

**ANGUS HEALTH AND SOCIAL CARE
PARTNERSHIP**

**WORKFORCE PLAN
April 2018 - March 2020**

Author: Bill Troup

Review Group: Angus Executive
Management Team and Staff
Partnership Forum

Review Date: March 2020

Last Update: March 2018

Document No: 1

Issue No: Approved

UNCONTROLLED WHEN PRINTED

Signed: **Executive Lead**
(Authorised Signatory)

Getting the right people into the right place, at the right time, to deliver sustainable and high quality health and social care services for the people of Angus.

CONTENTS	Page No
1. Plan Definition	3
2. Mapping Service Change	5
3. The Required Workforce	11
4. Workforce Availability	11
5. The Action Plan	13
6. Implementing, Monitoring And Refreshing	13

1. PLAN DEFINITION

Introduction

One of the key drivers of health and social care integration is maximising the workforce capacity, capability and develop new opportunities.

- Angus Health and Social Care Partnership (HSCP) will develop and implement this workforce plan in partnership with NHS Tayside, Angus Council and local Third and Independent Sector providers. The plan will describe the existing workforce by service and/or discipline, cover recruitment and retention of staff, and describe service objectives which will build sufficient capacity to ensure a suitable skill mix is available to deliver high quality services to manage an ever increasing demand in the future. The plan's aim is to ensure that we can realise a sustainable workforce delivering the right care in the right place.

Context

Angus HSCP is committed to providing high quality integrated care to patients, service users, families and carers who use the services. To maximise the benefits of our partnership, our workforce is on a journey of change that will challenge us to develop new ways of commissioning, managing and delivering services.

Many of us will choose or have to work longer, which will retain experienced staff but it will also have implications for the opportunities and career pathways available to younger workers. Engaging with the current and potential workforce and developing their skills, knowledge, attitude and behaviours will enable us to be prepared for the changes and challenges of the future.

Our workforce work with a very diverse group of people in hospital and the community including people with physical disabilities, long-term conditions, mental ill-health, learning disabilities, people enduring inequalities poverty homelessness and addictions. Volunteers and unpaid carers also play an important role.

Aims and Objectives (From the Angus HSCP Strategic Plan 2016-17)

Our commitment is to place individuals and communities at the centre of our service planning and delivery in order to deliver person-centred outcomes. Bringing together our health and social care services creates opportunity to improve outcomes through integrated working in local communities, front line services, better communication, improved efficiency, greater reach and reduced duplication of effort.

This plan is a working document for the workforce in our partnership. This will shape our approach to create a joint workforce which underpins our key strategic priorities:

Angus HSCP Priority 1: Improving Health, Wellbeing and Independence

We aim to progress approaches that support individuals to live longer and healthier lives, and to have sufficient information and support to be active in the community. To progress this priority over the next three years we will have a focus on:

- 1.1 Health Improvement & Prevention of Disease Focusing on Addressing Health Inequalities in our Localities
- 1.2 Building capacity in our localities
- 1.3 Supporting carers
- 1.4 Supporting self-management of long term conditions

Angus HSCP Priority 2: Supporting Care Needs at Home

The population of Angus has been changing. Our needs assessment tells us that this change will continue and that in the years to come we will continue to see a greater proportion of people aged over 65 in our population and a significant increase in those aged over 85. To deliver this we will focus on:

- 2.1 Enhanced opportunities for technology enabled care
- 2.2 Further progressing self-directed support
- 2.3 Changes through the Help to Live at Home programme

Angus HSCP Priority 3: Developing Integrated and Enhanced Primary Care and Community Responses

To achieve our aim we require to deliver improvement with a focus on:

- 3.1 Responsive services based in localities
- 3.2 Working towards 7 day services

Angus HSCP Priority 4: Improving Integrated Care Pathways for Priorities in Care

Health and social care services are available to and support all adults. There are, however, some needs that require additional support and there are some overlaps in services that require particular attention to ensure that the right support is available. This includes specialist needs, such as mental health and learning disability; services such as inpatient services which are hosted by another integration partnership or by NHS Tayside; and specialist supported housing delivered through the Housing Strategy. Improving the integration of pathways to support these priorities in Angus has to focus on:

- 4.1 Addressing the additional needs of people with specific needs
- 4.2 Delivering a seamless pathway in and out of secondary care
- 4.3 Delivering appropriate models of specialist housing

Population

Understanding the population and changing demography of Angus will help ensure that resources and services are delivered effectively; that they meet the needs of a changing population and consider the impact of deprivation on our communities.

