

# **National Health and Social Care Workforce Planning: Discussion Document**

**February 2017**



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# NATIONAL HEALTH AND SOCIAL CARE WORKFORCE PLANNING NATIONAL DISCUSSION DOCUMENT

## Ministerial foreword

Our population is living longer and that's very good news for all of us. However, our longer lives bring with them a need for care that recognises multiple health and social care needs but allows us to remain connected to our communities throughout our lives and, as much as possible, to carry on living at home or in a homely setting.

This Government is taking a number of fundamental steps to implement transformational change in Scotland that will help us to deliver the care we will need in the future. The key components of change in health and social care are:

- the National Clinical Strategy;
- health and social care integration;
- public health improvement; and
- NHS governance reform.

The Delivery Plan for Health and Social Care which I launched in December set out the framework and actions needed to ensure that our health and social care services are fit to meet the challenges of our changing society. The four components set out above are neither exclusive to health, nor are they exhaustive – for example, Self-Directed support is an important aspect of social care - but taken together, they have the potential to bring about the transformation that is essential for the long-term sustainability of our services and the continuing improvement of the nation's health and wellbeing.

Making sure that we have the right people, in the right place at the right time to deliver better outcomes in future, and particularly to ensure that we can care for individuals and families appropriately in a community setting rather than in hospital, means changes in key areas, including how we make decisions about our health and social care workforce.

In future, workforce planning needs to recognise the interdependence of several key workforce sectors – the NHS, local government, the independent and third sectors and the newly created Integration Joint Boards (IJBs). This requires staff from all backgrounds and in all professions, to work more closely with each other across boundaries, often in teams and to the top of their professional roles.

We have sound workforce planning methodologies, with good principles applying to the services which health and social care staff currently provide. But they vary considerably in how they describe roles, responsibilities and educational frameworks, and are too weighted towards the single systems in which staff have traditionally operated. We now need a more mature approach, so we can use these

methodologies more flexibly, intelligently and predictively as tools to help us design jobs and roles which make sense in an integrated context, and which make the most of the world class skills our staff possess. Doing so will help ensure that these skills are combined collectively to deliver the improved services Scotland's people need. And it will reinforce confidence in the stability and sustainability of services – whether provided in hospitals or care homes – in these uncertain times.

I want all health and social care staff to feel engaged and supported to continuously improve the care and treatment they provide. The health and social care services we need can only be delivered with the full engagement and contribution of a valued and skilled workforce. At the heart of our transformation agenda is a broader, more integrated, more highly skilled, supported, and engaged workforce. That means getting our planning right in order to support individuals with the right experience and skills to deliver a service that is person-centred, and allows individuals working in any sector to feel they are making a difference.

I also want to pay tribute to those of our health and social care staff who have chosen to work in Scotland from across the EU. These committed and dedicated people continue to make a huge contribution to our nation's health and care, and we are in no doubt that free movement of labour throughout the 31 countries of the European Economic Area has helped ensure we have the skilled workforce we need. We greatly value our non-UK EU citizens and their wider contribution to our society and will do all we can to see that their rights, and their place in our nation, are protected.

This discussion document acknowledges the complexity of the system we work within but also the overriding need to collaborate in order to achieve the outcomes we need from our services in future. It sets out the background of what we have done to date to improve workforce planning, outlines some of the workforce challenges, and aims to start a conversation to support our mutual aims to transform health and social care services. It is the start of a process of improving workforce planning across health and social care and sets out the case for new thinking about how to plan the workforce.

This is a further step in the continuous process to ensure we have an effective workforce planning system in place. This will aid the hard working and dedicated staff who every day ensure Scotland has one of the best health and social care systems in the world. It builds on work already undertaken to identify the improvements required, and sets out some key early challenges that we believe can be tackled to ensure a more effective system.

I look forward to working with you to realise our ambition of a health and social care workforce fully fit for Scotland's future.

**SHONA ROBISON**  
**Cabinet Secretary for Health and Sport**

# 1 - WHAT IS THIS ABOUT AND WHY ARE WE DOING IT?

## Introduction

1. The need for a National Health and Social Care Workforce Plan was recognised in the Programme for Government which set out a commitment –

*“To ensure we have the right staff for our health and care services now and in the future we will shortly publish a new draft National Workforce Plan. This will outline a range of workforce planning improvements required to deliver enhanced primary and secondary care in Scotland, including work on bringing together a range of professionals into GP surgeries.”*

2. In its widest sense, the Plan will be about upwards of 360,000 people who deliver health and social care services which support people across Scotland, enabling them to live longer lives in better health, and empowered to deal with challenges circumstances which arise. It is the largest public service in Scotland, encompassing people working in a wide range of settings – from people’s homes to hospital theatres - and with a wide range of skills and expertise – from interpersonal skills to dealing with highly technical equipment. There are many new approaches being developed to meeting the challenges facing services – demographic change, rising demand and expectation, financial constraints – but the fundamental contribution to transforming services will be made by this workforce.

3. Recognising the scope of this workforce, it is important to reflect on the reasons why development of the Plan can only be done collaboratively:

- This workforce is highly valued by the Scottish Government, by the employing organisations and, most importantly, by the people who use services and by the wider public. It is right, therefore, that shared effort is focussed on developing this workforce and in planning for the workforce which is needed now and into the future.
- This workforce is diverse in many ways including skills, employers, work context, governance and levers for change. Approaches to workforce planning and development will need to reflect, and be responsive to, this diversity.

The Plan’s purpose will be to deliver a workforce which is deployed in the right places, in the right numbers, doing the right things.

4. The forthcoming and future workforce Plans will need to ensure the needs of different employers are addressed, that the different roles and responsibilities which relevant employers have are fully understood, and that their views are reflected in agreed actions. This requires careful consideration of the individual and joint roles within health and social care workforce planning. If this is not clearly understood, then achieving an improved workforce planning process with clear and identifiable impacts will be difficult if not impossible, given the recent addition of 31 new Integration Joint Boards engaged in planning, alongside existing NHS Boards, local authorities and community planning partnerships (CPPs).

