**ITEM No …16……..…..**

**REPORT TO:** **INTEGRATION JOINT BOARD – 22 JUNE 2022**

**REPORT ON:** **DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025**

**REPORT BY:** **CHIEF OFFICER**

**REPORT NO:** **DIJB42-2022**

## 1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to seek approval of the Dundee Health and Social Care Partnership Workforce Plan 2022-2025 prior to submission to the Scottish Government.

## 2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB);

2.1 Notes and approves the Workforce Plan as set out in appendix 1 to this report.

2.2 Approve the actions detailed at section 6.3 and note that these will continue to be refined and developed on an ongoing basis.

## 3.0 FINANCIAL IMPLICATIONS

3.1 The actions set out within the Workforce Plan will be contained within the Integration Joint Boards delegated budget.

## 4.0 NATIONAL CONTEXT

4.1 The Scottish Governent wrote to NHS Board Chief Executives, Local Authority Chief Executives and IJB Chief Officers on 1 April 2022 advising of the requirement to complete a three year Workforce Plan and included within this letter guidance on content and structure. (DL 2022 (09))

4.2 The guidance follows publication on 11 March 2022 of the National Workforce Strategy for Health and Care and should be read alongside the NHS Recovery Plan, published in August 2021.

4.3 The National Workforce Strategy for Health and Social Care in Scotland published in March 2022 sits within a wider planning landscape, supported at local level by NHS Boards' and HSCPs' Strategic, Operational, Financial and Workforce Plans.

4.3 The DHSCP Workforce Plan is aligned to the NHS Recovery Plan, Dundee Remobilisation Plan DHSCP Strategic and Commissioning Plan and a number of national plans and strategies were considered when preparing the plan.

## 5.0 DUNDEE CONTEXT

5.1 Dundee Health and Social Care Partnership (DHSCP) is responsible for a range of services provided by staff employed in Dundee City Council, NHS Tayside plus the private and voluntary sector. This includes **all** adult social care, adult primary health care and unscheduled adult hospital care**.** While adult social care and primary health care are within the scope of this plan, unscheduled adult hospital care is commissioned from NHS Tayside and is out with the scope of this plan. The range of services we provide include inpatient wards, outpatient and other clinical services, domiciliary services and care homes. It is provided by a range of health and social care professionals. Most of these services are provided within Dundee City however there are some lead partnership arrangements across Tayside.

5.2 As we have seen an increase in demand for our services we have experienced a reduction in many areas of available staffing across all staffing groups. This has been a combination of COVID-19 and non COVID-19 related absence, a high level of attrition and low availability of bank and agency staff as well as providing and supporting services that did not previously exist. This is exacerbated by an aging demographic in our workforce. It has therefore been a very challenging period.

5.3 Staff are our key resource and changing models and changing pressures will require significant remodelling of the workforce. This comes at a time when staff resilience is low and change can seem overwhelming. In order to design the workforce of the future we require to profile the workforce, redesign job roles, undertake a skills analysis and work in a much more integrated way. The focus will continue to promote the wellbeing of staff.

5.4 The impact of the Pandemic and current pressure on staff has been profound. We do not have good information regarding absence levels in the private and voluntary sector, but we know they have been badly impacted by the pandemic. While COVID-19 related absences have stabilised, staff are tired and there is a high level of sickness absence across all areas of staffing.

We also know that the impact on wellbeing has been significant, particularly on the social care workforce.

5.5 In order to manage the challenges, we recognise we need to support recruitment and retention, invest in new ways of working, develop career progression routes and support wellbeing. Our workforce will need to feel valued and job roles will need to be rewarding. These will continue to be a focus over the next year. We will in particular be seeking to progress the Fair Work in social care agenda. This will involve a move to outcomes based commissioning and rates of pay will need considered as part of this work

## 6.0 DUNDEE WORKFORCE PLAN 2022-2025

6.1 The Workforce Plan sets out the current position in relation to workforce planning and acknowledges that there is progress to be made around a number of areas.

6.2 The Workforce Plan aims to

- describe the overall direction of travel for the workforce
- determine the context and drivers for change both locally and nationally;
- outline the changes required;
- determine the new roles and skills required;
- assess the new ways of working;
- highlight the workforce risks;
- outline key actions required to implement change
- continue to work towards a fully integrated workforce
- address the need to achieve a sustainable social care workforce, leading to the introduction of a National Care Service for Scotland.