Angus Population

Age Range	Number	Overall Percentage
ALL PEOPLE	116,275	100.00%
Age 0-15	24,400	20.98%
Age 16-64	67,766	58.28%
Age 65-74	13,395	11.52%
Age 75-84	8,228	7.08%
Age 85+	2486	2.14%

The number of people living in Angus is expected to remain static between 2013 and 2037. This will not be seen across all the age groups however, as the older age groups are expected to grow whilst the younger age groups will decline. The percentage of those over 65 will increase by 53% whilst the under 65 age group will decrease by 14%. The 75+ population will almost double in size from the smallest age group in 2013 to the second largest age group in 2037. As a percentage, the increase in the 75+ age group by 2037 is 89%. A different picture exists for the younger age groups, as by 2037, both the 0-15 and the 16-64 age groups will decrease by 9.4% and 8.1% respectively.

2. MAPPING SERVICE CHANGE

Recruitment and Retention – Angus HSCP continue to rely upon its employing authorities Angus Council and NHS Tayside recruitment and retention policies. These need to address the persistent recruitment challenges and explore sustainable national, regional and local solutions. This is acutely felt within the medical profession in Angus.

We need to change our approach to recruiting staff. Advertising in local press to fill vacancies can no longer be relied upon, and is not an effective strategy. We need to consider the whole workforce including balancing the needs of multi-disciplinary working with specific needs of professional and non-professional groups. NHS Tayside are currently consulting on an Attraction and Recruitment Strategy which as a priority will increase sources of recruitment including redeployment, retraining, modern apprenticeships, international recruitment, arm forces recruitment, recruitment from volunteering, and use of internal staff banks.

The Scottish Government have produced a National Health and Social Care Workforce Plan. Many of the challenges, changes, solutions and recommendations contained in this national plan are reflected locally in Angus.

Angus HSCP needs to consider how national policies and legislation affect its workforce. Examples of current policies in 2018 include:

- Embedding the Social Care (Self-Directed Support)(Scotland) Act 2013 allowing people more choice in how their support is delivered;
- The Mental Health Strategy 2017-2027 which promotes working across service boundaries to achieve parity of esteem between physical and mental health;
- The Health and Social Care standards, effective from April 2018;
- Implementation of the Carers (Scotland) Act from April 2018.
- 2018 GMS contract offer,
- the consultation on safe and effective staffing in health and social care;
- Nursing 2030 Vision;
- Achieving excellence in pharmaceutical care,;
- Sustainability and seven day services taskforce report – older but useful- all have elements that impact on the way staff should be recruited, deployed etc.
- Scottish government social enterprise strategy
- Scotland's Third Dementia Strategy
- Transforming urgent care for the people of Scotland- The report of the independent review of Primary care Out of Hours service.

The main service changes are outlined, in broad terms below:

2.1 Care Homes

Care Homes rely on the recruitment of overseas nurses quite significantly. Respondents from a recent Scottish survey of care homes were also asked to detail the country of origin of their staff. From the results, we know that approximately 6% of the care home workforce originates from the European Union and a further 6% from other countries. In relation to nurses, this EU figure increases to nearly 8%. Inevitably, Brexit will therefore have a significant impact on the care home sector labour market and it will be important to monitor any changes in these numbers, providers' experiences of recruiting from the EU and any barriers to enabling workers to enter this sector in Scotland.

79% of Care Homes in Scotland are finding it hard to recruit nurses. Despite the introduction of the Scottish Living Wage, if a potential care worker can get equal or even better pay working in a sector which has lower levels of responsibility and stress it is understandable why even some of the most suitable care workers might choose to pursue careers elsewhere instead. This needs to be addressed by all health and social care partners as a matter of priority.

