

Agenda Item 5

Chief Officer Report



Falkirk Integration Joint Board

4 June 2021

Chief Officer Report

For Decision

1. Executive Summary

- 1.1 The purpose of this report is to update members on current developments within the Falkirk Health and Social Care Partnership (HSCP). The report also provides an update on the ongoing Covid-19 pandemic response.

2. Recommendations

The Integration Joint Board is asked to:

- 2.1 note the content of the report
- 2.2 agree to continue to delegate authority to the Chief Officer, to be reviewed at the Board meeting in September 2021
- 2.3 approve the Interim Workforce Plan 2021-2022
- 2.4 agree to delay to the publication date for the annual performance report until 30 September
- 2.5 note the plans for further self-evaluation work is completed with the Board.

3. Background

- 3.1 The Board has previously agreed key areas of work that should be undertaken and the report provides an update on a range of activity.

4. Response to Covid-19

4.1 Delegated Authority

Since March 2020, Board members have continued to agree that authority is delegated to the Chief Officer to deal with urgent business, which would normally be determined by the Board, during the period of the Covid-19 pandemic. All IJB Board and Committee meetings have now resumed on a virtual basis, however the delegated authority arrangements remain in place.

- 4.2 The IJB Chair and Vice-chair meet fortnightly with the Chief Officer and Chief Finance Officer. This provides an opportunity for an update and discussion about decisions being taken. An update on the use of delegated authority and

summary of all decisions taken by the Chief Officer is presented in appendix 1.

- 4.3 The Scottish Government national restrictions are easing however with the new Covid 19 variant, the imminent Council recess period and main holiday period, the Board is asked to agree to continue to delegate authority to the Chief Officer. This would next be reviewed at the Board meeting in September 2021.
- 4.4 [Covid-19 Falkirk HSCP Remobilisation Plan](#)
The HSCP continues to work in partnership with Clackmannanshire and Stirling HSCP and NHS Forth Valley to progress with remobilisation, recovery and redesign. An update of the Falkirk HSCP Remobilisation Plan 2021/22 is attached as a separate agenda item.
- 4.5 [NHS FV Remobilisation Plan](#)
Remobilisation Plans for Health for 2021/22 have been submitted to the Scottish Government. The HSCP remobilisation plans will form part of the overall FV Plan. Remobilisation of services in Forth Valley continues, particularly for planned care services, although capacity constraints remain in place due to physical distancing requirements.
- 4.6 [Mobilisation Centre](#)
The HSCP Covid-19 Huddle has been stepped down to fortnightly meetings in response to the current situation about infection levels and the easing of national and local restrictions. We will continue to monitor the situation and take actions to increase the frequency of meetings as required. The team continues to have representation from all HSCP partners and service areas and ensures the HSCP response is well co-ordinated.
- 4.7 [Covid-19 Mobilisation Plan Financial Returns](#)
Regular returns have been submitted to the Scottish Government throughout the course of the financial year to capture the additional costs associated with Covid-19 and to inform funding requirements. Further detail is provided in the Finance Report, presented by the Chief Finance Officer, under agenda item 6.
- 4.8 [Day Service Update](#)
The service, in conjunction with the Public Health Team, has worked to reopen day services provision for adults. The 3-phase re-opening of the Partnerships' adult day services started on week beginning Monday 10 May, with a limited number of staff and service users returning. Initially, we will open one service based at Dundas Resource Centre which will provide a service to users of the Oswald Avenue Day Centre and Dundas Resource Centre services. There will be a gradual and cautious approach to community activities being introduced in line with national guidance.
- 4.9 Our day centre premises are fully prepared and are following the latest public health guidance, with risk assessments in place to minimise risks of coronavirus transmission to all service users and staff.
- 4.10 [Care Home Assurance](#)
An update on care home assurance work was presented to the IJB Clinical and Care Governance Committee meeting on 21 May 2021. The report summarised

the current work to date with care homes and care home staff to support and assure infection prevention and control measures, support outbreak management and to ensure that fundamental care needs of residents are being met during the pandemic.

4.11 The following is a summary of the work being done.

- **Social Care CHART team**

The social care CHART team was established as a test of change to support residents and staff working within care homes. They work collaboratively with other clinical health teams. The permanency and structure of this team is now going through due process.

- **Care Home Reviews**

We have responded to the Scottish Government request to review care plans for all residents if that has not happened in the past 6 months. The CHART team has increased staffing to support this on a temporary basis as there are 600 resident reviews to complete. This will ensure a robust review of resident views, outcomes, care needs, environment, family views, as well as assessing the impact of Covid-19. There are an additional 201 Falkirk residents who live out of area (within other local authority areas but funded by Falkirk HSCP). Negotiations with local authorities are required to ensure the review processes progress. At the time of preparing the report, completed care home reviews from February to April are at 95, across 6 care homes.

- **CHART visiting data**

The team has completed 97 assurance visits to care homes in the Falkirk area between January and April 2021 and contacted 8 care at home providers to offer back to basic support if they were supporting service users or staff who had Covid-19. There have been 65 joint visits with the Care Assurance team, which includes colleagues from the Infection Prevention and Control Team between January 2021 and April 2021. On a daily basis, the team complete check in phone calls to all 32 care homes within the Falkirk area. These discussions include vacancy information, TURAS completion, staffing levels and dependency and recently, updates and information sharing regarding the Covid-19 vaccine and staff lateral flow testing. New visiting guidance is also incorporated into daily discussions, and there is work being considered as to how to measure meaningful contacts for residents in light of new guidance.

- **Care Home Visiting Risk Assessments**

The CHART team have supported care homes to risk assess their visiting arrangements and planning for future visiting.

- **Covid-19: Staff Vaccination**

We are working with the independent sector care homes to support the uptake of Covid-19 vaccinations, such as holding “mythbuster” sessions or working with specific staff groups within care homes to support and encourage uptake.

4.12 The Scottish Government has advised that current oversight and monitoring arrangements to support care homes will continue for at least the next 12 months (until at least March 2022). The pandemic has likely changed the way we support and monitor care homes moving forward, and the social care CHART team has the ability to be resilient and flexible when considering this.

