planning ensures workforce and workforce resources are in place necessary to support what social work is entrusted and required to do.	Service plans will consider the “Setting the Bar” review and workforce planning and delivery adapted as necessary.		Year 1
Staff profile	We plan for an ageing workforce.	We continually consider the challenges and potential solutions to address an ageing workforce. Talent development and succession planning is a mandatory component of Service Plans to reflect ageing workforce and local pressures within provider organisations.		Ongoing
Learning and Development Planning	Learning and Development is planned to meet need and demand and to support talent development and succession planning and is also informed by supervision/1-1/continuous professional development (CPD) conversations.	We work collaboratively with partners to agree learning priorities and to plan delivery. We have systems and processes in place to ensure learning needs data is available from CPD conversations.		Ongoing



Attract

Campaigns for recruitment are critical to attract people to work in the sector and in Clackmannanshire and Stirling. Creative ways of reaching people, making use of all available media and social media including films and case studies, showcasing not only the role, but the impact it has on people's lives will help us support people into health and care roles, paid and voluntary within the HSCP. There is already evidence this has had a positive impact on recruitment before and for volunteer recruitment.

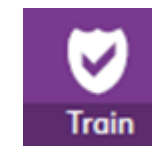
Creating **Opportunities**, working with partners within education sector developing pathways such as modern apprenticeships, study for qualifications while working with appropriate team were discussed with enthusiasm and developing closer relationships with students were seen as ways to attract people to health and social care and to Clackmannanshire and Stirling.

There is also great appetite to attract and support people with **lived experience** into our workforce. Their experience and knowledge would be a significant benefit to the HSCP and the people in Clackmannanshire and Stirling. A review of the recruitment process, criteria for applications (including barriers to employment such as cost and availability of child care, public transport network and cost, cost of petrol, mental health and confidence and benefits) and development of value based recruitment and recruitment pathways through training and accreditation would support this ambition as would more inclusive recruitment for marginalised groups.

We face recruitment challenges in particular for personal carers in rural Stirling. This is also an area for targeted recruitment campaigns.

Theme	Priority Outcomes	Actions	Measured by	Timescales
Recruitment Programme	We deliver recruitment programmes and campaigns to meet demand	Intensive programmes of recruitment across all communities to meet the gaps in workforce across HSCP, partners and providers are part of all service and transformation planning.	Increased numbers of staff recruited across all organisations	Ongoing
		Delivery of Communication Plan around recruitment, making use of social media and good web presence.	Visits to sites Number of applications Increased numbers of care at home staff	Year 1
		Working with partners (Third Sector & Independent) for continuous campaign for recruitment into social care	Increased numbers of staff recruited	Ongoing

		HSCP staff are empowered and confident to be ambassadors for their service area	Confident and self-assured staff	Ongoing
Inclusive and Diverse Workforce	We engage a younger workforce	Create opportunities for young people to join the HSCP through learning contracts and Modern Apprenticeships. Create opportunities for young people to join the Partnership through learning contracts. We work with Stirling University and Forth Valley College to recruit students and newly qualified staff during their study and when they leave.	Increased numbers of staff recruited Gaps in service areas addressed. Clear succession planning in place.	Ongoing
	We engage a diverse workforce	We ensure recruitment opportunities are accessible to all groups, making best of all media available to do so. We introduce value based recruitment for entry level roles. We provide appropriate learning and awareness raising of the needs of different groups/individuals.	Increased diversity amongst workforce	Ongoing
	We engage people living within our communities	Review of pathways and career opportunities with partners. We work with local employment partnerships, local providers and third sector partners to offer opportunities for those further from labour market.	The number of staff under 50 will increase.	Year 1
Attracting Talent	We value, support and attract students to the HSCP	We have a consistent and quality approach to attracting and supporting students at all levels within our services. We will review and promote placement opportunities across the HSCP in collaboration with Education and Employability services, Stirling University and Forth Valley College.		Ongoing
Recruitment Experience	Recruitment to the HSCP will be a positive and welcoming experience for the applicant, encouraging others to do so.	We will review staff terms and conditions across Clackmannanshire Council, Stirling Council and NHS Forth Valley with the aim of seeking alignment.		Year 1 and 2
		We will review our recruitment processes to ensure applicant experience is as good as it can possibly be. We review our recruitment processes in relation to lived experience and ensure trauma responsive approaches are in place.		Year 1 and 2



Train

Creating opportunities to further progress skills, knowledge and careers will help us engage, empower and retain the workforce. Career Development Pathways will be reviewed and developed to support progression. We will now build on opportunities to collaborate the-pandemic offered, including trying different roles, shadowing/work experience to learn about different roles.

