

Integration Joint Board 20.09.18
Agenda Item: 7.5.1
Purpose: For Discussion

CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP



Workforce and Organisational Development Strategy

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1. Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 provides the legislative framework for the integration of health and social care services in Scotland. It requires local authorities and health boards to integrate adult health and social care services – including some hospital services.

The legislation requires Health Boards and Local Authorities to establish formal partnership arrangements to oversee the integration of services. Like most partnership areas, this has been done in the Western Isles through the creation of an Integration Joint Board (IJB), which is a partnership body designed to take decisions about how to invest resources and deliver services.

The IJB is not an organisation which employs members of staff but it does have the authority to direct the two parent bodies – the Health Board and Local Authority – about how it wants integrated services to be delivered.

The legislation also requires a Chief Officer to be appointed by the IJB to provide a single point of management for the integrated budget and integrated service delivery. The Chief Officer has a direct line of accountability to the Chief Executives of the Health Board and the Local Authority for the operational delivery of integrated services.

The main aim of the Act is to improve the wellbeing of people who use health and social care services. It does this by requiring local partners to:

- create a single system for health and social care services
- develop more informal community resources and supports
- put the emphasis on prevention and early intervention
- improve the quality and consistency of services
- provide seamless, high quality, health and social care services
- ensure that resources are used effectively and efficiently

The agreement between the Western Isles Health Board and Comhairle Nan Eilean Siar to form an IJB is set out in the Integration Scheme. The Western Isles Integration Scheme sets out the range of services and funding that will be delegated to the IJB. On the Local Authority side, this includes:

- Adult Social Work and Social Care
- Criminal Justice Social Work
- Housing Support, including aids and adaptations

On the NHS side, the services and funding delegated include:

- Community Nursing, including health visitors and school nursing
- Funding for General Practice, Dentistry and Pharmacy
- Mental Health
- Allied Health Professionals, including Occupational Therapy Podiatry, Dietetics, Speech Therapy and Physiotherapy
- St Brendan’s Hospital and Uist & Barra Hospital
- Part of the Western Isles Hospital, including A&E, general medicine, geriatric medicine, rehabilitation medicine, respiratory medicine

The Integration Scheme does not include specialist children’s services such as children’s social work, Child and Adolescent Mental Health Services, paediatric inpatient care, and specialist community health services for children – but it does include the universal children’s services such as health visiting and school nursing.

Responsibility for all of the funding for the integrated services is delegated to the IJB once it signs-off on its strategic plan. The Western Isles IJB took responsibility for these services on 1 April 2016.

Workforce and Organisational Development Strategy

The IJB strategic plan sets out 25 ‘key deliverables’ over the next three years which will underpin the transformation of service. One of the key deliverables on workforce is as follows:

Strategic Plan Key Deliverable: We will develop a three year workforce plan, based on labour market intelligence, which will consider how best our partnership can compete within the local, national and international labour market and grow a workforce from within our communities through the provision of educational opportunities

This document is our workforce strategy, covering an initial period to 2020. It has been developed to support the integration of adult health and social care within the Western Isles.

This strategy 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.

The strategy is also intended to cut across all sectors: public, third and independent. While some of our planning assumptions focus on the public sector, partly because that is where our workforce data is strongest, we essentially have a single health and social care workforce, which is employed by a number of different organisations.

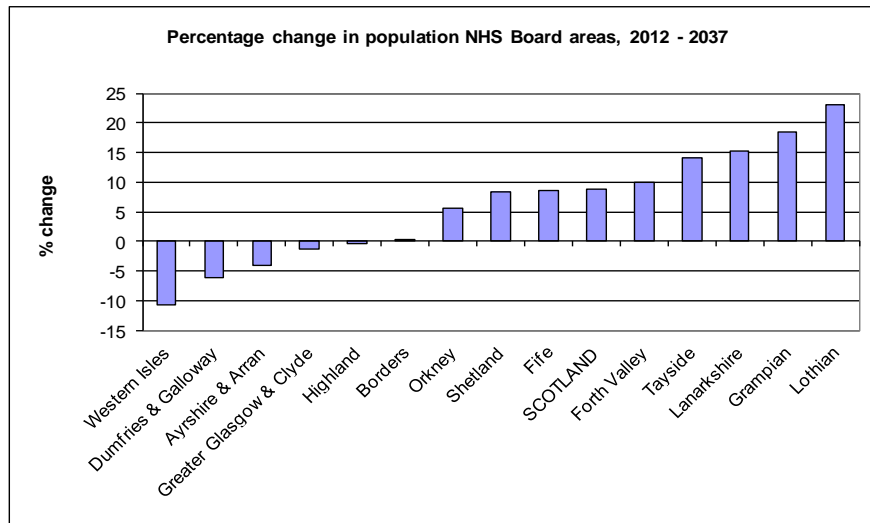
2. The Western Isles Context

The latest Western Isles population estimates for 2014 continue the trend of falling birth rates, an increasingly ageing population and declining population.

The graph below shows the comparative population change in the Western Isles over the last ten years, where there has been a small increase of 2.3% (600 persons) compared to a 5.2% increase in Scotland as a whole.

