
Report To: Inverclyde Integration Joint Board **Date:** 21 June 2021

Report By: Louise Long
Chief Officer
Inverclyde Health & Social
Care Partnership **Report No:** IJB/26/2021/AM

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Subject: HSCP INTERIM WORKFORCE PLAN 2021/22

1.0 PURPOSE

- 1.1 The purpose of this report is to seek approval of the enclosed interim workforce plan.

2.0 SUMMARY

- 2.1 HSCPs are required by the Scottish Government to develop and publish a workforce plan which sets out the strategic direction for workforce development, service redesign and the resulting changes to our workforce.
- 2.2 The relevance of the workforce plan is to support the HSCP to deliver the priorities in the strategic plan and ensure appropriate staffing arrangements are in place across the HSCP.
- 2.3 Due to Covid 19 pandemic, the HSCP has agreed a revised set of strategic priorities aligned to the Strategic Plan which also reflect newly emerging priorities within the HSCP.
- 2.4 This interim workforce plan for 2021/2022 complements the HSCP workforce plan 2020 – 2024 and supports the IJB's strategic plan 2019 – 2024.

3.0 RECOMMENDATIONS

- 3.1 It is the recommendation that the Integrated Joint Board;
1. Note the work done to date;
 2. Note and approve the attached workforce plan;
 3. Authorises the Chief Officers to issue Directions to the Council and Health Board on the basis of this report.

Louise Long, Chief Officer

4.0 BACKGROUND

- 4.1 The Scottish Government Health and Social Care delivery plan set out an aspiration for high quality health and social care services in Scotland focussed on prevention, early intervention and supported self- management.
- 4.2 The HSCP needs to ensure that everyone receives the right help at the right time, not just now, but in the years to come as our society continues to change. Our approach to primary and community care on the one hand, and acute and hospital services on the other, should support the critical health challenges our society faces, not least with respect to an ageing population.
- 4.3 For community-based services, this will mean everyone should be able to see a wider range of professionals more quickly, working in integrated teams to ensure people receive high-quality, timely and sustainable support for their needs throughout their lives.
- 4.4 Through our workforce planning, service redesign and transformation processes the HSCP is keen to redesign services around communities to ensure that they have the right capacity, resources and workforce.
- 4.5 In January 2020 the Strategic Planning Group agreed that officers should replace the existing People Plan with a new workforce plan to meet legislative requirements and in line with the Strategic Plan roadmaps to ensure the HSCP is well placed to deliver its 6 Big Actions.
- 4.6 The enclosed interim workforce plan for 2021/2022 has been designed to respond to the ongoing challenges of Covid-19 as well as supporting the existing workforce plan for 2020 – 2024 and IJB's strategic plan 2019 – 2024.

5.0 WORKFORCE PLAN 2020 – 2024

- 5.1 The Public Bodies (Joint Working)(Scotland) Act 2014 requires NHS Boards and Local Authorities to plan and deliver health and social care services in a more integrated way to improve outcomes for individuals and communities.
- 5.2 Nationally, the Scottish Government has made clear that the integration of health and social care is a critical component of its programme of reform. There are numerous national strategies that informed the priorities within this strategy and will inform its implementation. They include but are not limited to:
 - Everybody Matters 2020 Workforce Vision
 - Carers (Scotland) Bill 2015
 - Social Care (Self-directed Support) (Scotland) Act 2013
 - Public Bodies (Joint Working)(Scotland) Act 2014
 - The role of the 3rd sector interface
 - Social Service in Scotland a Shared Vision and strategy 2015-2020
- 5.3 The interim Workforce Plan 2021/2022 is attached at Appendix B, it looks at:
 - Short Term workforce drivers (living with Covid)
 - Medium Term workforce drivers
 - Embedding and supporting an organisational culture where all staff feel valued.
 - Staff feeling safe in their designated workplace.
 - Maintaining a sense of connectedness for staff with regards to their team,

- line manager and organisation.
- Where possible, providing staff with the tools and resources to perform their role in a blended approach.
- Provide staff with access to information and resources which sustains and improves their wellbeing.
- Stakeholder engagement
- Supporting the physical and psychological wellbeing of staff

5.4 This document acts as supporting documentation to the overarching workforce strategy. Specific workforce implications of any proposed service change and redesign will be clearly set out in HSCP service redesign and medium term financial plans which come to the IJB for approval.

5.5 The enclosed interim workforce plan has been circulated and discussed with the HSCP Staff Partnership Forum membership and agreed by the Strategic Planning Group in April 2021.

