

FALKIRK HEALTH AND SOCIAL CARE PARTNERSHIP

WORKFORCE PLAN 2022 - 2025



A MESSAGE FROM PATRICIA CASSIDY CHIEF OFFICER

This plan sits alongside Falkirk Integration Joint Board's [Strategic Plan](#) and outlines how Falkirk Health and Social Care Partnership will support and develop the local workforce to deliver our vision for Falkirk and support and improve the wellbeing of our communities.

The Partnership brings together staff across NHS, Council, community health and social care services, and commissioned services from the third and independent sectors. Our workforce plan takes account of our changing population needs and how we support our local community in facing the impact of future challenges.

The pandemic has had a significant impact on our communities and workforce, leaving a legacy which continues to be felt in services now, and expected into the future. The Partnership also anticipates changes in national policy alongside economic challenges. One example is the impact of inflation and rising fuel costs, which may create ongoing uncertainty for our workforce. Early indications show the potential impact of rising living costs upon service provision – with national action being taken through a temporary increase in mileage rates provided to NHS staff.

While developing this plan, the Scottish Government published the National Care Service Bill - laying out the high level framework for the development of a new National Care Service. We welcome the commitment to widely engage with providers and service users on the Bill, as the new national service has the potential to bring far reaching and ambitious change, which should be reflected in local and national workforce plans.

Of course, we also know that workforce plans don't sit in isolation from our normal day to day business processes. Any changes over the next 3 to 5 years require careful planning and management of the impact upon our workforce.

While our workforce is also growing older, projections indicate it is likely that our current colleagues will continue to make a large proportion of our workforce over the coming 3 years. We expect future years to remain challenging, with a series of challenges and opportunities to transform our workforce and meet rapidly changing demands.

We have already successfully delivered significant organisational change, supporting greater integrated working, improved service delivery and stable workforce and financial planning. This will continue as we manage new challenges which require not just structural and role changes, but cultural change. This requires ongoing engagement with and support from colleagues, partners, and leaders to recruit, retain and develop our workforce.

This workforce plan, aligning with the Strategic Plan, Medium-term Financial Plan, and National Workforce Strategy Guidance, sets a clear path to transform how we work with partners to improve local services and support health and wellbeing.

WORKFORCE PLAN 2022 - 2025

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INTRODUCTION

Our [Strategic Plan](#) sets out how the Partnership and its Integration Joint Board will deliver the national outcomes for health and wellbeing, and achieve the core aims of integration to:

1. improve the quality and consistency of services for patients, carers, service users and their families
2. provide seamless, integrated, quality health and social care services that care for people in their homes, or a homely setting, where it is safe to do so
3. ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older

OUR VISION:

“enable people in the Falkirk HSCP area to live full and positive lives within supportive and inclusive communities”



Communities
Supportive
Positive
Enable
Inclusive
Lives

OUR STRATEGIC OUTCOMES

As outlined within our Strategic Plan, our four strategic outcomes are:

Self-Management Individuals, their carers and families can plan and manage their own health, care, and well-being. Where supports are required, people have control and choice over what and how care is provided

Safe, high-quality, health and social care services are delivered that promote keeping people safe and well for longer

People have a fair and **positive experience** of health and social care, delivered by a supported workforce that are skilled, committed, motivated and valued

Strong sustainable communities: Individuals and communities are resilient and empowered with a range of supports in place that are accessible and reduce health and social inequalities



OUR TRANSFORMATION PRIORITIES

Our six key focus areas for transformation in the Partnership are:

Staff wellbeing
and effective
workforce

Prevention of
admission and
early intervention

Intermediate care
and improving
pathways

Digital and
innovation

Data and
information

Integration and
efficiency



WORKING WITH THIRD SECTOR AND COMMUNITIES

The Partnership works closely with colleagues across the Third Sector, Unpaid Carers, care providers and communities to commission, fund and co-design support options and services to meet local need. It is just as important that our plan takes account of the challenges facing our third sector, volunteers and providers to ensure we can meet demand for care and support. The way that we work with third sector partners and communities is critical. Working together helps provide better outcomes for people by offering more choice and accessible supports and services, closer to home. There is also opportunity for wider benefit across the health and social care system by partners making an important contribution to earlier intervention, prevention, and self-management. Accordingly, we will work to develop a plan that takes account of the demands and their impact on our ability to commission and fund new models of care with our partners.

Encouraging communities to identify local health and wellbeing needs and facilitating local action, will result in more effective community-based support networks being formed. This will ideally result in people being less likely to engage with formal health and social care services, for longer, which in turn will reduce pressure on services. Importantly, by supporting an increase in the range of community-based services, staff within the workforce will be able to access local support services to help improve and maintain their own health and wellbeing.

The Partnership currently commissions a range of community-based support and services. Services are developed based on local need, while aligning strategically to a whole-system approach to health and social care. This includes:

- Community development to work with communities to build strong resilient foundations and local solutions for local needs
- Community Link Working to help people to access local resources and networks
- Community led groups and organisations such as lunch clubs and interest groups
- Services providing support to thematic groups and/or specialist support e.g., unpaid carers, mental health, gender-based violence, substance use
- Promoting volunteer opportunities, including the Home from Hospital Partnership, which is a collaboration between a range of third sector agencies.

We will support our partners and take account of their challenges in our planning.

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We also anticipate an increase in the pace of transformational change and development of integrated locality teams to meet the needs of communities and support more people to live at home or a homely setting. To do this, we will continue to work with communities, Third and Independent Sector partners and Community Planning Partnership to ensure combined efforts achieve positive results and outcomes for people.

Our Partnership Funding Investment Plan 2021-2024 was approved by the Integration Joint Board in June 2021 and includes ringfenced Partnership budgets supporting specific themes, as well as allocations directed from Scottish Government. Collectively referred to as Partnership Funds, this is a single investment resource designed to accelerate delivery of the Strategic Plan.

In 2022/23, £5.183m of recurring and one-off resources are available alongside prior year reserves, which have largely accumulated due to Covid and system pressures preventing the commissioning of services in some areas. The combined investment plan provides the ability to effectively respond to emerging needs across the system - allocating, monitoring and evaluating funds using a collaborative commissioning approach. The design and decision-making process includes people with lived experience and shifts resources from crisis support to earlier intervention and prevention.

SUPPORTING CARERS

The Partnership's workforce plan will continue to take account of unpaid carers who experience the same challenges as our population shifts. The plan will align with the Falkirk IJB Carers strategy to take account of carers needs to provide a range of supports.

COVID-19: OUR WORKPLACE PANDEMIC RESPONSE

In March 2020, workplaces and communities faced disruption and challenges as a result of the global outbreak of coronavirus. There was an immediate need to change processes, introduce new Risk Assessments, and for more staff. These challenges have continued throughout the pandemic. The Partnership has responded well to the pandemic through creative and flexible approaches, including:

- Clear examples of joint working and how these can benefit the partnership and the wider community
- Flexibility demonstrated with many staff supporting different roles
- Sharing of knowledge and resources

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- An increased focus on health and wellbeing of staff
- Joint working with Trade Unions to deal with unprecedented situations at pace
- Support provided to deliver new services within the partnership and across our community including vaccination centres, testing centres, self-isolation support, grant support
- Recruitment exercises to support our local needs including internal volunteer programmes.
- Excellent partnership working with third and independent sectors

THE WORKPLACE POST-PANDEMIC: RESETTling, NOT REINVENTING

Moving forward, Covid hasn't just changed the workplace, it has likely changed forever the complexities of the workforce and work itself. We need to learn from our experiences and build on them as we move forward. The Partnership needs an approach that enables continual reshaping of the workforce to incorporate the changing needs of our communities and skills profile of our workforce.

Our workforce plan is designed to enable and to deliver greater flexibility. New hybrid working models offer a wider, more diverse, talent and recruitment pool. It drives forward digitalisation of processes and workflows and creates opportunities to reconsider new workforce approaches, such as hybrid and home working. Overall, while challenging and demanding, the pandemic has presented an opportunity to refocus.

The health and wellbeing of our workforce has been critical during the pandemic, with different issues and needs identified across staff groups. This has been a positive learning experience and an area that we need to learn from and embed into our new approaches. Alongside this, the pandemic has highlighted the value contained within a dedicated and motivated workforce. As we move forward, we need to ensure managers have the skills to continue a positive, valued, and supported culture across the Partnership.

OUR CHALLENGES AND DRIVERS FOR CHANGE

National Care Service

During the life of the workforce plan the new National Care Service will be developed and implemented. This will mean significant change in the health and care system and the potential movement of social work and social care staff into new national care service with nationally negotiated terms and conditions, directly accountable to government ministers.

This will mean significant change and may cause uncertainty for our staff. A comprehensive communication and engagement strategy will be required underpinned by collaborative leadership at all levels.

Safe Staffing: The Health and Care (Staffing) (Scotland) Act 2019 places a legal requirement on NHS boards and care services to ensure that appropriate numbers of suitably trained staff are in place at all times enable all patients to receive safe, high quality care. The Act is due to be implemented by April 2024 with significant preparatory work during 2023. The Partnership will build on the robust integrated care assurance processes, and work with Healthcare Improvement Scotland and the Care Inspectorate, to implement the Act in local health and care settings

Ageing population



Falkirk has an ageing population. Changing demographics in our local community is increasing demand for health and social care services. People are living longer into old age, and therefore there is an increase in people living with multiple and complex conditions. Linked to this are discharge rates where more collaboration and integrated working is required. As the demographics change in the community, so does our workforce. Our workforce is ageing – by 2024 34% of our workforce will be over 60.

