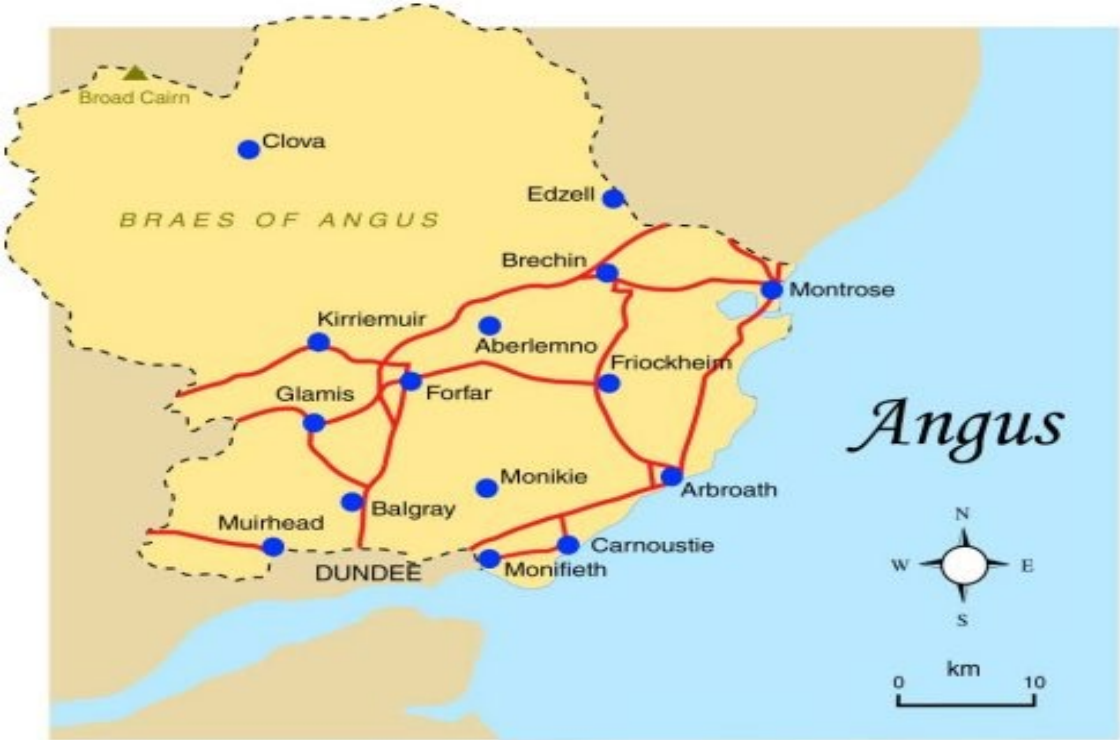




# Angus Health and Social Care Partnership Workforce Plan 2022 – 2025



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## OVERVIEW

### Introduction

Scottish Government requires the Angus Health and Social Care Partnership (AHSCP) to have a 3 year workforce plan commencing July 2022. In 2019 the Scottish Government's Integrated Workforce Plan for Health and Social Care [Integrated Workforce Plan](#) 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.

The six steps to workforce planning approach [6 Step Methodology to Integrated Workforce Planning](#) has been used in developing this plan. The plan has also been informed by the National Workforce Strategy for Health and Social Care [National Workforce Strategy](#). Cognisance has also been given to the NHS Recovery Plan [NHS Recovery Plan](#) as well as local plans such as the Angus Health and Social Care Partnership Strategic Commissioning Plan [AHSCP Strategic Commissioning Plan](#) and Strategic Financial Plan. This Workforce Plan for 2022-2025 also links with both the national and local Remobilisation Plans that have been developed. [AHSCP Remobilisation Plan](#) [NHS Tayside Remobilisation Plan](#) [NHS Scotland Recovery Plan](#)

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 workforce modelling exercises.

This is a three year plan which is supported by the Workforce Implementation Action Plan. The Action Plan is detailed and can be viewed in the accompanying information pack. It is co-ordinated by the AHSCP 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. The plan will be monitored through the AHSCP Executive Management Team. Members of the AHSCP Senior Leadership Team will be responsible for implementing the plan.

This plan is accompanied by an information pack which contains the following:

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

## Engagement

During October 2021, as part of planning for the 2022-25 AHSCP 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 workforce plan in relation to:

- Vacancy Information
- Recruitment Challenges
- Changes to staffing models (current and projected)
- Planned Workforce Efficiencies and Likely Impact
- Wider Issues Affecting Service Demand and Anticipated impact on Staffing
- Skills development and Future Models of Care
- Main Workforce Challenges
- Workforce Risks

A workforce plan was then developed, based on the information received from the questionnaire. This was then distributed widely for further engagement and to inform the final version of the plan. A survey monkey was developed to encourage feedback. The survey ran from 10 March 2022 – 15 April 2022 inviting feedback on the following:

- How clear and easy the plan was to understand
- If the content of the plan included everything that it should
- If all the current improvement programmes were included and the information accurate
- If we had accurately identified those posts services have difficulty recruiting to
- If we had accurately identified the additional staffing resources already in place and those it has been agreed to establish
- If we have identified, at a strategic level, the major workforce risks
- If the draft plan covers the issues being experienced by teams/services
- If the draft plan covers our main workforce challenges
- If the action plan includes everything that it should

*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.*

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 AHSCP Workforce Steering group, the \*\*Angus Staff Partnership Forum, the Angus Trade Union Forum and the Angus Council Policy and Resources Committee for formal consultation. The plan was formally approved by the Angus Integration Joint Board (IJB) on 22 June 2022.

### **\*The Tayside Corporate Workforce Planning Forum**

This forum has recently been re-established and the chair of the Angus Workforce Steering group attends this forum. This is an important collaborative forum for the AHSCP as it enables us to understand and contribute to the planning taking place across Tayside. The group has identified the following work priorities:

- Identification and analysis of themes, including the overlap of themes, and conflicting priorities, which are identified in the Local Plans and the Directorate/Community Health Partnership Workforce Plans.
- Provision of support, advice and guidance in relation to the impact of the Plan across NHS Tayside.
- Consideration of national strategies and priorities.
- To recommend improvement around engagement with Directorates to develop their own Workforce Plans by promoting and facilitating partnership working and engagement at a local level.

### **\*\*Staff Side/Trade Union 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 Staff Side, the Trades Unions and Management.

The Angus Staff Partnership Forum remit is to ensure the fair and consistent application of the employing authorities' staff governance standards for all NHS Tayside 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 AHSCP plans are developed with input from the AHSCP Staff Partnership 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 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, to fulfil its mandate and its strategic objectives, and to continue to provide high-quality, person-centred care now, and in the future. 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 a clear action plan on how we will attract, retain and develop our workforce in order to meet current and future workforce requirements and contribute to the national long term aim for health and social care in Scotland for people to live longer, healthier lives at home or in a homely setting.

## **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.

The services which are operated by the AHSCP include:

- Unplanned admissions to hospital
- Primary care services including GPs and community nursing
- Allied health professionals, for example physiotherapists, occupational therapists and speech and language therapists
- Social work assessments
- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Community mental health services
- Community dental, ophthalmic, and pharmaceutical services
- Support for carers
- In-patient services for Psychiatry of Old Age and Medicine for the Elderly (Community Hospitals)
- Angus Integrated Drug and Recovery Service
- Adult Support and Protection

The following services are managed by the Angus Integrated Joint Board on behalf of the other Tayside Integration Joint Boards:

- Locality Pharmacy
- Primary Care Services (excludes the NHS Board administrative, contracting, and professional advisory functions)
- Primary Care Out of Hours
- Forensic Medical and Custody Health Care Services
- Continence Service
- Adult Acquired Speech and Language Therapy

This plan adopts a whole system approach in which the statutory services, third and independent sectors operate in partnership; this means that references to the workforce should be taken to include all sectors, unless otherwise stated. This is a complicated landscape with some providers operating across a range of service user/patient groups and geographical locations, and some teams being composed of mixed professional and/or employer membership.

## **The 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.

The Third Sector play a crucial role as part of the AHSCP workforce. VAA locality workers supported over 4535 individuals during the Covid-19 pandemic. The volunteer befriender service has over 500 recipients being supported by 150 volunteers and this service and is tackling loneliness and isolation across Angus. Over the course of both lockdowns VAA recruited and deployed over 1100 volunteers who support over 4535 members of the community. VAA have been working with the AHSCP to support the Covid vaccination clinics. In January 2020 through the Primary Care Improvement Plan, VAA employed 8 new Social Prescribers. These cover all GP Practices.

### **Unpaid Carers**

Unpaid Carers in Angus also play a vital role within the AHSCP as part of its broader workforce. Most recent estimates suggest that there are approximately 16,780 adult carers (18+) in Angus. Comprehensive support to maintain unpaid carers in their role is critical to achieving AHSCP's aim for people to live longer, healthier lives at home or in a homely setting. A cohort of employees face the challenge of balancing their employment with a caring role. Both NHS Tayside and Angus Council have achieved Carer Positive accreditation which demonstrates a commitment to providing a supportive working environment for employees in this position. AHSCP strives to ensure that carers of all ages are recognised and valued as equal partners, are fully involved in shaping services in Angus and are supported to have fulfilling lives alongside caring. Carers in Partnership is our current strategy for carers.

### **Personal Assistants (PA's)**

PA's play an important role in ensuring that people's care and support is personalised and flexible. Directly employed by the supported person under the terms of the Self-Directed Support (SDS) legislation, PA's are a vital, and growing part of the social care workforce and we need to make sure that they are fully recognised and supported. Whilst PA's are not currently registered with the Scottish Social Services Council, they are members of the Protecting Vulnerable Groups (PVG) membership scheme that is managed by Disclosure Scotland.

### **Localities**

To enable the delivery of local care, Angus Health and Social Care Partnership have divided Angus into four geographical localities:

North West: Forfar/Kirriemuir/SW Angus

North East: Brechin/Edzell/Montrose

South West: Monifieth/Carnoustie

South East: Arbroath/Friockheim



Each locality in Angus has a locality improvement group consisting of representatives from health and social care services, private organisations, third sector, unpaid carers (who represent carers from the Angus Carers Voice Network) and communities. The locality improvement groups are responsible for ensuring that people in their localities are supported to achieve the best possible outcomes to live active, healthy, safe and independent lives and that services continue to meet the needs of individuals and communities as they change. Their purpose is to provide an effective integrated partnership forum in each locality to support the delivery of the AHSCP Strategic Commissioning Plan. The locality improvement groups demonstrate the NHS Recovery Plan principle 'focus on the whole system' and highlight crucial interdependencies to ensure health and social care resources are allocated efficiently. We are currently in discussion with community planning and the third sector to explore how we can further integrate locality working across Angus in the future.

Although staff are not managed within localities they are based and work in localities as multi-disciplinary teams, linking in with local GP Practices. Angus wide management models have been maintained in order to ensure continued flexibility of the workforce across Angus as required.

## Workforce

Table 1

	WTE	"Head Count"
Angus Council	564	737
Third Sector	xxx	820
NHS	741	
Care Homes	xxx	1,478
Care at Home	xxx	1,860
<b><u>Total Head Count</u></b>		<b><u>4,895</u></b>
<small>WTE - Whole Time Equivalent            Head Count- Actual number of employees            *Figures are an approximation based on 2022 internally held data</small>		

A snapshot of the total number of staff employed across a range of services in the AHSCP is shown for illustration in Table 1. Further detail is available in section 4.

