Report

Baseline Workforce Plan

Edinburgh Integration Joint Board

14 December 2018

Executive Summary

1. Planning the size and shape of our future workforce will create significant challenges for EHSCP and our partner organisations in both in the independent and voluntary sector . Workforce development must be aligned to other planning agendas (service, financial etc). It will require us to focus on the key issues to hand that will shape the way forward and to take well-informed decisions to get the right staff in the right place at the right time.

2. This inaugural Baseline Workforce data therefore comes at a vitally important time for the Partnership.

3. The Baseline Workforce data provided not only clarifies our current workforce capacity but also allows for a platform from which to look forward to gauge the nature and scale of the workforce challenges that lie ahead.

4. Furthermore, it identifies a road-map for future workforce modelling in the form of the 6 Steps Methodology. This will help inform a wider comprehensive workforce strategy as part of an integrated solutions based approach to future recruitment, retention, training and development needs.

Recommendations

5. The Integration Joint Board is asked to:

    i. Note the contents of the Partnership's inaugural Baseline Workforce plan.

    ii. Note the proposed workforce planning methodology going forward.

    iii. Note the relevance in connection with financial and service planning arrangements.

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Background

6.   The Scottish Government recently published The National Health & Social Care Workforce Plan in three distinct parts. Its purpose being to support organisations to identify develop and put in place the workforce they need to deliver safe and sustainable services.

7.   At the request of the Partnership's Executive Management team, and sponsored via the Strategic Workforce Planning Group, identifying clear baseline Workforce data for the Partnership, covering all staff (both health and Council employees) was commissioned.

8.   In producing this baseline plan, we are delivering on the first recommendation within Part II of the National Health and Social Care Workforce Plan; namely collating integrated workforce data in support of local workforce planning.

Main report

9.   This baseline workforce data represents the Partnership's intelligence on its overall workforce, excluding other sectors. In doing so it signals the Partnership's intent to understand and acknowledge its current workforce profile and to take action to ensure robust workforce planning is led across a range of agencies, services and professions.

10.   The data and analysis is derived from a detailed interrogation of health and council payroll systems. It has therefore taken considerable effort to be able to report against our baseline capacity and draw this from the two organisations' systems.

11.   This inaugural baseline data contains analysis on the following areas:

- Overall Capacity (WTE and Headcount)
- Contract Profile (Full and Part Time)
- Gender Profile
- Age Profile
- Grade/ Band Profile
- EU/EEA Status
- Sickness/ Absence data

12.   The baseline data will now provide a strong foundation from which to build and enhance our strategic planning processes. Through the use of the Six Steps Methodology, we will be able to consider how future workforce supply will match that of demand, where any gaps exist and importantly begin to prioritise areas for further action across the Partnership.

13. In addition, there are a number of actions emerging from the work of the Strategic Planning Workforce Group, Chaired by Pat Wynne Chief Nurse for the Partnership. These include:

- Modern Apprenticeships
- Staff engagement and Wellbeing
- Formal Edinburgh Partnership recruitment event
- Joint Induction Programme development and delivery
- Alignment of mandatory and essential learning
- SLA for procured training
- Engagement with local partners including HEIs

14. All of the above will be documented as part of a comprehensive workforce strategy for the Partnership in 2019.

Key risks

15. A number of Risks have been identified in the plan. These include:

- The potential impact of BREXIT, in particular:
- The ability to deliver services on account of the loss of employees who are EU citizens
- Ensuring future recruitment, due to a decline in applications, into ever increasing number of vacancies
- Lack of capacity to innovate and deliver robust fit for purpose services
- The impact of changing population demographics, both in terms of future workforce supply, as well as the demand these changes may have on our current service portfolio
- The cost of getting it wrong: both in terms of financial expenditure as well as human resource.

Financial implications

16. The plan does not highlight any specific financial implications.

17. However, with a current pay bill for the Partnership's workforce of circa £157 million and our Agency spend projected to grow to circa £11 million by March 2019, it will be crucial that workforce data and planning methodologies aid financial planning going forward.

Equalities implications

18. There are no equalities implications as a result of the publication of this plan.

Sustainability implications

19.   The plan highlights the need for the Partnership to ensure that future workforce supply is able to meet the ever changing and increasing demands placed upon its services. As a result, the Partnership will need to consider new ways of recruiting and retaining staff across a spectrum of age groups. For example the introduction of Modern Apprenticeship programmes across a wide array of service areas.

20.   Modern Apprenticeship Programmes, for example, could help attract new (local) staff to make a career within the Partnership.

21.   These and other solutions would form part of a wider workforce strategy for the partnership which includes actions in support of recruitment, retention training and development initiatives.

Involving people

22.   Work to progress this inaugural baseline plan was sponsored via the Strategic Workforce Planning Group. This group represents a multi-professional/multi-agency approach with representatives from Locality Teams, Strategy and Planning, HR, Finance, as well as Voluntary agencies.

Impact on plans of other parties

23.   While the publication of this baseline report does not have any immediate impact on other service plans and parties, the contents will provide an opportunity to review how we can triangulate our future planning processes across service, workforce and financial planning agendas.

Background reading/references

National Health and Social Care Workforce Pan: Part 2.

https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-2-framework-improving/

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Appendices

Appendix 1	Baseline Workforce Plan 2018

Edinburgh Health & Social Care Partnership

Baseline Workforce Plan

(2018)

Author: N. Wilson

1st November 2018

Contents

Executive Summary

Our staff matter - their dedication, commitment and expertise make the difference in delivering high quality care to people across Edinburgh.

As a Partnership we are ambitious to deliver high quality care and support and improve the health, independence and wellbeing of our population. However, in doing this we face a number of challenges both in the immediate term and in the future. These challenges include tackling areas where our performance has been poor, for example in the number of people who are delayed in the discharge from hospital, in the number of people waiting for care and in relation to the pathways through our services. To address these challenges successfully we need to take a collective approach, working in partnership and working for the longer term.

Furthermore if we are to make real improvements in the delivery of our services, we can only achieve this with a clear perspective of the shape and size of our current workforce. We also need to plan to ensure that our future workforce is robust to deliver fit for purpose services across Edinburgh.

This inaugural Baseline Workforce Plan therefore comes at a vitally important time for the Partnership.

Planning the size and shape of our future workforce will be a considerable challenge. Neither can this be undertaken in isolation. This must be aligned to other planning agendas (service, financial etc). It will require us to focus on the key issues to hand that will shape the way forward and to take well-informed decisions to get the right staff in the right place at the right time.

This inaugural Baseline Workforce Plan will help us all focus on the nature and scale of the challenge ahead. For example the Plan should help us begin to identify where gaps exist/ are likely to exist across different service areas and to support the formulation of a series of actions to fill those gaps.

It also identifies a road-map for future workforce modelling in the form of the 6 Steps Methodology. Looking ahead, this will help form part of a wider comprehensive workforce strategy which will include how we best take an integrated approach to recruitment, retention, education, training and development.

Some of the main themes/ headings emerging from this plan are:

- The population (both nationally and locally) is projected to continue to grow well into the future

- However the population (national and local) is ageing – the population of people aged 75+ is anticipated to grow by as much as 79% by 2041.

- Our workforce is also aging and is a mirror of demographic changes taking place across the Lothians and Scotland as a whole.

- The Partnership's workforce is predominantly:
    - Local
    - Aging
    - Full time
    - Female

- Our 3 biggest cohorts by age category are
    1) 50-54 (18.5%)
    2) 55-59 (15.8%)
    3) 45-49 (14.4%)

- Presently less than 9% of our workforce is under 30 years of age.

With our population growing added to the issues of an aging workforce, we need to begin to understand how our future supply of a skilled and motivated workforce will meet any anticipated change in demand for service provision in the future. We also need to consider carefully the development needs of our current cohort of staff that aids retention but also ensures our workforce have the right skills to support changes in service demand and delivery.   This will remain a challenge for the foreseeable future.

This inaugural Baseline Workforce Plan is an important first step. However this publication in no way marks the culmination of our planning work. Rather, it heralds the beginning of the next critical phase and provides a platform from which to move forward.   Therefore much work lies ahead.

By getting our workforce planning right we can better plan for ensuring the delivery and provision of sustainable services to our citizens.

Introduction

This baseline workforce plan represents the Partnership's first attempt to pull together intelligence on its overall workforce. In doing so it signals the Partnership's intent to understand and acknowledge its current workforce profile and to take action to ensure robust workforce planning is led across a range of agencies, services and professions.

The data and analysis is derived from a detailed interrogation of data from health and council payroll systems.

This inaugural baseline plan contains data and analysis on the following areas:

- Overall Capacity (WTE and Headcount)
- Contract Profile (Full and Part Time)
- Gender Profile
- Age Profile
- Grade/ Band Profile
- EU/EEA Status
- Sickness/ Absence data

It is intended that the data contained within this baseline plan will support wider strategic work, for example with commissioning and service re-design plans

MAIN REPORT

1. Scope

This report covers all staff employed within the Edinburgh Partnership. This includes staff employed across health (NHS Lothian) and social care (City of Edinburgh Council). While the main body of the report focuses on reporting at a macro and divisional level, the data gathered to date does allow for more detailed reporting.

By way of demonstrating this, the report does include a section specifically reporting on data gathered for staff employed within North West Locality. While this follows in a similar format to the main report, it also allows for reporting against specific service areas, such as Home Care and Care Homes.

2. Objectives of this Baseline Plan

As part of an overall strategic approach to the planning and delivery of our future workforce, this baseline plane is designed to:

- Provide an immediate perspective on EH&SCP's workforce in terms of numbers, characteristics and trends
- To outline the planning context at local, national and UK levels
- Provide an evidence base to inform workforce planning activity linked to agreed methodologies
- To highlight any current and future workforce gaps to be front and centre of any subsequent action planning arrangements.
- To support Edinburgh H&SCP's decision making processes aligned to the delivery of high quality, effective service provision

3. Workforce Planning - A New Chapter

Gathering detailed workforce data for the purposes of developing robust workforce plans and strategies has never been undertaken before for the Partnership.

As such, the data and analysis gathered in this baseline report represents a significant achievement. Considerable time and effort has been made to get to '*first base*' as part of our commitment to workforce planning within the Partnership for the future.

That future for the Partnership will depend on its workforce – and its capacity to deliver an array of services required by the citizens of Edinburgh. The workforce will also need to develop flexibly as the context of demographic changes, new technology and new ways of working shape the workforce necessary for a 21st Century public service organisation.

In this sense, it becomes ever more apparent that understanding the size and shape of our future workforce will be critical in future service planning arrangements. This report offers an evidence based platform for aligning with service planning arrangements thus allowing for

Understanding and acknowledging our current workforce data will represent a step change in how we plan and deliver our future services. While this report mainly provides baseline data, it does also offer signposting in the form of a planning methodology for the future that looks to triangulate issues of workforce planning along with service and financial planning arrangements.

Our future planning approach will be structured around the nationally sponsored 6 step workforce planning methodology, as outlined by the Scottish Government workforce planning guidance CEL (2011) 32

Our approach to developing our understanding of workforce planning also allows for consideration about how we can secure our workforce of the future. Work has begun to develop other key areas such as:

- Approaches to recruitment
- Retention of staff (Skills and knowledge),
- Training and development requirements.
- Staff experience and engagement

Other areas for closer examination include:

- Skill-mix
- appropriate deployment,
- demography
- succession planning arrangements

Such developments aligned with knowledge of our workforce data will help support the development of a robust workforce strategy for the Partnership. This is likely to be delivered next year.

4. Context for Workforce Planning

The context for taking forward workforce planning arrangements for the Partnership is wide and varied. The following outlines some key issues across various levels

4.1   International level

BREXIT

The UK will leave the European Union at 11pm on 29 March 2019, and the process of leaving is commonly referred to as 'BREXIT'. An implementation period will run from after 11pm on 29 March 2019 to 31 December 2020. From 1 January 2021 the UK's new relationship with the European Union (which is currently being negotiated) will take full effect.

Britain's exit from the European Union has coincided with a number of challenges across health and social care in Scotland. There are already challenges to recruiting and retaining staff in the health and social care sector, and there are strong views that Brexit will increase these.[1,2,3]

The Scottish Government has estimated there are approximately 12,000 non-UK EU nationals working in health and social care in Scotland (3% of the total health and social care workforce), 4% of nurses and midwives are non-UK EU nationals.

Separate research undertaken by Scottish Care in 2017 highlighted that between 6 and 8% of the social care workforce are EEA nationals.[4]

Other pieces of research indicate that the issue of Brexit is already having a profound impact on workforce supply. For example The Health Foundation routinely gathers data on registered nursing staff who register with them from the EU and from other international sources.

Since mid-2016 the EU inflow has crashed, and whilst the non-EU inflow has increased, it has not been at a pace to compensate for the drop in EU nurses. If applied to our workforce in general, this would represent a worrying trend.

New nurse registrants from the EU
Total number of new EU nurse registrants in the UK, January 2016–April 2018

The Health Foundation © 2018   Source: Nursing and Midwifery Council data
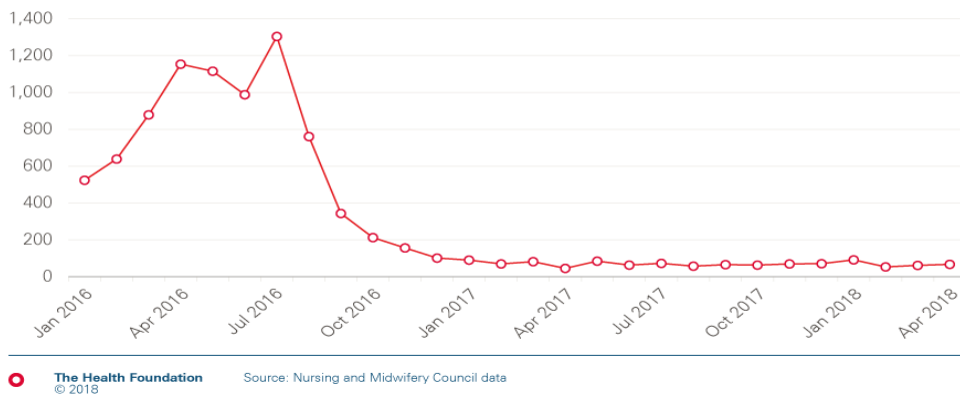
In anticipation of the impact of BREXIT on future supply, City of Edinburgh Council recently conducted a survey of their staff. The uncertainly of 'settled status' remains an issue for all employers.

Following considerable work, it was established that BREXIT potentially affects 1049 EU colleagues across CEC with 177 colleagues in EHSCP. This figure represents approx 6% of the council employed partnership workforce

The following table highlights the number of staff across the top 6 EU Nationalities within the Partnership. (Figures are as at 24 September 2018)
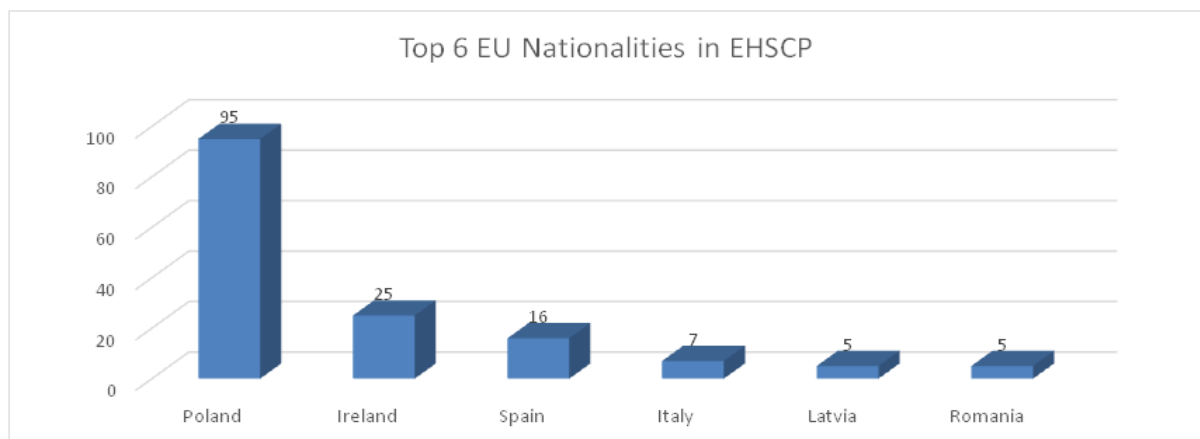
Current proposals are that Irish citizens will not be required to apply for settled status. That being the case, this would reduce the number of EHSCP colleagues potentially impacted to 152. Within the 177 EHSCP colleagues potentially impacted there are 118 colleagues in SCA, SCW and Care and Support roles. – see chart below.