6.0 IMPLICATIONS

FINANCE

6.1	Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
	COVID			25K		Wellbeing monies SG

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
Training Board			100k		To support training

LEGAL

6.2 N/A

HUMAN RESOURCES

6.3 There are no specific human resources implications arising from this report.

EQUALITIES

6.4 Has an Equality Impact Assessment been carried out?

	YES
	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

6.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	none
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 There are no clinical or care governance implications arising from this report.

6.6 NATIONAL WELLBEING OUTCOMES

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
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	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None

Health and social care services contribute to reducing health inequalities.	None
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.	None
People using health and social care services are safe from harm.	None
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 will feel supported - development opportunities available
Resources are used effectively in the provision of health and social care services.	None

7.0 DIRECTIONS

7.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	X

8.0 CONSULTATION

8.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

9.0 BACKGROUND PAPERS

9.1 None.

**INVERCLYDE HSCP
STRATEGIC PLAN- 6 BIG ACTIONS 2020/2021
EMERGING KEY PRIORITIES**

Executive Summary

1.0 Introduction

Due to the Covid pandemic a number of areas of work have had to be paused and reviewed while at the same time other areas have emerged as critical areas of work for the coming year.

It is recognised that the HSCP cannot maintain activity across the totality of the strategic plan next year.

The HSCP SMT have reviewed the current strategic plan and actions due for delivery in 2020/21 and developed an executive summary of the high level priorities during 2020/2021 while we manage the significant ongoing pressures presented by the on-going global pandemic.

This short executive summary covers two specific areas;

1. There are a number of key overarching themes emerged as a result of the pandemic. These are in section 2.0.
2. Section 3.0 captures the key areas of work by service that are now being prioritised for action in the remainder of 2020/2021 and beyond. We are narrowing our scope of activity to focus on the key areas of work that are critical to the sustained delivery and improvement of services. This will also ensure we focus on “Improving Lives” by focussing on improving outcomes for the people who require support.

2.0 Overarching Themes

<u>Themes</u>	<u>Narrative</u>
Covid 19 Live	We will need to plan for ongoing work relating to Covid assessment work and testing moving forward through the winter period and beyond. Flu and Track and Trace responsibilities
Covid 19 recovery	Our teams will continue to implement recovery steps where appropriate and taking account of any local or national lockdown arrangements. Specific guidance around social distancing and recovery plans are in place including office occupancy levels and desk sharing. The HSCP has a covid recovery group reflecting on changes resulting from covid with a view to include best practice and reviewing lessons learned.
Flu and Winter Planning	We will be working to ensure our

	normal winter period is planned for and we make best use of the resources we have. We will also be working to deliver the most significant immunisation for Flu across Inverclyde this winter.
Anti-Poverty work	£1m from anti poverty fund to be invested
Readiness of third sector to bid for contracts	Seeking advice from procurement about this issue and Market Facilitation Group to review this potential issue

3.0 Service Specific Priorities

Health & Community Care	
Access 1 st	We will complete our review of the Access 1 st test of change by March 2021.
Care at Home	We will commence our review of our internal care at home service by the spring of 2021
Unscheduled Care	We will work whole system to ensure we put plans in place to offer alternatives for the Inverclyde population to reduce unscheduled care pressures across the system
OOH review	We will work with Out of Hours team to develop a local solution for the OOH review.
New Learning Disability Hub	We will work to ensure we deliver our new Learning Disability Hub in Inverclyde by 2022 as planned.
Mental Health, Addictions & Homelessness	
Homelessness Vision	We will prioritise and develop Key Housing and Homelessness services that will offer community support and will reduce homelessness. (BA4.21)
Rapid Rehousing Transition Plan (RRTP)	We will work with a range of partners to implement year 2 of the 5 year RRTP with particular focus on implementation of Housing First; review of temporary accommodation and scope supported accommodation requirements.
Alcohol and Drugs	We will complete the review of alcohol and drugs with a clear focus on building recovery communities and We will work with our ADP partners to delivery key actions of

