



## **D&G Integrated Joint Board Workforce Plan 2016-2019**

### **The Consultation Process**

The Integrated Workforce Plan 2016-2019 was sent for approval by the Organisational Development Workstream on the 27<sup>th</sup> January 2016. Deadline for approval was the 1<sup>st</sup> February 2016. After being approved, the Plan was sent out for Consultation between 5<sup>th</sup> February and 19<sup>th</sup> February 2016.

Prior to final plan approval, each partner organisation had sought appropriate committee approvals within their own governance structures.

A feedback questionnaire was included with the plan which comprised the following five questions:

1. What, from your point of view, over the next 5 years will be the most important workforce issues for Health and Social Care Integration Dumfries & Galloway, commenting on immediate, medium and up to 5 years time?
2. a) Does the Workforce Plan identify and address these issues? YES / NO  
b) If not, what is missing or should be added?
3. a) Have we set the right workforce plan ambitions for the period 2016-2019 in this plan? YES / NO  
b) If not, what additional/different ambitions would you recommend are incorporated into the plan?
4. Involvement and engagement with our stakeholders is critical to the design and delivery of the ambitions within this plan. What recommendations or ideas do you have to further improve our involvement and engagement with key people involved in providing health and social care services?
5. Are there any other comments you wish to make about the Workforce Plan?

Also included in the Plan we will have an Equality Monitoring Form in order to make sure we are treating the workforce fairly and with respect.

### **Consultation activities**

The following groups or committees were emailed the document; the Plan was also published on the NHS and Council's intranet, as well as on the DG Change website, and Third and Independent sectors' websites and via various bulletins.

- NHS Area Partnership Forum
- NHS Performance Committee
- NHS Staff Governance Committee
- Hospital Management Group
- Primary and Community Care Management Group
- GP's and other Primary Care providers
- NHS Area Clinical Forum
- All NHS D&G Staff
- Social Work Services Management Team (in addition to being considered/noted at Social Work Service Committee on 31 March 2016)
- Dumfries & Galloway Council Corporate Management Team
- Independent Sector Organisations
- Third Sector Organisations
- HSCI Executive Group
- HSCI Programme Board
- Equality & Diversity Working Group
- Strategic Planning Group

### Consultation Responses

An email account was created in order to centralise responses specifically regarding the Integrated Workforce Plan.

The Consultation responses received will be analysed and recorded as well as incorporated as deemed adequate and necessary in the Plan. *See questions and comments received below*

	Question / Comment by e-mail	Action
1.	<i>I can take the survey but first need to read the plan. I cannot see it from the link given. Please advise.</i>	Advised on link to read the Plan.
2.	<i>On pages 7 &amp; 8 are a number of tables illustrating various summaries of the new workforce. The Headcount figure for NHS D&amp;G, in Table 1, Table 4 and Table 7 does not correlate with the figures in Tables 2 and 3 where as those for DGC are consistent in all tables. Why is this?</i>	Numbers corrected
3.	<i>In the Planning Ahead section on page 10, paragraph 2 makes it clear that the collection and analysis of information will be key in delivering and managing an Integrated Health and Social care service. However in Appendix 1 on page 12 no mention is made of employing professional Informatics staff to collect and process this data. How does the IJB intend to resource this important work. Furthermore how will the IJB resource the many Information Technology systems necessary to run a modern service such as this? It is vitally important for an area such as Dumfries &amp; Galloway, where you have ably demonstrated a tendency for younger people to move away, that highly skilled jobs in newer industries are retained locally. Outsourcing the running of these services to larger multi-national companies based outwith the region is counter-productive if a young population is to be persuaded there are jobs in areas locally in areas in which they are interested.</i>	IJB to consider questions regarding Technology
4.	<i>No mention is made of governance whether this be clinical, fiscal/corporate or information. How will this be managed in the</i>	Not applicable for the Workforce Plan

	<i>IJB? This is particularly important in a shared environment such as this where it will be all too easy for issues to fall between the two main bodies.</i>	
5.	<i>I didn't notice any reference at to equalities within the plan which I think is a concern and is something which this group will possibly pick us up on and should really be picking us up on if I am honest as it's not an issue we can ignore, despite the fact that we have little control over what each organisation is doing with its staff.</i>	Paragraph incorporated in Plan