Top 9 EU Populated Roles in EHSCP
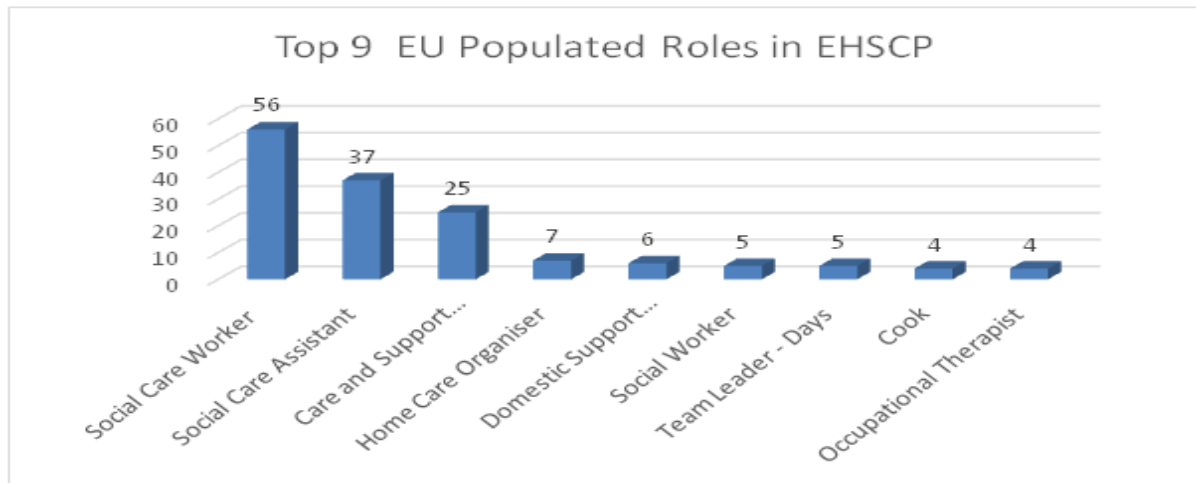
It is proposed that settled status is granted after 5 years residency in the UK. There are 87 (49%) EHSCP colleagues with more than 5 years' service which is a strong indicator they will be eligible for settled status.

Key Risks of BREXIT

There are a number of key risks to the Partnership as a result of BREXIT. These include:

- Being unable to deliver services on account of the loss of employees who are EU citizens
- challenges with ensuring future recruitment, due to a decline in applications, into ever increasing number of vacancies
- lack of capacity to innovate and deliver robust fit for purpose services
- the ability to discharge its legal and regulatory requirements due to a lack of skills and/or capacity.

The BREXIT Storyboard is outlined in **Appendix A**

An outline of all EU/EEA posts is outlined In **Appendix B**

4.2   National Level

Workforce Planning Policy Development

The Scottish Government recently published The National Health & Social Care Workforce Plan in three distinct parts. Its purpose being to support organisations to identify develop and put in place the workforce they need to deliver safe and sustainable services.

Part I – covering the NHS workforce (published in June 2017)

> Part I, relates to the NHS in Scotland, sets out the current pressures facing the NHS workforce, considers the potential future NHS workforce and sets out a framework for improving workforce planning across NHS Scotland. The plan highlights the need to enhance workforce planning at a national, regional and local level to support the delivery of the Health & Social Care Delivery Plan.

Part II – covering the social care workforce (published in December 2017)

> Part ll offers a framework for improving workforce planning across social care. It highlights the key challenges for workforce planning across the social care sector in Scotland, in particular the complexity of service provision and commissioning, issues pertaining to urban and rural areas, the financial environment as well as some of the technological and service delivery changes taking place. It also acknowledges the impact this is having in terms of future service and workforce demand. It outlines 7 recommendations for improved workforce planning for social care services both at national and at local levels.

Part III – covering the primary care workforce (published April 2018)

> Part lll sets out recommendations and the next steps that will improve primary care workforce planning in Scotland. It notes how primary care services are in a strong position to respond to the changing and growing population needs. It also describes the anticipated changes in the way services will be developed to meet population need, in particular the role Multidisciplinary Teams will play in delivering an enhanced and sustainable workforce.   It also highlights the importance of working with partners to ensure that better quality and more timely data is developed to drive effective local and national workforce planning activities.

4.3   Local Level

4.3.1. Workforce Planning

A Strategic Workforce Planning Group (SWPG) led by Pat Wynne, Chief Nurse, was established in early 2018 to develop an inaugural workforce strategy for the Partnership. As a starting point it was agreed to develop a Baseline Workforce Plan

The purpose of the plan is to enable better local and national workforce planning to support improvements in service delivery and redesign.

The group has been empowered by the EH&SCP senior management team to develop and support the implementation of a workforce plan across all our services. The group represents a multi-professional/multi-agency approach with representatives from Locality Teams, Strategy and Planning, HR, Finance, as well as Voluntary agencies. Membership of the group is outlined in **Appendix C.**

This group has been crucial in helping to drive forward the collection of workforce data in support of the wider plan and strategy. The group has a number of key areas for action. These being:

- Workforce Data
- Recruitment & Retention of Staff
    - o Modern Apprenticeships
    - o Formal Edinburgh Partnership recruitment event
    - o Joint Induction Programme development

- Staff Experience and Engagement
    - o Establishment of Edinburgh Wellbeing Group

- Workforce Development
    - Alignment of mandatory and essential learning
    - SLA for procured training
    - Engagement with local partners including HEIs

The group has also been responsible for identifying suitable workforce planning methodologies to be adopted within the Partnership. The group was instrumental in getting agreement to adopt the Six Steps Methodology approach as referenced earlier.

This baseline report signals an important milestone in the collection and analysis of workforce data across the Partnership.

4.3.2. Service Planning

Throughout 2018, four reference groups have been overseeing the development of Strategic Commissioning Plans for Disabilities, Older People, Mental Health and Primary Care. The groups include representation from service users, third sector and carers and have been developing financially sustainable proposals for the way the Integration Joint Board (IJB) commissions its functions between 2019 and 2022. Each has established working groups which are developing sections of the plans, taking in to account cross cutting themes such as housing, carers, inequalities, locality delivery and workforce.

The IJB will consider these proposals in the round in March 2019, following a three month official period of consultation, and will take decisions around which elements of the plan they wish to commission. The IJB will need to consider the proposals in the context of their budget, their priorities and the wider local context such as workforce, as described in this plan.

In parallel with the development of the strategic plan, the Executive Management Team of the Health and Social Care Partnership have been working to address immediate pressures such as people delayed awaiting discharge from hospital and those waiting in the community for assessment or a package of care. There is an action plan to address these issues in the short term and the strategic plan picks up the fundamental causes for these pressures and will set out the long term plan to ensure issues are addressed in a sustainable way.

The work stream areas which are informing the strategic plan have been selected as they have been identified by citizens and staff members as areas which require development and improvement. Work stream proposals include plans to support people to keep well in communities, plans for the development of our acute services and plans for how we develop our services for people who require ongoing care in the community. Some of these proposals are described below:

Keeping people well in the community:

- ❖ Establish a befriending hub to coordinate and enhance the work of current befriending organisations. This will facilitate more flexible befriending work such as help with shopping
- ❖ Enhance preventative falls services in the community.
- ❖ Supporting the development of dementia friendly Edinburgh
- ❖ Integrated and flexible delivery model for day care services which will allow providers to offer the widest range of social activity, access, assessment and reablement activity. Development of a one stop shop. This will inform the review of the contract in 2020
- ❖ Clearly articulate the requirement for the 4500 new homes allocated for health and social care. Housing contribution statement will include detail on housing for older

people, to be developed through locality events and demand projections. Specifically the housing first proposal for the homeless population and specific house builds for people with a disability

❖ Continuation and expansion of the link worker programme to facilitate closer working with third sector partners

Caring for people when they have an acute medical need:

❖ Expansion of the service to work across the whole of Edinburgh City. Work to integrate H@H with the locality teams

❖ Direct bed based care for the Royal Edinburgh Hospital Phase; 18 low secure and 18 rehabilitation beds proposed

❖ Trial of an in-reach/out-reach model of care from community staff to support the transition and ensure continuity of care for people with a physical disability who require hospital based care. Clear criteria for in-patient and outpatient services. Clear process for step down

❖ Development of intermediate care facilities and rehabilitation pathways to replace the current capacity at Liberton hospital

❖ Review of HBCCC to explore if people could be cared for elsewhere

❖ Continued development of a model which ensures that people have the right level of rehabilitation support at the right time. Ensuring that we can get flow through graded support accommodation when possible

Ongoing care in the community:

❖ Testing and rolling out technological solutions to support general practice to be as effective as possible

❖ Review of the financial allocations process so that all staff are clear on how the process works

❖ Continue the roll out of good conversations training to support people to use their own assets as well as statutory and to make full use of SDS options

❖ Working with providers, service users and locality staff to increase the number of people offered SDS options and working with providers to have the mechanisms to meet this need

❖ Developing the proposal for the next care at home contract, with wider plans around how to support people to work in care in Edinburgh. Delivery of more flexible contracts with providers to enable them to respond to fluctuating level of need, conduct assessments and reviews and fully utilise technology

❖ Review of locality hubs to ensure the most effective operating model, including exploration of how rehabilitation is delivered at home.

5. Demographics

5.1 Scotland's Population Profile

With any approach to workforce planning, it is critical that we are able to understand any projected changes to the future population, be this at a national or local level. Not only is this important in understanding the implications for the future supply and availability of the workforce, but also the implications that changes may make in terms of demands for future services. Understanding both will help ensure sustainable solutions are planned for and implemented over time.

The table below outlines Scotland's population as at 2016. This workforce is projected to grow by approximately 5.3% over a 25 year period to 2041. This equates to an increase in the overall population in excess of 280,000.

In the same period the overall UK workforce is set to grow by approximately 11.1%

Country	Estimated population 30 June 2016	Estimated population 30 June 2041	Population change	
			Number	%
UK	65,648,054	72,904,500	7,256,500	11.1
Scotland	5,404,700	5,693,200	288,500	5.3

Source: NROS

This projected growth is Scotland's workforce is illustrated in the graph below.
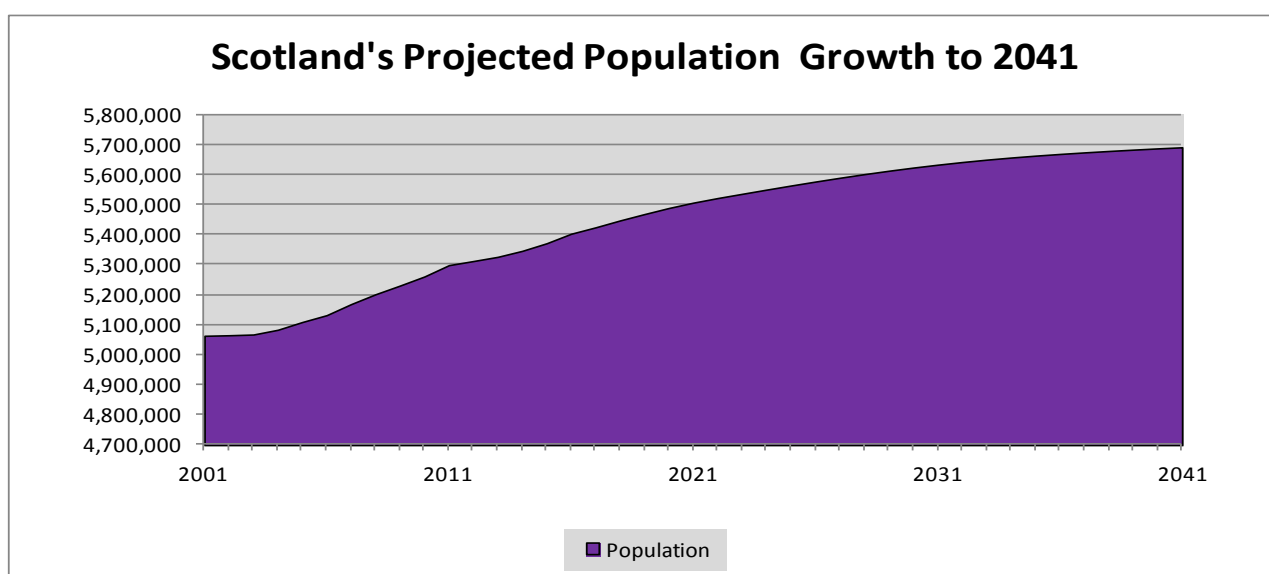
Source: NROS Data

However, it is also important to understand the future shape of the workforce.

Reviewing data held by the National Records Office Scotland provides further intelligence. The table below plots the projected population by age category and highlights significant variance in the percentage change to 2041.

Age group	Population			Percentage change	
	2016	2026	2041	2026	2041
0 to 15	915,917	931,675	901,970	2	-2
16 to 24	607,188	552,639	559,864	-9	-8
25 to 44	1,391,428	1,466,122	1,352,793	5	-3
45 to 64	1,491,315	1,438,978	1,438,053	-4	-4
65 to 74	556,543	626,379	650,412	13	17
75 and over	442,309	563,029	790,109	27	79

Source: NROS Data

The projected increase of 5.3% in Scotland's population will be driven by the increase in the 65 year olds and over categories. The data held in the above table is illustrated in the bar chart below.
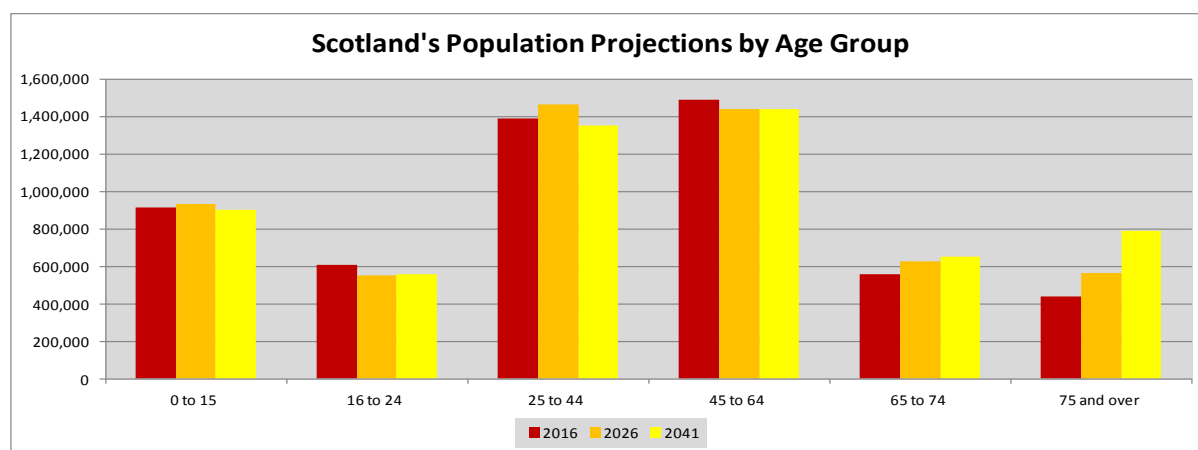
Source: NROS Data

While certain age categories remain relatively stable; this does highlight a projected drop in the 16-24 year old category as well as a significant increase in those 65 years and above, in particular in the 75 year old and over.

This is further highlighted in the chart below.

