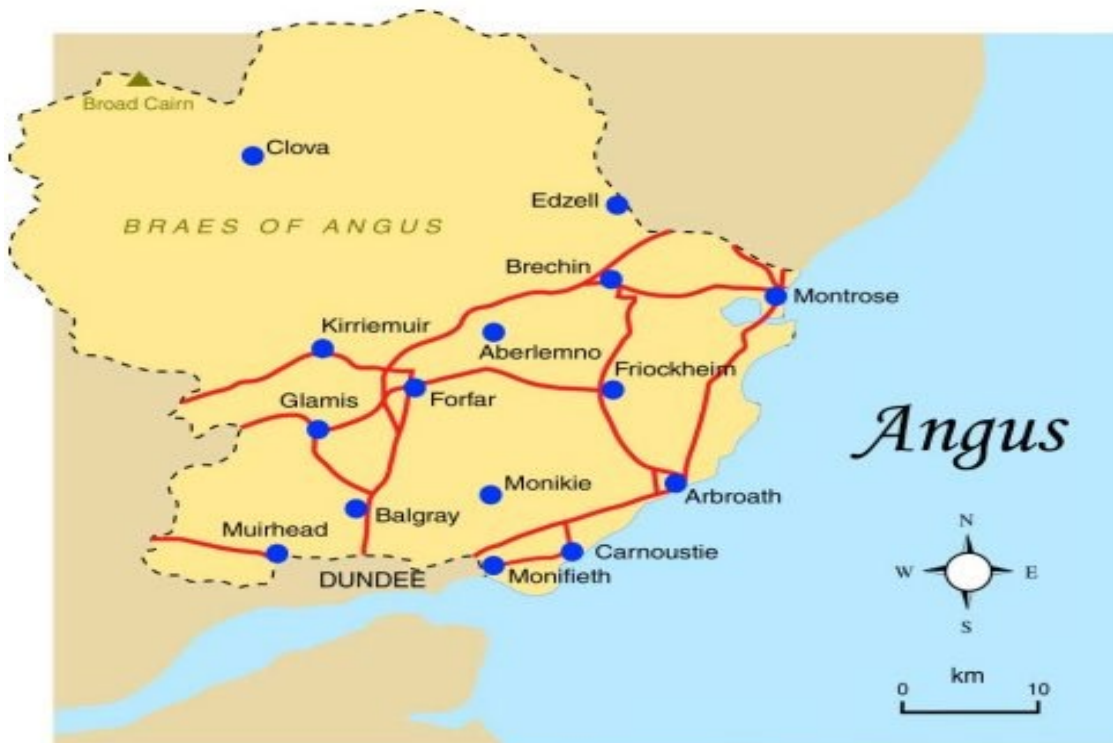


Angus Health and Social Care Partnership Workforce Plan Executive Summary 2022 – 2025



Introduction

Scottish Government requires the Angus Health and Social Care Partnership (AHSCP) to have a 3 year workforce plan commencing July 2022. The six steps to workforce planning approach has been used in developing this plan. The plan has also been informed by a range of national and local drivers.

The plan also aims to address themes identified in the 2021/22 Interim Workforce Plan and subsequent feedback from Scottish Government which highlighted the following areas:

- Align workforce considerations with the organisations strategic direction linking with service and financial planning commitments.
- Identify the key priority service areas across the medium term.
- Clearly identify the workforce risks and capacity requirements across these priority areas providing, in some detail, the anticipated whole time equivalent need that has been identified through your workforce modelling exercises.

This is a three year plan which is supported by an information pack containing:

- Supplementary information sheet
- Engagement findings
- Engagement plan
- Workforce Action plan

Engagement

During October 2021, as part of planning for the 2022-25 AHSCP Draft Workforce Plan, the AHSCP Workforce Steering Group commissioned a questionnaire to be sent to all services across the AHSCP. A positive response was received across services, and this provided information to inform the first draft of the workforce plan. This draft was distributed widely for further engagement and to inform the final version of our draft plan. The feedback received from the survey monkey was used to inform the final version of the plan. The plan was formally approved by the Angus Integration Joint Board on 22 June 2022.

Further detail of the feedback received from both the engagement questionnaire and the engagement survey monkey can be viewed in the engagement findings document contained within the information pack, along with the workforce engagement plan.

SECTION 1: DEFINING THE PLAN

Purpose

The purpose of this workforce plan is to Support the AHSCP to have the right people, with the right skills, in the right places, at the right time. The plan provides an analysis and forecast of workforce supply and demand informed by local and national workforce challenges and demographic changes. It is accompanied by an action

plan on how we will attract, retain and develop our workforce in order to meet current and future workforce requirements.

The Angus Health and Social Care Partnership (AHSCP)

The AHSCP formally came into existence in April 2016 in response to the Public Bodies (Joint Working) (Scotland) Act 2014. Under this act, the Angus Integration Joint Board (IJB) and the AHSCP have a duty to maximise the integration of services. The AHSCP Strategic Commissioning Plan 2019-2022 sets out the vision and future direction of health and social care services in Angus and how those services are funded.