6.3 Future areas of development have been set out in an action plan which will be monitored and reviewed by the Workforce Planning Group. These actions are in a process of continual development and include the following

- ✓ We will continue to develop our understanding of our evolving workforce requirements for key risk areas such as Primary Care, Social Care, Mental Health and Addictions services.
- ✓ We will continue to develop new job roles such as advance practitioners and Band 4 practitioners across physical health, mental health and District nursing
- ✓ We will continue to develop integrated roles
- ✓ We will continue to promote Health and Social Care as a career choice for young people
- ✓ We will continue to support the health and wellbeing of staff across the Partnership
- ✓ We will continue our workforce development including developing innovative approaches that support integrated leadership development and trauma informed practice
- ✓ We will build capacity in support functions to ensure operational services are supported effectively
- ✓ We will continue to explore the use of digital and other technology to improve workforce and service users experience
- ✓ We will continue to find positive ways to support staff who are carers

## 7.0 POLICY IMPLICATIONS

7.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

## 8.0 RISK ASSESSMENT

| | |
|---|---|
| **Risk 1 Description** | Workforce is an identified risk on the DHSCP Strategic Risk Register and details the consequences of not being able carry out strategic objectives and support the people of Dundee. It is also a key factor in the the risks for Dundee Drug and Alcohol Service, Mental Health Services and Primary Care and other strategic risks. |
| **Risk Category** | Workforce |
| **Inherent Risk Level** | Likelihood 5 x Impact 5 = 25 (Extreme risk) |
| **Mitigating Actions** (including timescales and resources ) | The Workforce Plan and actions will mitigate the risks identified. |
| **Residual Risk Level** | Likelihood 3 x Impact 4 = 12 (High risk) |
| **Planned Risk Level** | Likelihood 3 x Impact 3 = 9 (High risk) |
| **Approval recommendation** | Given the mitigating actions noted above this risk level is deemed to be acceptable. |

## 9.0 CONSULTATIONS

**9.1** The Chief Officer, Heads of Service, Health and Community Care and the Clerk were consulted in the preparation of this report. Additionally DHSCP Senior Management Team, DHSCP Workforce Planning Group and the DHSCP Staffside Forum were invited to comment.

## 10.0 BACKGROUND PAPERS

10.1 None.

Vicky Irons
Chief Officer

DATE 07 June 2022

Jenny Hill, Head of Health and Community Care

## Foreword

This is the first Workforce Plan for the Dundee Health and Social Care Partnership and describes our current approach, assesses our current position and provides an action plan for further development over the next 3 years, with a particular intention to improve the strategic alignment between organisations workforce, financial and service planning.

Our Plan is aligned to Dundee HSCP Operational and Financial Plans and the Strategic and Commissioning Plan and the NHS Recovery Plan and the National Workforce Strategy. .

Our plan has been produced in partnership with stakeholders, including the third and independent sector partners and we have identified further learning requirements regarding the use of data from multiple employers, to create a single integrated action plan which is useful and relevant to all organisations.

We have learned that we have many employer cultures and leadership styles, although value and principles remain broadly the same with the people who work with us being at the heart of health and social care services.

The COVID-19 pandemic has had a profound impact on our health, economy and society, with damaging impacts on the way of life and wellbeing of people in Scotland. It has exacerbated health issues and inequalities, increased the demand for health and social care services, and impacted on the health and wellbeing of our workforce.

This plan aims to focus on the short-term workforce driver, focussing on recovery and remobilisation and also the medium term (12-36 month) workforce drivers focusing on sustaining growth and supporting longer term transformation.

Finally, we would like to reiterate our thanks to everyone across the Dundee Health and Social Care Partnership who have worked tirelessly, embraced challenges and gone the extra mile throughout the pandemic, and who continue to do so.

## Aims

Overall, our three-year workforce plan aims to:

- describe the overall direction of travel for the workforce;
- determine the context and drivers for change both locally and nationally;
- outline the changes required;
- determine the new roles and skills required;
- assess the new ways of working;
- highlight the workforce risks;
- outline key actions required to implement change
- continue to work towards a fully integrated workforce
- address the need to achieve a sustainable health and social care workforce, supporting the introduction of a National Care Service for Scotland.

**Who We Are**

The Dundee Health and Social Care Partnership ('Partnership') is responsible for delivering person centred adult health and social care services to the people of Dundee. The Partnership consists of Dundee City Council, NHS Tayside and providers of health and care services from across the third and independent sectors.

**Our Partnership vision for health and social care is that:**

Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life.

**Demography**

Dundee is Scotland's fourth largest city and is situated on the north coast of the mouth of the Tay estuary, with a population of 149,000.

Although not as high as many other Partnerships, Dundee has an ageing population and although we expect to see a decrease in the pensionable age population, there is expected to be an increase by 9% on the 75+ population by 2028, this is considerably lower than the 25% increase expected across Scotland over the same time period.

The National Records for Scotland projected % change in population for the working age population shows that by 2028 Dundee is expected to see an increase in the working age population by 2%. This is slightly lower than the 3% projected change for Scotland as a whole (NRS 2018 Based Population Projections). The age group with the largest proportion of the current population in Dundee is the 25-44 age group.

Dundee is the 5th most deprived local authority area in Scotland. 36.6% of the population lives in the 20% most deprived areas of Scotland. There are widespread health and social inequalities across the city as a result of deprivation.

