



**West Dunbartonshire**  
Community Health & Care Partnership



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Community Health & Care Partnership**

**Workforce Plan 2012/13**



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## INTRODUCTION

West Dunbartonshire Community Health and Care Partnership (CHCP) brings together both NHS Greater Glasgow and Clyde's (NHSGGC) and West Dunbartonshire Council's (WDC) separate responsibilities for community-based health and social care services within a single, integrated structure (while retaining clear individual agency accountability for statutory functions, resources and employment issues).

The CHCP has been founded on a very strong local track record within West Dunbartonshire for positive joint working between health and social care staff and services. Consolidating the sound foundations of the CHCP and strengthening its integrated arrangements will require a continued focus on good quality organisational development. Effective workforce planning ensures that services and organisations have the necessary information, capability, capacity and skills to plan for current and future workforce requirements. This means planning a sustainable workforce of the right size, with the right skills and competences, which is responsive to health and social care demand and ensures effective and efficient service delivery across a broad range of services and locations. This first integrated Workforce Plan has been designed to support the overall commitments expressed within the CHCP's Strategic Plan 2012/13 and the core values that fundamentally underpin the operations of the CHCP: *quality, fairness, sustainability* and *openness*. Its objectives are:

- To ensure that CHCP service planning is informed by - and demonstrates - an understanding of its workforce profile.
- To identify key areas for workforce (and organisational) development action to enable effective delivery of CHCP service priorities (as within the CHCP Strategic Plan).

The approach adopted in preparing this plan then reflects consideration of:

- Critical workforce issues where action is needed to achieve the organisation's strategic ambitions.
- Critical cross-cutting skill and capability development areas.
- Those areas/issues where the CHCP is able to directly exercise control/influence in relation to its workforce.
- Those areas/issues where there is scope for collaborative working with other departments/divisions of NHSGGC and WDC plus other partners/stakeholders.
- Those issues/areas where distinct employing organisational policies or contractual arrangements need to be respected.
- The ambitious policy agenda that and challenging financial climate within which the CHCP has to deliver.

Looking forward, the commitment to cohesive and coherent workforce development and planning expressed here will be refined year-on-year (particularly with reference to the long-term Commissioning Strategies that the CHCP has been developing across its services) and in light of the national integration agenda for health and social care.

## **ORGANISATIONAL OVERVIEW**

West Dunbartonshire CHCP leads and manages a substantial range of NHS and Council Services. Its stated aims are to:

- Improve the health of the population.
- Contribute to closing the inequalities gap.
- Promote Social Welfare for the population of West Dunbartonshire.
- Share governance and accountability between NHSGGC and WDC.
- Have substantial responsibility and influence in the deployment of NHS and Council resources.
- Manage local NHS and social care service.
- Play a major role in Community Planning.
- Achieve better specialist care for its population.
- Achieve strong local accountability through the formal roles for lead councillors and the engagement and involvement of its community.
- Drive NHS and Local Authority planning processes.
- Protect and support vulnerable children and adults in the community.
- Deliver services that are of good quality and value for money.
- Make access to our services easier.
- Promote an understanding of Social Work within the wider community.
- Have a competent, confident and valued work force.

In addition to local services provided for and with the residents of West Dunbartonshire, the CHCP has formal responsibilities for a number of wider geographic functions:

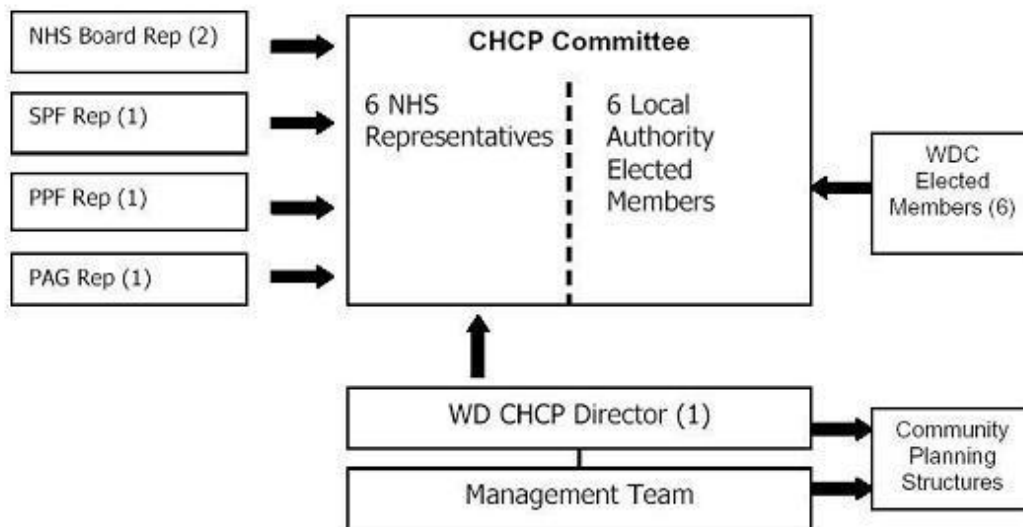
- NHSGGC Community Eye Care Service.
- NHSGGC Musculoskeletal Physiotherapy Service.
- Management of Argyll, Bute and Dunbartonshire's Criminal Justice Social Work Partnership.

The CHCP also has a number of formal Service Level Agreements in place with the neighbouring Argyll and Bute Community Health Partnership in relation to services where it has been mutually agreed, on the basis that it is sensible to provide them across our respective geographic boundaries (all of which are subject to regular review).

The governance arrangements of the CHCP reflect the fact that it is a full partnership between NHSGGC and WDC. There are five elements:

- The CHCP Committee
- The Joint Staff Forum (JSF)
- The Public Partnership Forum (PPF)
- The Professional Advisory Group (PAG)
- The CHCP Senior Management Team (SMT)

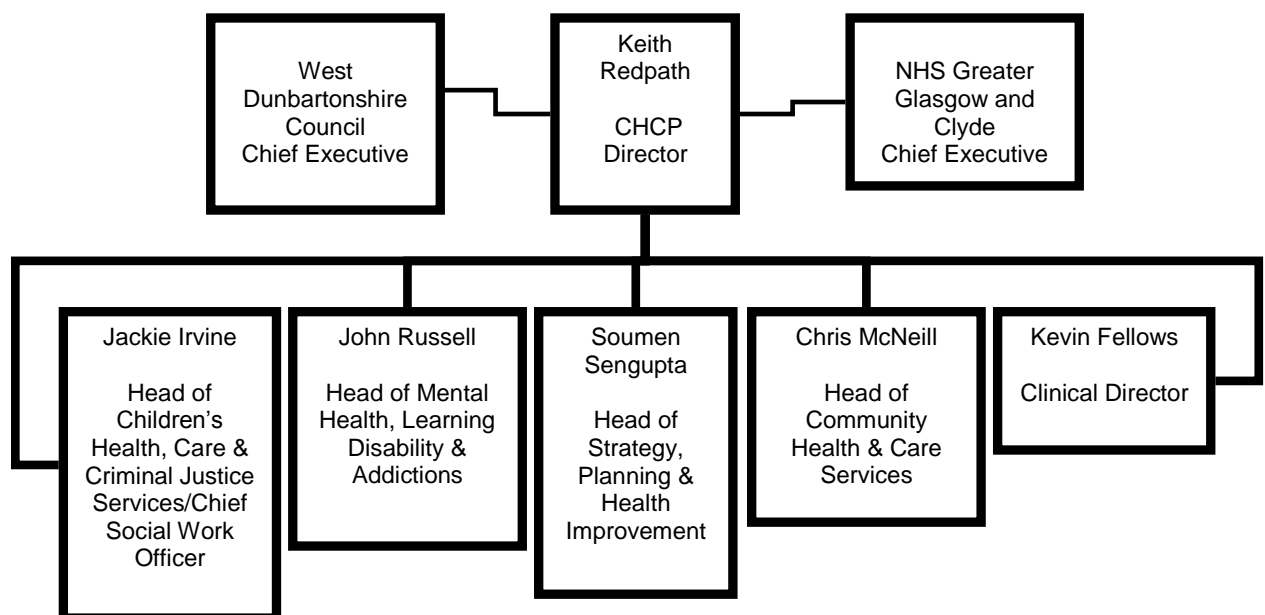
The relationships of these five elements are as illustrated below:



The composition of the CHCP Committee reflects a partnership approach, with an Elected Member as chair and an NHS Board representative as vice chair.

The governance of the Argyll, Bute and Dunbartonshire's' Criminal Justice Partnership is not the responsibility of the CHCP Committee but rather rests with the Argyll, Bute and Dunbartonshire's' Criminal Justice Partnership Committee (whose membership includes an Elected Member from WDC).