## 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 and have a health and social care system that:

- Is integrated.
- Focuses on prevention and supported self-management.
- Promotes physical and mental health.

- Will make care at home the norm and treatment in hospital something that only happens if it 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.

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

#### The Independent Review of Adult Social Care

The Scottish Government will be working and engaging with people and partners on the development of the National Care Service, a key focus of which will be a national approach to workforce planning.

#### National Workforce Strategy for Health and Social Care in Scotland (2022)

The Five Pillars of Workforce Planning outlined within the National Workforce Strategy (Plan, Attract, Train, Employ, Nurture) have been used as the basis for outlining our proposed actions to secure sufficient workforce to meet local projected short-term recovery and medium-term growth requirements across our health and/or social care services. This can be viewed in the Action Plan contained within the accompanying information pack.

#### The Integrated Health and Social Care Workforce Plan for Scotland (December 2019)

The AHSCP workforce plan has a particular focus on some of the key commitments highlighted in the integrated plan. In particular :

- Supporting the shift in balance of care into community settings
- Supporting additional Mental Health Officer (MHO) capacity in local authorities
- Assessing the impact of reforms to adults with incapacity requirements
- Providing additional support to the third and independent sectors

#### Exit From the European Union (EU)

The end of free movement of labour brings additional recruitment challenges to both the health and social care workforces. Research by the Nuffield Trust suggests that in the short term, exit from the EU may lead to gaps in the workforce being larger than they would otherwise have been.

#### Fair Work

In February 2019, the Fair Work Convention published its report "Fair Work in Scotland's Social Care Sector". The report called for urgent reform to improve the quality of work and employment for the 200,000 people who work in social care support in Scotland.

## The Health and Care (Staffing) (Scotland) Act 2019

The Health and Care (Staffing) (Scotland) Act 2019 gained Royal Assent on 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.

The AHSCP are currently working with NHS Tayside reviewing and assessing the use of workload planning tools; preparing training and guidance materials for staff; and gathering baseline information to determine staffing levels. This is anticipated to be starting from mid/end May through to November 2022, although not all services will start at the same time.

## Health Inequalities

The changing demography of Scotland and our increasing diverse and multi-cultural population requires that we have in place a health and social care workforce that reflects our diverse communities and is able to respond to these changes. This requires our services and supports to be accessible, available and appropriate which is in congruence with the NHS Recovery Plan principle 'services that promote equality'.

*More detail on these national 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.*

## **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 AHSCP vision is "Working together, developing communities that actively care, promoting wellbeing and creating the best possible health and social care across Angus". Underpinning this vision is delivering a workforce fit for the future. The Angus 6Rs for Improvement and Transformation in Health and Social Care will support this:

- 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.

## The Tayside Mental Health and Wellbeing Strategy - A Plan for Whole System Workforce, Recruitment and Retention 2022 – 2025

The strategy states that "the aim for Tayside Mental Health and Learning Disability Services in Tayside is to have a workforce that is innovative, confident, able, engaged

and empowered to deliver the strategic ambitions of Tayside as a World Class Mental Health and Learning Disability Service”.

### Medically Assisted Treatment (MAT) Standards

The Scottish Government has introduced MAT standards for all Alcohol and Drug Partnership areas across Scotland and provided an allocation of funding to meet workforce needs. In Angus we plan to use this funding to secure additional staff resources.

More detail on these 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**

Scotland's population is ageing, and the health needs of the older population are more likely to involve multiple complex conditions. This is reflected in our local Angus 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 on our communities. This is consistent with the NHS Recovery Plan 'improved population health' principle for safe and effective recovery. The population changes are illustrated in the following population profiles:

Table 2

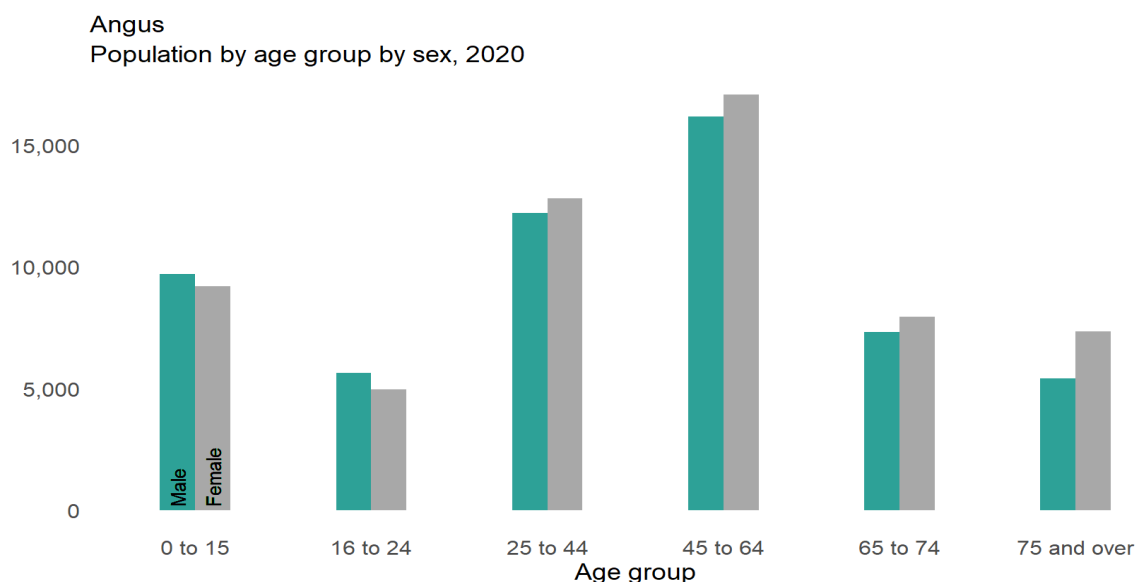


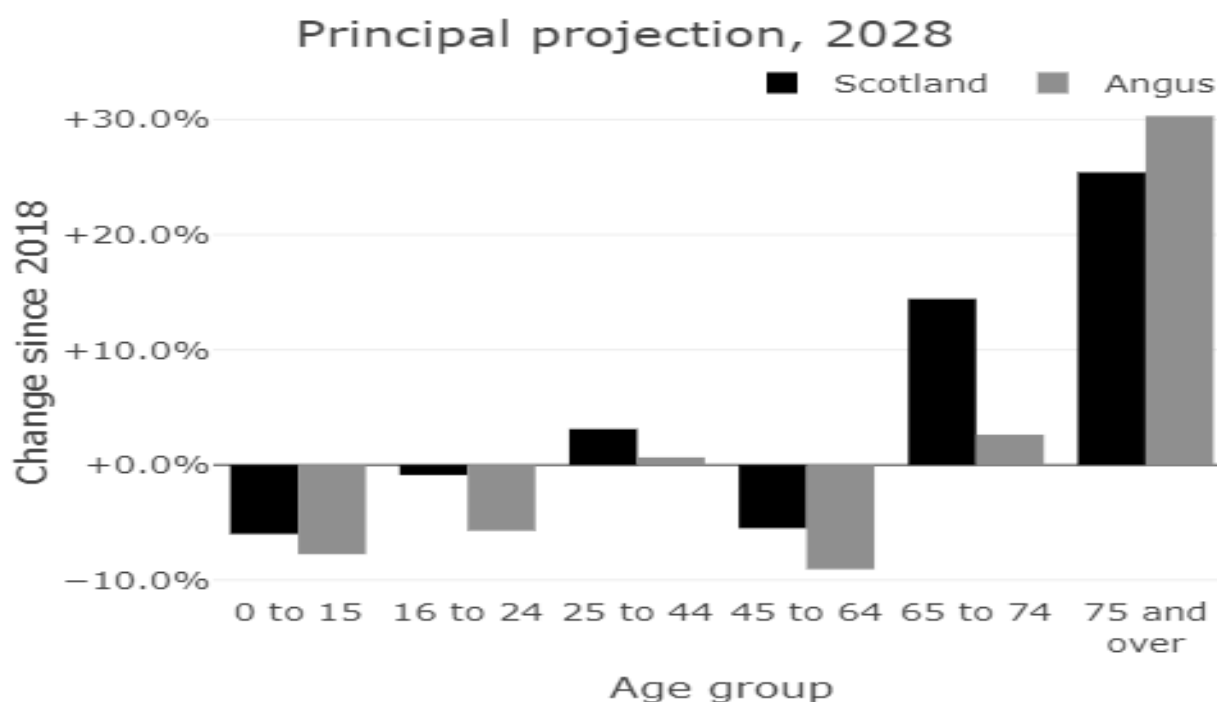
Table 2 illustrates that, in terms of overall size, the 45 to 64 age group was the largest in 2020, with a population of 33,236. In contrast, the 16 to 24 age group was the smallest, with a population of 10,612. In 2020, more females than males lived in Angus in 4 out of 6 age groups.

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

## Future Projected Population Changes

Table 3 illustrates the projected percentage change in the Angus population by age group from 2018 to 2028. National projections for Scotland are included for comparison purposes.

Table 3



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

- The 75 and over age group is projected to see the largest percentage increase across both Angus (+30.3%) and nationally (+25.4%).
- In Angus, the age group projected to see the largest percentage decrease is 45 to 64 (-9.1%). Nationally, this group is also projected to decrease (-5.5%).
- Across Scotland, the 0 to 15 age group is projected to see the largest percentage decrease (-6.0%). Across Angus, this group is also projected to see a decrease (-7.75%).

The increase in size of the 75+ age group will exert pressure on both health and social care services. The effect will be twofold, in relation to both projected demand on services and also on the workforce. Recognising that a significant proportion of our workforce is also part of our local population, the effect of an ageing workforce will likely be more acute within Angus than the national average projections.

The working age and school leaver population will be proportionally at its lowest, making our pool of available workforce more finite. In addition, as twenty-eight percent of our workforce is already aged over 55, including some likely to be affected by complex health conditions now or in the future, age-related effects upon staff retention and turnover within Angus are also likely to be more critical. Added to this,

the retirement of many senior AHSCP staff within the next two years will significantly reduce the level of operational and strategic experience at senior and middle manager level.

## Employment

Table 4 shows the percentage of people within the 16 - 64yr age group that were in work in Angus, during 2021. In keeping with national trends, the table highlights that almost three-quarters of that working age group in Angus were engaged in active employment at that time.

Table 4

### Employment (Jan 2021-Dec 2021): Angus.

All People	Angus (Numbers)	Angus (%)	Scotland (%)	Great Britain (%)
Economically Active	55,000	76.5	76.2	78.4
In Employment	53,500	74.3	73.1	74.8
Employees	48,300	67.8	65.4	65.3
Self Employed	5,200	6.5	7.5	9.3

Source: ONS annual population survey

numbers are for those aged 16 and over, % are for those aged 16-64

The working population of Angus is projected to fall, particularly over the long term. This is particularly prevalent in Angus where the working age population is likely to become proportionately lower than Scotland as a whole (Table 3). While availability of a labour market will be impacted by a variety of things – such as skills, unemployment, or competition in the area – it can be said that generally, a smaller working age population will lead to a tighter labour market.