5. The Scottish Government will publish, in Spring 2017, a National Health and Social Care Workforce Plan that takes forward its commitment to a sustainable

workforce to support the *Health and Social Care Delivery Plan*<sup>1</sup> published in December 2016. This Workforce Plan will help decide how to close the gap between what we have and what we will need, in order to deliver high-quality, safe, effective and person-centred integrated services to those who need them. It will help to align workforce planning more effectively to identify capacity challenges at an earlier stage and deal with them effectively; and improve workforce planning practice, making clearer what should be planned at national, regional and local levels and how this links to planning at a social care employer level.

6. Any discussion about a health and social care workforce Plan must reflect recent developments in health and social care integration and existing approaches in each sector. This document therefore aims to cover the workforce engaged in providing all health and social care services in Scotland, including adult social care, children's social care services, mental health and primary care. While the NHS and local authorities are major employers, third and independent sector organisations are, collectively, major providers in these areas, and their input to this document is welcomed.

7. Employers and providers find themselves in different places on workforce planning. Workforce capacity challenges are complex and distinctive: they can be difficult to overcome, and solutions may work for some areas and parts of the health and social care sector, but not for others.

8. It should be emphasised that this discussion document is not about "one size fitting all". Scottish Ministers have committed to strengthening NHS Scotland workforce planning to develop its regional capacity; but it is also the right time to consider how workforce requirements are assessed and planned in a coordinated way across the range of organisations involved in providing care and support, to ensure people's healthcare and social care needs are met.

9. Input is welcomed from across all areas of delivery, including the independent contractor sector – General Practitioners, General Dental Services, Pharmacy and General Ophthalmic Services – to the development of the Plan. As part of the wider NHS, these independent contractors employ the vast majority of health staff that fall outside our normal approach to workforce planning. They are significant employers, and their views on the issues and questions raised in this document are actively sought.

10. All workers require training - but for many healthcare professionals, training is often long, complex and subject to regulation at UK level. While social care professional regulation is a devolved matter, training for social workers, and those then progressing to be mental health officer or child protection specialists, is similarly long and complex. This cannot be ignored in bringing about improvements to workforce planning, in whatever part of health and social care. Organisations and individuals involved in regulating, training and developing our workforce are invited to contribute their views on the questions posed by this document.

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<sup>1</sup> <http://www.gov.scot/Publications/2016/12/4275>

11. Our aspiration is that the Plan becomes more inclusive over time. As we move to the first iteration of the Plan, we want to start from a realistic position which recognises that different providers face complex and distinct challenges, and these differences need to be understood and reflected in any agreed approach.

12. For those reasons, the Plan will be part of a developing approach. It will be the first in a regular series aimed at improving the workforce planning system and practice, as well as developing more effective and informed intelligence.

13. We know that the many professional staff groups across health and social care face challenges which are very specific in nature. Reference to these has been deliberately kept to a minimum in this document. Its focus lies on consulting organisations and individuals on workforce planning in a more strategic context about how to achieve workable solutions across different sectors. It will, though, be necessary to consider profession-specific issues in more detail as we move towards a published Plan in Spring 2017.

14. Further information on the context, timescale and approach to this work has been set out at Appendix 2 to the Health and Social Care Delivery Plan<sup>2</sup>.

### **Why is a national workforce Plan needed?**

15. Health and social care in Scotland is shifting away from hospital and residential care towards community based services supporting people to live in their own homes where possible. The demographic challenges are well known, and in common with similar economies, Scotland's population is ageing – and this will contribute towards an increase in the complexity of health and care needs in the longer term. While the methods we use to plan a workforce have taken us so far, these challenges require us to look again at what we have, make adjustments and develop new models.

16. For NHS Scotland, the past 10 years have seen an expansion in numbers of staff working in NHS Scotland, and overall staff levels in the NHS are now at their highest level ever. This is also true for the workforce in social care services. We now need to go beyond numbers in responding to changing demography, social attitudes and career aspirations, changing demands on staff time and skills, and systemic change in how and where care is delivered.

17. This is true for all providers of health and social care services in Scotland. Combining reliable and useable intelligence will help determine not only whether the numbers of staff we have are sufficient, but whether they are the right balance; working where they need to be, when they need to be there; and applying their professional knowledge and skills to best effect in providing safe and high quality health and social care and support - regardless of which organisation employs them. This will allow us to take a person-centred approach to our workforce strategy, to ensure people using care are at the heart of decisions about the workforce.

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<sup>2</sup> <http://www.gov.scot/Publications/2016/12/4275>

18. The challenges are many and complex.

- An ageing population living longer, but with increasing presentations of mental health problems, obesity, dementia, diabetes and other long term conditions.
- Significant developments in the social care service sectors will require national and local workforce planning and need to be reflected in further discussion, including the expansion of early learning and childcare.
- Rising standards and expectations about the quality of care from people who experience care, and from the Scottish Government – and the consequent need to ensure the future workforce can support the delivery of increasingly complex and high-quality care.
- Recruitment and retention presents all employers with challenges for different professions and in different geographical areas across Scotland, and in some cases, in areas of multiple deprivation.
- A changing workforce age profile, coupled with recent pension changes, mean that in future staff will retire later, with the workforce average age increasing. A significant proportion of staff are due to retire in the coming years, while many of those currently working retain protected entitlements around retirement. These all have implications for workforce planning.
- Planning for a more sustainable workforce will require a more sensitive understanding of supply and demand, and of risk-based intelligence to inform recruitment decisions and education requirements.
- Treatment and care must achieve a better “fit” with the needs of the population covered and with the geography of that population, or risk over-provision in some areas and under-provision in others.
- Gaps in some parts of the workforce and increasing demand, in conjunction with requirements to meet performance targets, also create additional pressures on the service that workforce plans will need to consider.
- Working patterns are changing: if trained professionals are increasingly working less than full time, then more need to be trained to achieve the same contribution to people’s healthcare needs and outcomes.
- Integration will require responsive and appropriate workforce planning, while respecting governance structures and responsibilities in place within different sectors.
- The role and prevalence of carers and unpaid staff and volunteers in meeting people’s needs, particularly in social care.
- Workforce planning for the primary care sector needs to be improved. In primary care the development of multi-disciplinary teams in and out of hours will need to be promoted; and to do that, better data and planning will be required, and innovation in recruitment and retention by both the NHS and independent contractors supported and encouraged.
- National data needs to build in more intelligence about the shape of the future workforce, as well as more focussed intelligence on our current staff.
- We need to fill gaps within our workforce, as far as possible from within employed staff resources, rather than from expensive agencies.
- The processes involved in workforce planning need to be less labour-intensive and less based on historical roles and models;