You can read more about this in our Strategic Needs Assessment;

https://www.dundeehscp.com/

Dundee has the second lowest life expectancy in Scotland. In Dundee life expectancy is 76.7 years, whereas it is 79.1 years in Scotland as a whole. Life expectancy varies substantially by deprivation level and the occurrence of morbidity (health conditions) and disability. Life expectancy of a female who lives in one of the least deprived areas in Dundee is almost eighteen years more than a male who lives in one of the most deprived areas.

A significant proportion of the difference in life expectancy between Scotland and many other Partnerships can be accounted for by deaths at a young age from drugs, alcohol and suicide. Substance use disproportionately affects the most vulnerable and socio-economically deprived in Dundee's communities and is associated with other health and social problems, including poor mental health, crime, domestic violence and child neglect and abuse. Substance use is recognised both at a national and local level as a major public health and health equality issue.

There are around 18,300 adult carers and of 20,936 children aged 4-17 in Dundee, around 830 are young carers and across Scotland people are more likely to provide unpaid care in their later

working years – especially women https://www.gov.scot/publications/scotlands-carers-update-release/. Just over a quarter (27%) of women aged 45-54 and nearly a quarter of women aged 55-64 (23%) provide unpaid care. The Scottish Government Carers Census reported that 24% of carers find that their caring role impacts on their paid employment. https://www.gov.scot/publications/carers-census-scotland-2018-19/

This may mean that as unpaid caring responsibilities continue, there may be a further demand for an increased flexibility approach to paid work.

**Finance**

The Integration Joint Board's 2022/23 budget is approximately £280m of which around £97m (approx. 35%) relates to direct staffing costs and it is therefore critical that we plan for, assign and utilise this expenditure in the most effective way possible. In order to support this aim the activity around workforce planning has been aligned to our financial and operating plans.

The above investment in the workforce relates to the directly employed staff of the Health and Social Care Partnership, however the adult social care workforce includes a significant number of staff employed by the independent and voluntary sector who are contracted by the Partnership to deliver services on their behalf. Since 2016, the IJB has funded our social care providers to deliver the **real living wage** for Social Care as part of the Scottish Government's National Policy. This policy has now moved to a broader Fair Work in Social Care policy with further incremental increases in social care pay forming part of it to the extent that hourly pay rates for adult social care staff are now higher than the national living wage.

In October 2021, the Scottish Government committed to provide additional funding of up to **£48m to uplift the hourly rate** for third and independent sector social care workers from **at least £9.50 per hour to at least £10.02 per hour**, effective from the 1st December 2021.

As part of the 2022/23 budget, the Scottish Government announced further funding to Integration Authorities to deliver an increase in hourly pay for those providing direct care within adult social care to £10.50 per hour.

Nursing roles are transforming to ensure the needs of the population are met and with this comes a significant cost to support associated training that also needs to be factored into consideration.

During 2021/22, the Scottish Government provided additional funding to Integration Authorities for workforce health and wellbeing initiatives and locally the balance of this funding has been carried forward in the IJB's reserves to continue to offer support to staff during 2022/23.

**National Context**

The National Workforce Strategy for Health and Social Care in Scotland published in March 2022 sits within a wider planning landscape, supported at local level by NHS Boards' and HSCPs' Strategic, Operational, Financial and Workforce Plans:


The Scottish Government published the NHS Recovery Plan in August 2021, which set out key ambitions and actions to be developed and delivered over the next five years to address the backlog in care and meet healthcare needs for people across Scotland. This is part of a wider whole system response, including Social Care and support from within communities. The Independent Review of Adult Social Care (the Feeley review) previously set out ambitions

for Social Care that would increasingly reflect the lived experience and person-centred approaches, as part of a wider system change. The COVID Recovery Strategy published in October, emphasises tackling inequalities through national and local leadership. These ambitions underpin our Workforce Strategy. A package of Winter Measures was published in October, including a range of immediate measures to increase workforce and capacity across Health and Social Care. Rapid changes in virus transmissibility have since highlighted that system pressures can also change quickly.

**A number of national plans and strategies have been considered when compiling our plan. These include:**

- ✓ Health and Social Care: National Workforce Strategy ( 11 March 2022)
- ✓ National Health and Social Care Integrated Workforce Plan (December 2019)
- ✓ NHS Recovery Plan (August 2021)
- ✓ Covid Recovery Strategy: for a fairer future
- ✓ The Independent Review of Adult Social Care (Feeley)
- ✓ Fair Work
- ✓ Net Zero
- ✓ Health Inequalities
- ✓ Scottish Government Health and Social Care Winter Overview 2021-22
- ✓ Health and Care (Staffing) (Scotland) Act 2019

**Local Context**

Dundee Health and Social Care Partnership (DHSCP) is responsible for a range of services provided by staff employed in Dundee City Council, NHS Tayside plus the private and voluntary sector. This includes all adult social care, adult primary health care and unscheduled adult hospital care. Whilst adult social care and primary health care are within the scope of this plan, unscheduled adult hospital care is commissioned from NHS Tayside and is out with the scope of this plan. The range of services we provide include inpatient wards, outpatient and other clinical services, domiciliary services and care homes. This is provided by a range of health and social care professionals. Most of these services are provided within Dundee City however there are some lead partnership arrangements across Tayside.

