



WORKFORCE STRATEGY

2019 – 2022

Approved at IJB Meeting on 20 December 2018

1 INTRODUCTION

- 1.1 Our vision in Fife is to deliver accessible, seamless, quality services and support that are personalised and responsive to the changing needs of individuals, designed with and for the people of Fife. We work with people in their own communities, using our collective resources wisely. We are transforming how we deliver services to ensure they are high quality, safe, effective and based on achieving personal outcomes.
- 1.2 We believe our workforce is our greatest asset. We will only achieve our vision if we ensure we have a workforce that is equipped with the professional skills, knowledge and personal capabilities to deliver the best health and social care outcomes for the people of Fife. This strategy sets out our workforce planning framework between 2019 and 2022 and articulates the key challenges we face in working with our employees to ensure we have a competent and confident workforce.
- 1.3 The current national context for Health and Social Care recognises the need to develop an integrated and flexible care model that will be fit for the future as the models of service delivery changes. These also need to meet the technological and demographic challenges faced by the clients we serve and also in relation to our workforce. National funding commitments have been made to support this vision by investing an increasing proportion of the budget in primary, community, mental health and social care services. In addition the publication of Parts 1, 2 and 3 of the National Workforce Plan provides a framework within which to develop and support our workforce planning arrangements.
- 1.4 The Strategic Plan for Fife puts a community focused, person-centred approach at the heart of service design and recognises that we need to ensure we have a workforce that feels engaged, competent and confident in delivering these. It is recognised that NHS Fife, Fife Council and all other partners will have existing workforce strategies, procedures and activities in place for their respective workforces. The NHS regional agenda will have an impact on how the organisation tackles specific workforce issues. Similarly, Fife Council and community partners will be conscious of the outcomes required as part of the Plan for Fife and their impact on workforce strategy within the Partnership. These, and a host of other key drivers, will underpin the workforce strategy which will focus on the joint activity required by the Health & Social Care Partnership reporting to the Integration Joint Board, whilst recognising the impact and importance of individual organisational strategies in addressing specific workforce challenges.
- 1.5 The Integration Joint Board recognises the challenging landscape across health and social care in Fife, with increasing demand linked to a significant projected demographic change alongside a reduction in resource across all organisations charged with delivery of services. Partners recognise that operational delivery of this Workforce Strategy will require an integrated approach to maximise available resources to ensure we achieve best value for the people of Fife. The Integration Joint Board is committed to continuing to build capacity for participation and engagement and has published a strategy setting out the principles that will underpin the Partnership's working practices in this area.

1.6 The ongoing integration of health and social care necessitates transformational change across the complex organisational landscape of multi-disciplinary and multi-agency stakeholders. This transformation requires the support of a range of organisational development (OD) interventions to enable our people and organisations to navigate this significant change. Developing relevant and focused OD activities will be a key support to the implementation of the plan and will require to take into account the desired outcomes and also the resources available. It will be necessary to adopt an iterative approach developed in consultation with operational services, to ensure that any activities are relevant and in line with the agreed priorities detailed within the Action Plan.

2 WORKFORCE VISION, VALUES AND PRINCIPLES OF HEALTH AND SOCIAL CARE PARTNERSHIP

Vision

2.1 Fife Health & Social Care Partnership makes a commitment to putting people at the centre of everything we do, and using our shared values to guide our work, the decisions we take and the way we treat each other. We promote fairness and take pride in delivering quality services for the people of Fife.

Values

2.2 The workforce values shared across the Partnership are:

- Treat people with care, compassion, dignity and respect.
- Work together in an inclusive and positive way.
- Be open, honest and take ownership.
- Take pride in what we do.

Principles:

2.3 The principles that guide the way our workers deliver services are:

- Services that are person focused, locally led, and which ensure no one is left behind.
- Services that are delivered with care, respect and inclusion.
- Services that are integrated, making best use of local, regional and national resources.
- Services that are innovative and utilise new technology.
- Empowering service users, patients, carers and staff to work together for better health outcomes.

2.4 Our workforce is aligned to deliver these principles.

3 STRATEGIC PLANNING AND THE WIDER PARTNERSHIP

Strategic Plan

- 3.1 The Strategic Plan clearly sets out the mission of the Health & Social Care Partnership to work with people in their own communities, using collective resources efficiently and effectively. It is transforming how services are delivered to ensure these are safe, effective, high quality and based on achieving personal outcomes.
- 3.2 The Workforce Strategy is aligned to the Strategic Plan for Fife and sets out the values, priorities, challenges and monitoring that underpin our approach to ensuring we have a collective workforce equipped to deliver the high quality services expected by the people of Fife.
- 3.3 The Scottish Government have set out nine health and social care outcomes that are common to all Partnerships in Scotland. These are listed in Appendix 1.

Clinical Strategy

- 3.4 The Clinical Strategy outlines how we would shape delivery of healthcare in Fife. It is our response to the changing needs of a rising and ageing population. The Strategy was developed over several months and followed extensive consultation and input from senior clinicians, patients and their carers, partner organisations and the general public.
- 3.5 Improvements in healthcare mean people are living longer but often with chronic and complex conditions. The population of Fife is expected to rise by 32,000 over the next 20 years and chronic conditions such as dementia, heart disease and diabetes are on the rise; yet innovations in medicine and social care practices mean many more conditions can be successfully treated without the need for a hospital stay.
- 3.6 Fife's Clinical Strategy reflects the Scottish Government's National Clinical Strategy and is underpinned by a number of principles that serve to provide a clear statement of purpose for those who use our services. The Principles of the Clinical Strategy are listed in Appendix 2.
- 3.7 The Clinical Strategy features a number of key recommendations including the establishment of Community Hubs, where people can access information and care from a variety of organisations including health, social care, housing and voluntary services, more treatments taking place as close to home as possible, increased emphasis on prevention and health improvement from a young age and greater use of new and emerging technologies.

Plan for Fife

- 3.8 Fife Council has identified four priority themes to direct work to 2027 through its 'Plan for Fife'; Opportunities For All, Thriving Places, Inclusive Growth and Jobs and Community Led Services. Within Community Led Services the focus is on collaboration across different sectors, helping people do more for themselves

and putting communities and service users at the heart of how the Council and partners design services. The 'Plan for Fife' sets out the range of challenges, delivery mechanisms and performance framework to achieve a 'Fairer Fife'. The work of the Partnership will support the Council to achieve the targets set out in the plan.

Financial Strategy

- 3.9 The Financial Strategy for the Partnership is currently being drafted for the next three years and will be underpinned by and dovetail with all other strategies including the Workforce Strategy. The financial strategy will focus on financial sustainability over the next 3 years. The creation, delivery and implementation of a sustainable workforce strategy is underpinned by a financial strategy and a financial strategy is partially shaped by a successful workforce strategy.