We will work towards equitable access to learning and development regardless of organisation. Formal learning and training will be organised collectively and advertised, pooling resources and sharing opportunities. Sharing learning and training with unpaid carers would support and develop carers, this can also be applied to Personal Assistants etc. This will help us achieve a “Training for All” approach. The third sector have also offered to open up training to HSCP staff, for example the Care with Confidence programme. Delivery of training digitally has opened up capacity to allow this.

Learning needs analyses are needed to identify gaps and need across several HSCP areas (e.g. Volunteer management learning and training) and resultant provision will be made available to staff and volunteers. An audit of all mandatory and core training available to the HSCP will be undertaken with a view to sharing what is available, make it more effective and keep costs down.

Theme	Priority Outcomes	Actions	Measured by	Timescales
Clarity of Role	Our workforce understands their role and how they work with each other as well as the valued contribution they make to people and their communities.	Managers will be supported to include role clarity and development as a key element of induction and ongoing supervision.	Staff understand their roles and function within their teams and wider HSCP.	Ongoing
Demand	Learning and development offerings are fair and inclusive across services and delivery meets need.	Work with Localities to support continuous identification of learning and development needs across all services working within communities including primary care multi-disciplinary teams.	A programme of statutory, mandatory and core training is available.	Ongoing
		Learning and development is available to meet changing demand.		Ongoing
		Working with strategic partners and employing organisations to ensure learning and development provision is equitable across the HSCP – looking at COMMS, advertising, funding, allocation, collaborative procurement etc.		Year 1
		Learning and training is advertised and shared with staff using various media, including HSCP Newsletter.	Take up and impact on	Ongoing

		Pooling resources and looking at opportunities for unpaid carers, partners, providers and volunteers to access learning.	practice is monitored across the HSCP.	
		Specific learning and development needs are assessed, addressed and met in relation to: <ul style="list-style-type: none"> ✓ Adult Support and Protection in line with HSCP Adult Support and Protection Improvement Plan ✓ Supporting Unpaid Carers and the Carer's Act ✓ Trauma Informed Trauma Responsive Practice ✓ Suicide Prevention ✓ Self-Directed Support 	Staff understand their roles and responsibilities and have the skills and knowledge to do so.	Ongoing
Creating Learning Opportunities	Learning, development and career pathways make the best of collaborative and partnership working.	Working with partner organisations to develop pathways around supporting learning and development. Identifying opportunities where learning can be shared.	Learning and development planning is part of Locality planning.	Ongoing
		Learning and training is advertised and shared with staff using various media, including HSCP Newsletter Pooling resources and looking at opportunities for unpaid carers, partners, providers and volunteers to access learning.	Measuring who attends training from each organisation	Ongoing
Digital Capability	Our workforce has the confidence and competence to work digitally and our leaders model are skilled to operate and promote digital working.	We will undertake a review of digital capabilities and look to support a programme of development.	Report to SLT	Year 2
Health & Safety	Ensure our staff are equipped and trained.	Improving training rates for Violence & Aggression and Manual Handling to ensure compliance	Training Rates	Ongoing
		Working in partnership with three organisations to improve and monitor Health and Safety processes through the Health and Safety Committee.	Reports to Health and Safety Committee	Ongoing



Employ

How staff are paid is a significant factor in the value they feel. Clackmannanshire Council, Stirling Council and Forth Valley NHS, differ in terms of policies and procedures and also in terms and conditions. This complicates the recruitment process and can lead to delay and can create an unfair context in which workers are required to be equal. For people working within NHS FV, Clacks and Stirling Councils, pension, holidays, sick pay and wages were are hugely beneficial influential in terms of recruitment and retention. Aligning terms and conditions among third sector and independent sector organisations will be considered in further engagement and planning.

The Scottish Government has set out its intention to establish a National Care Service to oversee the delivery of care, improve standards, ensure enhanced pay and conditions for Social Care workers and provide better support for unpaid carers. The National Care Service will require legislation to be set up and the intention is to establish it by the end of this Parliamentary term (2026). We will therefore need to be mindful of the need to plan for changes in due course.

Scottish Government also has the vision that, by 2025, people in Scotland will have a world-leading working life where fair work drives success, wellbeing and prosperity for individuals, businesses, organisations and society and that fair work is work that offers all individuals an effective voice, opportunity, security, fulfilment and respect. We therefore pledge our commitment to the Fair Work Framework in support of achieving this aim for our workforce.

Registration of the workforce has been a driver to increase the skills and qualification levels across the Social Care sector. The way services are delivered, in job roles, and in the complexity of tasks, all reinforce the need to continuously update and further develop qualifications to ensure their relevance and enable a flexible, confident and competent workforce. We will therefore continue to review and resource the support of registration applications and maintenance across the workforce.