This workforce plan relates to all services which are operated by the AHSCP, and those services hosted by the AHSCP. It recognises the crucial role that the Third Sector (local charities, voluntary organisations, volunteer movements and social enterprises), Unpaid Carers and Personal Assistants play as part of the broader workforce and the importance of locality working and Locality Improvement Groups in enabling the delivery of local care. More detail is provided in the full version of the workforce plan, which adopts a whole system approach in which the statutory services, third and independent sectors operate in partnership. A snapshot of the total number of staff employed across a range of services in the AHSCP is shown for illustration in the table below.

Workforce

	WTE	"Head Count"
Angus Council	564	737
Third Sector	xxx	820
NHS	741	
Care Homes	xxx	1,478
Care at Home	xxx	1,860
<u>Total Head Count</u>		<u>4,895</u>

WTE - Whole Time Equivalent
 Head Count- Actual number of employees
 *Figures are an approximation based on 2022 internally held data

The National Context

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. There are a range of national drivers that have informed this workforce plan. These include:

- The Independent Review of Adult Social Care
- National Workforce Strategy for Health and Social Care in Scotland (2022)
- The Integrated Health and Social Care Workforce Plan for Scotland (2019)

- Exit From the European Union (EU)
- Fair Work
- The Health and Care (Staffing) (Scotland) Act 2019
- Health Inequalities

The Local Context

There are also a range of local drivers that have informed this workforce plan. These include:

- The Angus Health and Social Care Partnership (AHSCP) Strategic Commissioning Plan 2019 – 2022
- The Tayside Mental Health and Wellbeing Strategy - A Plan for Whole System Workforce, Recruitment and Retention 2022 – 2025
- Medically Assisted Treatment (MAT) Standards

More detail on the national and local drivers and how they have informed our workforce plan can be viewed in section 1 of the supplementary information, included within the workforce plan information pack.

Local Population

The population in Angus, and nationally is ageing, and the health needs of the older population are more likely to involve multiple complex conditions. 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 on our communities.

Data from the national records of Scotland illustrate that in 2020 in Angus, the 45 to 64 age group was the largest, the 16 to 24 age group was the smallest and more females than males lived in Angus in 4 out of 6 age groups.

Future population changes from 2018 to 2028 illustrate that:

- The 75 and over age group is projected to see the largest increase in Angus and nationally, increasing at a rate 5% more than the national rate.
- The 45 to 64 age group is projected to see the largest decrease in Angus and nationally, with the rate in Angus decreasing at a rate 4% more than the national rate.
- The 0 to 15 age group is also projected to decrease both nationally and locally by between 6% and 7%.

The increase in size of the 75+ age group will exert pressure on health and social care services in relation to both projected demand on services and on the workforce, recognising that a significant proportion of our workforce is also part of our local population. The working age and school leaver population will also be proportionally at its lowest, making our pool of available workforce more finite. In addition, 28% of our workforce are already aged over 55 and age-related effects upon staff retention and turnover are therefore likely to be more critical.

Employment

The ONS annual population survey tells us that almost three-quarters of the 16 - 64yr age group in Angus were in work during 2021. The working population of Angus is projected to fall over the long term, with the working age population in Angus likely to be proportionately lower than Scotland as a whole. In 2021 the unemployment rate in Angus was 22%. 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. The AHSCP is a member of our Local Employability Partnership (LEP), contributing to the design and delivery of employability services in Angus.

Financial Implications

The Angus Integration Joint Board (IJB) published its Strategic Financial Plan for the period 2022/23 to 2024/25 in April 2022.

The plan reflects the following workforce issues:

- Funds to support the Expansion of Care at Home (£2.958m) and to support strengthening of Multi-Disciplinary Team across health and social care system to support discharge from hospital and to ensure that people can be cared for as close to home as possible (£0.954m).
- Funding to support Social Work Capacity (£0.528m) is being allocated in line with guidance. Current plans include ear-marks to support oversight arrangements for care homes, increased investment in Care Home Review Officer and Home Care Assessors and a range of other commitments.
- Funding to support an increase in health care support worker posts (£0.274m).

It remains a general assumption that most of the IJB's demographic pressure will be in services responding to increases in older age group populations and long term condition (e.g., home care, care management, community nursing, prescribing) and that, for example, the inpatient and residential care home components of care within Angus IJB will not be expected to see capacity growth, albeit may see changes in acuity. Community health and adult social care demographic growth pressures are allowed for from 2023/24. The IJB has had a long standing commitment in its strategic commissioning plan to develop its prevention agenda. After decisions taken at the IJB in February 2022, the IJB is now able to include a £0.250m recurring allowance to support this agenda, taking effect from this year.