4.13 **Covid Vaccination Programme**

The Covid vaccination programme continues across the Forth Valley area. The following is information held at 23 May 2021 and was the most recent position at the time of preparing the report:

4.14 NHS Forth Valley has adhered to the Chief Medical Office instruction of administering second doses after an interval of 12 weeks (CMO letter 31/12/2021). Recently an 8-week interval between doses has been permitted however as the national scheduling system was unable to adjust the appointments offered in Forth Valley, this has only recently been achieved. This has led to NHS Forth Valley dipping slightly in the comparative rate of second dose administration. This will be rectified over the coming 2 weeks. This is set out in the table below:

Location	Number of 1 st doses administered to adults aged over 18 years	Number of 2 nd doses administered to adults aged over 18 years
Scotland	69.9%	41.2%
Forth Valley	74.9%	40.9%
Falkirk	75.2%	40.3%

4.15 The following is a summary of planned activity for next reporting period:

Strategy, Finance and Communications

- The population of adults aged 18 and over, must be offered a first vaccine by mid to end July 2021
- Considering the new variant of COVID-19 infection, the JCVI have instructed vaccination programmes to focus on offering all people in priority groups 1-9, which is anyone over 50 years or those with medical conditions that put them more at risk, who did not attend for their vaccine a second appointment; to bring forward all second doses to an 8-week interval following the first and to accelerate vaccination programme delivery in accordance with vaccine availability.
- Pfizer vaccine is to be used for all adults under 40 years if available.

Scheduling/Recording

- Everyone over the age of 40 years has now been offered a vaccine in NHS Forth Valley
- People aged 30 – 39 years will have been scheduled for an appointment
- All those who are under 30 years are being asked to register for a vaccine on a national electronic portal opening on 24 May 2021 – 06 June 2021 to enable digital appointing

- All adults over 18 years who have not used the digital portal to register for an appointment will be sent an appointment by letter. The latter point is in recognition of continual digital poverty.

Cohorts – Immunisation Team

- As well as vaccinating the population of over 40-year-olds, the immunisation team have been focused on an inclusivity programme which has vaccinated people registered with a learning/intellectual disability; those who are known as marginalised groups such as homeless, gypsy travelling community and people seeking asylum or holding refugee status. This has been successful to date due to working in partnership with the local authority/housing colleagues.
- Second doses to care home staff as well as health and social care staff continues. The rates of second dose administration to care home staff is currently at 44% across Forth Valley – efforts are being made to address this as 89% of staff have received a first dose.

Cohorts - Primary Care

- GPs continue to offer second doses to the cohorts they administered first doses to.
- In Falkirk the majority of GP's are assisting in the main community vaccination centres and are no longer providing vaccinations in the GP surgeries.

Estates/Accommodation and Logistics

- Community vaccination centres continue at Forth Valley college campuses.
- The Dial-A-Journey service, which offers door to door transport to those who require it, continues.

Workforce

- The workforce to deliver the programme remains stable
- Falkirk Trust were supporting the programme with staff however this has now stopped as other activities begin again

5. Service Updates

5.1 Redesign of residential care: Torwoodhall Update

The Board approved a report in November 2020 that the service would support the relocation of current residents to accommodation that meets their needs and for the closure of the care home following the relocation of residents. An update on the progress of this work was provided in March 2021.

- 5.2 Since that decision was taken, there has been significant engagement with residents, their families and staff to support their transition to new care arrangements. This included collaborative working with Localities Teams to ensure that all residents were well supported by their key workers. All residents and their families participated in individual reviews to ensure that their individual care needs were being met and wishes and concerns were being actively listened to and documented in their care assessment and support plans.

- 5.3 Other agency partners were involved in supporting each resident. This included family members, independent advocacy, psychiatric nursing, Care Inspectorate. Regular individual meetings took place with all residents in a variety of ways. Due to the pandemic this included face-to-face and teleconference, Teams calls and Skype.
- 5.4 Social stories and video footage were taken of our in-house residential care homes to enable residents to have a virtual tour of the care homes to minimise unnecessary footfall whilst adhering to Scottish Government and Public Health Guidelines. As each individual's journey progressed, visits were arranged and agreed, with PCR testing carried out. Residents were encouraged and supported to decorate their new rooms to enable and empower them to feel positive about the move and feel fully included in at all stages.
- 5.5 The majority of the residents from Torwoodhall chose to live in Cunningham House or Burnbrae Care Home. Staff were deployed to these homes to support residents with the move and to ensure continuity of care.
- 5.6 Staff engagement took place between January and March with HR and Trade Unions. All staff were supported into social care worker, domestic and cook roles in other establishments within residential care settings. Senior management ensured that all staff choices, work life balance and rotas were considered to support the staff team during a sensitive time, recognising the majority of staff had worked in Torwoodhall for more than 20 years.
- 5.7 Following the residents moves, Torwoodhall Care Home closed on the 30 April 2021. The building has been vacated and will be handed back to Falkirk Council as part of the strategic property review..
- 5.8 [SWAS Structure Review](#)
Work has been ongoing to review the structure of Social Work Adult Services, to consider the best way to provide leadership and professional guidance to staff across the organisation. There are now plans in place for the next steps toward finalising the structure.
- 5.9 With the permanent appointments to the senior leadership team (i.e. the two Heads of Integration and the appointment of the three Locality Managers and a Home First manager), the requirement now is that the workforce needs to be realigned to meet the challenges of increased demand; limited resources and a changing health and social care economy.
- 5.10 The Partnership requires to be focussed on place based integrated (efficient and effective) interventions, that reduce reliance on high-cost resource, intensive models unless absolutely appropriate for individual care and support. Additionally, the service needs to continue to embed a performance culture across all levels, which will enhance individual employee and service wide accountability and responsibility for all aspects of decision making. Furthermore, the service needs to ensure it is accessible and can respond quickly to eligible demand pressures.

- 5.11 Throughout 2020-2021, the Head of Integration undertook a review of the Social Work Adult Service which highlighted a shortage of registered Social Workers within the service, alongside some issues in respect of staff retention, recruitment and role clarification.
- 5.12 As part of the review the Head of Integration facilitated a series of re-structure workshops with Team Managers, the joint trades unions, colleagues from HR and finance. These workshops explored current pressure areas, future demands and the current model for the Social Work Adult Service, to agree a preferred model for the service which would better position the service to respond to pressures, but also act as an initial step toward strengthening Social Work Practice.
- 5.13 The joint workshops identified a preferred model for the Social Work Adult Service, which would build on structure of the HSCP whilst strengthening links to the Council's Children's Social Work Service, and embed locality working at the heart of the service structure.
- 5.14 A full business case will be developed and presented to the Joint Staff forum, which will mark the commencement of the formal consultation period.
- 5.15 [Joint Inspection of Adult Support and Protection Arrangements](#)
The Council has received written confirmation on 24 May 2021 that the Care Inspectorate, Her Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland will undertake a joint inspection of adult support and protection arrangements in the Falkirk partnership area within the next six months.
- 5.16 The focus of the joint inspection will be to provide:
- Independent scrutiny and assurance of how partnerships ensure that adults at risk of harm are kept safe, protected, and supported.
 - Assurance to Scottish Ministers about how effectively partnerships have implemented the Adult Support and Protection (Scotland) Act 2007
 - An opportunity to identify good practice and support improvement more broadly across Scotland.
- 5.17 The inspection team will conduct this scrutiny using two quality indicators:
- Key adult support and protection processes.
 - Leadership for adult support and protection.
- 5.18 The inspection comprises five activities:
- A staff survey relevant to health, Police Scotland, provider organisations, social work, and social care staff
 - The review of a short position statement and supporting documentation (15–20 documents)
 - The reading of records (health, police, and social work records) of a sample of adults considered at risk of harm who did not require any further adult support and protection intervention beyond the initial referral stage.