Question	Comment by Survey Monkey	Action
1.	<b><i>What, from your point of view, over the next 5 years will be the most important workforce issues for Health and Social Care Integration Dumfries &amp; Galloway, commenting on immediate, medium and up to 5 years time?</i></b>	19 responses
	Loreburn Housing Association response: The 3 key issues are: 1. Ensuring the development of a multi-professional, multi-competency workforce that is able to respond flexibly to the changing environment. Staff should have competencies and knowledge in each of the Health & Social Care Integration areas. E.g. Housing Staff should have an understanding of primary care systems and vice versa. 2. There needs to be robust succession planning in place across all areas to allow the movement of staff vertically, horizontally and diagonally across the specialisms and fields. The current structures and succession is still far too vertical and in silos. E.g. All Locality Managers bar 1 come from an NHS background. 3. To maximise the full benefits of new technology working practices must be changed. Unfortunately the implementation of very beneficial new technology has been stalled owing to the lack of will to change practices and structures. E.g. Telehealth installations.	
	The dependency ratio (number of dependents to the number of working people) will increase.	
	Addressing the issue of the present difficulties in recruitment of social care staff to provide the variety of services to support people living at home and in care homes. With the expected decrease in workforce over the coming years, how is this shortfall to be addressed? Plus the present rate & conditions of employment in the Independent & Third Sector are not attractive as a career option for younger people.	
	* working within an integrated model - how to get the best from the range of skills available  * identifying the gaps and the potential roles which may support the integrated model	
	In Auchencairn it will be aging population and lack of young families in the village to keep our services viable	
	a/Lack of reasonably well paid carers b/Lack of community health care providers - not managers but front line care givers eg GPs, DNs, Nurses c/Lack of community residential home places d/Lack of community hospital beds and staff to work in them	
	Immediate - training Medium - training Up to 5 years - training	
	Lack of Primary care GPs and lack of home care provision . immediate lack of home carers and the financial situation to change this Medium , a significant loss of primary care workforce , at a time of rapidly increasing demand . over five years the NHS is at risk of total failure	
	I think that there will be a greater need for services in the next five years. It is my	

	understanding that there has been an unprecedented number of referrals coming in to social work services. This on top of the council having to make even more cuts to an already diminished budget. There is no idea given in the plan about how this will be addressed in detail. Basically the plan gives the impression that we will have a reduced workforce. The plan does not outline how this will be achieved as there is sure to be duplication of roles across the board. I wonder if there will duplication in the management structure? I think there is already.	
	Recruitment and retention of home care staff Recruitment & retention of GPs	
	Recruitment of Medical Practitioners, particularly in general practice Recruitment of Home Care Workers Supporting and developing an ageing workforce Reviewing the skills mix within our teams	
	We need to ensure that we have the staff, with the right skill set, in the right locations to deliver services across our Region. If we are to transform the way in which services are delivered the knowledge, skills and behaviours need to include improvement and leadership as well as the technical/ profession specific.	
	Recruitment and retention of the GP workforce. Remunerating carers in a way that makes the role attractive. Developing local team to provide integrated care and support through engagement with their community	
	Recruitment and retention and the aging workforce. Those in the majority 46-54 age group will be 51-59 in 5 years time	
	recruitment and retention of skilled staff	
	SUFFICIENT NUMBERS OF APPROPRIATELY TRAINED STAFF TO CARE FOR THOSE REQUIRING INCREASING LEVELS OF CARE	
	Financial implications, retaining staff and ageing population	
	Maintaining an adequate number motivated of carers in order to provide the necessary social care to avoid secondary care beds being inappropriately filled by patients who could have avoided admission or are "delayed discharges" Maintaining GP numbers	
	Above inflation increases in national minimum wage and living wage will make employment of care staff even less affordable at a time when demand for them is increasing. Increasing difficulty in recruiting staff because centralisation of services by Scottish Government means that career opportunities in Dumfries and Galloway will narrow even further in the future. The same logic applies within Dumfries and Galloway where senior roles are increasingly centralised in Dumfries to the detriment of other areas.	
<b>2.</b>	<b><i>Does the Workforce Plan identify and address these issues? Y 10.5% N 89.5%</i></b>	19 responses
	Loreburn Housing Association response:  All of the issues identified in Q1 above need to be added.	
	How to make employment in the providing social care an attractive career option. The developments in technology to help people live at home longer & independently.	
	It covers the general issues in terms of ambitions which includes the above but doesn't include key actions	
	To promote adequate numbers of staff to look after the major demographic shift to increasing numbers of elderly people and less younger people to do the caring/health care will take a societal change. Let's face it carers are poorly paid, work unsociable hours and unless school leavers have the prospect of good pay/career prospects talented youngsters will shun this choice . Families should be better supported to look after elderly relatives rather than the state being the provider of care-our society is a long way from debating to this as our selfish culture would not cope with such a task.	
	Training	