	the Inverclyde Drug Related Death Prevention Strategy.
ADRS Redesign	We will implement the ADRS workforce redesign and implementation by December 2020 (dependant on Organisation Change process being agreed)
Mental Health Assessment Unit	We will work with the wider NHSGGC system and partners to determine the appropriate model for Inverclyde MHAU to meet local and national needs
Distress Brief Interventions (DBI)	We will work with partners to develop and implement The Distress Brief Intervention (DBI) initiative within Inverclyde
Dementia	We will prioritise and develop Key Mental Health Programmes that are critical to the sustained delivery and improvement of Dementia services
Children, Families & Criminal Justice	
Care Review	Implement Promis from national review, develop action plan.
Women's Project for Justice	Big Lottery funded project, engaging women in the justice system in communities.
Development of the wellbeing service	£15m new monies nationally approximately £250k for service for children in Inverclyde.
Clinical and Care Governance	
Develop Action Plan for Clinical & Care Governance strategy	We will develop Key Clinical and Care Governance Action Plan to support delivery and improvement of services.
Strategy and Support Services	
Digital Development	HSCP digital strategy work has been extended and accelerated to support agile working across the HSCP. Agile working and the ability to deliver services remotely has been a key aspect of responding effectively to the pandemic
Capital Development including Health Centre	We have a number of live capital projects (new Greenock Health Centre and new LD Hub) that are key to service delivery. Work is able to progress, despite the pandemic, albeit at a slightly closer pace due to social distancing requirements. It is important that these projects continue to be delivered.

<p>Replacement of the Social Care Records Management System (SWIFT) Development</p>	<p>A robust social care record management system is vital to deliver services safely and effectively. The new system will ensure this can be delivered longer term and will also bring a number of additional benefits to services and service users as outlined in the Business Case and funding request reports to the IJB in March and Sept 2020.</p> <p>This IT project was agreed pre covid but has been further delayed as result of the pandemic. It is anticipated that Scotland Excel will finalise and publish the procurement framework for the system in Oct/Nov and work can recommence locally to procure and implement the system once that framework is available.</p>
<p>Commissioning support to Care Homes</p>	<p>Care Homes have faced unprecedented challenges during the pandemic. Governance and scrutiny of practices is heightened. Linked to this the Strategic Commissioning Team will continue to be required to provide support and enhanced monitoring to the sector for the duration of the pandemic.</p> <p>Looking at developing/building local care home hub.</p>
<p>Community outreach will be supported</p>	<p>Covid 19 has meant that a number of services are now being delivered virtually through phone, video conferencing and text reminders. Nearly 4000 keeping in touch calls made by Your Voice and Compassionate Inverclyde during the COVID19 crisis.</p> <p>To enhance information access the Inverclyde aspects of the Scottish Services Directory are still being developed</p>
<p>Locality Planning</p>	<p>Establish virtual locality planning structures. Your Voice taking forward pilot in Port Glasgow</p>
<p>National Adult & Care Review</p>	<p>Consider report from national review adult care and any implications this may have for staff within the HSCP.</p>

<p>Develop Inverclyde Cares</p>	<p>Inverclyde Cares will allow us to reach our vision of ensuring that Inverclyde is a caring, compassionate community working together to address inequalities and assisting everyone to live active, healthy and fulfilling lives.</p> <p>Inverclyde Cares Kindness Campaign is in early stages of development and anticipated to take place alongside launch of Inverclyde Cares in Spring 2021.</p> <p>Implement the high level workplan and seek approval on a strategic implementation plan.</p> <p>Finalise specification for changes to Inverclyde Life website</p>
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Inverclyde HSCP
Interim Workforce Plan 2021/22

Section 1 – Background (Refer to Annex 1 for indicative Content)

The Inverclyde Health and Social Care Partnership (HSCP) does not directly employ staff but “it is responsible for coordinating services” as detailed within the published Integration Scheme.

The HSCP Strategic Plan (2020-24) sets out our vision of improving lives [Inverclyde Council | Health and Social Care Partnership Strategic Plan](#).

Everything we do to deliver that vision relies on our workforce, and this Workforce Plan is a sub-set of our overarching Strategic Plan.

As such, the Workforce Plan sets out how we will recruit, develop and retain the right people in the right place at the right time to deliver positive outcomes for Inverclyde. It outlines how we will support, develop and grow the capacity and abilities of all the people who contribute to the delivery of health and social care in Inverclyde. The paid HSCP workforce includes people with a range of health and social care backgrounds who are committed to working together in a single organisation, to improve the outcomes of those people who need health and social care support.

Our Vision and Strategic Direction

Our vision: Inverclyde is a caring and compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives.

The Strategic Plan reinforces the values and principles that underpin our identity, and it is important to us that all of the Inverclyde health and social care workforce subscribes to these.

We are committed to our ambition of ‘Improving Lives’ and these commitments have still to be fully delivered to achieve this:

- Full implementation of the requirements of the Carers (Scotland) Act 2016
- Review of treatment rooms
- Learning Disability Services redesign
- Allied Health Professionals (AHP) review
- Full implementation of the Primary Care Improvement Plan
- Development of an Inverclyde Dementia Strategy
- Alcohol & Drug Recovery Services (ADRS) review
- Community Justice Partnership review
- Development of a cross-cutting public health approach
- Further development of Inverclyde Cares.

A number of the reviews above are largely completed.