Scotland's Population Change (%) by Age Group
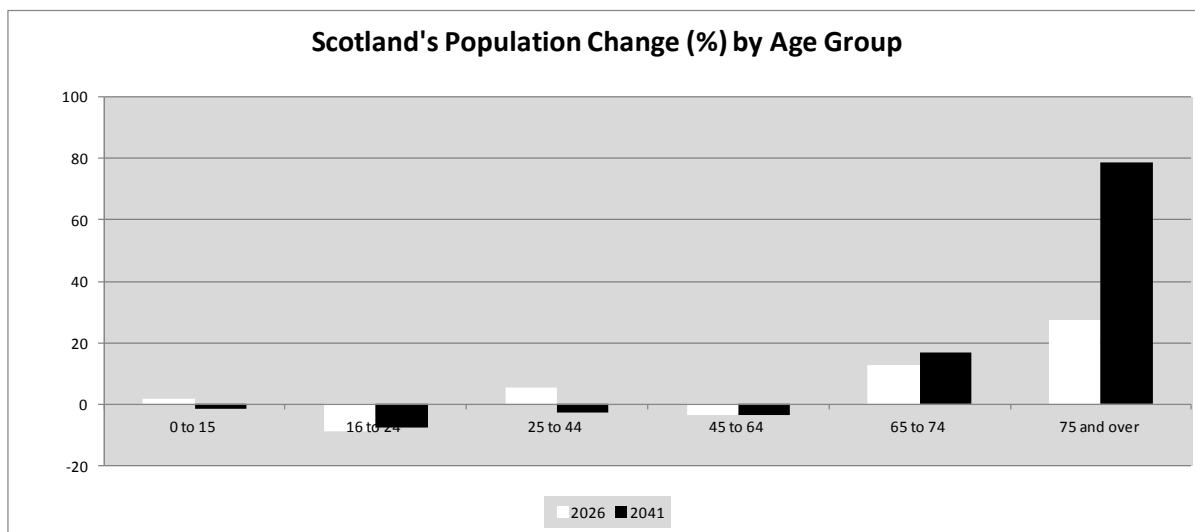
Source: NROS Data

The projected increase in the 75 and over categories to 2041 represents a staggering 79% on the 2016 population baseline figure.

These dynamics are likely to present challenges in terms of the demands placed by an increasingly elderly population for health and social care services in the future as well as the ability to build the required capacity across the working age categories to meet these increasing demands.

5.2   Lothian's Population Profile

In line with Scotland's projected population, the population across Lothian is also set to increase. The following table highlight the growth across individual Council areas as well as for the Lothian Health Board area as a whole.

Council areas	Population mid-2016	Population mid-2021	Population mid-2026	Population mid-2031	Population mid-2036	Population mid-2041
Scotland	5,404,700	5,508,461	5,578,822	5,635,061	5,670,895	5,693,201
City of Edinburgh	507,170	530,248	546,444	560,946	573,043	583,135
East Lothian	104,090	108,623	113,048	117,055	120,373	123,245
Midlothian	88,610	94,404	100,410	106,001	110,970	115,697
West Lothian	180,130	186,595	191,979	196,402	199,981	203,121

Source: NROS Data

NHS Board area	Population mid-2016	Population mid-2021	Population mid-2026	Population mid-2031	Population mid-2036	Population mid-2041
Lothian	880,000	919,870	951,881	980,404	1,004,367	1,025,198

Source: NROS Data

Collectively, the above data are plotted on the following graph. This clearly shows that across every area in Lothian, the projected workforce is set to increase at a rate far higher than that for the national average (5.3%). The projected growth for the City of Edinburgh Council area is 14.9%, while the projected increase for the Lothian HB area is 16.5%.

Source: NROS Data
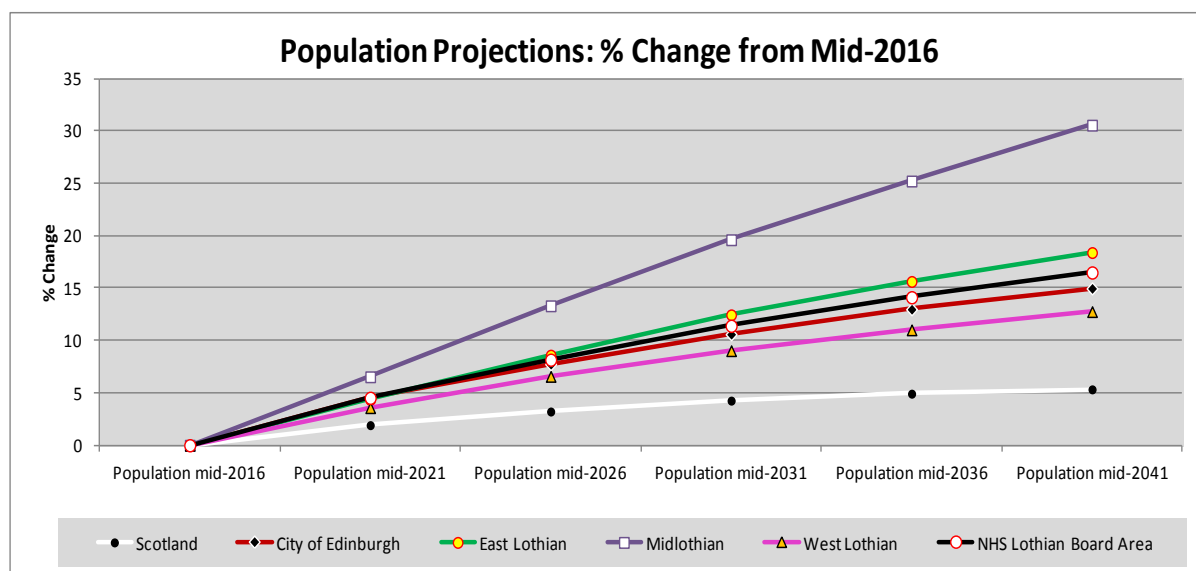
As with the national data, the population across Lothian will reflect a significant increase in its elderly population in the future. The following table shows the projected population change for the City of Edinburgh Council area split across 4 broad age categories.

City of Edinburgh (% change from 2016)	2021	2026	2031	2036	2041
Children (aged 0 to 15)	6.6	7.8	6.1	5.5	4.3
Working age	6.0	8.2	11.1	12.1	13.4
Pensionable age and over	-3.9	5.8	12.7	24.2	32.3
Aged 75 and over	4.8	22.3	37.0	56.9	77.7

Source: NROS Data

These changes are illustrated in the following chart. The eye is immediately drawn to the projected increases in the Aged 75 and over category, projecting an increase in excess of 77% to 2041.

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Population % Change from 2016: City of Edinburgh
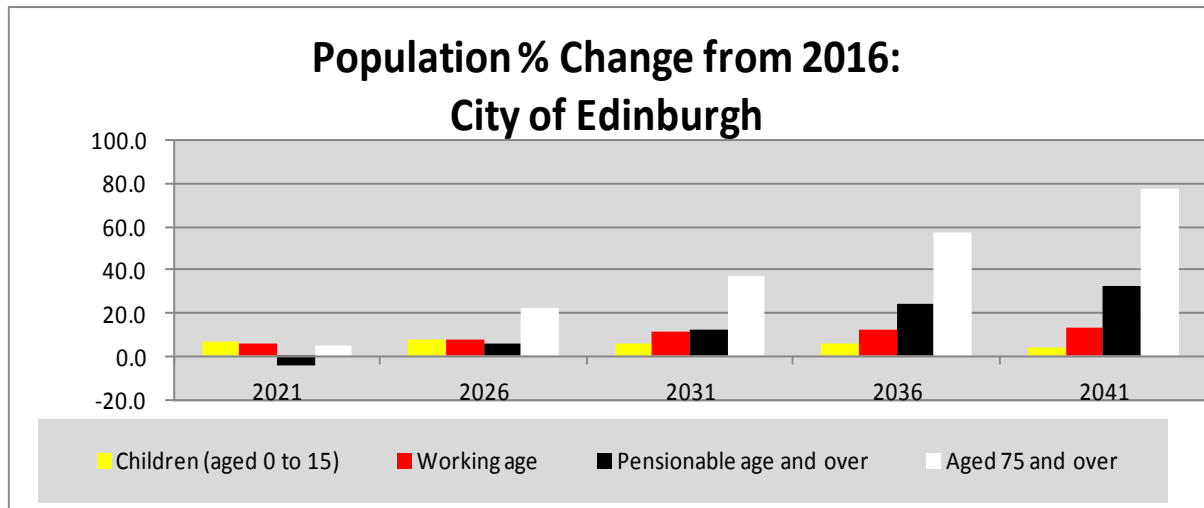
Source: NROS Data

Similar projected population changes are noted across the Lothian Health Board area as a whole.

Lothian Board Area (% change from 2016)	2021	2026	2031	2036	2041
Children (aged 0 to 15)	5.4	6.8	6.6	7.3	7.0
Working age	6.2	8.6	11.5	12.2	13.7
Pensionable age and over	-2.7	8.0	15.7	28.3	36.9
Aged 75 and over	9.9	30.4	46.1	67.9	91.6

Source: NROS Data

These changes are illustrated in the following chart

Population % Change from 2016: Lothian Board Area
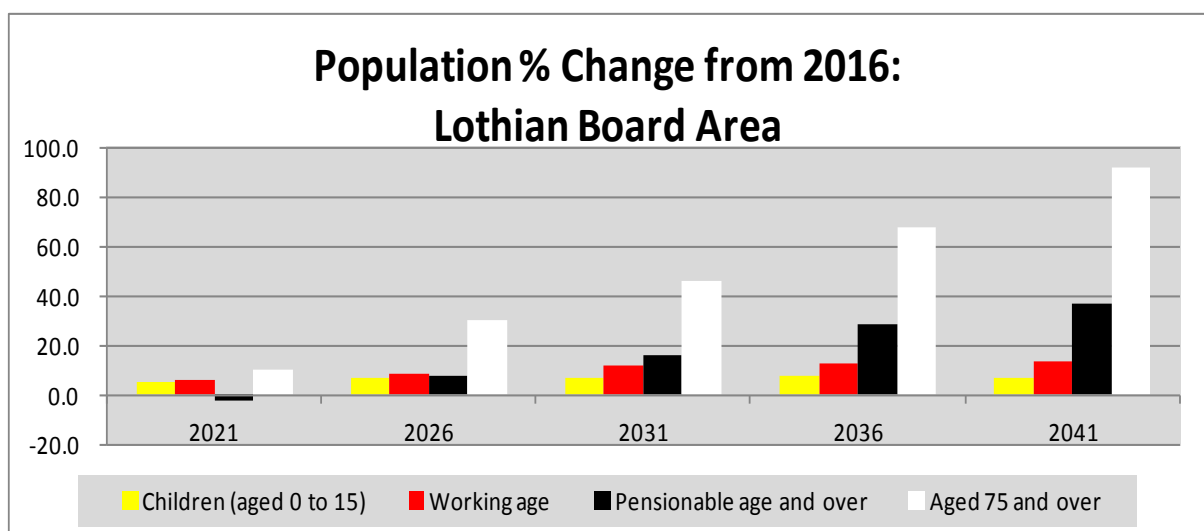
The preceding tables and charts demonstrate that the projected population across Edinburgh and the Lothian's is set to increase at a significantly higher rate than that for the country as a whole. Not only that, but the local population is also aging at a higher rate than for the country as a whole.

These projected changes will require careful and strategic planning to deliver a workforce capable of meeting the health and social care demands of a growing and increasingly aging population.

6. Our Workforce Profile

The following section sets out the size and characteristics of the Edinburgh Health and Social Care Partnership's (The Partnership) existing workforce.

As at July 2O18 Edinburgh H&SCP utilised a total of 4,119 wte (5,163 headcount). This workforce is split across 'Health' and 'Social Care' headings reflecting the employment status of the workforce within the partnership.

The workforce profile for the Edinburgh H&SCP is outlined in the table below showing the split across both health and social care components

6.1. WTE/ Headcount

	WTE	Headcount
Health	2178	1724.40
Social Care	2984	2394.77
EH&SCP Total	5162	4119.17

However it is possible to show the breakdown of this workforce in more detail. The following table shows the workforce profile across individual areas/ divisions for health and social care.

Area/ Division	Headcount	WTE
Health	**2178**	**1724.40**
Central Services	57	52.28
Edinburgh Partnership - Gms	168	129.45
Hospital + Hosted Services	944	755.68
North East Locality	245	177.49
North West Locality	172	140.09
South East Locality	198	158.95
South West Locality	234	177.53
Strategy, Planning & Quality	139	113.48
Gylemuir House (Nursing and GPs)	21	19.46
Social Care	**2984**	**2394.77**
Chief Social Work Officer Division (Old 8S)	10	8.74
Community Alarm Telecare Services (old 8DF)	39	37.35
Disability Services (old 8DD)	645	487.04
Health and Social Care Locality - North East	523	457.58
Health and Social Care Locality - North West	542	478.98
Health and Social Care Locality - South East	482	429.38
Health and Social Care Locality - South West	413	359.34
Other	13	8.94
Strategic Planning, Design and Innovation	11	9.62
Strategy Planning and Quality (Mental Health and Substance Misuse)	231	48.15
Gylemuir House (Social Care & Ancilliary)	75	69.64
Grand Total	**5162**	**4119.17**

The following pie chart plots the above data showing the percentage distribution of the workforce across the various divisions/ areas within the Partnership.

Once again this outlines the workforces across both health and social care.

Workforce WTE Distribution (%)

- Strategic Planning, Design and Innovation (Social Care) 0.23%
- Strategy Planning and Quality - MH& Substance Misuse (Social Care) 1.17%
- Gylemuir House (Social Care & Ancilliary) 1.69%
- Central Services (Health) 1.27%
- Other (Social Care) 0.22%
- Edinburgh Partnership - Gms (Health) 3.14%
- South West Locality (Social Care) 8.72%
- Hospital + Hosted Services (Health) 18.35%
- South East Locality -(Social Care) 10.42%
- North East Locality (Health) 4.31%
- North West Locality (Social Care) 11.63%
- North West Locality (Health) 3.40%
- South East Locality (Health) 3.86%
- South West Locality (Health) 4.31%
- North East Locality (Social Care) 11.11%
- Disability Services (Social Care) 11.82%
- Strategy, Planning & Quality (Health) 2.75%
- Gylemuir House (Nursing and GPs) 0.47%
- Community Alarm Telecare Services (Social Care) 0.91%
- Chief Social Work Officer Division (Social Care) 0.21%

We can also show the capacity across areas such as for each of the four Localities, appreciating the split across those employed by social care and those employed by health.

The following tables highlight the current capacity within each of our Localities.

North East Locality	Headcount	WTE
Health	245	177.49
Social Care	523	457.58
Total	**768**	**635.07**

North West Locality	Headcount	WTE
Health	172	140.09
Social Care	542	478.98
Total	**714**	**619.07**

South East Locality	Headcount	WTE
Health	198	158.95
Social Care	482	429.38
Total	**680**	**588.34**

South West Locality	Headcount	WTE
Health	234	177.53
Social Care	413	359.34
Total	**647**	**536.87**

Of course, it is possible to undertake a deeper dive with regards to these workforces. In section **7** we are able to share some specific work undertaken within the North West Locality Team which shows a more detailed workforce profile for their area of responsibility.

Going forward it would be useful to mirror this across the remaining 3 Localities.

