



**ANGUS HEALTH AND SOCIAL CARE**  
**INTEGRATION JOINT BOARD – 25 AUGUST 2021**  
**WORKFORCE PLAN ANNUAL UPDATE**  
**GAIL SMITH, CHIEF OFFICER**

**ABSTRACT**

There is a requirement to report to the IJB annually on the progress of the Angus HSCP Workforce Plan. Updates to the Workforce Plan are attached at Appendix 1.

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board:-

- (i) Notes the contents of this report and the recent developments regarding workforce planning.
- (ii) Agrees the governance route for the Angus HSCP Workforce Plan, as proposed.
- (iii) Notes that workforce elements will be included in the regular Strategic Planning Progress Reports submitted to the IJB.

**2. BACKGROUND**

The Partnership's Executive Management Team (EMT) on 30 April 2021 approved a recommendation from the author to change the way that workforce matters are governed by:

- a) Reporting quarterly to EMT.
- b) Combining the Workforce, Leadership, and Remobilisation Plans into one workforce document.
- c) Introducing a new Angus HSCP Workforce Steering Group. (The Steering Group, it was envisaged, would link closely with the Staff Partnership Forum.)

**3. CURRENT POSITION**

The Scottish Government requires that all Health and Social Care Partnerships will submit a Workforce Plan by 31 March 2022. Work is underway to develop this new plan.

NHS Tayside is also required to produce a Corporate Workforce Plan. As part of its development, Angus HSCP has been asked to contribute and submit for inclusion in the overall plan for consideration by an NHS Tayside review body by 5 August 2021. The Partnership has complied with this request; whilst highlighting the document will be work-in-progress, as the deadline for Scottish Government submission of a Workforce Plan as described above is due in March 2022. It has also been noted that only 50% of staff in the Partnership are NHS employees (we take a whole system approach, which includes Angus Council, NHST, independent providers and third sector staff in our consideration of workforce needs) and that the proper governance arrangements for the Partnership are through EMT and the Strategic Planning Group (SPG) to the IJB.

Nonetheless, the task has been helpful in producing a first and early draft of our plan to refine and develop as we work towards the March 2022 deadline. The draft was agreed by the Staff Partnership Forum and approved by its co-chairs. We will continue work on the Angus HSCP Workforce Plan and incorporate any feedback.

The governance arrangements for workforce planning lack clarity, largely because of the range of employers involved and their differing expectations. What is clear is that there needs to be a single workforce plan for Angus HSCP, as required by the Scottish Government. The workforce governance route should be through EMT and SPG, and to the IJB. It is recommended that a report is submitted to the February IJB prior to the Scottish Government deadline in March 2022. We will of course continue to cooperatively provide information to other employing organisations but a clear reporting and decision-making route is required. The first Angus HSCP Workforce Steering Group met on 13 July 2021. The purpose of the Workforce Steering Group is to provide a strong, effective, integrated and collaborative partnership forum that will improve workforce planning and ensure that collectively the group possess the required expertise, skills, knowledge and resources to analyse, forecast, and plan workforce supply and demand. It will ensure that Angus HSCP has the right people, with the right skills, in the right places, at the right time, to fulfil its mandate and its strategic objectives, and to continue to provide high-quality, person-centred care now, and in the future. As this was the inaugural meeting, much of the discussion was about purpose, terms of reference, data requirements, the Angus HSCP Workforce Plan and reporting requirements, and, importantly, a survey of members and stakeholders asking them to identify their top 3 or 4 workforce challenges; this is important work in contributing to the new Workforce Plan and in identifying priorities for action.