- The long timescales required to produce many healthcare professionals – eg a minimum of 10 years for a GP;
- Financial challenges across the wider public sector;
- Professional and cultural issues;
- The need to embed the principles of safer recruitment into workforce planning and growth.
- Communication issues between boundaries and sectors, which frustrate the development of regional working;

19. It is therefore the right time to invest our efforts in a co-ordinated Plan at a national level. We envisage that work around national and regional workforce plans will compliment and improve services across the health and social care sectors. This would help to ensure that health, social care and support provided by staff is directed to the most appropriate setting, and ensure the resources and capacity required to deliver services is recognised and planned for. The aim is to accurately identify the gaps in supply and actions required to close them so that the vision for health and social care can be delivered. That vision, set out in the Health and Social Care Delivery Plan and in the National Clinical Strategy, is for community based care, delivered through appropriate locally determined multi-disciplinary teams, with regional specialist centres focussed on more complex needs, to bring about direct and positive effects on people’s health and wellbeing.

20. Achieving a “shift” in the balance of care therefore means that some services currently delivered within large institutions are likely in future to be delivered in a variety of smaller community settings. If workforce planning is fully to support that shift, the changes envisaged will require a proactive workforce, able to respond quickly and effectively where people most want services - within their homes and communities.

21. The most effective use of the workforce means working to the top of clinical skill set – whatever the professional field; and ensuring patients get access to the *right health professional* at the *right time*, whether an AHP, a nurse or a doctor. “Triage” and evidence-based models of care delivery, which make best use of the talents of the whole team, help to free up the most expert of staff for high level and complex work that only they can undertake. Making the most of AHP expertise has helped manage demand and reduce waiting time for consultant appointments, for example in Musculoskeletal pathways being developed in Orthopaedics, or through a more sustainable, digitally enabled, regional model for image reporting involving both consultant Radiologists and AHP Radiographers.

22. We expect the Plan published in 2017 to be:

- a strategic document, setting out the workforce vision for health and social care services, the priorities to be taken forward, the assessment of current resources to deliver the vision, actions to close the gap between what we have and what we need, and clarity on the distinct roles each party will take on to ensure we have a coherent whole system approach.
- at a national level, drilling down appropriately to regional/local levels;

iii. active and useable. It will make coherent workforce planning links between national and regional activity and offer frameworks for practical workforce planning in both the NHS and providers of social care services.

23. The Plan will also be influenced by:

- public service reform and integration of health and social care, allowing space for NHS Boards, Local Authorities and IJBs to plan for the workforce for the health and social care system that Scotland needs, now and in future;
- the need to recognise the challenges in bringing together a workforce plan for a social service sector made up of approximately 2,600 separate employers from the public, private and voluntary sectors, alongside an NHS which is effectively a single organisation with 22 employers working with numerous independent contractors in primary care.
- The need to take account of the Public Health workforce, emerging roles in health protection and health improvement, and development of those roles via NHS Health Scotland and NHS Education for Scotland (NES).
- Within NHS Scotland, the progressing plans for elective centres; recommendations on workforce planning from Audit Scotland; the NHS Scotland Workforce 2020 Vision, *Everyone Matters*; within social care, the Scottish Government's *Vision and Strategy for Social Services*; and within primary care, the workforce recommendations from *Pulling Together*, the report of the independent review of primary care Out of Hours Services; and
- approaches and methodologies in use which support development of services delivered by multi-disciplinary teams – for example, the Workforce Planning Guide by the Scottish Social Services Council, the NHS Scotland 6 Step Model, and local authority tools and guidance. Integrating elements from these methodologies in a proportionate and sensible way, and setting them out in clear and understandable guidance, will help to define workforce needs for the future.

24. The issues on which the Plan will need to focus will require careful consideration to ensure the health and social care workforce has all the support it needs.

## 2 – WHAT WORKFORCE PLANNING IS CURRENTLY DONE?

1. Workforce planning is a complex activity taking place at different levels, over different timescales, with the involvement of a multiplicity of stakeholders. It may be useful to provide a general understanding of what people view as workforce planning. Audit Scotland<sup>3</sup> has provided a helpful definition (though it does not directly address the fundamental changes taking place to health and social care).

Workforce planning is the process that organisations use to make sure they have the right people with the right skills in the right place at the right time. To manage their workforces effectively, organisations need to have up-to-date information on:

- the numbers of people they employ to carry out different tasks
- what skills the workforce has and where there are gaps
- what skills and staff will be needed to deliver future services and priorities.

They must then plan and manage their workforces, and make any necessary changes, to meet their organisational objectives.

Within the health and social care sector, the importance of having people with the right values is embedded in national approaches to safer recruitment.

2. In brief, workforce plans currently apply across health and social care as follows:

- IJBs, though not employers themselves, have to produce workforce development/organisational development plans; and must also produce strategic commissioning plans which identify local needs and show how these will be met;
- Local Authorities and other social care services employers operate various approaches to workforce planning for their workforce – as recognised in a 2016 research project supported by the Social Work Services Strategic Forum<sup>4</sup>;
- NHS Boards are required to produce and submit annual workforce plans and there is also a requirement on them to ensure the full range of services are provided, including working with independent contractors in primary care;
- Third and independent sector employers are likely to do local workforce planning to enable adequate staffing resources, but scale and scope of this varies from employer to employer. Much of this provision is commissioned by the IJB or Local Authority.

