



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 22 JUNE 2022
WORKFORCE PLAN 2022 - 2025
REPORT BY GAIL SMITH, CHIEF OFFICER

ABSTRACT

Scottish Government requires Health and Social Care Partnerships to have a three year Workforce Plan commencing in 2022. The Workforce Plans require to be submitted to Scottish Government by 31 July 2022. An analysis and feedback process will then be undertaken, following which Partnership's should have their plans published on their websites by 31 October 2022.

This report provides the Integration Joint Board with an overview of our approach to Workforce Planning in line with the new Scottish Government guidance, highlights the main workforce issues and seeks approval of the draft plan.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board: -

- (i) Notes the content of this report.
- (ii) Approves the Workforce Plan 2022 – 2025.

2. BACKGROUND

In 2019 the Scottish Government's Integrated Workforce Plan for Health and Social Care confirmed that Workforce Planning for NHS Boards and Health and Social Care Partnerships should be undertaken on a three-year cycle to align with Financial and Operational Planning cycles.

On 30 April 2021 the Partnership's Executive Management Team approved the introduction of the Workforce Steering group. 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.

Scottish Government provided detailed guidance on Workforce Planning to all Partnership's on 01 April 2022, following publication on 11 March 2022 of the National Workforce Strategy for Health and Social Care.

3 CURRENT POSITION

This is a three year plan which is supported by the Workforce Implementation Action Plan. It is monitored by the Workforce Steering Group. The Workforce Plan can be viewed in Appendix 1 and the accompanying Action Plan can be viewed in Appendix 2. The plan and action plan are accompanied by an information pack containing supplementary information,

an executive summary, an engagement plan and engagement findings. This is available on request.

3.1 CONSULTATION

In October 2021, the Workforce Steering Group commissioned a questionnaire to be sent across the Partnership. A positive response was received across services, and this provided information to inform the workforce plan.

Based on the information received from the questionnaire, a Workforce Plan was developed. A stakeholder analysis was then undertaken to inform a comprehensive engagement plan. The Workforce Plan was then distributed widely, via a survey monkey, for further engagement and to inform the final version of the plan. The survey ran from 10 March 2022 – 15 April 2022.

The feedback received from the survey monkey was used to inform the final version of the plan. The plan also went to the Tayside Corporate Workforce Planning Forum for feedback, the Workforce Steering group, the Angus Staff Partnership Forum, the Angus Trade Union Forum and Angus Council Policy and Resources Committee for formal consultation. Please note, formal consultation with Angus Council Policy and Resources Committee took place at the meeting of the committee on 21 June 2022 and verbal feedback will be provided to the Integration Joint Board at today's meeting.

3.2 FINDINGS

Some of the main themes arising from the engagement findings are highlighted below.

- Staff vacancies at the time of responding amounted to a total of 133 vacant posts across a wide range of specialisms as of October 2021.
- Current recruitment activity identified a total of 70 staff across a wide range of specialisms.
- Recruitment challenges included low number of applicants, national shortage of certain grades and lengthy recruitment timescales.
- Workforce challenges identified included recruitment, retention and staff morale/resilience.

3.3 DRIVERS

Drivers affecting workforce capacity and demand 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 and wellbeing, as well as their general 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.
- 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.

The shift in population age 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.

3.4 WORKFORCE GROWTH

We can predict that there will be an imbalance between demand and our supply of staff, partly due to the age profile of our workforce and shortages of key professionals. 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 described in section 2 of the Workforce Plan, is targeted at achieving this aim as well as identifying and addressing those areas where we have difficulty in recruiting to specific posts. We have a clear picture of the additional staffing resource we have already put in place, and those which we have agreed to further establish via various Scottish Government funding streams, as well as those posts which we have difficulty recruiting to. These can be viewed in the full Workforce Plan.

3.5 COVID-19 AND RECOVERY

All areas of the Workforce have had to respond to the pandemic with work being undertaken in response to these challenges. For Angus Health and Social Care Partnership, this largely related to a change in the setting in which care was provided, with a shift away from Care Homes to Care at Home. All areas required an increased input from the Infection, Prevention and Control workforce with additional staff secured in this area. The pandemic period has seen a considerable rise in adult protection activity and an increased requirement for rehabilitation whilst recovering from Covid.

3.6 STAFF HEALTH AND WELLBEING

Covid-19 has left many colleagues drained and exhausted and looking for alternative employment out with the care sector. Retaining experienced staff in front line practice has been extremely challenging. 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. Within Angus, a range of supports have been promoted to support staff wellbeing throughout the pandemic and thereafter.

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. We will continue to work with NHS Tayside and Angus Council in the use of digital interventions to ensure staff are supported to develop required skills to work agilely.

3.7 IMPROVEMENT ACTIVITY

Improvement programmes are responding to emerging need, due both to Covid -19 and to ongoing demographic changes, reflecting a shift in how we traditionally deliver services towards new, innovative ways of working. 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. A detailed list of all the improvement activity currently taking place can be viewed in the full version of the Workforce Plan.

3.8 RECRUITMENT AND RETENTION

The health and social care workforce are experiencing unprecedented recruitment challenges as well as a reduced and reducing workforce. Covid-19 added to challenges in recruitment and retention that already existed. The current environment consisting of social care staff being paid lower wages, a significant reduction in the availability of professionally trained clinical staff, and changes in employment and immigration regulations linked to EU withdrawal means that it is more important than ever that we make every effort to support our current workforce and do all we can to attract people into health and social care. Much of the improvement activity being undertaken has a focus on redesigning to mitigate hard to fill posts, upskilling staff to respond to changing demographics, developing career pathways that

will aid retention of our workforce and introducing innovative new roles to enhance the capacity and capabilities of our workforce.

3.9 ACTION PLANNING

In October 2021, the Workforce Steering Group agreed the following seven priorities in relation to workforce planning:

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

The Workforce Plan is supported by a comprehensive action plan (Appendix 2). The actions are focussed on addressing the workforce challenges highlighted in the plan and are closely linked to the strategic financial plan.

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.

4. PROPOSALS

It is proposed that the Integration Joint Board approves the Angus Health and Social Care Partnership Workforce Plan 2022 – 2025.

5. FINANCIAL IMPLICATIONS

The Angus Integration Joint Board published its Strategic Financial Plan 2022/25 in April 2022. The plan noted that the “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 £2.000m of non-recurring underspends. Then, utilising contingency reserves the IJB can cover forecast over-commitments for 2023/24. Then 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 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 Partnership’s planned interventions do have a significant workforce implication, but the longer term shortfall described in April 2022 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.

6. RISK

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.

Workforce Risks have implications for all strategic priorities. We need to ensure workforce availability is a key consideration in all our transformational plans. There needs to be a focus on reconfiguring the workforce to increase efficiency and reduce duplication of effort. We should also maximise efficient recruitment and training opportunities to ensure our workforce are upskilled and confident to meet changing demands and new, required ways of working.

7. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is attached at Appendix 3.

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	

REPORT AUTHOR: Eunice McLennan, Head of Community Health and Care Services

EMAIL DETAILS: tay.angushscp@nhs.scot

List of Appendices:

- Appendix 1 Workforce Plan 2022 - 2025
- Appendix 2 Workforce Action Plan
- Appendix 3 Equalities Impact Assessment