This data indicates that the average national turnover figure for nurses is 22%. In 2015, this figure was 17% so this demonstrates a worrying trend. This turnover represents double that of nurses employed by the NHS (Angus 11.6% and Tayside 10.4%)

The Scottish Care Partnership believes that a partnership approach to workforce planning between care homes and integrated partners is the only solution to tackle the range of workforce challenges facing the care home sector. There has to be shared responsibility and commitment to solutions if a high quality, sustainable care home sector is to be available into the future. Part of this involves ensuring that care homes are key priorities and partners in strategic plans and consultation exercises.

Reference: Scottish Care July 2017

2.2 Third Sector

The Third Sector is defined as comprising of local charities, voluntary organisations, volunteer movements and social enterprises. These are greatly diverse by size and sovereignty. It is estimated that there are more than 850 Third sector organisations and more than 28,000 active adult volunteers in Angus. Consistent research studies assert a need for further investment in skills development within this sector and a need to involve academic institution more in collaborative learning and partnership with third sector

Voluntary Action Angus (VAA) represents Angus Third sector on the Angus Integration Joint Board, and Strategic Planning Group. Through VAA, Angus is committed to the Tay City Deal which seeks to address significant demographic and health care challenges by creating new employment opportunities and provide volunteering & learning and development opportunities which will increase the number of local people entering and sustaining a career in care, whilst also developing local social enterprise.

A collaborative approach will build on the experience and relationships existing with Third Sector Interfaces (TSIs) throughout Tayside and Fife to form a new partnership between the voluntary sector, health and social care organisations and academic institutions. This project builds upon a current pilot project 'Care About Angus' a newly established social enterprise, which is seeing some emerging success in delivering a home help and warden service in Angus.

2.3 Primary Care Services

A new GMS contract has just been announced which will lead to radical changes. NHS Scotland's Primary Care Workforce Planning Framework is expected sometime in 2018.

The contract proposes a refocusing of the GP role as expert medical generalists. This role builds on the core strengths and values of general practice – expertise in holistic, person-centred care – and involves a focus on undifferentiated presentation, complex care, and whole system quality improvement and leadership. It will include a wider primary care multi-disciplinary team being established including for example pharmacy; nursing; allied health professionals (physiotherapy, and paramedics and other urgent care practitioners); and non clinical support workers (e.g. links workers).

2.4 Adult Mental Health and Substance Misuse

Angus HSCP has set out plans to expand the existing Monday to Friday Community Mental Health Teams to deliver Enhanced Home Treatment to support people, who may require daily visits by professional staff in their own homes to manage an acute mental health episode, seven days per week, 52 weeks per year. This will require a shift of resources from hospital to community services ensuring that the key messages of safe, sustainable and clinically viable community services can be delivered in the Angus community.

A revised national Mental Health Strategy was published in 2017. The main workforce implications for Angus will be:

1. Supporting Primary Care to meet the needs of people with mental health problems i.e. the role out of mental health and wellbeing nurses which have successfully been piloted in Brechin and Montrose.
2. A share of 800 new posts. The exact make up of what these posts will look like has yet to be considered.

We have merged the NHS and Council Substance Misuse services. This has brought economies of scale with less statutory service staff employed. However with additional central government investment we will continue to work with third sector colleagues to meet the needs of the service user group.

2.6 The Angus Model of Care

We are reviewing Care Homes, Inpatient Care Services and Minor Injury & Illness Services/Out of Hours. Bringing these reviews together into the Angus Care Model affords us a real opportunity to develop better integrated services that deliver a different model for supporting people in our community. This model is already starting to deliver changes to how we are meeting the needs of local people:

- The implementation of Enhanced Community Support (ECS) for older people, embedded in the South localities, currently extending in North East locality and soon to start in the North West locality. The IJB Board have committed full roll out to all localities within Angus. Long term plans are that ECS approach will be available to all adults.
- The delivery of Help to Live at Home which has delivered greater availability within care at home services. The establishment of the new arrangements for community alarm, early supported discharge, and enablement which is currently being implemented will reduce duplication of services and speed up and simplify access to support when people need it.
- Hours of personal care delivered to adults living in the community in Angus increased by 57% from 4636 hours per week in April 2015 to 7277 hours per week in November 2017.
- Improvements in support available through technology enabled care such as telecare, telehealthcare and Independent Living Angus.

All of these changes have only been possible by all agencies working as a partnership and challenging traditional roles with innovative ideas.