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<sup>3</sup> [http://www.audit-scotland.gov.uk/docs/central/2013/nr\\_131128\\_public\\_sector\\_workforce.pdf](http://www.audit-scotland.gov.uk/docs/central/2013/nr_131128_public_sector_workforce.pdf)

<sup>4</sup> “*Recruitment and Retention in the Social Service Workforce in Scotland*” – Shona Mulholland, Jo Fawcett and Sue Granville (Why Research) <http://www.gov.scot/Resource/0051/00512889.pdf> - see wider context at <http://www.gov.scot/Topics/People/social-services-workforce/SWSSF>

3. Several organisations also provide support for, and input to, workforce planning in Scotland:

- IJBs are required to complete integrated workforce development plans.
- IJBs are tasked with managing integrated budgets to deliver or commission integrated health and community care services. This requires a planned approach to the workforce which provides these services.
- The Scottish Social Services Council (SSSC), working with the Care Inspectorate, collects and publishes a range of workforce related data intended to assist social services providers in planning their workforces.
- Local Authorities and other providers of social care services use a range of means to ensure that they have in place the workforce capacity to deliver those services.
- For NHS Scotland, Scottish Government sets the policy direction, guides and monitors. *Everyone Matters: 2020 Workforce Vision* launched in June 2013 makes a commitment to strengthening workforce planning to ensure that we have people with the right skills, in the right numbers, in the right jobs.
- Scottish Government leads and manages, through the Scottish Shape of Training Transition Group, detailed medical specialty supply and demand profiles.
- The Scottish Government's Nursing and Midwifery Workload and Workforce Planning Programme provides a validated framework and suite of tools enabling NHS Boards to make sustainable, evidence-based decisions on nursing and midwifery workforce requirements - mandated in Local Delivery Plans (LDPs) since 2013. Scottish Ministers have committed to enshrine safe staffing in law, placing the tools on a statutory footing in future.
- Workforce planning is a statutory requirement for all NHS Boards: each NHS Board must plan its workforce according to local needs and circumstances.
- NHS Boards are required to complete and submit Local Delivery Plans (LDPs) and must demonstrate the actions they are taking to ensure workforce planning takes place.
- NES holds core data on the numbers and progression status through training of key sectors of the healthcare workforce, particularly nurses and midwives, doctors and dentists. This data is critical to understanding the short, medium and long term supply pipelines for these workforce groups into NHS Scotland. NES provides a comprehensive report every 2 years on workforce planning in dentistry and have built up a valuable data base over the years.

4. While many of these working arrangements are close, they do not always work strategically and in some cases compete directly with each other to recruit the right staff. Each of the major organisations maintains distinct objectives with regard to workforce planning, and there is no fully integrated workforce planning system that addresses challenges collaboratively. There are opportunities to examine how a "whole system" approach to workforce planning can look at challenges and resources across health and social care and address these effectively. This will help the shift from hospitals towards communities, taking into account that some parts of the health and social care workforce are highly mobile, both within the UK and internationally.

5. For NHS Scotland, workforce planning is a statutory requirement established in 2005. The current guidance contained in CEL 32 (2011) was issued on 19 December 2011<sup>5</sup>. This revised guidance was developed to include an internationally recognised “Six Step Methodology to Integrated Workforce Planning” for use by the NHS workforce planning community across Scotland. It also established that this methodology could be used for other areas of planning, most notably financial and service planning. In essence, the six steps are:

Step 1 – Defining the plan

Step 2 – Service Change - what you want to do?

Step 3 – Defining the Required Workforce – what you need to achieve this?

Step 4 – Workforce Capability – what do you have at present?

Step 5 – Action Plan – what needs to happen to deliver the change required?

Step 6 – Implementation and Monitoring

There are strong similarities in approach between this methodology, the 8-stage guidelines set out by the Scottish Social Services Council, and a 4-stage process used within the third sector.

6. The need to improve and harmonise current NHS Scotland workforce planning practice is specific. It involves ensuring NHS Boards use the existing workforce planning methodology more consistently, and requiring them to do this in a regional context. And it will involve looking at how workforce planning for doctors, dentists, nurses and midwives is carried out nationally and how it might operate more effectively at regional and local levels than is currently the case. Though workforce planning arrangements differ for Allied Health Professionals, Healthcare Scientists and other key groups of NHS staff, those groups will also play an important part in addressing this need.

7. At the same time, there are also opportunities to examine how a “whole system” approach to workforce planning can look at challenges and resources across health and social care and address these effectively. This will only succeed if there is agreement about how a joint approach to workforce planning might work. That might imply a “framework” approach allowing for some variation between employers. It is encouraging that there is some similarity between methodologies referred to above, though there is further scope for common ground to be reached on roles and their definitions – where for example the term “Healthcare Assistant”, and the associated education and training requirements for that role - is perceived differently within health and social care systems.

8. Making the most of these opportunities (within NHSS, as a priority; and across wider health and social care, in the longer term) will help achieve the best results possible from:

- Public Sector reform to enable NHS Boards, Local Authorities and IJBs to collaboratively deliver the health and care services that Scotland now needs;
- Programme for Government commitments on health and social care;
- The need to achieve integrated services delivered by multi-disciplinary teams.

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<sup>5</sup> [http://www.sehd.scot.nhs.uk/mels/CEL2011\\_32.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2011_32.pdf)

- National Clinical Strategy objectives, including those on Cancer, Primary Care and developing plans for Elective Centres;
- The forthcoming (early 2017) Mental Health Strategy, which will deliver the Scottish Government's commitment to achieve parity of mental and physical health. This will require more emphasis on shaping the workforce via IJBs because the majority of health contacts with the population will fall outside acute settings.

## National workforce planning

9. Workforce planning at a national level is currently carried out to support Scottish Ministers' decisions on the NHS Scotland workforce. The Scottish Government co-ordinates action and funding to:

- control student intake numbers to medicine, dentistry and nursing, and in the medical and dental supply chain beyond undergraduate education;
- support Scottish Ministers on NHS workforce planning policy;
- monitor and report on trends in the workforce arising from the publication of official statistics on workforce numbers and workforce projections;
- enhance workforce planning in NHS Scotland through improved data quality, better workforce intelligence, and application of a consistent methodology to assess and mitigate workforce risk;
- advance NHS Scotland workforce issues in a service context.