- The reading of the records (health, police, and social work records) of a sample of adults at risk of harm who have been subject of adult support and protection procedures.
- The engagement of front line and senior managers in focus groups, to discuss the impact of COVID-19 pandemic on adult support and protection practice.

5.19 The Adult Protection Committee and HSCP Senior Leadership Team will respond accordingly to the pre-inspection activity and the inspection process.

5.20 **Urgent Care Centre**

The Board received an update in March 2021 about the Urgent Care Centre. This service went live on 1 December 2020 and has brought together several existing services in the hospital into one location.

5.21 Further location of services to the Urgent Care Centre is planned over the coming months, and the centre is already benefitting from the economies of scale that co-location and sharing of resource brings when integrating services and staff.

5.22 The next phase will come in August when the remaining MSK physiotherapy rooms are vacated, and the Urgent Care Centre can expand to provide same day medicine and other urgent care day treatments. The timing is dependent on works to accommodate the services currently in the Westburn Building at Falkirk Community Hospital, which are all relocating, apart from the GP practice which will remain in situ. Once these services have moved (staff bank, forensic mental health and Infection Control) work will be undertaken to create an MSK physiotherapy centre in the Westburn Building. This will be mainly for patients from the Falkirk Council area, along with some patients from the other council areas attending for more specialist treatments. AHP services, including MSK, are also exploring access to Community Trust premises for some of the classes and group work which do not need to be provided in a healthcare setting.

5.23 In terms of capital funding an allocation of £500,000 has been received from Scottish Government to cover the costs of establishing and equipping the Urgent Care Centre. The capital costs associated with relocating AHP services from the Therapies department are in addition to the costs for establishing the Urgent Care Centre. A costed proposal was approved by the NHS Board Performance and Resources Committee and funding has been identified with additional support from Scottish Government.

5.24 **National Strategic Lead for Primary Care/Director for Primary Care**

Further to discussion with Scottish Government Primary Care Division colleagues, a new role of National Strategic lead for Primary Care / Director for Primary Care has been agreed. The post holder will be expected to lead national primary care discussions, with authority and responsibility on behalf of the Chief Officer Group for Health and Social Care Scotland.

5.25 Working directly to the Chief Officer Group, the main function is to advise, contribute and develop national strategy, in relation to primary care services across Scotland. This work will be undertaken in partnership with stakeholders,

including Scottish Government, to influence successful implementation of primary care policy and enable delivery of community-based services via the General Medical Services contract.

- 5.26 The post holder will work in close collaboration with Chief Officers and Primary Care Leads in Health and Social Care Partnerships, Scottish Government Primary Care Division, and a range of professional stakeholders representing GPs, dentists, optometrists, and community pharmacy, to support the transformation of primary care services that are sustainable and reflect the needs of Scotland's population.
- 5.27 The post holder will work with all stakeholder groups, including NHS Boards and professional/membership organisations, including BMA. These discussions will relate to all aspects of primary care transformation, including a primary care strategy, implementation of the GP contract as well as the recommendations in the Independent Review of Adult Social Care.
- 5.28 Scottish Government has agreed to provide 100% funding for this new role and it will be advertised as a 2 year secondment.

6. Workforce

6.1 Integrated Interim Workforce Plan 2021 – 2024

At its March meeting, the Board delegated authority to the Chief Officer to submit the Interim Workforce Plan, with a report presented to the next IJB meeting. The plan was submitted to the Scottish Government on 30 April 2021 and is attached at Appendix 2 for information.

- 6.2 The Plan was completed in line with the national guidance and provides information under 6 main sections:

Background

A high-level overview of the partnership outlining the scope and coverage of the plan and relevant workforce planning issues

Stakeholder engagement

Information on engagement with internal and external stakeholders and how we work together to reflect the workforce needs of stakeholders.

Supporting Staff Physical and Psychological Wellbeing

Information on the support offered and available to the workforce, which is key to sustainability of the workforce during the current pandemic. The welfare of the workforce is a fundamental interdependency that cuts across remobilisation and workforce planning.

Short Term Workforce Drivers (Living with COVID)

The workforce impact over the immediate operational period (12 months) aligning with the content of Remobilisation Plans and the known impact on workforce requirements.

Medium Term Workforce Drivers

The workforce impact of any changes to staffing models required as a result of service changes/developments across the medium term (12-36 months)

Supporting the workforce through transformational change

Known recruitment difficulties and areas of workforce skills development that will be required to support current or future models of care/ service.

- 6.3 All Partnerships are required to submit 3-year Workforce Plans by 31 March 2022 and work has commenced however will require the partners to provide capacity to further support this essential work. The Chief Officer will continue to work with both Chief Executives to identify the resources required.

7. IJB Governance

7.1 IJB Arrangements for Forth Valley wide health services

The Chief Officers for Falkirk HSCP and Clackmannanshire and Stirling HSCP continue to work with the NHS Chief Executive and senior managers to finalise formal proposals for the transfer of operational management of IJB functions including primary care and mental health services.

- 7.2 This will require agreement between both IJBs and the Health Board. In addition, the IJBs will require an agreement to ensure that each Chief Officer has clear accountability to the other IJB for any services delivered on their behalf. We are working to bring reports to respective meetings in September 2021.

7.3 Annual Performance Report 2020 – 2021

The Scottish Government has written to Chief Officers to confirm the reporting arrangements for Integration Schemes, Strategic Commissioning Plans and Annual Performance Reviews for the current reporting year.

- 7.4 The Scottish Government has moved legislation to extend the Coronavirus Scotland Act (2020) through to 30 September 2020. This means that IJBs will be able to extend the date of publication of Annual Performance Reports through to November. This is using the same mechanisms as last year, which is laid out in the Coronavirus Scotland Act (2020), Schedule 6, Part 3.