We are merging the NHS and Council Occupational Therapy Services but still need to address a number of terms and conditions challenges.

2.7 Medical Staffing

There is a national issue around recruiting and retaining medical staff including those in training posts. Across Tayside and Angus there are a significant number of unfilled posts which changes on an almost weekly bases. Where possible these are being filled by temporary locums. This impacts on how the HSCP delivers its services and will significantly determine our future care models. Alternative solutions are being looked at and worked up but these take time e.g. Advanced Nurse Practitioners.

2.8 Learning Disability Services

The life expectancy of children, adults and older people with learning disabilities is increasing which means that more are living into older age. As a result, all care services will see an increase in the number of people with learning disabilities requiring access to education, health, social care and housing services in the future. There is therefore a need for strategic and local planning and investment to ensure that there is capacity within services and the workforce to meet their needs now and in the future.

NHS Boards, Local Authorities and their Integrated Joint Boards need to ensure that their specialist learning disability services have the capacity and expertise to deliver specialist assessment, treatment, interventions, advice, education and support across the lifecourse of people with learning disabilities.

Reference: Truesdale, M. & Brown, M. (2017). People with Learning Disabilities in Scotland: 2017 Health Needs Assessment Update Report. Glasgow: NHS Health Scotland.

2.9 Out of Hours & Forensic Medical Service

Like other clinical specialties within the NHS, roles and responsibilities within Out of Hours (OOH) need to be altered over the years to meet the needs of the population and to ensure that services delivered are as efficient and effective as possible. Some of the fundamental changes are outlined below:

- Development of Advanced Nurse Practitioner OOH (ANP) It is proposed that Band 7 Advanced Nurse Practitioner posts (4.33 WTE) are developed, supported by 1.62 WTE Band 6 development posts
- Pharmacy. It is proposed to merge OOHs, Forensic medical Services and Prison Healthcare Pharmacy teams.

3. THE REQUIRED WORKFORCE

The main strategic focus for our workforce can be summarised as follows:

3.1 Ensure all our models of care are built on a sustainable workforce

Our main transformation programmes including Help to Live at Home, Angus Model of Care and the Mental Health Transformation Programme, are responding equally to meeting the needs of our population and the changes to our workforce supply.

3.2 Recruitment of new and younger staff

It is vital that we continue to commit to supporting young people into youth employment through, for example, modern apprenticeships and the new pathways to care approach described in the Tay Cities deal. We are also faced with challenges in attracting applicants to a rural setting and we are working to demonstrate that Angus is an attractive place to live and work.

As one of Angus' largest employers the HSCP is committed to developing a number of entry points and different career pathways for young people in order to counter the departure of staff aged over 50.

In 2017 we have developed relationships with local schools, Business Angus (EmployabiliTAY project) Dundee and Angus College (Modern Apprenticeships) and Dundee & Angus Developing the Young Workforce. This approach has helped foster new cultures where a career in care is more attractive to local people and access to learning is a reality.

This year we are able to offer a number of 'Angus Works' placements. Angus Works is a work placement programme currently available for any young person in the senior phase who attends an Angus Secondary School. The programme offers young people the opportunity to gain 22 weeks meaningful work experience within Angus Council or the HSCP, while also working towards an SCQF level 4 Personal Development Award Unit qualification.

We intend to increase the number of Modern Apprenticeships in Health and Social Care both within the Council and NHS. This requires apprenticeship salaries to be ring fenced and an adequate number of mentors to be identified and trained. This programme is well supported by a number of external agencies. The costs of training Modern Apprenticeships will be covered by Skills Development Scotland. A separate finance paper will be taken to the Integrated Joint board in 2018/19 to formally endorse Modern Apprenticeships.

Angus Council are progressing a new a level of post which should encourage people to come into the profession at all stages of life but with less experience or knowledge required i.e. it will sit below an SCO level post.

3.3 Maintain and enhance careers for older staff

Recent changes to NHS pensions will allow staff in the years leading up to retirement to consider more flexible and varied roles e.g. working part-time or at a reduced band without the same significant financial implications compared to older pension schemes. We need to make it easier for staff to do this e.g staff in substantive posts should be able to transfer seamlessly to internal banks instead of going through the same recruitment process as external applicants.