Substance use



There is a marked increase in addictions and drug related deaths across the community, alongside an increase in mental health and social inequalities. The ADP is leading the multi agency plan to address local challenges.

Trauma informed



We need a trauma informed workforce and be working towards evaluating all services from a trauma informed and responsive perspective. We share the Scottish Government vision to recognise where people are affected by trauma and adversity and respond in ways that prevent further harm and support recovery. We will develop and deliver future services informed by people with lived experience

Mental wellbeing



We need to continue to work with staff, partners and communities to improve mental health and wellbeing in Falkirk. Where this is needed, we need to ensure timely access to specialist support for mental illness.

COVID-19



While we have achieved so much with COVID, there remains increased pressures for the community and the workforce to manage covid 19

Finance



There is an increasing demand for services with a reduction in funding that will mean we need to be creative and transformational to ensure a targeted and efficient approach.

Recruitment



There are real skill shortages in specific posts/ professions across the partnership. Traditional job roles need to transform to meet the needs of our community and to ensure modern, integrated, efficient and high-quality services. We continue to strive to ensure we deliver high quality health and care services that meet national care standards. Many of our workforce are registered with professional bodies and we support their continued professional learning and development. Our services work within a regulated environment and are subject to inspection to provide assurance on the quality of care and that this meets high standards.

Technology



Digital technology is key to enabling health and social care. Empowering people to actively manage their own care means investing in new technologies and services. At the same time, there is a need to ensure our workforce have the technical capabilities to support these developments and changes.

Systems



Investment in more intuitive information management systems to support the delivery of person-centred care that to empower the workforce to improve practice in the assessment and planning of personal outcomes. Joining up systems to ensure robust data will help us in terms of planning service improvements, measuring impact and to celebrate our successes. We need to turn data into intelligence to aid better joint planning and co-design. This will include link to data and systems developments and requirements for the emerging National Care Service.

Estate



Our aging estate includes many buildings not fit-for purpose or easily adaptable to meet the needs of service users, communities and staff. We need to make better use of available space and embrace mobile/flexible working to make best use of the assets we have. Work is ongoing through the Falkirk Community Masterplan Project and our review of bedded care provision, to ensure we have the facilities to meet the needs of Falkirk's population in the medium to longer term

OUR COMMUNITY

Key demographic data from our three locality areas provides an insight into our local communities, informing the Partnership's service and workforce planning. Further detailed locality information and profiles can be found on the [Partnership's website](#).

EQUALITY INDICATORS

| Indicator | Data Type | Central | East | West | Falkirk HSCP | Scotland |
|-------------------------------------|----------------|---------|------|------|--------------|----------|
| Age - % aged over 65 | % | 19% | 19% | 18% | 19% | 19% |
| Physical Disability - (2011 Census) | Rate per 1,000 | 75.0 | 70.0 | 64.2 | 69.7 | 67.1 |
| Learning Disability - (2011 Census) | Rate per 1,000 | 5.3 | 3.9 | 5.6 | 4.8 | 5.0 |

Table 1

POPULATION

| Indicator | Data Type | Central | East | West | Falkirk HSCP | Scotland |
|-------------------------------|-----------|---------|--------|--------|--------------|----------|
| Population 75-84 years (2019) | Count | 2,875 | 4,205 | 2,756 | 9,836 | - |
| Population 85+ years (2019) | Count | 1,114 | 1,403 | 904 | 3,157 | - |
| Total Population (2019) | Count | 44,339 | 67,640 | 48,361 | 160,340 | - |

Table 2

LIFE CIRCUMSTANCES

| Indicator | Data Type | Central | East | West | Falkirk HSCP | Scotland |
|-----------------------------------|-----------|---------|-------|------|--------------|----------|
| Population income deprived (2017) | % | 14.3% | 10.4% | 9.7% | 11.3% | 12.1% |
| Single adult dwellings (2019) | % | 43% | 37% | 34% | 38% | 37% |

Table 3

LIFESTYLE AND RISK FACTORS

| Indicator | Data Type | Central | East | West | Falkirk HSCP | Scotland |
|-------------------------------------|------------------|---------|------|------|--------------|----------|
| Drug-related Hospital Admissions | Rate per 100,000 | 220 | 120 | 103 | 144 | 181 |
| Alcohol Related Hospital Admissions | Rate per 100,000 | 742 | 522 | 381 | 541 | 669 |
| Alcohol-specific mortality | Rate per 100,000 | 25 | 14 | 15 | 18 | 21 |
| Domestic abuse statistics 2020 – 21 | Rate per 10,000 | N/A | N/A | N/A | 137 | 119 |

Table 4

GENERAL HEALTH

| Indicator | Data Type | Central | East | West | Falkirk HSCP | Scotland |
|--|-----------|---------|------|------|--------------|----------|
| Dementia Count – (QOF 2015/16) | Count | 360 | 460 | 361 | 1,181 | - |
| Dementia - Alzheimer's Scotland Estimated Prevalence (65+) | Count | 739 | 990 | 653 | 2,382 | - |

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| Indicator | Data Type | Central | East | West | Falkirk HSCP | Scotland |
|---|------------------|---------|-------|-------|--------------|----------|
| Mental Health QOF Prevalence (2015/16) | Rate per 1,000 | 11.0 | 7.7 | 6.2 | 8.0 | 9.2 |
| Depression QOF prevalence rate (2015/16) | Rate per 1,000 | 84.3 | 93.0 | 63.7 | 81.4 | 70.0 |
| Patients with a psychiatric hospitalisation (2018/9 – 2020/1, 3-year aggregate) | Rate per 100,000 | 311.3 | 226.7 | 243.5 | 255.8 | 242.8 |

Table 5

SERVICE PROVISION

| Indicator | Data Type | Central | East | West | Falkirk HSCP | Scotland |
|--|------------------|---------|--------|--------|--------------|----------|
| Emergency Admissions (2018/19) | Rate per 100,000 | 12,003 | 10,658 | 9,760 | 10,759 | - |
| A&E attendances (2018/19) | Rate per 100,000 | 30,174 | 25,523 | 26,505 | 27,106 | |
| Delayed discharges - Bed days occupied (2018/19) | Rate per 100,000 | 13,990 | 13,043 | 12,134 | 113,030 | - |

Table 6

PROJECTED POPULATION CHANGES (%) FOR FALKIRK 2018-2043

| Year (% change from x to y) | All ages | Children | Working age | Pensionable age | 75+ |
|--|-----------------|-----------------|--------------------|------------------------|------------|
| 2018 – 2023 | 1.8 | -2.9 | 3.3 | 0.9 | 16.0 |
| 2018 – 2028 | 3.2 | -8.4 | 6.2 | 4.0 | 29.0 |
| 2018 – 2033 | 4.3 | -10.5 | 4.9 | 16.4 | 40.6 |
| 2018 - 2038 | 5.2 | -10.0 | 2.9 | 27.4 | 58.9 |
| 2018 - 2043 | 6.0 | -9.0 | 2.2 | 32.8 | 80.3 |

Table 6: National Records of Scotland (NRS) population projections 2018

Data published by National Records of Scotland suggests Falkirk's population will change significantly in the coming years. The projected working age population will increase by 2.2% between 2018- 43 while the 75 plus population is projected to rise by 80%. Most evident in the 25-year projections for elderly age groups, the number of people aged 75+ may rise by 80% alongside a 33% increase of those at pensionable age. Shorter-term predictions until 2029 are not quite as extreme, with increases of 4% in the pensionable age group and 29% for the 75+ age group.

However, elderly age groups generally interact more with health and care services, indicating a rising future demand for services. While growth predictions for the working-age population are modest, and out of proportion with the potential increase in service users, this will need to be factored into workforce planning for the medium and long term.

Demand for community services is currently at unprecedented levels with a significant backlog. We are noticing increased demand for packages of care and those receiving rehabilitation in intermediate care homes are requiring a longer period of rehabilitation, possibly due to increased frailty due to lack of activity during the pandemic.

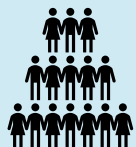
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There is also evidence that those experiencing greater socio-economic challenges have experienced worse outcomes during the pandemic. The ability to support people at home is critical as an early intervention measure. There is a risk that people's conditions will deteriorate, resulting in an admission to the care system via unscheduled care much earlier than if we had been able to support them.

These projections require planning to develop solutions to meet need and to address the mismatch between available workforce and potential demand. This will include critical areas of work including alternative models of care, support for self-management, prevention and health improvement as well as a clear skills gap analysis to inform training, recruitment and retention.

The expectations of the population that we serve are also changing in line with rapid cultural changes (aligned with digital and technology innovation) such as expectations around how, where and when services and support can be accessed. These changes will continue to rapidly evolve, providing opportunities and challenges for future models of care delivery.

OUR WORKFORCE: IN NUMBERS



A combined
workforce of
1,497



26% below
40yrs old, 35%
over 55yrs old*



2.1% report
they have a
disability



89% female
and **11%** male**



12.6% overall
annual staff
turnover



47% of contracted
staff are or below
(£13.33ph max)



92%
permanent,
8% temp. staff



47% full-time,
53% part-time:



2020/21 Sick
Absence Rates:
5.94% | 10.17%



£223m budget,
£57m spent
directly on
staffing costs ****

*In 5 years, age profiles expected to be 18% below age of 40 and 52% over age of 55; **Falkirk Council staff demographics - 87% (F) & 13% (M); ***Council vs NHS absence rates; **** Budget figures exclude Set Aside (Large Hospital Services) as the HSCP does not directly manage these staff. Total budget is more than £255m.

