

Gillian Morrison (Interim Chief Officer)

Orkney Health and Care

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Agenda Item: 14.

Integration Joint Board

Date of Meeting: 9 December 2020.

Subject: Orkney Health and Care Draft Workforce Plan 2020-2022.

1. Summary

1.1. The attached Workforce Plan meets the requirements of the Orkney Integration Scheme to provide a workforce plan for staff who are engaged in delivering the services related to the functions delegated to the Integration Joint Board.

2. Purpose

2.1. To invite Members to approve the Orkney Health and Care Workforce Plan 2020-2022.

3. Recommendations

The Integration Joint Board is invited to:

3.1. Approve the Orkney Health and Care Workforce Plan 2020-2022, attached as Appendix 1 to this report.

4. Background

4.1. Section 2.9.2 of the Orkney Integration Scheme provides that:

‘A Workforce Development Strategy and Action Plan developed by the Parties (i.e. OIC and NHS Orkney) will be agreed by the Parties with the Integration Joint Board ... and maintained by the staff supporting the HR Strategic Management of the integrated service delivery that is under the direction of the Chief Officer including services delivered in localities.’

4.2. Apart from the Chief Officer and the Chief Finance Officer, each employee within the ‘integrated service delivery’ is either employed by Orkney Islands Council or NHS Orkney and there are approved workforce plans in place for both organisations’ workforces. The intention of the Public Bodies (Joint Working) (Scotland) Act 2014 was not to create duplication through the creation of Integration Joint Boards, but to promote fuller integration to provide more seamless services for people who need health and care services, and their carers. Therefore, this Orkney Health and Care

Workforce Plan is intended to be read as part of a suite of the three plans and add value to the existing Workforce Plans rather than to duplicate.

4.3. An initial draft workforce plan was presented to the Area Partnership Forum on 20 October 2020 inviting comments, particularly relating to the list of key workforce planning actions set out in section 3 of the Workforce Plan.

4.4. Following this Area Partnership Forum meeting, a letter of guidance was received from the Scottish Government (DL (2020) 28), which informed Integration Joint Board Chief Officers and other relevant stakeholders about changes to the publication timescales for local Workforce Plans, recognising the significant ongoing challenges faced by the Integration Joint Board during the pandemic. Integration Authorities are now requested to ensure that a three year workforce plan is developed no later than 31 March 2022, covering the period 1 April 2022 to 31 March 2025. Development of these workforce plans should include engagement with representatives from Third and Independent Sector and primary care partners as key stakeholders. The letter requests that, meanwhile, Integration Authorities should continue with Interim Workforce Planning arrangements.

4.5. Following receipt of this guidance, further work was carried out as follows:

- To finalise the SMART (Specific, Measurable, Achievable, Relevant and Time-bound) action plan relating to each workforce planning action;
- To set out workforce planning data in matching formats from both the Council and NHS Orkney; and
- To engage with the Third Sector to set out the initial data available pending the expectation of addressing the workforce planning needs of this sector in the 2022 Workforce Plan referred to above.

4.6. Members are requested to note that NHS Orkney's workforce plan encompasses overall actions for community health employees, whereas Orkney Islands Council's Workforce Plan is more generic, and the five Council services, including OHAC (in so far as this relates to Council employees), are expected to provide their own detailed actions. Therefore, due to this anomaly, there require to be more actions for social care employees in addition to the more cross-cutting actions.

4.7. Following the further work set out above, a second draft workforce plan was presented to the November meeting of the Area Partnership Forum for agreement and any final comments. There were no amendments.

4.8. The workforce plan supports the overall strategic priorities of the IJB Strategic Plan and links to the wider National Health and Wellbeing Outcomes, particularly Outcome 8: 'People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide'.

5. Contribution to quality

Please indicate which of the Orkney Community Plan 2019 to 2022 visions are supported in this report adding Yes or No to the relevant area(s):

Resilience: To support and promote our strong communities.	Yes.
Enterprise: To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
Equality: To encourage services to provide equal opportunities for everyone.	Yes.
Fairness: To make sure socio-economic and social factors are balanced.	Yes.
Innovation: To overcome issues more effectively through partnership working.	Yes.
Leadership: To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	No.
Sustainability: To make sure economic and environmental factors are balanced.	No.

6. Resource implications and identified source of funding

6.1. There are no financial implications stemming from this draft plan as all resources will be available through the training budgets (or training fund) of NHS Orkney and Orkney Islands Council.

7. Risk and Equality assessment

7.1. The Workforce Plan 2020 to 2022 will benefit all equalities groups through more robust workforce planning and employee training and development.

8. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

9. Escalation Required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

10. Author

10.1. Gillian Morrison (Interim Chief Officer), Integration Joint Board.

11. Contact details

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12. Supporting documents

12.1. Appendix 1: Draft Orkney Health and Care Workforce Plan.



Workforce Plan 2020 – 2022

Orkney Health and Care.

Supporting the Orkney Integration Board's Strategic Plan 2019 – 2022.



Version.	Workforce Plan Version 1.
Lead Officer.	Gillian Morrison.
Approved By.	Integration Joint Board.
Date Approved.	
Date for Review.	December 2022.

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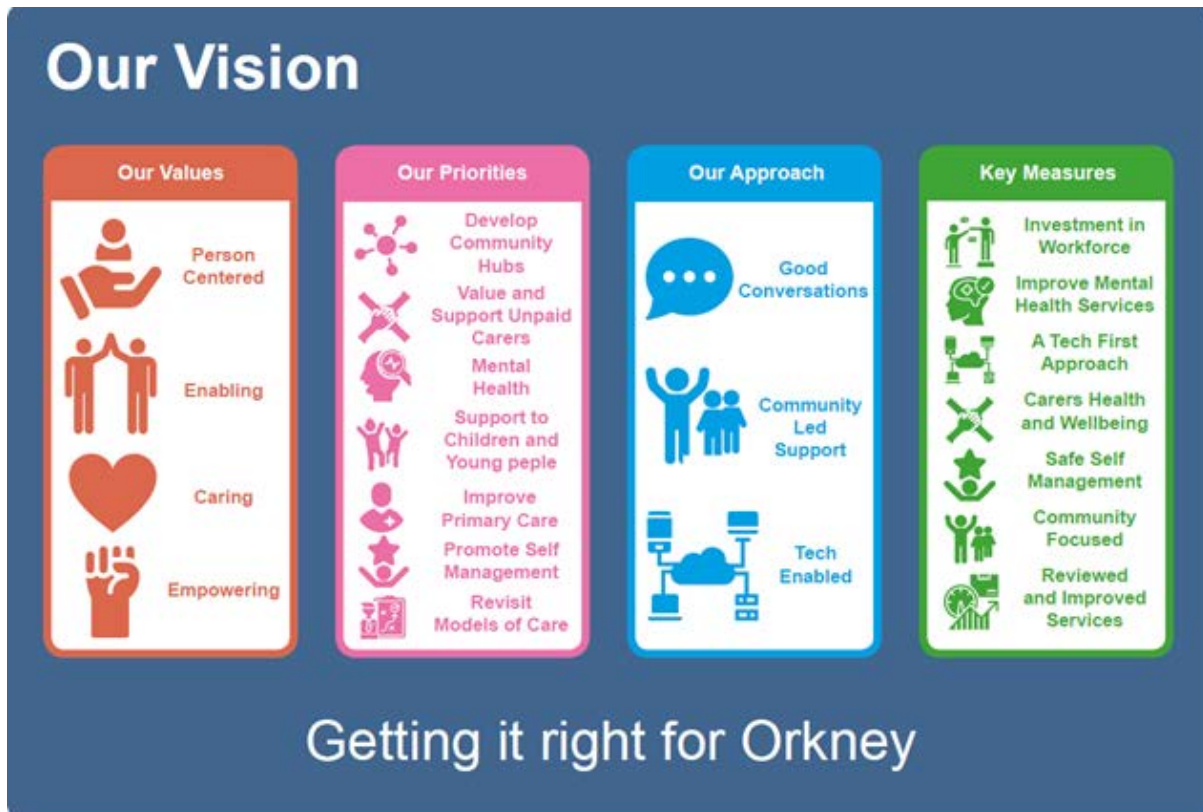
1. Introduction