6.2. Contract Type

The breakdown of the workforce in terms of full and part time working is shown in the table below

Area/ Division (based on headcount)	Full Time	Part Time	Total	% Part Time
Health	**983**	**1195**	**2178**	**54.87%**
Central Services	49	8	57	14.04%
Edinburgh Partnership - Gms	66	102	168	60.71%
Hospital + Hosted Services	403	541	944	57.31%
North East Locality	90	155	245	63.27%
North West Locality	91	81	172	47.09%
South East Locality	98	100	198	50.51%
South West Locality	98	136	234	58.12%
Strategy, Planning & Quality	80	59	139	42.45%
Gylemuir House (Nursing and GPs)	8	13	21	61.90%
Social Care	**1869**	**1115**	**2984**	**37.37%**
Chief Social Work Officer Division (Old 8S)	6	4	10	40.00%
Community Alarm Telecare Services (old 8DF)	34	5	39	12.82%
Disability Services (old 8DD)	409	236	645	36.59%
Health and Social Care Locality - North East	333	190	523	36.33%
Health and Social Care Locality - North West	382	160	542	29.52%
Health and Social Care Locality - South East	323	159	482	32.99%
Health and Social Care Locality - South West	270	143	413	34.62%
Other	7	6	13	46.15%
Strategic Planning, Design and Innovation	7	4	11	36.36%
Strategy Planning and Quality (Mental Health and Substance Misuse	38	193	231	83.55%
Gylemuir House (Social Care & Ancilliary)	60	15	75	20.00%
Grand Total	**2852**	**2310**	**5162**	**44.75%**

The above table shows that the Partnership's workforce predominantly works on a full-time basis. The table shows that overall 44.74% of the Partnership's workforce works on a part time basis (55.26% work full time).

EH&SCP: Full/ Part Time Profile
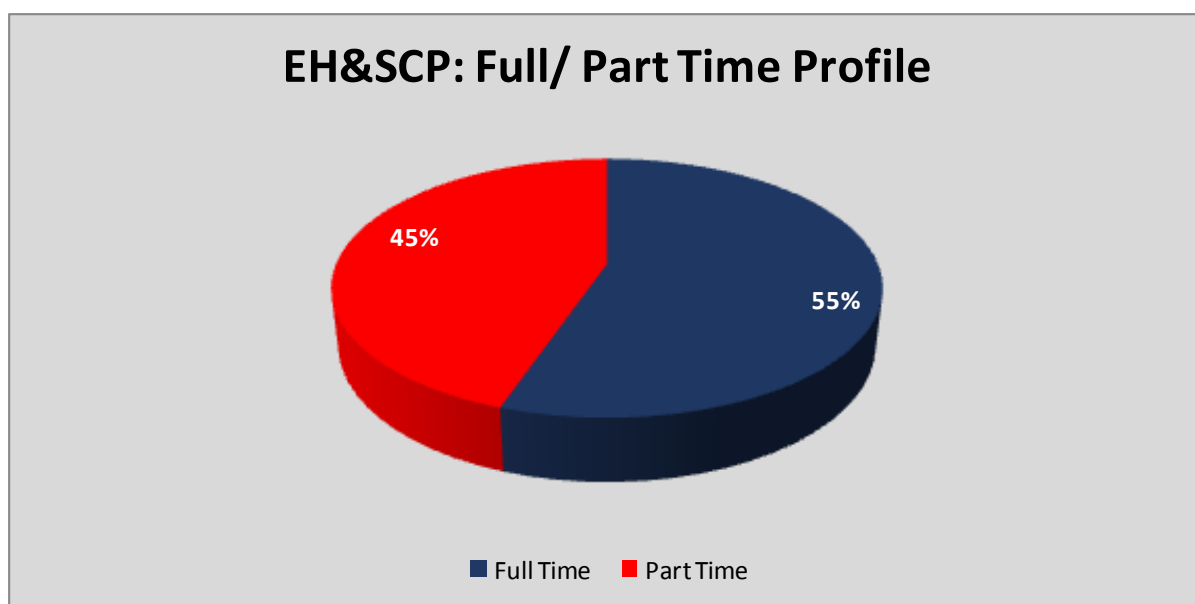
However, there is quite a variation within the partnership. For example across the Health workforce, 54.87% work on a part time basis. Conversely the table shows that the proportion of staff working full time across social care is considerably higher to that of its health workforce.

The above table also highlights some interesting comparisons across the 4 Locality areas (for both health and for social care) which may lend itself to further detailed workforce analysis at Locality level.

6.3.   Gender

The gender profile for the partnership is outlined in the table below (by headcount).

Gender Profile (Headcount)	Female	Male
Health	1826	352
Social Care	2291	693
Grand Total	4117	1045

This shows that the workforce is predominantly female, both across the individual health and social care workforces.

EH&SCP: Gender Profile

20%

80%
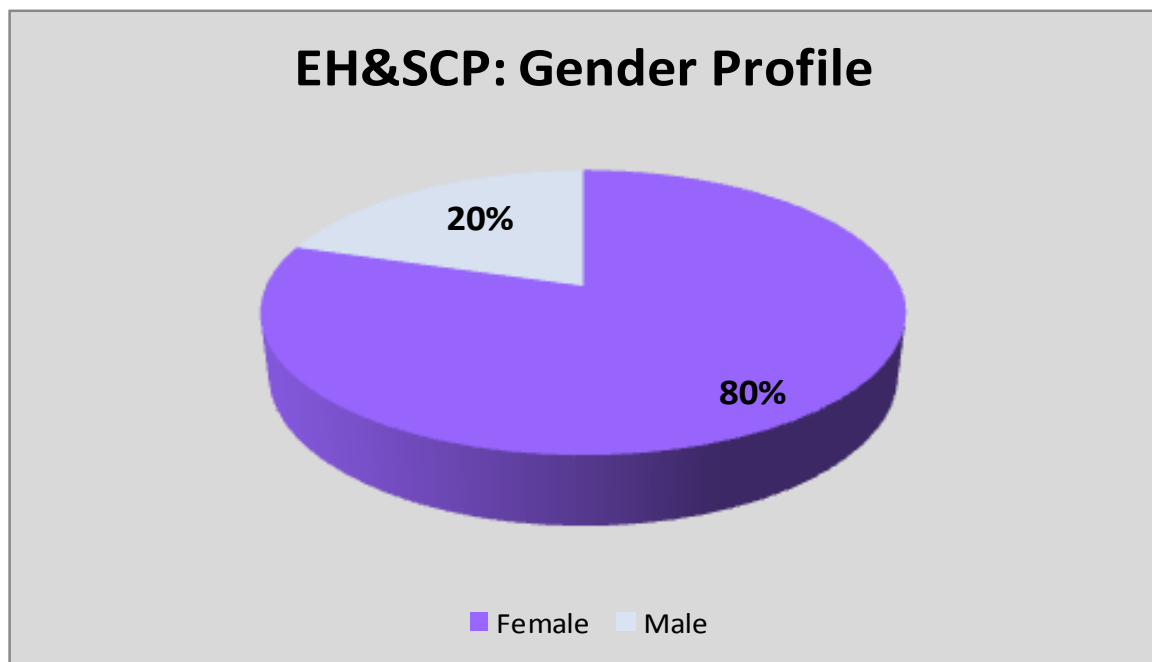
■ Female   ■ Male

The variation between the health and social care workforce components is illustrated in the bar chart below:

EH&SCP Gender Profile (by Health and Social Care)
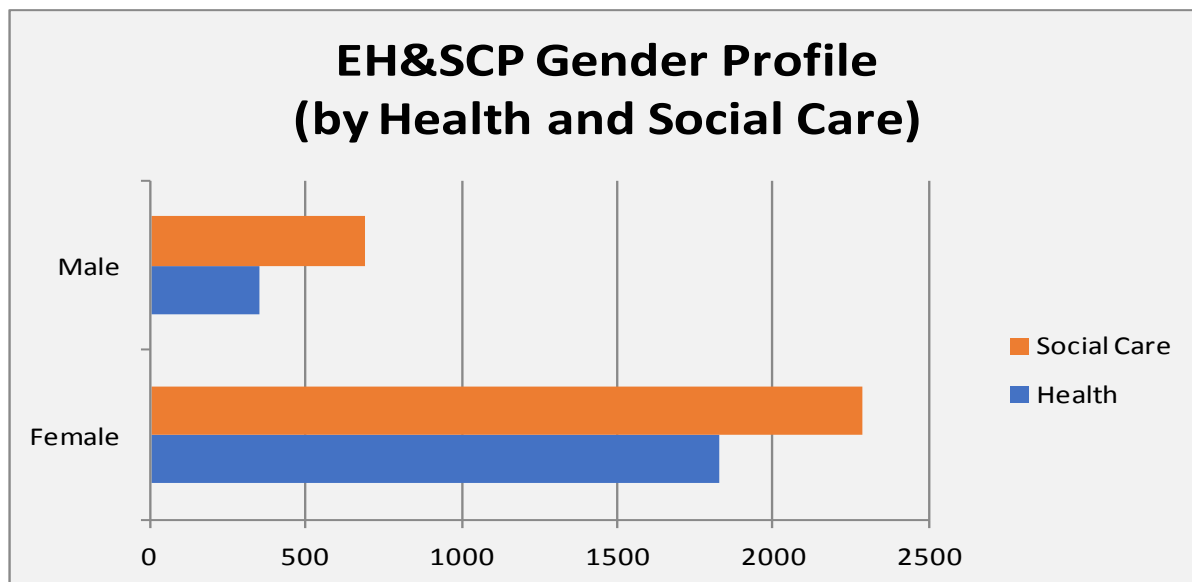
Across the health workforce, 83.34% are female. This is slightly less across the social care workforce where 76.78% of the workforce is female

The gender profile by service area/ division is further outlined in the table below.

Area/ Division (based on headcount)	Female	Male	Total	% Female
Health	**1826**	**352**	**2178**	**83.84%**
Central Services	47	10	57	82.46%
Edinburgh Partnership - Gms	144	24	168	85.71%
Hospital + Hosted Services	766	178	944	81.14%
North East Locality	217	28	245	88.57%
North West Locality	151	21	172	87.79%
South East Locality	187	11	198	94.44%
South West Locality	201	33	234	85.90%
Strategy, Planning & Quality	98	41	139	70.50%
Gylemuir House (Nursing and GPs)	15	6	21	71.43%
Social Care	**2291**	**693**	**2984**	**76.78%**
Chief Social Work Officer Division (Old 8S)	6	4	10	60.00%
Community Alarm Telecare Services (old 8DF)	20	19	39	51.28%
Disability Services (old 8DD)	397	248	645	61.55%
Health and Social Care Locality - North East	424	99	523	81.07%
Health and Social Care Locality - North West	442	100	542	81.55%
Health and Social Care Locality - South East	407	75	482	84.44%
Health and Social Care Locality - South West	349	64	413	84.50%
Other	10	3	13	76.92%
Strategic Planning, Design and Innovation	10	1	11	90.91%
Strategy Planning and Quality (Mental Health and Substance Misuse	168	63	231	72.73%
Gylemuir House (Social Care & Ancilliary)	58	17	75	77.33%
Grand Total	**4117**	**1045**	**5162**	**79.76%**

6.4.   Age Demographic

The age profile for the Partnership (all staff) is outlined in the table below. This clearly depicts a shift towards the right of the chart indicating a proportionally aging workforce
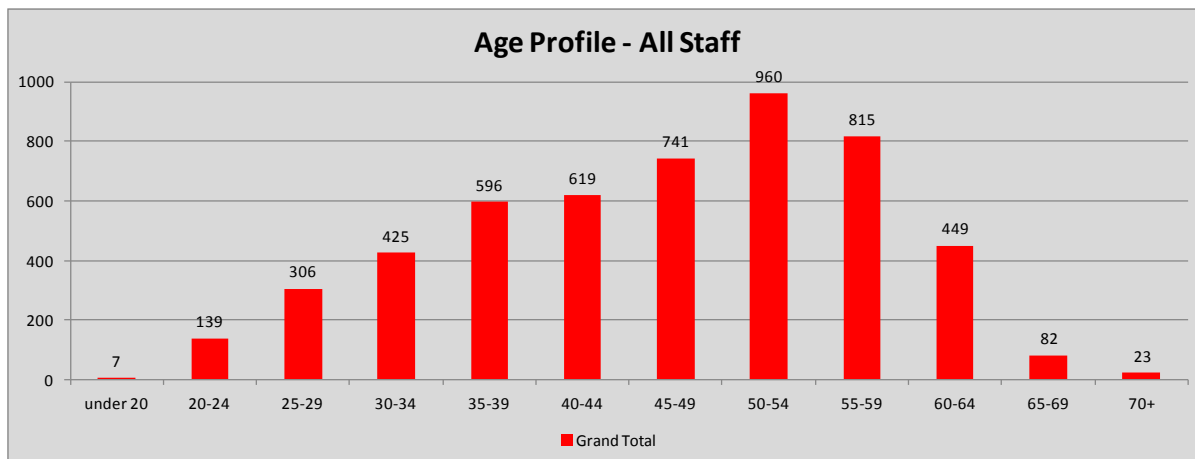
It also shows where the biggest concentration of staff lie, by age group. For example:

- The largest category of staff fall within the 50-54 years of age category
- The second largest category of staff sit within the 55-59 years of age category
- The third largest category of staff is the 45-49 years of age category
- These three categories alone account for 49% of the Partnership's workforce

Once again the above data can also be mapped for both the health and social care components of the overall workforce. This is detailed in the table below.

Age Profile (by headcount)	under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Grand Total
Health	3	60	146	211	240	293	303	409	311	157	30	15	2178
Social Care	4	79	160	214	356	326	438	551	504	292	52	8	2984
Grand Total	7	139	306	425	596	619	741	960	815	449	82	23	5162

This can be better illustrated in the following bar chart, again by headcount.
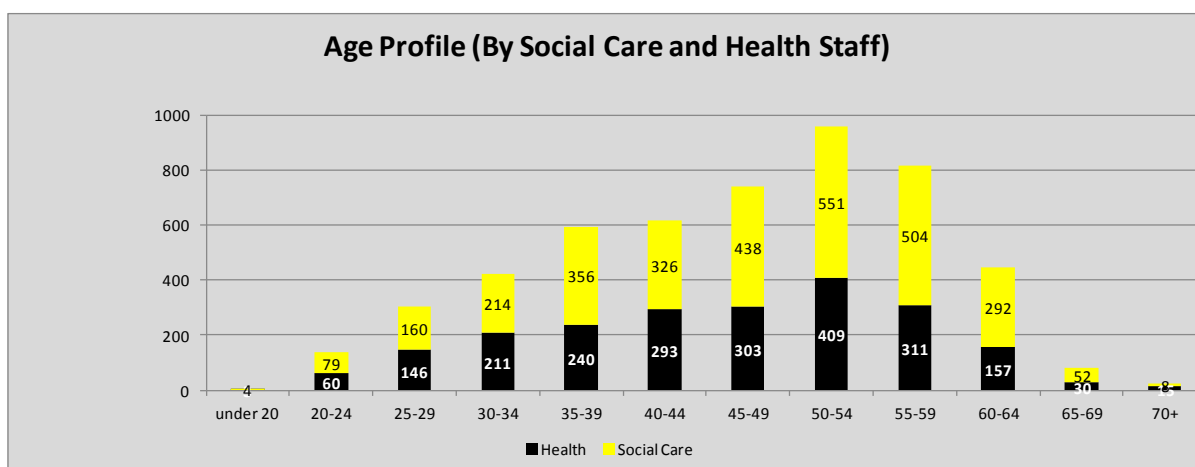
The social care workforce profile shows a significantly aging workforce profile compared to that for health. This may suggest that different strategies or solutions may be required for different parts of the Partnership's workforce.