The strategic financial plan notes the following risks in relation to workforce:

- Reviews of Safe Staffing issues re Health and Care (Staffing) (Scotland) Act and review of healthcare tasks in community setting.
- Community Nursing – Job re-evaluations may require reworking of workforce models.
- Workforce and recruitment issues may have a knock on effect on IJB costs beyond service delivery issues.
- Demographic Pressures – e.g., in Older People Services reflecting population changes.

- National Care Service – there may be implications for funding arrangements or managing issues such as changed to “Charging arrangements”.

The Strategic Financial plan demonstrates that the IJB can present a balanced budget for 2022/23 based on factoring in a high-level assumption of slippage on new allocations and use of reserves. It also important to note the 2022/23 position assumes non-recurring underspends. Then, utilising contingency reserves the IJB can cover forecast over-commitments for 2023/24. Beyond that, the underlying over-commitments re-assert themselves once the reliance on non-recurring under-spends gets factored out and time-limited reserves are consumed, with a recurring shortfall from 2024/25 onwards of c£6.270m. The weakening position reflects increased demographic pressures and unfunded inflationary pressures no longer being offset by Scottish Government funding increases or the required volume of planned interventions. In effect, without further interventions, future service pressures will remain unfunded and not manageable within available resources unless the IJB is able to resolve this issue.

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

SECTION 2: MAPPING SERVICE CHANGE.

The Need for Change

It is important that people get the right care, at the right time and in the right place. Optimising and joining up balanced health and care services, whether provided by NHS Tayside, Angus Council or the third and independent sectors, is critical to realising our ambitions. In order to plan for the future, it is essential to understand our current workforce model across both our statutory and third sector partners. Currently we have limited quantitative information regarding the workforce not employed by NHS Tayside or Angus Council.

Improvement programmes are responding to emerging need, due both to the Covid -19 pandemic and to ongoing demographic changes, reflecting a shift in how we traditionally deliver services towards new, innovative ways of working for our workforce. This is critical in addressing our reduced and reducing workforce, significantly increased policy and legislative requirements, and an increasing demand and changing demographic within our population.

Drivers

Drivers affecting workforce capacity and demand in Angus include:

- Changing demographics including an ageing population and an increase in complexity of need.
- Increase in end of life care.

- The impact of Covid-19 on people's mental health, wellbeing, and physical health.
- Increase in complexity, acuity and physical health issues of patients admitted to inpatient units.
- Increase in quantity of care and support required by individuals.
- Increase in Adult Support and Protection referrals.
- Increase in Adults with Incapacity Act work and the number of Guardianships.
- Increased improvement activity impacting on workforce capacity.
- Inpatient occupancy continues to be high with increases in length of stay.
- Increased sickness absence rates.
- Difficulties recruiting staff in general and difficulties recruiting to specific posts.
- Increase in demand for care at home provision.
- Unprecedented referral rates across several service areas.
- Increased Mental Health Officer work due to increase in number of detentions under the Mental Health Act and increased number of guardianship applications.
- Changes in available workforce as a result of European Exit.

Strategic Workforce Risks

Workforce is an identified strategic risk for the AHSCP. The causes of this risk include:

- Changing demographics affecting staff and people who use our services, including the consequences of the Covid-19 Pandemic.
- Population changes with a reduction in working age population living in Angus.
- Social care staff paid lower wages.
- A significant reduction in the availability of professionally trained clinical staff, including Allied Health Professionals, doctors, nurses and pharmacists.
- Changes in employment and immigration regulations linked to EU withdrawal.
- Complex and protracted employment processes that do not respond to short term needs.
- Inability to train key professionals at a sufficient rate to meet demand.
- National competition attracting newly qualified professionals to settle where they trained - often in city areas.

A number of services are experiencing a change in level of risk due to changes in level and complexity of presenting need, rather than number of patients/service users. Service specific and continuing workforce risks can be viewed in section 2 of the of the supplementary information, included within the workforce plan information pack.

Workforce Risks have implications for all AHSCP strategic priorities. We need to ensure workforce availability is a key consideration in all our transformational plans, with a focus on reconfiguring the workforce and maximising efficient recruitment and training opportunities to ensure our workforce are upskilled to meet changing demands and new, required ways of working.

Care Homes and Care at Home

Care at Home provision is currently experiencing critical workforce challenges with the highest demand on services ever experienced. There has been a very significant movement in demand away from care homes towards care at home in the last eighteen months.

The AHSCP's current position does reflect a stepped increase in the delivery of care at home in 2020/21. This has been at a rate well above what has previously been allowed for in financial plans. 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.

Current workforce activity being progressed to address these challenges include working with our care at home providers to attract new staff into the service. Further detail can be viewed in section 2 of the supplementary information contained in the workforce information pack.

We are also working with partner organisations in Angus Council, NHS Tayside, local schools and colleges to develop creative ways to attract and support young people into the social care workforce.

Other workforce activity includes a care home review focussed on reallocating resources to increase the number of personal care hours required to support people to stay at home and help develop the prevention agenda. A lead nurse role for care homes has been developed in response to care home scrutiny duties and Covid-19 governance requirements. A Senior Planning Officer (Strategic Partner Relations) has been established within the Partnership to work with external providers and support the shift from competitive to collaborative commissioning to sustain the local provider market.

