

Integrated Health and Social Care

Workforce Planning for Scotland: Guidance

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Purpose

1. To provide Workforce Planning guidance for use by:
 - NHS Boards;
 - Integration Authorities;
 - Local Authorities;
 - other Commissioning Partners.
2. This guidance should support a partnership approach to workforce plans which consider the needs of an integrated health and social care workforce, including third and independent sector. The guidance will also be of assistance to those in other areas of planning closely related to workforce planning, e.g. financial and service planning functions.
3. This guidance will assist future decision-making on the workforce in order to:
 - Deliver best quality health and social care to service users;
 - Reflect an integrated health and social care environment;
 - Recognise the interconnectivity of the “whole system”;
 - Develop workforce planning capability;
 - Promote the integration of workforce, service and financial planning processes;
 - Build a flexible workforce able to respond to future needs;
 - Ensure affordability through fully costed plans;
 - Link the future workforce to future demand for health and social care;
 - Support the further development of scenario planning and workforce modelling.

Definition of workforce planning

4. Workforce planning involves complex activity at different levels, across varying timescales, involving many stakeholders. Audit Scotland¹ defines workforce planning as:

...“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.”

¹ [Audit Scotland - Public Sector Workforce](#)

5. This complex activity involves:

- Analysing and interpreting statistics and data (quantitative workforce planning);
- Developing strategic organisational responses to consider a number of possible futures (qualitative workforce planning).

6. Because so many roles provide a diverse range of services across health and social care in Scotland, this adds to the complexity of effective workforce planning. While statistical information is a key element, workforce planning is not an exact science, and involves agreeing and applying assumptions about supply and demand, and examining how these evolve over time. These assumptions must be reviewed regularly to take into account changing economic, population and service delivery factors.

Current responsibilities for workforce planning

7. Different employers across health and social care also have varying responsibilities, as follows:

- **NHS Boards** (under the 1978 NHS Act) are required to undertake workforce planning to ensure a full range of services are provided, including working with independent contractors in primary care. Existing guidance under CEL 32 (2011)² requires NHS Boards to produce and submit annual workforce plans.
- **Integration Authorities (IAs)**, which are not employers themselves, produce Strategic Commissioning Plans that identify local health and social care needs and show how appropriate services will be delivered by the Health Board and Local Authority. The Public Bodies (Joint Working) Scotland Act 2014 requires Health Boards and Local Authorities to put in place appropriate workforce plans to assure the availability of an appropriately trained workforce to deliver those services, and the process for agreeing those plans must be set out in each Integration Scheme.³
- **Local Authorities** and other social care services employers under Regulation 15 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011⁴ must ensure that suitably qualified and competent persons are working in the care services in such numbers as are appropriate;
- **Third and independent sector employers** are likely to undertake local workforce planning to enable adequate staffing resources, but scale and scope of this varies from employer to employer. Many of the services provided by third and independent employees are commissioned by the IA or Local Authority.

² https://www.sehd.scot.nhs.uk/mels/CEL2011_32.pdf

³ <https://www2.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/Statutory-Guidance-Advice/ModIntScheme>

⁴ https://www.legislation.gov.uk/sdsi/2011/9780111012321/pdfs/sdsi_9780111012321_en.pdf

8. “Workforce plans” have traditionally been viewed through the lens of NHS Board requirements, and, more recently, as a key element of Integration Authorities’ Strategic Commissioning Plans. However, this guidance fully acknowledges that workforce plans now also play a key part of the planning undertaken by Local Authorities and in third and independent sector organisations.
9. While employers often have close working relationships, they may not always work together strategically. Each of the main categories above maintains distinct objectives with regard to workforce planning, and there is no fully integrated workforce planning system that addresses challenges and resources collaboratively. A “whole system” approach to workforce planning would allow this to be addressed more effectively.

Workforce Planning Methodologies

10. This guidance aims to advise on and promote a more collaborative approach to workforce planning across an integrated landscape, including the third and independent sectors.
11. All health and social care employers are encouraged to ensure that workforce planning takes place using a methodological framework which best meets their individual organisational needs. A range of workforce planning methodologies and supporting tools currently in use across local authorities, the third and independent sector, and NHSScotland are set out at **Appendix 1**.
12. Recognising the inherently diverse nature of health and social care organisations (and existing workforce planning arrangements appropriate to each), this guidance does not seek to compare particular approaches, or to make recommendations about the use of one methodology over another.
13. Instead, this guidance is designed to advise, support and assist those employed in all health and social care organisations with responsibility for leading on workforce planning activities and the development of workforce plans, at:
 - National Level
 - Regional Level
 - Local Level (e.g. NHS Boards, Integration Authorities through Health and Social Care Partnerships (HSCPs));
 - Service Level (commissioning partners in the third and independent sector)
14. Successful workforce planning at all levels will help deliver a future health and social care workforce that provides safe and high quality services and that supports the shift in the balance of care outlined within the National Health and Social Care Delivery Plan.