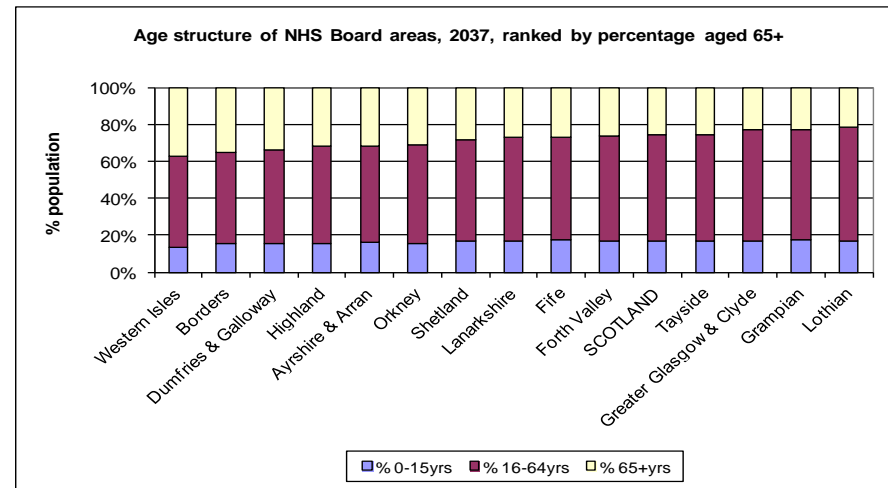
This shift in overall population for the Western Isles is projected to see an overall decrease over the next twenty years.

Comparison of Projected Scottish health board population change, 2012-37



The Western Isles has second highest proportion of older people with 22.4% of total population, against the Scottish average of 17.4%. The older adult proportion of the population is projected to rise for all Health board areas but is greatest in Western Isles with a projected 14.7% increase, meaning 37.1% of the population will be aged over 65. This means that the Western Isles will have the smallest working age population in Scotland.

NHS Board area population structures ranked by % Aged 65+, 2037



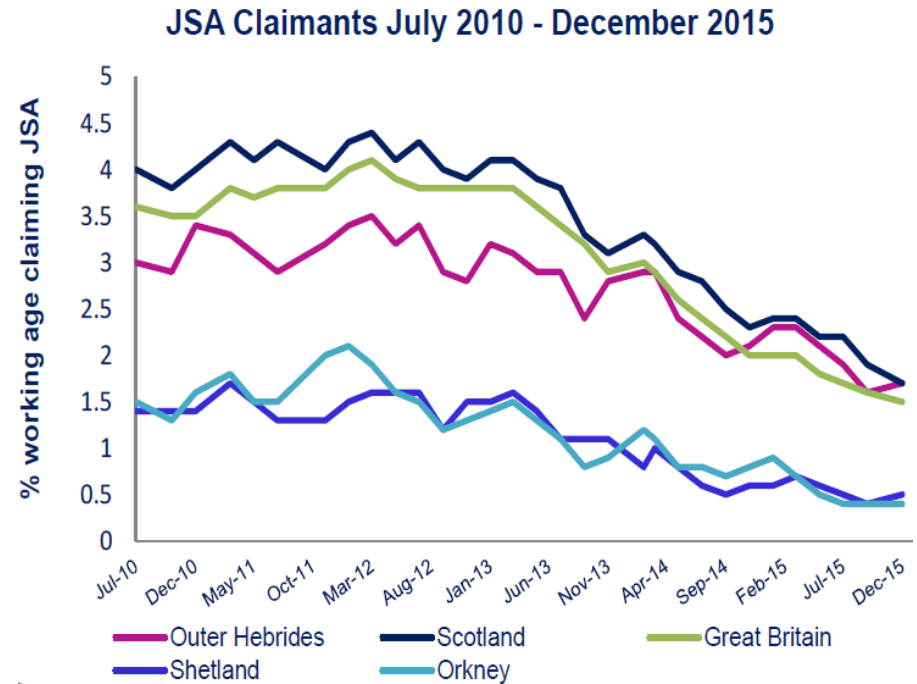
Although overall the population is forecast to age in the Western Isles, this varies across the islands. The current population distribution of older people shows greater levels centred in the areas of rural Lewis and Harris relative to Broadbay/Stornoway, Uists and

Barra. Projections to 2037 suggest the greatest proportionate rises will be in Uists, Barra and the Lochs area of Lewis, with Harris seeing smaller proportionate increases reflecting the already high proportion of older people in this area.

Remoteness and rurality are also prominent within the Western Isles, with the population continuing to migrate inwardly towards existing population centres, the major one being Stornoway itself.

Labour Market

The Western Isles has a population of 27,300 and a working age population of 16,400. The latest statistical release shows that employment rates are going up. The employment rate in the Outer Hebrides is 82.3% while Scotland is 77.8% and the UK is 77.7%. Self-employment continues to be high in the islands at 13.7% in the Outer Hebrides and 8% in Scotland and 10.2% in Great Britain. Although the JSA rate (shown in the table) is continuing to decrease it varies greatly between men and women. The rate for men is 2.4% while the rate for women is 0.9%. The JSA rate by age group is broadly similar at 1.6% for those aged 18 to 24, 1.4% for those aged 25 to 49 and 2.2% for those aged 50 to 64.



The Western Isles has relatively favourable levels of economically active 16-64 year olds, with 81.6% compared to 77.6% in Scotland for the year to July 2015. Although the level of economically active persons that are in employment is higher in Western Isles, there is a lower proportion of paid employees and even lower levels with permanent employment. The Annual Labour Force Survey shows the Western Isles having by far the lowest level of permanent employment of all 32 local authorities at 88% of all 16-64 year olds compared to 94% across Scotland. For those in work, the level of income is generally lower within the Western Isles.

