ANGUS
Health & Social Care
Partnership

WORKFORCE PLAN
August 2020 – July 2023

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CONTENTS

SECTION 1: PLAN DEFINITION

The long-term aim for health and social care in Scotland is for people to live longer, healthier lives at home or in a homely setting and have a health and social care system that:

- Is integrated;
- Focuses on prevention, anticipation and supported self-management;
- Will make home care and treatment the norm, where hospital treatment is required and cannot be provided in a community setting;
- Focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions; and
- Ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

Health and Social Care Delivery Plan

The Angus Strategic Commissioning Plan (2019-22) sets out the vision and future direction of health and social care services in Angus and how those services are funded. It reflects the work that is already underway and looks at areas where we still need to improve.

At the heart of this is our single most valuable resource, our workforce. Angus HSCP is committed to ensuring we have the right staff, in the right numbers, working in the right places at the right time, to deliver sustainable and high quality health and social care services for the people of Angus.

The Angus Health and Social Care Partnership has, and will continue to place workforce and workforce development at the core of how the partnership delivers on positive outcomes for individuals and strategic priorities. AHSCP will therefore work with partners to deliver integrated workforce planning which will include:

- Profiling the workforce.
- Re-designing jobs and services.
- Undertaking a skills gap analysis and identifying the developmental requirements
- Integrate, as far as possible workforce policies and practices.
- Support proactive recruitment campaigns.

To successfully deliver our transformational change programme our workforce will be required to do things differently and work to support new models of care. They will be flexible, appropriately trained and qualified, and motivated to drive forward change. We will rely on having an experienced, skilled, innovative and adaptable workforce doing new and different things. The temporary changes required to manage Covid-19 demonstrate we have the enthusiasm, capacity and capability to do this.

This Workforce Plan outlines the main challenges we will face over the next three years, summarises the key actions to be taken and the stakeholders involved to help address these. It is a work in progress and will remain flexible enough to support the continuing fluctuations within our service delivery.

This is a three year strategy which will be supported by annual Workforce Implementation Plan.

SECTION 2: MAPPING SERVICE CHANGE

2.1 IMPLICATION OF COVID-19

Due to Covid-19, we are working in unprecedented times and need to plan services and a workforce to work within this pandemic over many months and years. Our systems are reconfiguring to establish robust services in a safe manner across all of health and social care. There are concerns about the additional demands which will be placed on all organisations and the significant increase in unemployment which inevitably will happen.

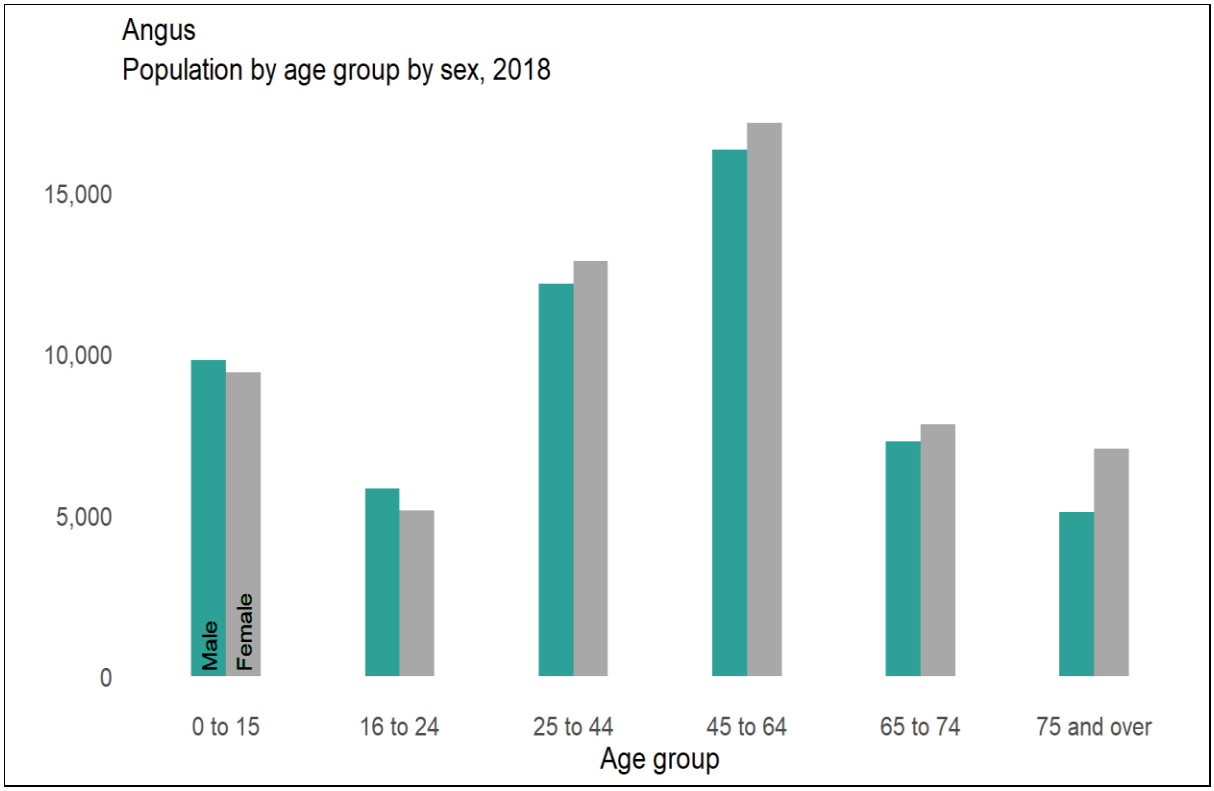
A survey of some of our service providers carried out in June 2020 found services mentioned uncertainty about the next 12 months. However, there was a theme that services feel that they can adapt positively and use the new processes brought in with COVID-19 to continue to develop their skills, respond to demand, and become more efficient. A key theme was fostering connectivity across both the third sector and statutory services, further improving the culture of collaboration in Angus, and identifying gaps and solutions in the whole system.