National Level

15. Workforce planning at a national level is currently carried out by Scottish Government, key service providers and stakeholders to support Scottish Ministers’ decisions on health and social care services. This is essential in

understanding planned future models of care, assessing supply and likely demand, and in developing better intelligence using an accepted evidence base. This work requires a shared understanding about demand factors, how these interact with each other, and what their effects are likely to be in recruiting and retaining staff sustainably across all service areas.

16. For social care services, the national Scottish Government role includes:

- Providing resources to ensure a sustainable supply of degree-qualified social workers in Scotland;
- Funding the Scottish Social Services Council (SSSC) to provide official statistics on the social services workforce to support enhanced workforce intelligence, and 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 these qualifications.

17. For NHSScotland services, the Scottish Government co-ordinates action and funding to:

- Control student intake numbers to medicine, dentistry and nursing & midwifery, and in the medical and dental supply chain beyond undergraduate education;
- Monitor and report on supply and demand trends in the workforce via the quarterly publication of official statistics provided by ISD Scotland and NES;
- Enhance workforce planning across NHS Boards, through sharing improved data quality and coordinating better workforce intelligence.

18. For primary care services, the Scottish Government will:

- Monitor the progress of Primary Care Improvement Plans (PCIPs) agreed with GP sub-committees and Integration Authorities that set out how primary care service redesign will be prioritised and delivered over a three year period.
- It will be essential that the implications of both NHS Board and Integration Authority (through HSCP) workforce plans are considered as part of this process as they provide many of the enablers required to deliver PCIPs.

19. To further support national workforce planning, this guidance sets out revised arrangements as follows:

Revised Requirements – National Level

- **Workforce information provided within regional and local workforce plans can be aggregated and used to inform national stakeholder and working groups (e.g. Elective Services, Radiology Transformation Board, commissioned student numbers groups).**
- **This guidance should therefore be used by stakeholder and working groups to inform the achievement of future national workforce**

initiatives. In this way, the application of any methodology at national level will be consistent with regional, local and service level workforce planning exercises in assessing and mitigating workforce risk.

- The Scottish Government and Confederation of Scottish Local Authorities (COSLA) will proactively analyse and use evidence gathered from regional and local workforce planning activities to inform co-produced integrated workforce plans.**
- The Scottish Government and COSLA will connect evidence on improved workforce planning activities to intelligence on the development of more sustainable training pipelines, and link this into condition-specific and profession-specific work being undertaken by national groups.**

Regional Level

20. Currently, developing approaches to regional workforce planning are most applicable in an NHSScotland context. The Health and Social Care Delivery Plan set out arrangements for 2018/19 which were designed to strengthen regional planning for services (i.e. Regional Delivery Plans) in tandem with the NHSScotland regional approach (i.e. “territorial” NHS Boards working together through three regional groups in the North, West and East of Scotland). The non-territorial NHS Boards have also been expected to work collaboratively to develop their own planning arrangements and to support territorial NHS Boards’ service planning.
21. Workforce plans have been included within those Regional Delivery Plans produced to date. However a longer term, more integrated approach to regional workforce planning needs to be sustained into the future.
22. This will involve further collaboration between Health and Social Care Partnerships and NHS Boards to improve coherence and read-across between future Regional Delivery Plans and developing NHSScotland Regional Workforce Plans.
23. As individual NHS Boards and HSCPs already implement the outputs of regional co-operation, there should be no need to design different approaches to existing workforce planning methodologies in order to carry out regional workforce planning.