- 7.5 The Board are asked to agree to delay to the publication date for the annual performance report until 30 September.

7.6 IJB Self-evaluation

Since the last update to the Board in March 2021, discussions have taken place with the Improvement Service to facilitate a further self-assessment exercise. This will build on the Ministerial Strategic Group (MSG) self-evaluation completed in 2019 and will take into consideration the Board's position at that time and progress made since then. The Improvement Service are also piloting a similar approach, which is based on the Public Service Improvement Framework, with other IJBs.

- 7.7 This work will help the IJB and HSCP to assess views on the effectiveness of current arrangements and how well we are responding to current challenges. There will be some focus on our response to the pandemic built into the survey questions. This will enable us to identify areas for improvements and develop an improvement plan.
- 7.8 The intention is to extend the self-assessment survey and workshops to include the Strategic Planning Group (SPG) and the HSCP Senior Leadership Team (SLT) members.
- 7.9 The 3-stage process will include a self-assessment survey and 2 workshop sessions.
- 7.10 **Stage One**
An electronic survey will be issued on our behalf by the Improvement Service and should be completed by each member. Respondents will be asked to rate the extent to which they agree/disagree with each statement as noted below:

Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know

- 7.11 At the end of each section there will be two comments boxes – one to provide details of evidence that supports your views and the other to provide further details of how you think the IJB can improve.
- 7.12 The survey will be issued in June with a 3-week timescale for completion. All responses are anonymous and non-attributable, although we may consider responses by respondent group eg IJB, SPG, SLT.
- 7.13 **Stage Two**
The checklist findings will be analysed by the Improvement Service and a short report will be compiled summarising the responses and key points for discussion. The report will be used as the basis for facilitating a structured 2.5 hour workshop which will be facilitated by the Improvement Service.
- 7.14 The purpose of the workshop is to provide an opportunity to discuss the strengths and issues emerging from the checklist and to help inform appropriate improvement actions.
- 7.15 **Stage Three**
The second improvement planning workshop will last a maximum of 1.5 hours and will focus on the development of an Improvement Plan, which will cover the following areas:
- issues that can be improved
 - actions that will be undertaken to address these issues
 - lead responsibilities for driving the actions
 - timescales for implementing the actions
 - resources required to drive the improvement
 - overall impact the improvement/s will make.

- 7.16 It is important that we can gather the views and balance current work priorities and diary management. The workshops will be planned for mid-August, after the Council recess and main holiday period.
- 7.17 **Falkirk Council Best Value Audit**
The HSCP has contributed evidence to support the preparations for the Falkirk Council Best Value Audit, which commenced in May 2021.

8. Service Planning

- 8.1 **Community Planning Partnership LOIP**
The Falkirk Community Planning Partnership is now in the process of developing the Partnership's new Local Outcome Improvement Plan (LOIP). The last LOIP was known as the 'SOLD' which came to an end in December 2020.
- 8.2 The new plan will be called the Falkirk Plan and will lay out how public partners will work together with communities to take forward shared local priorities and address inequality. The Falkirk Plan is a ten-year plan and will have 3 year review points as we are very aware of the importance of how we work, and in particular, the importance of being flexible, adaptive and being willing to evolve after the experiences of the past year.
- 8.3 The Plan has been developed through the Community Planning Improvement Group which includes representatives from all of the Partners. The group are working through a development plan:

November 2020	<ul style="list-style-type: none"> Reviewed and reported on the former SOLD plan
January 2021	<ul style="list-style-type: none"> Completed at Joint Strategic Needs Assessment identifying key themes affecting local people and partner services
February 2021	<ul style="list-style-type: none"> Developed an engagement plan that is currently underway
March- April 2021	<ul style="list-style-type: none"> Commenced a policy and partnership mapping exercise to identify where areas of the CPP's scope are currently already in progress through good partnership working Collating the Covid19 Four Harms Position Statement for Partnership decision Undertaking Place based Community Engagement Sessions Plan Outline
May 2021	<ul style="list-style-type: none"> Community of Interest Community Engagement – focused on themes of inequality identified in Joint Strategic Needs Assessment Public Survey Drafting initial Plan

June 2021	<ul style="list-style-type: none"> First draft to CPP Board for discussion
June – July 2021	<ul style="list-style-type: none"> Public Consultation
August 2021	<ul style="list-style-type: none"> Amendments Final version for CPP Approval Published

8.4 The Falkirk Community Planning Partnership is currently in the middle of the series of engagement opportunities for people and communities across the Falkirk Council area to inform the Falkirk Plan.

8.5 The engagement plan targets three audiences for different information:

- 1) Place-based (online) conversations (c.12 throughout the Falkirk Council area, from mid-April to end April)
- 2) Engagement with thematic audiences (including equalities groups)
- 3) Falkirk wide engagement for anyone who lives, works, or studies in the Falkirk area (an online survey ran during April / May).

8.6 The purpose of these sessions is to capture the issues that matter most to local communities and establish what their priorities are. These sessions, run in conjunction with partners in CVS Falkirk, the wider third sector, Falkirk's HSCP, Central Scotland Regional Equality Council and with colleagues in CLD, will seek to capture the views, ideas and suggestions from within our communities.

8.7 **Update**

By the end of April, the place focused sessions were completed. These sessions were online due to pandemic restrictions and averaging about 20 participants per session. For the most part, discussions and evaluation feedback have been positive and forward looking.

8.8 The themes of the Community Planning Partnership's Joint Strategic Needs Analysis have strongly come through the conversations, with 2 of the 3 groups specifically raising suicide as a local issue.

Other common topics coming through are:

- Access to mental health and wellbeing services
- Improved support for young people
- Unemployment
- Poverty
- Accessibility and communication with public sector; honest, transparent, streamlined communications and information is needed.
- Lack of presence of public sector in communities.
- Community led and community (place) based support.

8.9 The Board will receive an update on the Falkirk Plan when this has been prepared at a future meeting.

8.10 **Community Choices Update**

The HSCP is working with Falkirk Council to deliver Community Choices, Falkirk's Participatory Budgeting programme. The key difference between

Community Choices and other forms of budgetary consultation is that all decision making rests with the public through a voting process.

8.11 Community Choices therefore offers communities across Falkirk the opportunity to decide how a defined set of public funds are spent in their neighbourhoods. The programme is in its first pilot phase and aims to capture that local ambition and encourage communities to be directly involved in delivering the activities and services they feel are needed in their areas. A second phase of the pilot will be opened in Autumn 2021.