The chart below outlines the span of the CHCP operational service responsibilities; and the lead accountabilities for delivery amongst its core Senior Management Team (SMT).



## LOCAL DEMOGRAPHIC PROFILE

West Dunbartonshire lies north of the River Clyde and encompasses the urban communities of Clydebank, Dumbarton, Balloch, Alexandria and Renton. There is also a more rural area that runs south of Loch Lomond. The population of West Dunbartonshire is estimated at 90,920 (Table 1). In West Dunbartonshire the trend has been for the number of deaths to be greater than the number of births; and for out-migration levels to exceed in-migration.

Table 1 (West Dunbartonshire Social and Economic Profile 2009-2010)

Age Bands	Number of Females	% Females	Number of Males	% Males	Total Persons	% Total
0-4	2,611	5.5%	2,728	6.3%	5,339	5.9%
5-9	2,352	4.9%	2,356	5.5	4,708	5.2%
10-14	2,505	5.2%	2,681	6.2%	5,186	5.7%
15-19	2,849	6.0%	3,080	7.1%	5,929	6.5%
20-24	3,100	6.5%	3,262	7.6%	6,362	7.0%
25-29	2,982	6.2%	2,928	6.8%	5,910	5.4%
30-34	2,591	5.4%	2,336	5.4%	4,927	5.4%
35-39	3,047	6.4%	2,671	6.2%	5,718	6.3%
40-44	3,752	7.9%	3,321	7.7%	7,073	7.8%
45-49	3,772	7.9%	3,375	7.8%	7,147	7.9%
50-54	3,486	7.3%	3,121	7.2%	6,607	7.3%
55-59	2,954	6.2%	2,733	6.4%	5,687	6.3%
60-64	2,864	6.0%	2,685	6.2%	5,549	6.1%
65-69	2,370	5.0%	1,892	4.4%	4,262	4.7%
70-74	2,081	4.4%	1,621	3.85	3,702	4.1%
75-79	1,897	4.0%	1,207	2.8%	3,104	3.4%
80-84	1,319	2.8%	716	1.7%	2,035	2.2%
85-89	823	1.7%	314	1.0%	1,137	1.3%
90+	403	0.8%	135	0.3%	538	0.6%
<b>Total</b>	<b>47,758</b>		<b>43,162</b>		<b>90,920</b>	

According to the Scottish Index of Multiple Deprivation (SIMD) 2009, West Dunbartonshire has 33 datazones in the 15% most income deprived category. Half the datazones in West Dunbartonshire are in the 30% most deprived on the overall SIMD with similar patterns showing in the income, employment, health and crime domains. The more deprived datazones in West Dunbartonshire are concentrated in the South East and the West of the area.

This Workforce Plan has benefited from up-to-date information within the *West Dunbartonshire Social and Economic Profile 2009-2010*; the *2010 Health and Wellbeing Profile for West Dunbartonshire*, the *2010 Children and Young People Health and Wellbeing Profile for West Dunbartonshire* and the *2011 Mental Health and Wellbeing Profile for West Dunbartonshire* (all produced by the Scottish Public Health Observatory), as well as the findings of the local Community Planning-sponsored *Health and Wellbeing Survey of West Dunbartonshire's 15% SIMD Areas*.

## FINANCIAL OVERVIEW

The CHCP's Scheme of Establishment is explicit that NHSGGC and WDC will remain legally responsible for services belonging to each of them and will set the budget for such services annually. Within the context of the CHCP, the NHSGGC and WDC have agreed to align budgets; and the CHCP has delegated authority to distribute the combined budgets allocated by each parent body. Importantly, the CHCP has to separately account to the both WDC and NHSGGC Chief Executives for financial probity and performance with regards their respective and distinct budgets.

### WDC (Social Work) Budget – Summary of Revenue Estimates

<b>Outturn</b>		<b>Estimate</b>	<b>Probable</b>	<b>Estimate</b>
<b>2010/11</b>		<b>2011/2012</b>	<b>2011/2012</b>	<b>2012/2013</b>
		<b>£</b>	<b>£</b>	<b>£</b>
7,913,560	Operations and Servicing	8,141,520	8,375,420	8,573,590
4,776,050	Residential Accommodation - Young People	5,245,900	4,955,880	5,146,310
2,000,820	Residential Schools	2,316,720	2,080,790	2,002,580
3,819,570	Other Services - Young People	3,937,640	3,838,100	3,853,090
11,427,950	Residential Accommodation - Older People	11,930,050	11,524,860	11,892,930
1,300,570	Sheltered Housing	1,395,370	1,393,180	1,394,430
1,112,270	Day Centres - Older People	1,109,330	1,121,070	1,120,910
113,440	Meals on Wheels	129,120	112,530	112,510
195,310	Community Alarms	263,260	269,320	267,290
9,058,740	Res. Accom. - Learning Disability	8,081,150	8,190,170	8,281,950
1,151,510	Res. Accom. - Physical Disability	1,151,170	1,079,290	1,026,320
1,532,180	Day Centres - Learning Disability	1,551,340	1,529,420	1,573,410
1,076,080	Other Services - Disability	983,810	844,120	862,790
2,631,520	Supplementation - Mental Health	2,675,780	1,837,120	2,112,590
8,604,710	Home Care	8,911,290	8,938,110	9,003,340
828,610	Other Specific Services	829,750	824,600	824,600
715,850	Addiction Services	753,960	1,355,660	1,265,580
(180)	CPP investment	0	0	0
<b>58,258,560</b>	<b>Total</b>	<b>59,407,160</b>	<b>58,269,640</b>	<b>59,314,220</b>

## NHSGGC Budget

It is forecast that the CHCP will achieve its financial target of operating within its allocated NHS revenue budget of £69.5m for the financial year 2011/12. While the revenue budget for the year 2012/13 has yet to be finalised, the following table presents the budget based on the existing budget rolled forward to exclude non-recurring expenditure and include assumptions of changes based on best estimates.

<b>2012/13 Draft Budget</b>	
	<b>£m</b>
2011/12 Current Net Expenditure Budget	69.5
Less: Non Recurring	(2.9)
2011/12 Base Budget	66.6
Less total Indicative Savings Targets (see note 3)	(0.5)
<b>Draft 2012/13 Opening Budget</b>	<b>66.1</b>
<u>Notes</u>	
1. The 2011 Scottish Spending Review and Draft Budget 2012-13 has indicated that the Scottish Government intends to freeze pay for staff earning over £21,000 and to increase pay by £250 per annum for those earning less. The original working assumption of a 1% increase for all staff has allowed the provision for pay uplift to be reduced from £14.1m to £4.0m. In addition, the provision for incremental pay progression has been reduced by £1m to £12m.	
2. A number of factors have contributed to push forecast energy costs up by £4.4m Board-wide in 12/13. These include further increases in gas/electricity tariffs and increase in regulator imposed charges for electricity.	
3. The savings strategy across Partnerships has been to look at services and through redesign at a system-wide level over a 4 year period to achieve the necessary level of savings. At this stage, the details of savings are only available at a system-wide and not an individual CH(C)P level. For the purposes of this document however, it has been estimated that a 3% savings target will be applied to the CHCP allocation. This percentage has been applied to the recurring allocation excluding Family Health Services, Prescribing and Resource Transfer as these will be included within their overall service area.	

A number of key factors have informed the work to prepare a financial plan for 2012/13:

- It is considered likely that there will be a requirement to release somewhere in the region of 3% of resources to be redirected to achieving significant service redesign. The CHCP will continue to work both locally and system wide to ensure that service redesign is delivered to best effect.
- The requirement to ensure that financial and workforce planning are properly linked to ensure that the impact on service quality and delivery is fully considered for both the short and long term.



- A focus on both local and national priorities is integral to the development of plans to ensure that planned changes are directed as required. This includes, for example, the provision of mental health services which are recognised as a priority area for action.
- Ensuring that equality issues are considered as part of all proposed changes is included as part of the planning process in order to ensure that resource shifts do not impact unfairly on any particular group.
- It is recognised that pressures on the provision of medicines is going to continue throughout the coming years. The CHCP will continue to ensure that there is a major focus on ensuring that resources are used to best effect whilst ensuring that there is no diminution on the quality of care provided.

WD CHCP has contributed its assigned allocation to these system-wide savings for 2012/13 as per the table below. All of these will be achieved through efficiency (with no consequent material service impact), the specific proposals having been subjected to the Equality Impact Assessment process and discussion with staff-side representatives from the local Joint Staff Forum prior to finalisation.