Regional Plan

- 3.10 The Chief Officers of the 6 Integration Joint Boards within the East Region of Scotland have created a collaborative group committed to working on agreed projects for the wider benefit of the Fife, Lothian and Borders areas. These include work packages on Collaborative Commissioning, Mental Health, New Models of Working and Realistic Care. Where possible finding solutions to the common health and social care challenges facing the whole of the East of Scotland is being addressed together through sharing of current ways of working, exploring potential service changes and ways to improve care for all local communities. Examples of regional work already in place includes work to reduce and reverse Type 2 Diabetes, transforming Dementia Care, improving access to Child and Adolescent Mental Health Service (CAMHS), supporting the roll out of the new GP contract and training more staff in 'Advanced Practice Academies' using agreed regional/national standards to extend and expand their scope of practice to further support our local medical teams.

4 GOVERNANCE, ASSURANCE AND PROFESSIONAL STANDARDS

Professional Regulation

- 4.1 The Health and Social Care Partnership are committed to supporting staff to fulfil professional and regulatory requirements of their roles. This includes working closely with the regulators to support application of standards required by professional bodies and also proactively support external inspection to assure standards of care. This serves to protect the public and provide assurance regarding the standards and conduct expected from these professions. The specific regulatory responsibilities for the professions are outlined below:
- 4.2 **Social Care:** All social care employers are subject to regulation through the Care Inspectorate. Care services cannot operate unless they are registered with the Inspectorate, who inspect and evaluate the quality of care they deliver. As such all statutory and non-statutory social care employers within the Fife Partnership providing regulated care services are bound by the Scottish Social Services Council (SSSC) Codes of Practice.

- 4.3 **Medical Regulation:** The Medical Act 1983 sets out the General Medical Council's (GMC) mandate to protect patients and improve medical education and practice across the UK. The Act's statutory functions include setting the standards for doctors, overseeing medical education and training, managing the UK medical register, investigating and acting on concerns about doctors and helping to raise standards through revalidation. Doctors are primarily accountable to the GMC. The GMC is the regulatory body for all medical practitioners. All qualified doctors and medical staff must be registered and hold a licence to practice with the General Medical Council in order to work as a medical practitioner in the UK. The professional standards expected of a doctor are outlined in 'Duties of a Doctor' guidance which has four domains: knowledge, skills and performance; safety and quality; communication, partnership and teamwork; maintaining trust. All doctors with a licence to practice submit an annual retention fee and are required to revalidate every 5 years which requires recommendation of the Responsible Officer which is usually the Medical Director.
- 4.4 **Nursing and Midwifery Regulation:** The Nursing and Midwifery Council (NMC) is the regulatory body for Nursing and Midwives. All qualified nurses and midwives must be registered with the NMC. The professional standards expected of Nurses and Midwives are defined by the NMC in "The Code" which is structured around four themes: Prioritise People; Practise Effectively; Preserve Safety; Promote Professionalism and Trust. Following entry on the NMC register nurses and midwives are required to submit an annual retention fee and complete a process of revalidation every three years. This provides assurance that nurses and midwives keep their skills and knowledge up to date and uphold the professional standards.
- 4.5 **Allied Health Professionals:** All Allied Health Professionals (AHPs) must be registered with the Health and Care Professions Council (HCPC) in order to practice. The HCPC regulates all qualified practitioners. The HCPC sets standards for the professions they regulate and publish and maintain a register of those who meet these standards. In addition each individual profession has their own professional association which leads on professional and educational activity for their registrants. Allied health professionals within the Health and Social Care Partnership include the following Art Therapists; Dietitians; Physiotherapists; Podiatrists; Occupational Therapists; Music Therapists; Speech and Language Therapists.
- 4.6 **Pharmacist, Dentist, Optometrist and Psychology Regulation:** Other professional staff groups incorporated within the Health and Social Care Partnership include pharmacists, dentists, optometrists and psychology staff. These include directly employed staff within these areas and also liaison with the independent contractors within these fields. All of these staff are required to be appropriately qualified and registered with their relevant professional bodies and to abide by their codes of professional conduct.

Professional Assurance Within the Health and Social Care Partnership

4.7 There are key roles including Designate Chief Social Work Officer, Associate Medical Director, Associate Director of Nursing, Associate Director of Allied Health Professionals and Director of Pharmacy who all support governance, assurance and professional standards as described within this section of this strategy with clear lines of accountability to the respective Executives in the partner organisations. The means in which this assurance is supported is described below:

4.8 **Social Care:** The Scottish Social Services Council (SSSC) Codes of Practice requires the organisation to:

- Make sure people are suitable to enter the workforce and understand their roles and responsibilities.
- Have written policies and procedures in place to enable social service workers to meet the SSSC Code of Practice for Social Service Workers.
- Provide training and development opportunities to enable social service workers to strengthen and develop their skills and knowledge.
- Put in place and implement written policies and procedures to deal with dangerous, discriminatory or exploitative behaviour and practice.
- Promote the SSSC's Codes of Practice to social service workers, service users and carers and co-operate with the SSSC's proceedings.

4.9 **Medical Professional Assurance:**

- Good medical practice guidance describes the professional values and behaviours expected from any doctor registered with the GMC. Doctors are professionally responsible to the Medical Director via the professional managerial structure including delegated responsibilities to the Associate Medical Director. Within the Health and Social Care Partnership this includes Consultant and specialty grade doctors in psychiatry, palliative care, medicine for the elderly, rheumatology, sexual and reproductive health, genitourinary medicine along with some directly employed GPs.
- Medical students are placed from University of Edinburgh, St Andrews and Dundee Universities and there are certain standards required. The Director of Medical Education in NHS Fife is responsible for the quality of training and approval of trainers (usually consultants and GPs) who must be trained as supervisors. All medical staff who wish to gain a specialist or GP registration complete a period of postgraduate training which allows them to work unsupervised as a specialist or GP.

4.10 **Nursing, Midwifery and Allied Health Professional Assurance Framework:**

- This framework sets out how the Director of Nursing provides assurance on the quality and professionalism of nursing, midwifery and Allied Health Professional care. The framework provides evidence that structures and

processes are in place to provide the right level of scrutiny and assurance across all nursing, midwifery and AHP services. This provides explicit and effective lines of accountability from the care setting to the NHS Board and through to the Chief Nursing Officer which provide assurance on standards of care and professionalism.

