Dumfries and Galloway Integration Joint Board Workforce Plan

2016 – 2019 (2017 Edition)

Contents

IJB Workforce Plan **Pages 3 - 21**

Appendix 1 – Further information on services covered

Appendix 2 – NHS Dumfries & Galloway Workforce Statement

Appendix 3 – Dumfries & Galloway Council Workforce Statement

INTRODUCTION AND PURPOSE OF THE PLAN

This workforce plan covers the period 2016-2019 and has been developed to support the integration of adult health and social care within Dumfries and Galloway, in conjunction with the Health & Social Care Strategic Plan 2016-2019.

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) sets a legal framework for combining health and social care in Scotland. This legislation requires each Health Board and Local Authority to delegate some of its functions to new Integration Authorities. For Dumfries and Galloway, this is an Integration Joint Board (IJB).

The Local Authority and NHS along with the Third and Independent Sectors are embarking upon a huge change within Dumfries and Galloway. This presents us with the unprecedented opportunity to develop existing partnerships and for us to work more collaboratively and innovatively with those involved in this change. Central to this is for those planning, providing and maintaining effective care and support (including communities, volunteers, people that use services, carers and families) to also be fully involved in planning and delivery of services in the future.

This plan reflects our ambition to have the right people with the right skills in the right place at the right time. It describes the challenges we face and identifies strategic actions needed to deliver our vision of:

....“A Dumfries and Galloway where we share the job of making our communities the best place to live active, safe and health lives by promoting independence, choice and control”......

This plan is underpinned by the Six Steps Methodology (Skills for Health 2014).

Representatives from NHS D&G, D&G Council, Third and Independent Sectors have been involved in the development of this plan.

Although the IJB has no direct authority for the management of staff, there is a responsibility to ensure that the requirements in the Equality Act 2010 are met.

Who Does The Plan Cover?

This plan covers those employees within the NHS, Council and Third & Independent Sector who plan, support and deliver the following services:

- Adult social care
- Adult primary care
- Community and acute health care
- Some elements of housing support

This includes services to adults:

- With long term conditions or disabilities;
- Who have caring responsibilities;
- Who have a degree of vulnerability or are in need of protection;
- Who are well and want to maintain or improve their current level of health and wellbeing;
- Who need an intensive or acute level of service;
- Who are experiencing health or social care inequalities

Please refer to Appendix 1 for further breakdown of staff groups and services included across partners.

DRIVERS FOR CHANGE

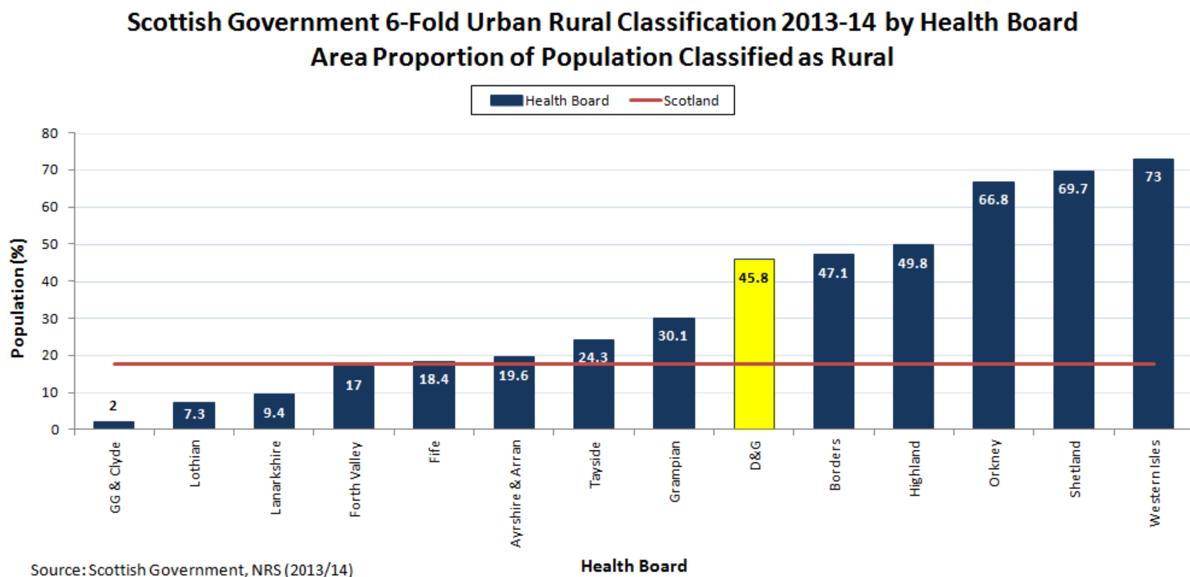
- The rurality of our region;
- The changing age structure of our population and available workforce;
- Financial context;
- Integration of health and social care services;
- The recruitment and retention of health and social care staff

These are all key factors that will influence the delivery of integrated services over the next few years.

Rurality

Dumfries and Galloway is one of the most rural regions in Scotland (see Figure 1).

Figure 1: Proportion of Population Classified as Rural, 6-Fold Urban Rural Classification 2013-14



Our region covers an area of 6,426 square kilometres and the National Records of Scotland (NRS) mid-2016 population estimate was 149,520.

The 'Mid-2012 Population Estimates for Settlements and Localities in Scotland (NRS)' indicates that the main centres of population are:

- Dumfries and Locharbriggs (39,240 residents),
- Stranraer (10,510),
- Annan (8,920),
- Lockerbie (4,290),
- Dalbeattie (4,260),
- Castle Douglas (4,070) and
- Newton Stewart (4,010)

All other towns and settlements had populations of less than 4,000 and, at the 2011 Census, approximately one third of people in Dumfries and Galloway (30%) were living in settlements with less than 500 people.

There are significant challenges in the delivery of services in a large rural area. Whilst we strive to provide consistent and accessible services to all communities, it may not be possible to provide some specialist services across the region and this presents challenges in providing for relatively small groups and geographically dispersed communities.

DUMFRIES AND GALLOWAY
Health and Social Care

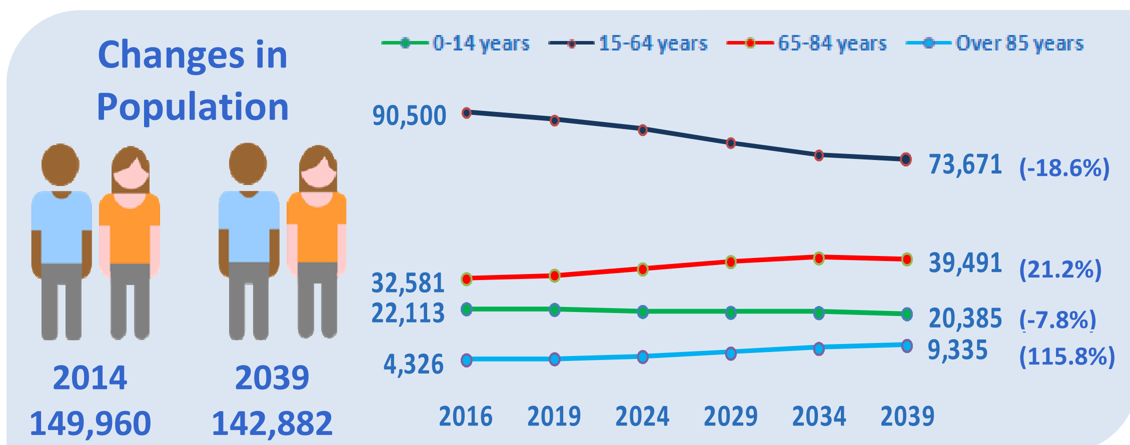
Changing age structure of our population and available workforce

The current population of Dumfries and Galloway is substantially different from the Scottish population profile. There are a larger proportion of older people and a markedly smaller proportion of young people in our region and the gap is likely to widen over time. The median age in Scotland is 41 years whereas in Dumfries and Galloway it is 48 years[1].