## Unemployment

The actual unemployment rate for Angus is illustrated in Table 5. It is provided to offer a glimpse of how large the pool of potentially available talent in Angus might actually be. 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 may change significantly as a consequence of the Covid-19 pandemic.

The Covid-19 pandemic has had a significant impact on the Scottish economy, with many individuals losing jobs and facing redundancy. This negative can be turned to a positive if we consider the pool of talent who, for a variety of reasons, may now consider a career in health and social care and we must encourage this.

Table 5

Claimant count by age - not seasonally adjusted (October 2021) – Angus				
	Angus	Angus %	Scotland %	UK %
Aged 16+	2,645	3.8	4.3	4.8

Aged 16 To 17	20	0.8	0.6	0.3
Aged 18 To 24	525	6.5	5.4	6.0
Aged 18 To 21	300	6.6	5.6	6.1
Aged 25 To 49	1,430	4.4	4.9	5.4

Source: ONS Claimant count by sex and age

Note: % is number of claimants as a proportion of resident population of the same age

### **The Angus Local Employability Partnership (LEP).**

AHSCP fully supports the ongoing work of our Local Employability Partnership (LEP). Nationally, LEP's are responsible for providing a range of public services and are a key partner in the design and delivery of employability services in Scotland, including in Angus. Supporting people into fair, sustainable jobs is central to delivering many of the ambitions for an inclusive, sustainable economy with well-being at its core. Employability services are pivotal to avoiding the widening of social and economic inequalities by supporting those who are most vulnerable. AHSCP recognise the vital role that a range of organisations across the employability landscape play and are committed to protecting a diverse range of provision and to ensuring that the right support is put into place for those who rely on employability services locally.

As a member of the Angus LEP, AHSCP seeks to build on the strengths of existing national and local services; to better align funding; and to improve the integration of employability services with other support to ensure that services are designed and delivered around the needs and aspirations of people seeking support into employment. This work will help AHSCP to work towards many of the principles of safe and effective recovery found in the NHS Recovery Plan.

### **Financial Implications**

The Angus IJB published its Strategic Financial Plan for the period 2022/23 to 2024/25 in April 2022. The plan has been developed in an uncertain environment and acknowledges that a number of financial risks regarding Covid-19 pandemic responses and, for example, the outcome of the consultation regarding the National Care Service remains unresolved.

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 Teams across the 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 Officers 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 conditions (e.g., home care, care management, community nursing, prescribing) and that, for example, the inpatient and residential care home components of care within

the Angus IJB will not be expected to see capacity growth, albeit may see changes in acuity. This principle is clearly subject to ongoing review as the combined effect of demographics and the Covid-19 pandemic become clearer and as patterns of use of care homes, inpatient services and home care continue to evolve.

Community health and adult social care demographic growth pressures are allowed for from 2023/24. It remains a strategic challenge for the IJB to continue to respond and contain this future growth and progression with planned interventions which should strategically support future growth in home care.

There is a further issue regarding inpatient hospital services. As this bed base remains constant, so the average level of acuity increases with more patients and service users being managed in other settings. A small allowance is made for this increased acuity in each year of the strategic financial plan.

The IJB has previously agreed that new Scottish Government investment streams will be expected to contribute to costs of increased management, supervision, technology and other overheads and, except in exceptional circumstances, will plan to allocate 10% of new resources as a contribution to those costs, where allowable and appropriate. This helps create a more sustainable and resilient infrastructure for the IJB.

The IJB has had a long standing commitment in its strategic commissioning plan to develop its prevention and early intervention 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”.

While the IJB does have to deliver many planned interventions, it is also important to acknowledge the recent provision of additional Scottish Government funding for targeted investment.

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. This will ensure that they can be supported to live well and as independently as possible. Anticipating people's care needs, so that fewer people are inappropriately admitted to hospital or long-term care will contribute to this. 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. At the heart of this is our single most valuable resource, our workforce. In order to plan for the future, it is essential to understand our current workforce model across both our statutory and third sector partners.

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. We need to understand our current core workforce and model what our future core workforce will look like.

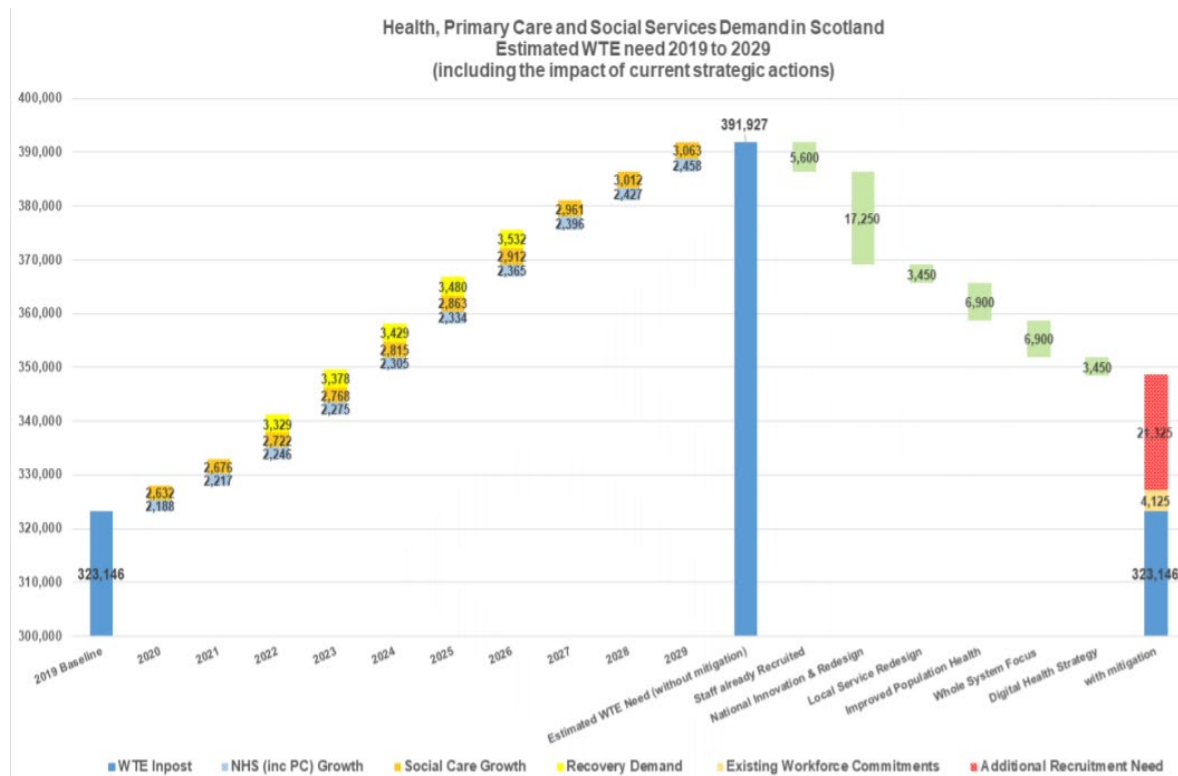
We need to plan to ensure our workforce has the skills required to deliver our future services and is affordable and sustainable. This all needs to be done by:

- 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.

We need to understand the workforce implications, capacity and ability as we transfer the balance of care from acute (hospital) services to community services. Currently we have limited quantitative information regarding the workforce not employed by NHS Tayside or Angus Council. Some data is available on those in paid employment in the sector in Angus via the Scottish Social Services Visualisations website.

Given the projected growth in health and care service demand, solely increasing our workforce is not sustainable, or achievable. We cannot keep doing more of the same in terms of our workforce. When we consider the actions identified in this plan and look at the projected demand for workforce over the next decade, we can start to see the impact of doing things differently. Importantly, towards the end of the next decade, we can start to see a reduction in the estimated numbers of staff needed to meet health, Primary Care and social services demand. It is important to note, this is a national picture.

Table 6



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

Although it describes the position nationally, Table illustrates graphically how the estimated growth in demand for workforce can be achieved through the implementation of strategic actions and mitigations.

### Drivers

It remains a general assumption that most of the AHSCP's demographic pressure will be in services responding to increases in older age group populations and long term conditions (e.g., care at home, care management, community nursing, prescribing) and that, for example, the Inpatient and Residential Care Home components of care within AHSCP will not be expected to see capacity growth. This principle is subject to ongoing review as the combined effect of demographics and the Covid-19 pandemic become clearer and as patterns of use of care homes, inpatient services and care at home evolve.

Drivers affecting workforce capacity and demand include:

- Changing demographics in each locality 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.
- 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 low 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.

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.

There is a risk that the AHSCP will be unable to develop and sustain its workforce to meet its legal obligations under the Public Bodies (Joint Working) (Scotland) Act 2014. 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.

There are many service specific and continuing workforce risks identified for the AHSCP, some of which reflect the strategic risks above. The detail of these 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. 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.

The consequences of not mitigating Workforce Risk could result in service redesign and delivery being influenced by staff availability rather than population need. This might result in expensive short term measures being taken to support workforce demands such as use of locum or temporary staff and reliance on overtime. This also could impact negatively on staff morale, resilience and wellbeing.

Our approach to remobilisation from the Covid-19 pandemic is based on mitigation of risk and an understanding that risk cannot be eliminated. We have been and will continue to capture information on the circumstances which may adversely affect our ability to implement prioritised remobilisation and recovery. For example:

- There is a risk that staff absence due to isolation/shielding/sickness will lead to impact on delivery of patient care.
- The health and wellbeing of our workforce – fatigue and burnout amongst staff after 18+ months of working on the Covid 19 pandemic and dealing with the personal and professional anxieties involved.
- Risk to sustainability of staffing numbers if there are significant outbreaks in services, through either infection or self-isolation.
- Risk of resurgence of the Covid-19 virus or future variants and how this would impact capacity and sustainability of workforce.
- Increased demand on adult protection and adults with incapacity.
- Greater risk of experiencing poor or deteriorating mental health. Existing services may not be able to manage changes in demand.
- Increased requirement for timely response and close working between services to deal with increased emergency and urgent presentations to primary care services due to delay in patients seeking help with symptoms.
- Unprecedented referral rates across several service areas.

On this basis, a risk register is being maintained to provide a mechanism to evaluate risks and plan for additional actions to mitigate such risks.

## 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. Although consistent with our strategic planning objective of keeping more people at home for longer, where it is safe to do so, the speed with which this has come about has changed the picture of care in Angus. Whilst there is undoubtedly a Covid-19 factor in the situation described, it is probable that the demographic changes predicted for 2023, which anticipated very significant rises in the numbers of older people in the community who would wish to remain at home, have presented earlier than expected. This is a national issue, and, in Angus, we do not have the workforce capacity within the care at home workforce to meet care at home service demand.

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 is a significant change and a pressure we will continue to see due to ongoing demographic changes and to the Covid-19 pandemic. This increase in utilisation of care at home is viewed as a recurring feature of our future service delivery and is embedded into plans to reflect that.

Over the past eighteen months care at home increased from 10,350 hours per week, at the start of the Covid-19 pandemic in March 2020, to 13,000 hours per week in October 2021. Conversely, vacancies have remained high in the care home sector (at around 90 vacancies of 1000 available places), reflecting significantly reduced demand.