The Orkney Integration Joint Board (IJB) commissions the delivery of all Community Health and Social Care functions in the Orkney Islands, under the 'delivery arm' or service of Orkney Health and Care (OHAC). These functions are set out in Appendix 1. Each member of staff in OHAC works in the spirit of integrated services which are intended to provide better outcomes for each individual service user, patient and carer. Formally, each employee is either employed by Orkney Islands Council (OIC) or NHS Orkney (NHSO) [the public bodies] and there are approved workforce plans in place for both organisations' workforces. The Chief Officer and the Chief Finance Officer of the IJB are employed by one of public bodies and seconded to the IJB. The intention of the Public Bodies (Joint Working) (Scotland) Act 2014 was not to create duplication through the creation of IJBs, but to promote fuller integration for the purpose set out above. Therefore, this OHAC Workforce Plan is intended to be read as part of a suite of the three plans and is intended to add value to the existing Workforce Plans rather than duplicate.

Scottish Government guidance also indicates that the workforce planning needs of the independent sector within the IJB Area should be addressed within partnership workforce plans by 2022. Voluntary Action Orkney (VAO) has produced a document containing high level information relating to 12 third sector organisations which participated in a survey which primarily related to the challenges of operating during the pandemic (Third Sector survey responses, October 2020, VAO). This document provides some information relating to workforce planning. Further work will be undertaken to establish this sector's detailed workforce planning needs in preparation for the next workforce plan in 2022, in accordance with Scottish Government guidelines and timescales. This will be supported by VAO's plan, in collaboration with the University of Glasgow, to carry out an audit of third sector staff, skills and gaps in January/February 2021.

This workforce plan therefore:

- Provides a broad picture of the current workforce within the remit of OHAC, and some information in relation to the local independent sector.
- Identifies development and support measures for the workforce to deliver better integrated services and functions.
- Sets out an action plan ensuring it aligns with, and supports the delivery of, the Orkney IJB's Strategic Plan 2019-2022.



OHAC's Workforce Plan recognises that people are at the heart of everything OHAC seeks to achieve. Through the hard work, dedication and commitment of OIC and NHSO employees, we maintain a focus on contributing to the health and wellbeing outcomes of the people who live in our communities through our common values:

- Person Centred.
- Enabling.
- Caring.
- Empowering.

The workforce plan supports the overall strategic priorities of the IJB Strategic Plan as set out in Figure 1 above. The Workforce Plan links to the wider National Health and Wellbeing Outcomes set out in Figure 2, particularly Outcome 8: 'People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.'



1.2. OHAC, like other partnerships across Scotland, continues to face a period of sustained challenge with reductions in funding for public services. As demand for particular services increases, we need to deliver improving services with less money and therefore one of our key challenges is to find better ways of delivering services at lower cost. For our workforce, this means we need to continue to develop new skills and ensure there is adequate capacity to lead and manage change and service redesign. We need to continue to draw on employees' creativity, innovation, and visionary leadership. The increased digitalisation of services presents an opportunity to deliver outcomes more efficiently and effectively but also requires investment in our staff to ensure they have the appropriate skills.

1.3. Our ability to continue as a successful service relies on the commitment and talent of our health and care employees and third sector who work closely with our partners and communities to deliver the priorities in the IJB's Strategic Plan.

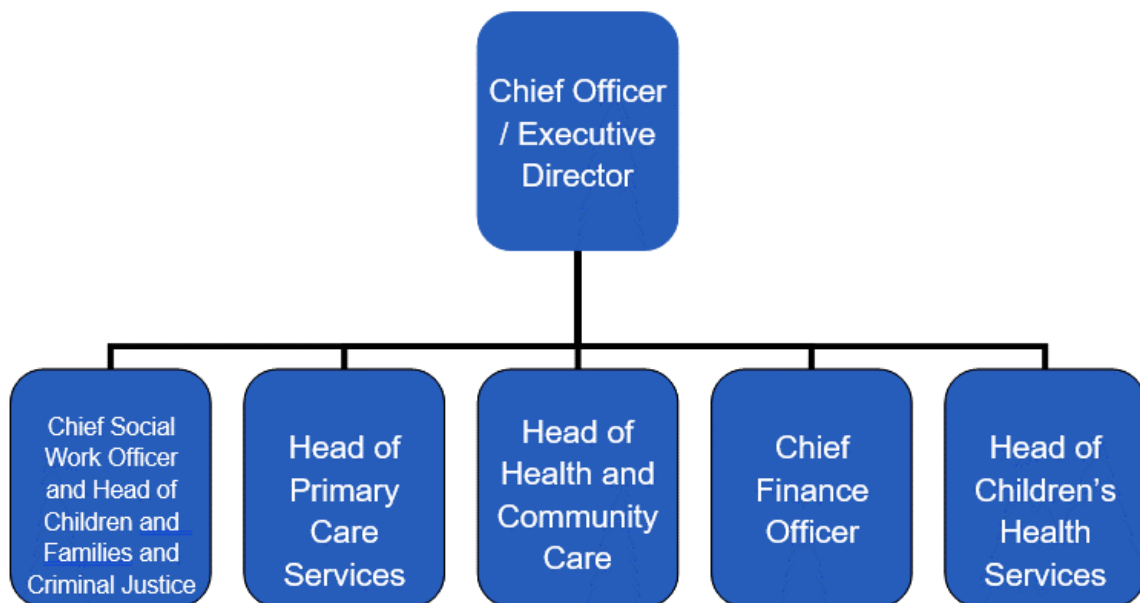
2. Overview and Structure

The Public Bodies (Joint Working) (Scotland) Act 2014 required all areas to formally bring community health and social care services for adults together. In all but one area in Scotland this arrangement is overseen by a legal body known as an IJB. In Orkney the service delivery partnership is known as OHAC.

OHAC includes the full range of the Council's social work and social care services, as well as all the NHS community health and primary care services.

2.1. Structure

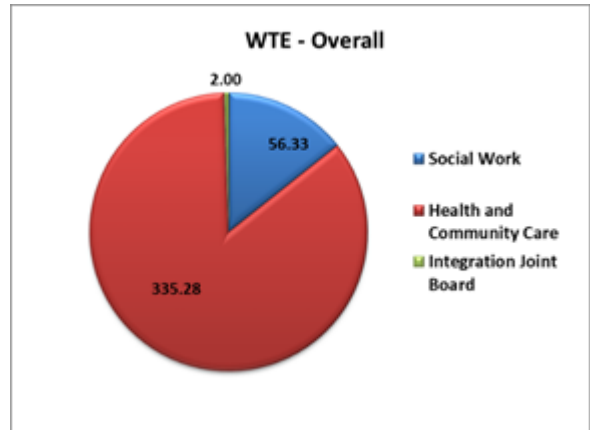
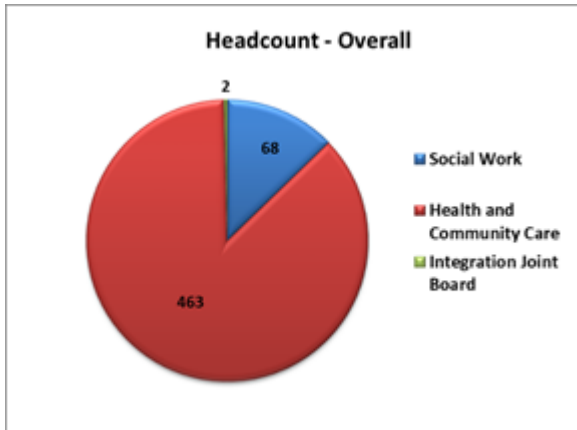
The current interim integrated senior management structure is shown below:



2.2. OHAC – OIC and NHSO

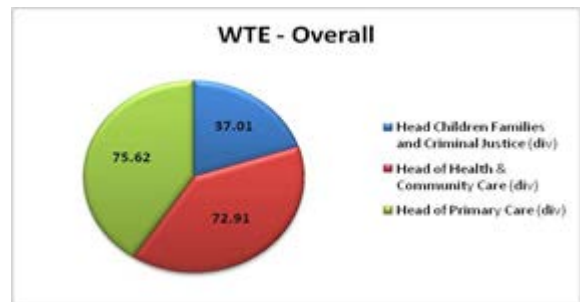
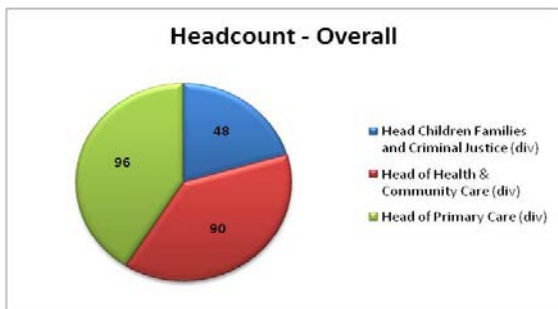
2.2.1. Headcount and Whole Time Equivalent (WTE) staff (OIC)

The OIC employees within OHAC include a total headcount of 533 (393.61 WTE). This number consists of the three services of Social Work (previously Children, Families and Criminal Justice) 68 (56.33 WTE), Health and Community Care 463 (335.28 WTE) and IJB 2 (2.00 WTE).



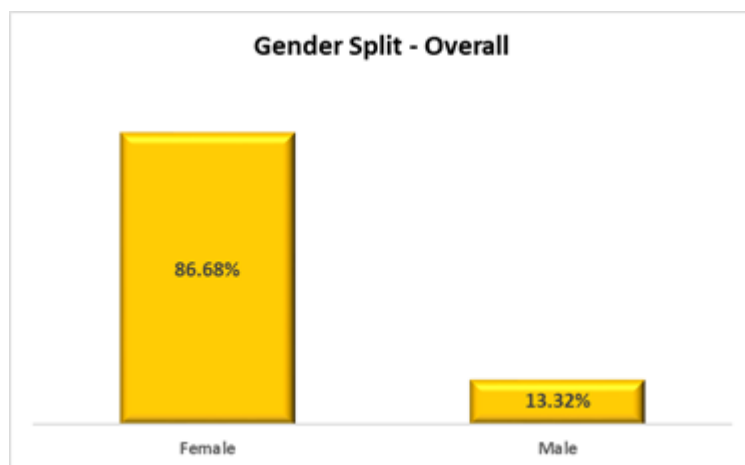
2.2.2. Headcount and WTE staff (NHSO)

The NHSO employees within OHAC include a total substantive headcount of 234 (185.54 WTE). This number consists of the three services of Children and Families and Criminal Justice 48 (37.01 WTE), Health and Community Care 90 (72.91 WTE) and Primary Care 96 (75.62 WTE).



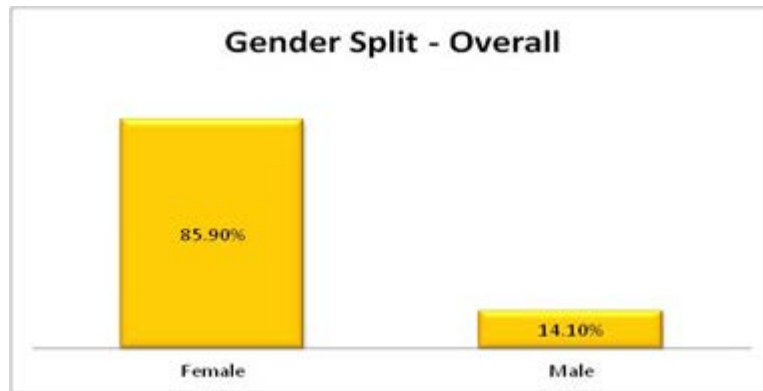
2.2.3. Gender (OIC)

Across OHAC staff within OIC, there are currently 462 female staff (86.68%) and 71 male staff (13.32%).



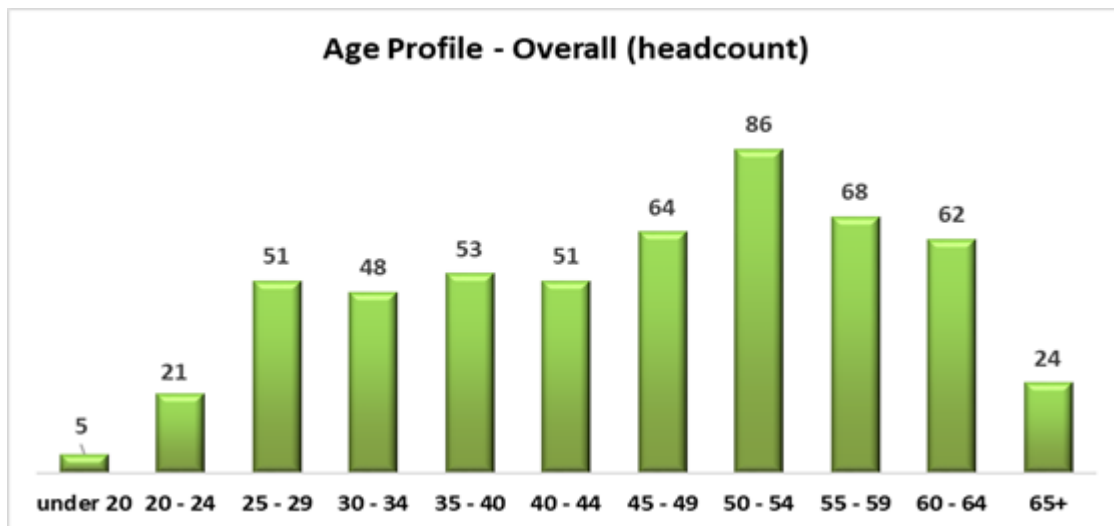
2.2.4. Gender (NHSO)

Across OHAC within NHSO there are currently 201 female staff (85.90%) and 33 male staff (14.10%).



2.2.5. Age Profile (OIC)

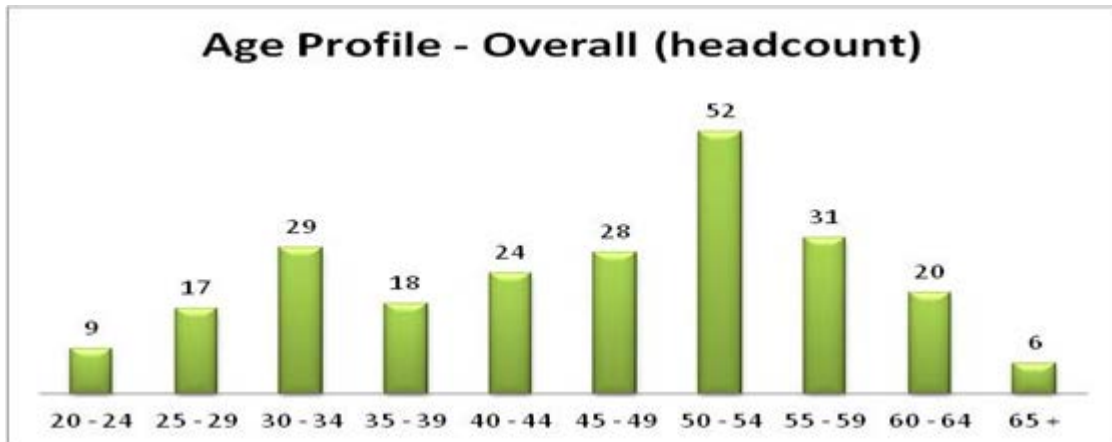
The following chart shows the age group profile of OIC employees within OHAC:



The current age profile shows that 154 staff (28.89%) are aged 55 and over and that 240 staff (45.03%) are aged 50 and over.

