

Report To: Inverclyde Integration Joint Board **Date:** 20 March 2018

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Inverclyde Health and Social Care
Partnership (HSCP) **Report No:**
IJB/17/2018/HW

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Subject: INVERCLYDE HSCP PEOPLE PLAN ACTION PLAN 2017-2020

1.0 PURPOSE

1.1 The purpose of this report is to present the first People Plan Action Plan to the Inverclyde Integration Joint Board members for approval.

2.0 SUMMARY

2.1 The People Plan Action Plan has been developed in a co-produced way with a range of stakeholders, and is ambitious in its scope.

2.2 It considers the workforce that is engaged in the delivery of health and social care, across the statutory, third and independent sectors in Inverclyde. It also includes unpaid carers and volunteers, who are a vital part of the care economy.

2.3 This is a unique approach with limited data; nevertheless there is sufficient information at this stage to start planning for the future.

2.4 The People plan considers the workforce in the context of four tiers:

- Tier 1: People who are registered with a regulatory or professional body to deliver health and social care as an individual professional practitioner.
- Tier 2: People who deliver health and social care in Inverclyde, but are not specifically registered to do so as a practitioner.
- Tier 3 (a): People who contribute to the provision of health and social care in Inverclyde in the course of their work. Those whose day to day role is not directly related to health or social care, but who contribute indirectly including people who work as part of the third sector. This includes jobs and roles that would come under the umbrella of administrative, clerical and support services.
- Tier 3 (b): People who contribute to the provision and social care in a voluntary, non-employed capacity to an individual directly or to people who might or might not be relatives.
- Tier 4: People who contribute and can make a difference to outcomes for service users include those in the community who indirectly contribute to the outcomes of local people. Amongst this group are shop workers, bus drivers, taxi drivers, hairdressers, bank staff, community centres and resource centres.

3.0 RECOMMENDATIONS

- 3.1 That the Integration Joint Board members review and approve the Inverclyde HSCP People Plan Action Plan.

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires that a workforce plan is produced and presented to Integration Joint Boards (IJB), highlighting the structure of our workforce. In Inverclyde we are keen to promote a more inclusive approach, based on our pilot work on the Equal Partners in Care (EpiC) Programme, whereby we recognise that delivering the National Wellbeing Outcomes will require co-ordinated efforts across the entire health and social care workforce, and not just the HSCP.

4.2 On that basis, when we talk about the workforce we mean a collection of people, groups, organisations, carers, families, volunteers, neighbours and communities who directly provide or in other ways contribute to the delivery of health and social care.

This includes:

- Inverclyde HSCP,
- Inverclyde Council,
- NHS Greater Glasgow and Clyde Health Board
- the workforce of people who practise in, or support, the delivery of health and social work services (including volunteers);
- Partners in the secondary care (hospital) sector;
- Partners in primary care such as GPs, Dentists, Pharmacists and Optometrists;
- Carers and families as partners in the delivery of care and support, who may require support in their own right;
- The Scottish Prison Service;
- Partner organisations in the Community Planning Partnership – Inverclyde Alliance - as partners with whom we work to improve Inverclyde as a place to live and work;
- Partners in the third, independent and statutory sectors, with whom we commission and organise health and social care service delivery;
- Communities across Inverclyde; the people to whom we are accountable;
- Individual users of services as partners in the planning of their own care and support.

4.3 The People Plan Action Plan considers these contributors in the context of four tiers, specifically:

- Tier 1: People who are registered with a regulatory or professional body to deliver health and social care as an individual professional practitioner.
- Tier 2: People who deliver health and social care in Inverclyde, but are not specifically registered to do so as a practitioner.
- Tier 3 (a): People who contribute to the provision of health and social care in Inverclyde in the course of their work. Those whose day to day role is not directly related to health or social care, but who contribute indirectly including people who work as part of the third sector. This includes jobs and roles that would come under the umbrellas of administrative, clerical and support services.
- Tier 3 (b): People who contribute to the provision of health and social care in a voluntary, non-employed capacity to an individual directly or to people who might or might not be relatives.
- Tier 4: People who contribute and can make a difference to outcomes for service users. Those in the community who indirectly contribute to the outcomes of local people. Amongst this group are shop workers, bus drivers, taxi drivers, hairdressers, bank staff, community centres, and resources centres. Health and social care is not the primary focus of such people and their roles, but by the way they carry out their jobs, they make a difference to people's lives.