Since the onset of integration, Dundee Health and Social Care Partnership has been engaged in a programme of ambitious change, informed by the Health and Social Care Delivery Plan and outlined in the Strategic and Commissioning Plan.

https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2016/12/health-social-care-delivery-plan/documents/00511950-pdf/00511950-pdf/govscot%3Adocument/00511950.pdf

https://www.dundeehscp.com/sites/default/files/publications/dhscp_strategic_plan_2019-2022.pdf

The Integration Joint Board (IJB) agreed the extension of the 2019-22 plan and this means that there will be an opportunity to integrate and align the agreed Workforce Plan actions with the Strategic and Commissioning Plan 2023-2026.

Our key transformation programmes are

- Primary Care Improvement Plan
- Reshaping Non-Acute Care
- Unscheduled Care
- Drug Death Action Plan for Change (Dundee Partnership)
- Living Life Well – Tayside Mental Health and Wellbeing Strategy (Tayside Mental Health Alliance)
- Transforming Public Protection (Dundee Partnership)

The programme is driven by four key strategic aims, with a vision that citizens of Dundee will have the information and support they need to live a fulfilled life.

Our strategic aims are:

- To reduce Health Inequalities
- Early Intervention and Prevention
- Locality Working and Engaging with Communities
- Pathways of Care Models of Support

The current pandemic has meant both significant challenges and a considerable acceleration in this change programme.

The impact of the COVID-19 pandemic on the health and social care needs of the population, how we deliver supports and services, on health inequalities and on the health and wellbeing of our workforce and of unpaid carers has been substantial and wide ranging. It has exacerbated health issues and inequalities, seen a rise in waiting times especially for elective surgery, and exhausted our workforce.

We are beginning to understand more about the likely long-term physical and psychological effects of the pandemic in Scotland. These are wide ranging and as yet unquantifiable, but rehabilitation is critical in ensuring that people are appropriately supported during their recovery so that they can regain their health and wellbeing and reach their potential.

Clearly defined rehabilitation principles enable us to take a consistent approach as we collaboratively define and re-shape services to meet a broader range of needs and circumstances, including the harmful health impacts associated with the coronavirus (COVID-19) period. Additionally, the needs of those who have been shielding, and in some cases, their associated deconditioning require consideration.

Significant change in the way we deliver services requires robust workforce planning. The intention of DHSCP is to move towards a workforce plan that includes the full workforce employed by the Council, the NHS and the third sector, as well as independent contractors such as general practice teams.

## Our Current workforce

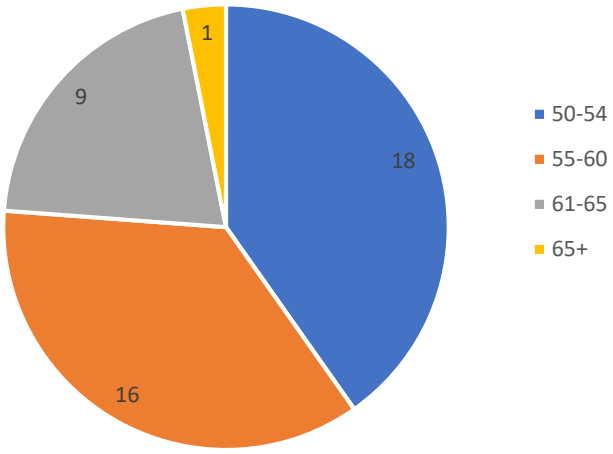
Dundee Health and Social Care Partnership is responsible for a range of services provided by staff employed in Dundee City Council, NHS Tayside and the private and voluntary sector.

The Partnership has 995 staff (900 WTE) who are employed by Dundee City Council and 1555 (1,325 FTE) staff who are employed by NHS Tayside. Collectively, 87% are female.

The largest staff groups are nurses (825), social and home care workers (615) and allied health professionals (320). These posts collectively account for 67% of the total Council and NHS workforce aligned to the Partnership.

Across each service, at least 40% of the total NHS and Council employed workforce is aged 50+