- The Professional Assurance Framework focuses on 4 Primary Drivers: 1) Practitioners are equipped, supervised and supported according to regulatory requirements, 2) There is dispersed leadership which focuses on outcomes and promotes a culture of multi-professional parity and respect, 3) There is clear accountability for standards and professionalism at each level and upwards to the board, 4) The Board has a clear understanding about the quality of the nursing, midwifery and AHP service.
- The Associate Directors of Nursing and Allied Health Professionals holds delegated responsibility from the NHS Fife Board Director of Nursing to ensure that robust professional assurance processes are in place for Nursing and AHPs. Any issues are escalated accordingly in order to allow NHS Fife Board to be able to make sound decisions regarding quality assurance and patient safety.

External Scrutiny

4.11 The expectations of services across health and social care are set out within the Health & Social Care Standards published by Scottish Government. The Standards apply to the NHS, as well as services registered with Healthcare Improvement Scotland and the Care Inspectorate.

4.12 The Health and Social Care Partnership are committed to working with authorities that regulate services and value this external scrutiny to provide assurance to the public that services are meeting the required standards of care. This provides the opportunity to highlight good practice and assure that areas for improvement are addressed. This links to staff governance and also clinical and care governance.

4.13 Examples of external scrutiny includes:

- Healthcare Improvement Scotland (HIS) regulating hospitals and clinics through both announced and unannounced inspection programmes. Future methodology will be based on the “Quality of Care Approach” designed to deliver quality assurance and drive improvement activity.
- The Mental Welfare Commission undertake regular local and themed visits to inpatient areas which are publicly published in their website.
- All social care employers are subject to regulation through the Care Inspectorate. Care services cannot operate unless they are registered with the Inspectorate, who inspect and evaluate the quality of care they deliver.
- Significant events may also lead to scrutiny such as adult and child protection or the Health and Safety Executive.

Staff Governance

4.14 The Health and Social Care Partnership has strategies in place to outline commitments to both clinical and financial governance. Good staff governance underpins the Workforce Strategy as a vital part of our commitment to all of the staff who work within the Health and Social Care Partnership in Fife.

4.15 NHS Scotland has a staff governance standard that applies to NHS Boards. As part of supporting a healthy organisational culture within the Health and Social Care Partnership which embeds our values and supports an engaged and empowered workforce we would aspire to ensuring all staff are:

- Well informed.
- Appropriately trained and developed.
- Involved in decisions.
- Treated fairly and consistently: with dignity and respect, in an environment where diversity is valued, and
- Provided with continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

5 WORKFORCE PROFILE

Overview

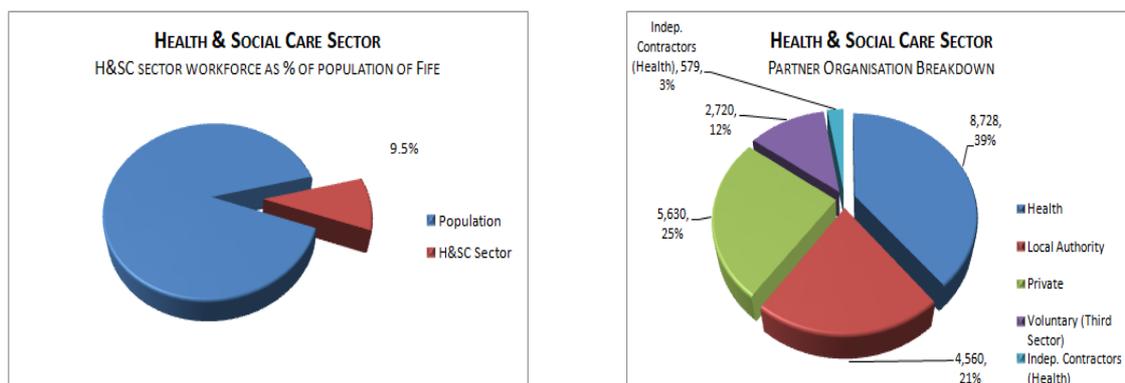
5.1 Part two of the National Health and Social Care Workforce Plan, published by the Scottish Government in December 2017, highlights the challenges in analysing workforce data within the Health and Social Care Sector.

5.2 Historical structures and approaches to service delivery within the Sector have meant that while workforce data is available, our ability to integrate and analyse this data beyond a high level overview is limited. One of the priorities identified within the national plan was to support the collation of integration Health and Social Care Workforce Data to facilitate Workforce Planning both locally and nationally. Drawing on the work of the Scottish Social Services Council (SSSC), the Care Inspectorate and NHS Scotland, the aim is to enable a wider, whole system approach to workforce planning that will be required to support the delivery of integrated health and social care services in the future.

5.3 Obtaining accurate information on the Third Sector, an umbrella term used to encompass charities, social enterprises, voluntary organisations and community groups, is more challenging. This section focuses on information published by the SSSC in 2018. The SSSC focused on employed positions that required registration (predominantly registered care and care at home providers), and therefore under estimated the size of the paid workforce within the Third Sector. Further information on this sector, which provides a vital role in supporting the Partnership's priorities, is incorporated at the end of this section.

Health and Social Care Sector

- 5.4 Combining the SSSC Workforce Report for 2017, published in August 2018, with NHS Fife's workforce data provides a high level overview of the workforce in the Health & Social Care Sector within Fife, from which certain indicators can be identified.
- 5.5 As at 31 December 2017, over 22,200 employees and contractors were engaged in the Health and Social Care Sector within Fife, representing more than 9.5% of the 16-64 age range population. The single largest employer was NHS Fife (39%), followed by Private Sector organisations (25%), and Fife Council (21%).



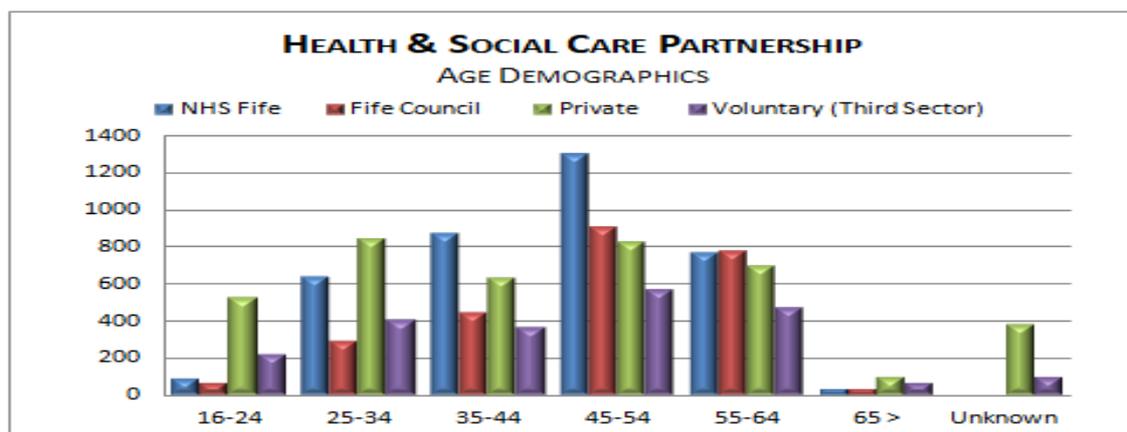
- 5.6 While NHS Fife may be the largest single employer within the sector in Fife, they do not provide the full range of health services. Due to the contractual arrangements applied within NHS Scotland, with a number of professions retaining independent contractor status, there were nearly 600 contractors providing key health services within the Primary Care setting including general practitioners, dentists, community pharmacists and optometrists.
- 5.7 In addition, the SSSC Workforce Report provides an indication of the size and scope of the private and Third Sector, which combined accounts for 37% of the collective workforce within the Sector. At the end of 2017:
- 978 Employers provided care services within Fife.
 - 630 were private sector employers.
 - 133 were voluntary, not for profit, employers.
 - 215 are within the public sector.