HSCP WORKFORCE DATA BREAKDOWN

The following tables provide greater insight into the combined workforce of the Partnership and provides a breakdown of how demographics are split between staff employed by NHS Forth Valley and Falkirk Council.

AGE PROFILE

| | NHS | | FK Council | | Combined | |
|---------------|------------|----------|-------------------|----------|-----------------|----------|
| | No. | % | No. | % | No. | % |
| <40 | 191 | 29 | 193 | 23 | 384 | 26 |
| >55 | 197 | 30 | 326 | 39 | 523 | 35 |

Table 7: Age Profile for less than 40 years and those 55 years and above

PERMANENT/TEMPORARY SPLIT

| | NHS | | FK Council | | Combined | |
|--------------|------------|----------|-------------------|----------|-----------------|----------|
| | No. | % | No. | % | No. | % |
| Perm | 645 | 98 | 735 | 87 | 1380 | 92 |
| Temp | 11 | 2 | 106 | 13 | 117 | 8 |
| TOTAL | 656 | | 841 | | 1497 | |

Table 10: Split between Permanent and Temporary contracted employees

PROJECTED AGE PROFILE IN 5 YEARS

| | NHS | | FK Council | | Combined | |
|---------------|------------|----------|-------------------|----------|-----------------|----------|
| | No. | % | No. | % | No. | % |
| <40 | 134 | 20 | 137 | 16 | 271 | 18 |
| >55 | 306 | 47 | 473 | 56 | 779 | 52 |

Table 8 Potential age profile in profile in 5 years times based on profile of current demographics

GENDER SPLIT OF WORKFORCE

| Gender | Male (No.) | Male (%) | Female (No.) | Female (%) | Total Staff (no.) |
|-----------------|-------------------|-----------------|---------------------|-------------------|--------------------------|
| NHS | 57 | 9% | 599 | 91% | 656 |
| Council | 107 | 13% | 734 | 87% | 841 |
| Combined | 164 | 11% | 1333 | 89% | 1497 |

Table 11: Gender split between Male and Female employees

FULL-TIME/ PART-TIME SPLIT

| | NHS | | FK Council | | Combined | |
|--------------|------------|----------|-------------------|----------|-----------------|----------|
| | No. | % | No. | % | No. | % |
| FT | 309 | 47 | 391 | 46 | 700 | 47 |
| PT | 347 | 53 | 450 | 54 | 797 | 53 |
| TOTAL | 656 | 100 | 841 | 100 | 1497 | 100 |

Table 9: Split between Full Time and Part Time contracted employees

STAFF TURNOVER

| Leavers | No. | % |
|-----------------|------------|----------|
| NHS | 85 | 12.5 |
| Council | 107 | 12.7 |
| Combined | 192 | 12.6 |

Table 12: Number and % of Leavers

DISABILITY

| Declared | No. | % |
|-----------------|------------|----------|
| NHS | 8 | 1.2 |
| Council | 23 | 2.7 |
| Combined | 31 | 2.1 |

Table 13: Number and % breakdown of those employees who have declared that they have a Disability

ABSENCE RATE (EXCLUDING COVID ABSENCES)

| | % |
|----------------|----------|
| NHS | 5.94% |
| Council | 10.17% |

Table 14: Sick Absence % (excludes COVID related absences)

GENDER

Overall, 89% of employees are female. This is reflective of the national position that the health, social work, and care professions are female dominated.

PERMANENT/TEMPORARY CONTRACTS

The majority of employees across the Partnership are employed on a permanent basis. This provides stability for employees and continuity for service users. Compared to NHS Forth Valley, temporary contracts are more common within Falkirk Council, representing 13% of the local authority headcount. The level of change and flexibility required has increased during the pandemic to support service delivery however this also brings challenges in terms of recruitment in terms of experience and number of candidates.

FULL TIME/PART TIME

There is a mix of full-time and part-time staff, with the split similar across NHS and Falkirk Council staff groups. This mix allows services to have more staff working during peak times and offers flexibility to employees who have chosen to work part-time due to caring responsibilities. However, in some areas, high levels of part-time working can bring challenges in terms of continuity and staff management.

GRADE/ALLOWANCE PROFILE

Two different pay structures remain in place, one for NHS employed staff and one for Council staff. The majority of Council employees are paid at the lower end of the grading structure. In line with the 2018-2021 national pay agreement for SJC employees, the Council pay structure was reviewed and the living wage consolidated in 2021.

The majority of NHS employees are in trained Nursing & Midwifery and Allied Health Professional pay grades.

As part of a national review of Band 2 and Band 3 Healthcare Support Workers roles, a review of all Band 2 and Band 3 HCSWs against the newly agreed Clinical Support Worker profiles is currently underway. Within the Falkirk Health and Social Care Partnership this will include 102, Band 2 and 22, Band 3 employees.

NHS staff are paid on national Agenda for Change pay scales, reviewed annually and in line with the Scottish Living Wage.

WORKFORCE AGE PROFILE

The age profile of our workforce presents significant challenge and risk. With 74% of staff aged 40+ and c35% of the current workforce aged 55 or over, there is a need to attract younger people into the Partnership while managing the risks associated with an aging workforce. Those over 55 can retire without agreement, albeit with actuarial reduction, and this represents a risk to the Council.

Currently, c20% of the workforce in Social Work Adult Services are aged 60+ and District Nursing teams have over a third of the workforce between 50-59. This places greater emphasis on the criticality of lowering the age profile across the service to try to de-risk the number of potential leavers in the short and medium term.

For NHS staff, retirement age varies dependant on their pension scheme – this varies between 60, 65 or the same as State Pension age. Voluntary early retirement is also available from 50 (or 55 dependent on pension scheme) with reduced benefits.

In recent years, given the removal of the statutory retirement age, there has been an increase in the number of employees continuing to work beyond the age of 65/70. While this is positive from a service to retain skills and experience, and an equality perspective, it must also be balanced with increases in the younger age brackets as mentioned above. The Intern and Graduate programme will continue to be considered and promoted in the Partnership to support a sustainable mix of age demographics.

The Partnership must use its strategic direction to address the emerging gap between the projected working age population and the increase in demand.

DISABILITY

Measuring the number of colleagues living with long-term health conditions or impairments is determined by staff voluntarily providing and updating information about themselves. While 2.1% of staff have declared a disability, currently c33% of staff' status is 'unknown. The Partnership will encourage colleagues to update their records to ensure reporting reflects actual position, and support is in place accordingly.

ABSENCE

Different policies operate for employees of the Council and NHS. Local authority Social Work Adult Services staff are currently operating at above the council's absence target of 4%. The Service has additional support to manage high absence rates through a dedicated HR Officer post, which supports the Partnership implementing a 'spend to save' approach, with earlier referrals to Occupational Health for musculo-skeletal problems and stress-related conditions. This HR post also facilitates the proactive use of return-to-work interviews and absence management monitoring.

Local authority staff groups are supported by Falkirk Council's Occupational Health Service, including physiotherapy services for musculoskeletal support, and various mental health support options. The Council has increased the number of trained mental health first aiders in the workplace and re-instated an employee counselling service to support mental wellbeing.

NHS Forth Valley has a national standard of 4.5% absence and work to achieve this through a focused and robust, but supportive, management of absence, aligned to the Staff Wellbeing Agenda. Support available to staff include:

- Occupational Health Service
- Staff Physiotherapy Service
- Psychological First Aid
- Staff Counselling Service
- Coaching
- Virtual Staff Room
- Medical Peer Support
- Spiritual Care Support
- National Wellbeing Hub

COVID-RELATED ABSENCE

Covid has impacted absence levels across health and social care services, increasing considerably. The above workforce data does not include any covid-related special leave. Over the period of the pandemic lockdown restrictions, a number of essential services continued to operate. Some of these have been delivered in very different ways due to restrictions and guidance to reduce the spread of the virus. A number of employees in non-frontline posts have continued to work from home, and some redeployed or adapted their role to provide support to essential services.

For employees unable to work from home due to underlying health conditions, risk assessments were undertaken to facilitate a return to work where possible, seeking Occupational Health advice as appropriate. Government guidance on conducting risk assessments was followed for those shielding, pregnant, or living with other health issues which may cause concern when returning to the workplace.

The pandemic has been very difficult for colleagues. While returning to work, employees may experience a range of issues affecting their physical and/or mental wellbeing. This could be for a range of reasons such as concerns about their safety, concern for their families, caring responsibilities, and financial wellbeing.

We have put in place additional wellbeing support and promoted national and shared resources. The Partnership is part of a Wellbeing Network led by the Scottish Government which includes other NHS Boards and local authorities. The wellbeing material will continue to be developed over the next few years and will be produced in partnership with the Scottish Government-led Wellbeing group.

RECRUITMENT CHALLENGES

VACANCIES

Recruitment and retention are a critical component of our workforce plan. A range of strategies have been developed to improve the current vacancy numbers as well as seeking to improve knowledge retention through lowering attrition.

Shown by the trend graphs below, the number of vacancies between 2020 and 2022 have increased across the partnership. With the exception of Care Home roles, the vacancy gap in other service areas across the Council has continued to rise year-on-year over the last 3 years - peaking at 25% against budgeted roles in 2022. Alongside the difficulties in recruiting and filling vacancies, the aging demographics of our workforce will further impact on posts.

