

Dumfries and Galloway Integrated Joint Board Workforce Plan

Health & Social Care

2016 – 2019



INTRODUCTION AND PURPOSE OF THE PLAN

This workforce plan covers the period 2016-2019 and has been developed to support integration of adult health and social care within Dumfries and Galloway, in conjunction with the draft Strategic and locality plans.

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) sets a legal framework for combining health and social care in Scotland. This legislation requires each Health Board and Local Authority to delegate some of its functions to new Integration Authorities. For Dumfries and Galloway, this is an Integration Joint Board

The Council and NHS locally along with the Third and Independent Sectors are embarking upon a huge change within Dumfries and Galloway. This presents us with the unprecedented opportunity to develop existing partnerships and for us to work more collaboratively and innovatively with those involved in this change. Central to this is for those planning, providing and maintaining effective care and support (including communities, volunteers, people that use services, carers and families) to also be fully involved in planning and delivery of services in the future.

This plan reflects our ambition to have the right people with the right skills in the right place at the right time. It describes the challenges we face and identifies strategic actions needed to deliver our vision of:

....“A Dumfries and Galloway where we share the job of making our communities the best place to live active, safe and health lives by promoting independence, choice and control”.....

This plan is underpinned by the Six Steps Methodology (Skills for Health 2014).

Representatives from NHS D&G, D&G Council, Third and Independent Sectors have been involved in the development of this plan.

Although the IJB has no direct authority for the management of staff, there is a responsibility to ensure that the requirements in the Equality Act 2010 are met.



Who Does The Plan Cover?

This plan covers those employees within the NHS, Council and Third and Independent Sectors who plan, support and deliver the following services:

- Adult social care
- Adult primary care
- Community and Acute Health Care
- Some elements of Housing support

This includes services to adults:

- With long term conditions or disabilities;
- Who have caring responsibilities;
- Who have a degree of vulnerability or are in need of protection;
- Who are well and want to maintain or improve their current level of health and well-being;
- Who need an intensive or acute level of service; and
- Who are experiencing health or social care inequalities.

Please refer to Appendix 1 for further breakdown of staff groups and services included across partners.

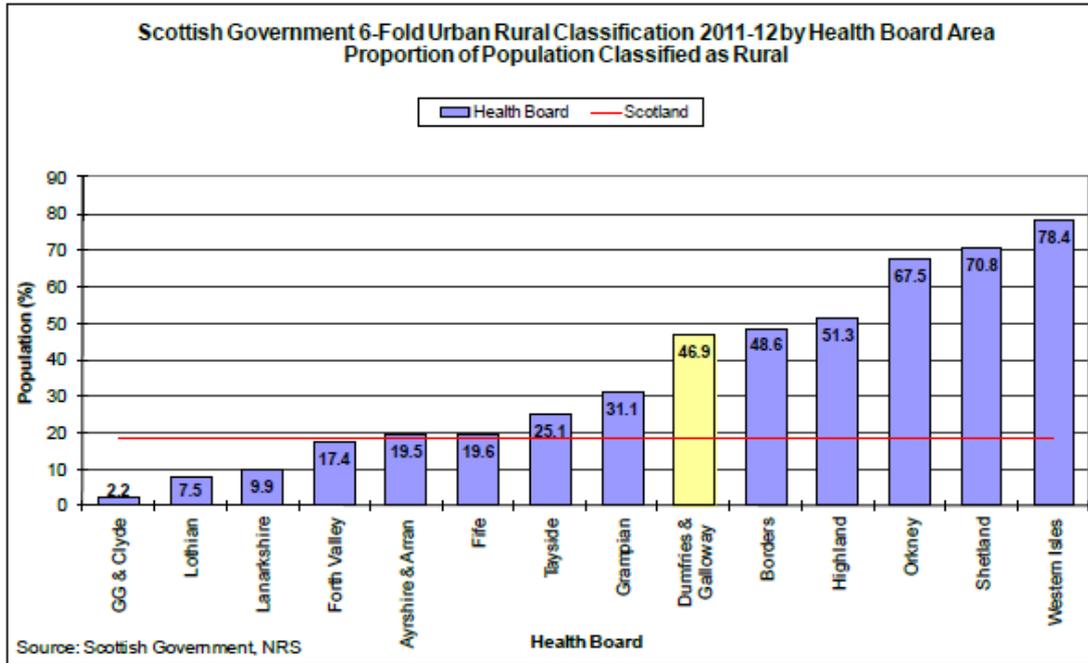
DRIVERS FOR CHANGE

- The rurality of our region;
- The changing age structure of our population and available workforce;
- Financial context;
- Integration of Health and Social Care services and
- The recruitment and retention of Health and Social Care staff, are all key factors that will influence the delivery of integrated services over the next few years.