Fife Health and Social Care Partnership

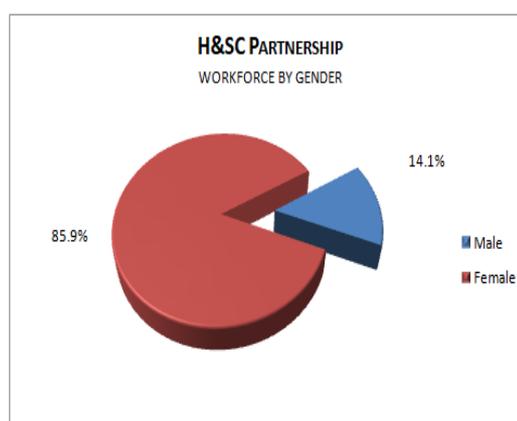
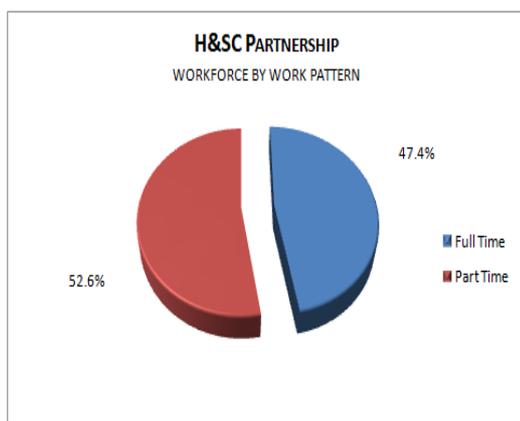
- 5.8 Out of the 22,200 workers engaged in the Health & Social Care Sector, employees engaged within services overseen by the Partnership account for approximately 13,000 workers.
- 5.9 The significance of the role played by the private and Third Sector organisations in registered care provision within Fife is emphasised by the size of the combined workforce and number of care providers within services overseen by

the Partnership. With over 6,200 employees, these providers represent nearly 48% of the total workforce resource. There were 91 private sector organisations registered within Fife who deliver these services.

5.10 The age demographic of the workforce within the Partnership is consistent with that engaged across the sector within Fife. When comparing partner organisations, the table below highlights the apparent ability of the private sector to attract younger workers aged between 16 and 24 however there remains a bulge in the age demographic breakdown within the Partnership towards those within the age range 45-54.



5.11 As at 31 December 2017, 6,226 employees were engaged on a part time work pattern (52.6%), and with 10,725 females engaged in partner organisations across Fife, females accounted to 85.9% of the collective workforce within the Partnership.



Note: data accurate as of December 2017.

5.12 In comparison to the profile across the Health and Social Care Sector, there are certain important workforce planning considerations identified from a review of the available workforce data published on employees engaged in services overseen by the Partnership. These include:

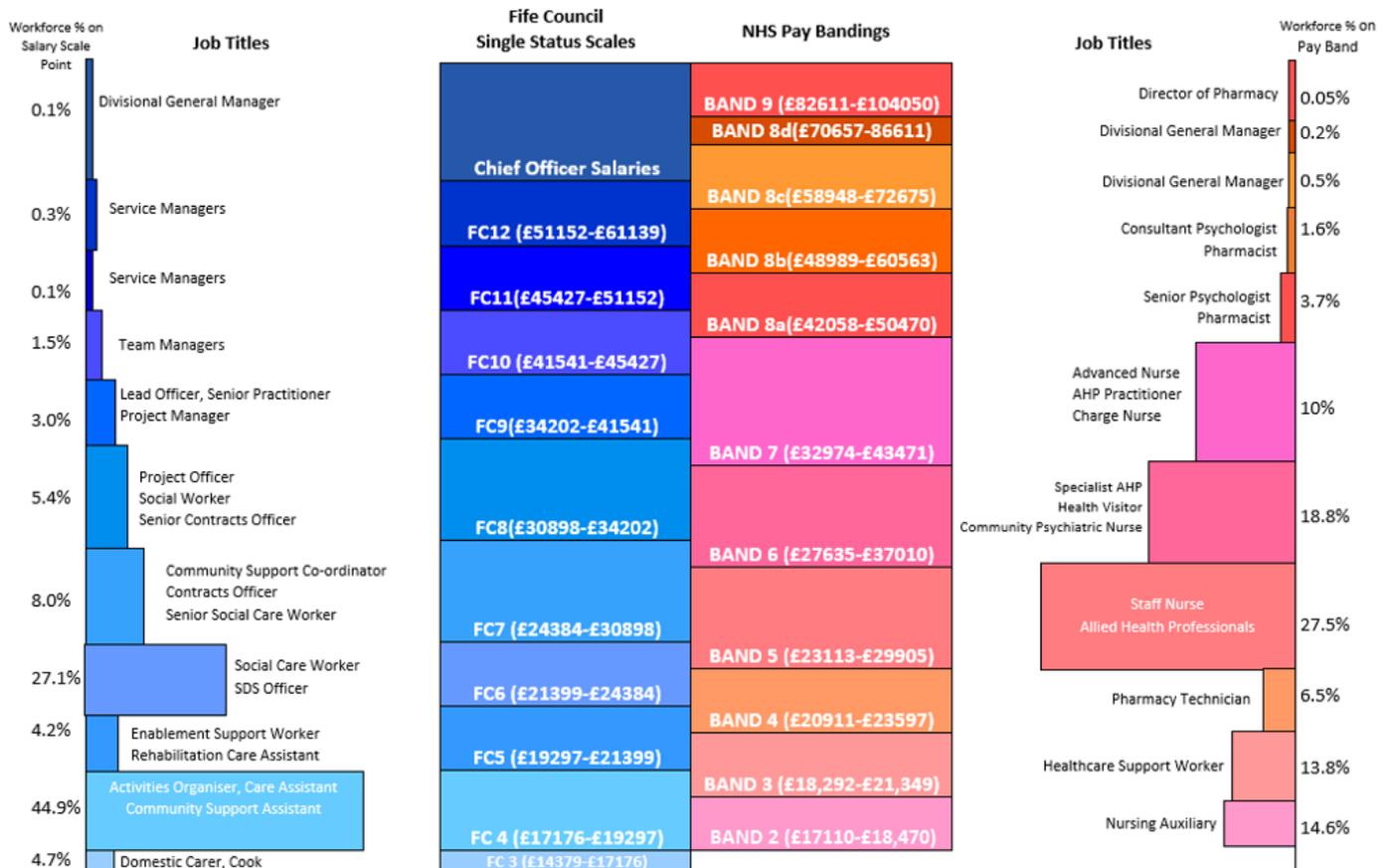
- With nearly 50% of the collated workforce resource, compared to 37% for the sector, there is a greater role played by private and Third Sector organisations within the Partnership.