Earnings by Residence (2014): Median Weekly Pay levels

Gross Weekly Pay	WI (£)	Scotland (£)	UK (£)
Full-Time Workers	461.8	518.2	520.8
Male Full-Time Workers	476.7	557.2	561.5
Female Full-Time Workers	417.8	460.0	463.0

Source: ONS Annual Survey of Hours and Earnings, 2014

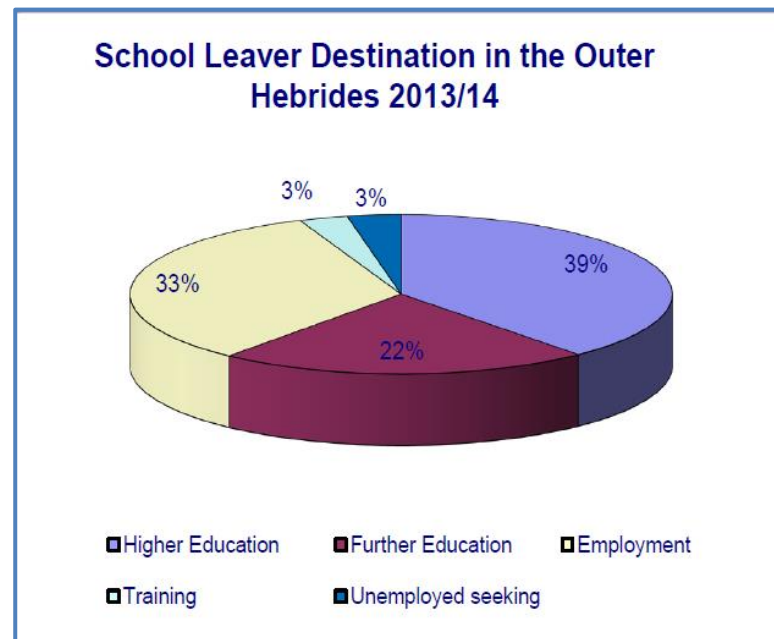
Economy and Skills

A report on Regional Gross Disposable Household Income (GDHI) was published by The Office for National Statistics. The Outer Hebrides had the 6th lowest GDHI per head in Scotland in 2013 at £15,392. The Scottish average was £17,039.

The Western Isles rates comparatively well in terms of educational attainment ranking 12th out of 32 local authorities for proportion of schoolchildren achieving pass for highest qualifications level (SCQF 7) and has 44% of its pupils achieving higher (SCQF level 6) which is 6th highest among local authorities in Scotland (Source: Scottish Qualifications Authority, SCQF Attainment data 2013/14).

There were 279 school leavers and 96.8% of pupils had a positive leaver destination. The Outer Hebrides had the highest percentage of positive school leaver destinations in Scotland at 96.8%. The largest percentage of school leavers went on to higher education, 22% to further education and 33% found employment with a small percentage in training and unemployed. The Outer Hebrides has the

highest percentage of secondary pupils with additional support needs in Scotland at 38% (567).



So what does the data tell us?

The connected issues of outward migration from the Western Isles, migration to established population centres within the Western Isles and a decreasing working age population is a major strategic challenge in respect of the health and social care workforce. We will need to embed creative approaches to recruitment and retention, as well as workforce deployment, if we are to meet these challenges.

3. Community Planning

The IJB is responsible for planning and delivering services within a much wider context. We need to work in partnership with other public services such as our local police and fire services, Highlands and Islands Enterprise, Skills Development Scotland, Scottish Natural Heritage, Lews Castle College, Hebridean Housing Partnership, Community Land Scotland, Bòrd Na Gàidhlig, C-CIG (our local Third Sector Interface), and our parent bodies NHS Western Isles and the Comhairle.

The Outer Hebrides Community Planning Partnership helps co-ordinate initiatives and partnerships that will improve public services within the Western Isles. One of the ways that this takes place is through the implementation of the Single Outcome Agreement. The Single Outcome Agreement for 2013-23 between the Scottish Government and Outer Hebrides Community Planning Partnership sets out priorities which will focus the delivery of better outcomes for the people of the Outer Hebrides. The priorities of the Community Planning Partnership are as follows:-

- The collective assets of the Western Isles have provided opportunities for sustainable economic growth
- Older people are able to positively contribute to the economy and communities, and access appropriate and quality services to enable them to retain their independence

- Children and young people have the best start in life
- Communities are safer and healthier by preventing, and reducing the harmful effects of alcohol
- Communities are physically and mentally healthier through an increase in physical and social activity
- The people of the Outer Hebrides have an improved standard of living through addressing poverty and inequalities.
- The Outer Hebrides will be better connected with high quality infrastructure supporting broadband, travel and renewables

Within this strategic context, it is vital that we present the Western Isles as a first class destination in which to live and work. **In a context where the population is decreasing year-on-year, we need to be able to grow the number of people settling in the islands, to ensure that our public services become self-sustaining.** The CPP will continue to look at how best it can use the collective resources of local public services to leverage that inward migration; and it will continue to work with national partners like the Scottish Government to maximise the opportunities to incentivise making the Western Isles a destination of choice for work and business.

4. Vision

Our vision is that by 2020 the people of the Western Isles will be living longer, healthier lives at home, or in a homely setting. We will have an integrated health and social care system, which focuses on preventing ill-health, anticipating care needs and supporting recovery.