In general terms, some of the workforce issues which were identified in our Workforce Plan prior to the pandemic remain, whilst others have been emphasised, diminished, or have emerged looking rather different. The move in demand from care homes to care at home is well-known to IJB members, but this has significant workforce implications in terms of where we focus our workforce. There are longstanding, and continuing, challenges in recruitment for some positions; GPs, Learning Disabilities and Mental Health consultants, stroke specialist doctors, and some allied health professionals. The Partnership has ongoing issues with an ageing workforce and challenges around succession planning; a disproportionate number of middle and senior managers are in their late fifties and will retire this year and next, with a resulting loss of experience to the service. There are particular challenges for new staff working in frontline services (effectively new starts in their professions); working agilely has meant a loss of contact with peers from whom essential early learning is gleaned and “workarounds” are having to be deployed to create such opportunities. Support to care home staff and frontline nurses dealing with COVID-19 is essential as many are fatigued and stressed by long exposure to the pandemic. The Safer Staffing Bill will have implications for a number of services. These are the types of issues which the Partnership is responding to and which will be incorporated in the Workforce Plan.

The current Workforce Plan Implementation Action Plan has 6 recommended actions for completion by August 2021. Some of these have been delayed due to the pandemic. Appendix 1 provides a position on progress.

#### **4. FINANCIAL IMPLICATIONS**

The IJB published its Strategic Financial Plan 2021/24 in April 2021. The plan noted that the “IJB can present a balanced budget for 2021/22 and 2022/23, but only after reliance on short term reserves to offset underlying overspends, and then beyond there are significant recurring shortfalls.” The demand for health and social care will increase faster than the rate of growth of the wider economy and, 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 2021 remains a major factor throughout all the IJB’s plans.

There will be financial implications arising from many of the changes which will be identified in the workforce plan, but these have to be informed by a realistic understanding of the available resource envelope, as described in the Strategic Financial Plan.

Many changes will be expected to come from existing resources by resource transfer or by disinvesting in some areas to invest in others, and it will be expected that value for money or a link to statutory duties, as well as improved practise, skills acquisition or better working conditions for staff will be demonstrable in any change.

COVID-19 powers have permitted short-term funding to support essential services but, as part of recovery, we need to ensure long-term financial planning. The Workforce Plan has to connect strongly and be consistent with the Strategic Financial Plan and the Strategic Commissioning Plan.

## 5. RISK

There are significant risks to the business of Angus HSCP if insufficient staff are available in operations, or if staff are not suitably skilled, trained, or qualified. Each programme of change will require a risk assessment. The overall workforce risk is reported to the Clinical Care and Professional Governance Group (CCPG) summary table below.

RISK TITLE	RISK OWNER	MARCH 2021	MAY2021	JULY 2021
SR08 Workforce	Workforce Lead	20 (5;4) RED	20 (5;4) RED	20 (5;4) RED

## 6. OTHER IMPLICATIONS (IF APPLICABLE)

There will be a range of workforce development tasks emerging from the work of the Workforce Steering Group which will be prioritised according to urgency and achievability, within timescales. These will be reported on in more detail in subsequent reports, and will be included in the Workforce Action Plan that will accompany the Angus HSCP Workforce Plan under development for the March 2022 deadline.

## 7. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is not required. Some workforce programmes will require EIA's but this is a collective report and therefore not required. Equalities issues will also be addressed in the Staff Partnership Forum.

## 8. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	X
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

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List of Appendices: Appendix 1 Workforce Plan Update

**Workforce Plan Update - Appendix 1**

<b>Recommendation</b>	<b>Outcome</b>	<b>Update</b>	<b>Status</b>
<p>1. Angus HSCP have stronger formal links with Angus Council and NHS Tayside Workforce Planning Processes</p>	<p>Outcome- The HSCP work force plans will be progressed in partnership with local, regional and national plans.</p>	<p>AHSCP is represented at the NHST Strategic Nursing and Midwifery Workforce Group.</p> <p>NHS Tayside have committed to re-establishing its Corporate Workforce Planning Forum but no date is given.</p> <p>Angus Council are establishing a strategic employability partnership to include representation from the AHSCP.</p> <p>Work is in progress to develop joint recruitment procedures with Angus council and NHST.</p> <p>AHSCP have established a workforce planning forum which includes representation from Angus Council, NHST and the third sector.</p>	<p>In progress.</p>
<p>2. Healthy Working Lives (HWL) is implemented across the entire AHSCP workforce</p>	<p>The HSCP will have a healthier, more motivated and productive workforce</p>	<p>33% of staff work in a Bronze ward area. Little formal progress made formally on HWL due to leads being diverted to COVID-19 related business. However, staff health and wellbeing has been paramount as a consequence of COVID-19. Rest and Recovery rooms, increased psychological support, formal pathways to psychological support and specific support developed for care homes are examples. A 3-tier staff resilience and psychological support system is being developed and will include training sessions, self-referral for brief interventions, and GP referral for formal support. A short life working group has been established to progress specific areas of support for staff who work in care homes.</p>	<p>In progress.</p>