	<b>Planned Savings 2012/13 £000</b>
Addiction Services	28.0
Admin & Others	35.0
Children Services	42.0
Community Health & Care	58.0
Hosted Services (Eye Care)	12.0
Learning Disabilities Services	29.0
Mental Health Services	77.0
Planning & Health Improvement	27.0
b/f from 11/12	(46.0)
<b>Total</b>	<b>262.0</b>

## STAFFING PROFILE

As at 1st April 2012 West Dunbartonshire CHCP employed almost 2400 (headcount) staff who provide an input of 1763 Whole Time Equivalents (WTE). As the table below evidences, two-thirds of West Dunbartonshire CHCP staff are employed by West Dunbartonshire Council with one-third employed by NHSGGC (this includes staff associated with the Musculo-Skeletal Physiotherapy Service and the Eye Care Service both of which the CHCP hosts on behalf of NHSGGC). The table below notes the WTE input to each of the CHCP's services.

<b>West Dunbartonshire CHCP</b>			
<b>WTE Staff in Post as at 1st April 2012 by Service &amp; Employing Authority</b>			
<b>Service Area</b>	<b>West Dunbartonshire Council Staff (WTE)</b>	<b>NHSGGC Staff (WTE)</b>	<b>Total</b>
Addictions Services	14.05	28.64	42.69
Administrative Support	0.00	18.97	18.97
Children's Health and Care Services	246.08	101.23	347.31
Health & Community Care	687.95	89.12	777.07
Learning Disability Services	96.46	11.94	108.40
Mental Health Services	22.16	179.02	201.18
Strategy, Planning & HI	43.48	17.91	61.40
Senior Management Team	0.95	6.30	7.25
Other	0.00	7.49	7.49
Retinal Screening Service	0.00	18.21	18.21
Hosted MSK Service	0.00	173.38	173.38
<b>Grand Total</b>	<b>1111.14</b>	<b>652.20</b>	<b>1763.34</b>

As at 1st April 2012 the staffing profile indicates a concentration of staff across the age range 40 to 63 years, reflecting an older workforce. WDC-employed staff exhibit a slightly older age profile than their NHS counterparts. The profile suggests that most staff choose to retire at, or around the age of 65 years although a small number work beyond this age. It must be noted that given that recent legislation has effectively abolished the previous statutory retirement age of 65 years, age profile may not be as accurate in relation to forecasting likely retirement patterns. In addition, the upcoming change in the age where staff can access their state pension (currently 65 years old increasing to 67 years old) may also prompt some staff to remain working beyond the previous retirement age of 65 years. The workforce is significantly represented by women, with 84% of headcount staff employed being female.

Appendix 1 provides further details on the CHCP workforce profile.

## STAFF & PRACTICE GOVERNANCE

The CHCP has been founded on a very strong local track record for positive joint working between health and social care staff and services. The NHS *Staff Governance Standard* is demonstrative of a proactive approach of trade unions and professional bodies, NHS employers and the Scottish Government to modernise employment practices based on the concept of partnership working. It has five key standards which employers will be required to deliver, entitling staff to be well informed; appropriately trained; involved in decisions which affect them; treated fairly and consistent; and provided with an improved and safe working environment. In relation to local authorities, the nearest equivalent expression of this is provided by the Scottish Government's *Practice Governance Framework* (2011), with its five key areas: risk, discretion and decision making; self and self regulation; developing knowledge and skills; guidance consultation and supervision; and information sharing and joint working

The CHCP's 2011/12 NHS staff governance framework review (undertaken with NHS staff side representatives) identified the following notable achievements:

- Production of a single integrated Strategic Plan for the CHCP.
- PAG role and constitution revised, with representation strengthened.
- Local induction process implemented.
- Regular team meetings in place for staff.
- Successful creation of single/integrated communication structures.
- The CHCP having achieved Healthy Working Lives Silver award.

The following key commitments going forward were then agreed through that process:

- KSF outlines and PDPs continue to be monitored and maintained for all staff.
- CHCP Learning and Education/Organisational Development plan developed and implemented – *note: this action has been superseded by the development of this overarching Workforce Plan.*
- Ensure that all staff have the opportunity to be involved in planning and development decisions that affect them.
- Ensure that best practice HR policies are in place and communicated to all staff.
- CHCP will continue to support the Healthy Working Lives Initiative.
- Ensure application of health & safety policies.

From the perspective of the CHCP, the above are relevant across the breadth of health and social care staff; and thus that on-going work is best informed by an integrated approach that consolidates the common ethos and expectations of staff and practice governance. Consolidating the sound foundations of the CHCP and strengthening its integrated arrangements will require a continued focus on good quality organisational development. The CHCP will draw upon expertise and support from the organisation development functions of both WDC and NHSGGC to deliver as much joint activity as possible; and ensure that the specific needs and legitimate distinctiveness of individual services, teams and staff groups (including primary care contractors) are recognised.

## **STAFF SURVEY FEEDBACK**

Through 2011, CHCP staff were surveyed by their employing bodies – both NHSGGC and WDC. In addition to the reporting provided by NHSGGC and WDC on their respective surveys, the CHCP undertook separate local analysis to compare the overall responses from across all staff and identified the following common themes:

- Most Council-employed staff who responded were satisfied in their current posts. 84% indicated that they enjoyed their job; with 85% being clear about their roles and responsibilities; and 80% also felt that the job was a good use of their skills.
- Most NHS-employed staff (82%) indicated that they are satisfied with their sense of achievement at work; and 90% being clear about their duties and responsibilities at work. With regard to effective line management, a majority of respondents indicate positive experiences regarding line manager support and development opportunities:
- Eighty percent of Council-employed staff indicated that they know the standards of performance they are expected to achieve within their role.
- Seventy-eight percent of NHS-employed staff feel that they are supported and encouraged by their line manager at work, with over 90% feeling supported into training by their line manager.
- Wellbeing at work scored highly within the WDC survey, with good knowledge (90%) and confidence in raising (66%) dignity at work issues. Seventy-four percent also indicated they the Council is good at promoting equality and diversity issues.

The areas for further improvement identified from both sets of survey findings were:

- Further promote personal learning and development opportunities and ensure that everyone has a PDP/ KSF in place to meet current and future job requirements. Continue to encourage staff to continue to develop their skills and knowledge and review on a regular basis.
- Further motivate staff, continuing to emphasise the provision of feedback on performance; recognition of good work; and valuing individual contributions.
- Further increase visibility and accessibility of senior staff; and continuing to engage with the workforce on change.
- Reinforce the CHCP's common mission; and how the Senior Management Team and Committee will work together and with staff to deliver it.

## ORGANISATIONAL DEVELOPMENT

CHCP staff and services have a strong track record of working in partnership. The smooth establishment of the CHCP has been a major expression of the positive culture of joint working that has been developed over time. Strong examples of how staff come together to debate, listen and reflect are the service planning activities that routinely take place; the willingness of service leads and managers to participate in engagement sessions with the public (e.g. the local PPF); and the strong and enthusiastic participation in multi-disciplinary Protected Learning Events. Indeed, the evaluation of the most recent whole CHCP Protected Learning Event (November 2011) evidenced that 95% of all those who participated felt that the programme met their expectations either well or very well.

During 2011/12 NHSGGC launched its corporate change programme, *Facing the Future Together*, which identified five headline areas for continuous improvement, i.e.:

- Our patients/clients
- Our staff
- Our resources
- Our culture
- Our leadership

The CHCP Senior Management Team have stated their expectation that the various elements of this programme should be locally real and relevant for all CHCP staff – not least as they resonate with similar expectations within WDC of the 'right things' that all good organisations should be doing. The Senior Management Team is particularly committed to fostering a culture of critical self-evaluation and a shared ethos of good care governance across and within CHCP staff and services. The CHCP has adopted the Public Service Improvement Framework (PSIF) as its over-arching organisational development approach to systematically driving this forward. The CHCP is committed to working within this recognised framework for continuous improvement, having worked closely with the former Social Work Inspection Agency (now Care Inspectorate) on their revised methodology for self evaluation; and on-going input from the Improvement Service and Quality Scotland.

Self-evaluation will be a key component of external scrutiny arrangements, with the CHCP scheduled for a formal inspection by the Care Inspectorate during 2013. A programme of operational-level PSIF has been undertaken through 2011/12 (e.g. adult learning disabilities service), with more scheduled for 2012/13 (e.g. child protection arrangements). Notably, the CHCP has recently completed a corporate/strategic PSIF exercise with support from the Improvement Service and Quality Scotland. The following are the (1) notable strengths, and (2) areas for improvement (AFIs) identified through the PSIF assessment that were prioritised by the SMT during a facilitated consensus session; and which have been subsequently validated by the wider staff complement that participated in the overall process.