In future, on average, it is projected that people will live longer (see Figure 2). Within our region, the over 65s population was 35,785 in mid-2014. It is projected to grow by 15.8% by 2024 and 36.4% by 2039 (6.6% for those aged 65-74 and 73.7% for those aged 75 and over) [2].

The number of residents aged 90 years or over is projected to increase from 1,396 in mid-2014 to 4,010 by 2039 (187.3% increase). Alongside this, the population of 15-64 year olds is projected to decrease by 19.8% by 2039.

Figure 2: Changes in Population



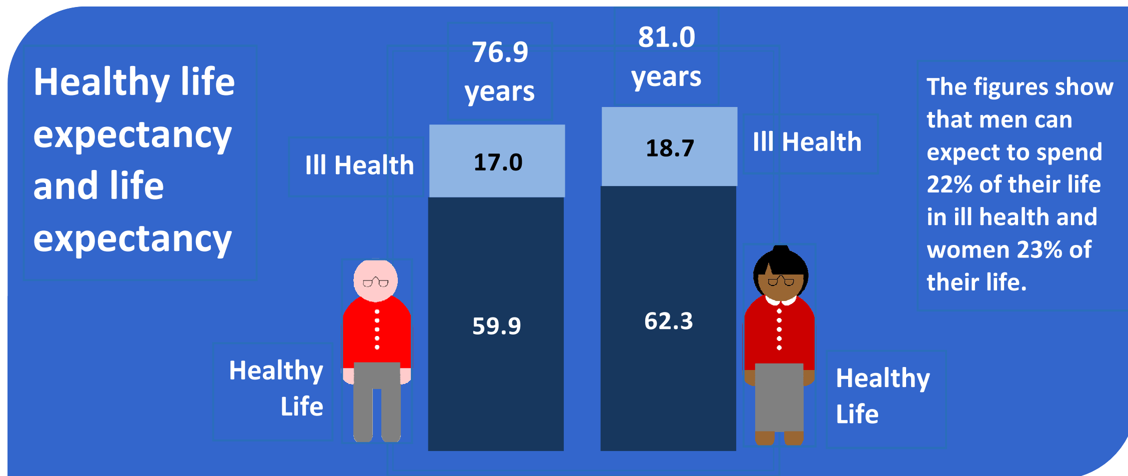
Source: National Records of Scotland (2014-based Population Projections for Scottish Areas)

1. The **median** is a simple measure of central tendency. To find the **median**, we arrange the observations in order from smallest to largest value. If there are an odd number of observations, the **median** is the middle value. If there is an even number of observations, the **median** is the average of the two middle values.

2. Mid-2014 based Population Estimates & 2014 based Population Projections from the National Records of Scotland.

Whilst we expect our population to live longer there is a projection that the number of ill health years will also increase (See Figure 3).

Figure 3: Healthy Life Expectancy



Source National Records of Scotland / ScotPHO (Healthy Life Expectancy in Scotland 1980-2015)

The working age (16-66 years) population within Dumfries and Galloway is predicted to decline by 20.0% by 2039. This decrease in the size of available workforce, in conjunction with the age profile of our current workforce, must be taken into account when planning our future workforce. As of October 2015, 25% of the integrated workforce was 55 years or older and around 10% of the integrated workforce is aged 25 years or under (source: Integration Workforce Summary by Age within this plan).

Within our region, we will therefore face the challenge of supporting an ageing population (with an increasing needs profile from both a health and social care perspective), at the same time as experiencing a projected decline in the available working age population. Examining how we develop roles, deliver services and plan changes has already started.

Financial Context

The current financial challenges across the Public, Third and Independent Sectors are well known.

The Integration Joint Board 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 require to be achieved from the resources within the Dumfries and Galloway integrated health and social care budget and includes making financial savings on an ongoing basis.

For 2017/18 the IJB has to deliver savings of £17.6m across the delegated Health and Social Care budget. It is inevitable that some of the impact of any savings will

result in reduction to workforce numbers but this has to be managed in the context of fundamental service redesign to develop more resilient and sustainable workforce models moving forward.

During 2016/17 the partnership saw significant additional investment in social care with the move to the living wage for all care at home staff across the region. A number of the workforce challenges for the partnership have resulted in significant financial risks, particularly the difficulties in medical staff recruitment and shortages of medical staff which have increased the additional cost to the partnership by £5m, with the potential for rates to increase further as the issues remain unresolved.

Health and Social Care Integration

The Integration of Health and Social Care services requires all partners to work together in new ways to support transformational change at all levels of their organisations. We have provided some examples of integrated working later in the plan.

Recruitment and Retention of Health and Social Care Staff

Providers express concerns about the challenges in recruiting and retaining staff across health and social services.

There are various issues that affect the recruitment and retention of staff across sectors including, but not exclusively, pay and conditions, the challenge of geographical recruitment, fragmenting working time, zero hours contracts and the diversity of pay practices (Social Care Providers Survey Report on Recruitment and Retention 2015).

Further detail of recruitment hotspots in the health sector is outlined in the Health Workforce Statement in Appendix 2.

DEFINING OUR FUTURE WORKFORCE

When determining the future workforce requirements for the delivery of integrated health and social care, we must take account of our existing workforce and the challenges of developing roles and skills.

Partners are currently working together to build a shared understanding of the whole workforce. Whilst the Council and NHS already have separate systems in place to collect data on their workforce, a systematic approach to collect a single data set on the Health and Social Care workforce across all sectors is required but currently this does not exist.

This has been recognised as a national issue in the first [1]National Health & Social Care Workforce Plan for Scotland and is one of the key actions being taken forward nationally from that plan.

In order to determine future workforce requirements we will consider the following and link them to strategic, financial and service planning:

- Skills set analysis and requirements
- Roles and number of staff required and
- Productivity and new ways of working

Thereafter, the current workforce data set can then be compared against future workforce requirements and a plan developed to bridge any gaps.

CURRENT WORKFORCE INFORMATION

The profile of the current integration workforce is detailed below and is a snapshot of staff in post at 30th June 2017 for health and council and at 30th June 2016* for Third and Independent Sector.

Whilst it has not been possible to gather full workforce information within the Third Sector, data from a sample of 36 organisations within Dumfries & Galloway is included. There is some duplication (938 paid staff) between the Third and Independent sectors data, specifically concerning organisations that are non statutory and voluntary sector, which will be addressed.*

Table 1: Integration Workforce by Headcount, Working Time Equivalent (WTE) and Positions

Organisation	Headcount	WTE	Number of Positions
D&G Council	583	412.7	592
NHS D&G	4,181	3,451.6	N/A
Independent Sector*	4,480	N/A	N/A
Third Sector*	1,695 (includes 938 paid staff and 757 volunteers)	N/A	N/A
Total	**11,182**		

*Data supplied from a sample of 36 organisations in Independent Sector

[1] http://www.gov.scot/Publications/2017/06/1354/0

Table 2: Integration Workforce by Contract Type

Organisation	Part Time	Full Time	Voluntary	Total
D&G Council	434	158	n/a	592
NHS D&G	2,345	1,836	n/a	4,181
Independent Sector*	2,750	2,045	n/a	4,480
Third Sector*	322	183	757	1,262
Total	**5,851**	**4,222**	**757**	**10,515**

Data supplied from a sample of 36 organisations in Independent Sector. Please note

Table 3: Integration Workforce by Gender

Organisation	Male	Female	Total
D&G Council	54	538	592
NHS D&G	698	3,483	4,181
Independent Sector*	650	3,830	4,480
Third Sector*	232	548	786
Total	**1,682**	**8,597**	**10,285**

Data supplied from a sample of 36 organisations in Independent Sector.
Third Sector information supplied by 33 Organisations. Organisations were asked if any of their staff or volunteers identified or had ever identified themselves as Transgender with 6 staff indicating this.