4.4 The People Plan Action Plan also considers some of our key challenges that have

been reported to the IJB in other contexts (such as our ageing population; depopulation of working-aged people etc.). These challenges point to a need to transform the way we deliver support, maximising all of our assets to design out any duplication of effort, and to focus on the types of support that will deliver better outcomes for the people who rely on our support (rather than organisational measures).

4.5 Each action in the People Plan Action Plan is set against timescales as follows:

- Short Term: 1 Year
- Medium Term 2 Years
- Long Term: 3 Years

Those responsible for each action or set of actions will set out more specific timescales within the short, medium, long term criteria used.

4.6 As we move forward with the People Plan Action Plan, we will also develop options for what the future health and social care workforce might look like, what the key skills for the future will be, and how all sectors work more closely to deliver outcomes.

5.0 IMPLICATIONS

FINANCE

5.1 **Financial Implications:**

There are no financial implications at this point in time.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

LEGAL

5.2 There are no legal issues within this report.

HUMAN RESOURCES

5.3 There are no human resources implications from this report at this point in time, although the report has an inherent ambition to extend rights and opportunities across all sectors of the workforce, as defined within the People Plan Action Plan.

EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	NO – An equalities impact assessment will be carried out during the implementation of the People Plan Action plan.

5.4.1 How does this report address our Equality Outcomes?

- a) **People, including those from the protected characteristics groups can access HSCP services**

The principles within this People Plan Action Plan support improved support to all people who need it, including those with protected characteristics.

- b) **Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.**

Consistent high standards are expected for our workforce addressing the full range of vulnerabilities without discrimination or stigma.

- c) **People with protected characteristics feel safe within their communities.**

The People Plan Action Plan supports developing a consistent approach across all sectors, in keeping service users safe from harm and providing support to enable people to feel safe in their communities and localities.

- d) **People with protected characteristics feel included in the planning and developing of services.**

The commitment of the HSCP in relation to inclusion of people with protected characteristics is captured in the People Plan Action Plan.

- e) **HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.**

The People Plan Action Plan aims to extend this outcome across the entire health and care economy in Inverclyde.

- f) **Opportunities to support Learning Disability service users experiencing gender based violence are maximised.**

The People Plan Action Plan does not directly address this outcome.

- g) **Positive attitudes towards the resettled refugee community in Inverclyde are promoted.**

The People Plan Action Plan does not directly address this outcome.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance issues at this time.

5.6 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes?

- a) **People are able to look after and improve their own health and wellbeing and live in good health for longer.**

The ethos of enabling more people to support individuals at different levels of need should facilitate earlier intervention and more effective supported self-management.

- b) **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.**

The ethos of enabling more people to support individuals at different levels of need should facilitate earlier intervention and greater independence at home or in a homely setting.

- c) **People who use health and social care services have positive experiences of those services, and have their dignity respected.**

By extending our principles across the entire caring community, we anticipate that people will have more positive experiences of services and support.

- d) **Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.**

This outcome is one of the key drivers of the People Plan Action Plan.

- e) **Health and social care services contribute to reducing health inequalities.**

This outcome is one of the key drivers of the People Plan Action Plan.

- f) **People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.**

Unpaid carers and volunteers will have access to training, development and professional networks within the timescale of the People Plan Action Plan.

- g) **People using health and social care services are safe from harm.**

By extending and sharing training across sectors, staff will become more adept across all sectors at keeping people who use services safe from harm.

- h) **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.**

Staff networks will improve across sectors, and all those involved in the delivery of health and social care should feel more informed and better equipped to deliver a good, quality service.

- i) **Resources are used effectively in the provision of Health and Social Care.**

By reducing duplication we will use our resources effectively.

6.0 CONSULTATION

- 6.1 This People Plan Action Plan has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after full engagement with the Strategic Planning Group and due consideration with relevant senior officers in the HSCP.

7.0 LIST OF BACKGROUND PAPERS

- 7.1 None

PEOPLE PLAN ACTION PLAN

1.0 PURPOSE

To create an action plan designed to fulfil the ambitious aspirations of the Inverclyde People Plan using a themed and tiered approach.