The data can also be shown on a cumulative basis. The chart below shows the proportion of the workforce through the age categories.
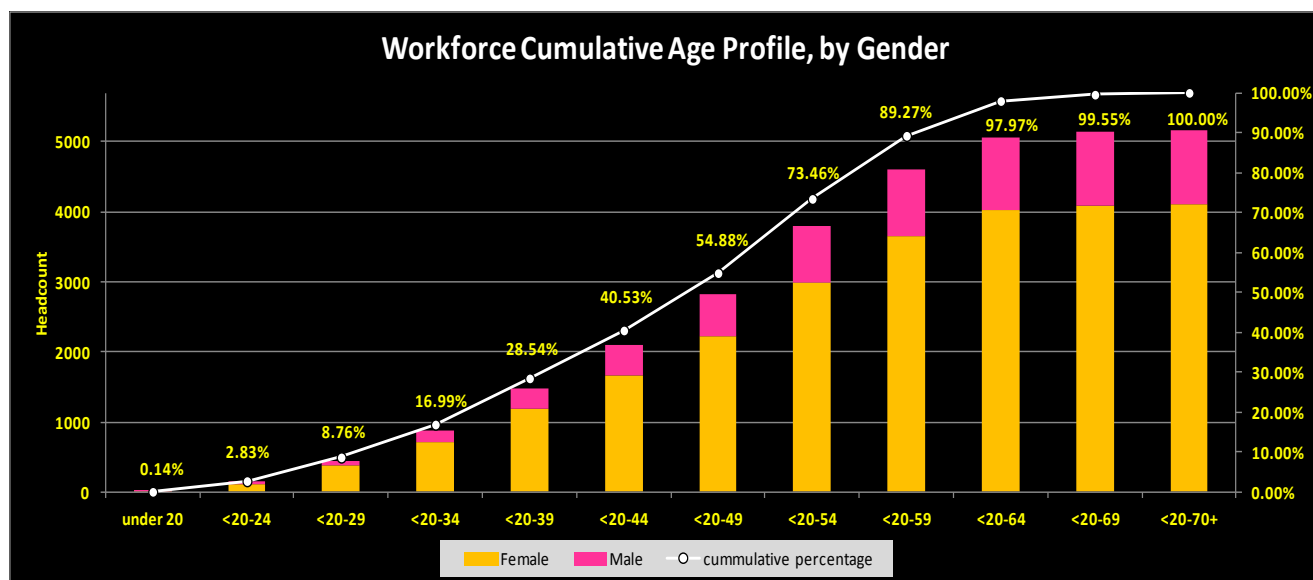
The above chart illustrates some interesting traits within the Partnership's current workforce.

It highlights that overall, 54.88% of the workforce are under the age of 50 years of age.

It also highlights a potential issue re supply in that currently only 8.76% of the workforce are under 30 years of age.

Given that we know that national demographic projections indicate a reduced capacity within the working age groups; this could pose considerable capacity and supply problems in the future

6.5. Grade/ Band Profile

The following tables plot the bands/ grades for the workforce across health and social care.

	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	8A	8B	8C	8D	Medical	TUPE	Grand Total
Health	**2**	**452**	**209**	**113**	**570**	**462**	**168**	**32**	**16**	**5**	**1**	**128**	**20**	**2178**
Central Services			2	3	20	5	9	2	3	2	1	10		57
Edinburgh Partnership - Gms	1	38	13	6	3	34	6	1				46	20	168
Hospital + Hosted Services	1	340	50	53	254	118	55	8	6	3		56		944
North East Locality		15	30	25	63	65	38	4	2			3		245
North West Locality		4	18	4	77	55	9		2			3		172
South East Locality		12	27	8	58	70	15	4	1			3		198
South West Locality		8	40	3	76	76	24	4	1			2		234
Strategy, Planning & Quality		26	28	11	9	39	12	9	1			4		139
Gylemuir House (Nursing and GPs)		9	1		10							1		21
Grand Total	**2**	**452**	**209**	**113**	**570**	**462**	**168**	**32**	**16**	**5**	**1**	**128**	**20**	**2178**

The largest cohorts of staff within the health workforce are employed at Band 2, Band 5 and Band 6 levels. Collectively this accounts for 68% of the health workforce cohort. Staff members within Bands 1-4 represent approximately 36% of the health workforce within the Partnership. It also suggests that we may in fact look upon the table representing 2 distinct workforces in that there may be little or no opportunity for staff currently within Bands 1-4 to move up into Band 5 and above.

The following table outlines the grade profile for the social care employed staff within the Partnership.

	GR1	GR2	GR3	GR4	GR5	GR6	GR7	GR8	GR9	GR10	GR11	GR12	JNC72	Unknown	Grand Total
Social Care	**108**	**14**	**588**	**1352**	**130**	**189**	**359**	**181**	**26**	**10**	**3**	**3**	**2**	**19**	**2984**
Chief Social Work Officer Division (Old 8S)					1			7	1		1				10
Community Alarm Telecare Services (old 8DF)				32	4		2	1							39
Disability Services (old 8DD)	3		14	455	5	125	32	5	5	1					645
Health and Social Care Locality - North East	30	4	154	206	18	16	62	16	5	1				11	523
Health and Social Care Locality - North West	23	4	174	206	19	17	73	17	6	1				2	542
Health and Social Care Locality - South East	23	4	107	205	25	13	77	20	2	3		1		2	482
Health and Social Care Locality - South West	17	1	105	181	16	8	61	17	2	2		1		2	413
Other				2			2	1	1	2	1		2	2	13
Strategic Planning, Design and Innovation							1	9			1				11
Strategy Planning and Quality (Mental Health and Substance Misuse)				44	41	7	48	87	3			1			231
Gylemuir House (Social Care & Ancilliary)	12	1	34	21	1	3	1	1	1						75
Grand Total	**108**	**14**	**588**	**1352**	**130**	**189**	**359**	**181**	**26**	**10**	**3**	**3**	**2**	**19**	**2984**

The largest cohorts of staff within the social care workforce are employed at Grade 3, Grade 4 and Grade 7 levels. Collectively this accounts for 77% of the health workforce cohort. This may indicate the potential for some flexibility around future skill mix.

It is also possible to consider the grade profile as split across the male and female workforce

Health

Health	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	8A	8B	8C	8D	Medical	TUPE	Grand Total
Female	1	364	184	88	510	391	147	23	13	4	1	80	20	1826
Male	1	88	25	25	60	71	21	9	3	1		48		352
Grand Total	2	452	209	113	570	462	168	32	16	5	1	128	20	2178

- Approximately 35% of the female workforce is employed between Band 1 and Band 4.
- The total number of women in Bands 5-8D, plus medical grades, represents 54% of the total Health workforce within the Partnership

Social Care

Social Care	GR1	GR2	GR3	GR4	GR5	GR6	GR7	GR8	GR9	GR10	GR11	GR12	JNC72	Unknown	Grand Total
Female	72	1	509	1027	101	131	276	131	19	7	1	1	2	13	2291
Male	36	13	79	325	29	58	83	50	7	3	2	2		6	693
Grand Total	108	14	588	1352	130	189	359	181	26	10	3	3	2	19	2984

- 80% of the female social care workforce is employed between Grade 1 and Grade 6
- The female workforce accounts for 77% of the total Social Care workforce.

6.6.   Sickness/ absence levels

Edinburgh H&SCP Absence Rates (As at Aug 2018)

Staff absence, while inevitable, can be costly to the Partnership, both in terms of the loss of skilled and experience workforce but also in terms of the cost of temporarily filling those gaps, be they on a short or long-term basis.

It can also be used as a barometer of the health of the organisation where absence is monitored over a period of time. Spikes in absence rates may reflect aspects of a disruptive culture or where systems are failing to cope with demand. Monitoring absence rates is therefore a necessary but useful process when taking forward workforce planning activities

Presently, sickness/ absence rates are calculated separately using different systems and reports for health (SSTS) and for social care (Business Hub).

The following outlines the overall absence rates (includes short and long-term absence) for the Partnership showing individual figures for health and for social care (Jan – Sept 2018).

Total Absence Rates for Edinburh Partnership (CEC and Health)
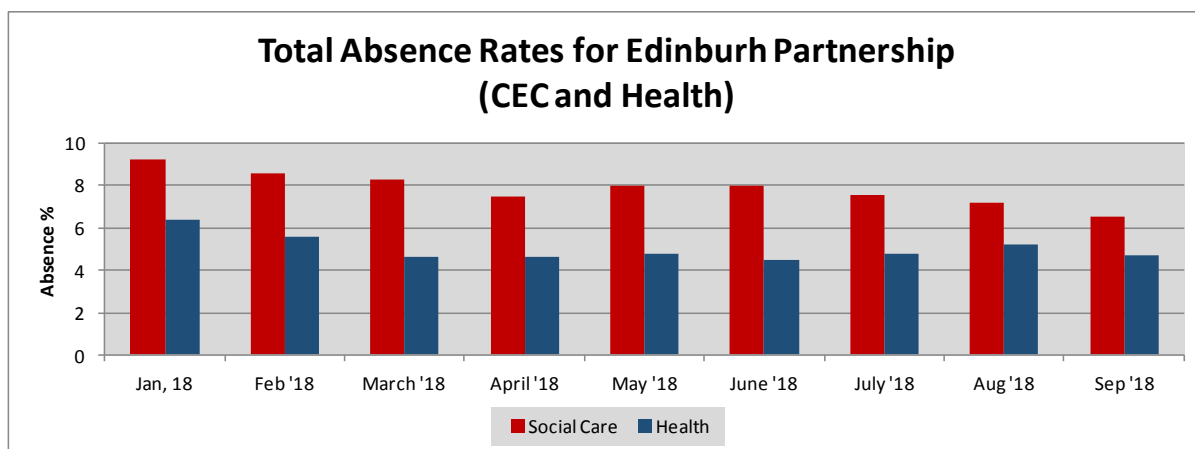
Reasons for Absence

Across the Partnership there are many reasons attributed to staff absence. However the main reasons provided for absence include:

- Cold, cough, influenza
- Gastro-intestinal
- Stress, depression
- Musculo-skeletal
- Infections

7. North West Locality Workforce Profile

7.1. Headcount/WTE

The North West Locality Team consists of a total of 714 (619.07 wte) staff. This includes both health and social care employees. The following table outlines the breakdown across its constituent parts.

Note: For the purposes of this report, the Gylemuir workforce is no longer included within the North West Locality profile (96 Headcount/ 89.10 wte).

North West Locality	WTE	Headcount
NW: Social Care	**478.98**	**542**
HSLCNH Locality Hub	122.27	131
HSLCNM Mental Health and Substance Misuse	19.63	21
HSLCNS Locality Cluster 1 - (Bridge)	179.74	204
HSLCNT Locality Cluster 2 - (Tower)	157.34	186
NW: Health	**140.09**	**172**
Cluster 1 Older People's Mental Health	25.58	31
Cluster 1: District Nursing	33.54	41
Cluster 2: District Nursing	37.95	45
Hub: AHPs	6.57	8
Locality Management	2.80	3
Mental Hlth & Subs. Misuse	33.65	44
Grand Total	**619.07**	**714**

7.2. Gender Profile

The gender profile for NW Locality showing headcount and wte is outlined in the table below.

North West Locality	WTE	Headcount
Female (Social Care)	383.86	443
Male (Social Care)	95.11	99
Female (Health)	122.30	151
Male (Health)	17.80	21

As with many other service areas, the data contained in the above table clearly shows the significant proportion of the workforce capacity that are female.

This data can also be presented diagrammatically. The following chart outlines the percentage breakdown of male and female staff employed across both social care and health within the Locality

NW Locality: Gender Breakdown (WTE%)

- Female (Social Care)
- Male (Social Care)
- Female (Health)
- Male (Health)

3%
20%
15%
62%
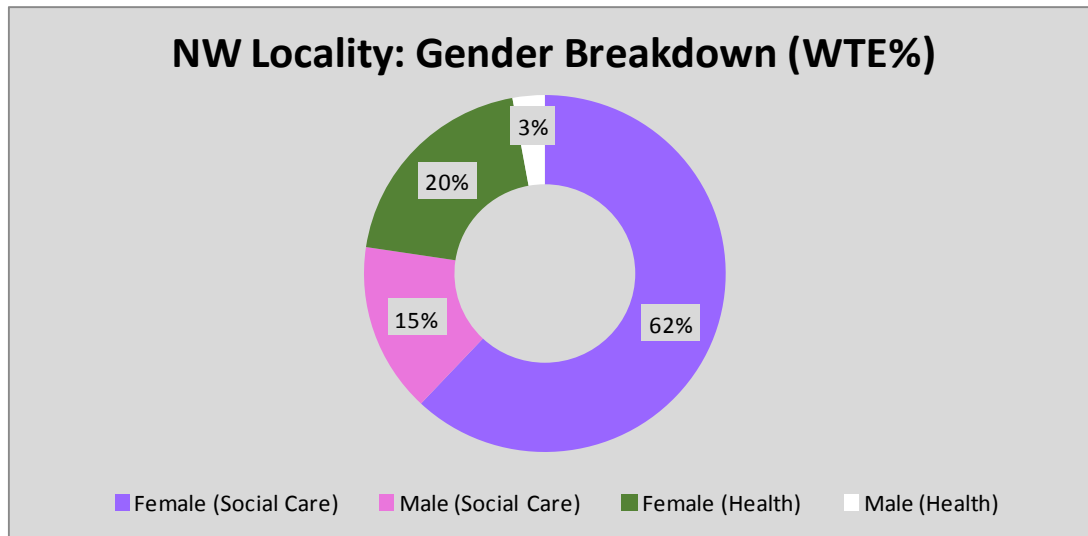
7.3.   Grade/ Band Profile

The table below plots the NW Locality workforce by Grade/ band and by wte/ headcount.

North West Locality	WTE	Headcount
Social Care- Grades		
GR1	19.66	23
GR2	4.00	4
GR3	143.27	174
GR4	191.39	206
GR5	17.76	19
GR6	16.06	17
GR7	64.61	73
GR8	15.24	17
GR9	6.00	6
GR10	1.00	1
Unknown	0.00	2
Health - Bands		
2	3.12	4
3	14.48	18
4	3.43	4
5	62.93	77
6	45.38	55
7	8.06	9
8B	2.00	2
Medical	0.70	3
Grand Total	**619.07**	**714**

The table clearly shows the significant proportion of staff employed across Grades 3, 4 and 7 as well as across Bands 5 and 6.

These five Grade/ Band groups account for 82% of the North West Locality's workforce.

7.4. Age Profile

The following tables clearly indicate the aging profile of the North West Locality workforce. These split the data across both health and social care employed staff, by gender and finally present the data showing the cumulative aging effect on the Locality's workforce profile.