2.2.6. Age Profile (NHSO)

The following chart shows the age group profile of NHSO employees within OHAC:

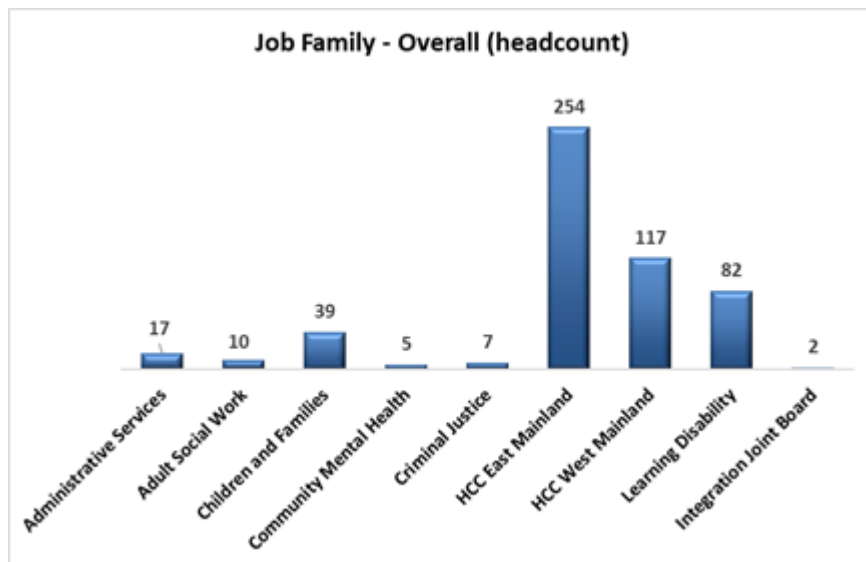


The current age profile shows that 57 staff (24.36%) are aged 55 and over and that 109 staff (46.58%) are aged 50 and over which means that there is potential for nearly half of the OHAC NHSO workforce to retire within the next 5 year period.

2.2.7. Sections - Job Families (OIC)

The Sections split of overall staffing shows that Health and Community Care East is the largest section, with a headcount of 254 (183.49 WTE). 112 employees, or 44.09%, are aged 50 and over.

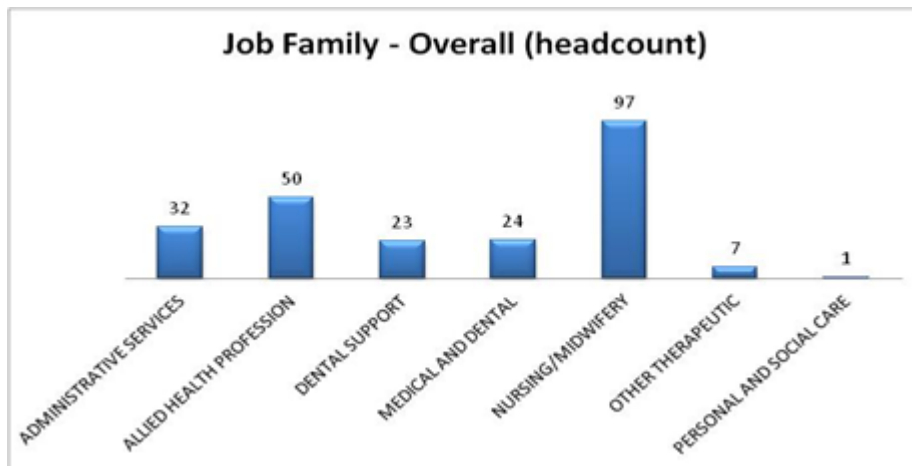
Health and Community Care West is the next largest Section with a headcount of 117 (87.99 WTE). 56 employees, or 47.86%, are aged 50 and over.



2.2.8. Sections - Job Families (NHSO)

The Job Families of the overall staffing show that Nursing and Midwifery is the largest with a headcount of 97 with 86 of these staff (88.66%) being registered nurses (40 of the registered nurses have the potential to retire within the next 5 years which equates to 46.51%).

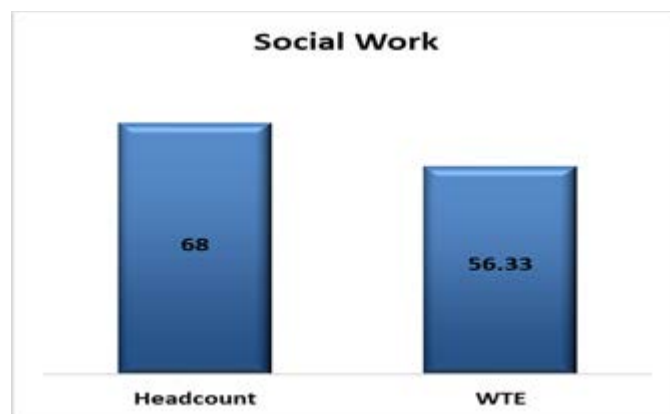
Allied Health Professionals (AHPs) are the next largest Job Family with a headcount of 50 of which 20 (40.00%) have the potential to retire within the next 5 years.



2.2.9. OHAC Staff by Service Area - Children and Families and Criminal Justice Service

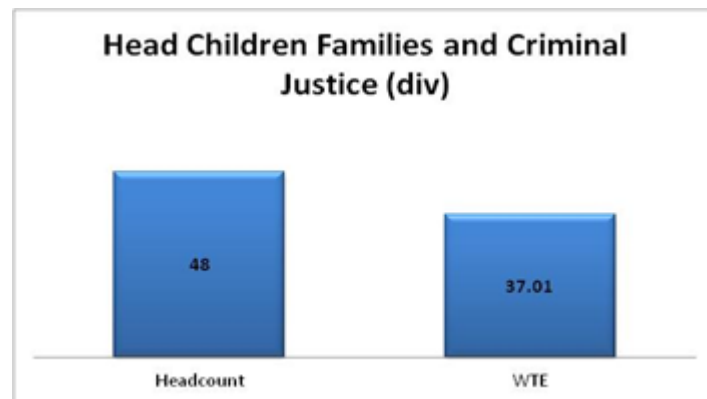
2.2.9.1. Headcount and WTE (OIC)

The Social Work service area has a headcount of 68 employees, or 56.33 WTE employees.



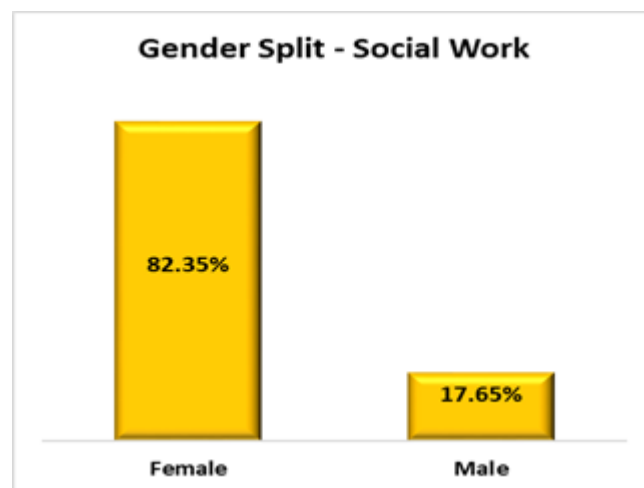
2.2.9.2. Headcount and WTE (NHSO)

The Children and Families and Criminal Justice service consists of a substantive headcount of 48 staff with a 37.01 WTE.