To set short, medium and long term actions with timescales and outcomes for the implementation of the People Plan. (7.1.3 People Plan)

2.0 SUMMARY

2.1 The action plan draws on the information and data from the People Plan narrative and seeks to identify and address the gaps in knowledge and data. It takes account of the collective intentions and aspirations and addresses the key challenges such as the aging workforce, depopulation of working age people and the ongoing financial constraints.

2.2 The action plan seeks to set out the actions necessary to shape the overall workforce ensuring the right people with the right skills are available to deliver the National Wellbeing Outcomes, improve public health and create new ways of working. The action plan is set against a series of workforce centred workforce planning themes. These are:

- Workforce: valued contributors
- Skilled, confident and agile workforce
- Effective Leadership and Management
- Intelligence-led Business Planning
- Improved Outcomes for People
- Improved sustainable business performance
- Cultural Integration
- Supported Workforce of the Future

2.3 The themed and tiered approach of the people plan action plan will be used to set priorities and timescales taking into consideration available resources. The plan will build on existing good practice and look innovatively at how we can work across the whole partnership to achieve our shared vision.

2.4 The people plan action plan will be flexible and adaptable in order to meet the changing needs of the population and accommodate new ways of working.

2.5 The scope and pace of change is such that since the People Plan was presented to the IJB, the vision and evolving models of future service provision continue to develop at speed.

2.6 The People Plan considers the workforce in the context of four tiers:

Tier 1: People who are registered with a regulatory or professional body to deliver health and social care as an individual professional practitioner.

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2.7 The action plan which follows is set out under three outcomes:

Outcome 1: HSCP Workforce development needs

Outcome 2: Drivers for Change

Outcome 3: Towards an Integrated world

Specific timescales will be set by groups and personnel leading actions. Hence where they have been included the following timeline has been used:

Short Term:	1 year
Medium Term:	2 years
Long Term:	3 years or beyond.

Similarly other columns will be populated through the process of engagement leading to finalisation and implementation of the action plan.

2.8 A People Plan Core Group will be established to coordinate the implementation of the People Plan Action plan.

2.9 The Strategic Planning Group will monitor the progress of the implementation of the People Plan Action plan. Regular reports will be made to the Strategic Planning Group by the Chair of the People Plan Core Group.

2.10 As the People Plan is a workforce plan the Staff Partnership Forum will be regularly updated and consulted on relevant actions.

INVERCLYDE PEOPLE PLAN ACTION PLAN

Workforce Centred Workforce Planning	Where are we now?	Actions	Who is responsible?	Timescale	
<p>Outcome: WORKFORCE DEVELOPMENT NEEDS (Tiers 1, 2 and 3) Analysis of current systems covering the HSCP workforce has highlighted some gaps and areas which require to be addressed. For the most part accountable systems are in place to ensure the registered workforce is maintained and planned for. The following actions are proposed:</p>					
1.1	<p>Workforce: Valued Contributors</p>	<p>Learning and Development Learning and development enhances staff morale, motivation and job satisfaction. They impact on performance, recruitment and retention. The quality and accessibility of learning and development ensures:</p> <ul style="list-style-type: none"> • Compliance e.g. with standards • Care outcomes and quality • Organisational learning culture • Innovation and practice <p>Registration Maintenance and Planning A wide range of learning and development supports are in place. A learning framework would complement the learning and development plan which is integrated. This resource is aimed at social work and social care. It will facilitate line managers and supervisees to better plan and record CPD using the supervision and appraisal system.</p> <p>Staff engagement and wellbeing iMatter has been refreshed in the partnership and a robust plan has been put in place to ensure better compliance in the future.</p>	<p>Learning and Development Develop more Integrated/ aligned learning and development plans, and accountable learning frameworks and records. Learning and development plans are closely aligned to and inform workforce plans. Develop a learning culture.</p> <p>Registration Maintenance and Planning Establish learning frameworks to ensure an accountable system is in place which fosters CPD in line with ongoing registration requirements and ensures compliance with mandatory training requirements.</p> <p>Staff engagement and wellbeing Capture staff engagement in the partnership through the iMatter tool.</p>	<p>Quality and Development Service</p> <p>Quality and Development Service</p> <p>People Plan Core Team</p>	<p>Short Term</p> <p>Short Term</p> <p>Medium Term</p>