2.2 OUR DEMOGRAPHICS

Scotland's population is ageing and the health needs of our older population are more likely to involve multiple complex conditions. This is reflected in our local Angus population.

2.3 OUR LOCAL POPULATION

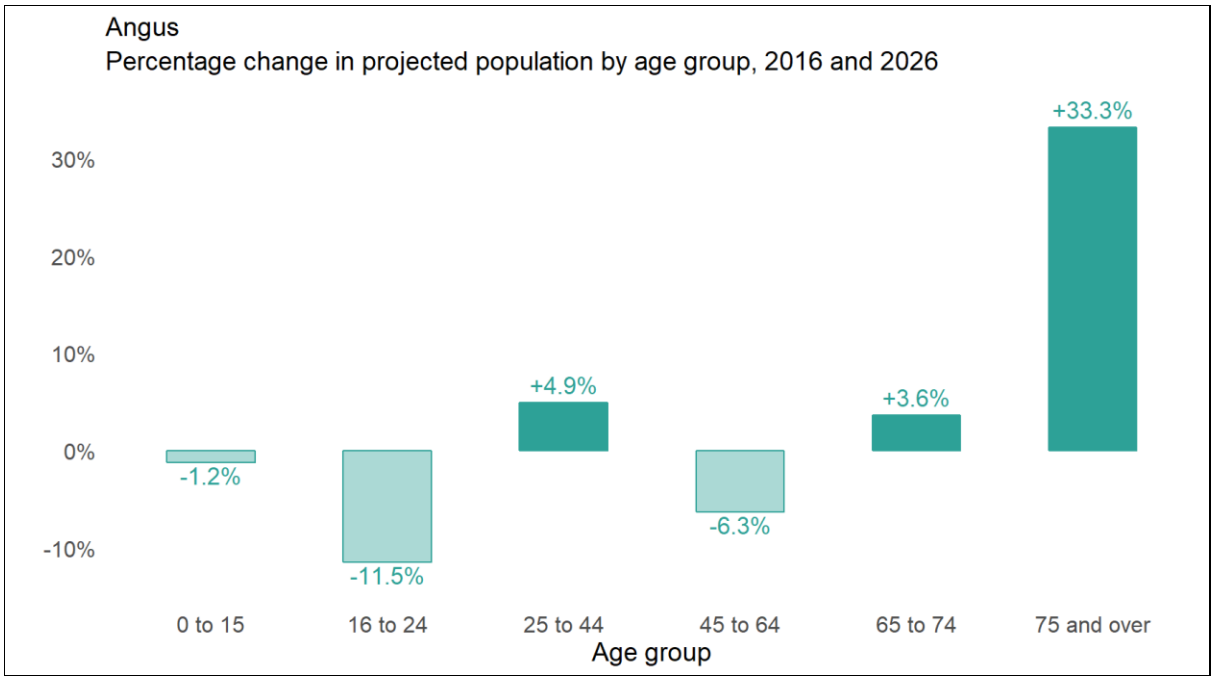
Understanding the population and changing demography of Angus will help ensure that resources and services are delivered effectively; that they meet the needs of a changing population and that they consider the impact of deprivation on our communities. These changes can be best descried by the following population profiles:



In terms of overall size, the 45 to 64 age group was the largest in 2018, with a population of 33,464. In contrast, the 16 to 24 age group was the smallest, with a population of 10,980. In 2018, more females than males lived in Angus in 4 out of 6 age groups [(1)].

[(1)] National Records of Scotland (NRS) - Angus Council Area Profile

Future Changes



Between 2016 and 2026, the 16 to 24 age group is projected to see the largest percentage decrease (-11.5%) and the 75 and over age group is projected to see the largest percentage increase (+33.3%). In terms of size, 45 to 64 is projected to remain the largest age group [(1)]. However, as reported in previous plans, by 2037 the increase in the 75+ age group is expected to be around 89%.

[(1)] National Records of Scotland (NRS) - Angus Council Area Profile

This shift in population will exert pressure on both health and social care services. The effect of the changing demographic is twofold, not only in relation to demand on services but also on the workforce, recognising that a significant proportion of our workforce is part of the local population and more people now choose, or require to work past retirement age. This is one of the key reasons why prevention and early intervention is imperative, so we can help to keep people as well as possible.

SECTION 3: THE REQUIRED FUTURE WORKFORCE

Currently the drivers for change influencing the shape of the Angus workforce are:

3.1 SAFE STAFFING LEGISLATION

The Health and Care (Staffing) (Scotland) Act 2019 gained Royal Assent on the 06 June 2019. The act places a legal requirement on NHS boards and care services to ensure that appropriate numbers of suitably trained staff are in place at all times. Progress and compliance is to be monitored through a range of established arrangements. Healthcare Improvement Scotland and the Care Inspectorate will work closely with health boards and care service providers and have powers to provide improvement support and intervene where necessary, when the quality or safety of a service is not acceptable. This would be the case if staffing levels were unsafe or the requirements of the legislation were not being followed. Statutory Guidance is currently being developed to ensure that a robust and rigorous system is in place to measure and review the impact of the Act.

3.2 INTEGRATED HEALTH AND SOCIAL CARE WORKFORCE PLAN FOR SCOTLAND 2020

This plan acknowledges as people's health and social care needs change we are seeing a renewed focus on prevention and wellbeing, on early intervention and in supported self-management.

It asks HSCPs within their workforce plans to collectively:

- embed and sustain health and social care integration;
- transform mental health services;
- improve access to services;
- respond to innovations and advances in treatment and care, as well as how people experience services.

3.3 DEMOGRAPHIC CHANGE

We have already highlighted ageing population and workforce; and increasingly complex conditions including dementia and frailty within our elderly population. Our workforce will design and adapt to new ways of service delivery for our users as they deal with more complex situations. We will move away from traditional 'done to' methods and educate and support our workforce to promote self-management, prevention and early intervention to keep our population well, for example Mental Health and Wellbeing workers in all G.P. Practices. In addition, as twenty-eight percent our workforce is aged over 55; including some likely to be affected by complex health conditions now or in the future, there may be implications on their ability to carry out their roles.

3.4 THE HEALTH AND SOCIAL CARE SYSTEM

Requires a greater focus on Prevention and Early Intervention. The workforce will be able to support the implementation of approaches and interventions which seek to improve health and reduce inequalities. This is a shared responsibility of the entire workforce across all sectors. New, integrated, innovate ways of working are already emerging across traditional boundaries such as multi-disciplinary teams and will continue to do so. We are encouraging our users and their families to be involved in decisions about their own health and social care journey which is a relatively new approach for many professionals where historically people would be told what treatment/care they would receive. Our workforce will be equipped to support this way of delivering care and have the appropriate skills and knowledge to ensure informed decisions are made inclusive of and to the benefit of the user.

3.5 QUALITY AND EFFICIENCY

Is intrinsic to deliver better care, better health and better value. Traditional ways of delivering care will be challenged and redesigned to include new technologies and prevention techniques and to consider the whole system across all sectors. Any changes made must deliver improved outcomes and be financially viable which include changes to the workforce. We need to be able to measure the impact of the changes to ensure they provide an improvement and benefit to the users and to how we deliver our services.