We will work with people and communities to develop a framework of mutual responsibility for health and wellbeing, framing the rights and responsibilities that we all have as residents of the Western Isles.

Our care will be delivered by integrated teams, with the traditional roles of health and social care professionals changing and adapting over time to meet the needs of the population. Care will be provided to the highest standards of quality and safety, with the person who uses our services at the centre of all decisions. We will seek to personalise support arrangements, to maximise people's ability to exercise choice and control over the lives they lead. We will build on the support arrangements and assets that people have in their lives and support unpaid carers as equal partners in care.

We will prioritise support for people to stay at home or in a homely setting as long as this is appropriate, and avoid the need for unplanned or emergency admission to hospital wherever possible. When hospital treatment is required, and cannot be provided in a

community setting, there will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission. Lengthy hospital stays will become a thing of the past.

Health and social care services will be planned and delivered as locally as possible. This means the day-to-day services that people rely on to support their personal independence will be organised and coordinated within localities. We will increasingly operate our local services from health and social care hubs, which bring together a range of services within a single campus. Other services, which people use more periodically to sustain their independence, or which require highly specialised input, will operate across localities or will be provided in centres of expertise on the mainland.

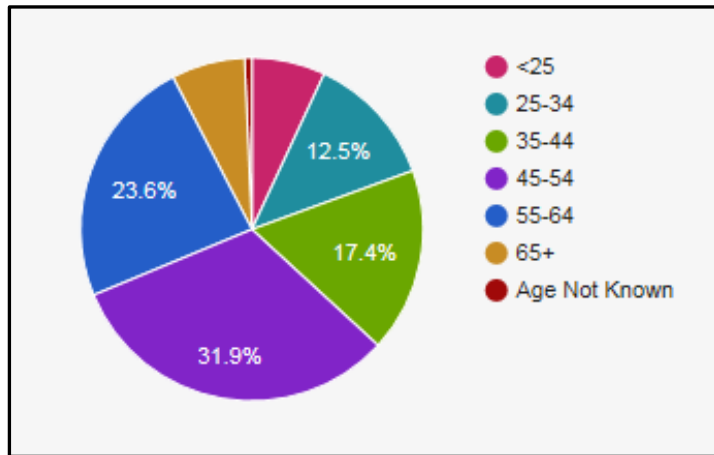
Caring for more people in the community will result in a shift in resources from hospitals to community-based care. This shift will be recognised as a positive improvement in the quality of our services, progress towards our vision and therefore the kind of service change we expect to see.

5. Workforce Profile

Only by understanding our current workforce can we begin to understand what action we need to take to provide a sustainable service into the future.

Social Care Workforce

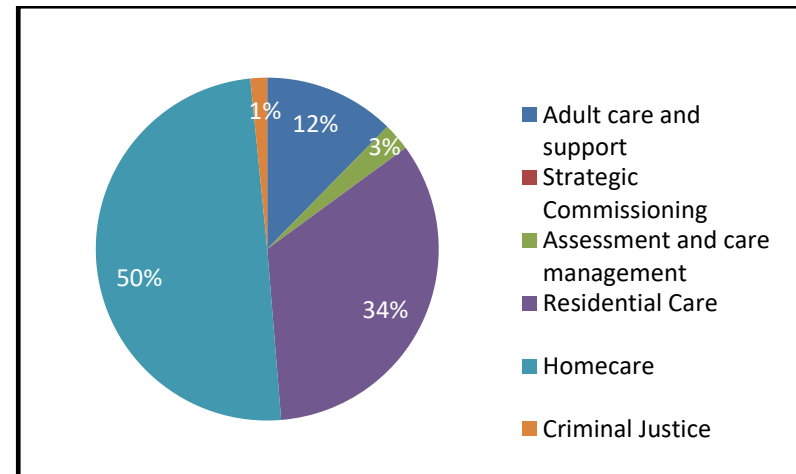
A total of 1,440 people are employed within the social care workforce across three sectors in the Western Isles (public, voluntary and private sector). The workforce is mostly part-time (66%) and female (93%) and is ageing, as evidenced by the graph below:



Of the 1,440 people, 958 are employed by CnES in adult social work and social care – and who now work within the Health and Social

Care department. The average age is 46.1 years, although that varies between services.

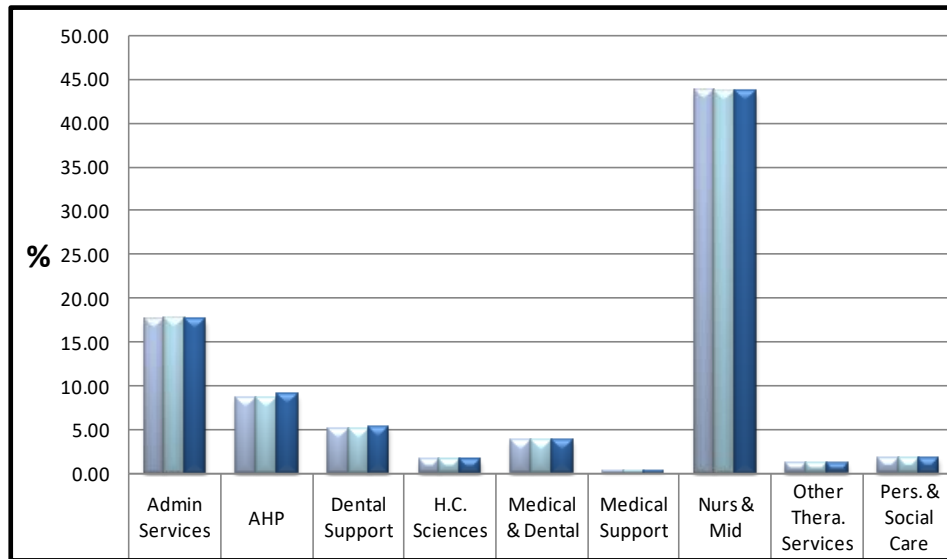
The breakdown by profession is as follows:



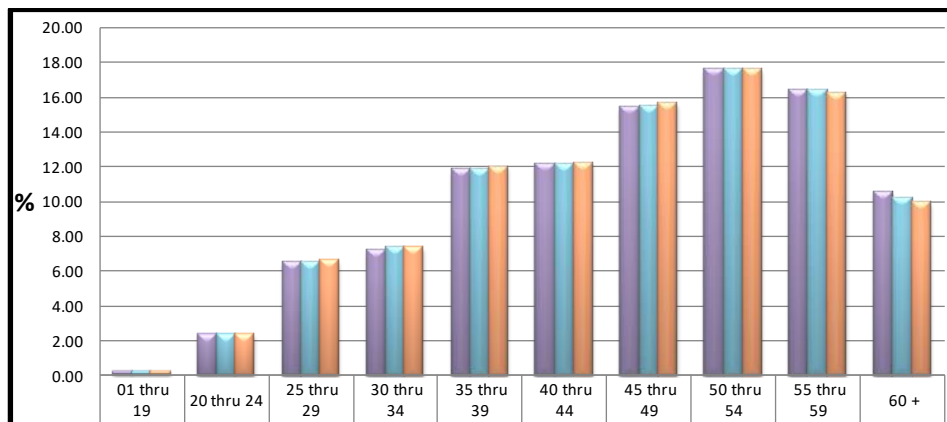
Healthcare Workforce

Of the 985 employees of NHS Western Isles, 470 work within the Health and Social Care department. A further 90 work within hospital services which are governed by the IJB but managed within the Single Operating Division of NHS Western Isles.

The breakdown of the healthcare staff by profession is as follows:



The NHS workforce is also ageing, as evidenced by the following graph:



Case Study: GP Workforce in the Western Isles

General practice is where the majority of patient contact and treatment occurs. There are nine practices in the Western Isles and they provide weekday consultations and the local GPs are involved in Out of Hours care.

At present, all of the nine practices are run by GP partners. Many practices are under pressure from a reduced workforce and difficulty recruiting despite several attempts in most cases.

A local workforce survey in September 2015 indicated that of the 22 GPs who responded, the majority of are in their early 50s. When asked about their future in General Practice, six planned to retire within the next year, mainly due to workload. Eight felt they would reduce their weekly hours, five would stop Out of Hours, and three planned to leave their practice.

In addition, there are currently nine unfilled GP positions across the nine practices. Many of these vacancies have been advertised several times or over a long period.

This suggests that we need to diversify the GP practice workforce, become more collaborative to strengthen resilience, and to become more creative in how we recruit and retain.

6. Workforce Strategy

In order to deliver on this vision, we will ensure that the people who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

This means that we will work towards the delivery of the following six workforce objectives by 2020:

- Growing our workforce;
- Recruitment and retention;
- Integrating our workforce;
- Developing our workforce;
- Rewarding our workforce;
- Sustaining healthy working lives.

Growing Our Workforce

The Western Isles produces well-qualified and skilled school leavers. We will seek to hold on to as many of those school leavers as we can, either by supporting vocational routes into health and social care or by developing partnerships with higher education institutions.

Action 1: The development of structured pathways into a career in Health and Social Care

We will continue to work with our schools to develop vocational opportunities in health and social care. We will support young people to acquire qualifications, equipped with employability skills gained on placements, to enable them to take up positions within the health and social care workforce. These pathways will provide the knowledge, skills and accredited qualifications that are required to work in health and social care. This includes the development of Foundation Apprenticeships and further supported learning which can take students into established professions like nursing or social work.

Apprenticeships provide a proven route to address skills gaps and workforce planning requirements and there is a commitment to continue to support apprenticeships. We have already developed a foundation apprenticeship in health and social care to provide young people within the school curriculum with an understanding of the principles of care and a relevant SSSC recognised qualification. This can support Modern Apprenticeships in the caring environment where high standards of care are expected, where the environment is complex and challenging and where there are high levels of scrutiny over the levels of care provided.

Working across organisational boundaries has the potential not only to provide new experiences for apprentices but also to explore opportunities to develop new apprenticeships. The Comhairle and NHS Westerns Isles will work together to develop a range of apprenticeships which will be wide reaching, covering the

Employability Fund and Modern Apprenticeships through to graduate level qualifications with professional registration. We are proposing that these be developed on a generic basis, such that it supports entry into either healthcare or social care – and where possible align these to established posts.

Action 2: Improving access to a career in medicine

We will continue to develop partnerships with medical schools across the UK, with a view to supporting more school leavers into a career in medicine. We are already working with Glasgow University REACH programme, which provides direct tutoring and support to pupils considering a medical career. Successful completion of the programme also lowers the entry thresholds to Glasgow University's medical school in respect of the SQA qualifications and the UK CAT test. We hope that by growing the number of pupils who access medical school, we will increase the future pool of medics who will one day return to work in the Western Isles. We have also secured work experience placements for our S5 and S6 pupils in Raigmore Hospital via the NHS Highland Doctors at Work scheme.