Notable strengths:

- Good quality direct services with positive client/patient satisfaction expressed.
- Positive and productive joint working across services and staff groups.
- Robust corporate governance arrangements, with strong commitment to and platform established for further developments.
- Strong commitment to and methodical arrangements utilised to foster on-going engagement and constructive consultation with stakeholders.
- Robust track-record of and strong approach to responsible financial management.

Areas for improvement prioritised for 2012/13:

- More vigorously encourage an explicitly shared and consistent ethos of care governance across full breadth of health and social care, in a manner that strengthens and does not dilute the discharging of core responsibilities. This to include revisiting relationships between formal meetings of SMT, Clinical Governance Group and Chief Social Work Officer's Group.
- Drive greater focus of management capacity and capability on leading and enabling staff and services, including:
  - Continue streamlining and integrating plans, policies/protocols, processes and meetings/groups.
  - Further improve access to relevant performance management information and use of IT systems.
- Consistently promote culture of and embed systematic undertaking of self-evaluation (using PSIF as over-arching construct).
- Seek further opportunities to enhance communications (internal and external), including sharing good practice and recognising achievements.
- Further develop and widen range of options for staff learning and development that are affordable, equitable and feasible, ensuring service requirements appropriately prioritised (e.g. as identified through case file audits or critical incident reviews). It was noted that this to include refresher training on care planning, reflective supervision, client risk assessment, the allocation of Welfare Guardianship (WG) Orders and use of social work case file chronologies as an evaluative tool.

It should be noted that a number of the AFIs explicitly seek to build on some of the notable strengths identified (as per the cyclical nature of total quality management). These AFIs will form the core of the CHCP's structured continuous improvement commitments as per the expectation of WDC and NHSGGC (specifically in relation to the latter's Facing the Future Together corporate change programme), and have informed the actions set within the Strategic Plan.

## **PROFESSIONAL REGISTRATION & STAFF DEVELOPMENT**

The CHCP's corporate PSIF self-evaluation identified as an area for improvement "further develop and widen range of options for staff learning and development that are affordable, equitable and feasible, ensuring service requirements are appropriately prioritised (e.g. through case file audits or critical incident reviews)". Within the context of this Workforce Plan the CHCP will seek to identify and prioritise education and training development to take account of its integrated workforce and in particular those staff involved in direct service provision. As far as is possible the CHCP's training infrastructure is being developed to reflect integrated services and systems whilst being mindful of professional accountabilities and governance arrangements. For examples, all new staff in the CHCP undergo an induction process and a new CHCP induction is being prepared for implementation in 2012. This is backed up by team-based induction and thereafter supported by a range of clinical and professional supervision arrangements including annual reviews, Professional Development Plans (PDPs) for Council-employed staff and the Knowledge and Skills Framework (KSF) for NHS-employed staff.

### Professional Registration

A priority for training and development activity is the demands placed upon CHCP staff by registration requirements. As more staff become registered then the CHCP must support them to gain the qualifications they require to become registerable and the Post Registration Training (PRTL) and Continuous Professional Development (CPD) they require to undertake to remain so. Appropriate professional frameworks underpinned by NHS Education Scotland (NES) and the Scottish Social Services Council (SSSC) are in place to support national regulatory requirements across CHCP professional staff groups. These frameworks will continue to influence the balance and provision of education, training and skills development together with the conferment of qualifications required within the CHCP workforce now and in the future. The CHCP has ongoing processes in place for checking the registration of new and existing clinical members of staff.

Evidence of compliance with SSSC registration requirements is monitored and maintained through a performance database which records when a member of staff is required to register or re-register and under which designation. This database provides monthly reminders of staff due to renew their registration, with information provided to managers who check with their staff that they have acted accordingly. When a new registered worker is recruited they are added to the database and when a group of staff is required to register then they are also added. Many groups of social service workers are now required to register with the SSSC if they are not already registered with another regulatory body, e.g. Nursing and Midwifery Council. Workers who start in a position that requires registration will have six months from their start date in which to register with the SSSC. Employers have a legal responsibility to ensure that all of their staff are appropriately registered. Employers would be committing an offence if they continue to employ an unregistered worker for more than six months after their start date if they are working in a role that requires registration.

## Knowledge and Skills Framework (KSF)

It is mandatory that all NHS-employed staff covered by Agenda for Change have an annual KSF review and PDP to identify their learning needs and, that it is recorded on e-KSF tool. Previously a HEAT target and then a Service Standard the KSF review has a compliance target of 80%. As of 29<sup>th</sup> February 2012 those CHCP staff covered by AfC 60% had a KSF review and 60% of staff have a PDP review recorded on the eKSF system. From the end of March 2012 the Healthcare Quality Strategy will form the basis for how the Scottish Government will continue to monitor KSF implementation across Scotland. Monitoring will be linked to the 3 Quality Ambitions and the resulting Quality Outcomes (Outcome 5 – “Staff feel supported and engaged”). The baseline figure will be taken from e-KSF at 01 June '12 and improvement will be measured over the following 2/3 years. The improvement target has still to be agreed. Should there be any concerns regarding clinical performance issues, mechanisms are in place ranging from practice support, addressing any educational or professional needs using KSF reviews & PDPs, through to more formal Human Resource or professional regulatory responses dependent on the nature of the concerns.

## Staff Development

The CHCP seeks to encourage staff who wish to pursue further academic or professional development; and recognises the investment that many staff have and continue to make in pursuing such study (whether it be to further enhance their current practice, improve their prospects for career progression or for intellectual stimulation). Requests for formal support from the CHCP should be considered through the PDP process, on a case-by-case basis in line with the relevant employing organisation's policies (e.g. in relation to study leave), and with due consideration of its “fit” with CHCP priorities; the exigencies of the service involved and its capacity/scope to reasonably contribute support; and the circumstances and commitment evidenced by the member of staff in question

Historically West Dunbartonshire has provided a wide range of high quality, challenging and diverse *practice learning* experiences for students undergoing social work training. Placements are managed through well established partnership arrangements between the West of Scotland Learning Network, Educational Establishments and this agency. These relationships have produced mutual benefits for the students and staff who have had the opportunity to supervise and aid the development of student's understanding and practice. The CHCP will continue to offer staff the opportunity to gain the practice teacher award and to supervise students or train and act as link workers to student placements within the given the exigencies of their respective services.

## Modern Apprenticeships

In March 2012 the NHSGGC Corporate Management Team approved the proposal to set a target of 50 new Modern Apprentices in NHSGGC for 2012/13. This will be distributed proportionately across services according to employee headcount. The current Modern Apprentice (MA) programme in NHSGGC was developed by creating MA posts from existing vacancies in the establishment. In the current financial climate this is likely to be



the most realistic way of funding a MA Programme as ring fenced funds for supernumerary MA posts are very unlikely to be available. The disadvantage of identifying current vacancies for MA posts is that we are constrained by their availability in establishing and planning a coherent MA Programme. This is not insurmountable but it adds complexity to the management and administration of the programme. The additional costs of training the MAs are re-imbrued by Skills Development Scotland (SDS) as part of the national MA support package.

WDC recently set the budget for 2012/13 and included within its spending plans is £2.8m to be spent on employability. This will involve creating 250 apprenticeships; 50 level 3 apprenticeships and 200 level 2 apprenticeships across the Council. The department is supporting this initiative through Care and Admin Apprenticeships and a number of Care Apprentices have already undertaken basic training and are now in work placements. Recruitment of Administration Apprentices is underway and the department will continue to support a number of these trainees in a variety of settings.

### Volunteering

Whilst NHS volunteering has traditionally been concentrated in hospital settings, there has been a significant shift to extend volunteering opportunities within local communities that would contribute to:

- The regeneration of deprived areas.
- The strengthening of social networks, enhancing involvement in community life and civic activities, building trust in local areas and in society at large and producing and rebuilding a resource that is often referred to as “social capital”.
- Creating the conditions for health improvement.

Having achieved Investors in Volunteering accreditation, NHSGGC encourages volunteering opportunities where there is identified need within services to do so. Focusing on enhancing the quality of our patients' experience, volunteering placements should be complementary to; and not be a substitution for core services. Volunteering can be delivered directly through NHS Volunteering Services or in partnership with other organisations.

The CHCP is also a signatory to the West Dunbartonshire Community Planning Partnership voluntary policy –‘Forward Together’. The Joint Voluntary Policy demonstrates how WDC and West Dunbartonshire community planning partners’ recognise and value the importance of volunteering and voluntary group activity in the area. And the partnership approach to working with the voluntary sector will help to co-ordinate activity and strengthen good working practices. Two sets of guidance have been developed to support partner organisations to work effectively with volunteers and voluntary groups.