These commitments are reflected in our Strategic Plan.

Inverclyde HSCP – 6 Big Actions to deliver the Strategic

- Big Action 1** Reducing inequalities by building stronger communities and improving physical and mental health.
- Big Action 2** A nurturing Inverclyde will give our children and young people the best start in life.
- Big Action 3** Together we will protect our population.
- Big Action 4** We will support more people to fulfil their right to live at home or within a homely setting and promote independent living, together we will maximise opportunities to provide stable sustainable housing for all.
- Big Action 5** Together we will reduce the use of, and harm from alcohol, tobacco and drugs.
- Big Action 6** We will build on the strengths of our people and our community.

Plan

All of these are woven through our strategic and operational, so it is fitting that they also underpin our Workforce Plan. These interlink and can be cross referenced with regulatory and scrutiny body codes of practice and professional standards. Our Strategic Needs Assessment which underpins this plan is available on our website.

Due to Covid 19 the HSCP has agreed a revised set of strategic priorities aligned to the Strategic Plan but which also reflect newly emerging priorities within the HSCP. A copy of these revised priorities is enclosed at Appendix A.

Section 2 – Stakeholder Engagement (Refer to Annex 1 for indicative Content)

Engagement & Participation

The Inverclyde HSCP Workforce Plan - agreed August 2020 was created in close liaison with our partners and stakeholders and we have agreed the following points to be delivered:

- Definition of the plan;
- Identify what change may look like;
- Describe the current workforce;
- Outline what the future workforce will need, in order to deliver the National Wellbeing Outcomes in Inverclyde;
- Highlight what actions we need to take to deliver the future workforce;
- Detail how change will be implemented, monitored and reviewed over the next five years.

We took a partnership approach in the development of our Workforce Plan. Our long-established collaborative approach breathes life into our strategic value of **“working better together”** with our local statutory, independent, voluntary, third and housing sector partners and Trade Unions, all of whom make a significant contribution to ensure that Inverclyde is a safe, secure and healthy place to live and work. Underpinning this is a need to attract people to a career in health and social care and to sustain the workforce by ensuring rates of pay as well as terms and conditions of employment are competitive and fair.

Section 3 - Supporting Staff Physical and Psychological Wellbeing (Refer to Annex 1 for indicative Content)

The Workforce Wellbeing Matters delivery plan has been constructed in a very short space of time and has the overall aim of –

“Across Inverclyde we will deliver on integrated and collaborative approaches to support and sustain effective, resilient, and a valued health and social care workforce”

This is underpinned by a number of improvement actions, all of which are detailed in the plan.

Ensuring all staff working in health and social care stay safe and well is essential to support staff to deliver the best care to service users and their carers. This is augmented by providing resources and support at pace, so that workforce wellbeing and resilience is sustained and improved.

An organisation’s greatest asset is its workforce and every effort will be made to ensure there are appropriate, proactive and accessible resources to keep staff mentally and physically well and ensuring that everyone supports and pays attention to wellbeing needs on a daily basis.

The arrival of COVID-19 acted as a springboard, bringing about an incredible scale

and pace of transformation, and highlighting the enormous contribution of the entire Health and Social Care workforce and therefore, there is a collective responsibility to build on this momentum and continue to transform – keeping people at the heart of all that we are to achieve.

Research and evidence clearly recommend that a wide-scale staff process to identify needs is undertaken at different time points (3, 6 and 12 months). Moreover, staff who go on to develop mental health difficulties do not always request support from existing mechanisms many staff mental health difficulties have a late onset and often can present 6-18 months following the event.

The best current estimate, from work completed by psychology colleagues is that between 10-20% will go on to develop mental health difficulties over a period of 0-2 years.

A summary of the key themes from our Workforce Wellbeing plan are:

- Sustain Staff R&R Hubs, which were located mainly in acute settings throughout Greater Glasgow & Clyde and consider a staffing model (at least in the short term) that, would enable peer to peer support conversations and also to use the Hubs to raise awareness of all the support provision available.
- Flex the face to face Psychology Service to the needs of all health and social care staff groups/teams, who have been at the forefront of managing the pandemic.
- Continuation of the All Staff Helpline
- Develop training and use of Psychological First Aid by staff across Health & Social Care to enable more effective Peer Support conversations.
- Targeted use of Psychologist led team-based reflective practice models and also the roll out of Wellbeing Huddles
- Define arrangements with the Psychology Service for carrying out a Staff Mental Health Check-in and Assessment Process at 3, 6 and 12 month timescale and mental health assessment and treatment/care pathway.
- Consider what would be most effective support for Senior Leaders, identified as potentially high risk because they are not immune to stress caused by the crisis

The Inverclyde implementation of this plan has focused on a partnership working approach, in collaboration with staff side, 3rd and independent sector colleagues.