Recommendation	Outcome	Update	Status
<p>3. Promote Health and Social Care careers for young people</p>	<p>Young people will consider a career in local health and social care. This will reduce the number of vacant posts and deliver better services to people.</p>	<p>National recruitment campaigns are locally supported through social media, linking with schools and colleges.</p> <p>We continue to support various schemes to encourage young people into the workforce such as Foundation apprentice placements, school placements, newly qualified social worker scheme, modern apprentices, supported placements; Kick-start Scheme; Work Experience.</p> <p>Social Care Workers have been introduced to the AHSCP with the aim of creating a structure that enables access to and progression in the care industry for people who have little experience, thus enabling young people to commence a career with us.</p> <p>The AHSCP fully supports the work of its local Developing the Young Workforce (DYW) strategy and enjoys a close working relationship with the local Dundee and Angus DYW group. DYW is the Scottish Government's Youth Employment strategy to better prepare young people for the world of work. Whilst it has been extremely challenging to offer Work Experience placements to young people during the Pandemic, AHSCP has nonetheless continued to seek innovative and safe ways to support young people's learning at this time, for example through the Foundation Apprenticeship programme.</p>	<p>Complete for year Contingency / future planning is needed with analysis of age demographic for each profession to anticipate gaps through retirement which will inform actions in our new workforce plan.</p>

Recommendation	Outcome	Update	Status
4. Promote more flexible working across localities, services and organisations.	Staff will be experienced in new ways of working, increasing their job satisfaction, improving continuity of care, resulting in better outcomes for people who use our services.	<p>A financial plan to recruit over nursing establishments in October each year to maintain posts throughout the year has been agreed. This has also been agreed for specific posts in other service areas and a similar process is being developed for other service areas.</p> <p>Employee induction programme has been agreed and a new AHSCP induction pack has been developed.</p>	In progress.
5. Develop a Leadership Framework for all relevant people working in health and social care in Angus.	High quality leadership will drive the HSCP to deliver change.	<p>Leadership framework has been completed. This will be integrated into the new workforce plan. A priority action arising from this for the coming year will be the development of a succession planning scheme to include such things as:</p> <ul style="list-style-type: none"> <li>• A mentor scheme</li> <li>• A staff qualifications assistance scheme.</li> <li>• Access to SVQ 4 qualifications.</li> <li>• temporarily recruiting above staffing establishment</li> <li>• Agree a finance plan to recruit over nursing and social care staff establishments in October each year to maintain posts throughout the year.</li> </ul>	Complete
6. Profile the workforce	The HSCP will have a workforce that is flexible, appropriately trained and qualified, and motivated to drive forward change.	<p>Profiling the workforce is a responsibility of the newly formed AHSCP Workforce Planning group and work has commenced to:</p> <ul style="list-style-type: none"> <li>• Analyse the current workforce to understand it and how it is projected to change over time including changes to professional roles, qualifications and demographic changes.</li> </ul>	In progress.

Recommendation	Outcome	Update	Status
		<ul style="list-style-type: none"> <li>• Identify the gaps between workforce demand, service demand and supply.</li> <li>• Define current and future workforce requirements.</li> </ul> <p>A workforce dataset will be agreed to support this process. Current work that will support workforce profiling includes:</p> <ul style="list-style-type: none"> <li>• Refreshing the current workforce plan.</li> <li>• Completing the care management review</li> <li>• Completing the team manger review.</li> <li>• Reviewing social work posts ensuring correct number to cover statutory roles.</li> </ul> <p>All of the above are currently in progress.</p>	