Table 4: Integration Workforce by Age

Organisation	Age Bands**						Total
	<25	**26-35**	**36-45**	**46-54**	**55-64**	**65+**	
D&G Council	28	81	102	190	172	19	592
NHS D&G	241	809	901	1,301	860	69	4,181
Independent Sector*	595	770	665	1,350	960	140	4,480
Third Sector *	297			190	206	65	758
							9,499

**Age band figures reflect that employees may hold more than one post

Table 5: NHS Dumfries & Galloway Workforce by Locality

Directorate	Number of NHS staff
Acute & Diagnostics	1352
Corporate	595
Facilities	382
Community Health & Social Care	933
Mental Health, Learning Disability & Psychology	501
Women & Children's	418
Total	4181

Table 6: NHS Workforce Summary by Job Family

Job Family	Number of Staff
Administration & Clerical (A&C)	706
Allied Health Professions	308
Healthcare Science *	103
Medical & Dental	299
Medical & Dental Support *	40
Nursing & Midwifery	2,026
Other Therapeutic *	132
Personal & Social Care *	36
Senior Managers	5
Support Services *	526
Total	4,181

*examples of role types in NHS Job Families

Health Science Services	Includes Biomedical Sciences; Clinical Sciences; Clinical Physiology; Clinical Technology (prev role such as ATOs, MLAs, MTOs, Audiology
Other Therapeutic	Includes Clinical Psychology; Genetic Counselling; Optometry; Pharmacy and Play Specialists (Nursery Nurses).
Medical and Dental Support	Physician Assistants; Theatre Services; Dental Nurses; Dental Technicians; Other Dental Care Practitioners
Personal and Social Care	Hospital Chaplains; Health Promotion, Health Improvement; Sexual Health and Social Work staff
Support Services	Hotel Services, Sterile Services; General Services, Maintenance and Estates. All former ancillary staff are reported under Support Services.

NHS Dumfries & Galloway Equality & Diversity Workforce Summary 2016
http://www.nhsdg.scot.nhs.uk/About_Us/Equality___Diversity/ED_Files/Workforce_Data_Report_2016.pdf

Table 7: Dumfries & Galloway Council Social Care Workforce Summary by Directorate

Regional Area	Headcount	FTE (Occupied)	No of Occupied Positions
Annandale & Eskdale	111	76.30	111
Nithsdale	227	170.16	230
Stewartry	74	53.8	76
Wigtown	171	111.91	172
Total	583	412.17	592

Regional Area	Part Time	Full Time	Total
Annandale & Eskdale	82	29	111
Nithsdale	153	77	230
Stewartry	57	22	79
Wigtown	142	30	172
Total	434	158	592

Regional Area	<25	26-35	36-45	46-54	55-64	65+	Total
Annandale & Eskdale	4	10	21	39	33	4	111
Nithsdale	14	38	36	74	63	5	230
Stewartry	2	9	10	25	31	2	79
Wigtown	8	24	35	52	45	8	172
Total	28	81	102	190	172	19	592

Table 8: Dumfries & Galloway Council Social Care Workforce Summary by Job Profile

Job Family	Number of Posts
Clerical/Administration	22
Support Worker/Coordinator/Assistant	412
Other Support Services	56
Social Worker/Senior Practitioner/Manager	100
Senior Manager	<5
Total	592

Table 9: Independent* Sector Workforce Summary by Job Family

Job Family	Number of Staff
Administration/ Support	180
Ancillary	370
Class 2 Care Worker	3190
Class 3 Care Worker	340
Class 4 Care Worker	260
Unit / Project Manager	150
Total	4,490

PLANNING AHEAD

This action plan was developed in 2016. The “We Wills” have been updated with progress in the first year and now includes our actions for the next 12 months as well as challenges which will need to be overcome to deliver the “We Wills”. The 2017 edition includes a new commitment to address recruitment and retention issues.

1. Approach and Methodology

We will deliver our Workforce Plan using the ‘Six Steps Methodology’ and ensure that workforce planning is an integral part of our service and financial planning.

Progress to date:

- Community Health & Social Care Localities are in the process of developing local workforce plans using the “Six Steps Methodology”.

Actions for next 12 months:

- Complete first set of Locality Workforce Plans by 31st March 2018.

- Undertake a review of the Audit Scotland report: NHS Workforce Planning published in July 2017 for ways in which we can refine our local workforce planning e.g. examine ways of aligning workforce plans with service and financial plans and improve understanding [2]demand and supply issues across the partnership.

Challenges:

- Developing robust workforce plans that are aligned to service and finance that are live and meaningful for service managers.

2. Workforce Intelligence

An integrated approach to gathering data on our workforce will enable us to analyse and manage our resources, skills in our workforce and capacity and demand issues. It will also support our ability to project our future workforce requirements, any gaps in skills or resources and the financial impacts of this.

Our Ambition by 2019: To develop a standard workforce data set to support Integration and this workforce plan, including information on the 9 protected characteristics.

Progress to date:

- Current workforce data tables have been reviewed by partners and data augmented where possible. Third and Independent Sectors have not been able to refresh data in 2017 due to the complexities of gathering this data within a diverse range of sectors, no single database, no requirement for organisations to supply data and the volume of support required to gather the data.

Actions for next 12 months:

- Review of workforce data commitments in National Health and Social Care Workforce Plan (Part 1) to align national dataset development with local reporting.

- Third and Independent Sector will explore how to collect a coordinated data set for their areas so that a long term solution is established.

[2] NHS Workforce Planning, Audit Scotland, July 2017

Challenges:

- Developing a common dataset where partners are at different levels of data collection.
- Workload associated with collecting data from the volume of organisations in the Third and Independent Sectors.

3. Workforce Development

A skilled, motivated and healthy workforce across health and social care is critical to delivering integrated services and meeting the future growing demand for services.

Our ambition by 2019: To ensure that workforce development contributes to a healthy, sustainable, capable, engaged and motivated workforce, which reflects our local community. We will seek to promote health and social care as a career of choice.

Progress to date:

- Progress has been captured in the next set of case studies which describe where an integrated approach to role development has been take, or roles that have been developed to address a particular workforce challenge.

Actions for the next 12 months:

- The Integration OD Steering Group will review how to engage all sectors in the development and cultural work currently being undertaken e.g. Good Conversations to ensure that staff within the partnership have a clear understanding of the links between moving to our desired culture and the workforce development we are currently undertaking.

Challenges:

- There is a challenge in understanding who is involved in all sectors in order to engage fully around this work.