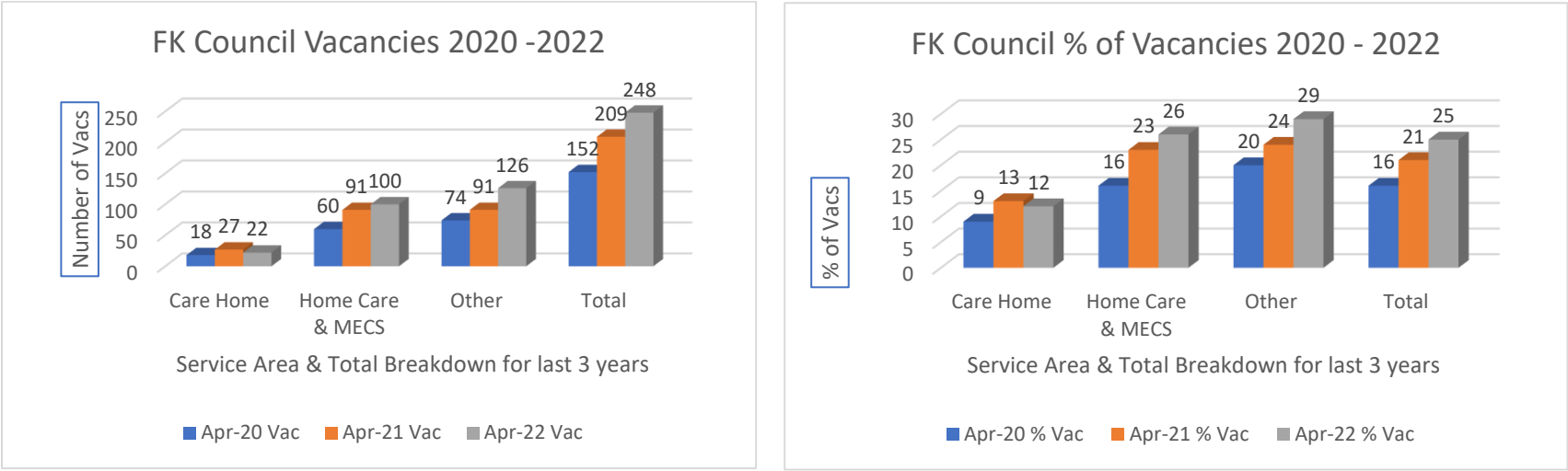


Figure 1: Graphs above provide the number and vacancy gap percentage broken down by Service and as a total for Falkirk Council over last 3 years

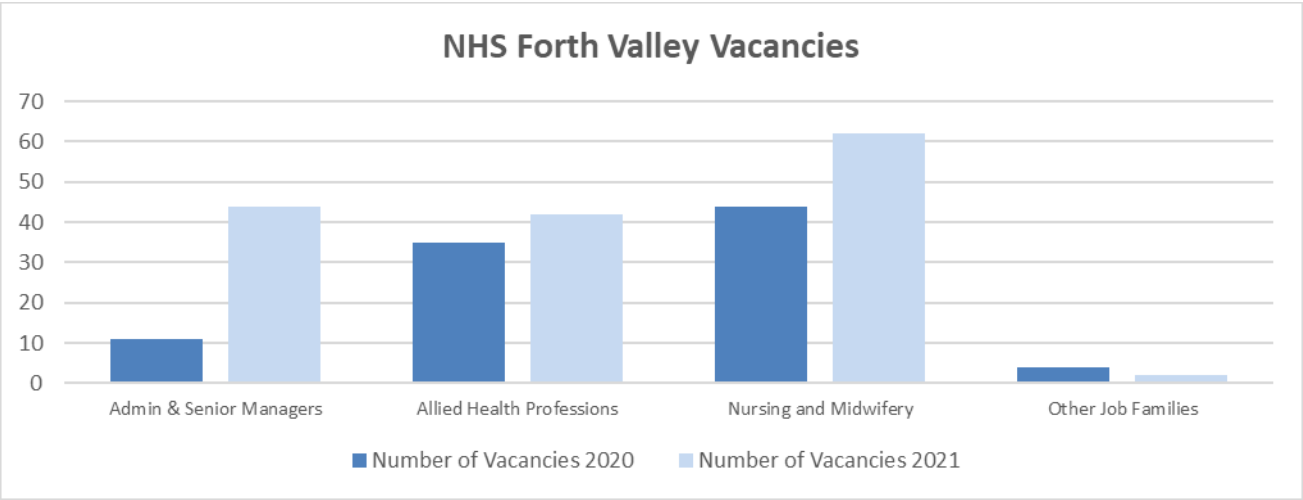


Figure 2: Graph above provides insight into the number of Vacancies across the Services in NHS Forth Valley

There are a number of particular hard to fill posts, that we continue to experience difficulties recruiting to, including:

- Registered Social Workers
- Personal Carers
- Mental Health Nurses
- Mental Health Officers
- AHPs – Physiotherapists and Occupational Therapists
- Cooks in Residential Care
- Health Visitors
- District Nurses
 - Healthcare Support Workers/Clinical Support Workers
 - Home Carers
 - Pharmacy Technicians
 - Learning Disability Nursing
 - GPs

PAY, CONDITIONS, AND GRADING SCALES

Issues with different pay scales and terms and conditions across the partnership and with private care providers impacts on recruitment and retention. There are examples where roles can be filled by either NHS or Council employees, however the pay, conditions, and grading structure may be significantly different depending on which organisation employs the post holder.

In addition, differences in other pay and conditions, such as mileage reimbursement, can impact relationships and motivation of our staff. This is further exacerbated when considering staff employed by our commissioned providers. HR and payroll systems remain separate for NHS and Council based staff, therefore figures in Table 15 and 16 (following pages) are separated. It is anticipated that the planned move towards a National Care Service will help address some pay disparities, particularly those which currently exist across different local authority employers.

TRAINING AND OPPORTUNITIES

There is a strong commitment to developing the young workforce and enabling and empowering community members to access training and employment opportunities outlined in policies related to Child Poverty, Growth Deal, Fairer Falkirk, Economic Recovery.

We are looking at a wide range of initiatives to attract interest in careers in Health and Social Care including embracing developments such as simulation and virtual reality. These offer authentic opportunities to consider what it is like to be in receipt of care services and the different roles across the sector.

There are difficulties recruiting a range of posts across the partnership. There have been some specific issues in recruiting social workers. The tables in the following pages demonstrates this. A working group has been set up to consider this in more detail. This considers salary levels, analysing recruitment response rates and re-advertisements, salary benchmarking and exit interview responses.

Given the current cost of living challenges, and wider recruitment and retention challenges, it is important that we take a person-centred approach to roles, in particular those roles that require to visit people in their homes, and those that on lower grades, to minimise barriers such as travel costs. Adopting principles such as enabling work close to home where practicable will help to contribute towards this person-centred approach.

Other actions being implemented to support our recruitment include the implementation of a new marketing approach – highlighting the benefits of different health and social care roles in Falkirk, different career progression options, and visibly celebrating the massive difference that our workforce makes to the lives of citizens in Falkirk. It is anticipated that this marketing approach to recruitment will also contribute to helping our existing workforce feel valued, therefore positively contributing to staff satisfaction and retention.

MANAGING CHANGE

A particular challenge for our workforce is managing and leading in a period of intense challenge, in terms of mismatch of supply and demand, and in the context of the impending changes that will come as a result of the new National Care Service.

Exceptional leadership along with strong resilience will be required to effectively steer, guide, and support the organisation during this complex change process. The Partnership has and will continue to invest in leadership development and systems for its current and future leaders. Given the current aging profile of staff, it is important that future systems leaders are identified early and supported to achieve their potential.

To support the ambition of leadership being embedded throughout the organisation, resource will be invested in supporting the wider workforce to contribute to shaping the culture that will be required across the organisation to meet future needs and challenges.

The benefits of an approach which grows leadership across the organisation, particularly systems leadership will be an organisation that works collectively and collaboratively with its partners, including our communities, as a matter of course – utilising and building on the strengths/assets across the system, maximising our collective limited resources, and ensuring sustainability.

The benefits of a workforce which has co-created the culture that is required to deliver our aims and ambitions will be a workforce that is engaged, proud to belong to the organisation and ultimately excels in the impact it is able to make to helping people in our communities achieve what is important to them.

TURNOVER

Nationally, turnover is recognised as an issue across integrated services. It is important that turnover rates are monitored, generally and across specific posts. Currently, HR & payroll systems and recruitment process are separate, therefore statistics are shown below across both NHS staff and Council staff. Figures in Tables 15 & 16, below, demonstrate concerning year-on-year increase in turnover levels across both NHS (+4.4%) and Falkirk Council (+4.2%).

While Falkirk Council did record an improvement from the previous year in 2020/21, a reduction in the number of alternative job opportunities being available throughout the pandemic has likely supported interest in health and social care vacancies during this time. As restrictions lifted and the economy recovered, the Council experienced a sharp increase in turnover for 2021/22, rising above pre-covid levels. This trend has continued into 2022/23, as illustrated in the Q1 turnover graph on the following page.

Using data trends from the previous three years, the forecast turnover rate for Falkirk Council in 2022/23 could peak at 19%. This is an alarming statistic, given the added recruitment issues being experienced which are further exacerbated by a buoyant and competitive labour market.