INVERCLYDE PEOPLE PLAN ACTION PLAN

Workforce Centred Workforce Planning	Where are we now?	Actions	Who is responsible?	Timescale
	<p>Matching staff profile data from parent bodies will enhance analysis of future staff demographics such as those consequent on the aging population figures</p>	<p>Increase awareness of existing resources for improving wellbeing and resilience and build on examples such as mindfulness and stress management to increase access.</p> <p>Continue to develop improvements in data collection and analysis of trends and improvements in levels of work related stress (individuals and teams).</p>		
<p>1.2 Skilled, confident, agile workforce</p>	<p>Annual Review/ Appraisal/ PDP There is some variation in compliance between parent organisations. Improvement needed to achieve high quality outcome focused conversations linked to an annual plan for personal and professional development in line with organisational priorities.</p> <p>Digitally Enabled Workforce It is evident that digital resources can provide valuable tools to help build relationships with audiences and collaborators, tailor communications for a purpose, share, collaborate and inspire. There have already been significant new developments in this area in Inverclyde.</p>	<p>Annual Review/ Appraisal/ PDP Monitor and improve compliance levels across Inverclyde HSCP.</p> <p>Digitally Enabled Workforce Develop a strategy to empower the future workforce:</p> <ul style="list-style-type: none"> • to make best use of new technologies • to develop understanding of digital literacies • to facilitate the use of technology in person-centred approaches to health and social services. 	<p>Services and respective HR departments</p> <p>Short life working group</p>	<p>Short Term</p> <p>Medium Term</p>

INVERCLYDE PEOPLE PLAN ACTION PLAN

Workforce Centred Workforce Planning	Where are we now?	Actions	Who is responsible?	Timescale
	<p>SVQ Centre Development New registration requirements for Home Care staff. Successful care at home project for provider staff could be continued.</p>	<p>SVQ Centre Development Develop SVQ Centre to ensure future staff are well qualified to registration requirements will be met.</p>	<p>Quality and Development Service</p>	<p>Short Term</p>
<p>1.3 Effective Leadership and Management</p>	<p>Leadership There are a range of leadership training and development opportunities across HSCP: ready to lead, step into leadership, CMI, SVQ accredited leadership and management qualifications.</p> <p>HSCP Induction There are full induction programmes in place for new employees run by parent organisations. The HSCP has a welcome pack and induction takes place at service and team level.</p> <p>Supervision A new HSCP wide supervision policy was introduced in 2016 which set out common principles and aligned supervision models.</p>	<p>Leadership Develop Leadership strategy to ensure gaps in leadership practice are addressed: 1) Application of learning is implemented: reflective leadership practice. 2) Profession specific leadership needs are addressed and 3) System leaders have skills to address future workforce and service requirements.</p> <p>HSCP Induction Introduce a face to face half day induction for all new staff to meet HSCP Chief Officer; Chief Social Work Officer; Chief Nurse and their own Head of Service within six months of their start date.</p> <p>Supervision Ensure full implementation and engagement in respective supervision policies in line with common principles.</p>	<p>Quality and Development Service</p> <p>Quality and Development Service</p> <p>Service Managers</p>	<p>Medium Term</p> <p>Short Term</p> <p>Short Term</p>

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Workforce Centred Workforce Planning		Where are we now?	Actions	Who is responsible?	Timescale
1.4	Intelligence-led business planning	<p>Workforce Mapping A range of practical tools and guidance is available for use in workforce planning systems.</p> <p>Succession Planning There are succession planning policies for both NHS and Council employees. Succession plans in place for all critical posts.</p>	<p>Workforce Mapping Develop the workforce mapping processes to facilitate better understanding of organisational/ workforce strengths and weaknesses. Ensure that operational planning feeds into strategic long term workforce planning.</p> <p>Succession Planning Review staff demographics for each service area and develop a coordinated approach to succession planning across HSCP. Aim to integrate high quality succession planning with career and development planning.</p>	<p>People plan core team</p> <p>Short life working group</p>	<p>Medium term</p> <p>Medium term</p>