8.12 Groups and organisations can apply to two separate defined funds in Falkirk:

- **Small Grants**

A small grants programme with a maximum of £1,500 per proposal. Around £10,000 will be available to each of Falkirk Council's nine wards in the first pilot phase as part of the Small grants programme. The Health and Social Care Partnership has contributed £20,000 per locality to this group of funds.

- **Place Based Capital Programme**

£3m of Capital funds are available over two years for community decision making. Proposals for this fund must be for a minimum of £5000, and can be used for building something new, improving an asset, and purchasing equipment. The first pilot phase has made £1million available. These funds have been distributed across Wards using child poverty rates.

8.13 **Phase 1 Applications:**

The first phase opened for Expressions of Interest in February 2021 asking Communities to propose project ideas that would bring about the changes they wanted to see in their communities. The Expression of Interest Stage closed on 5 March 2021 receiving in excess of 100 expressions of interest – 47 for the Small Grants element and 65 project ideas which are capital projects. Due to the high volume of applications and feedback from applicants and staff involved, the timescales for full applications and public voting have been adjusted.

	Current dates	Revised dates (SGs)	Revised dates (Capital)
Full application submitted	9 April	7 May (+4 weeks)	11 June (+9 weeks)
Voting opens	26 April	24 May	21 June
Voting closes	14 May	18 June (4 weeks to vote)	16 July

8.14 The nature of the proposals demonstrate that the scheme is meeting the aims of increasing wellbeing and community empowerment.

8.15 The following themes for the Small Grants element have proved popular: promoting physical health and wellbeing; increasing outdoor activities; free and accessible sport; mental health support (men specifically); and youth activity.

8.16 Proposals for the capital funds include projects to improve community

infrastructure, assets, and even transport in both third sector and Council owned properties.

8.17 **Advisory Panel**

An Advisory Panel made up of Community representatives for each Ward, Third Sector representatives and Officers from the Council, HSCP and CVS Falkirk met throughout April to assess the eligibility of each proposal against the criteria for both the small grants and place-based capital funds. This is not a decision-making panel. However, one most significant success has been the Panel's request to play an active role in developing the assessment process. In the spirit of community empowerment, Panel members have been able to participate in the learning and continuous improvement of the participatory budgeting process.

8.18 The Panel agreed its role and remit in the process, with support from Officers. Members agreed to assess applications against the Community Choices eligibility criteria and to identify areas of support that will be needed for the place-based capital proposals. Feedback was then provided to applicants to ensure that support will be available for groups to fully develop proposals prior to public vote. Where possible, it is also signposting ineligible applications to other sources of funding and support.

8.19 The Panel also reviewed the small grants proposals. All eligible small grant proposals have now been invited to submit a full application, which will then progress to the public vote.

9. IJB Financial Update

9.1 An update on the financial position is detailed as a separate agenda item.

10. Conclusions

10.1 The report summaries the range of work being taken forward on a collaborative and strategic approach that will continue to address the range of issues facing the partnership and to improve outcomes for service users and carers in Falkirk.

Resource Implications

The Chief Finance Officer will continue to report through the IJB financial reports to the Board.

There remains commitment from all partners to ensure the Partnership meet its statutory obligations under the Public Bodies (Joint Working) (Scotland) Act 2014.

Impact on IJB outcomes and priorities

The ongoing work is designed to deliver the outcomes described in the Strategic Plan and the associated Delivery Plan.

Directions

A new Direction or amendment to an existing Direction is not required as a result

of the recommendations of this report.

Legal and Risk Implications

The IJB is required to be compliant with the Public Bodies (Joint Working) (Scotland) Act 2014 and the Falkirk IJB Integration Scheme.

Consultation

Stakeholders will be involved as required.

Equalities Assessment

There will be appropriate consideration of the equalities implications and equalities impact assessments as required for work noted in this report.

11. Report Author

Suzanne Thomson, Senior Service Manager

12. List of Background Papers

n/a

13. Appendices

Appendix 1:	Delegated Decisions
Appendix 2:	Integrated Interim Workforce Plan 2021 – 2024

Chief Officer Delegation of Powers to Determine Urgent Issues during the period of Coronavirus

from 20 March 2020 to 5 June 2020 (extended to 4 Sept 2020, subsequently extended to 31 Mar 2021)

Date of Request	Date of Decision	Decision Taken	Approved By	Financial Impact	Budget Exceeded Y/N	Link to IJB Report Recommendations if Appropriate	Organisation	Purpose of Funding	Funding		Date Reported to IJB	Date Chair/Vice Chair Notified
	20-May-21	Approved	Patricia Cassidy	Y	N	Included in 20/21 Winter Plan (c/f to 21/22)	Falkirk Council	To extend admin support for mobilisation centre & supplier relief claims	£18,299	Mar-22	Jun-21	28-May-21

FALKIRK HEALTH & SOCIAL CARE PARTNERSHIP

Interim Workforce Plan 2021/22

Section 1 – Background

Falkirk Health & Social Care Partnership deliver local health and social care services, including Primary Care, through enabled communities and our workforce. We believe if we get it right for our staff, then we will get it right for our patients and the communities we serve.

It is recognised that partnership working can achieve more by working together than working alone. Falkirk HSCP operates a programme of partnership funding, intended to accelerate integrated working practice, service redesign and improvement to services across the Falkirk and Forth Valley area. An investment plan, for the period 2021 – 2024 is currently being developed, in which workforce development is identified as a key priority. Early work has been carried out in relation to its implementation and progressed by representatives from the HSCP (Council & Health), Scottish Care, Forth Valley College and local Third Sector organisations.

There are close links with our partners. CVS Falkirk host the Partnership Management function. CVS Falkirk's Third Sector Forums and Communications strategy provide a recognised link between the Community Planning Partnership, and the Community Planning Partners, and the Third Sector in Falkirk. The Independent Sector Lead works alongside colleagues from the Health & Social Care Partnership to support the delivery of an Integrated Workforce Plan to assist and support in the redesign of services to deliver the Strategic Plan, priorities are Leadership and Management Development, Workforce engagement and Workforce Training and Development (the list is not exhaustive) and to ensure that the workforce plans are aligned with priorities and locality plans and to provide partnership representation and liaison with providers.

Opportunities for collaboration between HSPPCs on a national basis, have also been taken forward. These have enabled employees from across health and social care to share best practice and to work collectively, to support the ethos of integrated working practice. This helps to build understanding in employees of different activities, practices and professional cultures, in addition to the constraints that each organisation works within and how these are overcome.