Revised Requirements – Regional Level

- Regional planners should continue to undertake workforce planning activity in line with existing requirements and should ensure that a regional workforce plan continues to be included as a key part of ongoing Regional Delivery Plans.**

- **Further steps should be taken to improve communication, coherence and read-across between workforce planners in HSCPs and NHS Boards, ensuring regional workforce planning arrangements are set out in future Regional Delivery Plans. These improvements should be facilitated under an agreed timetable and process, with appropriate governance arrangements in place.**

Local Level

NHS and Integration Authorities – current process

24. Local workforce planning takes place within a variety of contexts at NHS Board level, within Local Authority areas and IAs (through Health and Social Care Partnerships) boundaries. While different workforce challenges impact on each of these systems, organisations commonly use workforce plans to estimate future staff requirements and carry out workforce demand projections, according to how the services they provide are configured, in order to maintain quality of care for their local population, and to maximise organisational effectiveness and efficiency.
25. Traditionally, these plans have tended to focus on ensuring service continuity from year to year within available resources. But increasingly, all organisations which provide health and social care have needed to consider many longer term influences on the workforce – for example changing models of care, advances in medicine and new technologies and drug treatments
26. As stated in paragraph 7, NHS Boards are currently required to produce annual workforce plans; and IAs are required to ensure they have developed a joint Workforce Development and Support Plan describing how their workforce will meet local service requirements and priorities.
27. Historically, both NHS Boards and IAs have experienced difficulty in assessing accurate numerical projections of the staff they need, particularly in the medium to long term. This is in part due to the short term (annual) cycle for workforce planning and budget allocation – and in practice, the situation has been exacerbated by the different timings and decision-making processes which can apply to services, workforce and budgets within individual NHS Boards and IAs.
28. A whole-system approach is required. Simply maintaining the existing requirement on NHS Boards to produce annual workforce plans fails to acknowledge the complex ongoing interactions between workforce, service and financial planning. For integrated workforce planning to bring solutions to integration which fully enable and support service redesign, the processes behind these three aspects of planning must therefore complement each other. Without adjustment, the existing process will continue to inhibit organisations' ability to undertake longer term planning.

Aligning the workforce planning with financial and service planning

29. Annual Operational Plans (AOPs), which are now going into their third year, are intended to provide Scottish Government with confirmation that NHS Boards and their partners have plans in place to demonstrate how they will continue to deliver safe and accessible treatment and care and fully deliver Ministerial priorities.
30. In 2018 the Cabinet Secretary announced in the Scottish Parliament that NHS Boards would move to a new three year financial planning cycle commencing in 2019/20. Along with the AOP process, these plans will set out how NHS Boards should deliver priorities on waiting times; how they will invest in mental health; and how they will further progress the integration of health and social care.
31. The establishment of this new financial planning cycle for NHS Boards now provides an opportunity to frame strategic workforce planning for health and social care within a more co-ordinated environment. This will inform national decision making, but will also enable NHS workforce planning to forge more effective and sustainable links with services provided by Integration Authorities, and the workforce involved in delivering integrated services. Importantly, it will also allow some variation between employers, recognising their different organisational approaches, objectives and needs.
32. As noted, the new financial planning process now being put in place by NHS Boards covers a three year period which commenced in March 2019, with update submissions at annual intervals until commencement of the next three year cycle (March 2022). As of 2020/21 the AOP submission process will move to a three year rolling planning cycle, updated annually.
33. AOPs must be clearly aligned to local Integration Authorities' strategic commissioning plans, and should reflect the key contextual aspects of ongoing work on service transformation and regional planning. A key aim is to co-ordinate operational service developments with workforce and financial planning processes, which should also support the arrangements set out in this guidance.
34. While the proposed 3 year Workforce Planning cycle will commence later, the process of financial and operational updates will inform the first 3 year workforce plans in light of known budget parameters and service developments.
35. **Appendix 2** of this guidance sets out the revised submission timeframes for workforce plans in relation to the existing AOP and Financial reporting processes (as well as the new reporting requirements under the Health and Care (Staffing)(Scotland) Act).