3.4 Providing Opportunities for existing staff

The existing 'Grow Your Own Social Worker' Scheme has been offered to unqualified staff working in Adult Care by Angus Council for a number of years. Interest in this scheme exceeds to number of placements available therefore we will explore funding opportunities to fund up to three LG4 posts, per year, starting from autumn 2019.

We are currently exploring with Dundee and Angus College and the University of Dundee the opportunity to sponsor places on nursing courses. The HSCP are exploring funding to second three Residential/Homecare staff each year on their current terms and conditions for an Access to Nursing Programme or for those with existing qualifications, a Higher National Certificate. Staff on these programmes will remain employees of Angus Council and be available for employment in established posts three days per week. On successful completion of an HNC they will be able to join year two of a graduate nursing course.

We also need to influence national policy makers to make it easier for staff to transfer between NHS and local authority employers especially within a Health and Social Care context.

Future

We are able to predict with certainty that there will be an imbalance between our demand and supply of staff. This is almost entirely due to the age profile of our workforce and shortages of key professionals. We cannot plan to increase the overall number of posts within the Council and NHS. The introduction of new models allows us an opportunity to ensure we have the right staff in the right numbers working in the right places at the right time and we will work to streamline this in partnership with the Professional Leads including the Nursing and Allied Health Professionals Directorates and the Chief Social Work Officer. This will result in some reductions in some professions and grades and increases in others.

It is difficult to accurately predict within this report an accurate future whole time equivalent workforce for both NHS Tayside and Angus Council. We do not have any data for the Independent or Third Sector workforce. We recognise that this plan is live and will change subject to the various factors contained in individual project plans.

Finance

The financial environment for Angus HSCP will remain very challenging for the foreseeable future. This means the funding available for all services (e.g local community based and support services, health and social care) will continue to be constrained. While we will inevitably face many recruitment challenges our workforce plans will also have to reflect the need to deliver services as efficiently as practical. This will mean seeking to develop service models that rely on lower numbers of staff where appropriate. Further examples such a those described in the Angus Care Model will need to be developed where the financial savings identified are consistent with future service models requiring lower staffing levels.

4. WORKFORCE AVAILABILITY

Current Workforce

Locality based workforce training plans instead of profession, agency or service specific training plan
Current (Nov 17) Workforce Whole Time Equivalent (Non Medical and Dental).

Current WTE - NHS Staff								
AFC 1	AFC 2	AFC 3	AFC 4	AFC 5	AFC 6	AFC 7	AFC 8+	Total
	43.07	133.09	40.08	210.51	118.17	54.78	31.53	631.23