10. In NHS Scotland, student intake planning for the "controlled" professions – Doctors, Nursing, and Dentists – is carried out by separate groups convened for those purposes. These groups model and forecast numbers of students required in future training intakes which best meet the needs of future services, assessing demand and reflecting professional judgement and statistical analysis. Those needs must also take into account the conditions under which public funds are allocated by the Scottish Government for training, enabling educational institutions to provide training to the required level from within allocated resources. The main groups are:

- Medical** – Undergraduate medical numbers are set annually under the principles of "controlled" student numbers by Scottish Government on the advice of the Medical Undergraduate Group. The Shape of Training Transitions Group takes decisions on postgraduate medical training intakes with input from NHS Education for Scotland (NES) about medical supply and demand, and professional judgement input from Royal Colleges, BMA Scotland and others.
- Dental** - The Dental Student Intake Reference Group takes account of NES and other projections in deciding how many trainees are needed in future. This group communicates its recommendations to Ministers for approval. The Scottish Funding Council (SFC) is then responsible for allocating places across Scotland's Dental Schools, within available Scottish Government (SG) funding.
- Nursing and Midwifery** - The Student Nursing and Midwifery Intake Group triangulates statistical input from NES and ISD with SG analysis and professional judgement from the main representative bodies. This group

makes recommendations to Ministers about numbers of funded student places across the main categories of nursing and midwifery. SFC is then responsible for allocating the places across HEIs from within SG funding.

11. For social care services, the national Scottish Government role involves:
  - providing resources to ensure the supply of degree-qualified social workers in Scotland.
  - funding the Scottish Social Services Council (SSSC) to undertake the role of provider of Official Statistics on the social services workforce in order to provide workforce intelligence, monitor and report on trends in the workforce
  - requiring the SSSC to set the qualifications required by certain categories of workers across the workforce and assess the quality of the qualifications.
  
12. Also at national level, SSSC works on a range of issues affecting the social care workforce, including demand for social workers, Mental Health Officer (MHO) provision and on data, qualifications and registration.

### **Regional Workforce Planning**

13. Currently, regional workforce planning within NHS Scotland varies. Differing regional structures vary in how they respond to cross-board capacity problems as they affect particular services and professions. As a strategic priority for “scheduled care” provided in hospitals, the Health and Social Care Delivery Plan sets out arrangements for strengthening regional planning for services, with NHS Boards working together through three regional groups. That Scottish Ministers have committed to strengthen regional workforce planning is therefore a logical step. While regional workforce planning to date has enabled positive outcomes to be reached involving co-ordination of staff resource between Boards, a fully developed regional workforce planning capability across the NHS in Scotland – able to operate proactively and co-operatively across its territorial boundaries – now needs to be realised.

14. A National Workforce Planning Forum, with membership drawn from the principal workforce planners from all 22 NHS Boards – has sought to reduce variability in regional workforce planning practice, to encourage the use of cross-boundary solutions by sharing data and to bring more consistency to workforce planning across Scotland. The Forum has had to work with a diverse agenda in complex and difficult territory where workforce data is often variable and where Boards have different, and sometime conflicting, priorities. Consequently it has not always been able to access the input and intelligence it needs around changes in service models and associated capacity constraints. As such, the Forum has had limited capacity to wield sufficient influence at national, or even regional level.

15. There is limited regional planning for social service services, and indeed limited demand. There may be an opportunity to look at how a regional approach to workforce planning might be evolved in light of IJB roles and responsibilities.

## Local workforce planning

16. Local workforce planning takes place in a variety of levels and within a variety of contexts – at NHS Board level, within Local Authority areas and IJB boundaries. Different challenges affect each of these systems.

17. For individual NHS Boards, it is essential to make accurate predictions over a number of future years to plan services properly. Boards estimate their future staff requirements in their workforce plans and workforce demand projections. In doing so, Boards need to ensure that these plans are driven by - and reflect – the design of their services in order to maintain quality of care and ensure efficiency. They must take into account factors such as changing models of care and where people live, advances in medicine and new technologies and drug treatments. As the majority of the future workforce will be drawn from the current workforce, Boards also need to take account of factors influencing the development of the existing workforce in order to meet future need.

18. This is an exacting process, and NHS Boards can experience difficulty in predicting accurate numerical projections of the number of staff needed, particularly in the medium to long term. Boards' ability to project anticipated staffing needs can be subject to shorter-term financial challenges: funding for workforce initiatives may be too short term in nature; there may be restrictions in how funds can be utilised, or difficulties in prioritising spend; funding may not be easily identifiable and difficult to plan for and monitor; or funding may not be targeted carefully enough to bring about intended change.

19. There is scope to reduce the level of detail NHS Boards are required to provide in workforce plans and projections, and for Scottish Government and NHS Boards to work more closely together to forecast more effectively – for example by using medical profiles to support local workforce planning. Closer and clearer working relationships should also help in wider considerations on how local workforce planning can be aggregated most effectively at regional level.

20. In the Scottish social care services sectors, it is understood that most, if not all, employer organisations take decisions at local level (that is, at employer or establishment level) about workforce planning and collect data on:

- Services provided/used and current staff numbers and costs
- Current vacancies
- Current training activity

Most organisations use this data for budget setting, day to day management and planning for short term needs, with a recent study indicating that some do use data for longer-term workforce planning. Local Authorities do workforce planning for their own workforce, but there is, as yet, no clear picture of the extent to which employers in the independent and third sectors use formal workforce planning tools - though resources such as the SSSC Workforce Planning Guide<sup>6</sup> are generally available.

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<sup>6</sup> <http://learningzone.workforcesolutions.sssc.uk.com/course/view.php?id=25>



21. Though IJBs are not employers themselves, they are accountable for planning staffing needs for the services delegated to them by local authorities and NHS Boards. They play a key role in shaping workforce demand and in supporting 'intelligent forecasting'. A legislative requirement operates on IJBs to produce a workforce development plan and an organisational development plan. How IJBs choose to action this is left to local decision-making. As they have only been fully up and running since April 2016, workforce planning is currently a live issue.