We are examining ways in which we can increase the number of clinical placements available within NHSWI for medical students from Scottish Universities, and have created 6-12 month posts for junior doctors to experience living in the Western Isles.

We have developed 2 one year GP Rural Fellowship posts (one in Stornoway and one in the Uists). They will provide an excellent

opportunity for newly qualified GPs to gain experience of working in a remote and rural environment. A medical education forum is planned for April/June 2016 in order to listen to the concerns of those involved in medical education on the islands and identify ways to increase support.

Recruitment and Retention

The reality of our rural and remote setting and the twin challenges of depopulation and a reducing working age population means that we need to identify further recruitment and retention interventions, recognising that at present we are essentially competing against rival employers to secure the best talent within health and social care. A more collaborative approach, working alongside the other remote and rural areas, should help ensure increased talent flows to the Western Isles.

Action 3: Innovative approaches to reach untapped labour markets

We need to improve our use of innovative approaches to recruitment, such as the creative use of social media to advertise our vacancies. In the area of primary care, we have used these mechanisms to support planned recruitment campaigns around the GP Rural Fellowship posts.

We are also increasingly tapping into international recruitment arrangements, with an increasing proportion of the workforce

coming from eastern and southern Europe, taking into account our responsibility for ethical recruitment.

One key action to take forward within this context is to develop a better understanding of the skills gap we have within our existing establishment. For example, we are struggling to recruit senior social work staff. We use this information to target our recruitment strategies.

Integrating our Workforce

The integration of front-line staff holds the potential to improve the experience of health and social care services from a service user's perspective and to improve outcomes. It also features as a key deliverable within the IJB Strategic plan.

Action 4: Support staff to define and deliver better-integrated care

We have an excellent opportunity to provide integrated community health and social care services in the Western Isles and we want to develop a multi-disciplinary approach which adopts the following over-arching principles:

- Putting the person at the centre of care with an emphasis on encouraging self-help and independence and in the active involvement of family, neighbours and the wider community.
- A supportive environment for the professionals providing care, working in small, highly linked teams.

- A strong focus on preventing unnecessary admission to hospital and ensuring those being discharged from hospital are cared for in comfort at home or in a community setting.
- The creation of a single point of management and leadership locally, with responsibility for NHS and Comhairle staff, and with influence over externally commissioned care.
- Increasing the number of co-located teams, using our common assets to best effect.

There are significant operational, organisational, HR and financial issues which need to be considered as we move to this model but we will only succeed if we empower our staff to own the agenda and drive the changes locally, underpinned by robust governance frameworks.

Of course, integration does not simply involve working more collaboratively; it also means working more innovatively. To that end, we want to diversify the workforce, become more imaginative in how we deploy staff across the workforce. For example, given that we have a national and local shortage of GPs, we will need to support practices to be creative in bridging the gaps.

Action 5: Support our general practices to develop multi-professional teams

This might mean that Advanced Nurse Practitioners take up some of the work that GPs might otherwise have done; it might equally involve different approaches to the diagnosis of dementia and

building AHP capacity to address the MSK workload that GPs might otherwise have had to support. It might involve improving self-management options, developing mindfulness groups, embedding pharmacy support in primary care and identifying other capacity building measures.

Developing our Workforce

The integration of front-line staff holds the potential to improve the experience of health and social care services from a service user's perspective and to improve outcomes. While we want to use sophisticated branding to present the Western Isles as a high quality place to work and live, our limited labour market means we want to forge a collaborative approach to managing the workforce locally

Action 6: Collaborate across sectors to unify the workforce

Health and social care professionals work across a number of different sectors locally, not just health and local government. The third sector is vibrant and we also have an emerging independent sector. However, we have a single workforce that is split between these different employers. As far as possible, we will work across organisational boundaries to develop shared training opportunities and career pathways. We will also work on innovative models of sharing staff across organisational arrangements, where staff from different organisations are working shoulder to shoulder to serve individual patients and service users. We will explore the idea of a

generic health and care worker, who can be deployed across a number of settings.

More broadly, one of the over-arching goals of the strategic plan is to shift resources from building-based services like hospitals and care homes to community based settings, where people are supported in their own homes.

The consequence of this shift will not just be our budgetary provision changing over time but also how we deploy our staff – our most valuable asset.

Action 7: Work with our staff teams to support the transition towards community based care, including consideration of any training and support arrangements that have to be put in place.

Finally, we want to ensure that we continue to promote the Gaelic language, particularly in supporting service users who use it as a first language.

Rewarding our Workforce

Over the last few years, health and social care services have had to be delivered within a challenging fiscal climate, and one result of that has been nationally negotiated pay restraint. We will continue to engage constructively on the national arrangements for both NHS and Comhairle staff.

But there is also action that we can take locally to improve the working environment for our staff, including options for flexible working.

Action 8: Increase the proportion of our staff whose contract of employment provides guaranteed hours and predictable patterns of work

Work is already underway to ensure that the homecare workforce have a more predictable pattern of work. This work has commenced in Stornoway and Broadbay and has been supported by the staff group. This moves approximately 90% of staff within the local homecare workforce onto a fixed-hour contractual status – against a starting position of 35%. In addition, new shift patterns are being introduced, moving from four days on/four days off to seven days on/seven off. We hope now to learn from this initial work to introduce reforms across all localities.