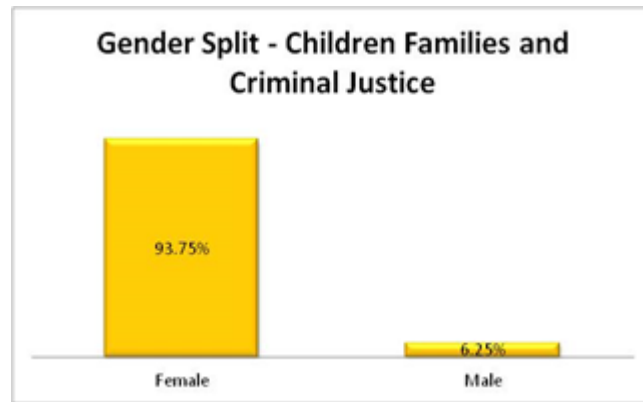
2.2.9.3. Gender (OIC)

The Social Work service area has 56 female staff (82.35%) and 12 male staff (17.65%).



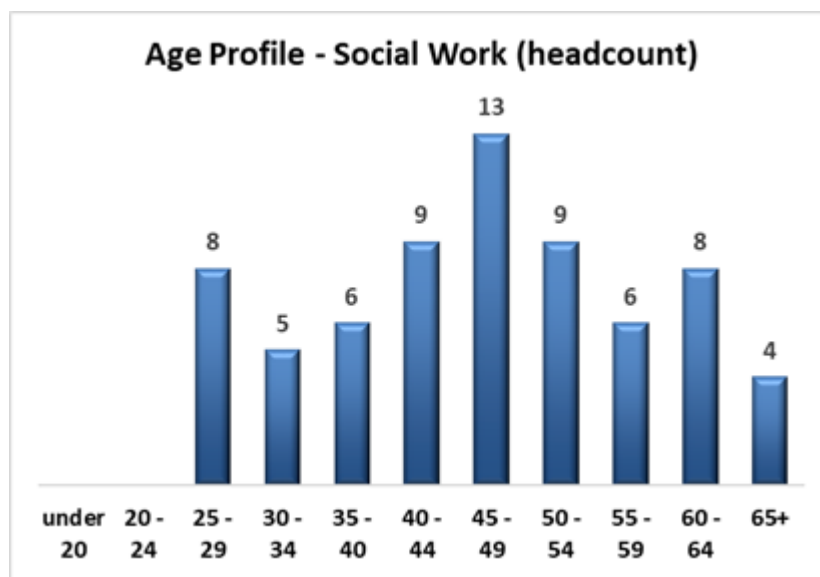
2.2.9.4. Gender (NHSO)

The Children and Families and Criminal Justice service consists of 43 female staff (93.75%) and 3 male staff (6.25%).



2.2.9.5. Age Profile (OIC)

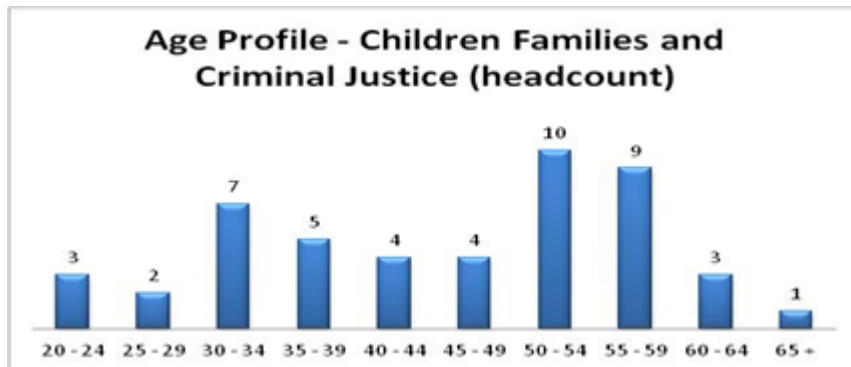
The following chart shows the age group profile of OIC staffing for Social Work within OHAC:



The current age profile shows that 18 staff (26.47%) are aged 55 and over and 27 staff (39.71%) are aged 50 and over.

2.2.9.6. Age Profile (NHSO)

The following chart shows the age group profile of NHSO staffing for Children and Families and Criminal Justice within OHAC:

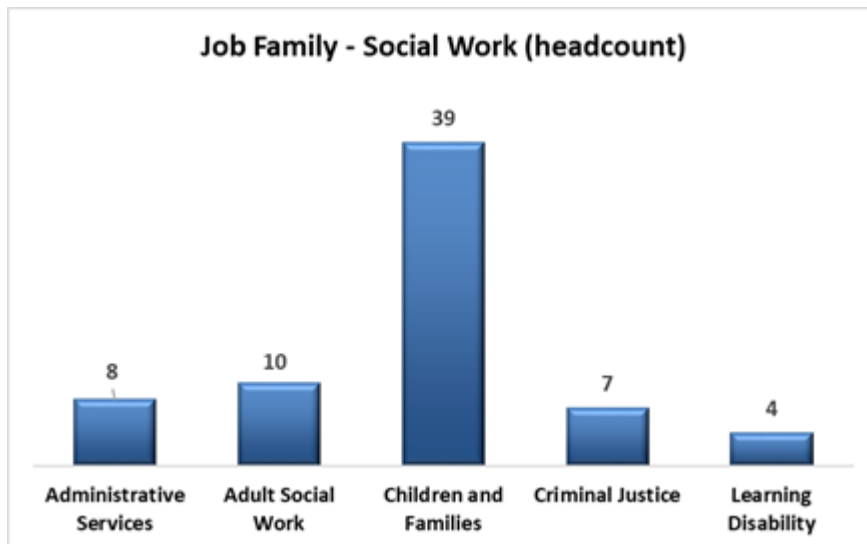


The current age profile shows that 13 staff (27.08%) are aged 55 and over and 23 staff (47.92%) are aged 50 and over which means that there is potential for nearly half of the workforce to retire within the next 5 year period.

2.2.9.7. Sections - Job Families (OIC)

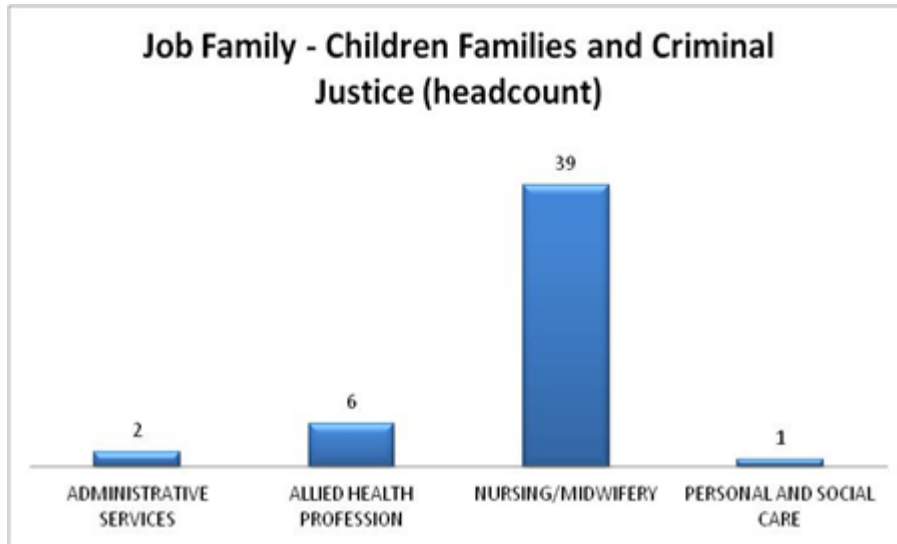
Children and Families is the largest section within the Social Work service area, with a headcount of 39 employees (31.88 WTE). 11 employees, or 28.20%, are aged 50 and over.