NW Age Profile (by Social Care and Health)

NW Locality: Age Profile by Gender
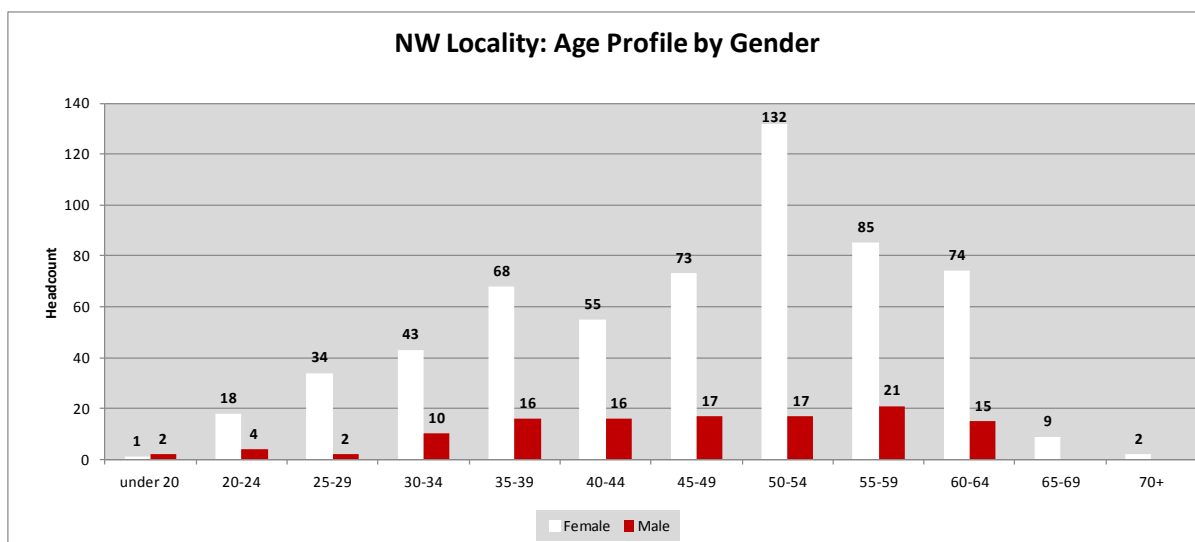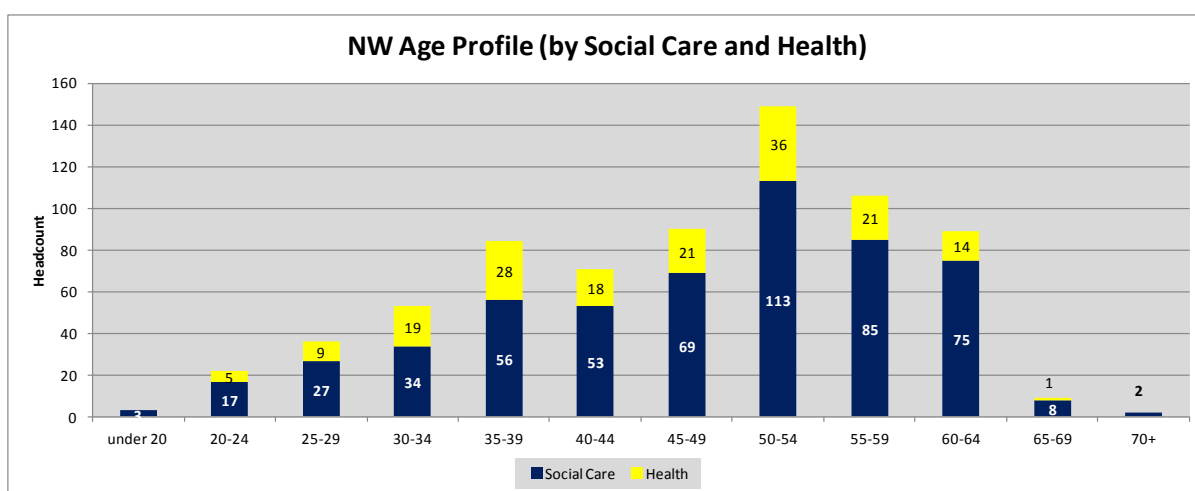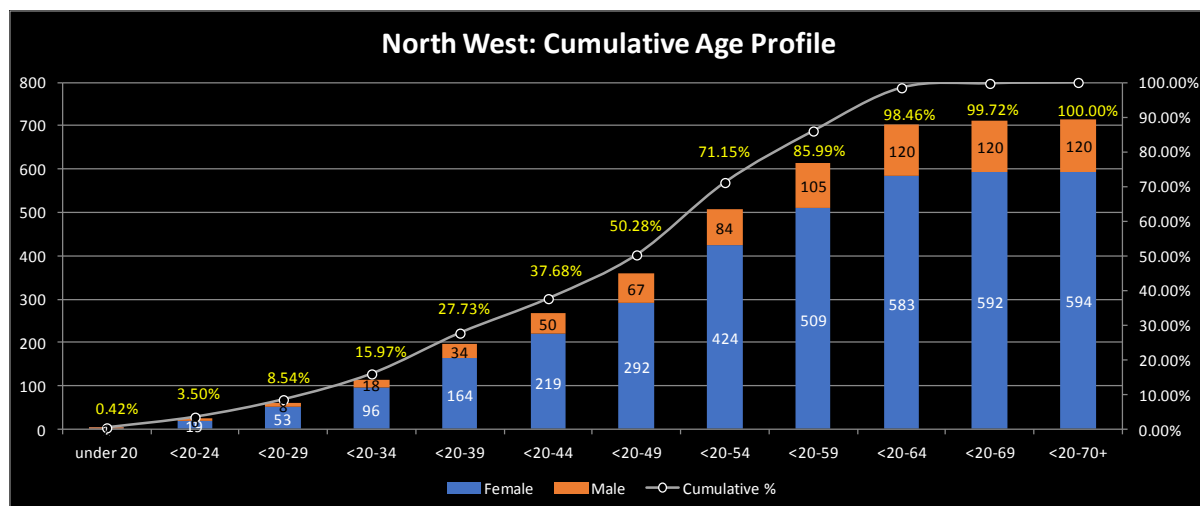
The above table bears a striking resemblance to that offered for the whole of the Edinburgh Partnership's workforce in section 6.4.

7.5.   Age and Grade Profile

Finally, the age profile is plotted against the grade profile that provides the following detailed table for the North West Locality workforce.

	under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Grand Total
Bands (Health)													
2				1	2				1				4
3			2	1	3	1		5	2	4			18
4						2	2						4
5		5	7	15	12	7	8	8	8	6	1		77
6				2	9	5	10	19	7	3			55
7					2	1	1	3	1	1			9
8B									2				2
Medical						2	1						3
Grades (Social Care)													
GR1		1		1	2	3	3	3	7	2	1		23
GR2							1	1	1	1			4
GR3	3	12	12	7	14	15	22	40	23	24	2		174
GR4		3	10	13	18	19	22	46	33	36	4	2	206
GR5					1		4	7	2	5			19
GR6			2	2	2	1	2	4	2	2			17
GR7		1	3	9	16	11	9	9	11	3	1		73
GR8				2	3	2	2	2	4	2			17
GR9						1	4			1			6
GR10								1					1
Unknown									2				2
Grand Total	**3**	**22**	**36**	**53**	**84**	**71**	**90**	**149**	**106**	**89**	**9**	**2**	**714**

7.6. Area of Residence

The table below outlines the area of residence for the whole of the North West Locality's workforce. This clearly shows that the current workforce largely resides in the City of Edinburgh council area.

Council Area	Headcount	% of NW Workforce
City of Edinburgh	570	79.83%
Clackmannanshire	1	0.14%
East Lothian	20	2.80%
Falkirk	12	1.68%
Fife	25	3.50%
Midlothian	18	2.52%
North Ayrshire	1	0.14%
North Lanarkshire	1	0.14%
Renfrewshire	1	0.14%
Scottish Borders	5	0.70%
Unknown	11	1.54%
West Lothian	49	6.86%
Grand Total	714	

Again, this data can be presented in the form of a pie chart showing the influence that the City of Edinburgh currently has in terms of NW Locality's workforce. This is important in that this may influence any 'local; solutions, for example with any recruitment drive. However this may shift in the future, particularly with the high employment rates and high cost of living associated with Edinburgh.

NW Locality: Area of Residence
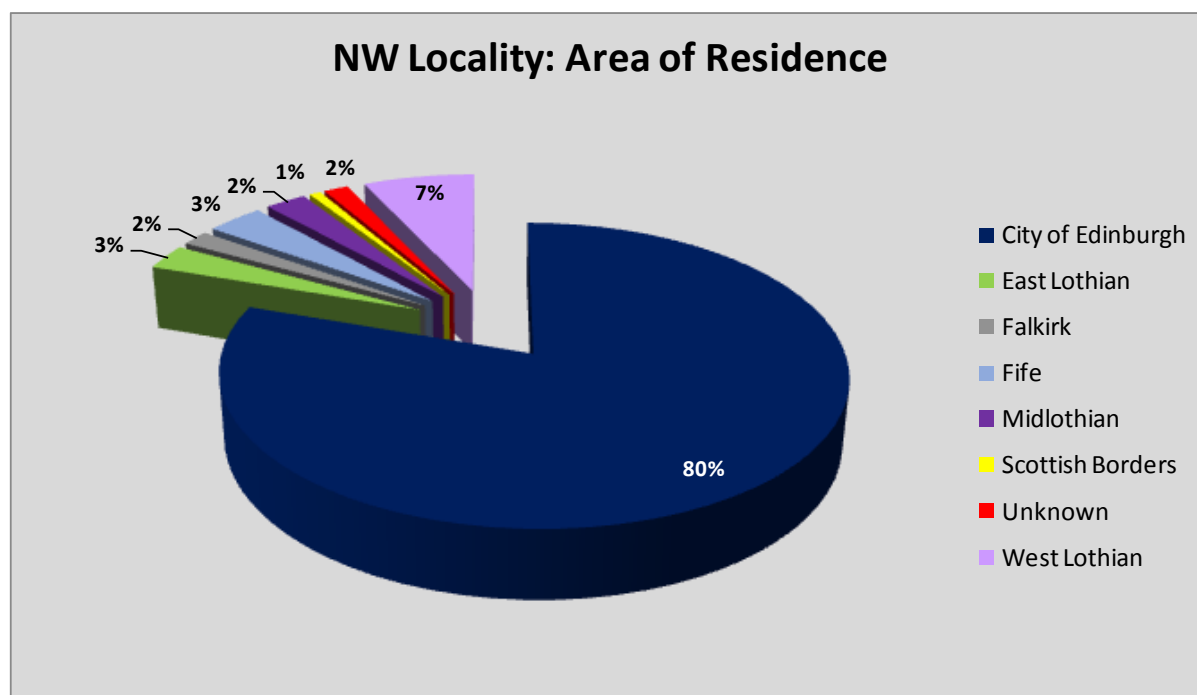
7.7.   Other Workforce Data and Analysis

At this stage it is worthwhile considering further detailed analysis on particular 'hotspots' within the partnership. For the purposes of this report we aim to highlight further data and intelligence on the following service areas/ workforce groups:

- Care Homes (NHS)
- Home Care service
- District Nursing

7.8.   CARE HOMES

There are 2 Care Homes managed under the auspices of North West Locality. These are:

- Royston Cluster 1 (Bridge)
- Drumbrae Cluster 2 (Tower)

The following table outlines the Care Home workforce in terms of capacity by WTE and Headcount. The table also notes the high proportion of staff employed on a full time basis.

7.8.1. Headcount/WTE

North West Locality: CARE HOMES (Excl Gylemuir)	Headcount	WTE	% WTE
HSLCNS Locality Cluster 1 - North West (Bridge)	78	74.28	95.23%
HSLCNT Locality Cluster 2 - North West (Tower)	86	79.11	91.99%
NW Care Home Total	**164**	**153.39**	**93.53%**

7.8.2. Age Profile

The table below illustrates the age profile for both Care Homes within the North West Locality. Like other service areas, the highest cohort for both Care Homes is within the 50-54 age category.
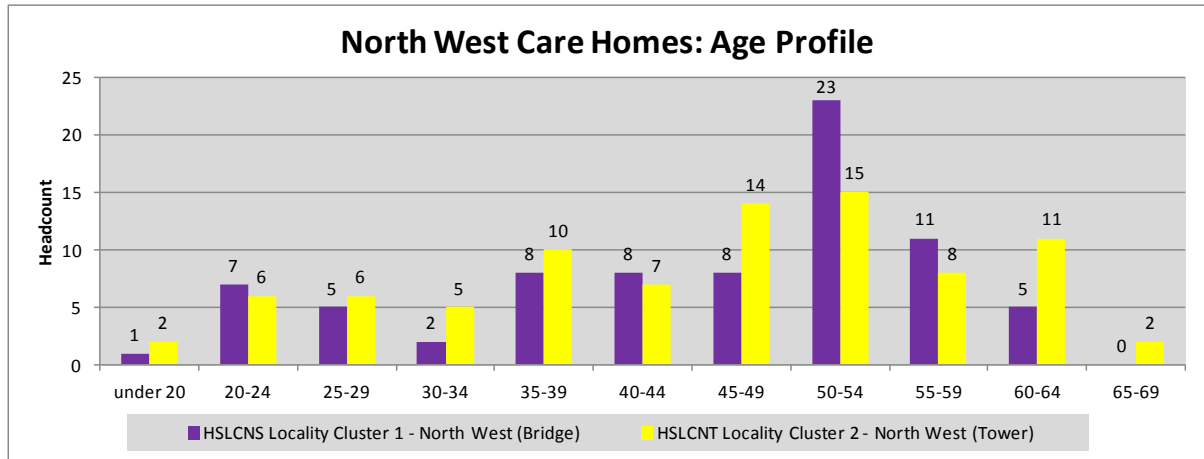
7.8.3. Grade Profile

The following table shows the grade profile across both Care Homes within the North West Locality

Care Homes by Grade	GR1	GR2	GR3	GR4	GR6	GR7	GR9	Grand Total
HSLCNSC Care Homes (Locality Cluster 1: Bridge)	10	2	37	20	7	1	1	78
HSLCNTC Care Homes (Locality Cluster 2: Tower)	12	2	42	20	8	1	1	86
Grand Total	22	4	79	40	15	2	2	164
Grade as % of Total Workforce	13.41%	2.44%	48.17%	24.39%	9.15%	1.22%	1.22%	100.00%

As the bar chart below indicates, the majority of staff are employed at Grades 3 and 4, accounting for 73% of the Care Home workforce.
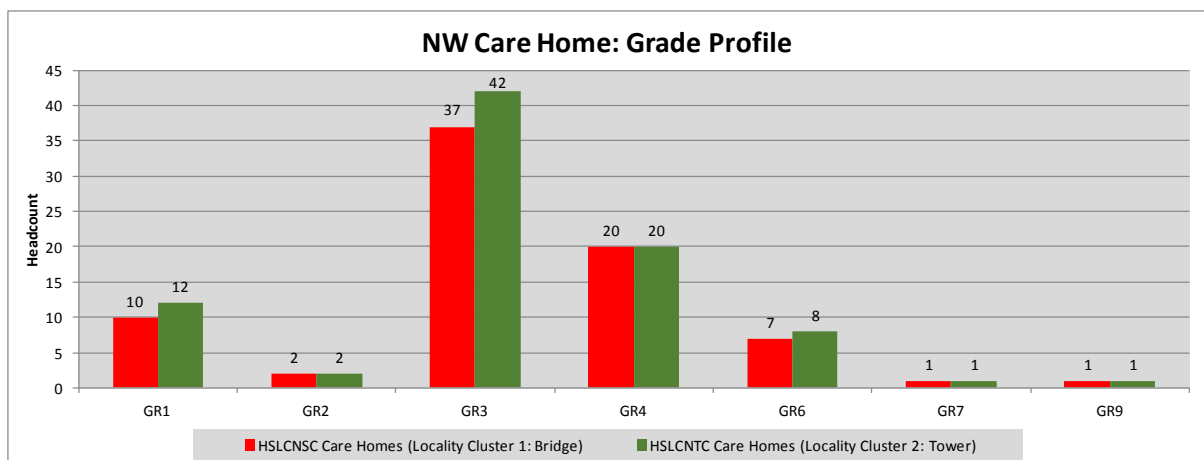
7.8.4. Gender Profile

The table below outlines the gender profile across both Care Homes. Unsurprisingly, the female workforce accounts for approximately 77% of the total Care Home workforce in North West Locality

Care Homes: Gender Profile	Female	Male	Total
HSLCNSC Care Homes (Locality Cluster 1: Bridge)	58	20	78
HSLCNTC Care Homes (Locality Cluster 2: Tower)	68	18	86
Grand Total	126	38	164

The overall gender profile can be illustrated in the following pie chart.
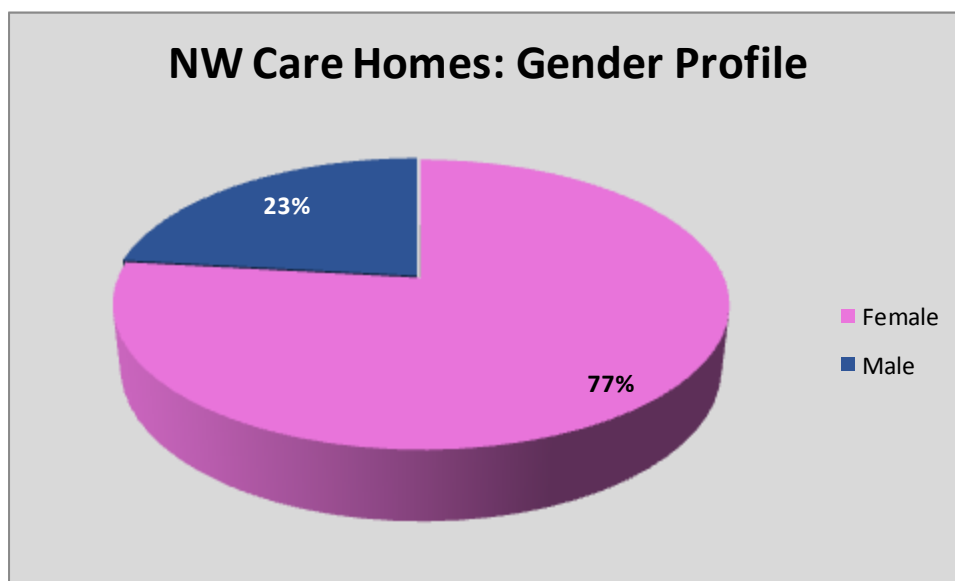
7.8.5. Area of Residence

Data on the area of residence for Care Home staff within North West Locality is outlined in the table below.