- Accounting for 7% of the collective resource, there are comparatively few employees within the 16-24 age range. Those who are employed are more likely to work for private or Third Sector partners.
- In contrast to the typical work pattern within the sector, part time working is more prevalent within the services overseen by the Partnership. In particular, 63.6% of employees within Fife Council are employed on a part time work pattern, compared to the average of 52.6% within the Partnership.
- There is a higher prevalence of part time working among the female workforce.

Job Roles

- 5.13 Consistent with the findings of part two the National Health and Social Care Workforce Plan published in December 2017, providing an integrated analysis of the collective workforce resource in the Partnership is challenging. Limited information is available on the terms and conditions applicable on the private and voluntary sector employers, and the job categorisation between Fife Council and NHS Fife is different, built around national reporting requirements for each employer.
- 5.14 Despite this challenge the table below provides an illustrative example of the payscale structure within Fife Council and NHS Fife in relation to each other, the percentage of employees in that payscale range, and examples of posts which typically fall into each banding.
- 5.15 Both Fife Council and NHS Fife report modest figures of those in Higher Earning tax brackets (ie £43,430 per annum and above). Approximately 2% within Fife Council and 6% within NHS Fife. The most common salary for Fife Council employees is the FC4 bracket (44.9%), with NHS Fife employees having a slightly higher salary concentration on Band 5 (27.5%). These figures are representative of the different types of care delivered by the Partnership in their respective settlements.
- 5.16 Salary information in this chart is accurate as of 1 April 2018, however from a Fife Council perspective a pay award is pending.

NHS Fife/Fife Council - Salary Data



Third Sector and Carers

5.17 The significant and highly valued contribution of the Third Sector plus carers in supporting people, often some of the most vulnerable in society, is recognised by the Partnership. These individuals provide important services across all of the Partnership's priority areas.

5.18 While the SSSC publication focused on paid employees working within registered roles in the Third Sector, the Fife Voluntary Action publication, A Job Worth Doing (May, 2018), provided additional information on the size and scope of the Third Sector within Fife. This survey identified approximately 3,500 organisations, with over 7,000 employed staff within the Sector. In addition, the Scottish Household Survey estimated that 23% of the adult population of Fife had volunteered in the previous 12 months, equating to approximately 69,000 people in Fife. With approximately one quarter of these people providing services within Health and Social Care, ranging from supporting palliative care patients through to initiatives focused on early intervention work to reduce social isolation and improve wellbeing, the Third Sector makes a valuable contribution to Health and Social Care in Fife.

5.19 Similarly, Scotland's Census indicated that there were 34,428 unpaid carers within Fife, nearly half of whom spend over 20 hours a week providing unpaid care supporting and complementing the activities of the Partnership. With an estimated 1 in 7 employees across the UK holding carer responsibilities, the importance of providing a supportive working environment is embedded within

the Carers Strategy for Fife (Fife Council). Building on this work, partner organisations are encouraged to explore the benefits of obtaining Carer Positive Accreditation throughout the Partnership.

6 ENGAGEMENT AND PARTICIPATION

6.1 Effective communication is vital to the success of the Health and Social Care Partnership ensuring our stakeholders are aware of, understand and are engaged in all aspects of our work – information is clear, easily available to all and gets the right message to the right people and the right time to support the planning, delivery and transformation of services and promotes professional practice.

6.2 A significant amount of engagement activity has already taken place and we continue to build on this for the best possible health and wellbeing outcomes of our staff and communities. These include:

Staff:

- Using feedback from staff opinion via the I-matters survey – each team produces an action plan to work on areas for improvement, training and best practice. Action plans will be developed into case studies which will be shared with colleagues across various communication channels to promote the value of looking at how we work, listening and transforming.
- Continue to develop the Partnership’s intranet “Let’s Connect”, linking closely with Fife Council and NHS Fife intranets to ensure consistency and synergy of content. This will be used as a central source of information to help staff to do their day to day jobs.
- Develop and implement a programme of additional engagement opportunities for staff including roadshows, service briefings, newsletters, yearly roundup of achievements, Q&A sessions and monthly IJB update. Look at ways to reach and engage with staff who have limited or no access to computers at work.
- Continue to work with key partners in the Local Partnership Forum and link in with local groups as and when required.

Private Sectors:

- An Editorial Board will be established to develop a forum where internal and external partners can come together and share news and work together to develop ways to improve engagement with the voluntary and private sectors and wider public – this will help promote partnership working and getting the key messages to a wider group.

- Updates on what is happening in local areas will be incorporated into the Localities newsletter to promote the services and support available to local communities.
- The partnership also supports the private sector by funding the post of an Integration and improvement lead. The post holder works closely with the partnership and the host employer Scottish Care to support meaningful integration and development work’.

Third Sector:

- Continue to work with Fife Voluntary Action (FVA), as the third sector interface in Fife, to keep third sector staff and volunteers up to date with policy and planning developments, as well as opportunities to engage and influence;
- FVA will continue to bring together the voice of hundreds of third sector organisations and the tens of thousands of people they support through a variety of third sector forums, meetings and thematic events, in particular the Health and Social Care Forum, so that lived experience, relevant knowledge and expertise contribute fully to the work of the Partnership;
- Work with FVA to identify training and learning needs and help promote opportunities made available through the Partnership;
- Continue to work with FVA to engage with the wider third sector on all aspects of strategic planning, service design and service delivery;
- Continue to work with FVA and other key partners at strategic and locality levels, and use our own, and partners’, channels to communicate more widely.

6.3 Measurement and evaluation – research, statistics and case studies will provide real life examples of how we are making a difference and tell our story in an engaging and compelling way. Effective engagement with our workforce will be integral to the implementation of our Workforce Strategy. To ensure its success we will continue to work in close partnership with our trade union representatives to ensure that the voice of our staff is heard.

