

Chief Officers Health and Social Care Scotland

Consultation Response: National Workforce Planning Document

28th March 2017

Governance

Question 1. Are these roles the right ones, or do you have an alternative model? What steps will be needed to ensure these proposals are fully effective?

The Chief Officer Group for Health and Social Care in Scotland welcomes the opportunity to comment on the draft National Workforce Planning document. It is an ambitious step by Government given the challenges associated with planning for such a diverse workforce. We are pleased to see the role of IJBs and health and social care integration acknowledged within the plan. However, we believe there could be more exploration of the different workforce models and potential creation of new roles required to support integration. There is a strong focus on health and further consideration is required on the diverse nature of the social care workforce, in particular the more varied range of employment arrangements and how this could impact on a national workforce plan.

We recognise the benefit of a more co-ordinated approach to workforce planning. The three tiered approach outlined in the plan requires further exploration, particularly to ensure regional and local approaches do not lead to duplication of effort. Given the diverse group of staff involved, an alternative model could take a thematic approach – looking at workforce planning for specific care groups. Another approach could be to separate the work on a national workforce plan for staff working in NHS only services (i.e. services and functions whose strategic planning resides within the responsibilities of NHS Health Boards) from a distinct framework for those NHS and Council employed staff working within Health and Social Care Partnerships (i.e. services and functions whose strategic planning has been delegated to Integration Authorities).

Workforce Planning Roles

Question 2. How can organisational and individual collaborative working be improved, and barriers removed, so that workforce planning can be effectively co-ordinated to ensure people get the care they need where and when they need it:

Nationally?

Regionally?

Locally?

Collaborative working must not only be between NHS and Local Authority but also with the range of other providers involved in the delivery of health and social care e.g. third sector, independent.

There needs to be a clear focus on partnership working, person centred approaches and focusing on new ways of working and less about organisational approaches, history and cultures. The approach must focus on the skills and competencies we need moving forward, not on the models of the past.

Strong leadership and vision is required here as well as a commitment to work across boundaries in new ways.

Workforce Data

Question 3. How should workforce data be best collated and used to undertake workforce planning in an integrated context based on current approaches of a nationally-led NHS system and a locally-led care system?

Differences in how data is collated and reported is a huge barrier to providing robust, integrated workforce planning across not just all sectors but even across HSCPs. As a priority agreement is required about data to be collated and how it is measured and reported to ensure a consistent approach, no duplication and allow comparison and benchmarking locally, regionally and nationally. This data is needed to inform workforce plans and provide information locally across all sectors and nationally to highlight potential issues so must be meaningful and appropriate with common language and terminology, allowing measurement of impact of change and evaluation of success of initiatives.

Recruiting and Retaining Staff

Question 4a). How might employers and other relevant interests in the Health and Social Care sector work, jointly and individually, to identify and tackle recruitment and retention issues, ensuring priority gaps are identified and addressed:

- *Nationally?*
- *Regionally?*
- *Locally?*

At a local level working with schools and colleges to promote health and social care as a positive career choice and the variety of roles available.

Need to look at interdependencies on a more regional basis. How can we help sustain areas of Scotland that are in difficulty e.g. regional deployment, rotating staff, incentives to attract candidates.

Increased flexibility to support an ageing workforce.

Question 4b). Are there any process or structural changes that would support collaborative working on recruitment?

Longer term budget setting would assist with subsequent resource planning. NHS and Local Authority working together in joint recruitment campaigns and the creation of a shared site for recruitment would be welcomed.

Differences in terms and conditions across organisations currently act as a barrier to collaborative working on recruitment.

Clear and Consistent Guidance

Question 5) Would it be helpful at national level to have an overarching process (or principles, or framework) for workforce planning across the Health and Social Care sectors?

An overarching approach outlining general principles would be welcomed and usage of this across sectors would promote integrated working. However, the guidance should avoid being too prescriptive in light of the diverse nature of the workforce, the range of providers involved and often different operating environments.

Workforce plans should guide and influence recruitment processes and campaigns as well as training and development activity. There should be a more collaborative approach to training and development across organisational boundaries.

Student Intakes

Question 6a). How can a more coordinated and collaborative approach be taken to assessing student intake requirements across all relevant professions, and what other issues should be addressed to remove barriers to successful workforce planning?

It would be helpful to broaden the approach away from just thinking about the 'controlled' professions but also the social worker, the mental health officer etc. Work with young people to promote careers in health and social care must promote the range of sectors e.g. the optometrist, the pharmacist as they all have a role to play in delivering services in the community.

Question 6b). What other issues should be addressed to remove barriers to successful workforce planning in both health and social care?

- A common language in terms of skills across the health and social care sector needs to be set to ensure ease of transition between roles and employers.
- Looking at the workforce as an integrated resource but cognisance needed of the challenges and differences within different sectors.
- In developing a national workforce approach we must consider all of the people who impact on a person's care experience. The paid workforce is central to this, but the national strategy should have appropriate recognition of the unpaid workforce i.e. carers.
- Include Public Health workforce as we strive to support our population to live longer, healthier lives with focus not solely on treatment but also on prevention