NHS FORTH VALLEY STAFF WITHIN PARTNERSHIP

| Year | 2021/22 | 2020/21 | |
|-----------------------|---------|---------|--|
| Headcount | 682 | 712 | |
| No. of leavers | 85 | 56 | |
| Turnover % | 12.46% | 8.09% | |

Table 15: NHS Forth Valley staff working within Falkirk health and social care services

FALKIRK COUNCIL STAFF WITHIN PARTNERSHIP (SOCIAL WORK ADULT SERVICES)

| Year | 2021/22 | 2020/21 | 2019/20 |
|-----------------------|---------|---------|---------|
| Headcount | 844 | 860 | 882 |
| No. of leavers | 107 | 75 | 102 |
| Turnover % | 12.86% | 8.7% | 11.6% |

Table 16: Falkirk Council staff employed within social work adult services

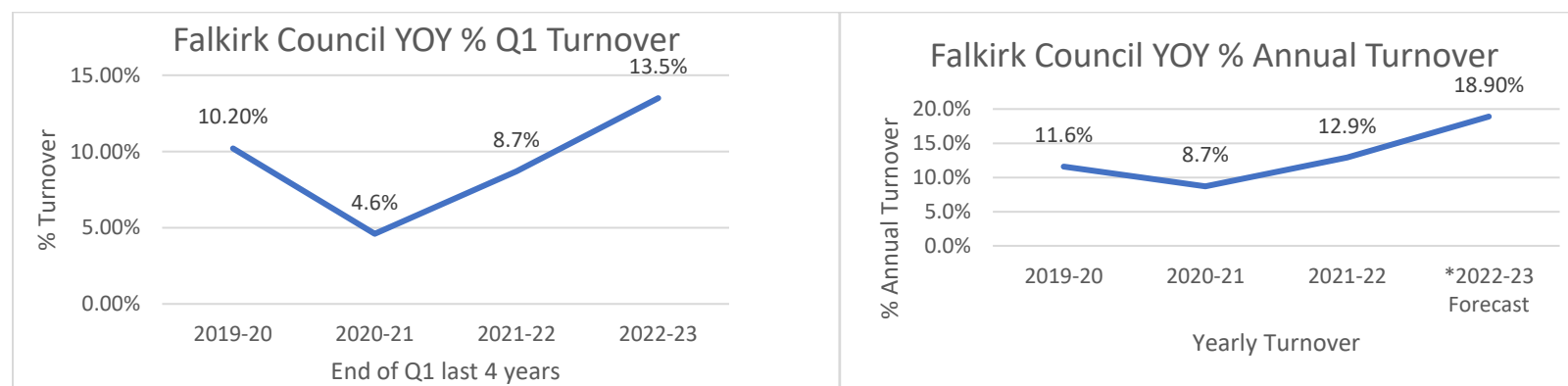


Figure 3: Graphs above highlight Q1 and Annual Turnover trends in Falkirk Council between 2019 – current. The Q1 2022 – 23 for NHS staff groups was 3.12%, with no significant changes to NHS turnover expected for the remainder of 2022/22.

RETENTION

The Partnership acknowledges the importance of retaining staff within the workforce and the direct and indirect costs associated with high staff turnover. We seek to be an attractive place to work and an employer of choice where our staff and their skills, knowledge, experience, and contribution is valued. A range of actions has been identified to improve the retention of staff reducing gaps and service interruptions associated with staff leaving.

RECRUITMENT & RETENTION ACTIONS

A range of actions are being developed and implemented to support the workforce and identify new and innovative ways to recruit a younger workforce and to recruit to the hard to fill vacancies that we have. There are several targeted approaches to address both the recruitment and retention of staff across the short and long term. A recruitment and retention working group is actively establishing new strategies to address the local and national issues impacting on recruitment and retention of registered social workers. This includes actions set out in the table below.

Recruitment & retention working group actions

| | |
|---|---|
| Develop Intern and graduate programme providing opportunities for students and graduates to gain exposure to our workplace and encourage individuals to choose public sector as a career option | Create specific graduate and modern apprentice jobs to help manage age demographics using voluntary severance savings criteria |
| Promote the profile of health and social care, highlighting the benefits of working with the Partnership, including the variety of career opportunities and the rewarding and valued roles within the sector and local community. | Promote International Recruitment Initiative: NHS Forth Valley has appointed an International Recruitment Lead to support this national initiative with the initial focus on preparing processes and infrastructure to support two intakes of nurses per year |
| Improve student experience to attract more students to stay in the Falkirk HSCP | Ensure guaranteed interviews for students post placements |
| Improve, encourage and support AHPs who wish to Return to Practice | Design Modern Apprentice programmes to offer a career choice and positive destination |
| Strengthen Induction to provide consistency across the Partnership focused on early introduction to collaborative and innovative working | |

Table 17

Retention actions

| | |
|--|---|
| Finalise internal restructuring to support better client service delivery as well as enabling a strong development pathway for staff | Review of temporary contracts |
| Ongoing data analysis of recruitment issues | Adopt a more flexible and hybrid workstyle where possible to support work life balance and be an employer of choice |
| Deliver Leadership development programmes within Falkirk Council and NHS Forth Valley | Strengthen the Exit Interview and feedback process to ensure leavers engage and provide detail that informs staff retention |
| Complete a review of all Band 2 and Band 3 HCSWs against the newly agreed Clinical Support Worker national profiles | |

Table 18

Partner actions

| | |
|--|--|
| Link with secondary schools and higher education institutions to promote health and social care as an attractive sector with various career pathways | Develop a Manual Handling Passport that recognises prior learning and competency when staff change or join service |
| Work with Scottish Care to engage with stakeholders through Creating Pathways to Care workforce events. These will focus on the recruitment requirements of care providers | Continue to work with third sector partners, developing relationships with local and national educational establishments to support workforce growth, and supporting and developing staff through acting up arrangements. |
| Actively participate in national initiatives to support and improve recruitment within Social Care | Develop a Learning Passport through collaborative working with Falkirk Council workforce development team, the independent sector and Forth Valley College. This includes access to formal SQA approved qualifications as well as bespoke training courses. This includes content on: Dementia, reablement, digital skills, leadership, administration of medication, supervision, coping and resilience |

Table 19

SUPPORTING PRACTICE DEVELOPMENT IN THE WORKPLACE

We need to achieve an increase in the pool of applicants for 'hard to fill' posts and roles, including Registered Social Workers, Registered Occupational Therapists, Mental Health Officers, Practice Assessors and Practice Educators for student Mental Health Officer, Social Worker and Occupational Therapist placements.

We need to retain experienced practitioners to carry out practice development roles. We need to provide and protect ring fenced time that recognises advanced practice. We need to provide backfill to release experienced practitioners to undertake training and support them with restricted caseloads to conduct assessor/educator roles. We should consider job titles that reflect Practice Development role that enable postholders to devote time to carry out these activities within contracted hours.

OUR WORKFORCE WELLBEING

We care about the health and wellbeing of our people.

Positive wellbeing is a key component of our workplace culture and working environment. This is reflected in workloads, levels of control and autonomy, managerial and peer support, relationships, a clear understanding of role, and how well change is communicated. We need to live by and take action to implement our values.

We know colleagues are currently working in very challenging times. It is important that we look after ourselves and each other, within this difficult environment as well as developing a culture of positive wellbeing for the longer term. The Partnership's commitment to supporting staff wellbeing is evidenced through the multiple structured support mechanisms in place. This commitment is also present in our transformational priorities, by making workforce and wellbeing one of our main priorities. It is important that our leadership team continue to champion wellbeing across the full workforce.

COVID-19 required a quick and immediate response to supporting our teams. A range of resources have been created or signposted to support teams with wellbeing and mental health during this very challenging period. Information and websites have been developed along with a range of innovative and new approaches to promoting wellbeing across our staff groups. Different communication platforms have been used including CVS Falkirk website, social media, and the Partnership's monthly newsletter. We have used the information developed not just within our workforce but in some cases, tailored these to support community groups.

GROUP AND PEER SUPPORT:

We continue to promote good communication, supervision, and team meetings. To support teams, we prioritised frontline social care services getting increased access to limited office space during covid lockdowns, recognising the need for peer and team support, face to face supervision and support when dealing with crisis, trauma, and loss.

Alongside this, our Staff Support and Wellbeing Groups within NHS and Falkirk Council oversee the development of services and support for staff alongside the Workforce Wellbeing Champions Network. This ensures all good practice, support mechanisms, and relevant information is shared across the Partnership. This can be informal and formal to suit the preferences of the staff member. Some examples include:

- Trial of a monthly Spaces for listening Group
- Confidential peer to peer support sessions in District Nursing
- Funded team building days
- Self-referral spiritual care service
- Team step challenges to help promote fitness.

We need to review these groups to understand how these have been received, what outstanding staff needs are to be met, and (if required) roll these groups out throughout the workplace e.g. expanding availability of the menopause support group.

We are committed to making time for staff to participate in these types of groups to ensure staff feel valued and build resilience. In addition, teams are being given additional funding to focus on staff health and wellbeing (winter pressures). Teams are enabled to use this funding in a way that will develop practical support that will benefit them.

INDIVIDUAL SUPPORT

The range of support structures we have in place linked to individual support covers a wide range of guidance with our staff intranet providing information and links to national resources for wellbeing including the Psychological First Aid national helpline, Mental Health First Aiders (MHFA), Financial wellbeing advice, Employee Assistance Programme, Coaching programme, Project Lift and the Focus on Wellbeing programme of activities. Where possible we should be promoting MHFA's across all buildings by encouraging and supporting training for staff across all buildings.