3.6 COVID-19

It is unclear what the long-term consequences of Covid-19 will have on the way we deliver services and how our population health and social care needs may change. However, already it has changed the way we work as we have reviewed our priorities and changed the way we communicate between ourselves, our patients and service users with a rapid roll out of video technology such as Skype, Zoom, NearMe and other devices. New technology has also supported an increase in the number of our staff.

3.7 FINANCIAL CONTEXT

The IJB published its Strategic Financial Plan 2020/23 in April 2020. That plan noted that "while the IJB is presenting a balanced financial plan for 2020/21 the IJB does not have a balanced financial plan for the duration of the current Strategic Commissioning Plan or this updated Strategic Financial Plan. While accepting this version of the Strategic Financial Plan is based on many assumptions, the IJB needs to continue to develop the intentions within the Strategic Commissioning Plan to allow it to develop overall plans that are deliverable within long term available funds."

The demand for health and social care will increase faster than the rate of growth of the wider economy and that, over time, expenditure on these services will gradually increase.

Many of the HSCPs planned interventions do have a significant workforce implication, but the longer term shortfall described at April 2020 remains a major factor throughout all the IJB's plans.

3.8 PARTNERS

Health and social care integration is not exclusive to Local Authority and NHS. True integration is much wider than these organisations and includes our independent sector colleagues such as Primary Care Service providers, Care Home Providers, Care at Home Providers and our many voluntary organisation partners who provide vital support within the community. All sectors are vital contributors to designing and delivering a sustainable and improved service and are very much viewed as equal partners in the delivery of our transformational change programme.

Currently we have limited qualitative information regarding the workforce not employed by NHS Tayside or Angus Council. It is essential to understand the workforce implications, capacity and ability as we transfer the balance of care from Acute (hospital) services to community services. We are committed to supporting our third and independent sector colleagues with workforce planning and are working with these partners to collate a full picture of the health & social care workforce within Angus to inform a robust workforce plan.

This Plan also acknowledges the extraordinary contribution by unpaid carers in Angus [(1)].

[(1)] Carers in Partnership - A Strategy for Unpaid Carers in Angus 2019-2022

3.8.1 Primary Care Services

A new General Medical Services (GMS) contract was published in Scotland in 2018 which aims to develop a sustainable model for general practices, refocusing the GP role as expert medical generalists and transferring some of the tasks currently delivered by GPs to a wider MDT team, where it is safe, appropriate and improves patient care. The contract outlines key priority areas for address by 2021 including pharmacotherapy, vaccination transformation, urgent care service, community treatment and care services and additional professional services such as acute musculoskeletal physiotherapy services, community mental health services and social prescribing/community links workers. Planning and commissioning for such extensive mandatory change, provides great opportunities and challenges for the HSCPs.

Angus has a local Primary Care Improvement Plan which will require to be considered as part of the annual Workforce Implementation Plan.

3.8.2 Care Homes And Care At Home

Both providers of care at home and care homes face workforce challenges, one of which is difficulties recruiting staff. We are working with these partners to obtain and analyse the workforce data. This will provide evidence to inform collaborative discussions with the providers and Scottish Care colleagues around how we manage these challenges.

Approximately 6% of the care home workforce originates from the European Union and a further 6% from other countries.[1] 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.

[1] EU Workers in Scotland's Social Care Workforce - Contribution Assessment

79% of Care Homes in Scotland are finding it hard to recruit nurses[2]. It is reported that the senior and management posts are particularly hard to fill. 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.

[2] Scottish Care Home Workforce Data Report 2017

This data indicates that the average national turnover figure for nurses in care homes 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 (Scottish Care July 2017).

The success of the 'Help to Live at Home' Programme has resulted in AHSCP externally commissioning approximately 98% care at home services. This increase in demand for care at home services has put pressure on providers in terms of recruitment. Retention of staff is also a difficulty for providers. Most providers continually have to recruit and compete with care homes, other care at home providers, services for younger people and AHSCP for the limited staffing resource available. Another challenge for care at home providers is that some organisations, for example AHSCP, are in a position to offer better rates of pay.

3.8.3 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.

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 Cities Deal which seeks to address significant demographic and health care challenges by creating new employment opportunities and providing volunteering & learning and development opportunities which will increase the number of local people entering and sustaining a career in care.