The Health and Care (Staffing) (Scotland) Act

36. The Health and Care (Staffing) (Scotland) Act received royal assent on 6 June 2019.

37. It is anticipated that, going forward, The Health and Care (Staffing) (Scotland) Act will be used to:
- Ensure the provision of expert clinical advice in workload and workforce planning;
 - Support and facilitate teams to review workforce information in order to inform service redesign, development of roles;
 - Ensure that services and workforce are responsive to the needs of service users.
38. Upon commencement of the legislation organisations will need to have systems in place to ensure that a common staffing method is embedded in practice. This will include development and implementation of an annual plan to ensure that all existing workload and workforce tools are applied within nationally agreed timescales.
39. The Scottish Government is working with NHS Boards and other stakeholders to support their preparation for compliance with the legislation. This will include the issue of detailed statutory guidance on reporting requirements under the Act.
40. It is recognised that any new statutory guidance arising from the Health and Care (Staffing) (Scotland) Act may impact on future workforce planning requirements and this will be considered by the National Workforce Planning Programme Board following publication of the statutory guidance.
41. Organisations should continue to apply all existing professionally validated workload measurement and workforce configuration tools until the introduction of the Health and Care (Staffing) (Scotland) Act and the associated guidance is published. NHS Boards should apply the national nursing and midwifery workload and workforce planning tools in the process of determining workforce numbers (as appropriate). These tools should continue to be used as part of a triangulated approach incorporating professional judgement with quality measures.

New workforce planning process effective from December 2019

42. Through its workforce practice sub-group, the National Workforce Planning Group (NWPG) has recognised considerable value in a move to a longer term workforce planning cycle which allows more effective alignment with other organisational strategic planning timescales and reduces or removes factors inhibiting effective workforce planning.
- 43. To achieve better alignment with the new financial and operating planning cycle, this guidance therefore sets out a new three-year workforce planning cycle, with NHS Boards and IAs (through HSCPs) publishing their first 3 year workforce plans by 31 March 2021.**
- 44. This replaces existing obligations for NHS Boards to produce an Annual Workforce Plan as outlined under CEL 32 (2011). This being the case NHS Boards will NOT be required to publish a Workforce Plan in 2020.**

45. NHS Boards and Integration Authorities (through HSCPs) will require an appropriate period to adjust, to ensure there is time to develop the first iteration of these new three-year workforce plans by March 2021, in conjunction with relevant stakeholders.
46. **An Annual Workforce Planning Reporting Process will be developed to meet the annual reporting requirements of Scottish Government. A reporting template will be developed and forwarded to NHS Boards and IAs for completion in the intervening years between publication of their full 3 year workforce plans.**
47. The process will be developed by the Scottish Government in consultation with the National Workforce Planning Group and wider stakeholders. In recognition that producing workforce plans has involved significant resources at NHS Board level, the aim here will be to ensure that information requested as part of this process is appropriately concise while still adding value to national, regional and local workforce planning activity.
48. While being more concise and high level than full 3 year workforce plans, these interim reports will still need to meet Scottish Ministers' requirements and must:
- Continue to deliver a clear picture of local level workforce planning activity;
 - Be capable of aggregation at regional and national levels;
 - And where appropriate, enable Scottish Ministers to respond to ongoing scrutiny requirements for Parliamentary and audit purposes.
49. **NHS Boards and IAs should also identify and nominate responsible officers to ensure the publication of 3 year Workforce Plans and Annual Workforce Planning Reporting Templates are undertaken in line with the timescales identified.**

Workforce Projections Process (NHS Boards)

50. The Scottish Government will continue to require NHS Boards to submit workforce projections by 30 June each year, as part of the process to establish a national picture of likely trends across all staff groups. The projections submitted by Boards are also used to inform future student intake requirements for undergraduate medical, dental and nursing and midwifery education courses. This work is collated and published, and, importantly, allows Scottish Ministers to cite evidence from Boards about the NHSScotland workforce required to meet ongoing challenges set by evolving services and changing demand.
51. In recognition of the demands the projections process can make at Board level, the Scottish Government and ISD Scotland are looking at how it might be further streamlined. In developing the Annual Workforce Planning Process the Scottish Government will work with the NWPG and wider stakeholders to also examine whether new reporting templates could replace the existing projections process, and will advise further on this in due course.

52. As with the wider workforce planning process, continuity is important and the status quo will therefore continue to apply in respect of the annual workforce projections process for NHS Boards until further notice.

Integration Authorities (through HSCPs)

53. Health and Social Care Partnerships are also working to align strategic planning and commissioning arrangements with financial and workforce plans. A small number of HSCPs have already published three year workforce plans.

54. While the steps these HSCPs are taking are positive and proactive, we recognise that they will not initially be in alignment with the publication timescale set out in this guidance (i.e. publication of the first 3 year workforce plan in March 2021).

55. HSCPs which have already published three year workforce plans should therefore maintain their existing workforce plan publication schedule, but complete an Annual Workforce Planning Reporting Template (rather than submit a full first 3 year workforce plan) in March 2021.

56. HSCPs in this situation should advise the Scottish Government that this is their intention via their identified workforce planning lead officer.