NHS Forth Valley offers Keep Well services with Life Coaches and an Occupational Therapist who has extensive experience supporting and guiding people through life changing events and people who may be experiencing increased levels of stress. Keep Well which offers confidential support through these challenging times for NHS staff who are working and NHS staff shielding.

Pharmacy teams used the Robertson Cooper Resilience Tool – 4 pillars Purposefulness, Confidence, Adaptability and Social, with a theme for space for meaningful and quality listening.

Whilst we are reviewing food provision within our hospitals for staff, we recognise that those that work in the community may not have the same access to tea/coffee. We are therefore looking to work with local cafés to see what provisions could be available to support those working in the community, which in turn will help our local economy.

MENOPAUSE AND THE WORKPLACE

The average commencement age of perimenopause is between 42 and 47, and with a predominantly female workforce aged over 40, this means most of our workforce will experience the effects of perimenopause or menopause within the workplace. The Partnership should ensure policies are available and developed to make appropriate and relevant tools and support available across the workforce. Managers and leadership should be equipped with the skills and resources to help employees manage symptoms relating to perimenopause and menopause. We are committed to raising awareness and removing the stigma associated with the menopause.

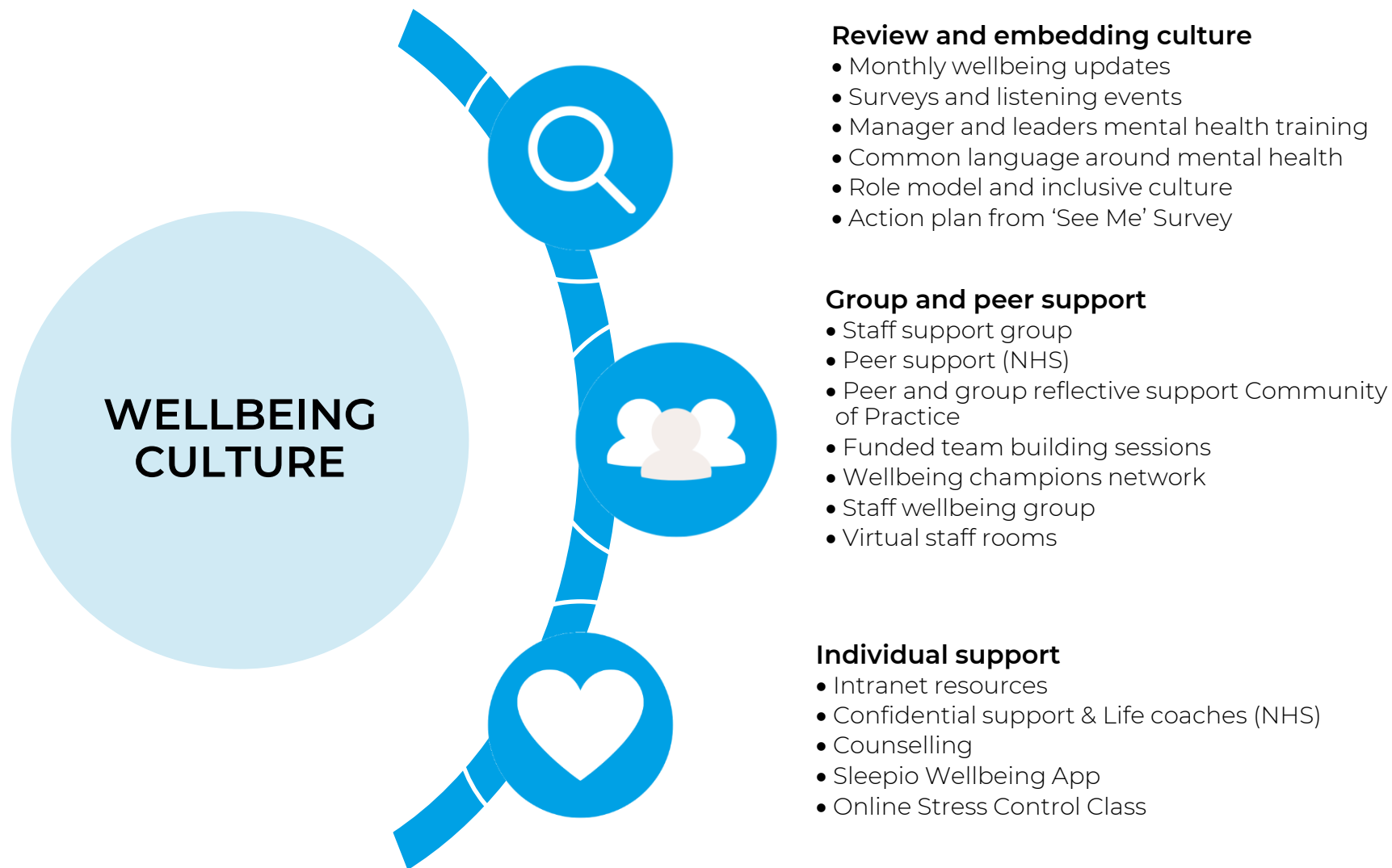


Figure 4: Components of Falkirk's Workplace Wellbeing Culture

REVIEWING AND EMBEDDING CULTURE

Our Organisational Development teams provide tailored sessions across the Partnership to allow teams to reflect on the impact of the pandemic on us as professionals, as individuals - and how this has affected our teams and way of working.

A recent engagement survey has been followed by a See Me Scotland survey across council services. Following this, an action plan has been put in place to develop a deeper culture of wellbeing, with a common language and training. Follow up surveys are planned to enable the continued development of a wellbeing culture. iMatters is another tool which helps us understand our employees and teams, and this will continue to be rolled out and engagement encouraged across the Partnership.

Staff and managers need time to think, reflect, and be listened to, focusing on wellbeing of teams, recognising that wellbeing and retention are interlinked. Staff need clear roles and responsibilities and need to make best use of time with meetings effective and purposeful and email priority clear before opening. Quality supervision is essential to listen to and address concerns or anxieties and improve employee wellbeing.

Our working environment also needs to promote good positive wellbeing. We need to work with our teams to review what has worked well/what networks and groups offer support and what is needed as we move forward to ensure our teams are well supported. This needs to recognise and support different protected characteristic groups to meet their individual needs.

SUPPORTING OUR WORKFORCE THROUGH TRANSFORMATIONAL CHANGE

DIGITAL

Digitalisation is transforming our health and social care services. Technology allows care to become more person-centred, people to self-manage their care, and live more independently. Digital developments need to be balanced with caring aspects, including a focus on relationship-based practice, and building trust in relationships. The developments and improvements in how we use technology, supporting self-management, will also free staff time to engage in even more meaningful and quality relationships with people accessing support.

During the pandemic, digital developments have been a key enabler to support our aims. A significant number of digital initiatives and solutions have been implemented to support our response to Covid-19. This includes the use of Near Me for appointments; accessing Scottish Government Digital Inclusion funding to support vulnerable people; use of telecare equipment. Some of these developments have been recognised nationally, with several awards, including the Partnership and Falkirk Council and becoming the first local authority area in Scotland to launch an end-to-end digital telecare service, securing the Gold Level 1 Digital Telecare Implementation Award in March.

Digital and remote consultations are now commonplace, but we need to ensure our staff and community are digitally literate and able to keep up with the pace of change. Job roles should be reviewed to identify different types of posts which link care and technology within our communities, and to help us speak with service users to promote technology use. We must also consider how well our communities and colleagues are aware of and understand cyber security, to build in trust of new digital technology.

As we roll out the new social work management information system, Liquidlogic, we need to support staff with the change. The new system has been designed and tested by the workforce. We hope this empowers them to improve practices during the assessment and planning of personal outcomes.

These developments require our workforce to be digitally focused and trained. Funding was secured to support digital training for partnership staff from the workforce development fund over a 2-year period. Digital equipment has been rolled out to our teams, to support the digital transformation and hybrid working. This includes the introduction of Microsoft Teams - a real enabler to more flexible working and has been well-received among staff.

TRAUMA INFORMED

Responding to psychological trauma is now, more than ever, a public health priority. As a Partnership, we need to support our communities and workforce to become more Trauma Informed.

There is a strong emphasis on workforce development and interventions being developed and delivered in partnership with people accessing services, requiring the inclusion of people's lived experience. We need to create a culture where people experience empathy and kindness while accessing support and services they need to recover and build trusting relationships with others.

In doing so our focus will be on safety, trust, choice, collaboration and empowerment. Trauma can impact on outcomes across mental and physical health, education, and employment. We know that trauma and secondary trauma can cause poor wellbeing, chronic stress and burnout across the workforce. Embedding a trauma-informed approach can support the long-term recovery and renewal from the pandemic.

REABLEMENT

Reablement will need to become the normal approach to delivering care at home. This will ensure our communities are supported within their own homes, as much as possible. Roles will need to be reviewed to meet the changing service needs and alongside this, employees will need to be trained to new delivery methods. Reablement training is currently being rolled out utilising a 'train the trainer' approach which facilitates a cascade of information through many staff groups. A wider suite of training covers assessing for small items of equipment, single-handed care training, and simulation reablement exercises. The Partnership should also embed and resource a 7-day a week REHAB service, provided by our Allied Health Professionals, with a focus on prevention of admission and pilots around discharge to assess.

MULTI-DISCIPLINARY TEAMS

We need to review and align our professional roles across the Partnership to ensure closer joined-up working. Structures and teams should be reviewed to bolster multi-disciplinary teams providing person-centred care. Breaking down silo-working and improving collaboration will be key to meeting the needs of our communities. We should build an understanding of what tasks our teams *can* and *cannot* do to support person-centred care. Improving and learning from this understanding, we should also empower teams to work together to find the solutions.