	City of Edinburgh	East Lothian	Falkirk	Fife	Midlothian	Scottish Borders	West Lothian	Unknown	Grand Total
HSLCNSC Care Homes (Locality Cluster 1: Bridge)	66	4	2		3	1	1	1	78
HSLCNTC Care Homes (Locality Cluster 2: Tower)	63	1		7	5	1	9		86
Grand Total	129	5	2	7	8	2	10	1	164

This clearly demonstrates that currently the vast majority of NW's care home staff reside within the City of Edinburgh (79%).

The data held in the above table can be split across individual Care Homes in order to match the type and level of role with the current staff' area of residence.

	City of Edinburgh	East Lothian	Falkirk	Fife	Midlothian	Scottish Borders	West Lothian	Unknown	Grand Total
HSLCNSC Care Homes (Locality Cluster 1: Bridge)	**66**	**4**	**2**		**3**	**1**	**1**	**1**	**78**
HSLNSCG/8SC547 Social Care Assistant - Days	1								1
HSLCNSCR/8SC550 Catering Assistant	3								3
HSLCNSCR/8SC549 Domestic Support Assistant	6			1					7
HSLCNSCR/8SC548 Social Care Assistant - Nights	9	1					1		11
HSLCNSCR/8SC547 Social Care Assistant - Days	22				1				23
HSLCNSCR/8SC531 Depute Manager - Care Home for Older People		1							1
HSLCNSCR/8SC529 Team Leader - Nights (60 Bedded Unit)	1								1
HSLCNSCR/8SC528 Team Leader - Days	4				1	1			6
HSLCNSCR/8SC199 Social Care Worker - Homes for Older People - Nights	6				1				7
HSLCNSCR/8SC198 Social Care Worker - Homes for Older People - Days	10	2							12
HSLCNSCR/8SC157 Porter/Handyperson	2								2
HSLCNSCR/8SC135 Manager (Care Home for Older People)				1					1
HSLCNSCR/8SC078 Cook	1							1	2
HSLCNSCR/8SC077 Senior Cook	1								1
HSLCNTC Care Homes (Locality Cluster 2: Tower)	**63**	**1**		**7**	**5**	**1**	**9**		**86**
HSLCNTCD/8SC550 Catering Assistant	2						1		3
HSLCNTCD/8SC549 Domestic Support Assistant	7			1			1		9
HSLCNTCD/8SC548 Social Care Assistant - Nights	11				1		2		14
HSLCNTCD/8SC547 Social Care Assistant (Days)	1								1
HSLCNTCD/8SC547 Social Care Assistant - Days	20			2			4		26
HSLCNTCD/8SC531 Depute Manager - Care Home for Older People	1								1
HSLCNTCD/8SC529 Team Leader - Nights (60 Bedded Unit)		1							1
HSLCNTCD/8SC528 Team Leader - Days	5			1	1				7
HSLCNTCD/8SC199 Social Care Worker - Homes for Older People - Nights	4			1					5
HSLCNTCD/8SC198 Social Care Worker - Homes for Older People - Days	11			2			1		14
HSLCNTCD/8SC157 Porter/Handyperson	1				1				2
HSLCNTCD/8SC135 Manager (Care Home for Older People)						1			1
HSLCNTCD/8SC078 Cook						1			1
HSLCNTCD/8SC077 Senior Cook						1			1
Grand Total	**129**	**5**	**2**	**7**	**8**	**2**	**10**	**1**	**164**

This is information is potentially helpful as it outlines where to focus efforts regarding future recruitment of staff by determining the most effective recruitment strategies, whether they be local or more broad in their scope.

Local information is critical in knowing where to target capacity building strategies. North West Locality recently undertook a local targeted approach to filling vacancies at both Care Homes. With support from the *Recruitment Coordination Team*, interviews were held in the respective Care Homes which was felt to be an important factor in encouraging people to take up any respective offer of employment.

This new approach proved to be successful where previous recruitment efforts had largely drawn a blank, resulting in vacancies having to be plugged by agency staff at considerable cost.

7.9. Home Care

7.9.1. Headcount/WTE

The following table outlines the Home Care workforce in terms of capacity by WTE and Headcount. The table also notes the relatively high proportion of staff employed on a full-time basis.

Home Care	Headcount	WTE	% WTE
HSLCNHH Hub Services/ Reablement (NW)	83	76.72	92.43
HSLCNSH Home Care (NW Cluster 1 - Bridge)	108	91.27	84.51
HSLCNTH Home Care (NW Cluster 2 - Tower)	81	64.03	79.05
Grand Total	272	232.02	85.30

7.9.2. Age Profile

The table below illustrates the age profile for Home Care services within the North West Locality. Like other service areas, the highest cohort is within the 50-54 age category for Home Care services in the North West Locality

NW Homw Care - Age Profile	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Grand Total
HSLCNHH Hub Services (NW)	1	3	7	7	7	13	16	15	14			83
HSLCNSH Home Care (NW Cluster 1 - Bridge)	1	5	6	10	13	7	23	20	17	4	2	108
HSLCNTH Home Care (NW Cluster 2 - Tower)		6	3	5	7	6	19	16	18	1		81
Grand Total	2	14	16	22	27	26	58	51	49	5	2	272

The above data can also be represented in the following bar chart.

NW Home Care - Age Profile
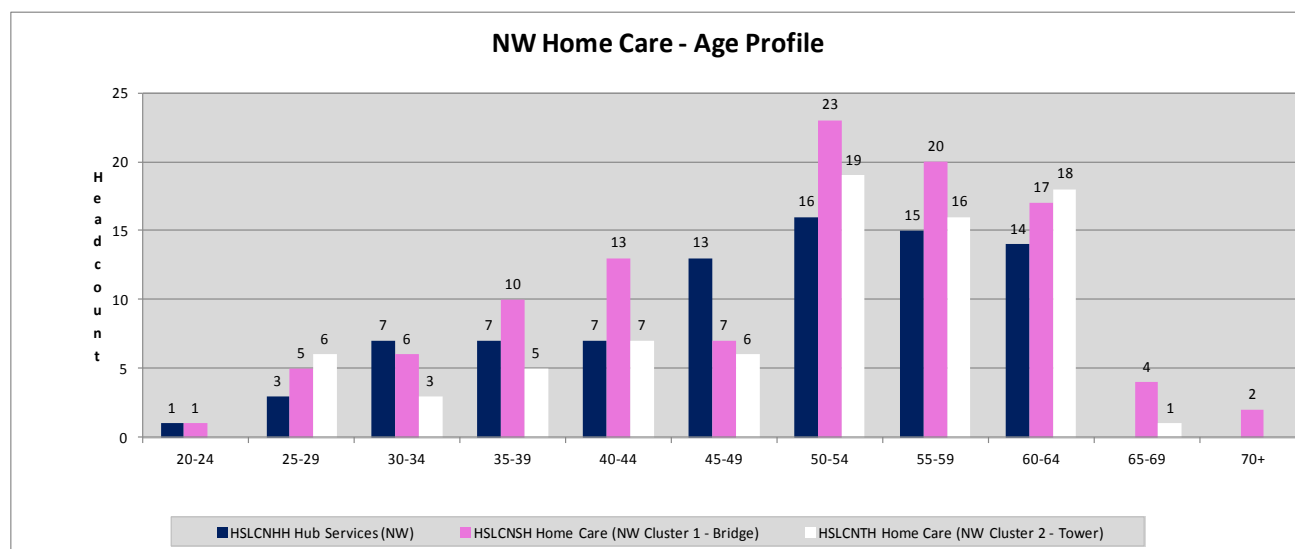
7.9.3. Grade Profile

The following table shows the grade profile across Home Care services within the North West Locality

NW Home Care: Grade Profile	GR3	GR4	GR5	GR7	GR8	Grand Total
HSLCNHH Hub Services (NW)	6	68	3	6		83
HSLCNSH Home Care (NW Cluster 1 - Bridge)	46	52	3	6	1	108
HSLCNTH Home Care (NW Cluster 2 - Tower)	42	30	3	5	1	81
Grand Total	94	150	9	17	2	272

As the bar chart below indicates, the majority of staff are employed at Grades 3 and 4, accounting for almost 90% of the total Home Care workforce within the North West Locality.
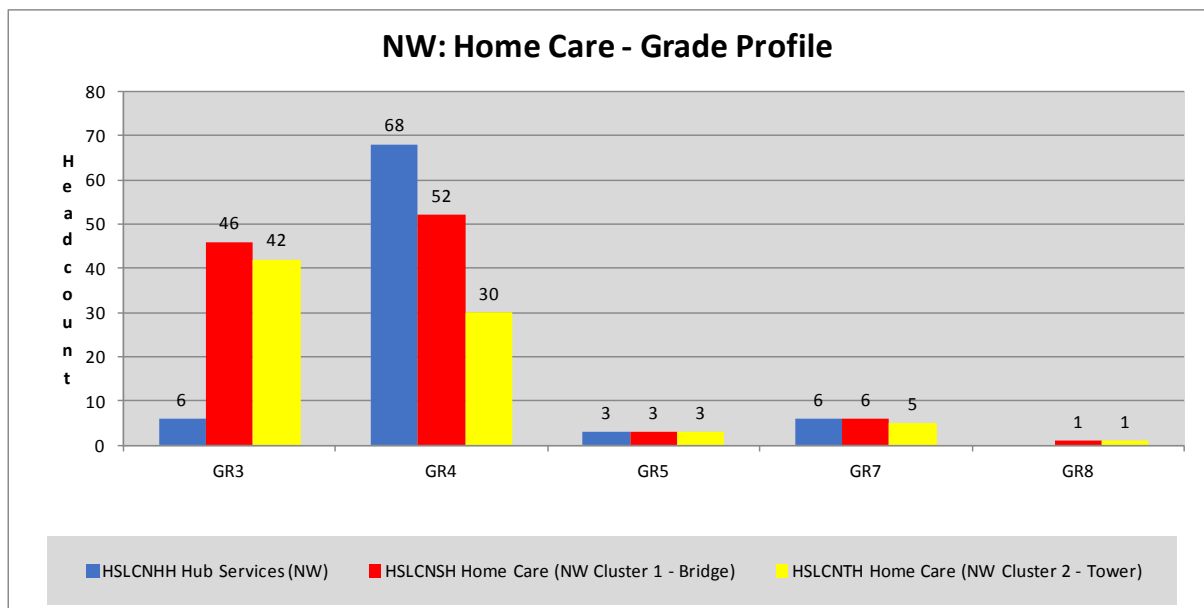
7.9.4. Gender Profile

The table below outlines the gender profile across Home Care within the North West Locality. Unsurprisingly, the female workforce accounts for approximately 89% of the total Home Care workforce in North West Locality

NW: Home Care: Gender Profile	Female	Male	Total	% Female
HSLCNHH Hub Services (NW)	73	10	83	87.95
HSLCNSH Home Care (NW Cluster 1 - Bridge)	93	15	108	86.11
HSLCNTH Home Care (NW Cluster 2 - Tower)	76	5	81	93.83
Grand Total	242	30	272	88.97

The overall gender profile can be illustrated in the following pie chart.
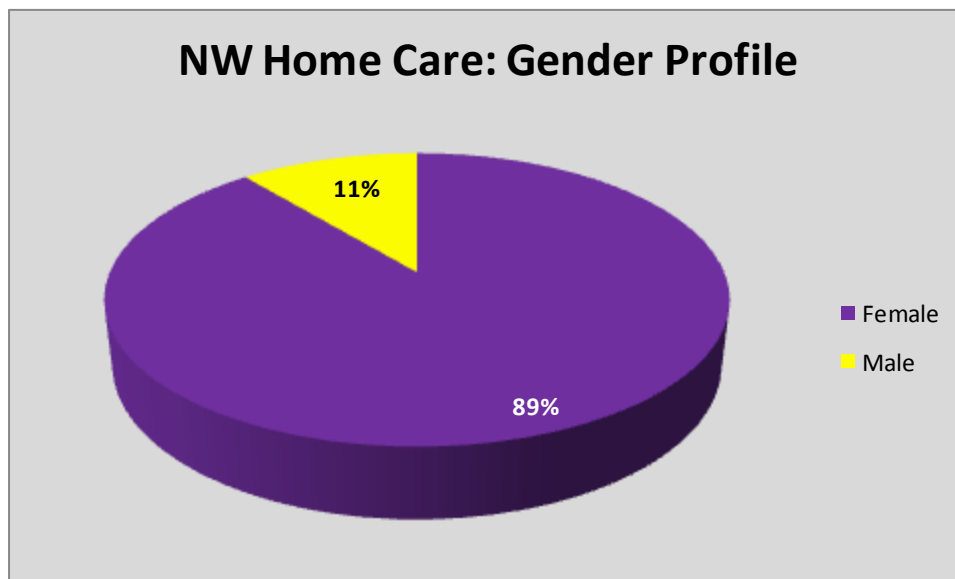
7.9.5. Area of Residence

Data on the area of residence for Home Care staff within North West Locality is outlined in the table below.

	City of Edinburgh	East Lothian	Midlothian	West Lothian	Other/ Unknown	Grand Total
HSLCNHH Hub Services (NW)	68	1	2	7	5	83
HSLCNSH Home Care (NW Cluster 1 - Bridge)	101	2		4	1	108
HSLCNTH Home Care (NW Cluster 2 - Tower)	71			8	2	81
Grand Total	240	3	2	19	8	272

This clearly demonstrates that currently the vast majority of NW's Home Care staff reside within the City of Edinburgh (88%).

The data held in the above table can be split across Home Care Services in order to match the type and level of role with the current staff' area of residence.

	City of Edinburgh	East Lothian	Midlothian	Other/ Unknown	West Lothian	Grand Total
HSLCNHH Hub Services (NW)	**68**	**1**	**2**	**5**	**7**	**83**
HSLCNHHR/CEC565 Reablement Coordinator	5			1		6
HSLCNHHR/8SC483 Social Care Assistant	6					6
HSLCNHHR/8OP370 Home Care Organiser	1		2			3
HSLCNHHR/8OP201 Social Care Worker (Home Care)	54			4	6	64
HSLCNHHB/8SC202 Social Care Worker - Day Services	2	1			1	4
HSLCNSH Home Care (NW Cluster 1 - Bridge)	**101**	**2**		**1**	**4**	**108**
HSLCNSH/CEC567 Home Care Manager	1					1
HSLCNSH/CEC133 Home Care Coordinator	4				2	6
HSLCNSH/8SC483 Social Care Assistant	45				1	46
HSLCNSH/8OP370 Home Care Organiser	3					3
HSLCNSH/8OP201 Social Care Worker (Home Care)	48	2		1	1	52
HSLCNTH Home Care (NW Cluster 2 - Tower)	**71**			**2**	**8**	**81**
HSLCNTH/CEC567 Home Care Manager	1					1
HSLCNTH/CEC133 Home Care Coordinator	5					5
HSLCNTH/8SC483 Social Care Assistant	38				4	42
HSLCNTH/8OP370 Home Care Organiser	3					3
HSLCNTH/8OP201 Social Care Worker (Home Care)	24			2	4	30
Grand Total	**240**	**3**	**2**	**8**	**19**	**272**

This is information may potentially be helpful in outlining where to focus resource and effort, for example with regards to future recruitment etc.