## STAFF WELLBEING

The CHCP recognises its responsibility for the health, safety and welfare of its employees and places responsibility on managers to provide employees with a safe working environment, to encourage employees to adopt a healthy lifestyle, treat all employees in a responsible, caring, fair and consistent manner, recognise the highest standards of attendance and identify, reduce and prevent the causes of workplace ill health. Both NHSGGC and WDC offer employees a range of facilities and well being initiatives such as an Occupational Health Service, Health and Safety advice, a Special Leave Scheme, advice on healthy eating; healthy options in canteens and vending machines; smoking cessation support; access to counselling; physiotherapy; and stress risk assessments. The CHCP currently holds a *Healthy Working Lives* Silver Award, with a key commitment for this year being to achieve its Gold Award (the Council as a whole having been supported to achieve the Gold Award under the leadership of the CHCP last year).

Absence management is a priority within the CHCP, in relation to both its Council-employed and NHS-employed workforce. Training and support have been provided to CHCP managers and staff in relation to the relevant employing organisation's HR policies and procedures. These policies emphasise a pro-active approach to absence management, and early supportive intervention wherever possible. For example within WDC, a revised Attendance Management policy has recently been introduced with an increased emphasis placed on early intervention strategies. Regular CHCP reports on sickness absence in particular (both short and long-term) are provided to both the CHCP SMT and to the Joint Staff Partnership Forum. This is supported by service-specific reports provided to Heads of Service. Importantly, sickness absence levels (for both nhs-employed and council-employed staff) are key performance indicators for the CHCP as a whole that are routinely reviewed through the formal Organisational Performance Review process with the two Chief Executives; and routinely reported to the CHCP Committee.

## **SUMMARY OF PRIORITIES FOR ACTION**

While considerable investment and progress has been made across services and staff groups, there is inevitably always scope for further improvement – alongside areas that quite rightly always required constant attention. Consequently, the following areas have been prioritised for continuing workforce development through the comprehensive process of shaping the CHCP overall Strategic Plan (including its programme of PSIF and service planning):

- High quality service provision, particularly person-centred care and support.
- Integrated and streamlined staff governance arrangements.
- Adult support and protection
- Staff accreditation, disclosure and professional registration.
- Absence management.
- Staff personal and continuous professional development planning (PDP and CPD).
- The requirements of the Equalities Act 2010 and the Patient Rights Act 2011.
- Staff development associated with actions agreed from the completed (social work) case file audit process.
- Self-evaluation (including application of PSIF).
- Leadership development.

The above have informed and are reflected in commitments expressed within the CHCP Strategic Plan 2012/13 – key actions are set out within Appendix 1. The CHCP will draw upon expertise and support from the Human Resource, Learning and Organisational Development functions of both WDC and NHSGGC to deliver as much joint activity as possible; and also to ensure that the specific needs and legitimate distinctiveness of individual services, teams and staff groups (including primary care contractors) are recognised.

This Plan is designed to highlight issues regarding the workforce where improvements are required or where planning is required to manage particular issues. A number of these issues will require to be managed and relevant appropriate discussion/consultation with Trades Unions will take place through the formal and informal routes available.

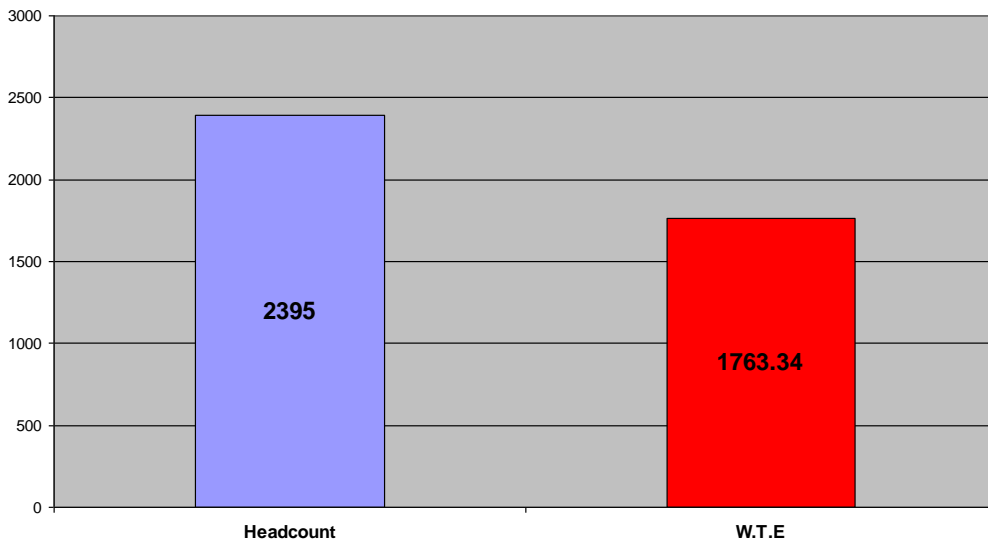
The Plan will be subject to monitoring of progress and reports on progress in relation to key actions will be provided to the CHCP Committee on a regular basis as part of the overall and routine reporting on Strategic Plan commitments. The Workforce Plan itself is subject to annual review and will therefore take account of future changes in corporate priorities and objectives; legislative and regulatory changes; and reflect ongoing changes to the profile of the CHCP workforce, their development needs and succession planning as services change in the future to meet service demand.

# APPENDIX 1: DETAILED WORKFORCE PROFILE

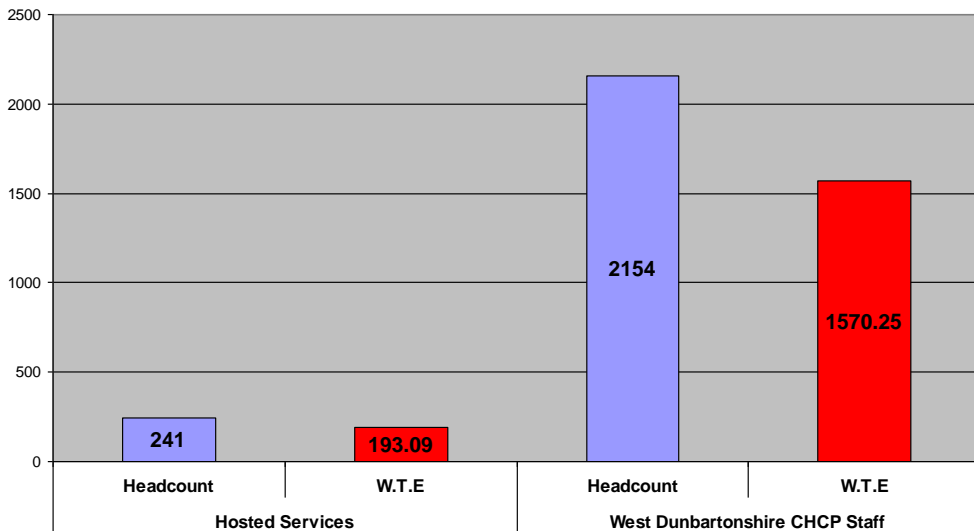
## West Dunbartonshire CHCP Staffing Profile

As at 1st April 2012 West Dunbartonshire CHCP employed almost 2400 Headcount Staff who provide an input of 1763 Whole Time Equivalents (WTE). This figure includes a staff associated with the Musculo-Skeletal Physiotherapy Service; and staff within the Retinal Screening Service both of which the CHCP hosts on behalf of NHSGGC as a whole.