We also want to ensure that we make a career in health and social care as attractive as possible. An example of this is that we have undertaken to work with COSLA and the Scottish Government to improve the working conditions of people working within adult social care

Action 9: We will work with providers of adult social care to ensure that all social care workers are paid a minimum of £8.25 per hour from October 2016.

Sustaining healthy working lives

The final area which we will develop is in respect of healthy working lives. Sickness absence has been a real challenge within health and social care, albeit that we are now seeing improvements across both employing organisations. Nonetheless, it remains a strategic focus.

Action 10: Keep people healthy and at work

NHS Western Isles has introduced the EASY Absence Management System to support people back to work, and we are beginning to see real improvements in levels of sickness absence. It is important that we use the learning from this work and apply it to all health and social care services.

In addition, work will be undertaken to ensure that all sections of the health and social care workforce are compliant with Health Scotland's Healthy Working Lives framework.

7. Organisational Development

Delivering the Change

Our success will be dependent on creating the conditions for professionals to use their experience and judgement to maximum effect in improving outcomes for service users. This will be focused on improving the coordination of care across different professional roles; the effectiveness of communication within and across disciplines; and the empowerment of professionals to make effective evidence-based decisions.

The reforms which we are proposing are intended to move us towards that operational environment, where multi-disciplinary teams are the norm and where interventions are built around the needs of the individual.



Within this broad mission, we will focus on the principles:

- Services and roles will meet future needs and respond to workforce changes, particularly in relation to changing demographic demands.
- We will work towards ensuring that all staff have the appropriate skills and qualifications.
- Staff will be supported with supervision, personal development plans and revalidation to enable the partnership to have an appropriately trained and qualified workforce.
- Leadership, management and team development will be supported to encourage staff at all levels to work together to improve services and deliver a high standard of care.

Professional Practice and Registration

Employers have a legal responsibility to ensure that all of their members of staff are appropriately registered, where required. Evidence of compliance with all professional bodies will be monitored.

Appropriate professional frameworks underpinned by NHS Education Scotland (NES) and the SSSC are in place to support national regulatory requirements across professional staff groups. These frameworks will continue to influence the balance and provision of education, training and skills development together with the conferment of qualifications required within the workforce now and in the future.

All NHS non registered staff will be required to comply with the Healthcare Support Worker Mandatory Induction Standards.

Professional and Personal Development

It is mandatory that all NHS-employed staff covered by Agenda for Change have an annual Knowledge Skills Framework (KSF) review and Personal Development Plan to identify their learning needs. Should there be any concerns regarding clinical performance issues, mechanisms are in place ranging from practice support, addressing any educational or professional needs using KSF reviews & PDPs, through to more formal Human Resource or professional regulatory

responses dependent on the nature of the concerns. Similarly the Comhairle has a target of 100% for performance appraisals, and arrangements are also in place for professionals working outside of the employment of the NHS and local authority, such as GPs.

Staff Governance

Our work on the development of an integrated workforce will be overseen by an HR Forum, which will bring together workforce interests from NHS Western Isles and Comhairle Nan Eilean Siar.

The HR Forum will augment the existing industrial relations infrastructure of the Health Board, underpinned by the legislative requirements of the Staff Governance Standards, and of the Comhairle and will be established to ensure that the statutory responsibilities of each parent body are met within the context of integrated services. Its primary purpose is to oversee the workforce planning of integrated services; to ensure that staff side representatives are engaged in organisational change processes; and to provide a forum to agree workforce issues in respect of services delegated to the IJB.

Driving Change

The IJB has set out a demanding vision for the transformation of change locally and it will only succeed where staff are engaged and motivated to drive that change. To that end, we will host a number of staff development days over the remainder of 2016/17 to focus on building the organisational capacity to change our model of service provision.

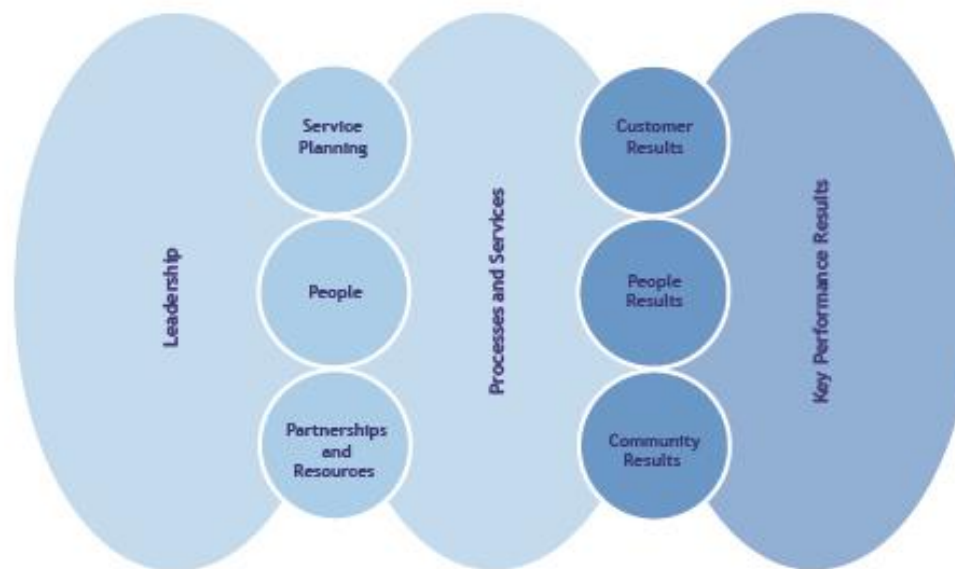
Specifically, we will deliver five facilitated events across each of our five localities on the subject of delivering integrated care. We will do this not just with staff of the Health Board and Council, but also the third and independent sectors. We will also engage service users and carers in this process.