Theme	Priority Outcomes	Actions	Measured by	Timescales
Transparency	Our workforce is accountable.	Clear management and governance structures in place across HSCP delegated services.	Structures published.	Year 1
Fair and Meaningful Work	We ensure fair and meaningful work experiences for our workforce that is responsive to personal circumstances.	We will work to progress the Fair Work Framework in all that we do with our workforce.		Ongoing
		We will continue to review hybrid and new ways of working.		Ongoing
		We will continue to review registration support and resources across the workforce.		Ongoing



Nurture

The wellbeing of employees is a priority. Nurture is a highly emotive pillar, especially following the Pandemic. The [compassion](#) of our workforce is highly valued with our belief “you can’t teach someone to be compassionate” widely shared. Compassionate Leadership is a value strongly held by the HSCP and we will continue to consider and plan to meet the health and well-being needs of the workforce, what pressure they are experiencing and what we can do to support people, building on what has worked well so far. With the protective measures in place during the pandemic and the introduction of hybrid working, support from colleagues is needed more, so we will look at how to support people struggling (and those who might not ask for help). We will also work on ways of bringing people together safely and induction for new members of staff in relation to prioritising health and well-being will be reviewed.

Anxiety, stress, depression and other psychiatric reasons are the biggest cause of absence. We will measure the wellbeing of workers and give them space to talk, rather than just signposting. Spaces for Listening is an example of this and we will look to widening this. We will ask people about their wellbeing and the wellbeing of the team as part of one to ones and appraisals. We will also look at exit interviews and identifying any themes that are identified that are impacted by wellbeing.

Wellbeing Weeks and Healthy Working Lives were praised and we will look to open these up to all organisations and unpaid carers.

[Cost of living crisis](#) is a significant impact on people, people can’t afford to travel to work, travel costs are increasing higher than pay, and this has caused a lot of pressure on staff. People are worried about [COVID](#) and exposure. This is placing pressure on people who are leaving jobs or not volunteering due to the risk.

Theme	Priority Outcome	Actions	Measured by	Timescales
Health and Well-Being	Our workforce are supported to be as well as they can be.	We will ensure management and governance structures in place and we will prioritise supervision/1-1/CPD conversations to ensure our workforce has support and will prioritise health and well-being of staff. We will look at skilling our managers in coaching for change to support our workforce.	Workforce feels valued and supported	Ongoing
		We will harmonise and monitor relevant data using it to inform how we can improve and support staff health and well-being. This includes absence data and reasons for leaving. We will also review the exit/off-boarding process for employees.	Data analysis	Ongoing

		Our workforce will be supported with seasonal programmes and resources to support health and well-being that consider seasonal and other service pressures. This will include Winter and Spring well-being programmes.	Programmes of activity and attendance	Ongoing
		We will look at creating opportunities for unpaid carers to access our health and well-being resources and programmes.	Unpaid carers feel supported.	Ongoing
		We will review and evaluate “spaces for listening.”	Report to SLT.	Winter 2022
		We will support specific health and well-being needs of our workforce including: <ul style="list-style-type: none"> ✓ Menopause ✓ Mental health and suicide prevention ✓ Work based trauma and vicarious trauma ✓ Financial support and well-being ✓ COVID guidance and precautions 	Programmes of activity and attendance.	Ongoing
Compassion	Our workforce is compassionate and leadership is compassionate at all levels.	Continue to develop conditions for compassionate leadership to thrive across the HSCP making good use of the “Leading to Change” resources to do so.	Confident and compassionate leaders	Ongoing

Proposed Workforce planning template for Service Plans

1. What are the outcomes you are hoping to achieve in your service – for people you support and for the workforce?
 2. What are your current service demands (including recovery requirements and projected Board/HSCP) population health needs),
 3. What are the workforce requirements associated with these demand/needs?
 4. What is your current staffing profile (including quantitative detail)?
 5. What is the establishment gap between projected service demand and your current staffing profile?
 6. What is the establishment gap between projected service demand and your current staffing profile?
 7. What actions are you taking at a local level, in accordance with the 5 pillars of workforce set out in the Strategy, to support service growth and transformation, in line with your gap analysis (as set out at 3 above)?
 8. Reflect the local workforce implications of the National Workforce Strategy (Recovery, Growth and Transformation) by describing:
 - a. Short-term (12 months) workforce drivers focusing on recovery and remobilisation of local health and care services;
 - b. Medium-term (12-36 months) workforce drivers focusing on sustaining growth and supporting longer term transformation;
 9. Summarise the outcomes of local establishment gap analysis comparing demand for future staff with current workforce numbers and skills; and in three year plans by detailing;
 - a. Profile the numbers of staff and new roles required to achieve the above.
 - b. The actions which organisations will take to recruit and train staff in sufficient numbers to deliver the future workforce;
 10. Describe the current workforce and issues affecting the quality of staff experience, wellbeing and actions to support the retention of current staff;
 11. Identify any short/medium-term risks to service delivery in meeting projected workforce requirements and outline actions in place to mitigate shortfalls.
- 