Service Level

57. Third and independent sector employers are likely to undertake local workforce planning. As most social care service employers have small workforces in comparison to NHS and Local Authority counterparts, the level of workforce planning activity is likely to vary from service to service.

58. Given market arrangements prevalent in social care, there are strong interconnections between strategic commissioning, service procurement and workforce planning.

59. Independent and third sector social care service providers are typically commissioned, primarily by Local Authorities or IAs, to deliver a service for a fixed period of time. This process can make longer-term, proactive workforce development and planning difficult for third and independent care providers as employers.

60. To support longer term workforce planning in the future, third and independent sector providers will need longer term strategic commissioning and workforce plans to be clear about what kind of care and support will be required in order that they can plan and develop their workforce appropriately.

61. A more systematic approach to workforce planning, which includes representatives from third and independent sector partners as key stakeholders in the development of workforce plans, will help reduce some of the uncertainty

experienced by providers. Public bodies should also take account of the updated guidance on the procurement of care and support services.⁵

Building Workforce Planning Capability

62. For workforce planning to be effective, it is important that people with the right workforce planning skills are fully equipped to deliver this crucial work across all parts of health and social care.

63. The Scottish Government is fully committed to supporting organisations which provide integrated health and social care to develop workforce planning capability. We will do this by delivering a series of development opportunities for individuals across the NHS, Local Authorities, Primary Care and Third and Independent sector. These opportunities will support organisations to develop more effective workforce planning processes by providing individual employees with development opportunities designed around their workforce planning needs.

64. The Scottish Government is therefore working with partner organisations including NHS Education for Scotland, COSLA, The Improvement Service, Scottish Social Services Council (SSSC) and regional workforce leads to deliver development in fundamental aspects of workforce planning.

65. For existing specialist workforce planners, and those who wish to pursue development of workforce planning skills, the Scottish Government will also provide the opportunity to progress through more advanced training. This will support local planners to consider the role played by workforce planning as a key part of the wider strategic planning process; to explore more complex planning scenarios; and to learn from the experiences of planners from the wider UK health, social care, voluntary and third and independent sector.

Improving Data to support Workforce Planning

66. The National Workforce Plan for Health and Social Care

- (Part 1) gave NHS Education for Scotland the responsibility for integrating health and social care workforce data currently held across a number of organisations to produce a supply side data platform.
- (Part 2) outlined the need as align the NES activity in this area to facilitate the improved collation of health and social care workforce data utilising information currently held by SSSC and the Care Inspectorate (CI)
- (Part 3) recommended the NES platform be utilised to develop more integrated sources or data covering the Primary Care workforce

⁵ <https://www2.gov.scot/Topics/Government/Procurement/policy/SocialCareProcurement>

67. The TURAS Data Intelligence platform went live in April 2019.
68. Since then, NHS Education for Scotland have been working closely with a range of health and social care organisations to bring together the necessary data sources to allow the creation and visualisation of workforce scenarios, using data held, for the first time, in the one place.
69. It is envisaged that the new data platform will help workforce planners to plan using a common evidence base covering both health and social care sectors.
70. Scenarios, covering a range of NHS job/sub families and social care professional groups, are presented in a separate Annex to this Guidance as initial examples of scenario planning using projected demand growth.
71. COSLA and the Scottish Government will work in partnership with stakeholders to further develop scenario planning capability. We will support the development of scenario planning methodology at local and regional workforce planning levels. Doing this will allow the development of more robust scenario assumptions which accurately reflect local and regional workforce issues and drivers further informing national workforce planning priorities.

Proposed Revised Requirements – Local & Service Level

- **This guidance replaces existing obligations for NHS Boards to produce an Annual Workforce Plan as outlined under CEL 32 (2011). This being the case NHS Boards will NOT be required to publish a Workforce Plan in 2020.**
- **NHS Boards and IAs (through HSCPs) are required to develop three year Workforce Plans, publishing the first of these by 1st April 2021, covering the period up to 31st March 2024.**

The first three year Workforce Plans should be published on organisations' websites, by 31st March 2021 and a link to each Plan should be forwarded to the Scottish Government's Workforce Planning Policy Unit wfpmmo@gov.scot by this date.