3.9 NEW ROLES

As the transformation vision becomes reality, this will be a huge shift away from how we traditionally deliver services meaning new, innovative ways of working for our workforce.

We need to understand our current core workforce and model what our future core workforce will look like, for example a shift to more enhanced roles such as Advanced Nurse Practitioners, Nurse Specialists, Social Work Senior Practitioners and GPs with special interests combined with multidisciplinary team working and more inclusive roles. Some of these resources are currently available, but limited, some skills gaps can be filled

by up-skilling the current workforce through training and development and other gaps will be filled by recruitment, apprenticeships, work placements etc.

We need to plan to ensure our workforce has the skills required to deliver our future services and is affordable and sustainable. This all needs to be done by:

- Better understanding of workforce demand and supply;
- Cognisance of the integration of workforce, service and financial planning;
- Building a flexible workforce able to respond to future needs and demands
- Work in alignment with existing and developing legislation.

In order to fulfil our workforce transformation we need to take into account the 6 "Rs" for Improvement and Transformation in Health and Social Care in Angus, as set-out within the Partnership's Strategic Commissioning Plan (2019-22)[(3)] :

Rebalance care, maximising support for people in their own homes.
Reconfigure access to services delivering a workable geographic model of care outside the home.
Realise a sustainable workforce delivering the right care in the right place.
Respond to early warning signs and risks in the delivery of care.
Resource care efficiently, making the best use of the resources available to us.
Release the potential of technology.

[(3)] Angus HSCP Strategic Commissioning Plan 2019-2022

3.10 ORGANISATIONAL AND LEADERSHIP DEVELOPMENT

An Organisational Development (OD) approach is adopted to ensure that Workforce Planning, Organisational Development interventions, Learning and Development provision and HR Policies and Procedures are fully aligned to support the aim of this strategy. All Services and Sections within the Partnership are supported to identify current and future development needs to equip our workforce with the skills, knowledge and attitude they need to deliver the outcomes of the Strategic Plan.

Effective leadership is key to delivering the Angus Strategic Commissioning Plan. It needs a transformation of system, and organisational culture to create the conditions in which change can happen at the same time high standards of care are delivered.

Angus HSCP must encourage and nurture leaders at all levels to help build collaborative relationships. Local experiences during Covid-19 demonstrated excellent examples of genuine co-production as a way of changing how we deliver services in unprecedented circumstances across the full health and social care spectrum .

Angus has benefitted from organisational stability however that cannot be taken for granted and new leaders need to be identified and nurtured. Services should be clinically led and managerially supported therefore organisational and leadership development will be a priority within the implementation plan.

We also acknowledge the leadership by people who use services in our communities. The Angus Locality Improvement Groups have been successful in initiating and implementing change and the HSCP mare about to review and strengthen these structures further.

3.11 HEALTH, WELLBEING & RESILIENCE

Change can be an unsettling experience for many people, so it is imperative we have a flexible, responsive and adaptive workforce to deal with this. Health, wellbeing and resilience is a training priority to ensure our workforce is able to manage this change. Healthy Working Lives is a nationally recognised scheme which helps organisations to create healthier and safer workplaces by providing resources, information and opportunities to improve employee health and wellbeing, both at work and at home.

SECTION 4: CURRENT WORKFORCE AVAILABILITY

4.1 STAFF GROUP PROFILE

4.1.1 Number

Number of staff	March 2020 WTE	March 2017 WTE	March 2020 'Head Count'
Angus Council	543	556.38	896
NHS Tayside	635	630.92	717
Total	1178	1187.3	1613

WTE - Whole Time Equivalent
Head Count- Actual number of employees

Similar WTE figures for the independent and third sector are not currently available. However, the Scottish Social Services Council website suggests that approximately **1,500** staff are currently employed across Angus.