Partnerships are typically established to address complex and multi-faceted issues that individual organisations are unable to address on their own. With this in mind, development sessions for Integration Joint Board and Strategic Planning Group members have been held to help facilitate strategy development and priority setting and to ensure that an integrated approach is adopted between the NHS, Falkirk Council and its partners. Information and training workshops on technical aspects of HSCP operations such as Finance, Directions, Strategic Planning and Best Value Self- Assessment have been successfully rolled out.

Scope and Coverage of the Plan

Planning our workforce effectively in partnership with key stakeholders notably our staff, staff side, Trade Unions and partners, is fundamental to ensuring that we have a workforce with the appropriate values, behaviours, knowledge and skills to deliver

high quality personal, safe and reliable care, treatment and services to improve health and meet the ongoing needs of the people of Forth Valley now and in the future.

Our Workforce Plan takes cognisance of national strategies and priorities as well as the local demographic, social and economic factors that impact on the supply of and demand for staff across the sector.

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

- To attract, recruit and retain the talent needed to deliver essential services, by positioning HSCP as an employer of choice.
- To build and sustain engagement levels of the workforce, by making employees feel valued, motivated and committed to organisational goals.
- To ensure that the business strategy is underpinned by quality learning and development interventions, at all levels of the business.
- To look after the physical and mental wellbeing needs of the workforce.
- To increase opportunities for collaborative working between colleagues and partners, within the HSCP.

Workshops have taken place, to help support the development of the workforce plan, focusing on a PESTLE analysis to identify a range of external influences which currently / were likely in the future to present opportunities or to create risks to their industry and organisation. The workshops also focussed on the aims and aspirations for our workforce and to meet the challenges and demands faced by the Partnership.

The following aspirations were identified as crucial to the workforce: feeling valued, being a motivated, skilled and committed workforce.

Section 2 – Stakeholder Engagement

The current drive by FHSCP for a comprehensive Workforce Plan has been informed by a desire to engage with stakeholders, who ‘share’ responsibility for service-delivery and who have a shared vision in terms of how employees should be supported in the delivery of these services.

Workshops have been set up with a range of representatives to support the development of the plan. It is recognised that this is not seen as a one off exercise. Ongoing engagement with our staff and stakeholders is fundamental to our commitment to ongoing workforce planning.

The HSCP is a strategic partner within the Falkirk Community Planning partnership (CPP) and makes a significant contribution to the CPP’s Strategic Outcomes and Local Delivery Plan. Participation with communities lies at the heart of Community Planning. Our participation and engagement priorities include equipping our staff with skills and knowledge to be able to involve people and to reduce any barriers to participation and carefully plan how people can be involved.

The Partnership is committed to work with people, communities, third and independent sectors, partners and academic bodies to deliver solutions to meet needs that:

- focus on services that support recovery, reablement and rehabilitation and supports more people to remain independent in their own homes,
- focus on prevention, early intervention and to enable people to be at the centre of decisions that affect them and support them to self-management and have control.

Through integration we are taking the opportunity to review the skill mix of staff and make best use of resources by avoiding duplication.

Planning our workforce effectively in partnership with key stakeholders notably our staff, staff side, trade unions and partners, is fundamental to ensuring that we have a workforce with the appropriate values, behaviours, knowledge and skills to high quality personal, safe and reliable care, treatment and services to improve health and meet the ongoing needs of the local community now and in the future.

We have positive and close relationships with Trade Unions with a range of consultative and joint working arrangements in place. The Joint Staff Forum meets bi-monthly, with membership from both NHS and Local Authority, - management, HR and staff-side, Trade Unions.

iMatter

A tool designed to help individuals, teams and management understand and improve staff experience and this tool has been extended across the full partnership.

Understanding staff experience at work is the first step to putting in place measures that will help to maintain and improve it. iMatter will continue to be implemented throughout the partnership.

Independent Sector

The Independent Sector Lead works alongside colleagues from the Health & Social Care Partnership to support the delivery of our Integrated Workforce Plan.

The Independent Sector Lead and Scottish Care have been working to improve and increase the social care workforce access to funding and learning opportunities. Recruitment remains a top priority and the Independent Sector Lead is keen to ensure that the independent and voluntary sectors are represented during conversations regarding the recruitment process and safer staffing regulations.

The Lead is also involved in partnership working with Falkirk Council Workforce Development team and Forth Valley College in the development of a Learning Passport. This is envisioned to be an improved collaborative way of working for the college with local employers. The learning passport is planned to be a method of providing access to core continued professional development resources for employed care staff in the Falkirk Area. These resources will include formal SQA approved qualifications as well as bespoke training courses. The concept and delivery of continued workforce development through the learning passport would be in line with

the standards of care practice set out by the SSSC and we would expect that this example of co-production will be endorsed by the regulator and Care Inspectorate.

Scottish Care are engaging with stakeholders through a Creating Pathways to Care workforce event. This will focus on the recruitment requirements of care providers and will have sessions delivered around recruitment opportunities, employability programmes and pathways to students coming from Higher Education Institutions. Care providers will have an opportunity to speak with organisations working to support Social Care recruitment to discuss their employment needs when recruiting new staff members to assist with aligning employers needs to educational programmes and ensuring that new staff are informed and have greater understanding of the social care sector prior to employment.

Procurement & Commissioning

There are a number of approaches that we feel are important to ensure we can effectively inform, engage and consult with the market. Setting out how we want to develop the market in Falkirk and what we need to achieve to realise our vision is not enough, we must also be clear about how we plan to engage with the market to do this.

We intend to develop engagement through a number of different mechanisms including the following:

Provider Events

Large-scale events to engage with the market to share strategic commissioning intentions, direction of travel and to inform discussion about new models of provision and to gauge feedback from the marketplace on our plans.

In terms of timing and frequency - at least one annual event each year in order to communicate our adult health and social care and support procurement plan for the year ahead and consult on options for developing our procurement strategy objectives.

Regular Forums for Specific Provider Markets

Smaller scale meetings to engage with specific sectors within the wider market place to discuss strategic commissioning intentions and direction of travel and how they may impact on specific sectors of the market around new models of provision.

In terms of timing and frequency - scheduled across the year to engage the market, shape individual contract documents and influence route to market.

Provider 'Drop-in' Sessions/Advice Surgeries

Open to providers from all sectors of the market place to have an opportunity to meet with commissioners on a more informal basis to discuss ideas and gain clarity on any issues specific to their organisation. These sessions will also be opportunities for providers to seek advice and support around development plans to ensure these fit with the Partnership's direction of travel.

In terms of timing and frequency - advice surgeries will be available each month.