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Workforce centred workforce planning	Where are we now?	Actions	Who is responsible	Timescale	
<p>Outcome 2: DRIVERS FOR CHANGE (Tiers 3 and 4) The drivers for change will highlight short, medium and long term objectives that will impact on tiers 3 and 4. The drivers will also take account of tiers 1 and 2 and will focus on specific themes.</p>					
2.1	<p>Improved Outcomes for People</p>	<p>Transformation of services and new models of care The transformation of services is a key driver of change and merits a focus as a key action.</p> <p>Carers Preparation is well underway for the implementation of the Carers (Scotland) Act 2016. Inverclyde HSCP piloted Equal Partners in Care.</p> <p>Volunteering in Inverclyde/ unearthing new resources Analysis of volunteering in Inverclyde reveals a significant scale of contribution to service provision. There are 773 active known volunteers from respondents to the recent survey (PP4.4.1 Page 28).</p>	<p>Transformation of services and new models of care Make use of new workforce development resources to facilitate learning and development opportunities in this area (the specifics of this will be developed further by the Q & D Team).</p> <p>Carers Update and implement the Carers Strategy in line with new legislative requirements, in order to realise the vision of equal partners in care across Inverclyde. It is important that partnerships develop places where carers, for example, can be heard and ways in which their voice can be amplified and seen as credible.</p> <p>Volunteering in Inverclyde/ unearthing new resources Establish and implement an Inverclyde wide volunteer strategy to harness and coordinate the energy and commitment of local people in line with the People Plan.</p>	<p>Quality and Development Team</p> <p>Carers centre/ Assessment and Support Planning Service</p> <p>Inverclyde Community Volunteer Service</p>	<p>Short/ medium/ long term</p> <p>Short/ medium term</p> <p>Medium term</p>

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Workforce Centred Workforce Planning	Where are we now?	Actions	Who is responsible?	Timescale	
	<p>Self Help/ Peer Support A wide range of self-help, peer support and service user led initiatives currently exist across Inverclyde.</p> <p>Inspection Action Plans These will be communicated through the appropriate channels and treated as a priority. HSCP will respond to feedback within specified timescales.</p>	<p>Self Help/ Peer Support Develop a self-help/ peer support strategy to optimise opportunities for service user engagement/ partnership wherever appropriate in the development of the workforce and services of the future.</p> <p>Inspection Action Plans Implement learning and development recommendations from inspection reports.</p>	<p>Your Voice/ partners</p> <p>Service led</p>	<p>Medium Term</p> <p>Short Term</p>	
2.2	<p>Improved sustainable business performance</p>	<p>Recruitment and retention of HSCP staff and volunteers The recruitment and retention of staff has become a challenge in some areas, for example district nurses and Home care.</p>	<p>Recruitment and retention of HSCP staff and volunteers Develop a recruitment and retention strategy and monitoring with effective workforce planning. Forward planning and analysis of staff and population demographics is essential. The strategy would be enhanced by innovative development of modern apprentice opportunities, refreshing practice learning, and specific workforce development initiatives in this plan.</p>	<p>People Plan core group</p>	<p>Medium Term</p>
2.3	<p>Cultural Integration</p>	<p>People involvement/ development It is critical in a system of workforce planning that relies on customer insight, that staff be given time and space to meet with other colleagues and those they work with in communities to strengthen relationships, build trust and reshape services together.</p>	<p>People involvement/ development Further develop and create new opportunities for purposeful reflective learning to balance an intensive task focus in an increasingly busy environment. From individual care to workforce planning to strategic change, involving people as partners at all stages and at all levels it is critical if the shift to a more collaborative, co-owned system of care is to be realised. The principles of co-design and co-production can helpfully</p>	<p>Quality and development Service</p>	<p>Medium/ Long Term</p>

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			underpin any partnership planning or change task, and a commitment to dialogue, active listening and inclusion will ensure that all perspectives can be mobilised behind an agreed, shared purpose.		
Workforce centred workforce planning	Actions	Where are we now		Timescale	Monitoring Arrangements
	People engagement There is substantial evidence of movement and change in the HSCP. However there is still substantial change required in order to fully realise personalised care, shared decision making (e.g. within primary care), the shift in power from fixing and telling to facilitation, shared decision making and co-creation.	People engagement Review and build on successful models of community engagement and invigoration of communities in order to strengthen existing networks, for example compassionate Inverclyde. A significant shift in culture and engagement with new ways of working is still required.		Service/ partner led	Medium/ long term
	OD services to support partner integration Organisational development will have an integral role in developing people and organisations. Involvement and support in relation to service improvement, service reviews, leadership development and staff engagement.	OD services to support partner integration Work with OD services to identify what support can be offered to develop people and organisations, in line with the strategic aspirations of the People Plan.		OD services	Medium and long term
Workforce centred workforce	Where are we now?	Actions	Who is	Timescale	