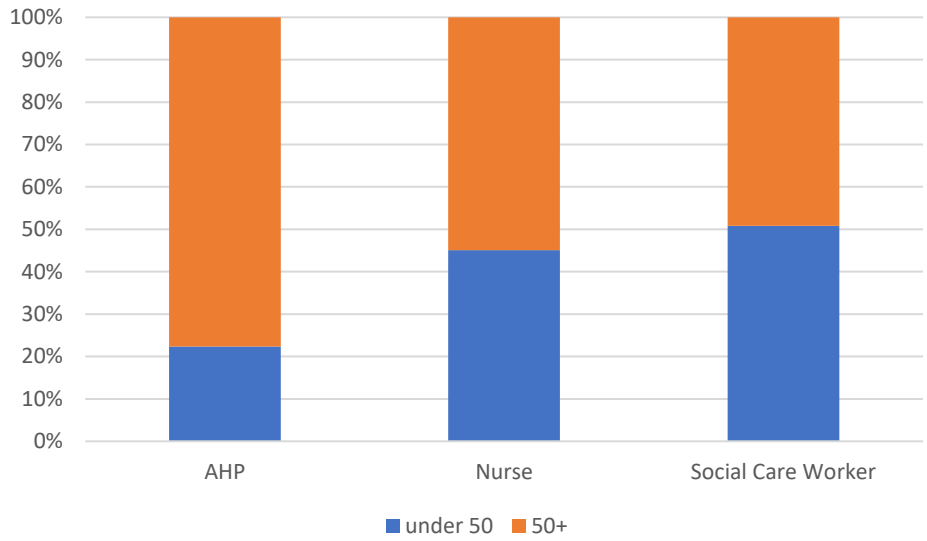
Figure A % of age groups 50+ employed by DCC and NHS Tayside who work in the DHSCP




More in-depth analysis continues to be completed, which looks at a range of parameters including area of work and division, however due to small numbers in some areas these cannot be published so that individuals cannot be identified.

The chart below looks at the proportion of staff aged 50+ in each of the 3 largest staff groups.

Figure B Proportion of staff over and under age 50




Within the 3 largest staff groups, there is a high proportion of the workforce who are aged 50+; 50% of social care workers, 55% of nurses and 78% of allied health professionals

More in-depth analysis continues to be completed, which looks at the many roles within these categories, such as physiotherapists and occupational therapists which are categorised as Allied Health Professionals (AHPs). Due to small numbers in some areas this level of detail cannot be published so that individuals cannot be identified, however generally the Occupational Therapy professionals have a higher proportion of the older age groups than other allied health professions.

Mental Health Officers (MHOs) are social workers with a minimum 2 years post qualifying experience who have gained the Mental Health Officer Award. There are currently 12 MHOs, 6 of whom are full time MHOs working 37 hours per week and 6 work in other teams across the Partnership and spend between 2 and 18 hours per week fulfilling their MHO role.

8 of the 12 employees (67%) are age 50+ and 9 of the 12 employees (75%) are female.

We are also looking at the characteristics of staff employed by NHS Tayside and Dundee City Council, including whether they have informed their employer about a disability, sexual orientation, religion and ethnicity. This will continue to be analysed in order to ascertain if trends are consistent with the general population and if there are any significant variations in where people work and how much they are paid.

- 108 employees stated they have a disability which is 4.3% of all employees. This is lower than the 8.3% of Dundee residents aged 16-74 who stated in the 2011 Census that they have a disability which limits day to day activities a lot.

- 54 employees stated they were from a minority ethnic background, which is 2.1% of all employees. This is lower than the 5.6% of Dundee residents ages 16+ who stated they were from a minority ethnic group in the 2011 Census.

We have also looked at the proportion of our employees by their sexual orientation. Most people choose not to share this with their employer.

The results of the 2022 Census will be explored as they become available.

We will continue to develop our understanding of our workforce profile to promote equalities and fairness and the findings will be used to inform our Action Plan

**Commissioned Services**

Our biggest workforce is in our commissioned services and we require to do more detailed profiling of this workforce. We are not currently able to see this as WTE rather than a headcount.

We have 815 staff employed in commissioned care at home services and 1080 in care home services.

We have a range of specialist in Learning Disability and Mental Health Care at Home/Housing Support commissioned services and these employ approximately 1105 people.

Staffing levels are monitored via contractual arrangements to ensure services can operate effectively.

Dundee Health and Social Care Partnership is committed to the Fair Work First Commitments, for example payment of the real Living Wage and would aspire to working towards these recommendations through the period of this plan.

We have continued to promote fairer working conditions across our contracted services. A number of good practices have been developed alongside stakeholders (living wage, enhanced weekend and public holiday pay, zero-hour contracts, travel costs, equipment costs, safe recruitment check costs) and these continue to be monitored across providers with the intention to incorporate these principles more fully within procurement frameworks and contractual arrangements.

**The Future Workforce**

Staff are our key resource and changing models and changing pressures will require significant remodelling of the workforce. This comes at a time when staff resilience is low and change can seem overwhelming. In order to design the workforce of the future we require to profile the workforce, redesign job roles, undertake a skills analysis and work in a much more integrated way. The focus will continue throughout this to be on increasing the wellbeing of staff.

## Developing a Young Workforce

The Health and Social Care Partnership has invested heavily in the young workforce and has created opportunities, work placements and training opportunities for apprentices within the Partnership.

We will continue to work in partnership with Dundee City Council's Youth Employability Service to develop our apprenticeship offer across Foundation/Modern and Graduate Apprenticeships. We will also continue to support with Work Experience placements and internships for School/College/University/Employability Training Students.