22. Some of the complexities of integration, and the scale in which it is taking place, extend to workforce planning. The social services sector comprises a wide range of areas and service types and employs over 200,000 social services staff across approximately 2,600 third, independent and public sector employers<sup>7</sup>.<sup>8</sup> These service providers run just over 8,000 separate registered care services. Differing governance structures and responsibilities are in place across different sectors, although Local Authorities remain responsible for procuring social care services. Recognising these challenges, and the variety of methodologies in place will be important to ensuring workforce planning has full relevance in an integrated context.

23. Given the market arrangements prevalent in social care, there are strong interconnections between strategic commissioning and service procurement, workforce planning and pay, recruitment and retention and a range of other factors. One question is how beneficial a systematic approach to workforce planning can be for parts of the social care system. Independent and third sector social care service providers may be commissioned, primarily by Local Authorities or IJBs, to deliver a service for a fixed period of time (eg 3 years) before the contract is put out for tender again. Any uncertainty regarding renewal of contract can therefore make proactive workforce development and planning difficult. In the longer term, these providers will need strategic commissioning plans to be clear about what kind of care and support will be commissioned in the future, so that they can plan and develop their workforce appropriately in order to respond.

24. As a large number of social care service employers have a workforce of fewer than 30 people, and some are sole employees, there are also questions about the kind of workforce planning input that might reasonably be expected of those employers; and what kind of planning the commissioning bodies should be involved in. There are already examples of effective working between independent employers and local authorities around workforce training and development, but agreeing clearer and wider arrangements which can bring about more systematic approaches to workforce planning should help reduce some of the uncertainty experienced by providers.

25. The Plan will need to address these challenges and opportunities, which will require further discussion with IJBs, Local Authorities, independent and third sector interests.

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<sup>7</sup> <http://data.sssc.uk.com/data-publications/22-workforce-data-report/128-scottish-social-service-sector-report-on-2015-workforce-data>

<sup>8</sup> The 200,000 figure relates to the whole of the social service sector, including children's services. Adult social work and adult social care services account for c.145,000 people in the social service workforce.

### **3 – AREAS FOR IMPROVEMENT**

1. There are a number of practical issues to consider in improving workforce planning, to give an accurate assessment of the work needing to be undertaken now and over the next 5, 10 and 15 years.

#### **Updated Guidance/Structural Framework**

2. Each NHS Board is currently required to produce an annual workforce plan, and IJBs are required to ensure they have developed one. These plans often acknowledge the changes required to deliver national strategies, but are either unable to articulate this fully, or choose not to address this – for example, in the absence of financial certainty. This works against effective long-term workforce planning (more than five years) and workforce plans tend only to outline fairly superficial responses to problems with recruitment and retention or succession planning.

3. This is not an issue for NHS Boards alone; it also involves Scottish Government. One way Scottish Government might address this is by setting out requirements within a clearer context for NHS Boards, using a more structured framework. In developing new guidance and setting out a framework for NHS Boards, the SG could take the opportunity to develop guidance which would be of wider use to IJBs and local authorities as well. This might offer more explicit guidance about the need to address particular constraints. Other areas where Scottish Government might work with NHS Boards and IJBs to improve the methodology of workforce planning are:

- Refining the processes around workforce plans, projections and LDPs.
- Seek ways to use the 6-step methodology more consistently and insightfully, so that NHS Boards and IJBs can predict workforce supply and demand trends with greater accuracy and sensitivity, and align these with service needs and priorities.
- Provide structured opportunities to look at recruitment – eg improved targeting and advertising – influencing NHS Boards' approach to locum and private sector use.

#### **Workforce Data**

4. One area that must improve if workforce planning is to be more effective is the quality and availability of data across all sectors. We need confidence in this to:

- take forward policies in pursuit of better health and social care
- improve outcomes for the people of Scotland
- ensure we have enough people with the right skills, doing the right thing in the right place at the right time.

5. Health and social care services are pressed on many fronts and need confidence that they are collecting, collating and using the right information, proportionately and intelligently, to plan for and deliver the services they provide. An important part of the Plan will therefore involve reviewing data requirements -

assessing how to streamline them and improving workforce data collection. This will focus on:

- reducing data “demand” where appropriate by focussing on what is needed;
- harnessing available insight, research and analysis to enable workforce planning to relate much more closely to delivery of successful clinical and patient outcomes as people experience them; and
- identifying and filling gaps where necessary.

6. There are some practical opportunities to refine the collection and use of data. These might include:

- examining how official statistics produced on a quarterly basis might cross-refer more helpfully with known management information held from day to day by NHS Boards.
- further work to compare, understand and analyse data respectively held for the NHS Scotland workforce (by ISD Scotland)<sup>9</sup> and for the social care services workforce (by SSSC)<sup>10</sup>;
- reducing the demands of the currently quarterly statistical reporting cycle to free up analytical capacity within ISD Scotland and within NHS Boards themselves.
- Streamlining the projections process which will mean NHS Boards report only essential elements – and cut out unnecessary effort.
- Committing further time and resource to researching and analysing need and demand, and combining that information intelligently to factor in age, geography, training demands, career attractiveness and other factors.
- Committing resource to assessing gaps and identifying options for filling them, particularly in the area of primary care.

7. Improving workforce planning will require a better understanding of the numbers and contribution of non-UK EU citizens to NHS and social services in Scotland. While it is estimated that non-UK citizens account for approximately 5% of the total NHS workforce in Scotland, and around 6.8% of Scotland’s doctors, the sensitivity of this data on the NHS Scotland workforce is being improved; and to achieve a better understanding of this within social care, COSLA, the Coalition of Care and Support Providers Scotland (CCPS) and Scottish Care are working at national level with the Office of the Chief Social Work Adviser. More refined data covering all health and social care sectors should help to inform workforce planning developments and will contribute significantly to our understanding of the challenges outlined in this document. Better information on the vital contribution made by EU citizens will also play an important part in designing and implementing effective recruitment strategies in future.