We are also working with partners to obtain and analyse the required workforce data. This is in addition to our well established Care Home Provider Forum aimed at care providers working collaboratively to address workforce challenges.

We are collaborating with external care providers in Angus, Angus Council and Dundee & Angus College focused on creative recruitment and advertising and more innovative ways to attract people into the health and social care workforce.

The Covid-19 Pandemic and Recovery

Our workforce plan aligns with the AHSCP Remobilisation Response Plan 2021/22, focussing on safe and effective care whilst mitigating the spread of the disease across our population minimising the unintended consequences.

Due to the Covid-19 pandemic, 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 remain ongoing concerns about the additional demands which have been placed upon all partner organisations and the significant impact this has had on our workforce. The AHSCP has and will continue to

place workforce and workforce support and development at the core of how it delivers on positive outcomes for individuals and strategic priorities.

The pandemic period has seen a considerable rise in adult protection activity. The increase is partly due to a deterioration in clients known to the mental health service due to Covid-19 restrictions, and partly because of a rise in chaotic substance misuse in response to these restrictions. An additional WTE adult protection officer post has been recruited within the AHSCP.

There has been an increased requirement for rehabilitation whilst recovering from Covid-19 and it has been evident that the various levels of restrictions and lockdown have had an adverse effect on the physical and mental health of the general population and particularly the elderly population.

The Covid-19 pandemic has also had a significant impact on the overall workforce within Care Homes feeling this acutely. Covid-19 has left many colleagues drained, fired, exhausted, burnt out and looking for alternative employment out with the care sector. Retaining experienced staff in front line practice has been extremely challenging but is crucial to the delivery of excellent social services. Supporting our workforce has been and continues to be a key priority (see Health and Wellbeing section).

In order to support the recruitment of sufficient staff numbers during the Pandemic, AHSCP has permitted managers to recruit above their staffing establishments during staff recruitment exercises.

Digital Interventions

Digital interventions are of critical importance as part of the emergency Covid-19 response and to support our recovery. Home Mobile Health Monitoring (HMHM) and the use of "Florence" has recently increased with new clinical areas testing protocols. "Near Me" video consultation and telephone consultation are being widely used across GP practices in Angus and in AHP services and the use of KOMP to counteract the effects of social isolation is being extended. "Telecare", a range of equipment that detects when there is a problem and sends alerts to a call centre which then organises help for an individual, is already well established across Angus. We need to build on the positive achievements of HMHM and Telecare to enable more people to receive their care at home or in the community.

Scottish Government are making new and flexible digital remote monitoring services available to all territorial Health Boards and Health and Social Care Partnerships. AHSCP will work with NHS Tayside to further expand and develop this approach. The use of digital technology has had a direct beneficial impact on the workforce, and this remains a priority area for further development within both the AHSCP workforce planning process and NHS Tayside.

Angus Integrated Care

Angus Integrated Care aims to provide seamless, integrated, quality health and social care services, caring for people in their own homes, or in a homely setting, where it is

safe to do so. It was first introduced in Angus in October 2018 as an addition to the existing Enhanced Community Support (ECS) service.

It involves combining the ECS social work team with District Nursing, GP and Allied Health professional (AHP) colleagues and relocating them to a shared work base. An evaluation evidenced improved working relationships, improved communication which, in turn, improved the quality, timeliness and consistency of services provided, enabling staff to fulfil their roles more efficiently and effectively.

Co-location was highlighted as a strong enabling feature. Plans are now being developed to progress the roll out of Angus Integrated Care across all areas of Angus, recognising that the model may vary according to local needs.

Primary Care Services

The current General Medical Services (GMS) contract was published in Scotland in 2018 and aims to develop a sustainable model for general practice, refocusing the GP role as expert medical generalists and transferring some of the tasks currently delivered by GPs to a wider Multi-Disciplinary Team (MDT), where it is safe, appropriate and improves patient care.

It is widely recognised that GP Practices across Scotland are facing unprecedented challenges due to a combination of workload and workforce factors. The result of this is that in some cases, practices across Scotland have been forced to close or have transitioned to a 2C practice operated by the health board. AHSCP have been working with GP Practices re early identification of any potential issues and early support/intervention with a focus on maintaining the sustainability and long-term future of local practices.

NHS Tayside and the three Health and Social Care Partnerships have worked collaboratively to develop the Tayside Primary Care Improvement Plan and define a model of care that links closely with wider locality teams to form a fully integrated health and care system.

Angus Care Model

The development of the Angus Care Model intends to promote a coordinated and structured approach to service improvement and change management work. It aims to facilitate a more integrated and innovative approach to service provision for people in need of care and support, and good value for money.

Optimising and joining up health and social care services is critical to realising the ambitions of health and social care integration and helping deliver more effective deployment of the resources available.