**West Dunbartonshire CHCP  
All Staff in Post including City Wide Hosted Services  
Headcount vs WTE as at April 2012**

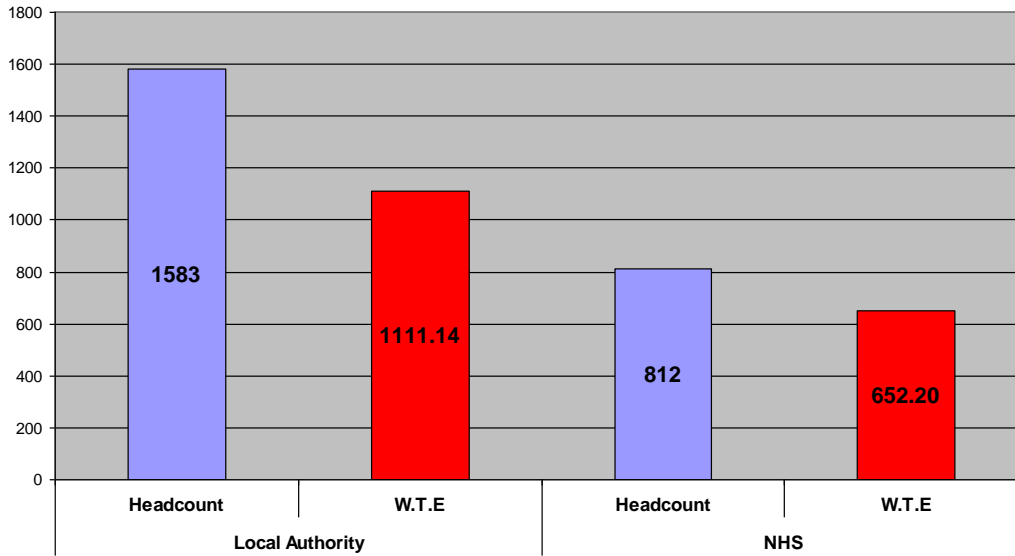


**West Dunbartonshire CHCP  
All Staff in Post by Employment Category  
Headcount vs WTE as at April 2012**



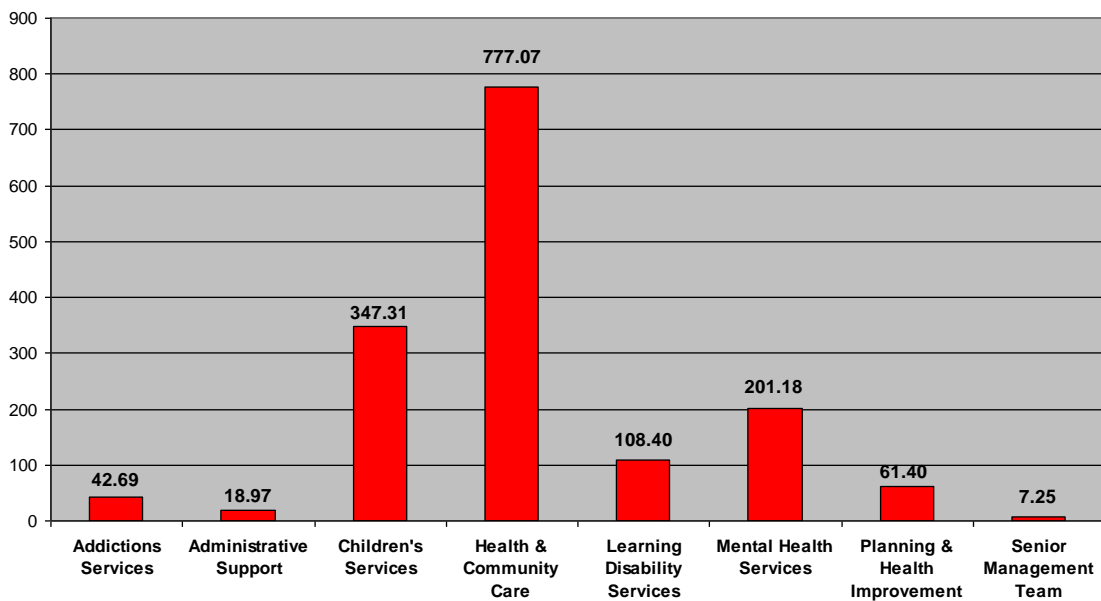
The CHCP manages staff under two separate employing authorities: 1583 staff (1111.14 WTE) employed by WDC; and 812 (652 WTE) employed by NHSGGC.

**West Dunbartonshire CHCP  
All Staff in Post by Employing Authority  
Headcount vs WTE as at April 2012**



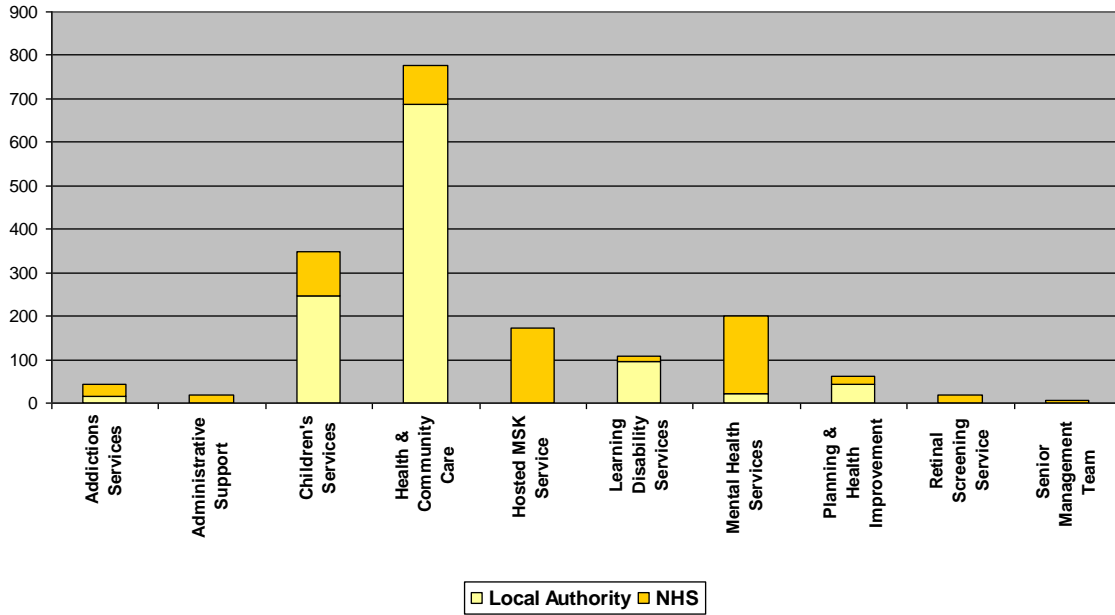
The chart below shows the WTE West Dunbartonshire CHCP workforce excluding hosted services.

**West Dunbartonshire CHCP  
All Staff in Post by Service Area (excluding Hosted Services)  
WTE as at April 2012**

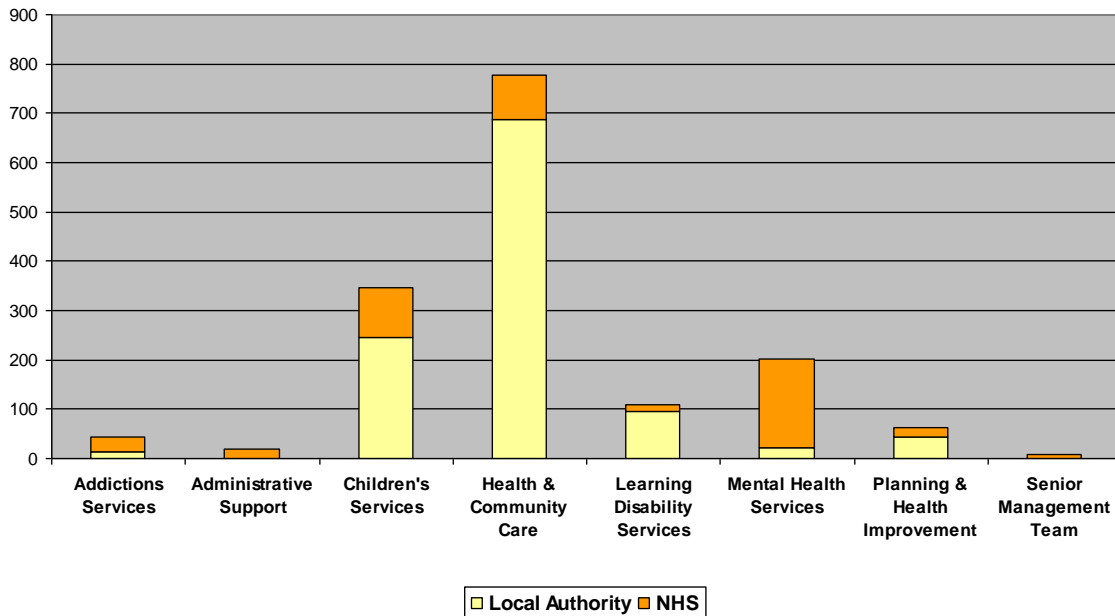


The chart below shows workforce distribution by employing authority and service area, followed by a variation excluding hosted services.