Section 4 – Short Term Workforce Drivers (Living with COVID) (Refer to Annex 1 for indicative Content)

In our Workforce Wellbeing Matters plan we have identified our commitments over the coming months and years and the tables below represent how we will deliver these covering sections 4 and 5.

- Commitment 1 - Within the next 12 months
- Commitment 2 - Up to 24 months
- Commitment 3 - Up to 36 months

Section 5 – Medium Term Workforce Drivers (Refer to Annex 1 for indicative Content)

1. Primary Driver: Embed and support organisational cultures, where all staff are and feel valued

Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
1.1	<p>We will address –</p> <ul style="list-style-type: none"> Supporting organisational vision and values for staff wellbeing, irrespective of an individual's role, if it is frontline or backroom, all are valid 	<p>We will embed and encourage –</p> <ul style="list-style-type: none"> Visibility of senior leadership teams Invest training for leaders – resilience training A Culture of inclusiveness and permission to care for oneself 	<p>We will –</p> <ul style="list-style-type: none"> Adopt and support approaches to optimise away from screen time and ensure this is built into staff 'Keeping Well in Your 	Commitment 1	<p>HSCP Chief Officer/ CVS Inverclyde Chief Exec (Co-sponsors)/ Champion Lead</p>	Green

	<ul style="list-style-type: none"> Alleviate any feelings of guilt held by staff that they were not making an impact, in the same way as other staff 	and other that informs and permeates through the organisation	<p>Workplace'</p> <ul style="list-style-type: none"> Enable and support time for check-ins on own and colleagues wellbeing 	Commitment 1		
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2. Primary Driver: Staff feel safe in their workplaces

Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
2.1	<p>We will address –</p> <ul style="list-style-type: none"> Reducing anxiety about exposure to and catching Covid-19 and potential impact on self, family, and service users Support and enable staff to be proactive about keeping themselves etc. 	<p>We will embed and encourage –</p> <ul style="list-style-type: none"> Physical environments are adapted to become Covid-19 compliant Systems in place to maintain adequate supply of PPE and staff able to have adequate access Appropriate risk 	<p>We will –</p> <ul style="list-style-type: none"> Ensure there is training on the completion of Health & Safety risk assessments that supports the current processes Recruitment and appropriate training of workplace 	<p>Commitment 1</p> <p>Commitment 1</p>	<p>Head of Health & Community Care/ Champion Lead</p>	

	<p>safe and thus build sense of safe workplace practices</p>	<p>assessments carried out, focusing on workplace environment(s), specific duties, and other work-related activities, which are kept under review and staff can access</p> <ul style="list-style-type: none"> ▪ Infection risk and control 	<p>Health & Safety Champions, which complements and supports existing processes.</p> <ul style="list-style-type: none"> ▪ Review communication approach to PPE, in terms of ensuring equity of use is in place for all staff ▪ Implement strict and effective infection prevention and control procedures, including social distancing and redesigning care procedures that pose high risks for spread of infections. 	<p>Commitment 1</p> <p>Commitment 1</p>		
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3. Primary Driver: Staff maintain a sense of connectedness to their team, line manager and organisation						
Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
3.1	<p>We will address –</p> <ul style="list-style-type: none"> Reduce feelings of isolation Promote peer support Sustain team identity and focus Promote understanding of organisational COVID response and importance of staff's role within this 	<p>We will embed and encourage –</p> <ul style="list-style-type: none"> Senior Leadership teams to review approach to communication that ensures consistency, balance, and accuracy Regular Team Meetings taking place, which are inclusive of all regardless of work location and routinely facilitates wellbeing discussions Regular supervision taking 	<p>We will –</p> <ul style="list-style-type: none"> Develop and forge stronger links to HSCP's Strategic Plan Big Action 6 (Building on strengths of our people and community) Create a system change to record organisational decisions are made and there is a subsequent impact on workforce health and wellbeing, e.g., as part of committee 	<p>Commitment 1</p> <p>Commitment 1</p>	<p>Chief Officer/ Heads of Service (Co sponsors) / Champion Lead</p>	