The success of the 'Help to Live at Home' Programme has resulted in AHSCP externally commissioning approximately 85% of 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, as noted, AHSCP has limited staffing resource available.

Current workforce activity being progressed to address these challenges include working with our care at home providers to attract new staff into the service. AHSCP undertook 3 recruitment initiatives with the aim of supporting care at home providers with recruitment and retention of staff. *Further detail of these initiatives 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 exploring options to reallocate resources to increase the number of personal care hours required to support people to stay at home; to help develop the prevention agenda and to enable the delivery of sustainable services in the future within available resources. This

activity demonstrates the NHS Recovery Plan principles 'improved population health' and 'sustainability'. 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 will provide evidence to inform collaborative discussions with the providers and Scottish Care colleagues around how we manage these challenges. This is in addition to our well established Care Home Provider Forum aimed at care providers working collaboratively to address workforce challenges. We will continue to support providers with any future local initiatives that they have to assist in building their capacity.

We have been working with the Scottish Social Services Council (SSSC) and the Scottish Care Workforce Policy and Practice Leads to consider the development of a workforce dataset and system for filling the workforce data gap, particularly in relation to the third sector. From this work, it has become clear that we need to Improve the uniformity of data collection and data quality across the range of Health and Social Care organisations.

A national recruitment campaign is underway which we have widely promoted. In addition to this, we are undertaking some work in conjunction 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. This includes targeted recruitment events, a new recruitment website, more creative advertising methods including videos linked to job advertisements and wider use of social media for job advertising.

### **The Covid-19 Pandemic and Recovery**

The NHS Recovery plan 2021 – 2026 aims to drive the recovery of the NHS per-pandemic. It aims to increase NHS capacity by a minimum of 10%, as quickly as possible in order to address the backlog in care as a result of the Covid-19 pandemic. This is particularly relevant for the AHSCP in relation to primary care services and our workforce plan has been informed by the policy commitments set out in the recovery plan where relevant.

Our workforce plan also compliments the AHSCP Remobilisation Response Plan April 21 to March 22. This plan details our approach to continuing to provide safe and effective care in line with our strategic objectives whilst remaining focussed on mitigating the spread of the disease across our population and a focus on minimising the unintended consequences that have potentially arisen over the past year.

Recovery and renewal planning, acknowledging the need to provide safe and effective services for patients which maximise the health benefits for our population, is paramount, and in doing so, we will adopt the following principles:-

- The necessity of enabling more people to have more of their care in a person centred manner, at home or in the community.
- Ensuring quality and safety in all that we do.
- Engaging and communicating with all key stakeholders.
- Embedding innovation, digital approaches and further integration.
- Ensuring the health and social care support system is focused on reducing health inequalities.

These principles are fully aligned to the AHSCP's 2019- 2022 Strategic Commissioning Plan priorities.

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.

All areas of the workforce have had to respond to the Covid-19 pandemic with work being undertaken in response to the challenges in their particular areas. For AHSCP, 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 (IPC) workforce with additional staff secured in this area.

Long Covid, or post-Covid Syndrome and other long term conditions is presenting an increasingly challenging environment for Health and Social Care in Angus. Although it is important to recognise, it is too early to fully determine the consequences of long Covid on the local population and its related demands on the Health and Social Care system. We must also understand not only the services we will need to deliver to support those suffering the longer term effects of Covid but also that our workforce will also suffer these effects and we must support them to continue to be part of the health and social care workforce. We will continue to work in partnership across the whole system taking forward learning from the Covid-19 pandemic.

The pandemic period has seen a considerable rise in adult protection activity with referrals increasing by 79%, investigations increasing by 169% and case conferences increasing by 90%. This is believed to be multi-causal rather than solely down to the Covid- 19 pandemic. 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. Other factors are also at play, such as a general increase in demand for services caused by an ageing population, the acceleration of demographic demand well beyond anticipated levels, greater societal expectations about intervention, the impact on practise of a number of Significant Case Reviews and Initial Case Reviews and increasing numbers of vulnerable service users with learning disabilities and autism. 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 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 with many of our elderly struggling to maintain their independence at home. Social distancing requirements have prevented services such as Falls Prevention and Pulmonary Rehabilitation classes taking place and it is likely that the demand for these services will increase in the coming year. Rehabilitation classes have a solid evidence base for enabling people to live at home for longer and will require further investment to increase the availability of this resource to assist in meeting demand.

The Covid-19 pandemic has also had a significant impact on the overall workforce within Care Homes feeling this acutely. It has left many colleagues drained, tired, 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. The Covid-19 pandemic added to challenges in recruitment and retention that already existed. Care homes experience challenges in all parts of the process of recruitment, from attracting applicants and ensuring that they turn up for interview to staying in post once recruited.

In order to support the recruitment of sufficient staff numbers during the Covid-19 pandemic, AHSCP has permitted managers to recruit above their staffing establishments during staff recruitment exercises. We are now considering ways that this can become a permanent arrangement in order to address workforce recruitment issues. This aligns with the NHS Recovery Plan principle for safe and effective recovery to 'maintain our capacity to respond to the pandemic'.

In addition, AHSCP further agreed to temporarily extend the time-limit managers have to revisit recruitment packs used in recent staff recruitment exercises. The extended timescale provides managers with the opportunity to offer employment to previously unsuccessful but appointable candidates, and is seen as another innovative, and safe method to increase staffing at this time.

### **Digital Interventions**

Digital interventions are now seen as of critical importance as part of the emergency Covid-19 pandemic response and to support our recovery. Remote Patient Monitoring (RPM) and the use of "Florence" has recently increased with new clinical areas testing protocols and new platforms are being introduced across Tayside. "Near Me" video consultation and telephone consultation are being widely used across GP practices in Angus and in Allied Health Professional 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 RPM 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. We will continue to work together to further expand our use of digital interventions and increase the beneficial effects on the workforce.

AHSCP fully supports the digital ambitions outlined within Scottish Government's recently updated national Digital Health and Care Strategy. The strategy commits Partnerships to improve the care and wellbeing of people by making best use of digital technologies in the design and delivery of services, in a way, place and time that works best for them. From a workforce perspective, the strategy commits AHSCP to "Ensure all staff possess the essential digital skills they need to do their job", whilst considering the impact such technology may have upon them, including ways of working, job roles and responsibilities.

### **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, which had been previously running at Monifieth Medical Practice. The drivers for change were to improve the quality and consistency of services for patients, carers, service users and their families.

It involved combining the ECS social work team with District Nursing, GP and Allied Health professional (AHP) colleagues and relocating them to a shared work base. Following an evaluation of the scheme, the impact evidenced improved working relationships between members of the multidisciplinary team, resulting in improved outcomes for people in need of care and support. Improved communication between members of the team which, in turn, improved the quality, timeliness and consistency of services provided to patients/service users and their families. This has also enabled staff to fulfil their roles more efficiently and effectively.

Co-location was highlighted as a strong enabling feature. Improvements to individual working practices were also evidenced alongside improved understanding by staff, of each other's roles and responsibilities and increased inter-professional respect and trust. There was evidence of improved assessment and collaborative working, and historic duplication of effort was eradicated, through the close working relationships of the team and effective administrative support. 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. The contract outlines key priority areas including

pharmacotherapy, vaccination transformation, urgent care service, community treatment and care services and additional professional services such as First Contact Physiotherapy (FCP services), community mental health services and social prescribing/community links workers.

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 regarding early identification of any potential issues and early support/intervention with a focus on maintaining the sustainability and long-term future of local practices. There continues to be a commitment to support General Practice as part of the Remobilisation plans, recognising that capacity will be a significant issue for most practices, in terms of both physical premises and workforce availability. Digital, workforce and premises infrastructure will be developed innovatively in conjunction with HSCPs and acute services to optimise pathways of care for long term conditions. This will allow more people to be cared for within their community with access to both generalist and specialist advice as needed. 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.

A Service Manager for Primary Care post has been established within the AHSCP due to a remodelling of the current Primary Care Manager/Long Term Conditions Lead post.

For those nursing staff who wish to develop their career to become Advanced Nurse Practitioner's (ANP)s, they will require to obtain a Master's-level qualification, including modules in advanced clinical assessment, and independent prescribing.

### **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 which includes professional practise matters, operational changes, financial, human resources, procurement, stakeholder engagement, legal and communications elements. The work, in what is collectively known as the Angus Care Model, 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. The Angus Care Model demonstrates the principle 'focus on the whole system' found in the NHS Recovery Plan.

Optimising and joining up health and social care services is critical to realising the ambitions of health and social care integration. A package of assessment, treatment, rehabilitation and support in the community, along with help for carers, can better serve the needs of people and help deliver more effective deployment of the resources available to the Integration Joint Board which oversees the AHSCP. People must become central to decisions about their own needs, outcomes and support.

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. This key focus aligns with the improved population health principle stated in the NHS Recovery Plan. Information to date suggests we are already doing well, with more than 90% of older people's care being delivered in the community, but there is still more to do for the whole adult population. Specifically, we are seeing an increasing demand for support from the under 65 population, many of whom have multiple, long term conditions.

During the last year, there has been a significant increase in delivery of care at home to over 65s. It is anticipated that this increased level will now be a permanent feature of the IJBs provision representing an associated increased investment. On a planned basis, this would also be supported by an additional investment in care management and other community supports. This increased demand reflects some of the Covid -19 pandemic impact as already highlighted. Our working model therefore reflects an anticipated demographic increase in demand that is being actualised earlier than anticipated.

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. To ensure this whole systems approach locally, all improvement activity is monitored and governed via the Angus Care Model Management Delivery Team who maintain oversight of all improvement activity progress, interdependencies and who are the decision making body that all improvement leads report to regarding the specified activity. The range of activity currently being progressed is detailed below:

- Medicine for the Elderly Inpatient Review - Focussing on opportunities within inpatient services to address areas of relatively high cost and / or relatively low occupancy.
- Primary Care – Training our staff to ensure that they have the skills to continue to develop in their roles as well as developing career paths which will aid retention of our workforce. We must also focus on succession planning for senior and key leadership roles. Innovative new roles such as ANPs have been developed to transform and enhance the capacity and capabilities of our workforce and support delivery of our key priorities. Advanced Practitioners who are Allied Health Professionals (AHPs) include the First Contact Physiotherapists who are working in partnership with GP Practices to provide early assessment and supported self-management for Musculo patients with Musculo-skeletal issues.
- Medical Associate Practitioner - Medical Associate Professions (MAP) roles have been identified as a potential alternative workforce option to build in flexibility and resilience to teams and to contribute to the increase in clinical capacity that is essential to meet current and future demand. NHS Education for Scotland (NES) are undertaking a commission to map current and future demand and opportunities arising for Medical Associate Professions (MAP)

roles across Scotland. NES are keen to understand the requirement for MAP roles in NHS Tayside for national workforce planning and commissioning of relevant courses. Consideration is now being given to the opportunity for MAP roles in NHS Tayside and a short life working group is being established to progress this.