4.1.2 Grade

Current WTE - NHS Staff (excluding medical staff)								
	AFC 1	AFC 2	AFC 3	AFC 4	AFC 5	AFC 6	AFC 7	AFC 8+	Total
2017		43.07	133.09	40.08	210.51	118.17	54.78	31.53	631.23
2020		43.60	127.84	38.15	211.31	125.23	55.47	33.72	635.31

Current WTE - Council Staff																	
LG 1	LG 2	LG 3	LG 4	LG 5	LG 6	LG 6-7	LG 7	LG 8	LG 8-9	LG 9	LG 10	LG 11	LG 12	LG 13	LG 14	LG 15	LG 16	LG 17
16.2	16.7	51.6	13.2	0	14.6	274.8	5.0	17.9	2.8	42.8	73	7.1	16.9	1.0	7.0	0		
14.8	17.3	50.3	25.1	0	12.8	254.6	7.1	20.6	2.8	38.9	71.3	10.1	10	1	2	0	2	3

Current WTE Medical Staff (working in Older Peoples Services)				
	Associate Specialist	Specialty Doctor	Consultant	Total
2017	1	3	4.8	8.8
2020	0	0.8	2.94	3.74

Current WTE Medical Staff - Primary Care, Forensic and Out of Hours (hosted services)			
	Salaried GP	Consultant	Total
2017	31.05	0.8	31.85
2020	37.2	1.7	38.9

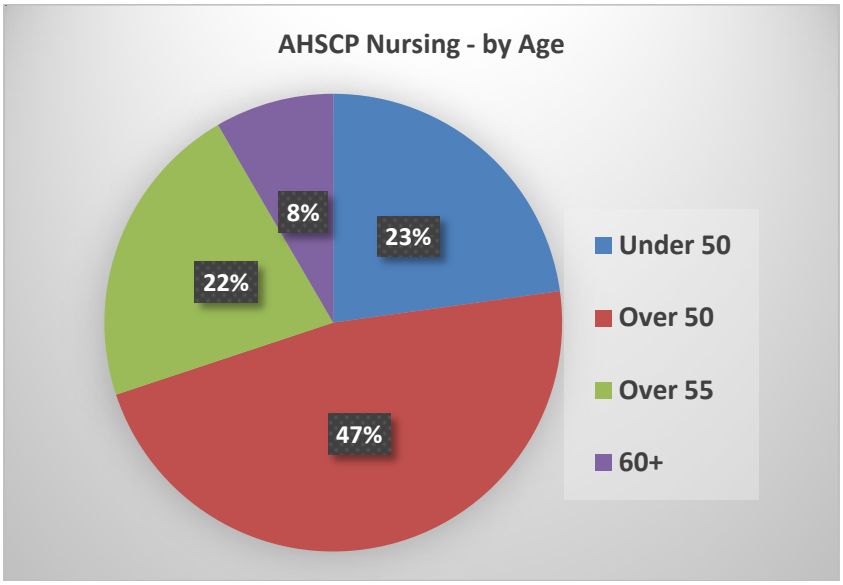
Note:

1-Some grading changes between 2017 and 2020 are due to regradings particularly within Council management posts, rather than the introduction of new senior posts.

2 -Most Psychiatrists working in Angus are employed within the Mental Health Directorate, so are not included in these figures.

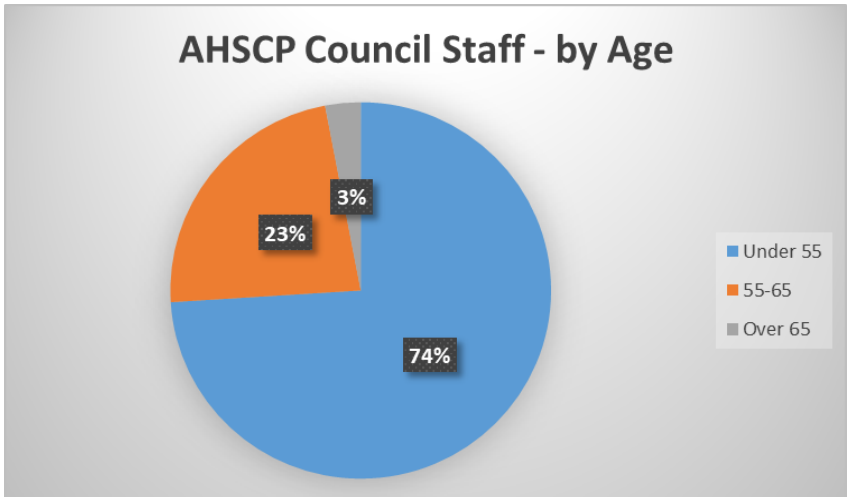
4.1.3 Age

The following chart highlights that more than three quarters of the Partnerships Nurses are currently aged over fifty-years, whilst less than one quarter are under that age. During the next few years, as Nurses retire, it is likely there will be insufficient nurses available to replace them.