AHSCP is focused on delivering an approach to integration that has a much greater emphasis on prevention, early intervention, self-management and supporting people in their own homes and communities with less emergency admissions to hospital and less people placed in care homes. Specifically, we are seeing an increasing demand for support from the under 65 population, many of whom have multiple, long term conditions.

A range of planned improvement activity is already taking place locally. This takes a whole systems planning approach to our workforce, in line with The Five Pillars of Workforce outlined in the National Health and Social Care Workforce Strategy and the principles for safe and effective recovery highlighted in the NHS Recovery Plan. It is highlighted below, with more detail available in the full workforce plan.

- Medicine for the Elderly Inpatient Review - Focussing on opportunities to address areas of relatively high cost and / or relatively low occupancy.
- Primary Care – Training staff to ensure that they have the skills to continue to develop in their roles and developing career paths which will aid retention of our workforce. The introduction of innovative new roles such as Advanced Nurse Practitioners (ANPs) to enhance the capacity and capabilities of our workforce and Advanced Practitioners who are Allied Health Professionals (AHPs) working in partnership with GP Practices to provide early assessment and supported self-management.
- Urgent Care Review - Working with national and regional colleagues on the National Redesign of Urgent Care programme.
- Psychiatry of Old Age Review – Aims to address challenges caused by changing demographics such as the model for Occupational Therapy services to address recruitment issues.
- Learning Disability and Physical Disability Improvement Plans – Focussing on addressing the challenges relating to demographic changes.
- Mental Health Workforce Review – Involves the introduction of new roles to address recruitment issues such as a Senior practitioner, 2 Advanced Nurse Practitioners and the recruitment of a Lead Pharmacist (0.2 WTE). The service is planning a workforce review and consideration of other roles to meet need, in acknowledgement of the lack of available social workers, nurses and OTs.
- Internal/External Market Facilitation - The agreed reduction of up to 20 care home beds from internal provision as part of the overall reduction of 40 beds across the care home market, with consequent transfer of resource to care at home and early intervention/prevention.
- Supported Accommodation Review - Focussing on service delivery models and high cost care packages.
- New Social Care Worker Role - Aimed at 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 and people of all ages to make a career change or be supported into work following a period of unemployment.
- Health and Care Support Worker Development Programme - The Scottish Government commissioned NHS Education for Scotland to take forward work on education and development of Agenda for Change Band 2-4 Healthcare Support Workers. This is now being progressed across Tayside in response to insufficient numbers in the registered workforce. The aim is to increase more Band 4 workers to support the clinical team.
- Single-Handed Care – Aimed at ensuring a consistent approach to manual handling across Angus Council, AHSCP and NHS Tayside and introducing single handed care to address demographic demand in relation to increasing

numbers of people requiring manual handling within the community with a finite workforce.

- Care Management Improvement Programme – This programme is considering the structure and design of the integrated and care management teams across the Partnership. It includes the need to increase the numbers of social workers to deliver interventions in terms of Adults with Incapacity duties and, due to increased demand in substance services and mental health services due to Covid-19, the need for further health qualified and social work staff of all grades.
- Help to Live at Home - The implementation of CM, an electronic scheduling and monitoring system for care at home.
- District Nursing - Transformation of Service Programme - Development of a role framework for District Nursing across Tayside and the review of the District Nurse job description.
- Day Care Review – A key element of our resources and interventions intended to keep people at home as long as it is safe to do so, focussed on identifying opportunities to make more effective use of resources in order to deliver the best outcomes for the people of Angus.
- Homelessness Support Accommodation Review – Aimed at addressing challenges caused by changing demographics, to meets the needs of homeless households in Angus.
- Nursing in Care Home Review – Focussed on developing a more integrated, consistent and sustainable approach to nursing provision in care homes.
- Redesign of Stroke Rehabilitation Pathway – In August 2021, the IJB approved the preferred option of one in patient stroke rehabilitation unit based in Royal Victoria Hospital Dundee for Angus and Dundee patients with the development of home/community based rehabilitation. The main developments are around service modelling.
- Occupational Therapy (OT) Integration – This project will be revisited in Autumn 2022 with a view to strengthening the Professional Leadership and integrated working of our Social Work and NHS OTs.
- Digital Technology – Focusses on new ways of working enabled by digital technology to support triage, clinical signposting, case management and long-term condition care.
- Mental Health Officer Capacity-Building Grant Scheme – The Scottish Government Scheme was developed in close partnership with local authorities, COSLA and other stakeholders to address the projected national shortfall in Mental Health Officers (MHOs) by 2022-23. In Angus, From 1st December 2021, remuneration for active MHOs was increased to 2 additional increments above salary scale and will hopefully go some way to retain existing MHOs and be an incentive to encourage others to undertake the MHO award.
- Management and Administrative Resources - The AHSCP have identified the need to invest in increased management and administrative resources in response to the increased pressures and complexities the AHSCP is now managing.
- Development of a Quality Assurance Framework Relating to the Training and Delegation of Specific Healthcare Tasks in Care Homes and Community

Settings - This is focussed on supporting more people to live at home by developing clear guidance and governance in relation to social care staff or carers undertaking agreed healthcare tasks in community settings.