- Urgent Care Review - Over the past year we have been working closely with national and regional colleagues on the National Redesign of Urgent Care programme. Phase 1 saw the introduction of the new Flow Hub and development of new pathways of care between the Emergency Department and Angus Minor Injuries and Illness Units. Phase 2 which commenced in Autumn 2021 focusses on urgent care in the community.
- Psychiatry of Old Age Review – Aims to address challenges caused by changing demographics. This includes changing the model for Occupational Therapy (OT) services utilised in inpatient and Community Mental Health services due to difficulties in recruiting Occupational Therapists and reviewing and increasing staffing numbers in the community mental health and post diagnostic support services. Shifting resources has enabled the recruitment of an additional 0.7 wte Speciality Doctor to respond to increased demand and to increase service sustainability. There is a need to further review the staffing and skills mix within Older People Community Mental Health services due to challenges with capacity and demand.
- Learning Disability and Physical Disability Improvement Plans – Focussing on addressing the challenges facing the services such as changes to the population, more people needing support, new areas of support emerging, the cost of support and providing a quality service that is sustainable into the future. Temporary posts have been funded to progress improvements within the learning disability and physical disability services.
- Mental Health Workforce Review - This has involved changes to the management structure to provide leadership to all professions and better governance, the introduction of a Senior Practitioner to provide leadership in relation to social work tasks, specifically Adult Support and Protection and Adults with Incapacity, training, 2 Advanced Nurse Practitioners to enhance the multi-disciplinary team and the recruitment of a Lead Pharmacist (0.2 WTE) to provide pharmacy support and assess future needs regarding pharmacy. The service is planning a workforce review and consideration of other roles to meet need such as home care assessors and peer workers, in acknowledgement of the lack of available social workers, nurses and OTs, and to ensure that the most appropriate worker with the right skills is utilised to meet demand. Use of third sector contracting has also been increased with peer workers in primary care, and a Distress Brief Intervention contract, alongside a range of other contracts. Social Prescribers are based in health centres to allow them to confidently support patients on a one to one basis within the 16 GP practices across Angus. ANP's are being explored in substance use, as well as the introduction of a specialist neurophysiology nurse in mental health.

- 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, is being progressed.
- Supported Accommodation Review - Focussing on service delivery models and high cost care packages.
- New Social Care Worker Role - Nearing completion of a three year plan to recruit an agreed ratio of Social Care Workers instead of Social Care Officers across the Council's adult resource centres and care homes. Aimed at creating a structure that enables access to and progression within 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. The aim is to provide a nationally agreed framework to support definition of HCSW roles, career progression and development through education and training, with a focus on how HCSWs support registered staff. 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, AHSP and NHS Tayside and introducing single handed care in order to address demographic demand in relation to increasing numbers of people requiring manual handling within the community with a finite workforce. Efficiencies are aimed at reducing the number of double up packages of care in the community, creating capacity within the providers' workforce.
- Care Management Improvement Programme – A review of care management is underway, in response to changes in role, an overall increase in demand but particularly in Adults with Incapacity work, Adult Protection and significant increases in care at home. This programme is considering the structure and design of the integrated and care management teams across the Partnership. It is likely that as we move from less hospital- based care towards more community-based care, there will be a need to increase the numbers of social workers to deliver interventions in terms of Adults with Incapacity duties. In addition, in terms of increased demand in substance services and mental health services due to the Covid-19 pandemic, it is likely that there will be a need for further health qualified and social work staff of all grades. Additional care management posts have been established within the teams, permanent funding has been secured for the Self-Directed Support Review team posts and recruitment above establishment of 3 X WTE newly qualified social workers to care management teams/CMHTs older people.

These new graduates have been recruited on a temporary contract via the new graduate recruitment process and will be available to fill any permanent vacancy occurring in the teams over the coming year. An increase in statutory MHO work is prompting a review of staffing in that team, as the significant increase in detentions, and backlog in Guardianship applications cannot be addressed by current staffing levels. Measures are being taken to ensure there are enough Council Officer trained staff to undertake Adult Support and Protection work. Projections of numbers of staff who required to be Council Officer trained in order to meet the increase in adult support and protection activity, have been provided to inform the additional requirement for Council Officer training. A planned programme of this training is now being progressed. Additional Council Officers within the CMHT teams have also been appointed and trained.

- Help to Live at Home - Work has continued with the implementation of CM, an electronic scheduling and monitoring system for care at home. The scale of the task, the number of providers, and the range of SDS options make this complicated.
- District Nursing - Transformation of Service Programme - A role framework for District Nursing has been developed across Tayside and the District Nurse job description has been reviewed in line with the framework. Agreement on the refreshed District Nurse role is being sought with staff, trade union partnership and Human Resources (HR). Once agreed, it will require a transition plan.
- Day Care Review – Focussed on identifying opportunities to make more effective use of resources in order to deliver the best outcomes for the people of Angus and contribute to the strategic financial planning requirements and develop a shared vision to take forward a redesign of Day Care services. It is a key element of our resources and interventions intended to keep people at home as long as it is safe to do so.
- Homelessness Support Accommodation Review – Aimed at addressing challenges caused by changing demographics. Work is underway, in partnership with Angus Council Communities (Housing), to complete a full review of existing homeless support provision to ensure this 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 with associated workforce plan and aiming for a phased approach to transition as part of the organisational change process for those staff affected by changes approved. There are also ongoing links with neuro development work and Perth & Kinross Stroke Rehabilitation programme and sessions have taken place around the

development and implementation of the stroke rehabilitation framework with more to follow with community and third sector colleagues.

- Occupational Therapy 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. Covid-19 has seen a substantial increase and need for innovative digital solutions to provide Health and Social Care services which are flexible to meet the needs of staff and the population. Work is underway to ensure that people remain able to choose how we deliver their services post pandemic, where this is appropriate e.g., a telephone or video (Near Me) appointment instead of always having to travel to see someone face to face. Apart from the convenience of remote consultations, it reduces unnecessary travel and the stress of finding a parking space and trying to get time off work. The rapid expansion of VPNs (virtual private networks) and the purchase of additional laptops, allow AHSCP staff to access their work Intranet applications from out with a work base has meant that working from home is an option for many more staff in health and social care. An Angus HSCP Digital Development Group is being set by Summer 2022 to help maximise the potential of digital technology developments.
- 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 2019-2020 the Scheme awarded £0.5 million to 13 local authorities to train 19 additional MHOs. A further £0.5 million will be invested in each of 2020/21 and 2021/22. In Angus, From 1st December 2021, remuneration for active MHOs is to be increased to 2 additional increments above salary scale. This is to bring Angus more in line with other partnership areas and will hopefully go some way to retain existing MHOs and be an incentive to encourage others to undertake the MHO award. An additional full time permanent MHO post(x1 FTE) in the core MHO team is currently being established to meet statutory duties in relation to Mental Health and AWIA legislation.
- Management and Administrative Resources - The AHSCP have identified the need to invest in increased management and administrative resources. This reflects the increased pressures and complexities the AHSCP is now managing. An additional £100k per annum in 2021/22 and 2022/23 is included in plans with the second year of investment being contingent on demonstrable improvements in the IJB's financial plans. Some of the increased management resources requirement is linked to Scottish Government Investment, for example, Alcohol and Drugs Partnerships, Primary Care and Mental Health. A review of administrative resources has also been undertaken.

- 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. Managers must have a plan to return to original establishment numbers within 2 years, but this is seen as a welcome route to temporarily increasing staffing numbers. In addition, AHSCP has temporarily agreed to extend the time-limit managers have to revisit recruitment packs used in recent staff recruitment exercises. The extended timescale provides managers with the opportunity to offer employment to previously unsuccessful candidates, and is seen as another innovative, and safe method to increase staffing at this time.
- 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, including Foundation, Modern and Graduate Apprenticeships, employability and further education partners opportunities, promotion of volunteering opportunities, a 6-week college course is being run across colleges in Scotland to introduce participants to a career in social care, Developing the Young Workforce (DYW) strategy.
- Recovery and Remobilisation after the Covid-19 Pandemic - continuing to provide support closer to the home or the care home and establishing the pathways to avoid hospital admission wherever possible; and where hospital admission is required to ensure that discharge from hospital and the continuation of care and support is coordinated.

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. We value the engagement of stakeholders in the process and the experience and expertise they offer.



There is a significant level of organisational change identified within the AHSCP Workforce Plan and this can be an unsettling process for the staff involved. This makes engagement with staff crucial to ensure they are heard, there is an opportunity for shared ideas, innovation and collaboration and their views are used to inform workforce activity. Engagement will also support stakeholders to understand the drivers for change, be involved in planning required workforce activity, identify solutions, implement actions and hopefully engender commitment to the workforce plan. The AHSCP has a robust engagement strategy and a number of established methods to ensure stakeholders are engaged in the change process.

The AHSCP takes a whole systems approach to organisational change with the statutory services, third and independent sectors operating in partnership. In order to achieve the level of workforce change identified within this plan, we continue to develop integrated responsibility and accountability across all stakeholder groups.

## **SECTION 3: DEFINING THE REQUIRED WORKFORCE:**

### **Workforce Activity Analysis**

The range of improvement programmes outlined in section 2 is an illustration of the breadth of activity required across the AHSCP to address the current challenges being presented due to an increasing demand and changing demographic, a reduced and reducing workforce, the impact of the Covid-19 pandemic and the health and wellbeing needs of staff, alongside significantly increased policy and legislative requirements.

The current improvement activity 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.

We need a workforce that is flexible and adaptable to the demands of a changing health and care environment, digitally confident and able to work effectively in multidisciplinary teams. 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, respond to people's needs and ensure vulnerable people's rights are supported and protected.
- Skills to provide more complex support and care to people living with frailty, disabilities, multiple morbidities and long term conditions, particularly in community settings, in a way that ensures a meaningful continuity of care and support for the person receiving it. For example, many care home workers are

taking on a wider range of tasks such as the administration of medication, delivering end of life and palliative care and specialist dementia care.

- 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. As part of the care management review, detailed work has been undertaken to develop detailed induction which includes the training required to reflect the current and future challenges relating to 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 also 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. NHS Education for Scotland (NES) is working through the national Postgraduate Education and Development group to take this forward. Career pathways, aligned with the NES Post-registration Career Development Framework, are being developed to address the balance between generalist and specialist knowledge and skills required to meet people's complex needs across a wide range of settings. This will include the development of further Advanced Practitioners who will acquire advanced clinical assessment skills and non-medical prescribing.

The development of Advanced Practitioners will support the acquisition of advanced clinical assessment skills and non-medical prescribing. This has also supported an increase in staff proficient in venepuncture, prescribing, IV administration, ECG, general physical health skills and ability to manage deteriorating patients.

A change in student nurse education will mean a change to nurse proficiencies in the future in relation to undertaking venepuncture, ECGs etc. The course will not increase non-medical prescribing, although this is a requirement of the transforming roles within ANPs, DNs, and specialist nursing staff.

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. We know however, that continued unmitigated growth in our workforce is unsustainable, both practically and financially and does not necessarily co-relate to improved outcomes. Our workforce and their

skills respond 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.

We can predict with certainty 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. We cannot depend solely on increasing the overall number of posts within the Council and NHS. 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 and aligns with the NHS Recovery Plan principles for safe and effective recovery. Our improvement activity described in section 2 is targeted at achieving this aim as well as identifying and addressing those areas where we have difficulty in recruiting to specific posts.

We will work to streamline this in partnership with the Professional Leads, including the Nursing and Allied Health Professionals Directorates and the Chief Social Work Officer. We need to ensure clear linkage between our services, our finances and the way we manage our workforce.