## Service Changes

### Reshaping Non Acute Care

This period since integration has seen significant changes in the way we provide services. This has involved a move away from building based care in hospitals and care homes to care at home. A number of initiatives have supported this as outlined in the Reshaping Non Acute Care paper most recently updated in 2020 https://www.dundeecity.gov.uk/reports/reports/DIJB54-2020.pdf

These include the development of Enhanced Community Support, Post Diagnostic support, Care Home team, Acute Frailty team, Psychiatric Liaison Team and a hospital at home service (DECSA). The current pandemic is providing a challenge and an opportunity to accelerate these change programmes as many people were reluctant to go into hospitals or care homes.

### General Practice and Primary Care Improvement Planning

Whilst Primary Care services, including independently contracted general practices, are hosted by Angus Health and Social Care Partnership, the Partnership recognise the huge challenges for this workforce and the actions we will need to take to support them going forward.

Changes to the General Medical Services (GMS) contract in 2018 aim to develop a sustainable model for general practice. This includes focusing the General Practitioner (GP) role as an expert medical generalist, developing other roles/skills to best support the practice population, plus transferring some of the tasks currently delivered in general practice, to a wider multidisciplinary team based in local communities. In direct response to this refreshed contract and to support transferring of current practice activities, plus service development, a primary care improvement plan (PCIP) has been agreed and is being actively implemented and focusses on the following national priorities;

- Vaccination Transformation Programme (VTP)
- Pharmacotherapy Services
- Community Treatment and Care Services (CTAC)
- Urgent Care (now due 2023)
- Musculoskeletal focused physiotherapy services
- Community Mental Health services

- Community Link Workers (referred to as social prescribers)

Planning and commissioning for such extensive mandatory change, provides great opportunities and challenges for all Partnerships, with workforce requirements incorporated in the Partnership's Action Plan, which will continue to evolve beyond the date of this document.

Importantly, and in addition to PCIP activity, we need to further understand the workforce requirements across roles in general practice and how the Partnership can support role/skills development and new ways of working. Dundee currently has 24 practices, two of which currently function under NHS Board managed arrangements.

There are ongoing issues in terms of recruiting GPs, with approximately half of Dundee practices having at least one GP vacancy and some with more than one vacancy. Work is therefore underway to explore the GP practice sustainability aspect, continue the GP Career Start Programme and offer salaried GP posts in areas of special interest, for example within substance misuse. However, the wider practice workforce requirements also need to be explored. This will help us understand the workforce needs and gaps in order to develop support for general practice teams that continue to offer vital support, aligned with the NHS quality ambitions of person centred, safe and effective care.

General Practice Nursing (GPN) roles will remain critical, yet role uncertainty and satisfaction need addressed, considering the impact of CTAC development.

Advanced practitioners are seen as playing a key part in developing and sustaining the capacity and capability of the health and care workforce of the future and also contribute to GMS contract implementation. Advanced Nurse Practitioner (ANP) and Allied Health Professional (AAP) roles need ongoing development, but also the capacity and funding to develop such roles needs attention, as well as retention efforts. Therefore, NHS Tayside's Primary Care ANP Development Group has proposed a workforce needs analysis template for each HSCP to document their current and future Advanced Practitioner workforce needs, which will also align with NHS Tayside's Advanced Practice Framework (in development).

The key workforce of reception/administration type roles needs continued exploration to enhance this role to support appropriate signposting on initial practice contact and offer postholders career progression.

Other evolving roles, such as Physician Associates may also need considered, depending on how these roles develop and support primary care and general practice.

**Listen Learn Change**

There has also been significant work undertaken to develop Mental Health and Drug and Alcohol services in response to the mental health inquiry and drug commission report.

https://independentinquiry.org/final-report-of-the-independent-inquiry-into-mental-health-services-in-tayside/

**Responding to Drug use with Kindness Compassion and Hope**

The original report of the Dundee Drugs Commission (the Commission) was published in August 2019 and included 16 recommendations for reducing drug deaths and responding to the impact of drug use in the city (report available at: https://www.dundeecity.gov.uk/sites/default/files/publications/part1reportfinal.pdf). In response, an action plan was developed on behalf of the Dundee Partnership whish has been implemented and monitored by the Alcohol and Drugs Partnership (ADP). In February 2021, the Dundee Partnership invited the Commission to conduct a two-year review of progress against the recommendations made in their original report. The Commission was also asked to consider the impact of COVID-19, present new findings, including additional recommendations where required. The Commission update report was published by the Dundee Partnership on 22 March 2022 (full report available at: https://www.dundeecity.gov.uk/sites/default/files/publications/ddc_review_-_part_1_-_the_report_-_final.pdf). The report states that the 16 recommendations from the original report are still valid and adds a further 12 recommendations for the Dundee Partnership to consider. Overall, the Commission concludes that, even when considering the significant impact of the COVID-19 pandemic, the extensive and genuine improvement efforts in Dundee to address drug deaths have not gone far enough, deep enough or fast enough.