7 STRATEGIC WORKFORCE OPPORTUNITIES AND CHALLENGES

- 7.1 Analysing the current workforce profile, within the context of the Partnership’s mission and values in addition to the changing size, composition and expectations of the population of Fife, highlights a range of factors impacting on the sustainability of services offered by partner organisations and the capacity of the collective workforce within the Partnership.
- 7.2 This section summarises common workforce opportunities and challenges faced by all organisations within the Partnership, with specific actions being taken by employers and services in response to these issues incorporated within the Action Plan which will be produced.

7.3 This Workforce Strategy is a live document. Recognising the opportunities and challenges included in this section will change and evolve as circumstances dictate, the Workforce Strategy Board will ensure the Action Plan which will be developed early in 2019 will continue to evolve as workforce opportunities and challenges change.

Recruitment & Retention

7.4 Partner organisations are facing a variety of challenges associated with recruitment and retention. For example:

- **Demographics:** The current age demographic means that we need to increase the number of young people who choose health and social care as a career and acquire appropriate qualifications and registration across a wide range of service areas. The promotion of health and social care as a career to potential workers across the age spectrum is crucial; from school pupils (Foundation Apprentices) and school leavers (Modern Apprentices and Trainees) to older workers who want to change careers, as there is real competition from other local employers for this talent pool.
- **Geography:** The geography of Fife also creates difficulties around recruitment for health and social care in more rural, less populated areas, eg North East Fife. This means that at times we need to focus on certain areas to meet staffing requirements. This is particularly the case for example, in recruitment and retention of home carers.
- **Staffing Shortages** in psychiatry and general practice have been well publicised throughout NHS Scotland, and other examples where recruitment and retention present significant challenges within the Partnership including mental health, district nursing and community hospitals.
- **Impact of other strategic plans:** Recent workforce commitments will present additional challenges in recruitment within health. The introduction of the GP Contract, alongside a commitment to increase the numbers of Nursing and Physiotherapy Advanced Practitioners and Pharmacists, expand the Mental Health Workforce and introduce Community Link Workers within GP practices, will require comprehensive recruitment and retention strategies to support this transformation.
- **Funding, pay and conditions:** Similar recruitment challenges exist within the private and Third Sector. Recent surveys highlight how recruitment and retention challenges in this sector have been caused by a range of factors including pay and conditions often set below the Public Sector, limited career pathways and opportunities, in addition to a high level of growth within the sector. Third sector organisations are under increasing pressure as a direct result of reducing levels of funding. This impacts on their ability to recruit and retain staff, dedicate more time to service delivery (year-to-year funding arrangements result in considerable time spent on seeking funding almost all year, every year) and maintain service levels when facing increased costs, increased levels of complexity and

increased demand, including referrals from partners. The sector's ability to stem the flow through early intervention and prevention work is under pressure, and their ability to pick up those who slip through the net, when, for example public sector partners increase eligibility criteria due to funding pressures, is at a critical level. Partners need to work together to maximise use of resources, identify efficiencies across systems, transform services in joined-up ways and support each other to achieve the best investment of resources for the best outcomes for citizens.

- 7.5 In response the Health and Social Care Partnership will be required to co-ordinate workforce planning across partner organisations, ensuring the right workforce is in place across Fife, regardless of the employing partner.

Youth Employment Strategies

- 7.6 Fife Council has taken the lead in meeting the challenges of an ageing workforce and reducing levels of youth unemployment in Fife as a whole. By utilising a recurring £1m 'Workforce Youth Investment' fund, to assist in meeting ambitious targets of 5% of the workforce being in the 16–24 year old age category by 2020. Fife Council exceeded this target in October 2018. We will continue to engage with the High Schools and local employers in Fife to ensure that we attract young people to a career in Social Care via apprenticeships and entry pathway posts. NHS Fife has provided 160 work experience placement opportunities for school pupils in Fife in the past 12 months. This has included 56 prospective medical student placements, an introduction to Nursing event and a variety of week long taster placements in nursing, Allied Health Professions, support services departments and the Laboratories. The Allied Health Professions have provided 3 career events to more than 150 second year pupils from high schools across Fife.
- 7.7 Linking and co-ordinating with the workforce planning activity across all partner organisations, the Health and Social Care Partnership will need to build on the success to date in order to improve recruitment and retention prospects. Developing clearer career pathways for the wide range of employment opportunities, participating in the social inclusion agenda and modern apprenticeship schemes and engaging with further and/or higher education are necessary to promote the recruitment and retention of workers from the local area. These are key strategies in promoting the Youth Employment Strategy.
- 7.8 The Health and Social Care Partnership recognises the importance of increasing the number of young people employed by the Board and by the Council. This will be essential for our future workforce needs and to ensure continuity of service as our disproportionate number of older workers retire. Our priority is to establish and implement a Youth Employment Strategy incorporating career pathways, social inclusion and Foundation/Modern Apprenticeship Schemes, closer liaison with schools, pupils and parents, compilation of professionally branded materials which will support promoting NHS Fife and Fife Council as employers of choice.

Foundation Apprenticeship in Social Services and Healthcare

7.9 The Health and Social Care Partnership supports Foundation Apprenticeships in Social Services and Healthcare. Candidates are supported at workshops and assessed by a qualified team of SQA assessors. Candidates use distance learning to gather evidence through reflective accounts, direct observation etc.

Workforce Qualifications

7.10 Our workforce has a variety of qualifications which meet the requirements of employers and regulatory bodies. The skills of all workers are perhaps not fully understood and utilised effectively which may restrict movement across the sector.

Health & Wellbeing

7.11 Our greatest asset is our workforce and attending to employee health and wellbeing is at the core of delivering high quality services across Fife. Our staff need to feel supported, valued and equipped to deal with the challenges they face on a daily basis within the workplace.

7.12 The Health and Social Care Partnership also recognises that it is imperative that our Workforce Strategy addresses the needs of our older workers. As people are retiring at a later stage and there are also other flexible options available, we need to ensure that all workers have the opportunity to attain new skills and knowledge to stay at the forefront of modern, effective practice. We recognise the invaluable skills, knowledge and experience that our older workforce have accumulated over years in practice and that utilising these will be essential in ensuring we are able to continue to deliver high quality services to the people of Fife.

7.13 Supporting health and wellbeing is set within the context of sickness absence levels within NHS Fife and Fife Council increasing within 2017/18, an ageing workforce and increased supplementary staffing costs.

7.14 Within services delivered by Fife Council and NHS Fife, this is achieved through investment in for example, ongoing supervision and development, the provision of a comprehensive occupational health service, access to employee counselling, sickness allowance, health and safety training, and deployment of the iMatter employee engagement tool. We will continue to monitor and intervene where required to ensure we respond to individual and collective issues in a timely and compassionate way.