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. This is detailed below:

#### Additional Staffing Resource Already in Place

- 1 X FTE Adult Support and Protection Review Officer
- 0.7 Speciality Doctor in Psychiatry of Old Age
- 1 X FTE Senior Practitioner in Mental Health
- 2 X Advanced Nurse Practitioners in Mental Health
- 0.2 Lead Pharmacist in Mental Health
- 3 X FTE Self Directed Support Review Officers
- 1 X FTE Service Manager for Primary Care
- 1 X FTE Senior Nurse for Care Homes
- 1 X FTE Senior Planning Officer (Strategic Partners Relations)
- 1 X OT (Manual Handling)
- 6 X Transition Posts
- 1 X ANP for Substance Services
- 6 X First Contact Physiotherapy posts

#### Staffing Resource Agreed to Establish

- 10 X Social Care Officers (Enablement and Response)
- 2 X Band 4 Generic AHP Transition Support Workers CRT
- 1 X Band 6 Occupational Therapist
- 1 X Band 6 part time CRT
- 1 X Administrative Assistant ( Care at Home)
- 5 X Care Managers
- 1 X Team Manager
- 1 X Hospital Case Manager

- 2 X Social Workers
- 2 X Home Care Assessors
- 1 X Mental Health Officer
- 2 X Community Nurses Band 5
- 6 X part time support workers rotating between ERT, Community Nursing and AHP
- 2 X OOHS Band 3 Support Workers
- 1 X band 6 practice development post for care homes
- 1 X Project Manager to oversee MAT standards
- 1 X Social Worker to help with MAT processes
- 1 X Support Worker for MAT standards.

In addition to this, additional funding has been agreed to support:

- KOMP digital technology (simple technology to reduce loneliness and social isolation)
- Resource Centre Equipment
- Single Handed Care Equipment

### **Culture and Leadership**

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

We believe that successful performance is based on capability plus behaviours. AHSCP encourages and nurtures leaders at all levels to help build collaborative relationships and support succession planning. Local experiences during the Covid-19 pandemic 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.

We also acknowledge the leadership by people who use services in our communities. The Angus Locality Improvement Groups (LIGs) have been successful in initiating and implementing change through building upon local knowledge and experience to ensure services are tailored to community needs.

On a national level, a new Leadership Development Programme has been launched in 2022 and is available to all adult social care providers in the statutory, third, independent and private sector. This is aimed at delivering leadership development opportunities to all of those who work in Health and Social Care at different levels within their organisations.

Organisational culture defines how people feel about working for an organisation. There is evidence that workforce cultures that consider well-being and are positive workplaces lead to better outcomes.

## **Health, Wellbeing and Resilience**

The health and wellbeing of our staff remains a high priority. Feedback from staff highlights that their health and wellbeing is not only impacted by what is happening at work but also by what is happening at home. As we continue our work on service recovery post-pandemic, it is important that we maintain our focus on the recovery of our staff. This high priority focus demonstrates the principle 'value and support the workforce' detailed in the NHS Recovery Plan. Staff are being encouraged to seek support if required and look after the wellbeing of themselves and others. There are a number of options available for staff, both locally and nationally. 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 wellbeing surveys have been undertaken and these will be a key element of monitoring the health and wellbeing of staff going forward. They provide us with valuable insight and information and have helped inform the staff health and wellbeing priorities detailed in our workforce implementation action plan. A staff health and wellbeing page on the AHSCP Intranet site for staff has also been developed, with links to resources to support staff to 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. 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 and to undertake their duties.

Project Wingman, a well-being charity that supports frontline health and social care staff is delivered in the form of converted double decker buses providing a relaxed, informal and versatile space in which to support staff well-being by providing a short time away from their workspace to recharge their batteries in an inviting environment.

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

Table 7 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.

Table 7

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.

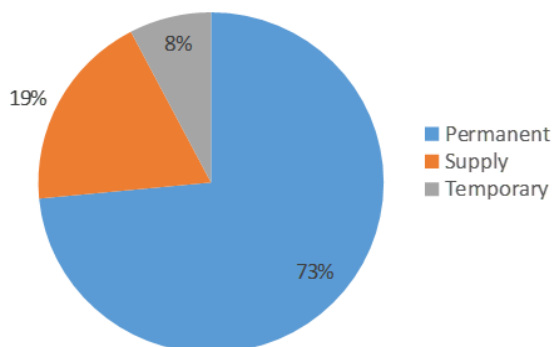
Table 7 shows the Head-Count figure increasing slightly for each of the sectors across the period. Of note however, is the number of Care at Home staff, this now comprising the largest staffing sector group.

### Contract Status

Tables 8 and 9 illustrates that a high percentage of Council staff (73%) working within the AHSCP are on permanent contracts, with 8% on temporary contracts and 19% of the workforce being utilised via supply options. Similarly, within NHS Tayside, a high rate of staff are on permanent contracts with 888 of 926 staff employed permanently (96%) with only 8 (under 1%) on fixed term contracts.

Table 8

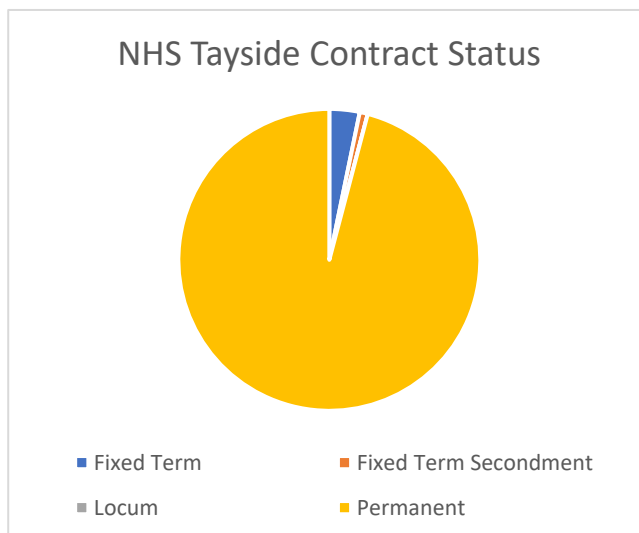
Council Contract Status



(source AC internal data systems)

Table 9

NHS Tayside Contract Status



(source NHST internal data systems)

### Vacancy Information

Table 10 shows a snapshot percentage of AHSCP posts that are vacant within both the Council and NHS Tayside. 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. Monitoring vacancy information is therefore an important function that the partnership requires to consider.

Table 10

Vacancies	Number	Percentage
Angus Council HSCP Vacant Posts <u>in July 2021</u>	57.6wte	c8.5%
NHST AHSCP Vacant Posts <u>in May 21</u>	56.3wte	c 7.2%

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.

Table 11 describes a selection of current NHST staff vacancies, by “job family” in Angus, described using whole time equivalents (wte). It is provided to illustrate current NHST vacancy levels in Angus and highlights for example, that around thirty-six-percent of available Occupational Therapy hours, and eleven-percent of qualified Nursing hours are currently vacant.

Table 11

	Job Family	budgeted (wte)	In post (wte)	Variance (wte)	% wte Vacant
Medical & Dental	Senior Medical & Dental	61.5	51.9	-9.6	16%
Nursing & Midwifery	Nursing + Midwifery-registered	356.2	315.6	-40.6	11%
Nursing & Midwifery	Nursing + Midwifery-unregister	131.2	110.1	-21.1	16%
Allied Health Professionals	Occupational Therapists	32.1	20.6	-11.5	36%
Allied Health Professionals	Physiotherapists	39.7	36.4	-3.3	8%
Other Therapeutic	Pharmacists	36.5	22.4	-14.1	39%
Admin & Clerical	Admin Clerical	115.3	110.4	-4.9	4%

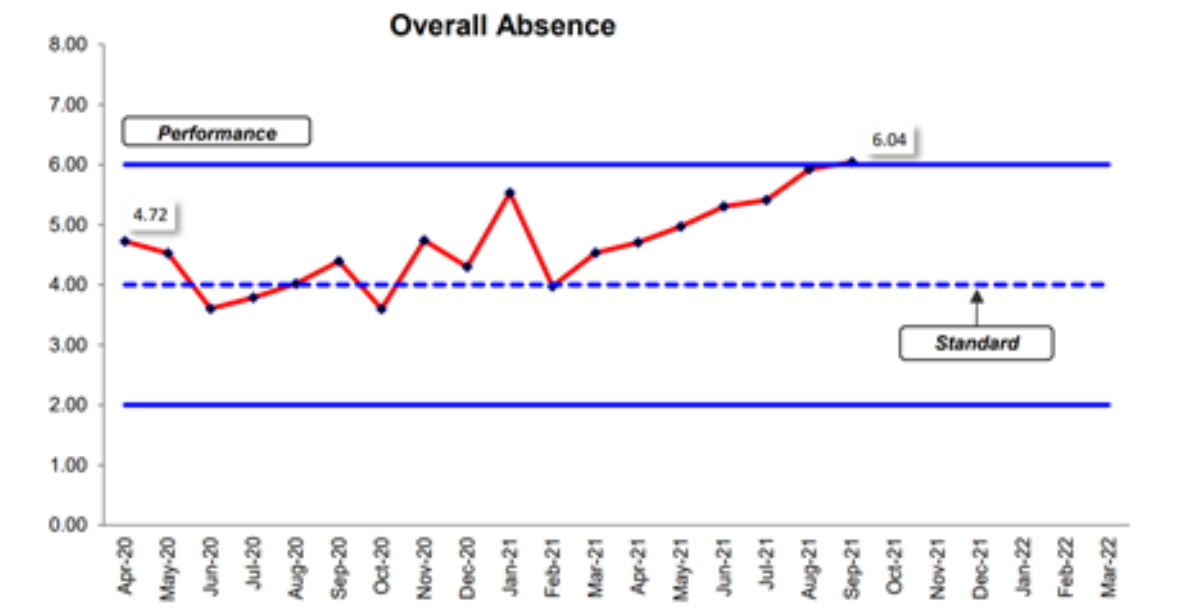
[Workforce Directorate, Ninewells, April 2022]

### Staff Absence

NHS Tayside:

Table 12 represents overall absence (%) amongst NHS staff working in the Angus Partnership between April 2020 and September 2021, the period roughly covering the pandemic. This may or may not link to the generally upward trend of staff absence noted over the period.