Case Study 1: Workforce Development
Over the last 18 months over 100 staff have been supported to achieve Vocational Learning Awards. These awards illustrate the depth and breadth of skills within our workforce. By recognising our skills and developing our practice we can plan for the organisation's future success, help staff develop as people and professionals, and meet the needs of our service users. In addition, 2 staff have achieved their internal verifier awards. By undertaking this training and assessment they can now support our future workforce and increase the number of staff able to engage in vocational learning programmes.

We are engaging with schools having taken part in seven events across the region in the last year making contact with over 800 young people and parents and expect this number to rise again 2017/18. These opportunities help us show our future workforce the variety of careers that are available to them in health and social care.

Health Care Support Workers in Stranraer have been revisiting the Scottish Government's Health Care Support Worker Induction Standards, using them to describe what they see as best practice and what we should expect from each other.

By creating a new culture of working that highlights what we do well and how we build on that to make sure we can meet the needs of those we provide services to.

Case Study 2: Role Development

Flow Co-ordinator

The introduction a Flow Co-ordinator in Wigtownshire has resulted in significant improvement in the service with reduced hospital admissions and reduced patient stay. It has improved communication within the multidisciplinary team and a better understanding of professional roles and impact on patient care. As a result of these achievements the FLOW team are presenting at the NHS Scotland 2017, annual event for innovative practice.

Health Improvement Worker

A new Generic Health Improvement Worker post in the Wigtownshire Health and Wellbeing Team in 2017 has resulted in significant improvement in developing community cookery sessions which will in turn provide volunteer community cooks across Wigtownshire and delivering the refocusing on Adult Healthy Weight.

Trainee Pharmacy Technician

A new Trainee Pharmacy Technician post within the Wigtownshire Pharmacy team in 2016 means five GP Practices in the locality have regular prescribing support which has increased the number of repeat prescribing medicines reviews, highlighting more patients requiring clinical pharmacist/GP review, improving formulary compliance by undertaking medicines switches and housekeeping, and undertaking the work behind the Local Enhanced Service for prescribing cost containment. A medicines synchronisation project in Stranraer has also been undertaken. Another Trainee Pharmacy Technician post has been recruited to in 2017.

Advanced Nurse Practitioners

The Advanced Nurse Practitioner (ANP) role was developed in response to the implications of reduced junior doctor cover as a result of a need to comply with the European Working Time Directive. This led to opportunities being explored for nursing staff to develop into advanced practice.

Although not exclusively in these areas, ANP Teams are now well established in Dumfries Infirmary within the Emergency Department, Hospital at Night and Ward 7. The development of the role has provided a more flexible workforce, which has enabled capacity to be released in the medical workforce and has supported career progression in nursing.

In Ward 7 for example ANPs now take the majority of daytime medical receiving calls from GPs. At a practical level this means they assess, diagnose and treat these patients, and if relevant, they triage & fully treat medical emergency admissions which fulfil ambulatory care criteria taking these patients through to discharge. All ANPs have the clinical ability to investigate patients' presentations and prescribe the appropriate treatment with the role also incorporating the autonomy and authority to admit and discharge a patient or initiate a referral to another health or social care professional.

4. Leadership and Engagement

Effective leadership and engagement supports cross-sector working and requires approaches that are driven by values, honest dialogue, strengthening management, and involving the workforce.

Our Ambition by 2019: To develop our leaders and strengthen our management to ensure the effective engagement of our workforce. We seek to understand the different cultures across the sectors and develop a healthy culture across the partnership.

Progress to date:

- Two cohorts of partnership staff have been taken through the LSI (Lifestyle Inventory) Tool which supports individual leadership and is aligned to the OCI (Organisational Cultural Index).
- i-Matter, the NHS staff engagement tool has been through the second cycle of the programme and teams are developing action plans across the organisation.

Actions for the next 12 months:

- Cohort 3 of LSI will be progressed.
- Project Manager to spend time working through current i-Matter arrangements to identify plans going forward and Workforce Director will investigate whether i-Matter can be rolled out within Third and Independent Sectors.

Challenges:

- Developing a communications plan so that all staff are aware of these tools and what they tell us and involving staff in developing action plans to embed these.
- Using the results of for example the Cultural Diagnostic to inform future training, appraisal and recruitment activities.

Case Study 3: Cultural Diagnostic
Undertaking the study and development of our organisational culture as a partnership has been a significant investment of time and resources and is a great example of the commitment of member organisations to the IJB partnership with over 2,000 staff engaged in the project. The cultural diagnostic tool or "circumplex" that underpins the work is being used in a variety of ways that the project could not have foreseen, partners are working together to see how the styles of behaviour connect with everything from recruitment to staff appraisal and IJB members are even exploring the possibility of creating shared induction and development tools that embrace the constructive styles of behaviour that create our ideal culture. The circumplex is now included in a range of learning and development settings from leadership development to improving communication skills. IJB members are showing their individual commitment to the model by undertaking their own personal cultural diagnostic – called the Life Styles Inventory to help build and embed that positive and constructive culture of working together.

Case Study 4: Pressure Ulcer Collaborative
The Scottish Patient Safety Programme (SPSP) – Reducing Pressure Ulcers in Care Homes Improvement Programme (RPUCH), with the support of Scottish Care and the Care Inspectorate, aims to reduce pressure ulcers in care homes. It combines the expertise of SPSP in improving safety with the expertise of Scottish Care and the Care Inspectorate in supporting and driving quality within the care home sector. Nithsdale Locality is one of four Health and Social Care Partnership (H&SCP) teams involved in this exciting initiative from May 2016 until December 2017 to develop and test different approaches with an aim of reducing pressure ulcers by 50% both in hospital and in care home settings. A number of care homes across the locality are involved and as expected there has been an increase in the recording of pressure ulcers but that these are at the earlier stages and appropriate steps can then be taken leading to earlier resolution. A range of initiatives are being tested including the development of a staff workbook. The idea being that that one member of staff becomes a pressure ulcer champion by completing the workbook and developing more extensive knowledge. They would

then train other Healthcare Support Workers using a workbook competency tool. The aim is to improve skin care management and appreciation of all factors associated with the development of pressure ulcers. In turn this will lead to early detection of pressure risk or damage and reduce the occurrence of pressure ulcers.

Other initiatives include using safety culture cards, undertaking a service user survey, providing information for relatives. Collectively these initiatives are helping to reduce the prevalence of pressure ulcers. The learning will be rolled out across the other Localities and will be uploaded to a national website to further cascade learning.

5. Integrated Working

Integrated ways of working requires the workforce to be fully engaged in the planning, design and delivery of care and support with people who use services, carers and families.

Our ambition by 2019: To explore how to do things differently and achieve new, effective integrated models of care by supporting and helping our collective workforce and representatives to develop and work together in joined up ways.

Progress to date:

- Work has been undertaken to develop integrated training opportunities (see Case Study 5).
- Initial discussions have taken place to scope out where there are opportunities in the joint appointment process to streamline systems e.g. in recruitment to joint posts.

Actions for next 12 months:

- Organisations will continue to work together to identify where recruitment processes could be streamlined.

Challenges:

- Where integrated teams currently exist they experience data sharing challenges and barriers accessing IT systems in partner organisations. We also acknowledge the complexity and operational challenges experienced by front line managers where the teams they manage work within different sets of terms and conditions/policies and procedures as well as budgets for staff being held by different organisations.