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<sup>9</sup> <http://www.isdscotland.org/Health-Topics/Workforce/>

<sup>10</sup> The most recent report (with data from December 2015) was published in August 2016 and is available at <http://data.sssc.uk.com/data-publications/22-workforce-data-report/128-scottish-social-service-sector-report-on-2015-workforce-data>

## Co-ordinating student intakes across professions

8. Each national group dealing with the control of student intakes deals with its own set of complex issues and takes advice combining statistical analysis with professional judgement. While improvements are being made to these processes, this is an area where, rather than continue to plan student intakes in professional silos, there is scope to make better connections across the professions, in line with the clinical priorities envisaged by the National Clinical Strategy. More detailed discussion will also be needed with further and higher education institutions and others about aligning these priorities with the education sector's capacity to meet ongoing need for trained staff across health and social care.

9. For the longer term, a more strategic approach is needed to encourage younger people to make positive choices about careers in health and social care. More work on career opportunities, labour markets and how these influence recruitment and retention will help to build evidence to support further action.

## Strengthening demand dimensions in workforce planning

10. Current workforce planning models are largely predicated on supply factors. The 6 step methodology does make provision for demand-led factors but how Boards interpret and observe the guidance needs to be considered carefully. Assumptions which are currently factored into workforce plans tend to be supply-based and service-related ones relating to perceived difficulties in securing sufficient capacity. It is critical that we understand planned future models of care and likely demand and articulate this as part of more intelligent, evidence-based workforce planning. We need to develop our understanding of demand factors and their effects on recruiting and retaining staff across all service areas.

11. In the longer term, the Plan will need to develop a series of actions, perhaps set within a framework of tools accessible by different employers, allowing them to use these to build sufficient numbers of appropriately trained and qualified staff. This will involve exploring how to develop better intelligence through workforce analysis – being clear how a range of demand factors impact on supply. This will be covered in more detail in the Plan.

## Strengthening Workforce Planning Networks

12. While structural changes will not solve workforce planning issues on their own, there are opportunities to examine how we might improve and extend workforce planning structures to include social care and other sectoral interests, regionally and nationally rather than locally. Broadly, a workforce planning network might be configured as follows:

- **Nationally** – the establishment of a National Workforce Planning Group, to be taken forward in partnership between Scottish Government and key health and social care stakeholders, to ensure there is clarity of responsibility, governance and expectation. Dialogue to facilitate and establish this would include membership from the wider medical and non-medical professions. This group will also involve IJBs, primary care and social care representatives. It will require a

work programme that is solutions-driven with an active and dynamic agenda that prioritises workforce planning challenges and links them clearly to national clinical and other strategic priorities. Its work programme would recognise the need to bring in a range of contributions from providers within a timescale appropriate to them.

- **Regionally** – Regional workforce planning already takes place in the NHS, but is variable in scope. A more inclusive and mandated regional approach across Scotland might allow solutions to be identified, designed and delivered across boundaries. Regional workforce planning would need to be backed by clear governance, and the ability to reach balanced conclusions taking full account of differences in employment markets and economic drivers within regions.
- **Locally** – with guidance from Scottish Government, NES, Scottish Social Services Council, the Care Inspectorate, Social Work Scotland and other key organisations, and input from trade unions, there are opportunities for NHS Boards, Local Authorities and IJBs to work together constructively using a framework approach to share workforce planning data, solutions and good practice – building on what works best in differing situations and locations.

13. The process for all three levels of planning will need to fit together and have clear timescales and expected outputs.

**4 - WHO NOW NEEDS TO DO WHAT?**

- 1. The matters raised for shared discussion in this document will need close involvement and careful consideration from individuals and organisations. This Discussion Document is the first step, rather than an end point.
- 2. The Plan in Spring 2017 will identify potential solutions to the challenges we face. To help inform its contents, your views are invited on the following questions:

**GOVERNANCE**

We need to improve the current system so that each layer takes responsibility for actions that are appropriate to it. We propose to put in place governance arrangements which will help stakeholders set the direction of the workforce plan; to check and advise on progress; and to resolve contentious issues. The following table sets out broad proposals for workforce planning roles at national, regional and local levels.

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

| <b>Strategic Level</b>  | <b>Workforce Planning role/activity: (these are suggestions for consideration. The Plan in Spring will set out more definitive proposals based on feedback to this discussion document.)</b>   |
|---|--|
| <p><b>National</b> - these actions are done in partnership with relevant stakeholders from across the health and social care sectors. Where possible existing groups will be used, perhaps revitalised with a new action orientated remit. Where required, new groupings will be formed to undertake specific tasks (for example, a new monitoring and scrutiny body may be required to inject challenge into the workforce planning system).</p> | <p>The role we propose for this level is the following:</p> <ul style="list-style-type: none"> <li>• preparation and publication of the National Workforce Plan, which will set the vision and principles</li> <li>• collating and sharing evidence of best practice</li> <li>• developing and agreeing policy/strategy/guidance</li> <li>• identifying national priorities, including professions and geographical areas where national action is required</li> <li>• coordinating ongoing monitoring and scrutiny</li> <li>• agreeing remedial action required at a national level.</li> </ul> |

|  |  |
|--|--|
| <p><b>Regional</b> – The current system does allow for regional planning, but feedback we have received is that the system needs to improve so that required actions are taken forward in a coordinated and effective way that has definite impact. We need to consider how best to create a regional planning structure for the health and social care sector that is effective and has appropriate authority for decisions to be implemented once agreed. This may ask organisations such as NHS Boards, Local Authorities and IJBs to work together to determine workforce requirements across health and social care, rather than decisions being taken independently of each other.</p>   | <p>The role we propose for this level is:</p> <ul style="list-style-type: none"> <li>• identification of regional priorities</li> <li>• agreeing and implementing actions to ensure health and social care needs are met as effectively as possible across geographical regions and priority professions (for instance ensuring that remote rural areas are served effectively, and that resources within fragile professions are deployed to most effective use)</li> <li>• regular monitoring to ensure delivery is effective.</li> </ul>  |
| <p><b>Local</b> – This level of the health and social care sector is where most of the day to day operational decision-making will take place, and there are a wide range of organisations working independently of each other to ensure health and social care needs are met. If a more effective national and regional planning process is put in place it could significantly reduce the burden on those planning front line delivery by ensuring they only need to tackle the issue which they can have best impact on. This does not mean a one size fits all approach as at the local level we will see a range of ideas and approaches being implemented that are appropriate to that area,. This needs to be encouraged and catered for so that informed, relevant, effective and prompt decision making can continue.</p> | <p>The individual organisational roles for this area may vary in terms of the detail but broadly fit within the following criteria:</p> <ul style="list-style-type: none"> <li>• IJB local workforce planning in partnership with Local Authorities and NHS Boards, setting out workforce requirements across the agreed responsibilities that each IJB has.</li> <li>• Any health and social care needs for local areas that remain the responsibility of Local Authorities , working with the third and independent sectors.</li> <li>• NHS Board Planning for local secondary and primary care sector, ensuring local needs are met effectively.</li> </ul> |