Rurality

Dumfries and Galloway is one of the most rural regions in Scotland (see Figure 1).

Figure 1: Proportion of Population Classified as Rural, 6-Fold Urban Rural Classification 2011-12



Our region covers an area of 6,426 square kilometres and the National Records of Scotland (NRS) mid-2012 population estimate was 150,830.

The main centres of population are

- Dumfries and Locharbriggs (38,900 residents),
- Stranraer (10,600),
- Annan (9,000),
- Lockerbie (4,300),
- Dalbeattie (4,200),
- Castle Douglas (4,200) and
- Newton Stewart (4,100).

All other towns and settlements have populations of less than 4,000 and, at the 2011 Census, approximately one third of people in Dumfries and Galloway (31.6%) were living in settlements with less than 500 people.

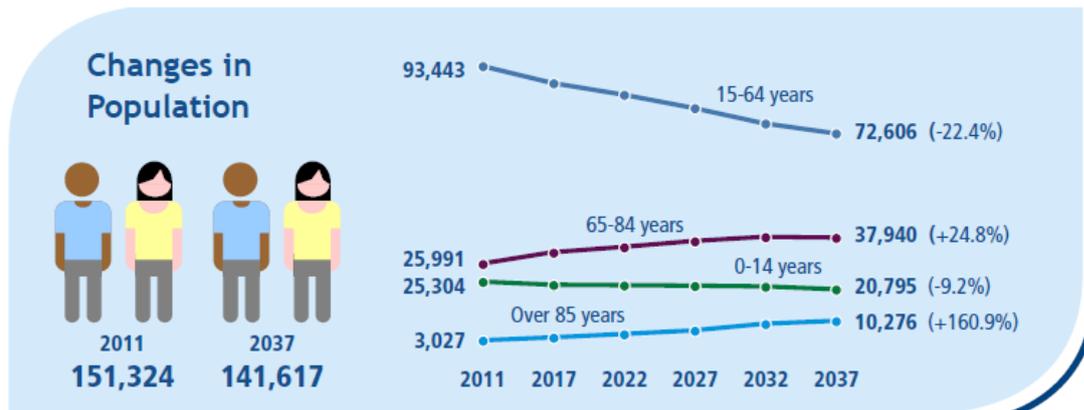
There are significant challenges in the delivery of services in a large rural area. Whilst we strive to provide consistent and accessible services to all communities, it may not be possible to provide some specialist services across the region and this presents challenges in providing for relatively small groups and geographically dispersed communities.

Changing Age Structure of Population and Available Workforce

The current population of Dumfries and Galloway is substantially different from the Scottish population profile. There is a larger proportion of older people and a markedly smaller proportion of young people in our region and the gap is likely to widen over time. The average age in Scotland is 40.5 years whereas in Dumfries and Galloway it is 43.9 years.

In future, on average, it is projected that people will live longer (see Figure 2). Within our region, the over 65s population is projected to grow by 19% by 2022 and 40% by 2037 (12% for those aged 65-74 and 75% for those aged 75 and over). The number of residents aged 90 years or over is projected to increase from 1,314 in 2012 to 4,771 in 2037. Alongside this, the population of 15-64 year olds is projected to decrease by 22% by 2037. (2012 based figures from the National Records of Scotland 2012).

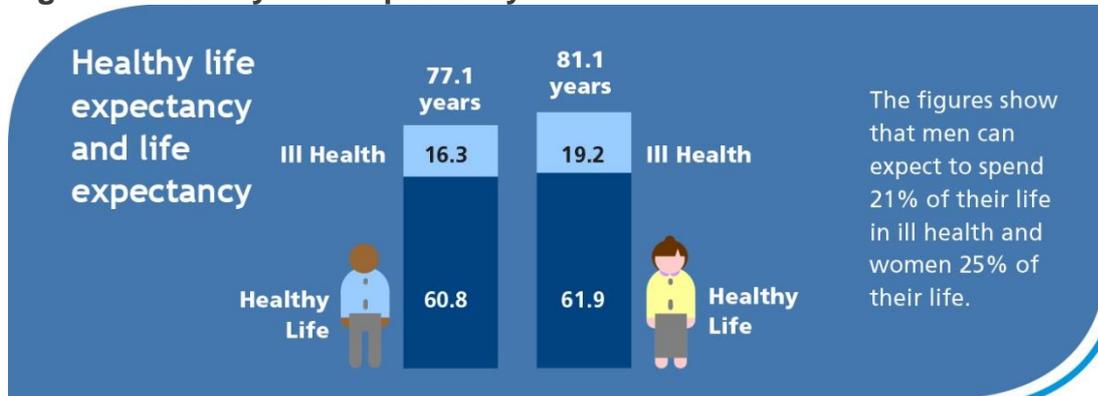
Figure 2: Changes in Population



Source National Records of Scotland

Whilst we expect our population to live longer there is a projection that the number of ill health years will also increase. (see Figure 3).