**West Dunbartonshire CHCP  
All Staff in Post by Service Area (including Hosted Services)  
WTE as at April 2012**

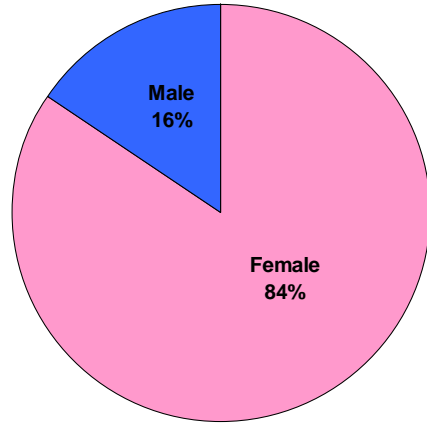


**West Dunbartonshire CHCP  
All Staff in Post by Service Area (excluding Hosted Services)  
WTE as at April 2012**

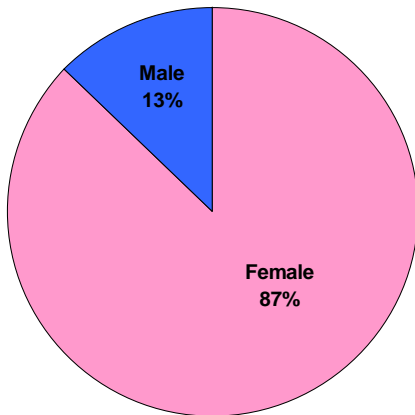


## West Dunbartonshire CHCP Gender Profile

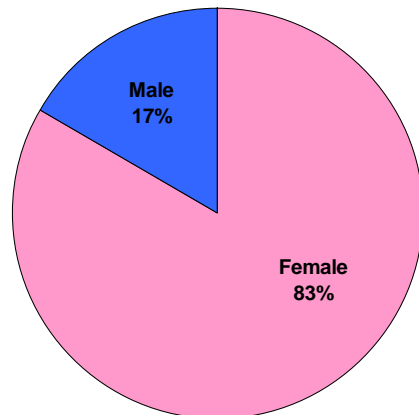
West Dunbartonshire CHCP  
All CHCP Staff (Excluding Hosted Services)  
Gender Profile (Headcount)



West Dunbartonshire CHCP  
NHS Staff  
Gender Profile (Headcount)

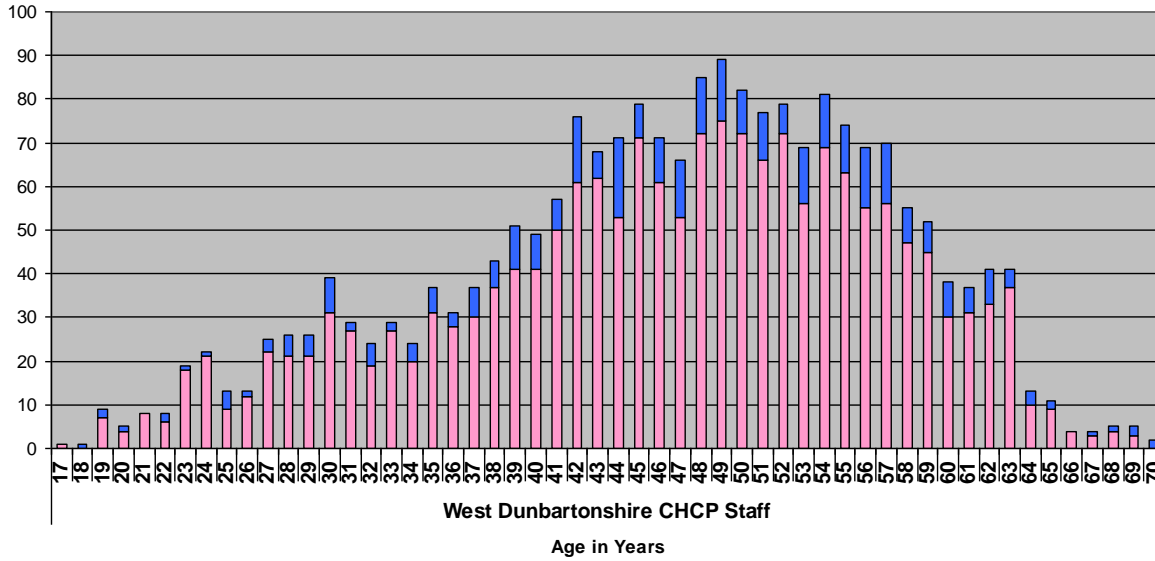


West Dunbartonshire CHCP  
Local Authority Staff  
Gender Profile (Headcount)

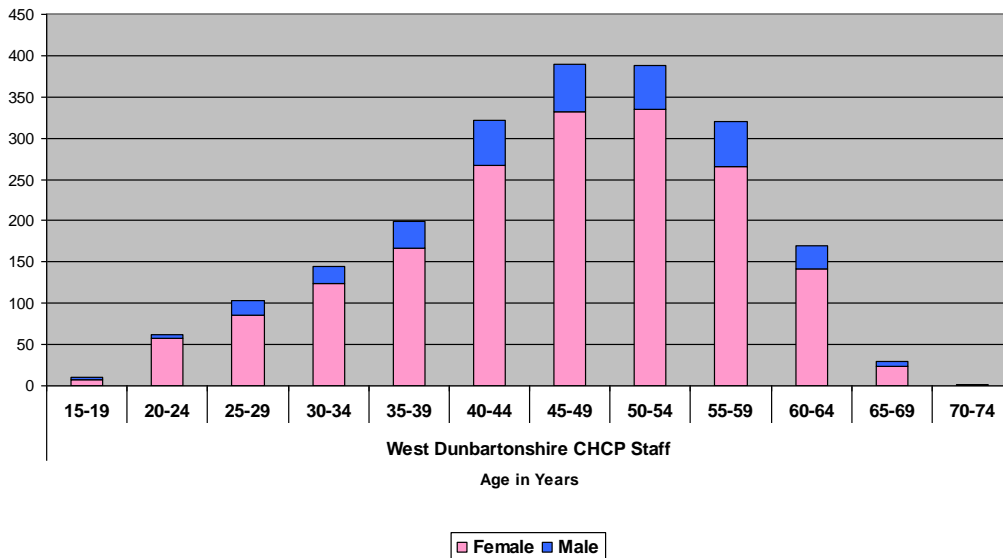


## West Dunbartonshire CHCP Age Profile

West Dunbartonshire CHCP  
All CHCP Staff in Post  
Age Profile by Gender as at April 2012



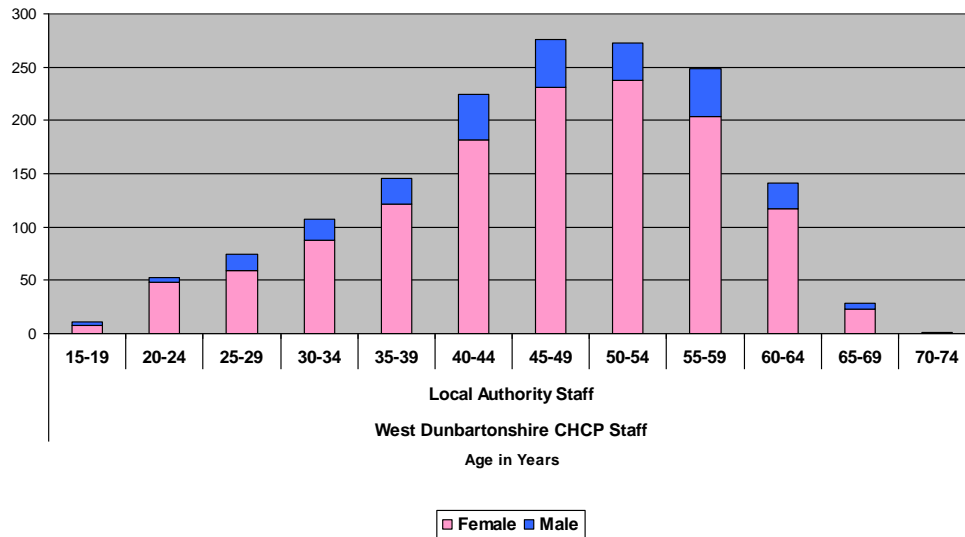
West Dunbartonshire CHCP  
All CHCP Staff in Post  
Age Profile by Gender as at April 2012