Table 12

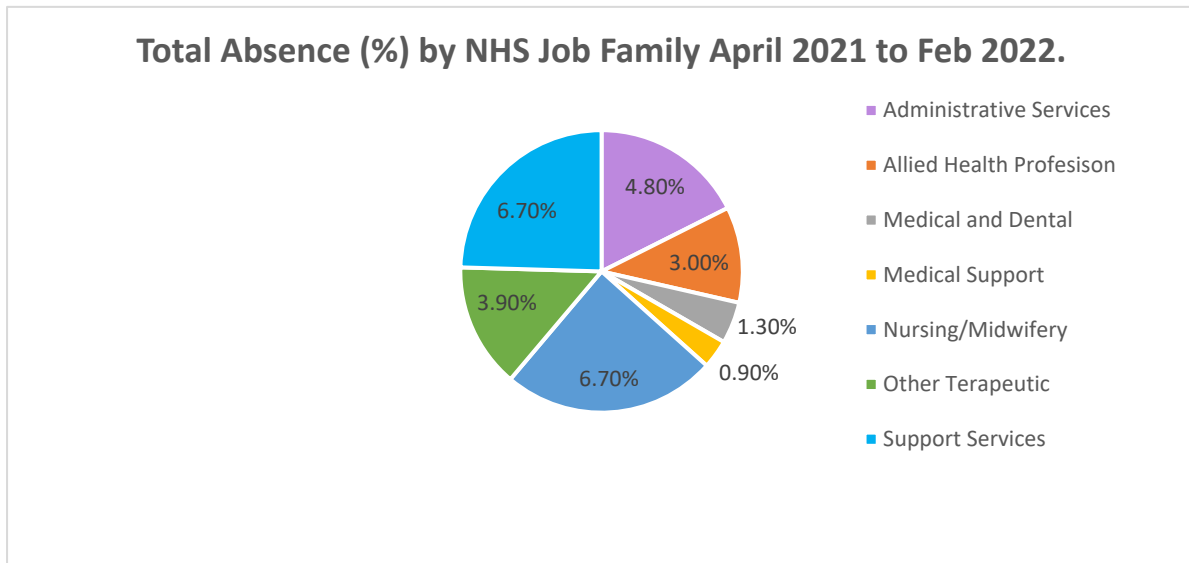


(NHS Tayside Absence Information Report; February 2022)



Table 13 represents overall absence (%) amongst NHS job “families” in the Angus Partnership between April and September 2021. Nursing, midwifery and support services are the areas with the highest absence rates.

Table 13

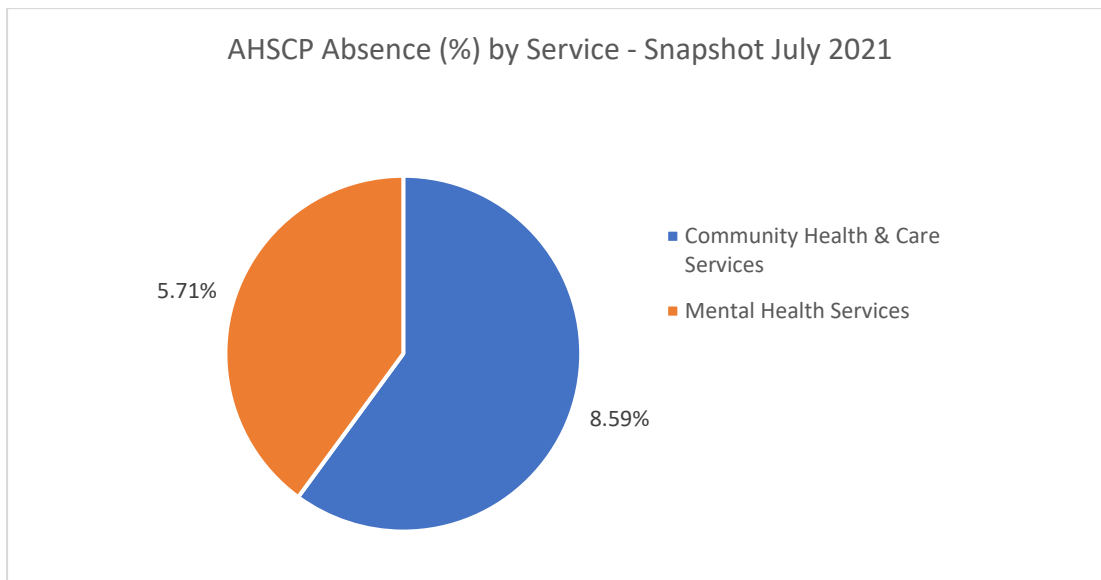


(NHS Tayside Absence Information Report; February 2022)

Angus Council:

Table 14 provides a snapshot of Angus Council absence for staff working in the AHSCP as of July 2021.

Table 14



Total absences for all services including sickness, Covid-19 and Self-Isolation (excl. home workers).

(Angus Council HR Data source)

### 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. Currently we have limited quantitative information regarding the workforce not employed by NHS Tayside or Angus Council. It is essential to understand the workforce implications, capacity and ability and we are committed to supporting our third and independent sector colleagues with workforce planning. We are working with these partners to collate a full picture of the health and social care workforce.

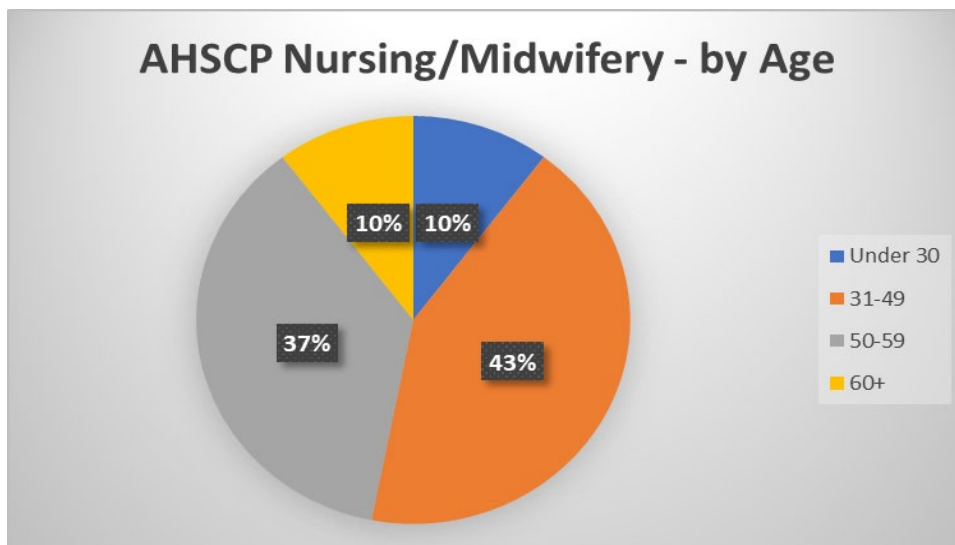
AHSCP have been in discussions with the Scottish Social Services Council (SSSC) and the Care Inspectorate, who are keen to support areas with developing datasets to capture data on the third sector. They are currently liaising with Scottish Government who have established a short life working group to look at this national issue.

The known absence level for the independent care at home sector nationally, currently sits around 16%. Having to adjust for high sickness levels is challenging even in normal times, but the impact on the sector over the course of the pandemic has been undeniably disproportionate to the capacity of organisations and the workforce to meet the true demand of providing care and support - Scottish Care; Workforce Recruitment & Retention Survey Findings (September 2021).

### **Age**

Table 15 highlights that 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. The District Nursing - Transformation of Service Programme: A role framework for District Nursing that is being developed across Tayside has a focus on addressing this issue.

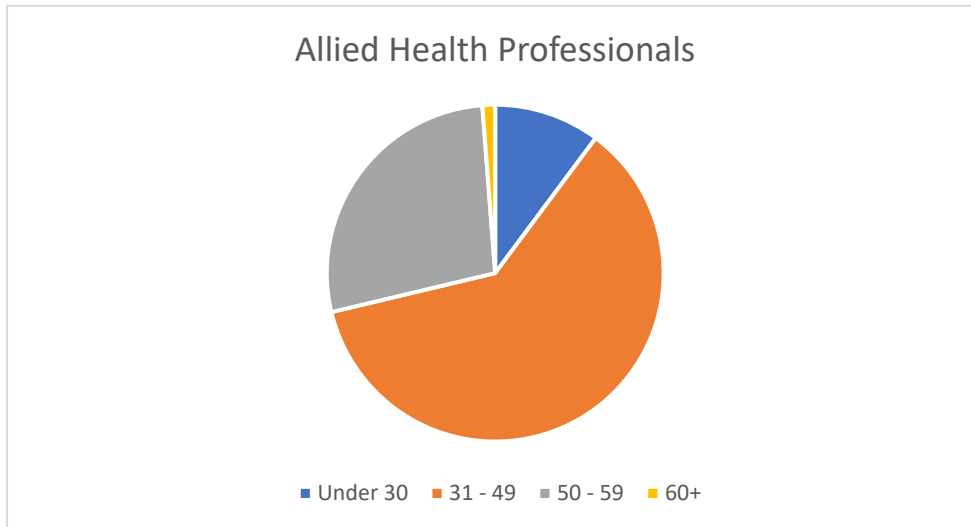
Table 15



[Source: Information Services, Workforce Directorate, Ninewells Hospital: August 2021]

Table 16 highlights that 32% of Allied Health Professionals are aged 50 or over.

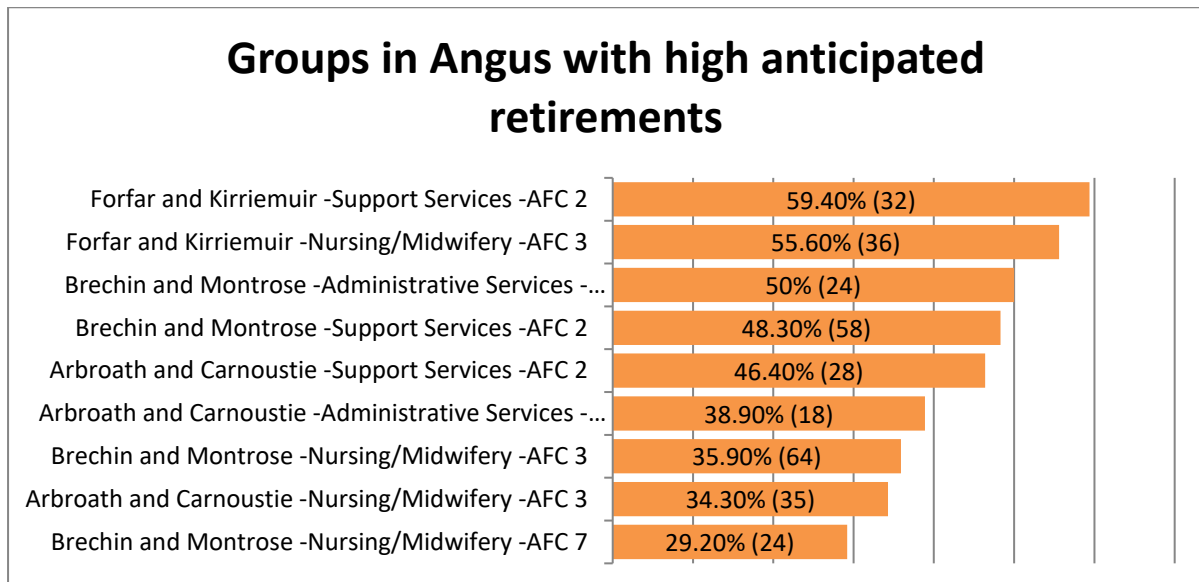
Table 16



[Source: Information Services, Workforce Directorate, Ninewells Hospital: August 2021]

Table 17 contains a summary of some NHS Tayside staff groups working in Angus that have particularly high numbers of staff currently approaching retirement. It highlights that around half of the Nurses working in the Forfar / Kirriemuir area for example, are shortly to retire:

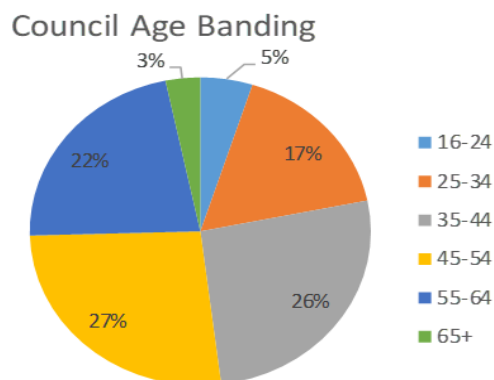
Table 17



(AHSCP internal data systems)

Angus Council collects staff age data across slightly different age bands. Table 18 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, with 25% of Council staff working within the partnership aged 55 or above. However, it should be noted that another 27% are within the 45 – 55 age bracket. The data provided by both tables 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 further highlights the importance of the workforce activity highlighted in this plan, focussed on the maximisation of resources, using resources to maximum efficiency and taking positive action to attract more people into the workforce of all ages.