The next largest section is Adult Social Work, with a headcount of 10 employees (7.87 WTE). 3 employees, or 30%, are aged 50 and over.



2.2.9.8. Sections - Job Families (NHSO)

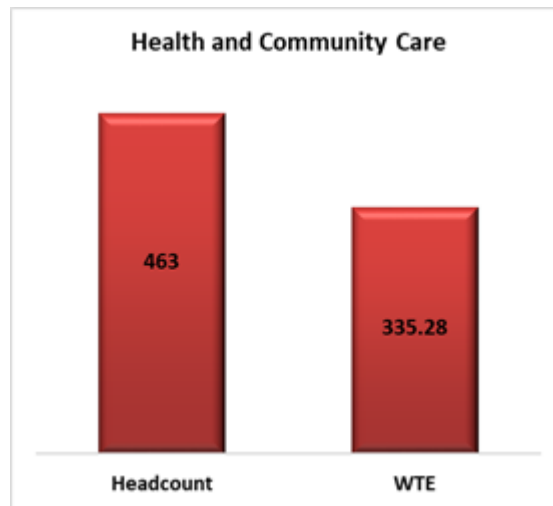
Nursing and Midwifery is the largest Job Family with a headcount of 39 of which 31 (79.49%) are registered nurses with 12 registered (30.77%) and 4 non-registered (10.26%) potential retirements in the next 5 years.



2.2.10. OHAC Staff by Service Area - Health and Community Care

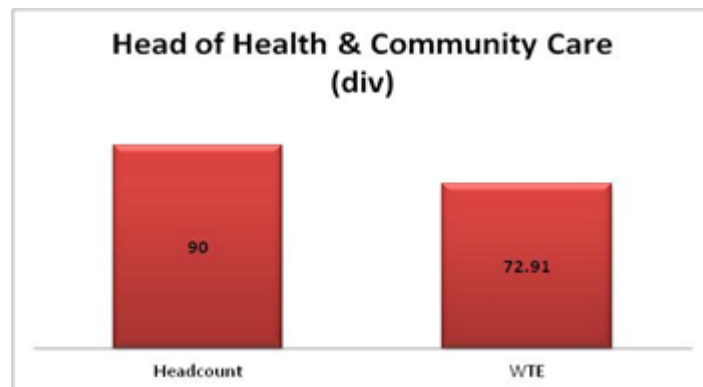
2.2.10.1. Headcount and WTE (OIC)

The Health and Community Care service area has a headcount of 463 employees, or 335.28 WTE employees.



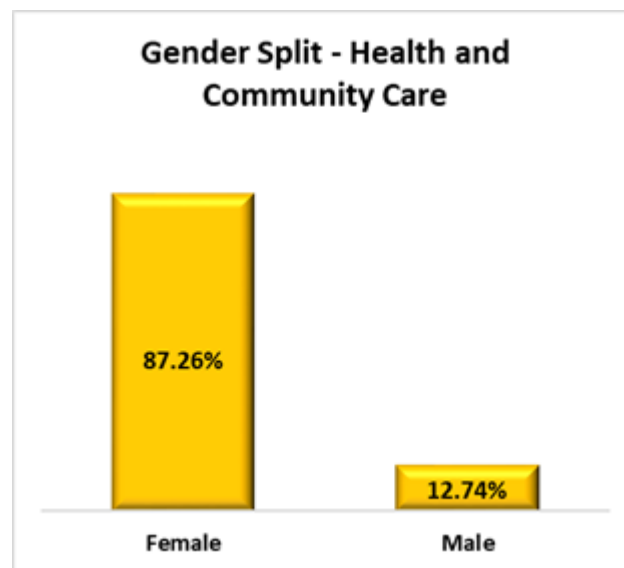
2.2.10.2. Headcount and WTE (NHSO)

The Health and Community Care service consists of a substantive headcount of 90 staff and 72.91 WTE.



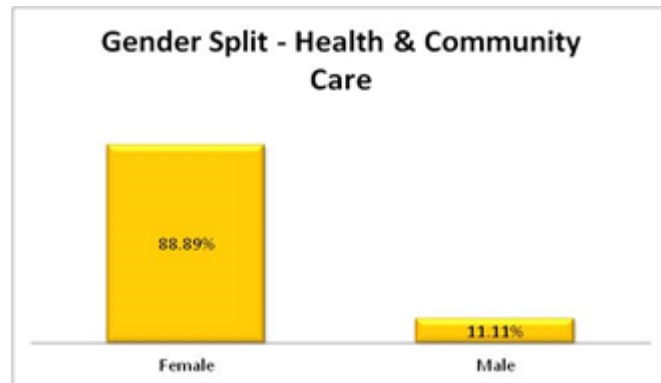
2.2.10.3. Gender (OIC)

The Health and Community Care service area has 404 female staff (87.26%) and 59 male staff (12.74%).



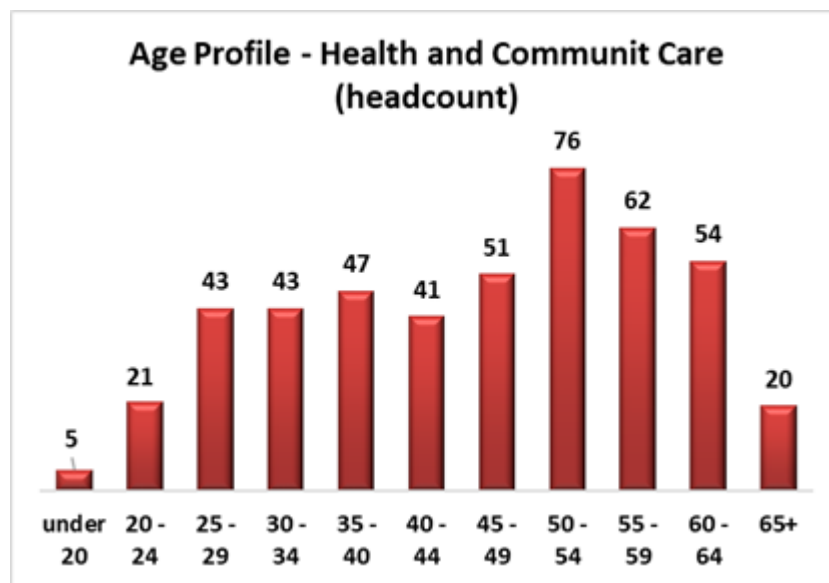
2.2.10.4. Gender (NHSO)

The Health and Community Care service consists of 80 female staff (88.89%) and 10 male staff (11.11%).