		<p>place with all staff regardless of work location and routinely facilitates wellbeing discussions</p> <ul style="list-style-type: none"> ▪ Consideration given to different modes of communication and to have an equitable and consistent approach 	<p>papers, and similar to the EQIA processes.</p> <ul style="list-style-type: none"> ▪ Devise and implement 'Keeping Well in Your Workplace Plans', adopting a sponsorship approach, for all staff ▪ Work with key stakeholders to develop a Workplace Wellbeing Communications Plan, including equitable access and use of devices ▪ Design and develop an evidence-based framework that supports and enables all staff to participate in – 	<p>Commitment 2</p> <p>Commitment 1/Commitment 3</p> <p>Commitment 1</p>		
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			<ul style="list-style-type: none"> o Team Wellbeing Huddles o Support Bubbles (for common interests) 			
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4. Primary Driver: Staff, where possible, have the tools and resources to work in a blended approach (Home, Office, and Community)

Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
4.1	<p>We will address –</p> <ul style="list-style-type: none"> ▪ Facilitate agility in responding to changing personal, organisational and community 	<p>We will embed and encourage –</p> <ul style="list-style-type: none"> ▪ Identify appropriate solutions that enables equity of access to online 	<p>We will –</p> <ul style="list-style-type: none"> ▪ Work with the HSCP's Digital Strategy ▪ Develop local Z-card information ▪ Continue to 	<p>Commitment 2</p> <p>Commitment 1</p>	<p>Head of Finance, Planning & Resources / Champion Lead</p>	

	<p>circumstances arising from covid-19 pandemic</p>	<p>information and resources, for staff who may not have readily available internet access</p> <ul style="list-style-type: none"> ▪ Work with the respective Communications and ITC departments to undertake an audit and identify gaps in provision of devices for all staff ▪ Ensure there is a consistent approach in the use of software that enables all staff to undertake their work, with gaps identified, with an action plan to resolve 	<p>influence National and GGC-wide direction of travel</p>	<p>Commitment 1</p> <p>Commitment 2</p>		
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5. Primary Driver: Staff have access to information and resources, which sustains and improves their wellbeing

Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
5.1	<p>We will address –</p> <ul style="list-style-type: none"> To support staff to recognise signs and symptoms in themselves and others, in times of stress and anxiety Promotes a sense of agency over individual's wellbeing 	<ul style="list-style-type: none"> We will embed and encourage – A co-ordinated approach to ensure all staff are supported to complete relevant improving wellbeing and resilience workshops, such as Psychological First Aid Training Information on supporting health and wellbeing available through variety of mediums, linking to developing 	<p>We will –</p> <ul style="list-style-type: none"> Have an inclusive and multi-agency approach to training/up skilling programmes to supporting staff and workplace wellbeing Design and develop a set of resources that supports and enables resilience in the workplace Recruit to Workplace 	<p>Commitment 1</p> <p>Commitment 1</p> <p>Commitment 2</p>	<p>Head of Mental Health, Addictions & Homelessness / Champion Lead</p>	

		<p>Communications Strategy</p> <ul style="list-style-type: none"> Work with key stakeholders to deliver on specific multi-media campaign targeting health and wellbeing, ensuring equitable access to the information, and link with the developing Communications Strategy 	<p>Wellbeing Ambassadors</p> <ul style="list-style-type: none"> Improve the uptake of the National Coaching offerings Improve the profile and increase the promotion of the national Promis website 	<p>Commitment 1</p> <p>Commitment 1</p>		
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Section 6 – Supporting the workforce through transformational change (Refer to Annex 1 for indicative Content)

It is evident from research that the recruitment and retention of staff in health and social care sectors has become a challenge. There are real issues in terms of a lack of available trained staff, especially psychiatrists, nurses and mental health officers. This is being experienced across the country due to a national shortage of staff and an ageing workforce. The COVID-19 pandemic has increased that pressure in some qualified roles, which are in high demand nationwide, but may increase the availability of people for other roles.

The focus during the pandemic on Health and Social Care services and the “Clap for Carers” initiative showed the country the incredible job those in Health and Social Care do. Initial recruitment went up as more people indicated an interest in moving into this field, especially in the areas of Homecare and Residential Children’s Services.

Our challenge is to identify what we should change in terms of current service models, and what actions we can take in order to continue to attract people into the health and social care sectors and in particular to Inverclyde. We will:

- equip our staff with the skills they need to deliver better outcomes for them and our service users.
- enable and up skill all of those who need support, focusing on their abilities and what they can do, rather than limitations.
- consider ways in which we can make careers in Health & Social Care in Inverclyde more attractive.
- consider options to make the best use of our resources to deliver our services in the most effective and efficient way.

We collect information about the reasons why people leave the HSCP using a questionnaire. The aim of this is to gain a better understanding of the reasons employees move jobs and to gather their views and insights into workplace issues. This information is vital to improve service delivery and address critical recruitment and retention issues.

Analysis of the data can contribute to our approach to improving employee retention and helps us devise action plans to make any necessary improvements in specific areas to counter the potentially costly and disruptive effect that high levels of employee turnover can have.