Organisational Development

Our Organisational Development (OD) focus is on expanding the knowledge and effectiveness of our staff to improve outcomes and performance. Specifically,

we want to explore how best we can devise systematic approaches to reviewing our activity and results. We want to focus on the question ‘how well are we doing?’, ‘how do we know?’ and ‘what will we do about it?’ This will be supported by a variety of mechanisms, including the iMatter Continuous Improvement Process currently embedded in the NHS.

In doing so, we will develop a process of continuous improvement, by understanding the views of our members of staff, our service users and patients and our communities, and by using this information to make best use of our resources, develop our staff and plan our services more effectively:



Investing in Leadership and Management Development

Investing in leadership is crucial to the success of the integration agenda. This includes the leadership of senior managers and directors; but it also includes service managers and those working in clinical and care settings. To that end, we will seek to work with national partners such as National Education Scotland and others to ensure that our leaders have structured support around them in respect of their work on integration. Finally, we will identify and invest in the leadership development of our senior team, who will help drive the desired transformation over the next three years.

Action	Deliverables	Lead(s)	Timeline	Update
Action 1: The development of structured pathways into a career in Health and Social Care	Promote and embed career structures in health and care, developing apprenticeship schemes.	Paul Dundas	2018-2020	In progress. IJB investment of £500k will deliver 4 x Leadership and Management Apprenticeships (2 per year) 8 x Reablement Workers (4 per year) 20 x Support Workers (10 per year) by 2020
	Double the number of apprenticeships in health and social care between 2016-2018	Ron Culley	2018-2020	In progress. Further IJB investment of £250k to explore additional apprenticeship routes into NHS employment.
Action 2: Improving access to a career in medicine	Increase the number of school pupils accessing: -Doctors at work scheme -Glasgow University REACH programme	Kirsty Brightwell	Annual Reporting of trends	In progress. The REACH programme has operated for two successive years with Western Isles pupils participating each year. Scheme has now been broadened by Glasgow University to all rural schools. Working with Scottish Rural Medicines Collaborative on shared resources (e.g. recruitment websites) and learning around what works for recruitment in general practice.
Action 3: Innovative approaches to reach untapped labour markets	Joint recruitment events between NHS and Comhairle. Creative use of social media to advertise our vacancies	Deanne Gilbert/ Norma Skinner	Ongoing	In progress. Good examples of innovation in use of social media from GP Practices but further opportunities to be explored. Discussion ongoing about joint recruitment options.
	Mapping work undertaken to assess skills gap	Norma Skinner		In progress Current work focused on recruitment patterns within social care, including assessing overall shortfall of supply, reasons for leaving the service and internal appointments
Action 4: Support staff to define and deliver better-integrated care	Staff engagement and listening work	Ron Culley	2016/17	Complete. This work was undertaken in 2017, with a subsequent report to the IJB. Follow-up work to be considered.
Action 5: Support our general practices to develop multi-professional teams	Primary Care Improvement Plan Survey work around future diversification needs	Kirsty Brightwell/ Ron Culley	2018-2021	In progress. This is a key component of the new GP Contract and will form part of the primary care improvement plan.

Action	Deliverables	Lead(s)	Timeline	Update
Action 6: Collaborate across sectors to unify the workforce	Develop shared training opportunities and career pathways	Katherine McKinnon/ Jenny Porteous	Ongoing	Partial progress. Joint Policies agreed with subsequent training arranged. Specific thematic training delivered across agencies and care venues (e.g. dementia) but comprehensive training strategy to be developed.
	Develop a generic health and care worker role, capable of being deployed across a number of settings	Kathleen McCulloch	2016/2017	Complete. Healthcare Support Workers Job Descriptions agreed with initial posts advertised and recruited within community nursing.
Action 7: Work with our staff teams to support the transition towards community based care, including consideration of any potential training and support arrangements that have to be put in place.	Local arrangements developed to ensure that core NHS and CNES policies observed during change processes	Mike Hutchison	Ongoing	In progress. Initial work focused on mental health redesign. Workforce engagement and service change tools fully utilised alongside staff engagement mechanisms.
	Explore application of workforce tools across organisational boundaries (e.g. iMatter)	Ron Culley	Proposal by summer 2018	Partial progress. Discussion at ICMT but no definitive agreement to roll-out. Need to avoid conflict with organisational staff surveys. Final proposal by summer 2018.
Action 8: Increase the proportion of our staff whose contract of employment provides guaranteed hours and predictable patterns of work	Redesign of homecare contracts to deliver fixed hour contracts	Paul Dundas	2017/18	Complete. All locality-based homecare staff now under new contracts. Barra progressed to align with St Brendan's redesign.
Action 9: We will work with providers of adult social care to ensure that all social care workers are paid living wage.	Compliance with Scottish Government target	Kirsty Street	Ongoing	In progress. Delivered 2016-18 with new delivery and monitoring arrangements in place for 2018-19.
Action 10: Keep people healthy and at work	Assessment of impact of EASY	Jenny Porteous	March 2017	In progress. Regular reports to HB CMT