The Learning Passport approach with FV College is under review. A scoping and mapping exercise is being undertaken.

Employee Development and Performance Reviews are another means by which workforce needs are identified.

THE SKILLS PROFILE

Given the wide and varied roles across the Partnership, the skills mix within the workforce is equally varied. A number of posts require specific qualifications, e.g. Nurses, Social Workers and registration with professional bodies, such as the Scottish Social Services Council (SSSC). The changing nature of the SSSC means that a wider group of employees over the next 1-5 years will require qualifications appropriate to their post, e.g. Home Care. This will provide a more skilled workforce.

The Council's Social Work Adult Services has in-house Scottish Vocational Qualification (SVQ) Assessment Centre which provides the full range of social services and health care awards. The Centre provides access to training for the Social Services and Healthcare SVQ (level 6), up to the SVQ4 in Care Services Leadership and Management at SCQF level 10.

In light of the impact of COVID, there has been an increased focus on e-learning with many additional courses being developed to deliver essential training during COVID response. There will be an increased focus going forward on delivering training remotely and on developing digital skills across the Council. The development of digital skills across our workforce will require to match the developments in our use of technology for service delivery purposes.

LEADERSHIP DEVELOPMENT AND SUCCESSION PLANNING

Leadership and succession planning has never been more essential due to the ageing demographics of our workforce. We are increasing the development opportunities available to experienced practitioners and promoting an approach to leadership at levels through peer support, mentoring, contributions to the delivery of training, learning and development. Falkirk Council based managers across the teams are participating in a leadership development culture change programme. Senior managers have completed this programme, and this is now being rolled out to supervisor and team leader levels.

OUR WORKFORCE ASPIRATIONS

Nurturing, inspiring, and compassionate leadership should be combined with increased opportunities for workforce development to support service re-design and co-production.

The foundations of this approach will be based on flexible working which retains a strong focus on relationship-based practice with colleagues and people who access our services.

We are committed to maintaining our focus on positive working conditions in relation to workloads, worker autonomy, managerial and peer support that prioritises time for effective participation, engagement, and collaboration. In response to the rising and high demand for services, we will continue to embed the 'Good Conversations' approach which focuses on personalisation of services.

The pandemic has accelerated new ways of working, opening the opportunity for hybrid models in many areas of our business. This provides greater flexibility for some staff groups across our workforce and widens our recruitment opportunities in a time where labour markets create real recruitment challenges across many professions and groups.

Learning from these changes, and continuing our journey, the use of digital and technology will be pivotal in improving our services. Our workforce is at the centre of this, and we need to take colleagues with us on this digital journey.

This will allow care to become more person-centred, enabling people to self-manage their conditions and live independently. The developments and improvements in how we use technology, support self-management but also free up staff time to engage in meaningful and quality relationships with people accessing support and services. We will work with communities and third sector partners to extend more capacity for community-based supports and health improvement, addressing inequalities in health.

As we move forward, we need to continue to re-assess workforce requirements to manage our community response and recovery, including ongoing vaccination and testing programmes.

OUR WORKFORCE ASPIRATIONS: OUTPUT FROM WORKFORCE PLANNING WORKSHOPS

As part of the workforce planning process, representatives met to consider our aims and aspirations for our workforce. These are noted below in themes of **morale and motivation**; **leadership and development**; and **communication and engagement**.

MORALE & MOTIVATION

- Joy at Work, Happiness at Work, Good staff morale, Build on current levels of flexibility
- Give positive feedback and recognise good work
- People felt valued in 1st wave, they were part of the team in the daily huddles – need to keep that up.
- The more we value staff, the more committed they become
- If the values are right, commitment follows on.
- Increase trust means committed workforce.
- Motivation is a product of valuing staff.

LEADERSHIP AND DEVELOPMENT

- Opportunity to Grow – motivation to grow and learn – offer learning opportunities – invest in staff and grow our own
- Empowerment - Control of their work – what they do and when they do it
- Build on experience
- Clear avenue for upskilling to promotion when the time is right. Need clear pathways for career progression e.g. District Nurses – there is no role for development – need to look at Advanced Nurse Practitioner and advanced Social Work Practitioner roles

COMMUNICATION AND ENGAGEMENT

- Good communication – staff participation and engagement
- Staff need to feel they are listened to and communicated with.
- Empathise and listen to our teams.
- Staff who will bring people along
- Good relationships with trade unions

OUR WORKFORCE PLANNING APPROACH

Workforce planning is critical to the success of the Partnership’s outcomes and overall strategic plan. Our workforce plan reflects our ambition to have the right people with the right skills in the right place, at the right time, and acknowledges the many challenges we face, including supply, recruitment, retention, and technological change.

We know we need a committed, motivated, skilled, and valued workforce. We also know that our workforce is our most valuable asset, and this plan seeks to support and nurture colleagues into the future.

Our aim is to have integrated working across our partner organisations. There is therefore one workforce plan drawn from both partner organisations, with consideration of commissioned third and independent sector partners.

Representatives from across the partnership came together to identify challenges and actions. This plan helps establish common language, collaboration, and positive working relationships. Alongside collaborative working, the continual monitoring and review of workforce requirements is essential to meet the demands of our communities. We are committed to working with Trade Unions and colleagues to do so.

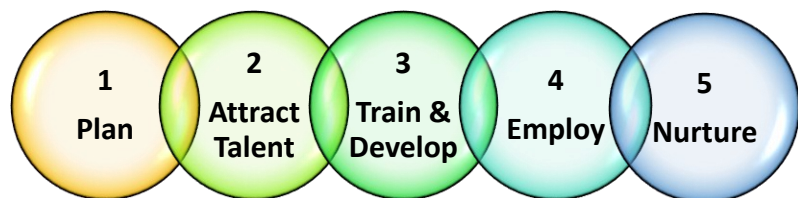
A healthy and supported workforce is imperative to success. Our commitment remains to identify and create support to improve colleague’s psychological and physical health. While this is true of all staff groups, changing needs may be particularly notable within ageing staff demographics.

We will continue to work in partnership with a wide range of services to promote and provide advice, guidance and access to Healthy Working Lives sessions and activities. This is part of our wider commitment to nurture a culture across and within services focused on Health and Wellbeing.



OUR APPROACH– 5 PILLARS OF THE WORKFORCE JOURNEY

The workforce plan supports the partnership to deliver priorities identified in the strategic plan. It achieves this by setting out future workforce needs, assessing gaps and determining talent management interventions to ensure that high quality care and support continues to be delivered.



OUR WORKFORCE PLANNING AIMS

The five pillars approach to workforce planning includes the following key aims:

| Pillar | Task |
|-------------------------|--|
| Pillar 1 Plan | To identify workforce needs, actions, and opportunities for collaborative working between colleagues and staff groups within the Partnership. |
| Pillar 2 Attract | Position the Partnership as an employer of choice to attract the talent needed to deliver services. |
| Pillar 3 Train | Ensure the business strategy is underpinned by quality learning and development interventions, at all levels. |
| Pillar 4 Employ | Recruit and retain talent within the Partnership, presenting health and social care as a valued and rewarding career choice. |
| Pillar 5 Nurture | Build and sustain a level of engagement with our workforce, by making employees feel valued, motivated and committed to organisational goals. To look after the physical and mental wellbeing needs of the workforce |

FALKIRK HEALTH & SOCIAL CARE PARTNERSHIP WORKFORCE ACTION PLAN

The Partnership's Senior Leadership Team will monitor and review the 54 actions below, their progress, and any challenges faced while working to meet the needs of the community and implement our strategic aims.

PILLAR 1 ACTIONS:

TO IDENTIFY WORKFORCE NEEDS, ACTIONS, AND OPPORTUNITIES FOR COLLABORATIVE WORKING BETWEEN COLLEAGUES AND STAFF GROUPS WITHIN THE PARTNERSHIP.

| No. | Action | Lead | Timeline |
|-----|--|--|----------------------------------|
| 1.1 | Recruit an Organisational Development officer to coordinate a programme of OD for all groups of staff to support integrated working and innovation | Head of Integration | December 2022 |
| 1.2 | Extend the successful collaborative leadership programme to 6 th and 7 th tier managers and supervisors | Heads of Integration | 2022 - 2025 |
| 1.3 | Develop tests of change to test new care pathways | Heads of Integration Locality Manager Service Managers Team Leaders | 2022-2025 |
| 1.4 | Develop new partnerships for joined up working, for example pathways for exercise in the community, prevention and rehab with AHP's, leisure providers and communities | AHP Manager CLD Health Improvement | TBC |
| 1.5 | Continue to implement iMatter throughout the Partnership | HSCP Senior Leadership Team | Ongoing |
| 1.6 | Ensure regular quality supervision and team meetings are in place across all teams, recognising that one style does not fit all | HSCP Senior Leadership Team | October 2022 and review annually |

| | | | |
|-----|---|---|-------------|
| 1.7 | Review and implement actions from See Me survey and other relevant employee engagement surveys | HSCP Senior Leadership Team | Ongoing |
| 1.8 | Strengthening Induction to provide consistency across the Partnership and Council focused on early introduction to collaborative and innovative working | HSCP HR Business Partner Locality Managers | 2022 - 2025 |
| 1.9 | Review and align our professional roles across the Partnership to ensure closer joined-up working | Heads of Integration | 2022 - 2023 |