DUMFRIES AND GALLOWAY
Health and Social Care

Case Study 5: Integrated Training Opportunities

Over the last 2 months staff from across the IJB have been investigating how we can use the model and tools of an outcomes based approach to support each other and build our understanding of how to work effectively in partnership within and across organisations. 23 staff from all sectors have recently completed the 3 day "Good Conversations" training and we are exploring how this can be made available to even more staff. Feedback from those involved in the training included;

"The course gives you a toolkit to enable others to manage their issues whether in clinical or a personal environment"

"I have had the opportunity to develop existing skills and learn new ones the benefit of these skills bears fruit in my professional and personal life"

Scottish Care has developed a tailored course for care providers after team members were trained as trainers by the Thistle Foundation. A bespoke programme for all levels of staff will be launched shortly which will provide a vehicle for care providers to embed an outcomes focussed approach in the management of their organisations and not only to hold ' Good Conversations' to support care and support planning.

Case Study 6: Nithsdale in Partnership (NiP)

A 'One Team' approach is being developed in DG1 and DG2 areas of the region. The model acknowledges that shifting from a reactive to a proactive model of support at home is key to the ongoing viability of services. Helping people to remain as independent as possible safely at home is a fundamental element of the model whereby a 'holistic' view is taken to help inform discussions with people we support. By taking proactive steps to intervene before a crisis, highlight risk and take early action we will make a positive impact on keeping people out of hospital, helping them to manage their conditions themselves, knowing that support is on hand when required. The overall aim of the 'One Team' is to focus approaches which support people to live as independently and as safely as possible at home making best use of tools such as Anticipatory Care Planning and Self Directed Support (SDS). Engaging with the community, supporting people to have a meaningful life and opportunities through community support and activities will reduce the need for statutory services.

A focus of the work planned is to undertake post acute assessments in the home environment, identifying where a person has reablement potential and with them designing a tailored plan of support and where required offering rehabilitation to help

them regain maximum independence. This might include a period of intense reablement or slow stream rehabilitation. We are also looking to maximise opportunities to support people to live more independently with long term conditions.

Building on the 3 aims of intermediate care; avoiding admission, supporting discharge and reducing the early dependency on long term care, the transitional services as an element of the 'One Team' will be a core contribution to the model. Wrap round services will be important in assisting people in periods of transition between hospital and community, offering a rapid response, periods of temporary support from the one team as the person transitions to maximum independence.

We recognise the need for additional respite and temporary places for people transitioning towards a care home and are working with local care and housing providers to facilitate this. The model identifies the need for services to respond along a continuum of care at home from intense reablement, through to care at home being provided.

Promoting the use of SDS will allow people to shape their own support requirements. Equally the 'One Team' will use the IoRN2 (Indicator of Relative Need) as a standardised recognised tool among professionals offering a common understanding of a person's support requirements.

Mindful that for a number of older people a residential establishment is their home the model recognises the need to offer further support within these establishments. Building on the pharmaceutical input to Dalawoodie and Queensberry Nursing Homes and we are looking to extend this support into the other 7 care establishments across Nithsdale and to align community nursing support to identified establishments. Working with providers we will identify where we can offer additional re-ablement training and support to staff.

The One Team development is a 'work in progress' building on established relationships with other services and departments and fostering new joint systems and processes with other services e.g. Social Work Contact Centre at Monreith House and STARS.

Case Study 7: Outcomes Focused Assessment

The Social Care (Self-Directed Support) (Scotland) Act 2013 provided the legislative framework to ensure people who use care and support services should have choice and control about the way their support is delivered and by who.

Nithsdale Locality in partnership with the Independent Sector funded the development of an 'outcomes focused' assessment tool which focuses on the person's wellbeing, their own natural assets and the resources offered by services. This supports a common outcome focused framework and allows practitioners, individuals and providers to participate in and work together to promote an asset

based approach to services and support. The new form will ensure a focus on outcomes and ensure a more robust approach to support planning.

To support the use of Self Directed Support and the Outcomes Focused Tool, Nithsdale also funded a web based DVD featuring an individual who has experienced mental health issues in the past. The DVD allowed her to share her experiences and tell a transformational story of how she and her partner were assisted to achieve their outcomes. The benefits of the story which is locally based may encourage others to adopt self directed support as a vehicle for their support.

6. Recruitment & Retention

This is a new ambition for 2017 which seeks to address recruitment and retention issues across all health and social care sectors in Dumfries & Galloway.

There are specific challenges recruiting to medical vacancies and other specialist/rural clinical posts across the region. In the care home sector there are challenges recruiting staff to deliver care packages. It is important that a planned and coordinated approach across the sectors is developed to effectively manage these issues.

Action for the next 12 months:

- Promoting and marketing of our region as partners, as well as single employers in a joined up way to maximise the opportunities for prospective staff and families to move here and for all family members of working age to access positive job opportunities and training.

Plan Implementation and Monitoring

The Integration Workforce Plan will be reviewed on an ongoing basis and progress reported to the Integration Joint Board on an annual basis.

The partnerships will develop operational workforce plans which complement the strategic aims of this document.

If you would like some help understanding this or need it in another format or language please contact tracy.parker6@nhs.net or telephone 01387 244322

DUMFRIES AND GALLOWAY Health and Social Care

Appendix 1

What other services are included in this plan?

Alongside the workforce outlined in page 2 of the plan, the following NHS services are included as they provide a service to people over the age of 18:

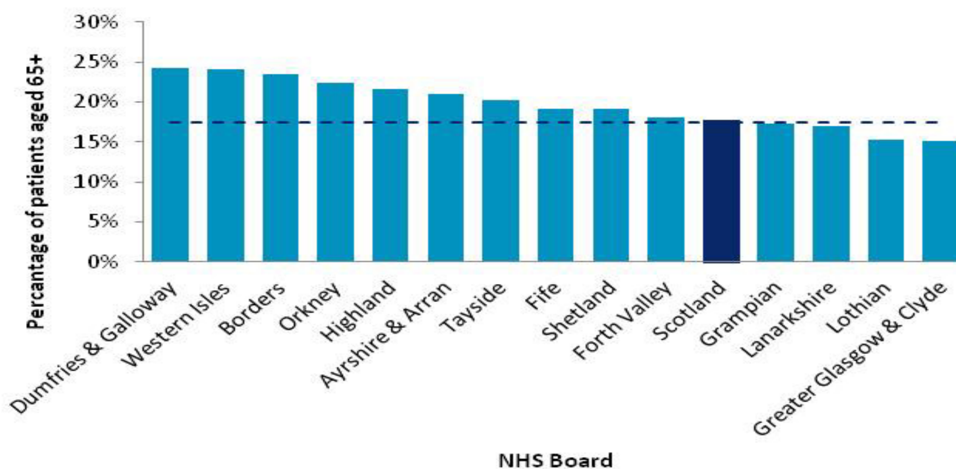
- Primary Medical Services and General Medical Services (including GP Pharmaceutical services)
- General Dental Services, the Public Dental Service
- General Ophthalmic Services
- General Pharmaceutical Services
- Out of Hours Primary Medical Services
- Acute Hospital Services

General Practitioners in Dumfries & Galloway (Headcount)

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Dumfries & Galloway	150	154	160	159	160	156	152	152	148	138	130
Male GPs	97	98	103	98	103	96	95	92	90	80	75
Female GPs	53	56	57	61	57	60	57	60	58	58	55

Overall number of General Practitioners in Dumfries and Galloway has decreased by 13% since 2006. The number of male GPs is down by 23% in the same timeframe and female GPs up by 4%.