7.15 While it is acknowledged that both NHS Fife and Fife Council have occupational health services, this is not something that is universally available across the voluntary and independent sector. It is recognised that some generic issues present significant challenges to ensure our people remain mentally and physically healthy and therefore keep absence through ill health to a minimum. In particular the Partnership needs to attend to:

- Mental health and well-being and the impact of stress.
- Musculoskeletal injuries.
- Assessing the implications of an ageing workforce.
- Implications of shift working patterns across partner organisations.
- Promotion of the accredited Healthy Working Lives initiative, embedded within Fife Council and NHS Fife, to private and third sector partner organisations.

7.16 This will require developmental support for managers in dealing with absence through mental health, stress and interventions that will support the workforce to stay resilient and mentally strong in the workplace.

7.17 Promoting attendance at work and providing support for staff with a consequent reduction in sickness absence levels would also assist with a reduction in supplementary staffing costs.

7.18 The Health and Social Care Partnership delivers a comprehensive learning and development programme for all staff that provides guidance and techniques in how to avoid musculoskeletal injury in the workplace.

7.19 These and other issues will continue to be monitored and addressed to improve the ongoing health and well-being of our workforce. A healthy, motivated and supported workforce will be in a stronger position to deliver an excellent service to the people of Fife.

United Kingdom's Withdrawal from the European Union

7.20 The implications of the UK's decision to leave the European Union, popularly known as Brexit, will be dependent on the final agreement negotiated between the UK and the remaining 27 EU members. Currently, there remains uncertainty over the shape of the labour market, employment law and immigration policy. All of these factors could impact services if existing EU employees choose to leave, or fewer EU citizens choose to come to Fife. In collaboration with all partner organisations, the Partnership will be required to identify a variety of solutions to ensure the health and social care needs of the population of Fife are not adversely affected. Brexit will become a standing item of review within the Health & Social Care Partnership Workforce Planning Group and steps are being taken to manage and mitigate the impact whilst taking cognisance of the national guidance/support available.

The Digital Agenda

7.21 The Scottish Government's Health and Social Care Delivery Plan, published in 2018, noted: *"Digital technology is key to transforming health and social care services so that care can become more person-centred. Empowering people to more actively manage their own health means changing and investing in new technologies and services, by, for example enabling everyone in Scotland to have online access to a summary of their Electronic Patient Record. The time is*

right to develop a fresh, broad vision of how health and social care service processes in Scotland should be further transformed making better use of digital technology and data. There is an opportunity to bring together all IT, digital services, telehealth and telecare, business and clinical intelligence, predictive analytics, digital innovation and data use interests in health and social care".

7.22 As resources reduce and the opportunities offered by new technology increase, our Workforce Strategy will reflect the impact of these changes on both the delivery of care and the development of our workforce. For example, at present, key challenges the Health and Social Care Partnership faces relate to:

- Technology-enabled care.
- Developing innovative digital approaches to the learning and development of the workforce.

7.23 Proposed actions to address these issues will be developed within the Workforce Strategy Action Plan.

Workforce Planning & Workforce Modelling Tools

7.24 The National Health and Social Care Workforce Plan established a direction of travel that includes greater collaboration in workforce planning activities between Integration Joint Boards, Health Boards and Local Authorities. It sets out a range of commitments including the integration of workforce data; the expansion of (co-produced) workforce planning tools that support the delivery of care in the context of integration and multi-disciplinary working; and the publication of a single integrated Workforce Plan.

7.25 Partner organisations utilise a range of Workforce Modelling Tools, including the SSSC Workforce Planning Tool; the Nursing and Midwifery Workload and Workforce Planning Tool; and the Workforce Planning – A Toolkit for Third Sector Social Services in Scotland. These tools are designed to review workload pressures within a particular service or profession, in order to assess safe staffing establishment and inform projections within its workforce. The Scottish Government has outlined a commitment to enshrine safe staffing levels in law by 2019 starting with the Nursing and Midwifery workforce planning tools. The details of how this will be applied in practice is still in development, however it will be based on the nationally validated workforce tools. The link between safe and sustainable staffing levels, including registered nurses and high quality care is well established and underpins principles applied through the Nursing Workforce Review process within Fife.

7.26 Whilst the initial Scottish Government Programme of work in relation to safe staffing is commencing with nursing, the Health and Social Care Partnership will continue to monitor workforce requirements through the use of existing workforce planning measures, meeting statutory and regulation requirements alongside ongoing audit/inspection by the Care Inspectorate. The safe staffing agenda will present significant challenges across the Health and Social Care Partnership to ensure requisite levels of staff are in place to meet expectations.

Supplementary Staffing (Bank, Agency and Locum)

- 7.27 The Audit Scotland report on Workforce Planning in NHS Scotland (2017) reported the cost of supplementary staffing increased by 107% between 2012/13 and 2016/17. Within Fife, the Health and Social Care Partnership was not immune to this cost pressure given the high levels of vacancies within our nursing, medical and dental workforce within mental health and community hospitals and the requirement to supplement our staffing establishment in residential care as we see a corresponding increase in the needs and frailty of residents.
- 7.28 Financial initiatives have been implemented to reduce this cost pressure, such as the implementation of the Temporary Agency Medical Locum Framework, however, minimising this cost pressure will require a concerted effort to move away from external agency providers, allowing partner organisations for example NHS Fife, to implement solutions where earnings are more closely linked to those in the public sector.

Primary Care and Independent Health Contractors

GP Contract

- 7.29 General Practitioners (GPs) are registered and regulated by the General Medical Council (GMC) as outlined in Section 4. Most GPs are independently contracted by their local NHS Board via their practice to provide General Medical Services to a defined population. GPs are not usually directly managed by the Health and Social Care Partnership but have a close working relationship and GPs have a professional accountability to the Medical Director via the Associate Medical Director of the Health and Social Care Partnership. General practice carries out 90% of patient contacts within the Health Service, therefore appropriate implementation of the new GMS contract is important if the Health and Social Care Partnership is to realise the intended patient benefits of this contract, and allow GP's the opportunity to be more involved in influencing the wider Health and Social Care system to improve local population health in their communities.
- 7.30 Initial multi-partnership work has been undertaken to scope this contract, and the challenges involved in reducing the existing contractual complexity for GP's under the present arrangements, and establish how best to deliver improvements in the primary and secondary care interface. Under the new GMS contract this will involve the provision of wider multi-disciplinary professionals such as nursing, pharmacy and Allied Health Professionals within practices, and the impact this commitment has on the supply of these staff groups is already being considered.
- 7.31 Following the introduction of the General Medical Services Contract on 1 April 2018, NHS Fife, Fife Health and Social Care Partnership and the GP Sub-Committee have agreed a coordinated Primary Care Improvement Plan for Fife.
- 7.32 As part of a three-year transition plan the management of community treatment and care, and phlebotomy services will pass from GP practices to the Health

and Social Care Partnership and workers will be employed by NHS Fife, managed within the Health and Social Care Partnership.