	facts figures and actual plan . This report is just words and avoids everything need	
	The workforce plan is as usual full of talk about how we need to be more inventive; recognise and respect other profession's skills and philosophies; not replicate work etc and ensure we are person centred. Nothing new to be honest.  E.G. "Skills set analysis and requirements; Roles and number of staff required; and Productivity and new ways of working."  There is no real information as to what this analysis will entail. Also will this be impossible to achieve given the data available is in itself flawed?	
	There does not appear to be much of a plan in the plan! The demographic challenges are included and the financial challenges are mentioned, but there is no information in there that I could see covering the current crisis that exists in rural GP recruitment & retention, neither is there information / planning covering the current (and likely future) crisis in 'care at home' capacity. Given the clear risks identified in the demographic changes, this seems to be a clear omission.	
	The Workforce Plan is too broad. It touches on the issues set out in Question 1 but does not identify any key priorities or key actions.	
	Knowledge, skills and behaviours to deliver improvement and change.	
	the locality focus is missing	
	It only partly covers these	
	detail about how recruitment and retention will be addressed	
	AT PRESENT ONLY ADDRESSING THE ISSUE OF NUMBERS - NO TRAINING ISSUES IDENTIFIED AS YET	
	No particular information around what's to be done re staff retention.	
	Realistic funding training and review of carers to ensure job satisfaction and recognition of the difficult job they carry out GP recruitment: realistic and rapid public education and consultation is required now to redress the balance between expectations/demands on primary care (often driven by political/journalistic spin) and the reality of what can be provided.	
	Increasing minimum / living wages - Don't jump to increase wages at the first opportunity. Centralisation of staff - Local public agencies must make a conscious effort to try to distribute jobs throughout the area, and should resist Scottish Government efforts to centralise jobs outwith the region.	
<b>3.</b>	<b><i>Have we set the right workforce plan ambitions for the period 2016-2019 in this plan? Y 26.3% N 73.7%</i></b>	19 responses
	Loreburn Housing Association response: 1. The ambitions are not demanding enough to create the change that is needed to meet the significant workforce challenges. 2. There is a lack of detail on what success would look like. 3. There is no mention of the Localities and their differences and how this will manifest itself in both challenges and proposed solutions. 4. Please see for comparison the D&G NHS Workforce Plan 2013 – 2017 at <a href="http://www.nhsdg.scot.nhs.uk/About_Us/Publications/Files/Workforce_Plan_2013_-_17.pdf">http://www.nhsdg.scot.nhs.uk/About_Us/Publications/Files/Workforce_Plan_2013_-_17.pdf</a>	
	Yes the ambitions are right put there needs to be more detail of what this means - it's very thin (sorry wasn't able to select yes and leave a comment	
	I would work closer with our Community Council	
	Ambition should be better pay for carers, SIGNIFICANT increases in front line care givers and honesty with the population that we cannot afford to sustain current levels from the state because there is not enough money to do it. until our consumer led economy is broke, wealth is redistributed little will change for the majority. many people can't afford to save for old age now -the state bill for care in decades to come will be unaffordable.	
	The Draft Plan has ambitions to identify gaps in skills and to ensure a capable and	