General Practitioner Services
Percentage of GP Registered Patients aged 65+ by Board (source ISD)



Within the Independent and Third Sector the following services are included:

- Care at Home
- Care Homes
- Housing Support including Care and Repair
- New models of care and support including:
    - Re-ablement/Short term intensive support (care home and care at home)
    - Rapid response teams – call out support service, emergency call outs e.g. care call responder
    - Specialist dementia services
    - End of life
    - Palliative care
    - Night support services
    - Day services
    - Telehealth, telecare
    - Using technology to meet health and social needs of people for example the mPower project in Wigtownshire is part of a four years European funded project which aims to stimulate transformation in older people's services by enabling people to live well, safely and independently in their own homes, supported by a modernised infrastructure for healthy ageing. mPower will champion a preventative approach to care, supporting societal change by empowering more people to self-manage their health and care issues in the community and alleviating pressures on primary care services. This will include the development and deployment of Health & Wellbeing Plans supported by a Community Navigator role and the delivery of eHealth/technology such as Home and Mobile Health monitoring, Digital Health and Wellbeing Services and Apps, and Video enabled care consultations to enabled care interventions
    - Different models of housing e.g. very sheltered etc, communities, new models of tenancy
    - Support for carers and new models of delivering this type of support
    - Activities to support quality of life and life-long living for all
    - Respite
    - Holistic support for individuals with different health conditions/diagnosis regardless of their age
    - Transport
    - Volunteering, support and management of volunteers

Appendix 2

NHS Dumfries & Galloway

Workforce Statement

The detail provided in this statement is intended to capture the current workforce challenges in NHS Workforce in Dumfries & Galloway.

It does not focus on every job family but provides a snapshot of the areas where the most workforce change is being experienced.

a. Job family: Admin& Clerical, Support Services

In general the Board is having difficulty attracting high calibre candidates for specialist roles in e.g. Finance/HR/IM&T.

In some areas we are in competition for skilled staff with the Local Authority and at times differences in salary can impact on our ability to recruit to posts.

In IM&T at times we have to buy in staff with advanced skills in to support our small staff complement. This is due to the fast changing nature of the specialised skills.

Admin reviews have been concluded in some Directorates and are about to commence in others.

We are developing more generic administration models to achieve economies of scale rather than an admin resource being attached to one person, this has meant different ways of working for our teams.

Support Services

The impact of single room provision within the new DGRI has been addressed with additional domestic staff currently being recruited to.

b. Job family: Medical

Secondary Care: Consultant Staffing:

There are currently serious medical recruitment challenges within NHS Dumfries & Galloway that are supported by the use of locum medical staff resulting in significant

expenditure. We have over 30 consultant level vacancies, 20% of the consultant establishment.

In order to support services we have been looking at shared arrangements with other Health Boards, for example we have developed an arrangement with Greater Glasgow and Clyde regarding oral surgery/maxillofacial surgery whereby we have a shared consultant who provides services for us. This is proving to be an advantageous development, the larger centre in Glasgow has been easier to recruit to and offers more flexibility for cover. This means that we are able to provide an uninterrupted service as alternative consultants are sent down here in the absence of the usual consultant.

There are additional challenges of staffing smaller specialities e.g. ENT, Ophthalmology, Urology, Orthodontics and we are looking at other models across the UK where different service delivery models have been implemented to explore new and innovative ways of delivering sustainable services for our local population.

We currently have consultant vacancies in the areas below;

Acute Medicine, Anaesthetics, Cardiology, Care of the Elderly, Diabetes, ENT, Gastroenterology, Breast surgery, Haematology, Infectious diseases, Microbiology, Neurology, Ophthalmology, Orthopaedics, Pathology, Radiology, Rheumatology, Urology, Obs/gynae, Psychiatry

Acute services: Middle Grade staff:

We have traditionally had almost 50 Middle Grade and SAS doctors providing services within the acute services. They have made an exceptional contribution to the capacity of the hospital in both unscheduled care and elective care.

In Paediatrics there are not enough Training Grade doctors to provide a Middle Grade rota, our expectation had been to recruit Specialty Doctors to ensure that we have a sustainable rota. However with the advent of run-through training there is no mechanism for the production of non-training Specialty Doctors. This means we have had to employ a significant number of locums to maintain the out of hours shifts which is very expensive. We also anticipate challenges with middle grade rotas in Obstetrics due to a lack of specialty doctors in this area.

On multiple occasions we have been unable to fill the middle grade rota, and cover has then been provided by our consultants doing resident on call overnight shifts in the hospital which puts significant pressure and unsustainable workload pressure on the consultant workforce and is a financially unsustainable solution.

Some areas have developed an Advanced Nurse Practitioner model to help staff the middle grade rota. This usually works well in large units and allows there to be only one middle grade doctor on call.

Primary Care Medical Services:

In Dumfries & Galloway primary care medical services have traditionally been supplied by around over 130 GPs working across 35 practices.

It is important to note that as well as providing GMS services through practices, our GPs provide a number of other roles: These include the Out of Hours Service, input to community hospitals (8), input to A&E and ward care in the Galloway Community Hospital, sexual health, prison and police custody, community drug clinics etc. as well as some practices undertaking activity previously provided in secondary care (e.g. insertion of coils which then has to return to secondary care).

The current shortage of GPs has resulted in pressures on all of these services: Most noticeable has been in the Out of Hours Service where the service has been maintained by the use of locums, and by doctors who have recently retired from practices or are in their last few years of practice. Younger doctors are much more reluctant to provide shifts in the service, and it is highly likely that there will be increasing shortfalls in the Out of Hours Service. The Board has therefore started a programme of training Advanced Nurse Practitioners in primary care, having employed 4 trainee ANPs last year, with plans to train more in future years. The future role of these ANPs must be established now.

A survey taken in January 2016 suggested that 28% of the remaining doctors will retire in or by 2020 suggesting that the recruitment requirement for GPs within Dumfries & Galloway over the next 3 years is around 50. Current completion of training rates in D&G are around 6, not all of whom wish to join practices, or stay in the area. This therefore suggests that there will be a critical loss of traditional General Practice services, and associated services as detailed above within the next 3 years.

Much has been made of the possibility of using other professionals in providing primary care services. We are supportive of the development of Advanced Nurse Practitioners, Pharmacists, Mental Health Workers, AHPs and psychologists to form an expanded primary care team with the GP working as the “expert generalist”.

c. Job family: Dental

Access to NHS Dental Services in Dumfries and Galloway has significantly improved in recent years. 86% of the population are now registered with an NHS dentist and several practices across the region are accepting new NHS patients. However, following what has been a relatively stable period within the dental labour market, there does now appear to be signals of challenge in recruitment and retention of dentists within remote and rural areas more generally and there is some indication of this in Dumfries and Galloway. This is despite recent national workforce reports which estimate that the supply of dentists is forecast to exceed the number required to maintain current registration rates. It is possible that these changes may be in

part be due to the impact of Brexit reducing the number of dentists wishing to relocate to the UK or leaving due to the current levels of uncertainty over Brexit. 45% of our current Independent Dental Contractor workforce are from the European Union.

A significant proportion of orthodontic services are provided in primary care with the more complex cases accessing the local Consultant Led Orthodontic Service. This has historically been a single handed Consultant Service and the local Consultant left the service in 2017. The Consultant led service is currently being provided by locum consultants in collaboration with the Associate Specialist in orthodontics. The recruitment of Consultants in Orthodontics is challenging.