- Staffing Establishments and Recruitment - AHSCP encourages managers to temporarily recruit above their staffing establishments during staff recruitment exercises.
- Sessional Staff Bank - The development of a Social Care staff bank has been introduced across adult services to support staffing shortages and relieve the pressures on the existing workforce.
- Opportunities for Young People - Youth employability programmes, Foundation, Modern and Graduate Apprenticeships, employability and further education partners opportunities, promotion of volunteering opportunities, Developing the Young Workforce (DYW) strategy.
- Recovery and Remobilisation after Covid-19 - continuing to provide support closer to the home or the care home and establishing the pathways to avoid hospital admission wherever possible.

The improvement activity highlighted above challenges traditional ways of delivering care and has a focus on redesign 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.

Managing the Service Change

The Covid-19 pandemic has created a situation of rapid change and disruption and an ongoing need to respond and adapt. This change is significant and has been a large contributory factor in the main drivers for workforce change identified within this plan. The key to managing effective workforce change is the people and, as we progress with our workforce planning activity, our approach will continue to be centred around involving and engaging stakeholders. The AHSCP has a robust engagement strategy and a number of established methods to ensure stakeholders are engaged in the change process.

SECTION 3: DEFINING THE REQUIRED WORKFORCE:

Workforce Activity Analysis

The range of improvement activity highlighted in this plan is an illustration of the breadth of activity required across the AHSCP to address the current challenges. It involves mapping service activities, models and new ways of working, identifying the skills needed to undertake them, the types and numbers of staff required and the development of new pathways. The activity areas focus on required staff skills mix, identification of new roles, new ways of working, financial considerations, efficiency, sustainability and service quality and improvements.

Skills Development

Meeting workforce demand requires us to look at both the types of skills and numbers of people we need, taking into account any additional supply factors.

As an illustration of what this might mean for the skills required, we will have particular need for:

- Team working skills to work well in multi-disciplinary teams delivering joined up services that focus on anticipatory and preventative care.
- Skills to provide more complex support and care to people living with frailty, disabilities, multiple morbidities and long term conditions, particularly in community settings.
- Working with health and care service users and their families. In a community setting this will focus on promoting self-care, prevention and shared decision making.
- Understanding of mental health issues and how to support people – across the workforce.
- An understanding of how digital solutions can improve care and how to effectively implement and use these solutions in delivering care.

The actions we take to improve training, create and develop career pathways and support continuous professional development need to reflect these developing skill requirements. For example:

- Detailed work has been undertaken to develop induction which includes the training required to reflect the current and future challenges relating to the care management job role.
- Work has progressed with both Angus Council and NHS Tayside to make core training available and accessible to all staff working within the AHSCP, regardless of who their employer is. This includes third and independent sector staff.
- A succession planning and mentor scheme is being developed to support career progression opportunities.
- There is a structured, co-ordinated and future focused model for education and development for Nursing, Midwifery and Allied Health Professions (NMAHPs) beyond registration which will be essential to the success of Transforming roles.
- The development of Advanced Practitioners to support the acquisition of advanced clinical assessment skills and non-medical prescribing.
- As part of the development of the Day Treatment model for Medicine for the elderly, registered nursing staff will be upskilled to allow them to undertake patient assessments/deliver treatments etc.

Workforce Growth

Growth in our workforce has historically been about identifying resources to address the general growth in workforce demand. Continued unmitigated growth in our workforce, however, is unsustainable, both practically and financially and does not necessarily co-relate to improved outcomes. Our workforce responds to the health

and care needs of our population. That population is changing and our approach to the health and social care workforce must change with it.

The introduction of new models allows opportunities to ensure that we have the right staff, in the right numbers, working in the right places at the right time. Our improvement activity is targeted at achieving this aim as well as identifying and addressing those areas where we have difficulty in recruiting to specific posts.

The additional staffing resource we have already put in place is detailed in the full workforce plan and includes a comprehensive list of all the posts that have recently been established, those in the process of being established and further areas resource has been allocated to such as equipment and digital technology.

Culture and Leadership

Effective leadership is key to delivering the Angus Strategic Commissioning Plan. AHSCP encourages and nurtures leaders at all levels to help build collaborative relationships and support succession planning. 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.

New leaders need to be identified and nurtured and organisational and leadership development will be a priority. There are several actions included in our workforce implementation action plan to address this such as the development of a succession planning and mentor scheme.

Health, Wellbeing and Resilience

The health and wellbeing of our staff remains a high priority. As we continue our work on service recovery post-pandemic, it is important that we maintain our focus on the recovery of our staff. There are a number of options available for staff, both locally and nationally.