Figure 3: Healthy Life Expectancy



Source: ScotPHO 2013



The working age (16-66 years) population within Dumfries and Galloway is predicted to decline by 18% by 2037. This decrease in the size of available workforce, in conjunction with the age profile of our current workforce, requires to be taken into account when planning our future workforce. As of October 2015, 25% of the integrated workforce was 55 years or older and around 10% of the integrated workforce is aged 25 years or under (Source: Integration Workforce Summary by Age within this plan).

Within our region, we will therefore face the challenge of supporting an ageing population (with an increasing needs profile from both a health and social care perspective), at the same time as experiencing a projected decline in the available working age population.

Financial Context

The current financial challenges across the Public, Third and Independent sectors are well known.

The Integration Joint Board is required to plan, support and deliver services effectively and efficiently to achieve quality and consistency, and to bring about a shift in the balance of care from institutional to community-based settings. This will require to be achieved from the resources within the Dumfries and Galloway integrated health and social care budget and includes making financial savings on an ongoing basis.

Health and Social Care Integration

The Integration of Health and Social Care services requires all partners to work together in new ways to support transformational change at all levels of their organisations.

Recruitment and retention of Health and Social Care Staff

Providers express concerns about the challenges in recruiting and retaining staff across health and social services.

There are various issues that affect the recruitment and retention of staff across sectors including, but not exclusively, pay and conditions, the challenge of geographical recruitment, fragmenting working time, zero-hours contracts and the diversity of pay practices. (Source: Social Care Providers Survey Report on Recruitment and Retention 2015).



DEFINING OUR FUTURE WORKFORCE

When determining the future workforce requirements for the delivery of integrated health and social care, we must take account of our existing workforce and the challenges of developing roles and skills.

Partners are currently working together to build a shared understanding of the whole workforce. Whilst the Council and NHS already have separate systems in place to collect data on their workforce, a systematic approach to collect a single data set on the Health and Social Care workforce across all sectors is required.

In order to determine future workforce requirements, we will consider the following and link them to strategic, financial and service planning:

- Skills set analysis and requirements
- Roles and number of staff required and
- Productivity and new ways of working

Thereafter, the current workforce data set can then be compared against future workforce requirements and a plan developed to bridge any gaps.

CURRENT WORKFORCE INFORMATION

Information that is currently available as of October 2015 is outlined below.

Whilst it has not been possible to gather full workforce information within the Third Sector, data from a sample of 36 organisations within Dumfries & Galloway is included. There is some duplication (938 paid staff) between the Third and Independent sectors data, specifically concerning organisations who are non statutory and voluntary sector, which will be addressed.*

Table 1: Integration Workforce Summary by Headcount, Working Time Equivalent (WTE) and Positions

Organisation	Headcount	WTE	Number of Positions
D&G Council	582	414.2	594
NHS D&G	4425	3541.2	N/A
Independent sector	4480	N/A	N/A
Third Sector*	1695 (includes 938 paid staff and 757 volunteers)	N/A	N/A
Total	11182		

***Data supplied from a sample of 36 organisations**

Table 2: Integration Workforce Summary by Position Type

Organisation	Part Time	Full Time	Voluntary	Total
D&G Council	419	175		594
NHS D&G	2564	1861		4425
Independent sector	2750	2045		4795
Third Sector*	322	183	757	1262
Total	6055	4264	757	11076

*Data supplied from a sample of 36 organisations

Table 3: Integration Workforce Summary by Gender

Organisation	Male	Female	Total
D&G Council	65	529	594
NHS D&G	735	3690	4425
Independent sector	650	3830	4480
Third Sector*	232	548	786
Total	1682	8597	10285

* Data supplied from a sample of 36 organisations

Table 4: Integration Workforce Summary by Age

Organisation	Age Bands**						Total
	<25	26-35	36-45	46-54	55-64	65+	
D&G Council	24	63	105	204	182	16	594
NHS D&G	284	823	966	1389	898	65	4425
Independent sector	595	770	665	1350	960	140	4480
Total	903	1656	1736	2943	2040	221	9499