2.2.10.5. Age Profile (OIC)

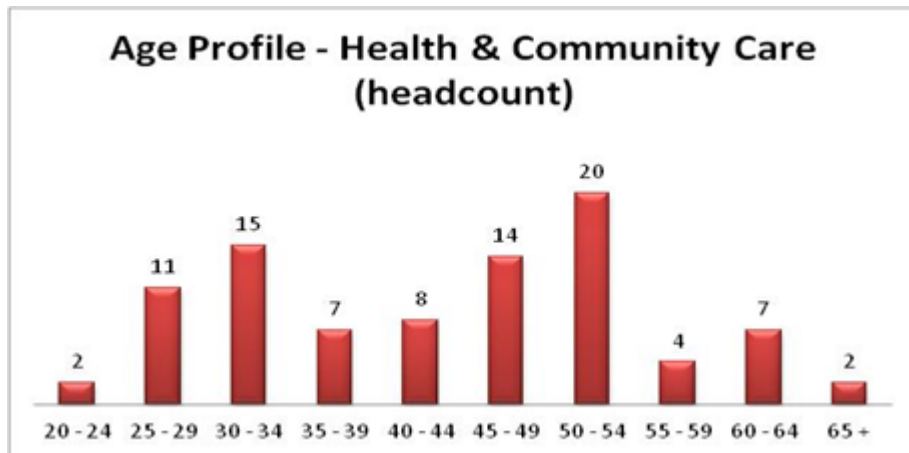
The following chart shows the age group profile of OIC staffing for Health and Community Care within OHAC:



The current age profile shows that 136 staff (29.37%) are aged 55 and over and 212 staff (45.79%) are aged 50 and over.

2.2.10.6. Age Profile (NHSO)

The following chart shows the age group profile of NHSO staffing for Health and Community Care within OHAC:

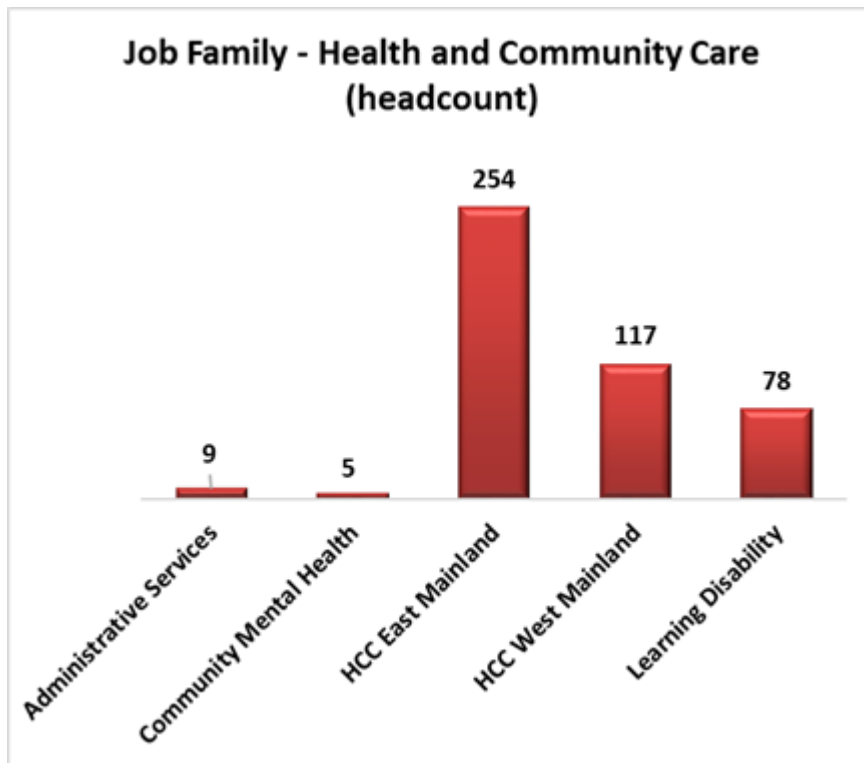


The current age profile shows that 13 staff (14.44%) are aged 55 and over and 33 staff (36.67%) are aged 50 and over which means that there is potential for over one third of the workforce to retire within the next 5 year period.

2.2.10.7. Sections (Job Families)

Health and Community Care East is the largest section within the Health and Community Care service area, with a headcount of 254 employees (31.88 WTE). 11 employees, or 28.20%, are aged 50 and over.

The next largest section is Health and Community Care West, with a headcount of 117 (87.99 WTE). 56 employees, or 47.86%, are aged 50 and over.



2.3. Third Sector workforce planning needs.

The survey of 12 local Third Sector organisations indicated that the number of staff and volunteers within these organisations in 2020/2021 is 27 full time staff, 95 part time staff and 135 volunteers. The major challenges in relation to workforce planning are:

- The difficulties in planning long-term due to the nature of funding arrangements, which are usually annual.
- Access to partnership training.
- Adequate funding for staff and volunteer training, supervision and continuous professional development.

As indicated in section 1 above, further information will be available following the publication of the third sector audit of staff, skills and gaps in January/February 2021.

2.4. Unemployment figures within Orkney

In September 2020 there were 986 people recorded as being on Universal Credit in Orkney (Stat-Xplore). This compares to 396 people in September 2019.

2.5. Analysis of the above information regarding the OIC, NHSO and Third Sector workforce providing health and social care to support the IJB's commissioned services, indicates that there is a need for focused and sustained succession-planning due to the future anticipated retirement of many of the most experienced and skilled employees. Whilst the unemployment figures indicate some capacity for recruitment, there is a need to use apprenticeships and the range of other employment and training schemes available to 'grow our own' health and social care staff for the future. Details of how this will be achieved are set out in the key actions listed in section 3.

3. Key Actions

3.1. Services in Orkney are primarily delivered through NHSO and OIC in partnership with communities and the third and independent sectors. Clearly recruitment and retention for the future of our services is the key consideration and this challenge is generally addressed in the OIC and NHSO workforce plans, although specific actions are also set out below. In addition to these challenges, and others addressed in the OIC and NHSO workforce plans, the key OHAC actions are summarised below. More detail, to ensure the action is Specific, Measurable, Achievable, Relevant, and Time-bound, is set out in section 5.

3.2. The delivery of effective partnership training and support to protect our children and young people in response to the Children's and Young People's Inspection Improvement Plan.

3.3. Delivery of training and development in response to the supported self-evaluation of adult protection services.

3.4. Facilitation of events that promote further integration of leadership, service delivery and culture across OHAC to improve service user, patient and carer outcomes.

3.5. Ensure that appropriate training and personal support are in place for all OHAC staff to ensure our continued protection as our understanding of the impacts of COVID-19 changes over time.

3.6. Focus on the delivery of ongoing training, as it develops, to support service users and patients who are affected by COVID-19 e.g. mental health support, chronic pain support, access to welfare support.

3.7. The development and implementation of an initiative to 'grow our own social workers,' and social care staff with funding from Orkney Islands Council's Training Fund.

3.8. Growing our own health staff through the Scottish Government led and funded programme.

3.9. Improved retention of staff, particularly in relation to highly skilled specialist services.

3.10. Leadership development and ownership is encouraged and promoted across OHAC.

3.11. Safe staffing legislation and caseload weighting tools form rationale for appropriate staffing levels within relevant services.

3.12. Workforce development plans to respond to the outcome of the independent review of adult social care (this will be fleshed out in more detail once the Scottish Government responds to the Independent Chair's report).

3.13. Training across the workforce, as appropriate to implement the mental health strategy and the dementia strategy.

3.14. In response to SSSI inspection reports, address specific training needs as identified, including dedicated leadership training for Registered Managers of our in house social care services.

3.15. Progress the development of clear career pathways and provide opportunities for staff motivated to advance in their chosen career, including investigation of greater use of apprenticeships.

3.16. Further develop collaborative working to promote Learning and Development and provision of opportunities across the partnership.

4. Monitoring and Review

4.1. The Workforce Plan will be kept under regular progress review through the OHAC Senior Management Team meetings with progress reports and revisions reported to the IJB Board and the Clinical and Care Governance Committee annually.

5. OHAC Workforce Plan

5.1. This section sets out the expected outcomes, together with the detail of how the key actions will be delivered.

1. Workforce Priority: the delivery of effective partnership training and support to protect our children and young people in response to the Children's and Young People's Inspection Improvement Plan.				
Expected Outcome.	Staff within OHAC are trained for the roles they undertake in relation to child protection and 'Getting it Right For Every Child' in response to the Joint Inspection Report February 2020.			
Actions.	Lead Officer.	Resources Required.	Target Date.	Measurement of outcome.
See detailed Inspection Improvement Plan.	Chief Social Work Officer.	Within existing resources.	2021.	All staff appropriately trained.