	<p>motivated workforce which develops and works together in joined up ways but does say how it will achieve this. The Plan should promote, and identify, joint training and working opportunities between health, social care and housing professions so that each can develop a shared understanding of roles and objectives. This will be achieved through (i) the identification of joint training tools, secondments, conferences and other opportunities to work together; and (ii) the use of workforce development plans to increase opportunities. This will lead to a more collaborative and joint approach to services by professionals involved in health, social care and housing resulting in better ways of working and more potential for efficiencies.</p>	
	needs figures	
	<p>Yes and No to this question. The plan ambitions look good on paper but how are we going to get there? I would love to be motivated NOW, at this time, not just because there is an integrated workforce plan in place that feels so far removed from my day to day business. I would like my skills to be recognised and taken seriously as a professional by the people leading this integration. Just now I do not feel that this is the case. I think the plan is paying lip service to the Scottish Government's directions re Integration.</p> <p>As for effective "leadership and engagement" - "honest dialogue" would be a start. Developing leaders is paramount as at present I have seen some poor leadership skills in practice. "To understand the different cultures across sectors and develop a healthy culture across the partnership" The culture I work within is one of stress and suspicion at times. It appears that some people are finding it necessary to "look after number 1!".</p>	
	<p>How to address financial challenges, changes in practice/ways of working (eg to reduce 'bed-blocking' etc) and still maintain a motivated, well trained workforce without unacceptable levels of sickness absence due to stress.</p> <p>How to avoid spending vast amounts of additional money on locum services because of recruitment/retention problems</p> <p>How to ensure a generally healthy workforce - we should be setting a good example to our communities, especially when we are asking people to take more responsibility for their own health &amp; wellbeing and reduce reliance on medical treatments/ professional care. We could be doing more to promote good health and wellbeing of our own staff</p>	
	<p>The ambitions are right but the timescales are very vague and there is no detail on what action is being taken, when and by whom. The plan does not set out a radical vision for transforming our workforce</p>	
	they lack detail	
	RETENTION OF STAFF IS A MAJOR ISSUE WHICH NEEDS TO BE ADDRESSED	
	Engage the public directly in making the difficult choices and then stand by the decisions made	
	Ambitions are vague and meaningless.	
<b>4.</b>	<p><b><i>Involvement and engagement with our stakeholders is critical to the design and delivery of the ambitions within this plan. What recommendations or ideas do you have to further improve our involvement and engagement with key people involved in providing health and social care services?</i></b></p>	16 responses
	<p>Loreburn Housing Association response:</p> <p>1. This Workforce Plan fails to acknowledge the differing legislative and regulatory arenas that the integrated functions operate within. E.g. Housing falls under the Scottish Housing Regulator (SHR) and some housing functions are being transferred to the Integrated Joint Board. There needs to be an engagement with the Regulators such as the Care Inspectorate and SHR to gain an understanding of the future requirements and aspirations so that the workforce can be developed appropriately.</p>	

	2. In addition the plan does not detail any partnership working and communication methodologies to maximise engagement across the Integrated functions	
	none	
	The voice of the independent / third sector is not evident. What are their concerns & suggested ideas to address these.	
	look radically at how local health centres could have responsibility for villages, In our case we could use three different centres Kirkcudbright, Castle Douglas and Dalbeattie. Make one responsible for the village	
	EMPHASISE LESS paperwork, box ticking, nonsense dictacts from on high management which do nothing but drive people away from care.	
	None	
	A complete political change in care provision	
	We should have shared office space where we can learn from each other and support each other to deliver the best service we can. Confidentiality issues can be solved if the boffins get their heads together. After all, I am assuming that NHS and SWS will need to start sharing information better in order to provide any kind of service.	
	More face to face workplace sessions, eg team meetings. More opportunities to get different professional groups / stakeholders together in the localities to build understanding, trust and sharing of ideas and difficulties	
	I don't know how you engage with stakeholders at the moment so it is hard for me to answer this question.	
	Maintain a dialogue locally with people delivering key roles, those in receipt of care and those supporting us to train and develop our staff.	
	You need to get out and engage with teams in their working environment and not sit in an office in the Crichton	
	Address concerns about job losses.  Engage with organisations and staff bodies outside the region to see why it is that people will not come here and ask what would help them to consider working here.  STANDARDISED TRAINING FOR ALL GRADES WORKING WITHIN THE CARE SECTOR IN ORDER TO ESTABLISH A LIKE FOR LIKE LEVEL OF CARE WHETHER IT BE IN HOSPITAL OR OUT IN THE COMMUNITY	
	Attending individual staff areas and speaking to smaller groups.	
	We need to meet each other more face to face so that we truly understand what it is we all do...networking is recognised in business as an essential tool to help with the smooth running of companies and is lacking in the NHS	
<b>5.</b>	<b>Are there any other comments you wish to make about the Workforce Plan?</b>	<b>15 responses</b>
	Loreburn Housing Association response:  1. Why does Locharbriggs feature as a regional centre (page 4) when it is a suburb of Dumfries and why has the misleading population figure been included.  2. While Housing Support is mentioned, Care & Repair, Adaptations and Equipment is not. Care & Repair is a transferring function and delivers major adaptations to private sector housing. Similarly Community Occupational Therapy Services are being transferred and they are not mentioned either.  If you wish to have any further discussion please contact:  Andy Todman, Head of Partnerships & New Initiatives, Loreburn Housing Association: email:andyt@loreburn.org.uk	