7.10. DISTRICT NURSING

The following table shows the District Nursing workforce (headcount) within NW Locality split by age category and cluster

NORTH WEST - DISTRICT NURSING	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Grand Total
Nw C1 District Nursing	1	2	4	8	3	4	5	4	5	36
DISTRICT NURSING SERVICES BAND 2			1							1
DISTRICT NURSING SERVICES BAND 3				1				1	1	3
DISTRICT NURSING SERVICES BAND 5	1	2	3	4	3	3	2	3	3	24
DISTRICT NURSING SERVICES BAND 6				2		1	2		1	6
DISTRICT NURSING SERVICES BAND 7				1			1			2
Nw C2 District Nursing	4	5	7	7	4	2	8	4	1	42
DISTRICT NURSING SERVICES BAND 3		1		1				1	1	4
DISTRICT NURSING SERVICES BAND 5	4	4	7	5	3	1	5	2		31
DISTRICT NURSING SERVICES BAND 6				1	1	1	3	1		7
Grand Total	5	7	11	15	7	6	13	8	6	78

It should be noted that 23 staff (Band 5 plus) are aged 50 years and over. This equates to approximately 30% of this workforce. This is important as given changes to pension regulations, it is most likely that this cohort of North West's DN cohort will leave the service given most will have retained their NHS 'special status' that allows them to retire at 55.

Currently DN training requires individuals to enter into full time training (1 year). Given the numbers required to be replaced and the time out required to train, this has the potential to significantly impact on DN workforce capacity and the ability to deliver a robust and safe service

8. NEXT STEPS

This is Edinburgh H&SCP's inaugural Workforce Baseline Plan.

This will act as a strong foundation from which to build and enhance our strategic approach to our future workforce matching issues of workforce supply with the demand for services across the Partnership.

8.1. Workforce modelling – Proposed Methodology

Our future planning approach will be plan structured around the Scottish Government workforce planning guidance CEL (2011) 32, which suggested (initially) that NHS Boards use the nationally sponsored 6 step workforce planning methodology for developing their plans.

The guidance sets out the following 6 steps, which will form the framework for this plan.

Step 1: Defining the plan
Step 2: Visioning the future/Mapping service change
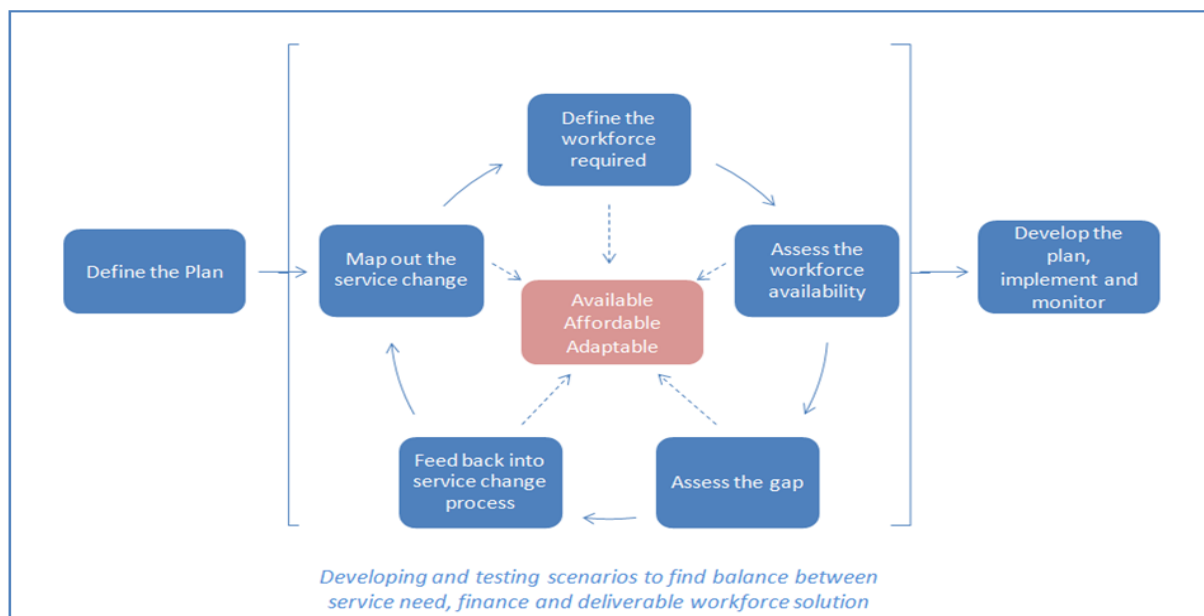**Step 3:** Defining the required workforce (DEMAND)
Step 4: Understanding workforce availability (SUPPLY)
Step 5: Developing an action plan
Step 6: Implement, monitor and refresh.

The above model is outlined below:

The Six Step model is intended to promote a more iterative and integrated approach to workforce planning. This allows for key concerns and issues to be addresses in a more manageable and practical way.

The six step process also allows for triangulation across the three key strands of workforce planning, service planning and financial planning. It will also help support us to develop a series of actions as part of a wider workforce strategy, incorporating a solutions based approach to issues such as recruitment, retention, staff development, education and training needs as well as supporting matters of service redesign.

8.2   Acknowledged Gaps

While every effort has been made to try and ensure that this baseline plan is robust, there are a number of noted gaps where future work would be recommended.

The report contains detailed data on North West Locality's workforce; however it would be useful to undertake similar exercises across other localities and divisions within the Partnership.

It is also worth noting that a vast swathe of workforce data is omitted in this plan, most notably around voluntary and third sector agencies as well as across primary care. Given the impact that these workforces have on current service provision it will be necessary to take further actions to account for these particular sectors.
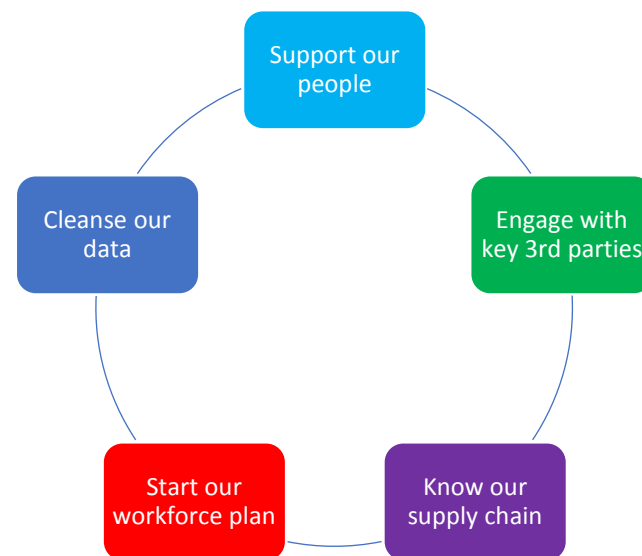
Finally, as part of moving forward, a workshop approach to taking the workforce planning methodology from theory to practical solutions and to develop a workforce strategy for Edinburgh Partnership should be noted as a priority for moving forward in 2019.
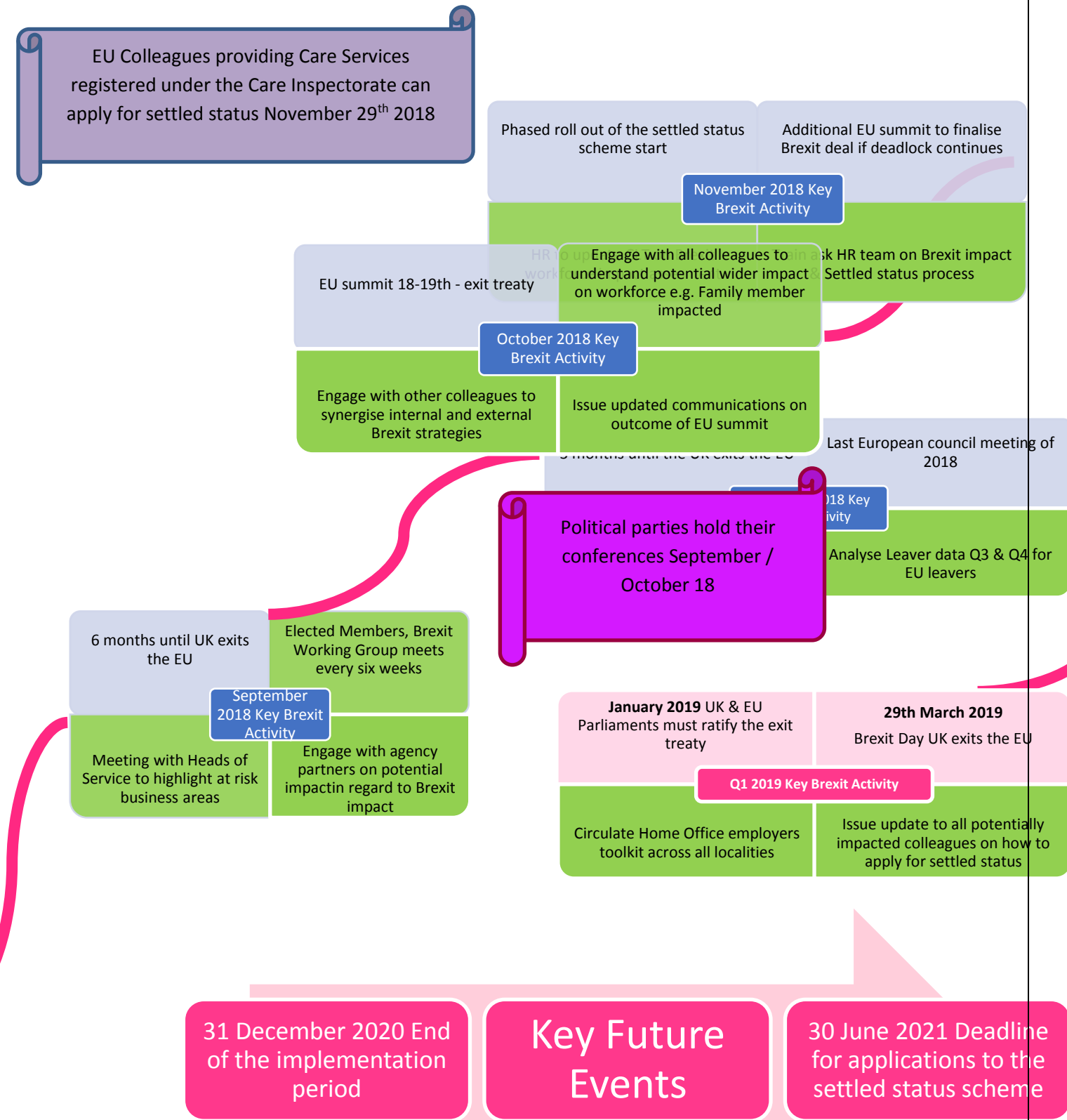
BREXIT STORYBOARD 2018 – 2021

APPENDIX A

EDINBVRGH
YOUR COUNCIL – YOUR FUTURE

KEY WORKFORCE OUTCOMES IN 2018-2019

- Support our people
- Engage with key 3rd parties
- Cleanse our data
- Know our supply chain
- Start our workforce plan

BREXIT ROADMAP 2018-2019

EU Colleagues providing Care Services registered under the Care Inspectorate can apply for settled status November 29th 2018

Phased roll out of the settled status scheme start

Additional EU summit to finalise Brexit deal if deadlock continues

November 2018 Key Brexit Activity

EU summit 18-19th - exit treaty

HR to up... workfr...

Engage with all colleagues to understand potential wider impact on workforce e.g. Family member impacted

...sk HR team on Brexit impact Settled status process

October 2018 Key Brexit Activity

Engage with other colleagues to synergise internal and external Brexit strategies

Issue updated communications on outcome of EU summit

...months until the UK exits the EU

Last European council meeting of 2018

...18 Key ...ivity

Political parties hold their conferences September / October 18

Analyse Leaver data Q3 & Q4 for EU leavers

6 months until UK exits the EU

Elected Members, Brexit Working Group meets every six weeks

September 2018 Key Brexit Activity

Meeting with Heads of Service to highlight at risk business areas

Engage with agency partners on potential impactin regard to Brexit impact

January 2019 UK & EU Parliaments must ratify the exit treaty

29th March 2019 Brexit Day UK exits the EU

Q1 2019 Key Brexit Activity

Circulate Home Office employers toolkit across all localities

Issue update to all potentially impacted colleagues on how to apply for settled status

Undertook data analysis on potential impact to the Council

Issued letter to all potentially impacted colleagues

Work to date

Updated intranet to ensure all colleagues can access information on Brexit

Linked in with external partners, COSLA, Audit Scotland, Home Office

31 December 2020 End of the implementation period

Key Future Events

30 June 2021 Deadline for applications to the settled status scheme

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BREXIT
EU/ EEA Nationals within Edinburgh H&SCP

From the total number of EU employees working with the council we know 179 are within the EHSCP department, we also know the 85 have been employed with us for 5 or more years and 94 have 0-4 years' service.

Title	Headcount
Assistant Day Services Manager	1
Business Officer	1
Care & Support Worker (Respite)	2
Care and Support Worker	18
Care and Support Worker (Day Support)	6
Care Co-ordinator Mental Health Accommodation	1
Catering Assistant	2
Community Care Assistant	2
Community Therapy Assistant	3
Contracts Officer	1
Cook	4
Domestic Support Assistant	7
Equipment Cleaner	1
Equipment Service Technician	1
Home Care Coordinator	2
Home Care Organiser	7
Kitchen Domestic	1
Locum Social Care Worker	7
Mobile Telecare Support Officer	2
Occupational Therapist	4
Porter/Handyperson	1
Senior Care and Support Worker (Day Support)	2
Senior Community Support Worker - ECCL	1
Senior Practitioner	1
Senior Practitioner (Intermittant)	1
Social Care Assistant	21
Social Care Assistant - Days	12
Social Care Assistant - Nights	5
Social Care Worker - Homes for Older People - Days	10
Social Care Worker (Home Care)	38
Social Care Worker (Home Care) (Intermittant)	1
Social Worker	5
Specialist Occupational Therapist (Adult & Children's Equipment)	1
Support Worker	1
Team Leader - Days	5
Volunteernet Co-ordinator	1
(blank)	
Grand Total	**179**

Workforce Strategy Group Membership

Name	Title
Pat Wynne (Chair)	Chief Nurse, Edinburgh Health & Social Care
Kris Aitken	Organisation and Development Partner
Eddie Balfour	East Cluster Manager , NE Locality
Patricia Burns	Mental Health & Substance Misuse Manager, SE
Noreen Clancy	Head of Employee Relations, NHS
Peter Collins	Learning and Development Consultant
Anne Dempsey	Edinburgh College
Debbie Finch	HR Business Partner
Helen Fitzgerald	Staff Side Partnership Representative - NHS
Mark Grierson	Strategic Planning and Quality Manager - Disabilities
Kirsten Hey	Staff Side Partnership Representative - CEC
Fanchea Kelly	Blackwood Group
Kenny, Aileen	Bridge Cluster Manager, NW Locality
Amanda Langsley	Manager – Centre for Management of Aggression
Andrea Macdonald	Early Careers & Apprenticeship Lead
Nick McAlister	Head of Workforce Planning - NHS
Eileen McGuire	Primary Care Services Manager
Helen McKenna	Learning and Development
McWilliam Katie	Strategic Planning and Quality Manager – Older
Florence Miller	Agency Spend Project Manager
Sheena Muir	Hosted Services Manager
Rene Rigby	Scottish Care Homes
Ella Simpson	EVOC
Fiona Wilson	Cluster Manager, Edinburgh Health & Social Care
Neil Wilson	Programme Manager, Edinburgh Health & Social

Leads for sub groups

Group A Workforce Data	Group B Recruitment & Retention of Staff	Group C Staff Experience	Group D Workforce Development
Neil Wilson	Fiona Wilson	Sheena Muir	Pat Wynne

References

1.. Guardian (2 November 2017): European Nurses and Midwives leaving in droves since Brexit Vote

2.. The Herald (31 December 2017): Warning: Brexit will leave Scottish NHS in ruins

3.. The Scottish Government (December 2017), National Health and Social Care Workforce Plan Part 2, (paragraphs 74-75)

4. Health & Sport Committee (10 May 2018), The impact of leaving the European Union on health and social care in Scotland.