Changes and Developments

A recruitment and retention action plan to support a sustainable Independent Dental Contractor workforce within Dumfries and Galloway is in development. A paper on remote and rural recruitment and retention has been submitted to the Chief Dental Officer.

Discussions with other NHS Boards are ongoing to explore a collaborative approach to provision of the Consultant Led Orthodontic Service.

d. Job family: Nursing & Midwifery (Adult, Children, LD, Midwifery, Mental Health)

Risks & Challenges

In Children's Nursing there are challenges to recruitment due to there being no post-registration for the Paediatric Nursing Qualification training for staff to access in Scotland which is similar to Community Children's Nursing where there is a lack of specialist post-registration training in Scotland.

Within community nursing and cottage hospitals there had been difficulties recruiting to Registered Nursing posts across all bands, however this appears to have reduced. This is primarily an issue of rurality in the remote areas of Upper Nithsdale, the Esk Valley and Wigtownshire. More senior posts, AfC Band 6 and above are sometimes a challenge.

In Midwifery there is a risk at local and national level around the supply of Sonographers and Midwife Sonographers.

With increasing development of community based mental health services to replace traditional bed based models of care this may present challenges in recruitment to expanding community teams.

Within Community Health and Social Care we are working alongside the Third and Independent Sector to provide care and support at home or in a homely setting. Encouraging young people to stay in the localities of Dumfries and Galloway is important to maintaining these services.

In all areas of nursing there are concerns about the demographics of the existing workforce. There are specific challenges in mental health where there are a significant number of mental health nurses who reach retirement age, with mental health status, within the next 4-5 years. A number of these posts are at a senior level, Bands 6, 7 and 8, posing challenges with the loss of very experiences nurses across all teams.

The age profile of Dumfries and Galloway is well known, our increased ageing population and declining workforce population is a significant risk to ensuring that people are well cared for and supported, for as long as possible at home or in a homely setting. This is further impacted by the geographical spread of Dumfries and Galloway and providing an equitable, safe service can be challenging.

There is a risk/challenge to service provision due to retirements across services with the loss of a body of knowledge, skills and experience.

There are also increasing numbers of nurses with family carer responsibilities which can add additional pressure on the service and to individual staff. Demographics of the population using our services also presents increased challenges in relation to the skills and competencies required within the workforce. For example, increasing numbers of older people with co-morbidities, complex health and social care needs and dementia.

Changes & Developments

The transition to the new District General Hospital in Dumfries in December 17 and the impact of single rooms has been the focus of change in acute services.

Work has been undertaken across nursing, but particularly within acute services to develop the Advanced Nurse Practitioner model to support medical service provision.

In Midwifery, the implementation of the Best Start Five Year Forward Plan for Maternity and Neonatal Care has the potential for substantial impact on the workforce in terms of shift patterns and models of working. Plans are also in place to look at skill mix and ratios of Midwives to Maternity Care Assistants

Within Community Health and Social Care the development of integrated teams will potentially radically change the current workforce skill mix. The aim is to have a workforce which spans boundaries, reaching across the partnership structures to build upon existing relationships, interconnections and interdependencies. This work will potentially result in the creation of new roles with a focus on supporting

integration, reducing duplication and ensuring efficient and effective working with and for people in our communities.

Significant progress has been made in commencing a programme for increasing the mass of Advanced Nurse Practitioners in the community. This work sees Dumfries and Galloway joining forces with Ayrshire & Arran, Lanarkshire, NHS24 and Greater Glasgow and Clyde in an Academy approach. This programme is set to continue at pace, with a need to further increase this mass of ANPs for the future provision of 24/7 care in the community.

In Health Visiting it has been identified nationally that there is no Band 5 Staff Nurse role within the health visiting workforce as all core contacts within the new Health Visiting Pathway are carried out by the Health Visitor. This is similar to the review of School Nursing where changes to their role may have an impact on current staff and how we deliver that role in future.

Children's Nursing Services are reviewing the local staffing model to meet the needs of service deliver and reviewing nursing roles within the Community School Health Service in light of the challenges of recruitment to the Community Paediatrician post. Achievement of Psychological Therapies HEAT (**H**ealth **I**mprovement, **E**fficiency, **A**ccess to Services and **T**reatment) Target is supported by NES increasing the capacity within the workforce through training, and by development of supervision structures to support evidence based practice. CAMHS were unable to access training places in 2016-17 having been affected by changes within the staff group, vacancies and a reduction in posts. The staffing situation remains challenging, nevertheless needs monitored and progress with PT training in the coming two years needs to be a priority. Work is underway to test the Advance Paediatric Nurse Practitioner role to support hotspots in the medical rota and reviewing roles within acute and community Paediatric Clinics with a view to appropriate roles within clinics.

Within Community Mental Health Nursing teams and the Crisis Service, there have been adjustments made to skill mix to allow the opportunity to develop Healthcare Support Worker roles. Within the crisis service, a small number of registered nurse posts have been replaced with Band 3 Senior Healthcare Support Worker post. There are planned developments of Advance Nurse Practitioner roles which will initially focus on out of hours and crisis services and in-patient services. New competency frameworks and job descriptions have been developed for Band 2 and 3 Health Care Support Worker roles in mental health which allows opportunities to create capacity for registered nurses to focus on assessment and delivery of specialist interventions.

Currently there are dementia training programmes delivered jointly by the Dementia Nurse Consultant, the IDEAS (Intervention for Dementia Education, Assessment & Support) Team and the University of the West of Scotland (UWS). STORM ® Training for suicide prevention is also delivered in partnership with UWS. A joint approach to

education initiatives is an area that requires further development. Consideration is also being given to the development of a forensic service in mental health.

The Specialist Drug and Alcohol Services (SDAS) redesigned the staffing template in 2015/2016, strengthening the role of Healthcare Support Workers in the team, and optimising leadership skills in registered nursing roles. Shared care and recovery orientated systems of care will require ongoing testing and modelling to optimise effectiveness and efficiency"

Prison Healthcare has seen the development of leadership roles to support the Healthcare Manager, and clinical developments will be focussed on the recommendations made in the Healthcare in Prisons Report (Scottish Government 2017).

e. Job family: Allied Health Professions

Risks & Challenges

There are multiple vacancies across all fields with increasing difficulty in recruitment. This is particularly evident in more senior grades with difficulty in attracting and in some cases retaining staff. Inability to sell house elsewhere/ relocate spouse appears to be having an impact.

There are a range of services with significant number of fixed term contracts which is making this situation more acute.

All services are operating on a high level of staff over the age of 50 with lack of ability to recruit into their backfill this could result in a significant loss of expertise over the next few years.

We have been working with the HEIs although at the moment the impact of this is very little. Indeed we struggle to be able to interest students in placements from Universities other than Cumbria to take up offer of placement locally. It is considered that the lack of free accommodation and the lack of arrangement for funding support for placements is impacting upon this. A new agreement coming into place in 2017/18 will mean that the course fee for any Scottish Resident studying outside Scotland will not be paid by Scottish Government except in the form of a loan. This will impact on local students heading to Cumbria and may have a twofold reduction in placements and also returners to the area post study. However the arrangements will support funding for placements which may negate some impact.

f. Job family: Healthcare Science

Risks & Challenges

Recruitment for qualified staff is a challenge within Healthcare Science. In Biomedical Science the recruitment to Band 6 and above posts within the individual science disciplines is a challenge. There many senior staff retrials forecast, efforts are being made to recruit to these posts but with little success.