- 7.33 As the national contracts change and develop for the other three independent contractor services, Community Pharmacy, Dentistry and Optometry, any changes will be integrated into the Health and Social Care Workforce Strategy.

Carers (Scotland) Act 2016

- 7.34 The Act introduces the right to a new adult carer support plan or young carer statement based on the preventative approach to identify each carer's personal outcomes and needs for support. The Carers (Scotland) Act 2016 is being implemented in Fife through the Health and Social Care Carers Strategy for Fife 2018-2021. The Scottish Government has provided a Toolkit to guide workforce development to also aid implementation of the legislation, which we will utilise to build an online learning resource. It will affect the knowledge that workers across the H&SCP need to have in relation to Carers issues and the provision of services.
- 7.35 The Fife Health and Social Care Partnership has a long established role in supporting carers – the insights that carers bring as experts in their own caring situation gives carers, and the people they care for, as much control, choice and flexibility over their own lives as they want. Carers provide a significant contribution to the local economy – the personal investment they make means that cared for people have less need to access publicly funded support, providing a saving to the limited resources from the public purse.

Development of New Roles

- 7.36 In conjunction with the transformational change programmes within Fife Council and NHS Fife, it is recognised that traditional job roles will need to evolve to ensure the Health and Social Care Partnership realises its aim of delivering services that are integrated, safe, effective and high quality and based on achieving personal outcomes.
- 7.37 Some of these developments will see the Health and Social Care Partnership co-operating with partner organisations who are leading on particular programmes. For example, social care and social work roles will continue to evolve to meet priority service user need, structural changes to further integrate working across the Partnership and the more restricted budget availability, eg the move towards a 'multi-skilled worker'. Within NHS Fife a range of roles are being considered in response to common workforce pressures including Physician Assistants, Physician Associates, Clinical Fellow and Advanced Practitioners as a range of professional disciplines expand previous boundaries.
- 7.38 The Chief Nursing Officer in Scotland has outlined a commitment to maximising the contribution of the Nursing, Midwifery and Allied Health Professions (NMaHP) workforce and pushing the traditional boundaries of professional roles. The Transforming Roles Programme aims to provide strategic oversight, direction and governance to this work through: Developing and transforming NMaHP roles to meet the current and future needs of Scotland's health and

care system, ensuring nationally consistent, sustainable and progressive roles, education and career pathways.

Fife HSCP Multi-Skilled Worker (MSW)

- 7.39 A group was established in November 2016 to explore the role of the Multi-Skilled Worker (MSW). The MSW Group includes a number of stakeholders from across the Health and Social Care Partnership including representatives from Staff Side, Trades Unions, Human Resources, Training and Development, Community Nursing, Home Care and the Integrated Community Assessment and Support Service (ICASS).
- 7.40 The purpose of the MSW role is to, as part of Integrated Care Teams, support the delivery of care by continuing with a programme of therapeutic and functional activities including self care, mobility and nursing activities therefore enabling people within community hospitals and living in the community. The work of the MSW is usually directed and supervised by an Occupational Therapist, Physiotherapist and/or District Nurse and in some bases a Home Care Manager and/ or Social Worker.
- 7.41 The MSW role is highly valuable in the delivery of integrated care and the Partnership is keen to explore all possibilities of the how the role can be developed in the context of integrated care delivery at locality level. Models of Integrated Care are still developing in Fife as is locality working, it is however important that the MSW is considered as part of these developments. As part of the MSW role within the ICASS a single job description for both NHS and Fife Council employees has been devised and adopted. As the Home Care Service redesigns and develops there are opportunities to support the workforce to adopt a multi-skilled role. There are examples of this already with the START programme (Short Term Assessment and Review Team) which delivers an enablement model of care to promote recovery and independence.

8 MONITORING AND REVIEW

- 8.1 The Director of Health & Social Care and Senior Leadership Team will be accountable to the Integration Joint Board or nominated sub-committee for the delivery of the plan and will also undertake a monitoring role to ensure that activities and interventions are delivered as agreed. The Group will also prepare and submit an annual report to the Integration Joint Board detailing progress against each of the strategic workforce outcomes.
- 8.2 A Workforce Strategy Board has been established within the Partnership which provides a Fife Partnership focus for the planning, implementation and monitoring of workforce planning and workforce and organisational development activities. This group provides a forum for engagement with all partner organisations within the statutory, independent, voluntary and further education sectors in respect of issues and matters impacting on workforce. This group is supported by a range of workforce planning activities undertaken within localities, or focused on professional disciplines spanning across the full NHS and Council workforce such as those for Medical, Social Work and Social Care, Dental, Nursing, Midwifery and Allied Health professionals.

- 8.3 The Workforce Workstream Group will establish reporting arrangements regarding responsibilities and accountabilities in respect of the delivery of the workforce planning and workforce and organisational development elements of the workforce strategy. These arrangements will incorporate quality assurance to allow the Partnership to evaluate effectiveness of workforce-focussed interventions, programmes and activities.
- 8.4 HR specialists from NHS Fife and Fife Council will be responsible for the provision of expert advice and guidance in relation to any aspects of the plan impacting on the workforce that requires a professional HR input. In consultation with staff side and union representatives the group will advise on areas that are the responsibility of the employer including terms and conditions, or of employer Partnership interest such as organisational design and recruitment.
- 8.5 As part of the Action Plan, Key Performance Indicators will be developed and will be monitored via the governance committees of the Health and Social Care Partnership.

SCOTTISH GOVERNMENT'S

HEALTH AND SOCIAL CARE OUTCOMES FOR SCOTLAND

- 1) People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2) People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3) People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4) Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5) Health and social care services contribute to reducing health inequalities.
- 6) People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
- 7) People using health and social care services are safe from harm.
- 8) People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- 9) Resources are used effectively and efficiently in the provision of health and social care services.

SCOTTISH GOVERNMENT'S NATIONAL CLINICAL STRATEGY

PRINCIPLES OF THE NEW CLINICAL STRATEGY:

- Takes a Person Centred Approach.
- Ensures services are Safe, Sustainable, Efficient and Adaptable over time.
- Ensures care is provided closer to home wherever possible.
- Ensures services are integrated between primary and secondary care.
- Provides affordable solutions to utilise available funding as effectively as possible.

CONTACTS AND FURTHER INFORMATION

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