INVERCLYDE PEOPLE PLAN ACTION PLAN

planning				responsible	
Outcome 3: Planning for an Integrated World (Tiers 1,2,3,4)					
3.1	Intelligence-led business planning	<p>Horizon Scanning Plans for services evolving over the next 15 to 25 years. What is the workforce of the future? What models of care are envisioned?</p> <p>Locality Engagement Responsibility upon the HSCP to make real and meaningful opportunities for local people to have influence on locality based decision making in delivering outcomes, spend and activity (commissioning) within localities. This necessitates a power shift within health and social care. In Inverclyde this is in the process of taking shape. A recent partnership event demonstrated the benefits of joint commissioning with a number of suggested initiatives involving the providers and commissioners across Inverclyde.</p>	<p>Horizon Scanning Create opportunities to visualise the long term future and make use of and share new workforce planning resources.</p> <p>Locality Engagement Actions to develop wider locality engagement and coproduction.</p> <p>Undertake locality specific needs assessment in order to appreciate commonalities and specific needs between localities and inform the next iteration of the strategic plan and to identify implications for staff training.</p>	<p>People Plan Core Team</p> <p>Quality and development Service</p>	<p>Medium term</p> <p>Medium Term</p>
Workforce centred workforce planning		Where are we now?	Actions	Who is responsible	Timescale

INVERCLYDE PEOPLE PLAN ACTION PLAN

3.2	Supported workforce of the future	<p>Modelling the future There are models of service design and delivery currently which point the way to future provision and which merit evaluation and the gathering of learning from these experiences:</p> <ul style="list-style-type: none"> • Dementia Implementation group • Mental Health Review <ul style="list-style-type: none"> ○ Recovery ○ Doing with – not doing to ○ “ Nothing about me without me” report • New service redesigns <p>Service redesign Extensive redesign of services is currently underway in Inverclyde. The primary purpose of these redesigns is to improve services so that the people of Inverclyde can improve their lives. Such a degree of change has significant implications for people who use services, carers and the workforce.</p> <p>Multi agency learning and development programmes The action plan considers the workforce that is engaged in the delivery of health and social care across the statutory, third and independent sectors and unpaid</p>	<p>Modelling the future Evaluate new integrated and co-produced initiatives and share learning to inform future developments and to achieve best practice across HSCP.</p> <p>Service redesign Access and make more accessible a range of learning and development and other resources which can facilitate service redesign and help to support a workforce faced with the uncertainty of such rapid change.</p> <p>Multi agency learning and development programmes Review and evaluate the impact and effectiveness of coproduced multi agency learning programmes such as the dementia learning and development initiative.</p>	<p>Quality and Development Service</p> <p>People Plan Core Group</p> <p>Quality and development Service and partners</p>	<p>Medium Term</p> <p>Medium Term</p> <p>Medium term</p>
	Workforce centred workforce planning	Where are we now?	Actions	Who is responsible	Timescale

INVERCLYDE PEOPLE PLAN ACTION PLAN

		<p>carers, volunteers and sections of the general population across Inverclyde.</p> <p>There are a range of well-established multi agency learning and development opportunities such as adult and child protection, domestic violence, dementia awareness, dementia friendly Inverclyde, safe talk, assist, for example.</p> <p>There are a number of further multi agency initiatives underway covering new legislation such as GIRFEC, Carers Act, Named Person Duty of Candour initiatives.</p> <p>Future governance arrangements New models of service design and delivery necessarily imply a need to consider future governance arrangements.</p>	<p>Ensure inclusion of tier 3 and 4 partners in current and future planning and involvement.</p> <p>From above experience develop opportunities for co-creation of an integrated multi-tiered learning and development programme and feasibility analysis of developments like learning passport or badge systems.</p> <p>Future governance arrangements Monitor and review emerging models of governance in order to ensure best practice in governance of new models of service delivery.</p>	<p>People Plan Core Group</p>	<p>Short/ Medium/ Long Term</p>
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