Direct Engagement with Providers

Meetings and working groups with different providers as and when required to facilitate the development and realisation of new models of service provision. This level of engagement is necessary to model the care and support services required in the community to support the accommodation plus model of provision.

Section 3 - Supporting Staff Physical and Psychological Wellbeing

Across the partnership we care about the health and wellbeing of our people. Our staff are currently working in very challenging times. It is important that we look after ourselves and each other. Supporting staff physical and psychological wellbeing has been and will be of crucial importance throughout this year and beyond.

The partnerships commitment to supporting staff wellbeing is evidenced through the ongoing delivery of Staff Support and Wellbeing Groups within NHS and Falkirk Council and. These groups, which oversee the development of services and support for staff alongside the Workforce Wellbeing Champions Network. This ensures that all good practice, support mechanisms and relevant information are communicated quickly, including via the HSCP mailbox. Examples of this include webinars on mental health and wellbeing and the use of Apps such as Sleepio.

There are also staff wellbeing sections on our staff intranets which provides information and links to national resources for wellbeing including the Psychological First Aid national helpline, Project Lift and the Focus on Wellbeing programme of activities.

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

NHS Forth Valley also has virtual and in-person peer support services, offers coaching both internally and externally, and access to online stress control classes produced by NHS Fife Psychology Service. Our Organisational Development teams are providing tailored teams sessions across the organisation to allow teams to reflect on the impact of the pandemic on us as professionals, as individuals and how this has affected our teams and the wider organisation. To show appreciation for each other, exploring experiences, lessons learned and how we move forward as an organisation. Overarching themes will be collated to support future learning.

For staff working in the partnership and across Council services the following has also been set up to support our staff:

- Monthly Wellbeing updates are sent out to managers to disseminate. The updates cover a variety of subjects including Mental Health and Eating well
- Virtual staff rooms
- All Service Managers have been asked to complete the Psychological First Aid course.

- The Falkirk Council Wellbeing Group has expanded since the pandemic and is currently tasked with organising Mental Health training for 50% of all 1st to 6th tier Managers. This is linked into the work of CoSLA and suicide prevention
- A Counselling contract has been reinstated

In order to find out the success of all of the above we have been monitoring Employee Engagement surveys. A recent engagement survey has been followed by a See Me Scotland survey where the results will be used to develop an action plan.

For staff working across Social Work and Social Care services there has been recent focused attention on Healthy Work Culture. Working in partnership with NHS colleagues staff have been introduced to the *Joy at Work* framework with potential to use improvement methodology to engage in, report on and monitor staff led activity on improving culture.

There is potential to use lessons learned from this work to roll out this approach across the wider partnership.

Equality Outcomes

Our Council Equality Duties action plan covers all employees working under Council terms and conditions. We are continuing to improve our systems for collecting equality data from employees. Council employees can now access the My View system and update their personal equality data on the web, not just through Council intranet. This has improved access to systems for employees who previously did not have access to do this. We have been gathering employees nationalities to provide support in relation to Brexit and at the same time asked employees to update their equality information, including ethnicity. As a result there has been an increase in all equality data being returned. We will continue to encourage our employees to provide this information.

We will continue to review employee data to identify actions to address key areas of priority based on data gathered. This will include carrying out further analysis of employee data for all protected characteristics and identify what support/guidance can be put in place for particular groups.

Wellbeing initiatives are extended across partner organisations. CVS continue to support teams to stay physically and psychologically well in various ways, including:

- Our Healthy Working Lives programme which includes digitally shared 'Lunch-break Wellness Walks' and 'Mindful Movement' sessions
- Regular digital 'tea breaks'
- Sharing a range of wellbeing resources, including those created by Scottish Government and other partners, with our staff and volunteers
- Encouraging staff and volunteers to join sessions designed to bolster awareness of mental health and wellbeing, such as NHS Forth Valley's Ask Tell workshops

We have also communicated the help and support options available to the wider Sector using our various communications platforms, namely our CVS Falkirk website and social media. One example is sharing the resources and support options available, as identified within the Mental Health and Wellbeing sub-group, which aided

the creation of a one-page leaflet detailing the mental health support options available which was then shared with community groups and food organisations who could get this information to those most in need.

One of our Forums, which has come to be known as the 'Compassionate and Included Communities Forum', came about to meet an identified need for a supportive space for local Third Sector staff and volunteers.

Section 4 – Short Term Workforce Drivers (Living with COVID)

Maintaining the vaccination programme will have an impact on community nursing. Additional staff will be essential, to ensure housebound people in our communities receive their vaccinations.

It is imperative that frontline social workers return to safe face to face contact within our communities, but the local and national shortage of social workers need to be addressed to support recruitment and retention to enable this to happen.

Falkirk HSCP have developed CHART, to support care homes. This will become normal business and part of the workforce structure moving forward. There is a need to develop a similar response for Care at Home provision.

The maintenance of essential services has been supported by staff from non-essential services. As these return to normal, extra staffing will be required due to the potential for staff who are at a high risk from Covid-19, not being able to continue in front facing roles.

Care @home will potentially be impacted by cases of Covid-19 in the community requiring periods of staff isolation. A larger staff pool will be required to support this, both in terms of service delivery and quality assurance.

Reablement will need to become the normal approach to deliver care @home for our internal workforce to ensure people are appropriately supported within their own homes (where possible), particularly given the challenges in relation to shared accommodation resources.

Over the course of the pandemic to date, we have in the main seen a reduction in normal social work and occupational therapy referrals for non urgent provision and our services have been responding to critical casework and focusing on the response to COVID-19. It is anticipated that we will see an increase in both demand and complexity as we move outside restrictions. This will be impacted by the current staffing shortages, particularly in relation to qualified Social Workers, as such we need to explore greater use of non professionally qualified staff. However, as outlined above, this is set against a potential backdrop of increased complexity which may require a professional input.

Falkirk was in a good position prior to covid-19 in terms of planning and development to support more people within their own homes and shift the balance of care from bed based models. However, the challenge will be to deliver the scale of change in working practices across the health and social care partnership whilst continuing to

respond to COVID-19 and with a workforce that has been under significant pressure for several months.

7 day services for AHPs providing Rehab within the partnerships needs to be embedded and resourced with a focus on prevention of admission and pilots around discharge to assess.

The Falkirk Learning Disability Team and key partners from third sector, Falkirk HSCP day support services (Social Work) and health are involved in the Day Support Collaborative. This has been facilitated by Health Improvement Scotland. The Falkirk collaborative are in the early stages commencing work to undertake a small pilot/test of change around supporting a more person centred, outcomes focussed plan for adult's with learning disabilities.