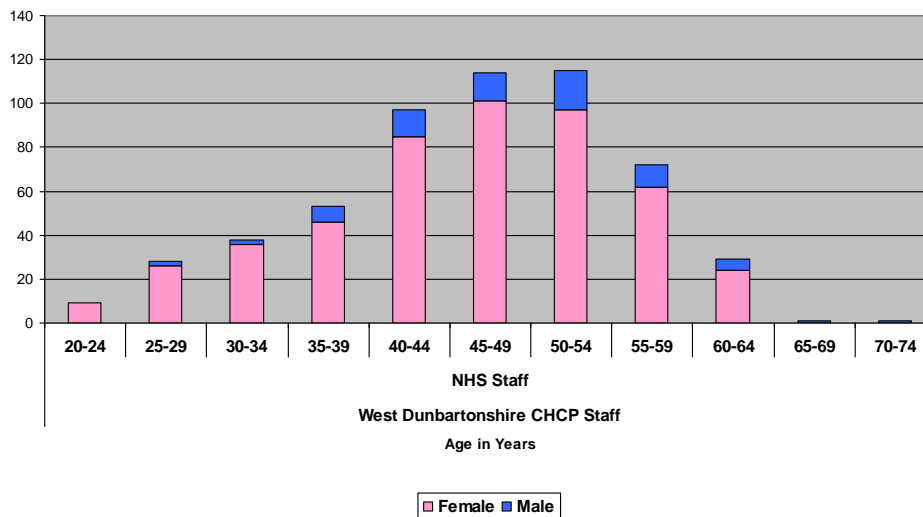


It must be noted that given that recent legislation has effectively abolished the previous statutory retriial age of 65 years, the age profile may not be as accurate in relation to forecasting likely retriial pattern. In addition the upcoming change in the age where staff can access their state pension (currently 65 years old increasing to 67 years old) may also prompt some staff to remain working beyond the previous retriial age of 65. The pie cart below shows the age distribution in ten year age bands as a percentage of the headcount workforce. 42% of the workforce are over 50 years old while only 24% are under 40 years old. A further 33% of the workforce are in their 40's with the remaining 1% under 20 years old. The average age of a West Dunbartonshire CHCP employee is 46 years old.

**West Dunbartonshire CHCP  
Local Authority Staff in Post  
Age Profile by Gender as at April 2012**



**West Dunbartonshire CHCP  
NHS Staff in Post  
Age Profile by Gender as at April 2012**



## APPENDIX 2: ACTIONS FOR COMPLETION DURING 2012/13

Strategic Plan Commitment with Explicit Workforce Component	Workforce Activities	Lead
<p><u>Adult Mental Health</u>            Integrate the Ardmore day hospital staff into the Older Adults Community Mental Health Team (Cairnmhor Resource Centre).            Roll out Adults With Incapacity (AWI) training Scotland 2000 to acute and mental health staff.            Refresh internal processes for ensuring that guardianship cases are appropriately allocated to a supervising social worker for monitoring, support and review.            Refresh local Mental Health Improvement Plan to incorporate local Choose Life suicide prevention action plan.</p>	<p>Organisational development.            Staff training.            Staff recruitment.</p>	<p>Head of Mental Health, Learning Disabilities &amp; Addictions.</p>
<p><u>Alcohol &amp; Drugs</u>            Continue to promote alcohol brief interventions (ABI) across all services and GP practices.</p>	<p>Staff training.</p>	<p>Head of Strategy, Planning &amp; Health Improvement.</p>
<p><u>Child &amp; Maternal Health</u>            Establish authority-wide Child and Adolescent Mental Health Service.            Implement Young People's Mental Health and Emotional Wellbeing Review and Improvement Group Work Plan.            Develop and implement action plan to maintain UNICEF Baby Friendly Community Stage 3 accreditation.            Continue to implement requirements of CEL 15: <i>Refresh of Health for All Children</i>.            Implement Releasing Time to Care across Health Visiting Service.            Completion of pilot of SHANARRI based assessment tool for health visitors.            Develop and plan for implementation of Early Years Change Fund, including:</p> <ul style="list-style-type: none"> <li>• Enhanced implementation of CPP Parenting Strategy.</li> <li>• Continue to ensure application of Getting it Right for Every Child.</li> </ul> <p>Implement Children with Disabilities Review and Improvement Group Work Plan, including:</p> <ul style="list-style-type: none"> <li>• Improve transition arrangements for children with learning disabilities into adult services.</li> </ul> <p>Develop an authority-wide service to support children and young people with complex health needs in the community (including respite).</p>	<p>Organisational development.            Staff training.            Staff recruitment.</p>	<p>Head of Children's Health, Care &amp; Criminal Justice Services.</p>

Strategic Plan Commitment with Explicit Workforce Component	Workforce Activities	Outcome Lead
<p><u>Long Term Conditions &amp; Disabilities</u></p> <p>Implement integrated structure for rehabilitation and enablement services.            Introduce Anticipatory Care Plan Nursing team.            Support local GP practices participating and delivering cardiovascular health checks.            Develop and support CH(C)P-led Optometry Network.            Continue to develop training and education with NHS Education Scotland for community optometrists.</p>	<p>Organisational development.</p> <p>Staff training.</p> <p>Staff recruitment.</p>	<p>Head of Community Health &amp; Care</p>
<p><u>Older People</u></p> <p>Continue to implement Local Older People’s Change Fund Plan, including:</p> <ul style="list-style-type: none"> <li>• Improve coordination, ensuring that information is updated and shared.</li> <li>• Develop a dedicated helpline number manned by volunteers.</li> <li>• Manage Out of Hours Nursing, Home Care, Sheltered Housing, Care Homes, and Mobile Attendants as neighbourhood-oriented and networked teams.</li> <li>• Continue to develop medication-related training for CHCP Home Care staff.</li> <li>• Introduce day care reablement and reablement in short term care home placements.</li> <li>• Deliver a case management service for dementia clients and their carers and who are currently not managed by traditional mental health specialist services.</li> <li>• In partnership with NHSGGC Acute Division, increase the available palliative care beds and provide additional Community Palliative Specialist Nurse capacity.</li> </ul> <p>Implement improvement action plans as required for CHCP-operated residential care homes, providing regular reports to CHCP Committee.</p>	<p>Organisational development.</p> <p>Staff training.</p> <p>Staff recruitment.</p> <p>Volunteer development.</p>	<p>Head of Community Health &amp; Care</p>
<p><u>Primary Care</u></p> <p>Continue to implement NHSGGC Primary Care Framework, including:</p> <ul style="list-style-type: none"> <li>• Develop Practice Manager Group as local access group delegated to provide peer support and review approaches to access.</li> </ul> <p>Support roll out of the Scottish Patient Safety programme to primary care.            Continue to work with GPs to encourage and support appropriate formulary prescribing.            Implement a single system MSK physiotherapy service across NHSGGC.</p>	<p>Organisational development.</p> <p>Staff training.</p>	<p>Clinical Director</p>

<b>Strategic Plan Commitment with Explicit Workforce Component</b>	<b>Workforce Activities</b>	<b>Outcome Lead</b>
<u>Public Protection &amp; Criminal Justice</u> Implement action plan in response to Child Protection Inspection report. Continue to ensure that staff and independent contractors are appropriately trained and supported with robust systems to: identify harm; assess risk; manage risk; and work with other agencies. Implement Criminal Justice Partnership Performance Improvement Action Plan. Lead and implement relevant actions agreed within local Violence Against Women Partnership programme of work.	Organisational development.  Staff training.  Staff recruitment.	Head of Children's Health, Care & Criminal Justice Services.
<u>Sexual Health</u> Continue to support sexual health training of staff working with Looked After and Accommodate Children (LAAC) and staff working with foster parents. Implement Family Nurse Partnership (FNP) pilot in collaboration with Glasgow City CHP.	Organisational development. Staff training. Staff recruitment.	Head of Strategy, Planning & Health Improvement.
<u>Employability, Financial Inclusion &amp; Responding To The Recession</u> Achieve Healthy Working Lives Gold Award for the CHCP. Lead WDC Healthy Working Lives Gold Award maintenance action plan. Take on and provide support to modern apprentices (MA).	Organisational development. MA recruitment and development.	Head of Strategy, Planning & Health Improvement.
<u>Health Improvement</u> Implement training action plan for Second Hand Smoke awareness.	Staff training.	Head of Strategy, Planning & Health Improvement.
<u>Quality</u> Continue to ensure application of absence management requirements/policies. Continue to support staff through supervision and PDPs. Evidence routine application of appropriate recruitment and vetting procedures. Streamline and consolidate SSSC monitoring and maintenance system. Implement actions agreed from CHCP corporate/strategic level PSIF. Continue to ensure CHCP meets its requirements for NHS Staff Governance Standard. Promote behaviours expressed by the NHSGGC Facing the Future Together programme.	Organisational development.  Staff training.	Head of Strategy, Planning & Health Improvement.
<u>Unpaid Care</u> Raise awareness of all staff of carers' needs, the role carers play in supporting self care particularly in areas of Diabetes, COPD, Stroke, and Dementia.	Organisational development. Staff training.	Head of Community Health & Care