[Source: Information Services, Workforce Directorate, Ninewells Hospital: January 2020]

Angus Council collects staff age data across slightly different age bands. Despite this, the following table would appear to suggest a larger proportion of the Council's staff are aged under fifty-five years of age than nurses working in the NHS. However, both tables highlight that approximately 47% of the Partnerships staff are currently aged over fifty years.



[Source: HR, Digital Enablement & Business Support, Angus Council: January 2020]

4.2 STAFF GROUP PROFILE

Employment is one of the most strongly evidenced determinants of health. The World Health Organisation notes that 'unemployment puts health at risk' and 'unemployment has a direct bearing on the physical and mental health and even life expectancy for unemployed people and their families'. Unemployment therefore has a direct impact upon service provision and we must work through our Locality Improvement Groups and alongside Angus Community Planning Partnership [(2)] to address these issues.

The actual unemployment rate for Angus is illustrated below. Whilst this potentially provides an increased supply in the local labour market it takes no consideration of existing skills, qualifications or suitability within the local population. This will change significantly as the country goes into a predicted recessions as a consequence of Covid-19

Claimant count by age - not seasonally adjusted (December 2019) – Angus				
	Angus	**Angus %**	**Scotland %**	**UK %**
Aged 16+	**2,075**	**3.0**	**3.2**	**2.9**
Aged 16 to 17	20	0.8	0.8	0.3
Aged 18 to 24	435	5.1	4.4	4.0
Aged 25 to 49	1,070	3.2	3.5	3.1
Aged 50+	545	2.1	2.4	2.4

Source: ONS Claimant count by sex and age
Note: % is number of claimants as a proportion of resident population of the same age

4.3 MAIN EMPLOYERS

Angus Council and NHS Tayside are the employers of the workforce and as such employees continue to adhere to their terms and conditions of employment. Human Resources provide a professional service and ensure the Partnership meets its legal obligations as an employer and progresses towards the objective of being an exemplar employer and an employer of choice. As well as developing and maintaining responsive and supportive employment practices and processes in partnership with Staff Side and Trades Unions, the sections support the demands of an increasingly flexible workforce within the changing environment.

4.4 TRADE UNION/STAFFSIDE PARTNERSHIP WORKING

We are committed to fully engaging with our Trade Union and Staff Side representatives to ensure fairness and consistency across the full workforce. An acknowledged feature of the engagement process within the Angus Partnership over recent years has been the mutual trust that has developed between the Trades Unions and Management.

The Angus Health and Social Care Staff Partnership Forum remit is to ensure the fair and consistent application of the employing authorities' staff governance standards for all NHST and Angus Council staff working within the Partnership. It addresses operational issues affecting staff and services and contributes to the development and implementation of strategy and policy. All HSCP plans are developed with input from the Angus Health and Social Care Partnership Staff Forum and these plans support the principles and practices of staff governance including all workforce issues, the creation of new roles, changes to skill mix, changes to workforce numbers, workforce risks, learning and development of the workforce and organisational development issues.

SECTION 5: THE ACTION PLAN

The annual Implementation Plan to address the issues highlighted in this plan. The actions will need to address the following areas:

Key Theme	**Outcomes**
Profiling the workforce.	Third and independent sector data is used for whole systems redesign Complete Allied Health Professionals Workforce Plan
Re-designing jobs and services	There is a match between redesigned posts and availability of the workforce required. New roles such as advanced nurse practitioners will compliment traditional roles. Complete team leader/manager review.
Undertaking a skills gap analysis and identifying the developmental requirements	Reduced workforce with correct level of skills and training. Complete care management review. Succession Plan in place to mitigate age profile A rotational nurse programme will be in place
Integrate, as far as possible workforce policies and practices	Create flexible workforce Staff choose and are able to work beyond pension retiral age
Support proactive recruitment campaigns	Health and Social Care has a positive career choice for young people. A pathway exists that encourages young people to volunteer and move into paid employment. The number of staff under 50 will increase.

SECTION 6: IMPLEMENTING MONITORING AND REVIEWING

The HSCP have a nominated executive lead for Workforce with dedicated support within the Improvement and Development Team.

The first annual Workforce Implementation Plan will be produced by 31 October 2020. The plan will be monitored through the HSCP Executive Management Team. Members of the HSCP Senior Leadership Team will be responsible for implementing the plan. Progress reports will be submitted to NHS Tayside, Angus Council and the Angus Staff Partnership Forum.

The Chief Officer will provide an annual update to the Integration Joint Board.