The aim is to support the person to be in charge of what their daily occupation looks like. It will be led by the person and tailored to their specifications. The team are hoping to discover any shared vision or ideas around this for service users and carers and build on this to develop a Big Plan. Service user and carer collaboration and co-working are considered key to the development of any future plans. The team will support the service users and carers to make links in the local community with all partners to co-produce various models of services and supports to enable people to meet their desired outcomes.

Primary Care Mental Health Nurses are now in all GP practices across Forth Valley. This gives access to mental health support as an alternative to GP at the earliest point for those experiencing mild to moderate mental health issues. This has been funded between Action 15 and Primary Care Improvement Plan and extensive evaluation has shown excellent outcomes. Action 15 have also funded a CPN based within the Justice Service. Falkirk Council and NHS Forth Valley are jointly funding a full time CPN for Housing Services in order to support those at threat of or experiencing homelessness.

Section 5 – Medium Term Workforce Drivers

Covid-19 has brought more progression with remote consultations. This needs to be expanded where possible.

Rehabilitation services will need to be redesigned to meet the demands of long Covid. Increased staffing in OT, Physio, SLT ,Dietetics, Rehab Support Workers and nursing will be required.

AHP services need to meet the changing needs of the population with and embedding self care for those with long term conditions. Tests of change are required for additional first point of contact roles for AHPs in primary care to prevent ongoing referral and promote early intervention.

Day services for older people will require safe distancing and increased IPC measures to reopen and safely continue. This will require additional staff and resource.

Whilst it is still to an extent unclear what the impact of the Independent Review of adult social care will be. We have undertaken a great deal of work to ensure the principles of the health and social care are embedded within our services and that carers are supported, as such we would anticipate our current delivery plan reflects any changes in terms of practice.

We have undertaken a review of our Adult Social Work service and have plans to implement a number of changes over the coming months. These changes should promote easier access to services, a quicker response to those in urgent need and additional opportunities for community based support. However, it is worth noting again the difficulties faced in terms of recruitment.

We have commenced a review of community based OT practice across the partnership which affects both Council and NHS employed OT's with a view to embedding them fully within the locality model.

We have recently agreed a new model for our Care at Home services, which will see the development of a rapid response care at home service which will support our Home First and intermediate care models and support developments within hospital at home. We are also in the process of establishing a focussed reablement service. The development of which will rely on additional training for the home care workforce to ensure they have the appropriate skills to deliver a true reablement model rather than a model with a reablement ethos.

As outlined in section 4: We have developed a new model for day opportunities which is underpinned by inclusion and independence, rather than the current model of traditional buildings based day service. This will not only require workforce change, but also development of community based supports across the sector.

Section 6 – Supporting the workforce through transformational change

Digital technology is key to transforming health and social care services so that care can become more person-centred, empowering people to self-manage and live more independently. During the pandemic, digital transformation has been a key enabler to support our aims. Since April 2020 there have been a significant number of digital initiatives and technology solutions for the COVID-19 response. A summary of the main initiatives are as follows:

- accelerated roll out of 'Near Me' across all main care settings and GP Practices
- strengthened cyber security by rolling out Advanced Threat Protection (ATP) software
- reviewed and refreshed ICT business continuity plans including Out of Hours support
- supported operational arrangements for key information management reports to be automatically generated to inform SITREP reporting externally and internally and to support decision making
- provided IT and Communication support for Hub & Assessment Centres e.g. Adastra and TRAK functionality along with telecoms
- rolled out iPads to support critical care and community hospital visiting

- implemented enhancements to the Patient Management System to monitor and record COVID-19 activity (via TRAK)
- enhanced 'Portal to Portal' and SCI Store links to share patient information across NHS Boards boundaries.
- Referral Management System (RMS) for all AHP services to allow SCI gateway to link with TRAK
- Electronic Notes for Podiatry and MSK Physiotherapy

The above developments have a direct link to our staff. We are aware that digital developments require our staff to be digitally focussed and trained. Funding was secured to support digital training for staff within the partnership from the Workforce Development Fund over a 2 year period. The pandemic has however been a clear opportunity for our workforce to develop digitally. Whilst working from home highlighted skills gaps for teams, the rollout of Microsoft Teams across the Council and NHS teams along with the provision of laptops and equipment has been a real enabler to more agile and mobile working and has been received well and been a real benefit from the pandemic.

Hard to fill posts

We continue to experience difficulties recruiting to a number of posts:

- Qualified Social Workers
- Personal carers
- Mental health staff nurses
- Cooks in residential care
- Health visitors
- District nurses

Alongside this we are aware of our aging demographics. Issues with different pay scales and terms and conditions across local authorities, private care providers and within partnerships impacts on recruitment.

We are therefore looking at new and innovative ways to recruit a younger workforce and also fill the hard to fill vacancies that we struggle to recruit to. This includes an intern and graduate programme, providing opportunities for students and graduates to gain exposure to different areas. Modern apprentice programmes are in place and during covid provided an ideal opportunity for progression for a range of individuals, providing real life work experience and creating a positive destination.

Falkirk Council Workforce Development team, the Independent Sector lead and Forth Valley College are working collaboratively to develop a Learning Passport. The learning passport is planned to be a method of providing access to core continued professional development resources for employed care staff in the Falkirk Area. These resources will include formal SQA approved qualifications as well as bespoke training courses. The concept and delivery of continued workforce development through the learning passport would be in line with the standards of care practice set out by the SSSC and we would expect that this example of co-production will be endorsed by the regulator and Care Inspectorate.

Proposed Passport core content will focus on:

- Dementia
- Reablement
- Digital skills
- Leadership
- Administration of Medication
- Supervision
- Coping and resilience

Scottish Care are engaging with stakeholders through a Creating Pathways to Care workforce event. This will focus on the recruitment requirements of care providers and will have sessions delivered around recruitment opportunities, employability programmes and pathways to students coming from Higher Education Institutions. Care providers will have an opportunity to speak with organisations working to support Social Care recruitment to discuss their employment needs when recruiting new staff members to assist with aligning employers needs to educational programmes and ensuring that new staff are informed and have greater understanding of the social care sector prior to employment.

DWP in Scotland is keen to support the Care Sector to fill vacancies, raise awareness of opportunities in the sector and develop initiatives that will support people to move into the sector. They plan to work with Scottish Care, employers and training providers to identify recruitment and training needs across the sector. This includes scoping out opportunities to deliver support programmes such as Sector Based Work Academies to support DWP customers into jobs in care.