3. Workforce Priority: Facilitation of events that promote further integration of leadership, service delivery and culture across OHAC.				
Expected Outcome.	To improve service user, patient and carer outcomes through streamlined, seamless services.			
Actions.	Lead Officer.	Resources Required.	Target Date.	Measurement of outcome.
Work with the Scottish Government and key services to develop facilitated integration events	Relevant Head of service.	Within existing resources.	2022.	Staff reporting simpler pathways to support.

designed to optimise seamless service delivery.				
Ensure all learning opportunities are integrated as far as possible.	All Heads of Service.	Within existing resource.	2022.	Evaluation to include a measurement of 'integration rating' using attendee information.
Promote the concept of 'family' across health and social care.	All managers.	Within existing resource.	2021.	Staff surveys such as iMatter.

4. Workforce Priority: Ensure that appropriate training and personal support are in place for all OHAC staff to ensure our continued protection as our understanding of the impacts of COVID-19 changes over time				
Expected Outcome.	Orkney Health and Care staff are appropriately trained and supported in relation to the effects of COVID-19.			
Actions.	Lead Officer.	Resources Required.	Target Date.	Measurement of outcome.
Essential training is completed regarding PPE etc.	All managers.	Within existing resources.	2020.	Performance Indicators (OIC).
Learning opportunities are provided to ensure staff are competent in the use of technology tools such as Near Me and Teams.	Relevant Head of Service.	Within existing resources.	2021.	Project reports.
All staff are encouraged to promote their health and wellbeing.	Relevant Team Lead / Manager.	Within existing resources.	2021.	Newsletters and bulletins.
All staff are aware of who to contact if they need support.	Relevant Team Lead / Manager.	Within existing resources.	2021.	Staff surveys.

8. Workforce priority: Improved retention of staff, particularly in relation to highly skilled specialist services.				
Expected Outcome.	OHAC staff turnover is minimised			
Actions.	Lead Officer.	Resources Required.	Target Date.	Measurement of outcome.
Staff support and supervision is standardised across OHAC.	All Heads of Service.	Within existing resources.	2021.	Staff feedback.
Regional networks are utilised to support highly skilled specialist staff, who can be isolated in their role.	Lead Professionals.	Within existing resource.	2021.	Staff feedback.

9. Workforce priority: Leadership development and ownership is encouraged and promoted across OHAC.				
Expected Outcome.	Succession planning for OHAC future leaders becomes routine planning.			
Actions.	Lead Officer.	Resources Required.	Target Date.	Measurement of outcome.
Leadership learning opportunities are provided for all staff.	Heads of Service.	Within existing resources.	2022.	Staff feedback.
Leadership opportunities are provided, such as shadowing.	Heads of Service.	Within existing resources.	2021.	Staff feedback.

10. Workforce priority: Safe staffing legislation and caseload weighting tools form rationale for appropriate staffing levels within relevant services.				
Expected Outcome.	Safe Staffing level assurance is provided across OHAC.			
Actions.	Lead Officer.	Resources Required.	Target Date.	Measurement of outcome.
Caseload weighting tools to be used across appropriate services.	Relevant Heads of Service.	Within existing resources.	2021.	Performance reports from use of tools.

Outcomes of caseload weighting to be considered at SMT.	Senior Management Team.	Within existing resources.	2021.	Performance reports.
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11. Workforce Priority: Workforce development plans to respond to the outcome of the independent review of adult social care (this will be fleshed out in more detail once the Scottish Government responds to the Independent Chair's report).				
Expected Outcome.	Scottish Government's response to the report of the independent review of adult social care is implemented.			
Actions.	Lead Officer.	Resources Required.	Target Date.	Measurement of outcome.
TBC once the Scottish Government has responded.				

12. Workforce Priority: Training across the workforce, as appropriate to implement the mental health strategy and the dementia strategy.				
Expected Outcomes.	Staff and carers trained to effectively support people with dementia.			
Actions.	Lead Officer.	Resources Required.	Target Date.	Measurement of outcome.
See mental health and dementia actions plans once finalised.				

13. Workforce Priority: In response to SSSI inspection reports, address specific training needs as identified, including dedicated leadership training for Registered Managers of our in-house social care services.				
Expected Outcome.	Service users' needs are optimally met.			
Actions.	Lead Officer.	Resources Required.	Target Date.	Measurement of outcome.
Further leadership training provided for all care home managers.	Head of Health and Community Care and Chief Social Work Officer.	Within existing resources and access to Council training budget as appropriate.	2021.	Improved grades in 'Leadership' from SSSI care inspections.

14. Workforce Priority: Progress the development of clear career pathways and provide opportunities for staff motivated to advance in their chosen career, including investigation of greater use of apprenticeships.				
Expected Outcome.	Improved staff retention and morale, providing better care and support.			
Actions.	Lead Officer.	Resources Required.	Target Date.	Measurement of outcome.
Clarify staff development opportunities and secure apprenticeship entry level posts.	All Heads of Service.	Within existing resources.	2021.	Number of advancement and apprenticeship opportunities.

15. Workforce Priority: Further develop collaborative working to promote Learning and Development and provision of opportunities across the partnership.				
Expected Outcome.	Improved staff integration, providing more seamless care and support.			
Actions.	Lead Officer.	Resources Required.	Target Date.	Measurement of outcome.
Maintain a culture of collaborative training opportunities, both across the partnership and more widely within OIC and NHSO.	All Heads of Service.	Within existing resources.	2021.	Increased number of joint training opportunities across the partnership.

Appendix 1

Functions Delegated to the Integration Joint Board, and Delivered Through Orkney Health and Care, the Delivery Service for These Functions.

Orkney Islands Council delegated services

- Social work services for adults and older people.
- Services and support for adults with physical and learning disabilities.
- Mental Health Services.
- Drug and Alcohol services.
- Adult protection and domestic abuse.
- Carer support services.
- Community care assessment teams.
- Support services.
- Care home services.
- Adult placement services.
- Aspects of housing support, including aids and adaptations.
- Day services.
- Local area co-ordination.
- Respite Provision.
- Occupational Therapy services.
- Re-ablement services, equipment and telecare.

NHS Orkney delegated services

- Accident and Emergency services provided in Balfour Hospital.
- Selected inpatient hospital services (general, geriatric, rehabilitation, mental health, respiratory medicines and psychiatry of learning disability).
- MacMillan palliative care and palliative care.
- Community mental health teams/services.
- Clinical psychology services.
- Substance misuse services.
- District nursing.
- Health visitors.
- School nursing.
- Primary medical services.
- General dental services.
- Public dental services.
- Ophthalmic services.
- Pharmaceutical services.
- Community learning disability services.
- Continence services.

Orkney Islands Council delegated services

- Social work services for children and young people.
- Child care assessment and case management.
- Looked After and Accommodated Children.
- Child protection.
- Adoption and fostering.
- Special Needs / support services.
- Early intervention.
- Through-care services.
- Youth justice services.
- Social work criminal justice services.
- Services to court and Parole Board.
- Assessment of offenders subject to a community based order.
- Diversions from prosecution and fiscal work orders.
- Supervision of offenders subject to a community based order.
- Through care and supervision of released prisoners.
- Multi agency public protection arrangements

NHS Orkney delegated services

- Services provided by health professionals that aim to promote public health.
- Community physiotherapy, speech and language, dietetics and OT services.
- Intermediate care services.
- Family health services prescribing.
- Resource Transfer, including Voluntary services.
- Sexual and reproductive health services excluding obstetrics/gynaecology services.