Table 18



[Source: HR, Digital Enablement & Business Support, Angus Council: May 2022]

The retirement of many senior staff within the next two years will result in loss of experience across the Partnership, in particular operational and strategic leadership experience at senior and middle manager level. High-quality leadership is a critical part of the success of an organisation or programme of reform and, given the complexity of health and social care integration, it is important that leaders are highly competent, have capacity to deliver and are well supported to understand each other's roles and responsibilities, develop professional respect and trust and have a person centred and empathetic approach. We are developing a succession planning scheme which will have a focus on mentoring and supporting leadership and management talent, career opportunities and work shadowing.

NHS Tayside already have a Talent Management Framework and Angus Council are currently considering the development of a succession planning scheme. We will work in collaboration with both organisations regarding this development. We will also work with NHS Tayside utilising the wider provision of age profile modelling tools to support our workforce planning.

## Gender

It should be noted that a high proportion of the AHSCP staff are female. Tables 19 and 20 highlight that 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.

Table 19

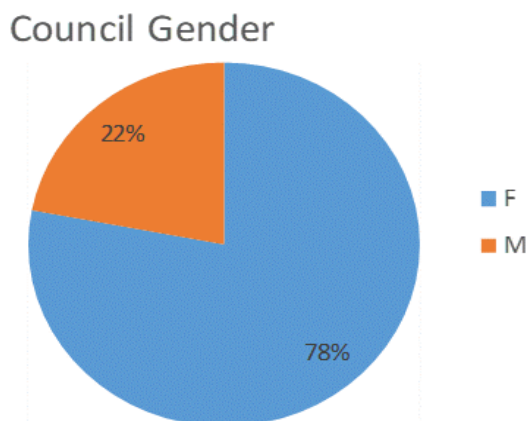
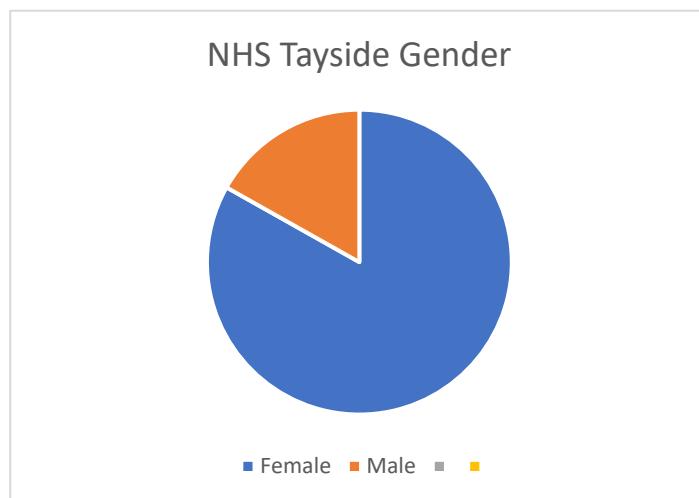


Table 20



[Source: HR, Digital Enablement & Business Support, Angus Council: May 2022]

[Source: Information Services, Workforce Directorate, Ninewells Hospital: August 2021]

### 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:

Table 21

#### Projected numbers of staff that may be required in Angus:

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

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

Table 21 suggests that without taking any mitigating actions, by 2026 Angus may require an additional 975 staff in total. Importantly, the highest proportion 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 that Table 21 would 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.

The forthcoming decades will see a continuing shift in the pattern of disease towards long-term conditions and growing numbers of older people with multiple conditions and complex needs and the impact of this on them and their immediate carers. The working age and school leaver population will also be proportionally at its lowest, making our pool of available workforce more finite. At the same time, there is an ever increasing ageing workforce.

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

The improvement activity detailed in Section 2 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.

Section 3 of this plan details the additional staffing resource recently established or in the process of being established. Much of this work is still in progress and therefore it is a very challenging environment in which 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 the Covid-19 pandemic, 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. Table 21 gives a general illustration of what this requirement may look like if we do not take these mitigating actions. However, this does not take into account the additional staff resource we have recently established and those we are in the process of establishing, all of which impact on projections of required posts/roles in the future.

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.

We do have a clear picture of those posts which we are having difficulty recruiting to. These are detailed below:

- Care at home staff
- Nurses and Advanced Nurse Practitioners (particularly Band 5 and Registered Mental Health)
- Occupational Therapists – Band 5 and 6 in particular
- Social Workers
- G.P's
- Mental Health Officers
- Psychiatric Medics – Consultant and Juniors
- Physiotherapists – Band 5 and 6 in particular
- Locality Leads
- DN and Practice Educator

- Non-Medical prescribers for substance services
- Addictions Consultants
- Speech and Language Therapy – all bands.
- Leadership roles
- Pharmacists

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**

Angus Council and NHS Tayside are the statutory 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 and work closely with the AHSCP to support workforce change. 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. This is challenging due to differences in staff gradings and qualifications for similar roles between the organisations and we are currently progressing 'matched jobs' and a joint recruitment process to address some of the challenges joint recruitment to the AHSCP poses across both the 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.

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.

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. Prioritising sustainability overlaps with the NHS Recovery Plan. Youth employability programmes, including Foundation, Modern and

Graduate Apprenticeships can provide career opportunities for young people in Angus and providing opportunities for young people to gain work experience can help to secure the workforce we need for health and social care services. We can also prioritise the attraction, recruitment and retention of people of all ages through exploring with employability and further education partners opportunities for retraining and creating direct pathways into health and social care and by continuing to support employers across health and social care to utilise national opportunities. Our newly qualified social worker programme aims to both attract and retain newly qualified social work professionals to work in Angus. We actively promote volunteering opportunities and have several routes to volunteering available. We hope to commence working with universities to attract graduates into the workforce.

A 6-week college course is being run across colleges in Scotland to introduce participants to a career in social care. This is now commencing in Angus, and we have had early discussions with Dundee and Angus College regarding a direct pathway to recruitment opportunities for interested students who successfully complete this course. We are also linking with virtual recruitment events for completing cohorts to bring providers with vacancies in the local area together with those who have completed the programme.

AHSCP is committed to providing apprenticeship opportunities for young people within Angus. Our Modern Apprenticeship (MA) scheme is now entering its third year, enabling young people to gain skills, experience, and complete a recognised qualification.

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.

On a national level a large recruitment campaign to attract people into the health and social care workforce has been launched and the National Transition Training Fund (NTTF) was announced in the Programme for Government 20/21 as part of the response to the economic impact of the Covid-19 pandemic for those aged 25 and over. Up to 1,800 training places will be supported nationally through £836,000 NTTF support for those interested in roles in adult social care.

An 'Employer of Choice' working group has been established to focus on the opportunities to attract, recruit and retain talent. Actions are underway to help promote Angus Council as an attractive employer; support services experiencing recruitment challenges and ensure vacancies reach a broader audience. The group also aims to improve the recruitment process for managers. The number of recruitment forms currently required will reduce and more use will be made of the Talent link system for recording decisions at the shortlisting and interview stages. Applicants will also be given clearer guidance and advice about the job application process.



The Scottish Terms and Conditions Committee (STAC) are undertaking a review of NHS Tayside's Agenda for Change process. This has meant a pause in evaluation activity until such time as the review group visits Tayside. It is hoped that the review of the process will be completed in the coming weeks and the evaluation process can then re-start.

## 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.* It has been informed by comprehensive engagement with key stakeholders across the AHSCP Third and Independent sector, NHS Tayside, Angus Council and the Staff Partnership Forum. The action plan has also been informed by the National Workforce Strategy for Health and Social Care and An Integrated Health and Social Care Workforce Plan for Scotland. Cognisance has also been given to the NHS Recovery Plan as well as local plans such as the Angus Health and Social Care Partnership Strategic Commissioning Plan and Strategic Financial Plan.

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. The action plan is coordinated by the AHSCP 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. 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.

## Glossary of Terms and Abbreviations

AC	Angus Council
AHP	Allied Health Professional
AHSCP	Angus Health and Social Care Partnership
AIDARS	Angus Integrated Drug and Alcohol Recovery Service
ANP	Advanced Nurse Practitioner
ASP	Adult Support and Protection
AWI	Adults with Incapacity
CBT	Cognitive Behavioural therapy
CHP	Community Health Partnership
CMHT	Community Mental Health Team
COSLA	Convention of Scottish Local Authorities
CRT	Community Response Team
DN	District Nurse
DWP	Department for Work and Pensions
DYW	Developing the Young Workforce
EAP	Employee Assistance Provider
ECGs	Electrocardiogram
ECS	Enhanced Community Support
ERT	Enablement and Response Team
EU	European Union
FTE	Full-time Equivalent
GMS	General Medical Service
GP	General Practitioner
HMHM	Home Mobile Health Monitoring
HR	Human Resources
HSCP	Health and Social Care Partnership
HSS	Homelessness Support Service
IJB	Integration Joint Board
IPC	Infection, Prevention and Control
IT	Information Technology
IV	Intravenous
LD	Learning Disabilities
LEP	Local Employability Partnership
LIGs	Locality Improvement Groups
m	Million
MA	Modern Apprenticeship
MAT	Medically Assisted Treatment
MDT	Multi-Disciplinary Team
MfE	Medicine for Elderly
MH	Mental Health
MHO	Mental Health Officer
NES	NHS Education for Scotland
NHS	National Health Service
NHST	National Health Service Tayside
NMaHPs	Nursing, Midwifery and Allied Health Professionals
NTTF	National Transition Training Fund
ONS	Office for National Statistics

OP	Older People
OT	Occupational Therapist
OU	Open University
PA	Personal Assistants
PAM	People Assess Management
PCIP	Primary Care Improvement Plans
PCR test	Polymerase Chain Reaction Test (covid)
PD	Physical Disabilities
PDS funding	Post Diagnostic Support Funding
PH	Per Hour
P&K	Perth and Kinross
PN	Practice Nurse
P/T	Part Time
PVG	Protecting Vulnerable Groups
RMN	Registered Mental Health Nurse
SCO	Social Care Officer
SDS	Self-Directed Support
SG	Scottish Government
SPQ	Specialist Practice Qualifications
SSSC	Scottish Social Services Council
SVQ	Scottish Vocational Qualification
SW	Social Workers
SW Angus	South West Angus
UK	United Kingdom
VAA	Voluntary Action Angus
WTE	Whole Time Equivalent
2C practice	Doctor's practice run by health board