- Staff wellbeing surveys have been undertaken and these will be a key element of monitoring the health and wellbeing of staff going forward.
- A staff health and wellbeing page on the AHSCP Intranet site for staff has also been developed, with links to resources to support staff keep well.
- A 3-tier staff resilience and psychological support system has been developed and includes training sessions, self-referral for brief interventions, and GP/Manager 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.
- The use of digital and technology including training in technology skill to support agile working and implement new ways of working has positively contributed to staff wellbeing.
- Project Wingman, a well-being charity that supports frontline health and social care staff has been commissioned to support staff.

Within Angus, a range of supports have been promoted to support staff wellbeing throughout the pandemic and thereafter. *These can be viewed in section 3 of the*

supplementary information in the workforce information pack. Staff health and wellbeing remains a priority within the AHSCP, NHS Tayside and Angus Council workforce plans, and we continue to collaborate, share resources and enable staff to access support from all organisations.

SECTION 4: UNDERSTANDING WORKFORCE AVAILABILITY.

The largest component of our future workforce is our current workforce. It is therefore important to understand the workforce situation that exists at the current time.

Staff Numbers

The table below provides numbers of available staff, where that data is available. The numbers are quantified using both WTE and Head Count data, as both methods are used by separate organisations.

Number of staff	2020 WTE	2020 'Head Count'	2021 WTE	2021 'Head Count'
NHS Tayside	635	717	733	952
Angus Council (AC)	543	896	564	737
Care Homes (AC and Independent)		1,444		1,478
Care at Home (AC and Independent)				1,860
Voluntary		820		(820)*

WTE - Whole Time Equivalent

Head Count- Actual number of employees

WTE data currently un-available. *Estimate.

(source AHSCP internal data systems)

WTE figures for the independent and third sectors are not currently available. However, the Scottish Social Services Council website provides the most up-to-date (2020) Head-Count figures for staff registered within those sectors.

The Table shows the Head-Count figure increasing slightly for each of the sectors across the period. Of note however, is the number of Care at Home staff, this now comprising the largest staffing sector group.

Contract Status

The vast majority of both Council (73%) and NHS Tayside (96%) staff working within the AHSCP are on permanent contracts. 8% of Council staff are on temporary contracts and 19% being utilised via supply options. NHS Tayside have (under 1%) on fixed term contracts. The remaining 3% are locum and staff on fixed term secondment.

Vacancy Information

As of July 2021, 8.5% of Angus Council staff posts within the AHSCP were vacant and as of May 2021, 7.2% of NHS Tayside staff posts within the AHSCP were vacant. Posts become vacant for a variety of reasons but recruiting to them can often prove a lengthy and time-consuming process. Vacancies can therefore have a real impact upon service provision.

The staff turnover rate for AHSCP staff employed by Angus Council was 14% for the year 2021/22, with 40% of staff having an average length of service between 15 – 20 years. Current NHST vacancy levels in Angus highlight that around thirty-six-percent of available Occupational Therapy hours, and eleven-percent of qualified Nursing hours are currently vacant.

Staff Absence

NHS Tayside:

Overall absence rates amongst NHS staff working in the Angus Partnership between April 2020 and September 2021, (the period roughly covering the Pandemic) note a general upward trend. Nursing, midwifery and support services are the areas with the highest absence rates.

Angus Council:

A snapshot of Angus Council absence for staff working in the AHSCP as of July 2021 noted that an absence rate of 6% for social care and health services and 9% for Mental Health services.

Third and Independent Sector:

There is a national challenge in relation to sourcing workforce data from the third sector. This is an important issue as increasingly services are now being commissioned by third sectors organisations. We have been in discussions with the Scottish Social Services Council (SSSC) and the Care Inspectorate, who are keen to support areas with developing datasets to capture this data. They are currently liaising with Scottish Government who have established a short life working group to look at this national issue.

The known absence level for the independent care at home sector nationally, currently sits around 16%. This information was sourced from Scottish Care; Workforce Recruitment & Retention Survey Findings (September 2021). This is a significantly higher absence rate than either NHS Tayside or Angus Council.

Age

Almost half of the Partnerships Nurses (43%) are currently aged over fifty-years. During the next few years, as Nurses retire, it is likely there will be insufficient nurses available to replace them. 32% of Allied Health Professionals are aged 50 or over.

25% of Council staff working within the partnership aged 55 or above. Another 27% are within the 45 – 55 age bracket.

The above data presents a real challenge for workforce planning and is further exacerbated by the overall reduction in the health and social care workforce and the reducing younger population demographics already mentioned. It highlights the importance of the workforce activity in this plan, focussing on the maximisation of resources, using resources to maximum efficiency and taking positive action to attract more people into the workforce of all ages.

Gender

78% of Council staff working within the AHSCP are female and 83% of NHS Tayside staff are female. This has further implications for the workforce in terms of the impact of maternity leave, carers leave, child care flexible working arrangements etc.