Following the publication of the Commission report, leaders from across the Dundee Partnership published a statement of intent. The statement reasserts their commitment to providing a comprehensive, accessible, trauma-informed and compassionate response by harnessing the collective knowledge, skills and resources available across all community planning partners. Whilst noting that the Dundee Partnership's full response to the Commission report will be detailed in a revised strategic plan for the ADP, therefore workforce implications are still to be determined, the statement includes five priority areas for action that will be accelerated wherever possible over the next 3 months:

- Reducing Significant Harm and Delivering the Right Care in the Right Place at the Right Time
- City Year of Hope, Kindness and Compassion
- Focus on Prevention

Empowerment of Lived Experience

The Scottish Drug Forum have commissioned research on burnout within the drug and alcohol sector workforce. When the findings are available this will information future plans to address workforce development and wellbeing in the sector.

https://www.dundeecity.gov.uk/dundee-partnership/dundee-drugs-commission

## A Caring Dundee 2

A Caring Dundee 2 (2021-2024) builds on the work undertaken to implement the Carers (Scotland) Act 2016 and outlined in a Caring Dundee to support unpaid carers. Carers are a vital part of our community and we need to ensure they are supported to meet their outcomes. While the previous plan focussed on early intervention and prevention, we now need to ensure carers in the most complex situations are able to meet their outcomes by ensuring access to Adult Carer Support Plans and a range of supports including breaks from caring.

## Rehabilitation and Prehabilitation

It is essential that we look through a contemporary lens in redefining rehabilitation services fit for the 21st century and allied health professionals are fundamental in shaping and delivering services that are predominantly community focussed and self-directed and are re-aligned with prehabilitation including early intervention for prevention, and social prescribing.

We must consider:

a) The rehabilitation of people who have had coronavirus (COVID-19) and as a result may present with symptoms such as: cardiovascular, pulmonary and musculoskeletal deconditioning, emotional, neurological and cognitive symptoms such as anxiety, post-traumatic stress disorder, post intensive care syndrome, fatigue and pain.

b) The rehabilitation of those people where emerging evidence points to a negative impact as a consequence of the lockdown restrictions. This includes: people who have been 'shielding'; those 'not shielding but at risk; and also those with additional vulnerabilities and their carers; those with musculoskeletal issues due to deconditioning and a lack of physical activity; those with pre-existing and emergent mental health and wellbeing issues; potential exacerbation of specific conditions; such as Chronic Obstructive Pulmonary Disease and Type 2 Diabetes.

c) Ongoing and intensive prehabilitation and rehabilitation for people with long-term physical and mental health conditions, multiple co-morbidities and those who have been impacted from delayed diagnoses and scheduled treatments due to pausing of non-critical health services.

As the pandemic continues there has been the ongoing impact of high COVID-19 numbers on staffing levels and service provision. At present we have an extremely high level of demand resulting from a combination of delayed treatment, the impact of lockdown measures on the physical and mental health of the population. A series of reports have been produced looking at the impact and in particular Engage Dundee has some valuable findings.
https://dundeecity.gov.uk/news/article?article_ref=3968

The impact on Carers has been particularly profound and specific work was undertaken to engage with them to hear about their experience;

https://dundeecarerscentre.org.uk/news/dundee-carers-partnership-covid-19-engagement-findings/

**Support Services**

Throughout the pandemic a range of support services, including finance, business support, contracts, strategic planning and performance, have continued to support operational health and social care services. The finite capacity available has been prioritised to meet core / statutory requirements and to focus on enabling changes in operational services required to maintain essential services and implement COVID-adaptations.

As we emerge from the pandemic there is a need for support services to:

- Focus more strongly on wider strategic interfaces, including local community planning arrangements;
- Prepare for the introduction of a National Care Service by the Scottish Government, expected to be in place by 2025,
- Build capacity to:
    - Make better use of data and health intelligence to plan services and drive improvement;
    - Enhance financial management of the integrated budget
    - Align planning and transformation support to key priorities and build closer relationships with operational services;
    - Provide project management support to a range of existing and future improvement and transformation activities;
    - Enhance communication, both internally and with external stakeholders, including members of the public;
    - Support change management; and,
    - Support digital developments, including new ways of working in both operational and support services.

Key workforce challenges including the ageing profile of the current workforce, limited opportunities within the current service structure for career progression and limited numbers of entry level posts. Plans to meet some of these challenges are progressing including a review of the current support infrastructure.

**Workforce Wellbeing**

The impact of the pandemic and current pressure on staff has been profound. We do not have good information regarding absence levels in the private and voluntary sector, but we know they have been badly impacted by the pandemic. While COVID-19 related absences have stabilised, staff are tired and there is a high level of sickness absence across all areas of staffing.