Organisation	Age Bands**					Total
	<30	30-45	46-54	55-64	65+	
Third Sector*	122	175	190	206	65	758
Total	122	175	190	206	65	758

*** Data supplied from a sample of 36 organisations**

**Please note that the age band figures reflect that employees may hold more than one post

Table 5: NHS Workforce Summary by Directorate

Directorate	Number of NHS staff
Acute & Diagnostics	1420
Corporate	684
Facilities	404
PCCD East	430
PCCD West	555
Mental Health	476
Women & Children's	456
Total	4425

Table 6: Dumfries & Galloway Council Social Care Workforce Summary by Directorate

Directorate	Number of Council staff
Social Work Services	322
DG First	272
Total	594

Table 7: NHS Workforce Summary by Job Family Profile

Job Family	Number of NHS staff
Administration	762
Allied Health Profession	328
Medical & Dental Support	45
Healthcare Science	115
Medical & Dental	322
Nursing & Midwifery	2124
Other Therapies	126
Personal & Social Care	20
Senior Managers	8
Support Services	564
Other	11
Total	4425

Table 8: Independent Sector Workforce Summary by Job Family

Job Family	Number of staff Independent Sector
Administration/ Support	180
Ancillary	370
Class 2 Care Worker	3190



Class 3 Care Worker	340
Class 4 Care Worker	260
Unit / Project Manager	150
Total	4490

Table 9: Council Workforce Summary by Job Profile

Job Family	Number of Council staff
Clerical / Administration	18
Care / Home Worker	340
Other Support Services	146
Social Worker / Senior Practitioner / Manager	88
Senior Management	2
Total	594

PLANNING AHEAD

1. Approach and Methodology

We will deliver our Workforce Plan using the 'Six Steps Methodology' and ensure that Workforce planning is an integral part of our service and financial planning.

2. Workforce Intelligence

An integrated approach to gathering data on our workforce will enable us to analyse and manage our resources, skills in our workforce and capacity and demand issues. It will also support our ability to project our future workforce requirements, any gaps in skills or resources and the financial impacts of this.

Our Ambition by 2019: To develop a standard workforce data set to support Integration and this workforce plan, including information on the 9 protected characteristics.

3. Workforce Development

A skilled, motivated and healthy workforce across Health and Social Care is critical to delivering integrated services and meeting the future growing demand for services.

Our ambition by 2019: To ensure that workforce development contributes to a healthy, sustainable, capable, engaged and motivated workforce, which reflects our local community. We will seek to promote Health and Social Care as a career of choice.



4. Leadership and Engagement

Effective leadership and engagement supports cross-sector working and requires approaches that are driven by values, honest dialogue, strengthening management, and involving the workforce.

Our Ambition by 2019: To develop our leaders and strengthen our management to ensure the effective engagement of our workforce.

To understand the different cultures across sectors and develop a healthy culture across the partnership.

5. Integrated Working

Integrated ways of working requires the workforce to be fully engaged in the planning, design and delivery of care and support with people who use services, carers and families.

Our ambition by 2019: To explore how to do things differently and achieve new, effective integrated models of care by supporting and helping our collective workforce and representatives to develop and work together in joined up ways.

Plan Implementation and Monitoring

The Integrated Workforce Plan will be reviewed on an ongoing basis and progress reported to the Integration Joint Board on an annual basis.

The partnerships will develop operational workforce plans which complement the strategic aims of this document.



Appendix 1

Alongside the workforce outlined in page 2 of the plan, the following NHS services are included as they provide a service to people over the age of 18:

- Primary Medical Services and General Medical Services (including GP Pharmaceutical services)
- General Dental Services, the Public Dental Service
- General Ophthalmic Services
- General Pharmaceutical Services
- Out of Hours Primary Medical Services
- Acute Hospital Services

Within the Independent and Third Sector services, the following services are included:

- Care at Home
- Care Homes
- Housing Support including Care and Repair
- New models of care and support including:
 - Re-ablement/Short term intensive support (care home and care at home)
 - Rapid response teams – call out support service, emergency call outs e.g. care call responder
 - Specialist dementia services
 - End of life
 - Palliative care
 - Night support services
 - Day services
 - Telehealth, telecare
 - Using technology to meet health and social needs of people
 - Different models of housing e.g. very sheltered etc, communities, new models of tenancy
 - Support for carers and new models of delivering this type of support
 - Activities to support quality of life and life-long living for all
 - Respite
 - Holistic support for individuals with different health conditions/diagnosis regardless of their age
 - Transport
 - Volunteering, support and management of volunteers