Workforce Forecasting

Using an assumed average national annual growth (where no mitigating actions have been taken) of around 3.5%* for the healthcare workforce and 4%* for the social care workforce, we can estimate what this means for the overall numbers (head-count) that may be required in Angus over the next 5-years:

Projected numbers of staff that may be required in Angus:

Sector	2021 (Head Count)	2026 (Head Count)	Projected Increase.
Angus Council	737	882	145
NHS	952	1,117	165
Care Homes	1,478	1,773	295
Care at Home	1860	2,230	370
Totals:	5027	6,002	975

*(Draft National Workforce Strategy for Health and Social Care in Scotland, 2021)

This suggests that without taking any mitigating actions, by 2026 Angus may require an additional 975 staff in total. Importantly, nearly half of those additional staff would be required in the Care at Home sector, as this remains our strategic planning objective to keep more people at home for longer, where it is safe to do so. It is likely we will see a greater reduction in care home head count and a greater increase in care at home head count, than is currently illustrated in the table, which is based on national projections.

Given the projected growth in health and care service demand, solely increasing our workforce is not sustainable, or achievable.

The improvement activity detailed in the workforce plan, demonstrates the work undertaken to make best use of our existing resources through remodelling and redesigning services towards more innovative ways of working and delivering services. The improvement activity illustrates areas where existing staffing resource is being transferred in response to changing needs and demographics; alongside the introduction of new roles to meet changing demands and/or to combat particular role shortages and areas where we have increased staffing resources.

Due to the extent of workforce activity in progress, it is a very challenging environment to project definitive numbers of posts/roles required in the next 5 years. The fluidity of the workforce over the past 2 – 3 years due to Covid-19, recovery and changing priorities has made it difficult to establish a baseline due to the increasing movement of staff posts and roles in response to rapidly changing workforce priorities.

Whilst the workforce planning six-step methodology requires projection of future required staff numbers, detailed via post/role, the National Workforce Strategy presents a paradigm shift in how we manage our workforce, moving from “how many” to “how we work” to achieve a sustainable workforce. We feel our improvement activity is aligned to this perspective. The current posts we have difficulty recruiting to are listed in the full workforce plan and include a range of local and pan-Tayside posts.

Some of the above posts are reflected in the NHS Tayside Workforce Plan as difficult to fill on a Tayside wide basis and also a national basis, such as band 5 and 6 nurses where there are frequently long term vacancies, and recruitment of qualified physiotherapists.

Recruitment

Our approach includes identifying opportunities to give us better flexibility across roles within the Council, NHS, third and independent sectors. We continue to develop our processes for equal opportunity recruitment practices for AHSCP vacancies across both statutory organisations. We are also progressing with NHS Tayside, an initiative that allows for Angus Council staff to work within NHS Tayside identified posts and vice-versa, particularly in cases of staff redeployment or redundancy.

AHSCP will continue to 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.

In light of our existing and future workforce challenges, we must prioritise the attraction, recruitment and retention of young people to create a sustainable health and social care workforce for the future. We do this by, for example, a range of Youth employability programmes, Foundation, Modern and Graduate Apprenticeships, employability and further education partners opportunities, promotion of volunteering opportunities, Developing the Young Workforce (DYW) strategy, newly qualified social worker programme. More detail can be viewed in the full workforce plan.

SECTION 5: THE ACTION PLAN

Priority Planning

Given the limited resources available, identifying the most significant areas to prioritise for change is a challenging task. In October 2021, the AHSCP Workforce Planning Group agreed that the following seven areas represented our planning priorities at that time, recognising that addressing risk and financial implications are inherent in all

of these. These priorities are listed below and are not shown in priority order. It is recognised too that these priorities may also change in response to future demand.

- Staff Health and Wellbeing
- Primary Care
- Ageing Workforce
- Succession Planning
- Care at Home
- Agile Working
- Recruitment and Retention

Action planning

The Action Plan can be viewed within the workforce information pack.

The actions are focussed on addressing the workforce challenges highlighted in the plan and are closely linked to the strategic financial plan. Resources have been secured for many of the actions currently in progress. Financial planning remains key to addressing the workforce challenges facing the AHSCP and robust processes are in place to ensure our actions are achievable within the current financial constraints. These processes include a variety of governance arrangements for the identified improvement activity. The action plan will be reviewed on an annual basis for the duration of the 3 year Workforce Plan period to ensure it remains focussed on priority challenges amidst a changing landscape. It details the priority actions over the next 3 years that will be taken to mitigate the risks and challenges identified in this workforce plan.

SECTION 6: IMPLEMENTING, MONITORING AND REVIEWING

Implementation

The AHSCP Senior Leadership Team will be responsible for implementing the plan. Monitoring and review of the plan and action plan will be the responsibility of the AHSCP Workforce Steering group.

Measuring progress

The Plan will be monitored through the AHSCP Workforce Steering group in order to measure progress. The group will report on progress to the AHSCP Executive Management Team. 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.

Reviewing the Plan

This is a three year plan which is supported by the action plan. Implementation is coordinated by the AHSCP Workforce Steering Group. The action plan will be reviewed annually to ensure any newly emerging and changing priorities are responded to in relation to the six step methodology.