Recruitment will include a robust selection process and induction package for successful candidates which empowers our workforce to start work with the knowledge and skills to be able to work confidently in their role. We want to ensure that Inverclyde HSCP is the place to work, succession planning and supporting staff in developing a career path to support the retention of our skilled staff is a priority.

As our HSCP has developed, so has our approach to service redesign. We now have full agreement that all service redesign proposals come to the Strategic Planning Group (SPG) so that they can be understood in the wider context of the delivery of the Strategic Plan. Service Redesigns are overseen by individual Project Boards and the Transformation Board.

Our Workforce Plan will be overseen by the SPG with linkage into the Staff

Partnership Forum (SPF). We will develop our workforce and grow the necessary skill base by utilising trainee and leadership development schemes, where appropriate.

A Learning & Development Group, chaired by the Chief Social Work Officer (CSWO) is being set up in 2021 to support ongoing succession planning and staff development within the Partnership. The IJB has approved the creation of a training fund to support the work of this Learning & Development Group.

As we move through the delivery of our Strategic Plan, and following the pandemic there is a need to reconsider how some of our services are delivered, to ensure we are delivering the right services to the right people in the most effective way possible. Our Workforce Plan will be updated as required, depending on decisions made by the IJB about future service redesigns. Such updates will take account of:

- Staff roles
- Skills required
- Workplace from which care is delivered
- Pattern of work required to support our service users
- Training/upskilling our current workforce through PDP/TURAS
- Technology and digital opportunities investing in training for staff

**INVERCLYDE HSCP
STRATEGIC PLAN- 6 BIG ACTIONS 2020/2021
EMERGING KEY PRIORITIES**

Executive Summary

1.0 Introduction

Due to the Covid pandemic a number of areas of work have had to be paused and reviewed while at the same time other areas have emerged as critical areas of work for the coming year.

It is recognised that the HSCP cannot maintain activity across the totality of the strategic plan next year.

The HSCP SMT have reviewed the current strategic plan and actions due for delivery in 2020/21 and developed an executive summary of the high level priorities during 2020/2021 while we manage the significant ongoing pressures presented by the on-going global pandemic.

This short executive summary covers two specific areas;

1. There are a number of key overarching themes emerged as a result of the pandemic. These are in section 2.0.
2. Section 3.0 captures the key areas of work by service that are now being prioritised for action in the remainder of 2020/2021 and beyond. We are narrowing our scope of activity to focus on the key areas of work that are critical to the sustained delivery and improvement of services. This will also ensure we focus on “Improving Lives” by focussing on improving outcomes for the people who require support.

2.0 Overarching Themes

<u>Themes</u>	<u>Narrative</u>
Covid 19 Live	We will need to plan for ongoing work relating to Covid assessment work and testing moving forward through the winter period and beyond. Flu and Track and Trace responsibilities
Covid 19 recovery	Our teams will continue to implement recovery steps where appropriate and taking account of any local or national lockdown arrangements. Specific guidance around social distancing and recovery plans are in place including office occupancy levels and desk sharing. The HSCP

	has a covid recovery group reflecting on changes resulting from covid with a view to include best practice and reviewing lessons learned.
Flu and Winter Planning	We will be working to ensure our normal winter period is planned for and we make best use of the resources we have. We will also be working to deliver the most significant immunisation for Flu across Inverclyde this winter.
Anti-Poverty work	£1m from anti poverty fund to be invested
Readiness of third sector to bid for contracts	Seeking advice from procurement about this issue and Market Facilitation Group to review this potential issue

3.0 Service Specific Priorities

Health & Community Care	
Access 1 st	We will complete our review of the Access 1 st test of change by March 2021.
Care at Home	We will commence our review of our internal care at home service by the spring of 2021
Unscheduled Care	We will work whole system to ensure we put plans in place to offer alternatives for the Inverclyde population to reduce unscheduled care pressures across the system
OOH review	We will work with Out of Hours team to develop a local solution for the OOH review.
New Learning Disability Hub	We will work to ensure we deliver our new Learning Disability Hub in Inverclyde by 2022 as planned.
Mental Health, Addictions & Homelessness	
Homelessness Vision	We will prioritise and develop Key Housing and Homelessness services that will offer community support and will reduce homelessness. (BA4.21)
Rapid Rehousing Transition Plan (RRTP)	We will work with a range of partners to implement year 2 of the