In-house leadership and management training courses are being delivered for Band 6 staff to provide ongoing sustainability. This will allow a better spread of management responsibility throughout laboratory services and retention of staff.

Changes & Developments

In Histopathology a skill mix adjustment has been completed with the introduction of Band 4 Associate Practitioners and Band 2 Support Staff. Band 6 staff now undertake more dissection to address service challenges. Working hours are being reviewed and there has been an implementation to a shift system in Blood Sciences and an extended working day in Microbiology.

Healthcare Support Worker roles are being reviewed and utilised in a more productive manner with the advancement of technology.

There has been local collaboration with Glasgow Caledonian University to support the training of future Biomedical Scientists through integrated degree programmes.

Medical Physics have introduced a Band 4 role to provide practical experience on site and aim to collaborate with further/higher education institutes to support academic development.

Clinical Physiology integrated model combines respiratory and cardiology services. This service has had to review the skill mix introducing a Band 4 role to help with the workload generated from respiratory as after numerous attempts they were unable to recruit to a Physiologist post.

g. Job family: Other Therapeutic (Psychology, Pharmacy)

Risks & Challenges

Psychology jobs are often hard to recruit to, particularly if they are temporary or part-time mainly because applicants would have to relocate to take up posts here and there are few Psychologists suitably qualified living within commuting distance of NHS D&G that are not already within our workforce. Band 8A posts in all specialties are hard to fill. Clinical Psychology posts in Older Adults and Learning Disabilities are difficult posts to fill unless they are permanent posts of high grade. NES (NHS Education Scotland) have recruited trainees specifically aligned to specialties such as Older Adults and Learning Disabilities but these trainees tend to want to remain in the central belt.

The workforce in Adult Mental Health Psychology struggles to meet demand leading to a breach of the Waiting Time Guarantee performance standard. Some areas have waiting lists of up to 12 months and with a vacancy yet to be filled the waiting time is likely to grow.

Adult Mental Health Psychology is a challenging area to work in and staff often request to reduce their working hours to allow for better home/life balance, to accommodate carer needs or to reduce workload. This reduces the available workforce as small amounts of hours can not be recruited to.

Improving Access to Mental Health funding allocated by Scottish Government to NHS D&G is for years 2016-2020. Posts have been advertised on a fixed term basis as funding in future years is not guaranteed. Whilst we have been able to recruit to Band 5-7 posts, the Band 8A in Older Adult Psychology is still vacant.

In Pharmacy there are significant local and national risks around the Pharmacy Technician workforce. Recruitment is challenging as there are simply not enough technicians qualifying. In addition Scottish Government funding to resource pharmacy staff to support GP practices is pulling both pharmacists and technicians from hospital service with difficulties replacing. Due to geography it can be difficult to recruit to Band 7 and above posts externally. We will explore options to attract wider UK and International applicants to work in the region in these senior pharmacy posts.

Changes & Developments

In Psychology skill mix is always considered and is part of ongoing review when posts become vacant. Using skill mix is a risk as this can create imbalance with too few higher grade staff to supervise others or see complex cases, leading to long waits or increased staff stress in higher grade staff groups. Currently the Psychology Service are trialling a Band 7 Specialist Psychological Therapist role to run a liaison service with primary care to reduce referrals and manage complex cases more successfully. Success of this project may lead to other Band 7 posts for other localities.

In Pharmacy it is expected that there will be an increased requirement for Pharmacy Technicians going forward both in hospital and primary care. There is a requirement to support GP practices at an advanced level. Possibility of highly specialist independent prescribing pharmacist role to support clinical services e.g. haematology which will pull from current service. The service are working with NES to develop training packages.

Appendix 3

Dumfries and Galloway Council

Workforce Planning Statement

Social workers are professionals who help support and protect people who are vulnerable and at risk. They work with people who are experiencing social and emotional problems and their families if they are affected.

Depending on individual needs, a social worker may arrange services such as home care assistance or hospital treatment.

This is reflected through key statutory roles in respect of Adult Support and protection and the provision of care and support through a number of key pieces of legislation and the need to have appropriate levels of staffing and capacity to fulfill these statutory duties.

- Social Work Scotland Act 1968
- Self- Directed Support (Scotland) Act 2013

Social Work services are clearly focussed on developing new care models and new ways of joint working, informed by adults using services and by the workforce. A need to further shift the culture towards self-directed support and empowerment is required.

Social Work Services are within the Children, Young People and Lifelong Learning directorate (CYPLL). Adult social work services whilst delegated to the Health and Social Care partnership have professional oversight from the Chief Social Work officer (CSWO).

Key Challenges

There are significant pressures in balancing improvement and early intervention whilst facing increases in service demand at a time of continued fiscal constraint.

Integration has increased the responsibilities for Social Work Services and the CSWO particularly through an increased requirement for representation on strategic groups. CSWOs remain instrumental in providing professional advice and support for social workers as well as maintaining and supporting effective approaches to professional development and governance.

The challenges for the social work service are significant, as are the opportunities to work differently and more sustainably through earlier intervention and a holistic approach to providing care and support. Whilst we recognise the benefits which can

be achieved we need to recognise the effort required ensuring resilient and high quality services and a skilled and valued workforce.

The role of the service has never been so vital and it requires demonstrating, and is supported by, strong and effective leadership both locally and nationally.

Resource Pressures/Challenges in respect of delegated adult services

- Increasing financial pressures and meeting increased demand/public expectation
- Integration requires a meaningful transfer of resources from acute health services to community-based health and social care
- Balancing early intervention/prevention whilst meeting current need
- Implementation of living wage
- Rising complexity of need in adults and older people
- Pressure on care at home services – demand outweighing supply – but also some reports of financial and staff investment in these services
- Self-Directed Support (SDS) challenging to deliver in time of financial pressure
- High pressure areas are older people, adults with learning difficulties, care at home and care home services

Future Requirements

We predict a significant challenge in the years ahead in recruitment and retention to social work services. There is a National shortage of Social Workers with a drop of nearly 32% over the past five years of students completing the course, additionally there has been a drop in the number of students applying to join the profession, and this is being monitored by the Scottish Social Service (SSSC) our professional body. We historically experience difficulties in recruiting to D& G and indications are this will continue to be a challenge for us particularly in the west of the region. Our third sector providers have similar levels of challenge with recruitment and retention.

We need to recognise the significant impact on service delivery as a consequence of the changes in legislation and the statutory duties imposed from central government. There are some significant changes planned, however, it is difficult to predicate the impact for the service both in terms of service delivery, but also the impact on resource.

- Service redesign is underway– driven both by efficiencies and resource constraints
- Implementing legislative changes and integration is generally challenging
- Good evidence of new delivery models to support early interventions and to deliver SDS (planning/commissioning improvement activity evident)
- LAs thinking about new Carer Act and its implementation/impact

- Recruitment and retention remains a significant issue for social work services – particular rural issues. We are conscious of the need to overcome barriers to successful recruitment, especially to posts in the more remote parts of our region.
- We make every effort to ensure we retain and fully develop the potential of high performing and promising workers, creating career paths and promotional opportunities wherever possible.
- Significant increase in workload and challenges for staff in relation to structure/line management changes as a result of integration
- We are continuing to try to create and maintain stability in the still fairly new structure. At the same time, we remain under pressure from the Local Authority overall to consider carefully all requests for ERVS and to try our best to facilitate these wherever possible.
- Levels of demand for social care remain high, we are committed to maintaining a guaranteed level of frontline staff to ensure we are sufficiently resourced to effectively respond to need and manage risk.