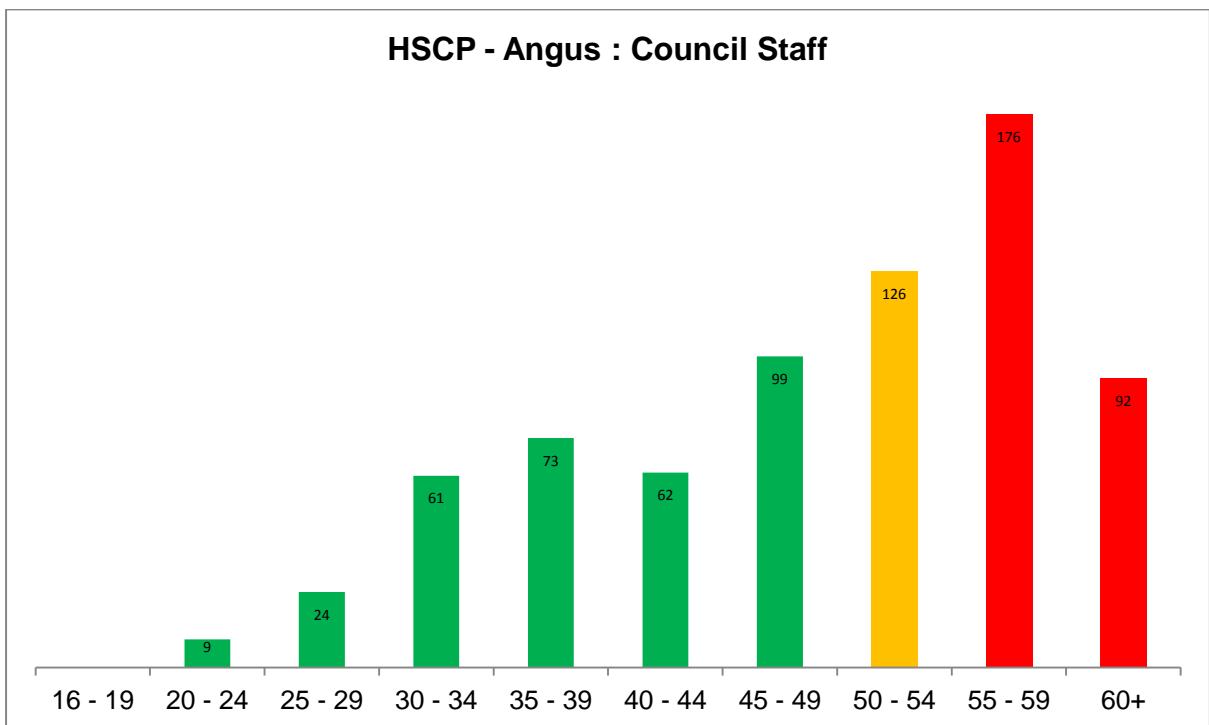
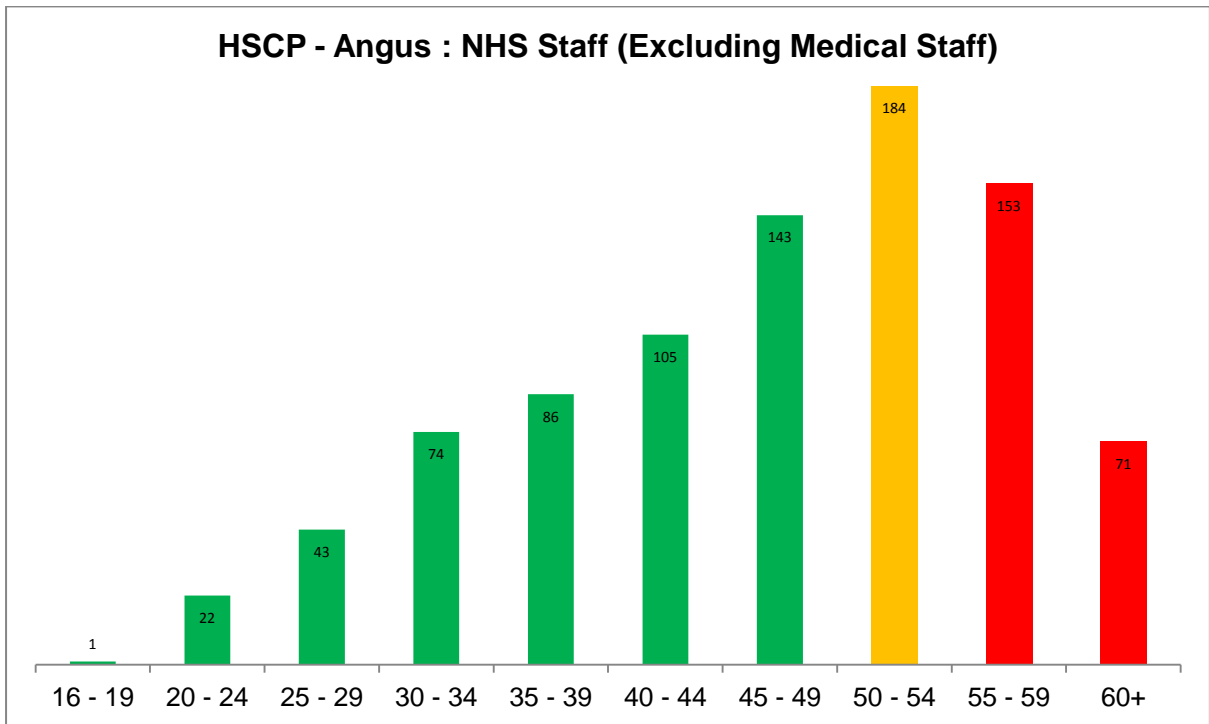
Current WTE - Council Staff																	
LG1	LG2	LG3	LG4	LG5	LG6	LG6- LG7	LG7	LG8	LG8- LG9	LG9	LG10	LG11	LG12	LG13	LG14	Chief Officer	Total
16.23	16.69	51.64	13.25		14.64	274.75	5.00	17.91	2.80	42.75	73.49	7.08	16.88	1.00	7.00	1.00	562.11