## WORKFORCE PLANNING ROLES

“Silo” approaches to workforce planning can prevent effective delivery of integrated services, following systems rather than persons.

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

- Nationally?
- Regionally?
- Locally?

## **WORKFORCE DATA**

Intelligent and insightful data is crucial to workforce planning, but data capture and analysis varies in scope and quality both within the NHS and between NHS and wider care systems. In order to improve our understanding of the challenges the health and social care sectors face, we need to ensure we have the most accurate and relevant data possible, and that this data is used effectively to undertake workforce planning across and between organisations.

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

## **RECRUITING AND RETAINING STAFF**

Employers are often in competition with each other to recruit staff from the same market, and for a variety of reasons can find posts difficult to fill – causing pressure on services and people who need and use them. A more collaborative approach to recruitment at a regional, and in some cases national level may help us to address recruitment pressures more effectively and efficiently.

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

- Nationally?
- Regionally?
- Locally?

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

## **CLEAR AND CONSISTENT GUIDANCE**

There is considerable variation in workforce planning practice across the Health and Social Care sector. National guidance for the NHS has helped put in place a standard system, but this needs to be refreshed and its implementation improved. This guidance sets out an approach that is recognised internationally as the most effective way to undertake workforce planning. In essence it asks those planning workforce requirements to answer the following questions:

- What is to be delivered?
- What do you have to deliver it?



- What do you need to deliver it?
- If there is a gap, how will you close it?

Woven through this is regular monitoring and evaluation to ensure approaches taken are having an effective impact.

Public and private sector organisations utilise this approach all over the world, and Health Boards have used it to progress workforce planning in the NHS. We believe it would be appropriate to use the same approach for other organisations within the health and Social Care sector where that is required, taking care to ensure its use is appropriate to each. This is not about rolling out an NHS approach for others to use, this is rolling out an internationally recognised process that allows an organisation to efficiently map out their workforce requirements as best they can using the data to hand. It may not require every organisation to undertake the process, as long as those planning have accurate and relevant data which would allow them to assess workforce requirements in the short, medium and longer term.

**Question 5. Based on what is said above, would it be helpful at national level to have an overarching process (or principles, or framework) for workforce planning across the Health and Social Care sectors?**

## **STUDENT INTAKES**

Labour markets for doctors, dentists, nurses and midwives are complex and subject to uncertain future supply factors. Absolute certainty that estimates will be correct is not possible given the range of factors in play, and overly precise approaches provide little flexibility. Successful workforce planning relies on the creation of a surplus supply of an appropriately skilled and deployed workforce, meaning we need to strike the correct balance between ensuring a sufficient supply whilst at the same time doing our best to provide those coming out of training with an opportunity of employment. Vacancies in some professions remain persistent and capacity pressures continue for some clinical and nursing specialties. Student intake planning for “controlled” professions – doctors, nurses and midwives and dentists – is carried out by separate planning groups, each committed to ensuring all qualified professionals secure employment. Decisions on intakes are informed by statistical analysis and professional judgement, but also influenced by this commitment and on available funds. There is scope for the training process to align more effectively with workforce planning objectives, predicting supply needs against a more comprehensive set of demand factors, and making better connections across professions.

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

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

## **Responding to this Consultation**

We are inviting responses to this consultation by 28 March 2017.

Please respond to this consultation using the Scottish Government's consultation platform, Citizen Space. You view and respond to this consultation online at <https://consult.scotland.gov.uk/health-workforce/national-health-and-social-care-workforce-plan>. You can save and return to your responses while the consultation is still open. **Please ensure that consultation responses are submitted before the closing date of 28 March 2017.**

If you are unable to respond online, please complete the Respondent Information Form (see "Handling your Response" below) to: Rona Watters, Directorate for Health Workforce and Strategic Change: Health Workforce Policy, Area GR, St Andrew's House, Regent Road, Edinburgh, EH1 3DG.

### **Handling your response**

If you respond using Citizen Space (<http://consult.scotland.gov.uk/>), you will be directed to the Respondent Information Form. Please indicate how you wish your response to be handled and, in particular, whether you are happy for your response to be published.

If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form attached included in this document. If you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

### **Next steps in the process**

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at <http://consult.scotland.gov.uk>. If you use Citizen Space to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so.

## **Comments and complaints**

If you have any comments about how this consultation exercise has been conducted, please send them to Rona Watters, Directorate for Health Workforce and Strategic Change: Health Workforce Policy, Area GR, St Andrew's House, Regent Road, Edinburgh, EH1 3DG.

## **Scottish Government consultation process**

Consultation is an essential part of the policy-making process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

You can find all our consultations online: <http://consult.scotland.gov.uk>. Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Consultations may involve seeking views in a number of different ways, such as public meetings, focus groups, or other online methods such as Dialogue (<https://www.ideas.gov.scot>)

Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.



## RESPONDENT INFORMATION FORM

**Please Note** this form **must** be completed and returned with your response.

Are you responding as an individual or an organisation?

- Individual  
 Organisation

Full name or organisation's name

Phone number

Address

Postcode

Email

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- Publish response with name  
 Publish response only (without name)  
 Do not publish response

### Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

- Yes  
 No



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