	5 year RRTP with particular focus on implementation of Housing First; review of temporary accommodation and scope supported accommodation requirements.
Alcohol and Drugs	We will complete the review of alcohol and drugs with a clear focus on building recovery communities and We will work with our ADP partners to delivery key actions of the Inverclyde Drug Related Death Prevention Strategy.
ADRS Redesign	We will implement the ADRS workforce redesign and implementation by December 2020 (dependant on Organisation Change process being agreed)
Mental Health Assessment Unit	We will work with the wider NHSGGC system and partners to determine the appropriate model for Inverclyde MHAU to meet local and national needs
Distress Brief Interventions (DBI)	We will work with partners to develop and implement The Distress Brief Intervention (DBI) initiative within Inverclyde
Dementia	We will prioritise and develop Key Mental Health Programmes that are critical to the sustained delivery and improvement of Dementia services
Children, Families & Criminal Justice	
Care Review	Implement Promis from national review, develop action plan.
Women's Project for Justice	Big Lottery funded project, engaging women in the justice system in communities.
Development of the wellbeing service	£15m new monies nationally approximately £250k for service for children in Inverclyde.
Clinical and Care Governance	
Develop Action Plan for Clinical & Care Governance strategy	We will develop Key Clinical and Care Governance Action Plan to support delivery and improvement of services.
Strategy and Support Services	
Digital Development	HSCP digital strategy work has been extended and accelerated to support

	<p>agile working across the HSCP. Agile working and the ability to deliver services remotely has been a key aspect of responding effectively to the pandemic</p>
Capital Development including Health Centre	<p>We have a number of live capital projects (new Greenock Health Centre and new LD Hub) that are key to service delivery. Work is able to progress, despite the pandemic, albeit at a slightly slower pace due to social distancing requirements. It is important that these projects continue to be delivered.</p>
Replacement of the Social Care Records Management System (SWIFT) Development	<p>A robust social care record management system is vital to deliver services safely and effectively. The new system will ensure this can be delivered longer term and will also bring a number of additional benefits to services and service users as outlined in the Business Case and funding request reports to the IJB in March and Sept 2020.</p> <p>This IT project was agreed pre covid but has been further delayed as result of the pandemic. It is anticipated that Scotland Excel will finalise and publish the procurement framework for the system in Oct/Nov and work can recommence locally to procure and implement the system once that framework is available.</p>
Commissioning support to Care Homes	<p>Care Homes have faced unprecedented challenges during the pandemic. Governance and scrutiny of practices is heightened. Linked to this the Strategic Commissioning Team will continue to be required to provide support and enhanced monitoring to the sector for the duration of the pandemic.</p> <p>Looking at developing/building local care home hub.</p>
Community outreach will be supported	<p>Covid 19 has meant that a number of services are now</p>

	<p>being delivered virtually through phone, video conferencing and text reminders. Nearly 4000 keeping in touch calls made by Your Voice and Compassionate Inverclyde during the COVID19 crisis.</p> <p>To enhance information access the Inverclyde aspects of the Scottish Services Directory are still being developed</p>
Locality Planning	Establish virtual locality planning structures. Your Voice taking forward pilot in Port Glasgow
National Adult & Care Review	Consider report from national review adult care and any implications this may have for staff within the HSCP.
Develop Inverclyde Cares	<p>Inverclyde Cares will allow us to reach our vision of ensuring that Inverclyde is a caring, compassionate community working together to address inequalities and assisting everyone to live active, healthy and fulfilling lives.</p> <p>Inverclyde Cares Kindness Campaign is in early stages of development and anticipated to take place alongside launch of Inverclyde Cares in Spring 2021.</p> <p>Implement the high level workplan and seek approval on a strategic implementation plan.</p> <p>Finalise specification for changes to Inverclyde Life website</p>

INVERCLYDE INTEGRATION JOINT BOARD
 DIRECTION ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

1	Reference number	IJB/26/2021/AM
2	Report Title	HSCP Interim Workforce Plan 2021/22
3	Date direction issued by IJB	21/06/21
4	Date from which direction takes effect	22/06/21
5	Direction to:	Council and Greater Glasgow & Clyde Health Board
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	Yes supersedes plan 2020/21. It is a supporting document to overarching Workforce Strategy
7	Functions covered by direction	
8	Full text of direction	NHS, Council and NHS GG&C jointly are directed to implement the requirements of the Inverclyde HSCP Interim Workforce Plan as attached as appendix B to the report and within the associated budget outlined in the report.
9	Budget allocated by IJB to carry out direction	£100,000 training board, £50,000 wellbeing (covid) monies
10	Outcomes	Staff remain effective/efficient and at work. The wellbeing on staff is focused upon
11	Performance monitoring arrangements	Monitored by Staff Partnership Forum and IJB Strategic Planning Group
12	Date direction will be reviewed	December 2021