Current WTE Medical Staff (excluding Primary Care, Forensic and Out of Hours (hosted services))		
Associate Specialist	Specialty Doctor	Consultant
1	3	4.8

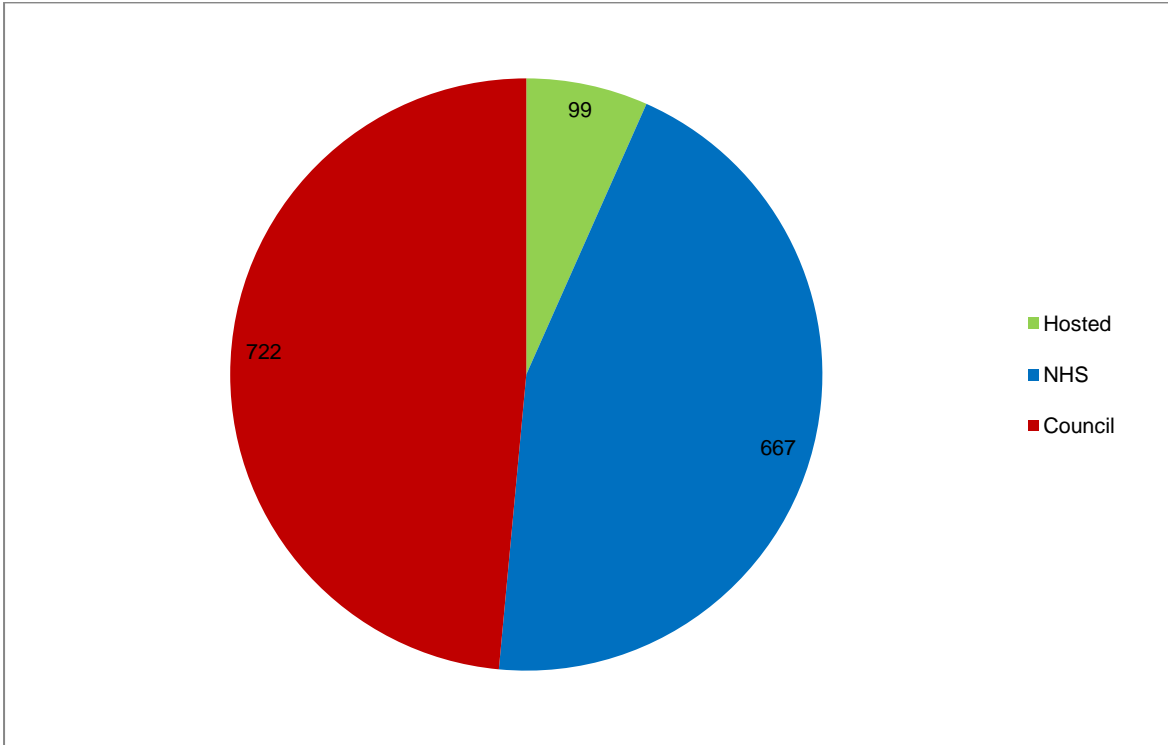
Current WTE Medical Staff - Primary Care, Forensic and Out of Hours (hosted services)	
Salaried GP	Consultant
31.05	0.8

There is a slight variance in total number of medical staff in hosted services due to complexity of contracts.