PILLAR 2 ACTIONS:

POSITION THE PARTNERSHIP AS AN EMPLOYER OF CHOICE TO ATTRACT THE TALENT NEEDED TO DELIVER SERVICES.

| No. | Action | Lead | Timeline |
|-----|---|--|---------------|
| 2.1 | Develop a multimedia recruitment campaign including staff and care stories to build the profile of the HSCP as a good place to work and thrive. | HSCP Communications Lead HSCP HR Business Partner | October 2022 |
| 2.2 | Develop a learning passport | Transformation Programme Manager HSCP Service Manager Workforce Training & Development | March 2023 |
| 2.3 | Develop pathways for learning and development supported by a learning passport | Transformation Programme Manager HSCP Service Manager Workforce Training & Development | March 2023 |
| 2.4 | Develop arrangements with Forth Valley College and Stirling University for accredited training for admission into HNC, HND and two plus two degree courses in key health and care roles | HSCP Service Manager Workforce Training & Development | June 2023 |
| 2.5 | Continue to review and analyse exit interview feedback to improve staff experience | Recruitment & Retention Working group | Ongoing |
| 2.6 | Explore opportunities as part of the recruitment process that showcase the benefits and career opportunities available within the Partnership | HSCP HR Heads of Integration Communications Lead | November 2022 |

| | | | |
|------|---|---------------------------------------|-------------|
| 2.7 | In line with national directives continue with the Band 2/3 Healthcare Support Worker Review. This will ensure staff employed in these roles have job descriptions that accurately reflect their roles and are remunerated appropriately. | NHS HR Lead | March 2023 |
| 2.8 | Actively participate in national initiatives to support and improve recruitment within Social Care | HR Leads | Ongoing |
| 2.9 | Link to the development of the National Care Service to prepare and engage with staff and anticipation of future changes. | Heads of Integration | Ongoing |
| 2.10 | Implement the recruitment and retention working group action plan | Recruitment & Retention Working group | 2022 - 2025 |

PILLAR 3 ACTIONS:

ENSURE THE BUSINESS STRATEGY IS UNDERPINNED BY QUALITY LEARNING AND DEVELOPMENT INTERVENTIONS, AT ALL LEVELS.

| No. | Action | Lead | Timeline |
|-----|---|---|-----------------------------------|
| 3.1 | Build on iMatters team and directorate plans and 1 to 1 supervision to agree individual and team development plans aligned to the delivery of strategic priorities | HSCP SLT | October 2022 and review annually |
| 3.2 | Undertake skills gap analysis and provide training and support for staff for delivery of the strategic plan | HR Leads Service Manager Workforce Training & Development | March 2023 |
| 3.3 | Provide managers with regular data re absence, staff turnover and training | HR leads | Ongoing |
| 3.4 | Monitor training data to ensure completion of priority mandatory, Health and safety and public protection training | Heads of Integration, Locality Managers Team Leaders | December 2022 and review annually |
| 3.5 | Review training programme annually for quality, uptake and impact to ensure it aligns to business delivery | HSCP SLT Service Manager Workforce Training & Development | December 2022 |
| 3.6 | Design / deliver training for the home care workforce to ensure they have the appropriate skills to deliver a true reablement model rather than a model with a reablement ethos | Home Care Team leaders with Service Manager Workforce Training & Development | May 2023 |

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| 3.7 | Continue to train employees with digital skills to support person centred care, including in the use of the new social work information management system | Service Manager Workforce Training & Development | Ongoing |
| 3.8 | Supporting practice development for all professional roles within the Partnership. Annual report to SLT | Professional leads for Social Work, AHPs Nursing | TBC |
| 3.9 | Develop Plan and take any actions required to provide support for the timely implementation of the Safe Staffing legislation by April 2024 | Service Manager Workforce Training & development and Head of Integration | January 2023 |

PILLAR 4 ACTIONS:

RECRUIT AND RETAIN TALENT WITHIN THE PARTNERSHIP, PRESENTING HEALTH AND SOCIAL CARE AS A VALUED AND REWARDING CAREER CHOICE.

| No. | Action | Lead | Timeline |
|-----|--|---|---------------|
| 4.1 | Recruitment & Retention Working Group to implement action plan to address recruitment issues for specific roles as outlined in table above | HSCP HR Business Partner | Ongoing |
| 4.2 | Create intern and graduate opportunities and modern apprentice opportunities to help address age demographics | HSCP HR Business Partner | Ongoing |
| 4.3 | Continue to look at new and innovative ways to recruit a younger workforce and to fill hard to fill vacancies | HSCP HR Business Partner | TBC |
| 4.4 | Explore opportunities as part of the recruitment process that showcase the benefits and career opportunities available within the Partnership | HSCP HR Business Partner | TBC |
| 4.5 | In line with national directives continue with the Band 2/3 Healthcare Support Worker Review. This will ensure staff employed in these roles have job descriptions that accurately reflect their roles and are remunerated appropriately | NHS Associate Director HR | March 2023 |
| 4.6 | Review and analyse report on recruitment and selection of social workers to address local and national shortages | Recruitment & Retention Working Group Head of Integration | February 2023 |
| 4.7 | Develop local ways in which to attract and support AHPs return to practice supported by national guidelines | Recruitment & Retention Working Group Associate Director AHP | TBC |
| 4.8 | Continue to explore models to support student learning including digital technologies and further develop and improve student experience within AHPs | Associate Director AHP | TBC |

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| 4.9 | Embed and resource contemporary working for AHP's providing Rehab | Associate Director AHP | TBC |
| 4.10 | Link with Scottish Care engagement with stakeholders through Creating Pathways to Care workforce events. These will focus on the recruitment requirements of care providers | Scottish Care Liaison Officer | September 2022 |
| 4.11 | Continue to work with third sector partners, developing relationships with local and national educational establishments to support workforce growth, and supporting and developing staff through acting up arrangements | HSCP SLT Service Manager Workforce Training & Development | Review May 2023 |

PILLAR 5 ACTIONS:

BUILD AND SUSTAIN A LEVEL OF ENGAGEMENT WITH OUR WORKFORCE, BY MAKING EMPLOYEES FEEL VALUED, MOTIVATED AND COMMITTED TO ORGANISATIONAL GOALS. TO LOOK AFTER THE PHYSICAL AND MENTAL WELLBEING NEEDS OF THE WORKFORCE

| No. | Action | Lead | Timeline |
|-----|--|---|--------------|
| 5.1 | Develop responsive communications plan to ensure regular engagement with staff and opportunities for listening to staff. | HSCP Communications Lead Recruitment & Retention Working Group | January 2023 |
| 5.2 | Develop an Awards ceremony to recognise the contributions of staff and teams | HSCP Communications Lead Head of Integration | May 2023 |
| 5.3 | Work to embed the positive wellbeing approaches adopted during COVID 19 pandemic | HSCP Communications Lead Head of Integration | Ongoing |
| 5.4 | Leadership team to continue to champion wellbeing across the workforce | HSCP SLT | Ongoing |
| 5.5 | Raise awareness and roll out training and support to managers and employees in line with our menopause policies | HSCP HR Business Partner People and Wellbeing Lead | October 2022 |
| 5.6 | Teams to work together to agree how to use the winter pressures funding to support health and wellbeing | HSCP SLT CFO Locality Managers. Service Managers Team leaders | October 2022 |

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| 5.7 | Create Staff Wellbeing Champions network | People and Wellbeing Lead | Dec 2022 |
| 5.8 | Encourage our staff to participate in physical exercise activities and challenges to help promote and improve fitness. Launch programme | Staff Wellbeing Champions Network (to be developed by People and Wellbeing Lead) | April 2023 |
| 5.9 | Ensure appropriate signposting in place to relevant networks and that staff know where to look for these/access these, e.g. financial wellbeing, counselling | As above | April 2023 |
| 5.10 | Review the various groups and networks in place /listen to our workforce on what they need and want and role these out to the wider workforce | As above | March 2023 |
| 5.11 | Review community tea/coffee provision to support those who work in the community | People and Wellbeing Lead | March 2023 |
| 5.12 | Continue to promote quality supervision and 1-1s and team meetings | All Managers | September 2022 |
| 5.13 | Consider guidance on effective meeting spaces and managing emails to improve productivity and thinking time. | NHS OD New HSCP OD role | March 2023 |
| 5.14 | Roll out mental health training for 1st to 6th tier managers across FC managers in line with the agreed training plan | Service Manager Workforce Training & Development | TBC |
| 5.15 | Review and implement relevant action plans from recent employee engagement exercises/iMatters and the See Me survey (Falkirk Council) | All Team Managers | October 2022 |

NEXT STEPS

The Partnership is committed to delivering its Workforce Plan in consultation with a wide range of stakeholders. Monitoring progress of the actions and intentions set out in the Plan will be carried out within the governance framework of the Partnership.

We will share information and work together with our Trade Union and staff-side colleagues to support the workforce plan's actions, with matters reported to the Joint Staff Forum and relevant trade union forums within partner organisations.

Regular update reports will be submitted to the Partnership's Senior Leadership Team and Integration Joint Board to monitor progress and ensure alignment with the overall Strategic Plan.

Continuing integration will take time. It is therefore important that assessment and monitoring is realistic. The plan will be reviewed regularly and updated to take account of future changes and priorities. Monitoring and ongoing assessment will be based on a wide range of measurements:

- iMatters feedback
- Engagement surveys
- Listening events
- General feedback
- Performance Indicators