- **NHS Boards will be required to continue submit annual projections to the Scottish Government until further notice. As in previous years, ISD Scotland will issue a projections template to NHS Boards for completion and submission by 30 June 2020.**
- **Between the publication of full three year Workforce Plans, NHS Boards and IAs (through HSCPs) should complete an Annual Workforce Planning Reporting Template, which will be issued by the Scottish Government for return by 31 March in each year. The first of these annual templates for general use by Boards and IAs will be issued for return by 31st March 2022.**

- **A small number of IAs (through HSCPs) have already published three year workforce plans. These IAs should therefore maintain their existing workforce plan publication schedule and will be required to complete an Annual Workforce Planning Reporting Template (rather than submit a full first 3 year workforce plan) in March 2021.**
- **In producing 3 year Plans and Annual Templates, NHS Boards and IAs (through HSCPs) should ensure that primary care and third and Independent sector providers are included as stakeholders in the development process.**
- **NHS Boards and IAs should identify and nominate responsible officers to ensure publication of three year workforce plans and annual templates is undertaken in line with the timescales outline in this guidance.**
- **Scottish Government will support the delivery of a series of development opportunities for individuals across the NHS, Local Authorities, Primary Care and Third and Independent sector.**
- **Scottish Government will work with Third and Independent sector providers to consider how they can be most effectively represented on local level workforce planning groups.**

Review and Update of Workforce Planning Guidance

72. This workforce planning guidance has been co-produced by members of the NWPG. Members fully recognise that revised guidance must take fuller account of progress on health and social care integration, as well as a range of associated policy developments across health and social care, in particular The Health and Care (Staffing) (Scotland) Act.

73. The NWPG's key priorities on workforce planning guidance remain to:

- Ensure ongoing clarity and continuity for employers;
- Take steps to streamline and improve existing workforce planning processes to reflect closer integration between health and social care organisations (including the extent to which the workforce plans they currently produce might be combined in future);
- Promote the development of more consistent linkages between workforce planning, service planning and financial planning and commissioning processes; and
- Ensure good quality and accurate advice continues to be available to all health and social care organisations about building effective workforce planning arrangements – fully consistent with good practice while being appropriate to their needs.

74. The 'Review of Progress with Integration of Health and Social Care'⁶ was published by the Ministerial Strategic Group for Health and Community Care (MSG) in February 2019.

75. The MSG's report noted that the pace and effectiveness of integration needs to accelerate, and provided a route map of practical proposals to achieve this. It underlined the importance of NHS Boards, Local Authorities and Integration Authorities working closely with key partners including the third and independent sector to plan a "whole system" workforce that supports integration.

Given the need for continued close working arrangements, and to take account of further developments across integrated services (for example, references above to the timing and content of Annual Operating Plans), the NWPG will give further consideration to drawing up a timetable allowing for continued guidance. This timetable will set out plans to regularly refresh and review this guidance, and will look at how often, and in what format, further updates of this guidance should be developed

⁶ <https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/>

Appendix 1: Workforce Planning Methodologies and Supporting Documents

Workforce Planning Methodologies and Supporting Documents		
Publishing Organisation	Document Title	Content Description
Skills for Health - Workforce Projects Team	The Six Steps Methodology to Integrated Workforce Planning http://www.skillsforhealth.org.uk/resources/guidance-documents/120-six-steps-methodology-to-integrated-workforce-planning	Developed for use in the NHS, this methodology provides a practical guide to sustainable and evidence based workforce planning applicable across workforce and service based planning to support designing new ways of working
Skills for Care	Practical Approaches to Workforce Planning http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Workforce-planning/Workforce-planning-guide.pdf	This guidance, is aimed at owners, managers and organisational leads responsible for workforce planning in small and medium sized organisations delivering adult social care. Though developed for use by social care providers in England the advice contained will, in part, be transferable.
Voluntary Sector Social Services Workforce Unit	Workforce Planning - A Toolkit for Voluntary Sector Social Services in Scotland http://www.ccpscotland.org/wp-content/uploads/2014/02/Workforce-Planning-Update-July-2009.pdf	Developed for application within the voluntary sector, the toolkit provides an introduction to the key stages involved in workforce planning. The tools included help build up the information required for voluntary sector organisations to develop workforce plans. The toolkit is structured around a set of six key stages of Workforce Planning.
National Improvement Service for Local Government in Scotland	http://www.improvementservice.org.uk/workforce-planning.html	A suite of tools, checklists and training materials which promote better understanding of the requirements for workforce planning and ensure effective workforce planning within Councils

Appendix 2: Submission Timeframes for Workforce Plans