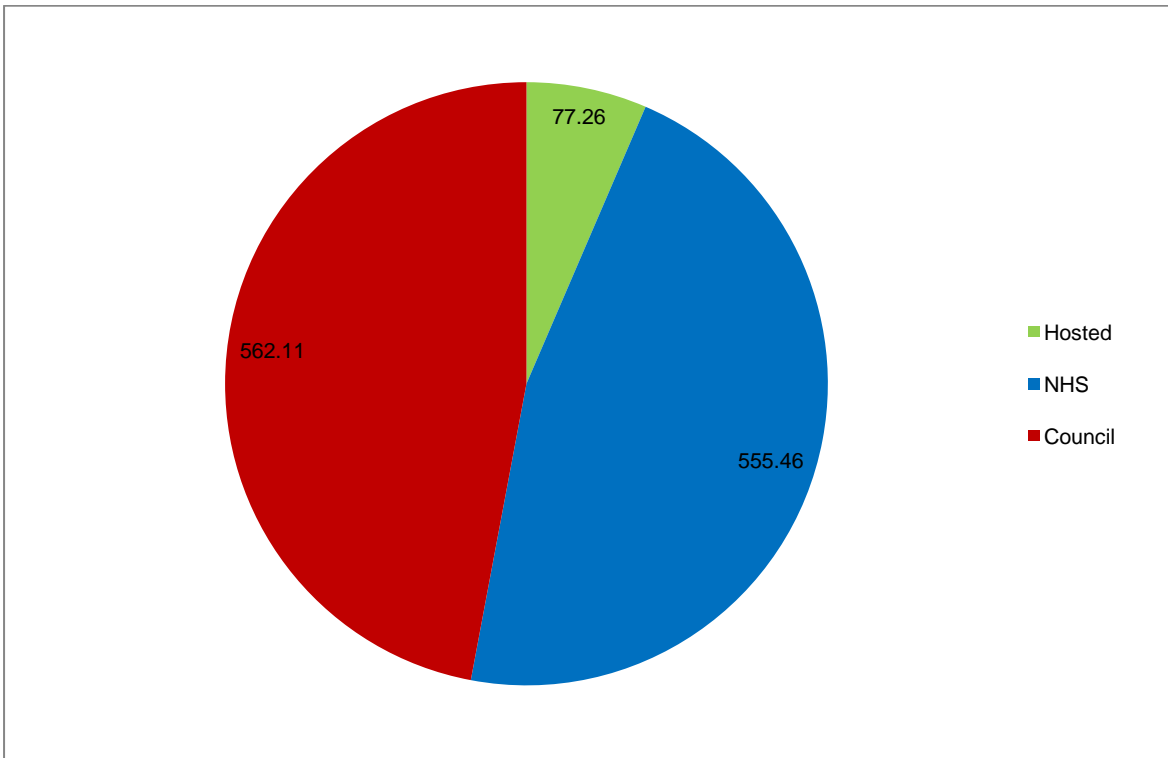
Current Age Profile



All Staff as a % of Total Headcount (by Employing Authority) (Excluding Medical Staff)



All Staff as a WTE (by Employing Authority) (Excluding Medical Staff)



5. THE ACTION PLAN

Priority Actions for 2018-2020

Ambition	Action	Lead
We will increase the number of staff aged under 20 years in the HSCP to at least 2% by 2020 (currently 1 out of 882 or 0.1% NHS)	A Modern Apprenticeships in Care programme will be launched by the HSCP	All actions will be carried out by the Senior Leadership Team and communicated to the Angus Staff Partnership Forum. The executive lead for the plan is Bill Troup, Head of Service.
We will plan, analyse and manage our workforce resource, and skills to meet our and demand issues.	We need to utilise local and national workforce tools across health and social care to manage and plan.	
All employees will report via imatter that they feel motivated, supported and cared for at work.	We need a workforce development plan covering statutory, third and independent sectors to ensure career development pathways and plans are inherent to enable staff to develop appropriate skills, knowledge and experience to meet the future needs of the service.	
Increase Volunteering Opportunities	In collaboration with VAA implement Volunteering plans.	
Increase work placements	Expand Angus Works into care environments	
Implement 'Grow our own nurses Scheme'	Discuss with University of Dundee and NHST Nursing Directorate.	
Streamline staffs ability to move from substantive posts to bank	Raise with NHS Tayside	
Increase attractiveness of working in Angus	Contribute to NHS Tayside and Angus Council's recruitment processes.	

6. IMPLEMENTING, MONITORING AND REFRESHING

This Workforce Plan will be owned by Angus HSCP Executive Team and managed through the Angus Health & Social Care Partnership Staff Forum and Senior Leadership Team.

It will be reviewed biennially. Progress will be included in the biannual performance and Strategic Progress report