	<p>Pages 4 &amp; 5 - there is a mix of data sources being used here.</p> <p>Page 4 paragraph 1 - throughout the integration documents the mid-2013 population estimates have been used. For D&amp;G the total population 150,270.</p> <p>The infographics are based on the information in the Strategic Needs Assessment (SNA) however the figures in paragraphs 3 and 4 of page 4 and paragraph 3 on page 5 do not match the commentary in the SNA. For example the over 65 population is expected to grow by 23% by 2022 and 45% by 2037 not 19% and 40% respectively. Also, why not use the dependency ratio infographic as this is more relevant to the point you're making.</p> <p>Pages 7 - 9 - the tables are confusing.</p> <p>The totals for various tables counting the same thing do not match and there is no explanation why.</p> <p>It would make more sense to put the total workforce for each organisation and then the proportion directly involved with integration. At the moment it looks like part of the council workforce is involved and almost all (if not all) of the NHS workforce, but this is a guess.</p> <p>Please include percentages in tables as it is difficult to judge whether distributions differ across organisations.</p> <p>I wouldn't include the sample of 38 Third Sector organisations in the same tables as the other organisations because they are just a sample whereas the others are true totals. This is mixing oranges and pears in terms of types of data.</p> <p>Page 7 - Transgender: This should not be reported here in its current format. The Gender Reassignment Act (2004) states that should an organisation become aware of a person's transgender status through an official capacity they cannot disclose this to another party. I suspect this is why there is no figure for NHS, council, independent sector (please see <a href="http://www.gires.org.uk/law-archive/gra-2004">http://www.gires.org.uk/law-archive/gra-2004</a> for more information). In addition, given that this is highly sensitive information, there are only 6 and you have identified them as working in the third sector, this is likely to be disclosive and individuals could be identified from this report. Please see ISD guidelines on disclosive information. As an alternative, and to ensure that the issue of transgender is not invisible in this report, a sentence along the lines of "The proportion of the workforce who identify as Transgender is monitored through regular ethnicity and diversity auditing however, we are not at liberty to make these figures publically available."</p>	Transgender information removed
	I am shocked by the number of staff in the 'Administration' section of the NHS, in comparison to the LA & Independent & third sector. Are they comparing like for like?	
	<p>The initial sections whilst useful are included in the strategic plan do they need to be repeated here</p> <p>the data is really useful</p> <p>The ambitions make sense but there is very little substance - does it not need to include more of what we will actually do</p>	
	We as a community council would be happy to have more involvement than the plan indicated you would have	
	I found it difficult to understand many of the phrases used , lots of management speak, high on aspiration but realistically what chance of success ...?	
	None	
	What plan ? where are we now and where do we want to be in figures and numbers of workers.	
	Will there be redundancies as a result of the integration?	
	I think it should be more up front and specific about the challenges - as it is, it looks like a paper exercise - it's not clear what actions would be generated from this plan	
	Overall I am disappointed with the plan. It is very light on detail and I expected much more information on the key challenges, achievements to date and plans for the future. The ambitions are fine but no clear vision is set out and the implementation proposals are very vague. I recognise that transforming the workforce is a huge and complex challenge and will take time to complete. However I expected a bit more clarity, passion and inspiration from the Workforce plan.	
	It is great to have some actual figures of where we are now and to understand the	

	demographic challenges ahead. I look forward to hearing some of the ideas for plugging the gap both in terms of availability of staff and the resources to fund them. Are we considering generic care workers and extended roles? As the daughter of someone living at home with dementia, diabetes and Parkinson's there are an awful lot of people going in for very short visits.	
	HOW WILL THE LEGIONS OF UNPAID CARERS WHO LOOK AFTER THEIR OWN RELATIVES BE INCORPORATED IN THIS PLAN?	
	On-going uncertainties from some staff groups who have been waiting for news re funding and have been told that no decisions can be made until this plan is up and running. What are the expected time lines etc...	
	Unclear that Third Sector Dumfries and Galloway in any way represents the non statutory sector. Unclear how the data on third and independent sectors has been extrapolated based on a small sample of 36 organisations which may or may not be representative of the whole sector.	