Figure C Non COVID-19 related absence rates

| Employer | 19/20 | 20/21 | 21/22 |
|---|---|---|---|
| NHS Tayside | 5.4% | 4.6% | 4.5% |
| Dundee City Council | 7.8% | 9.5% | 14.2% |

DCC calculates as % days lost and NHS Tayside calculates as % hours lost

We also know that the impact on wellbeing has been significant, particularly on the social care workforce.

The University of Strathclyde, The Kinsey Institute and the Traumatic Stress Research Consortium are due to imminently publish a major piece of research which looks specifically at health and wellbeing outcomes for the health & social care workforce as a result of responding to the COVID pandemic. The study aims were:

1. To explore the impact of the pandemic on the mental wellbeing of the HSCW
2. Explore the psychosocial factors that contribute towards risks and positive adaptation
3. Explore the mechanisms that buffer the risks to mental wellbeing#Assis planning to mitigate psychosocial adversity in the recovery phases and event of future pandemics.

It is anticipated that the evidence and findings from this work will provide a framework for supporting health, wellbeing and recovery for our workforce, as well as signposting to next steps and lessons learned. At the date of this report, this research has not been published.

There is an emerging body of evidence that suggests that the experiences of working through the pandemic will have a significant impact on the health & wellbeing of the health & social care workforce. Protecting workforce mental health is essential in order to mitigate the potential long-term negative impact and to allow lessons to be learned. This means that there will be some individuals seriously affected by traumatic experiences of the virus itself, lockdown, working for prolonged periods of time in “crisis-mode”, etc. For some this may lead to Post Traumatic Stress Disorder (PTSD).

A trauma-informed approach to collective and individual recovery is essential, that embraces the principles of Post Traumatic Growth, reflection and recovery, and minimises stigma around mental health & wellbeing.

This evidence base suggests that around 50% of the health & social care workforce meet the primary care screening measure for acute stress, and if symptoms persist, risk of PTSD. In relation to acute stress (indicative of PTSD), social care workers have significantly higher reported signs of acute stress (higher that doctors, AHP & mental health professionals). Most significantly, only health & social care workers who reported **NO** prior health problems in the last five years were below the clinical cut off for PTSD (acute stress) symptoms.

Ongoing wellbeing support around the four key themes of Self-Care, Peer Support, Team Resilience and Visible and Supportive Leadership will require to be in place for the foreseeable future.

**Workforce Availability**

As we have seen an increase in demand for our services we have experienced a reduction in many areas of available staffing across all our staffing groups. This has been a combination of COVID-19 and non COVID-19 related absence, a high level of attrition and low availability of bank and agency staff as well as providing and supporting services that did not previously exist. This is exacerbated by an aging demographic in our workforce. It has therefore been a very challenging period.

At the same time, recruitment has become more difficult. This is evident across most professional groups and some support services. In terms of senior medical staffing, we have particular challenges in primary care, neuro disability and psychiatry. Junior doctor rotas continue to be increasingly challenging. Whilst generally we have been able to maintain safe staffing levels of nursing, this has been increasingly difficult through the pandemic and is now an emerging issue, with particular recruitment challenges within Dundee Drug and Alcohol Recovery Services, and Psychiatry of Old Age Inpatient wards. Allied Health Professional (AHP) recruitment is particularly difficult in most professions and this is particularly evident in our community services. In common with other organisations there have been difficulties recruiting to some support services posts, particularly those requiring project management skills and expertise.

The Social care sector which has seen a huge expansion over the past few years is increasingly struggling to recruit. This has led to a shortage of social care staff to provide required support. In addition to recruitment difficulties, the sector report that they are losing staff to hospitals, retail and hospitality as these areas often offer higher wages. It is unlikely that the recent pay uplift will have much impact.

We are developing the way we identify and measure vacancies and recruitment across the NHS and Council employees.

Figure D Number of new starts

| Employer | 19/20 | 20/21 | 21/22 |
|---|---|---|---|
| NHS Tayside | 152 | 234 | 186 |
| Dundee City Council | 42 | 42 | 79 |

Figure E Number of new leavers

| Employer | 19/20 | 20/21 | 21/22 |
|---|---|---|---|
| NHS Tayside | 208 | 234 | 243 |
| Dundee City Council | 73 | 45 | 103 |

We are looking at reasons for leaving posts, however due to small numbers by reason we cannot publish this information.

Staff turnover across both employers increased between 2020/21 and 2021/22, from 4.3% to 10.4% for Dundee City Council employees and from 11.7% to 12.8% for NHS Tayside employees

The total Mental Health Officer (MHO) available hours are 282.21 hours per week. There has been an overall MHO shortfall identified of 37.00 hours, which relates to the current vacancy. A shortfall has been identified in terms of Adults with Incapacity (AWI) work.

The Integrated Health and Social Care Workforce Plan for Scotland (December 2019) set out plans to Support additional Mental Health Officer (MHO) capacity in local authorities by providing funding to help address the current shortfall in capacity of 55 WTE by 2022/23.

In order to manage the challenges, we recognise we need to support recruitment and retention, invest in new ways of working, develop career progression routes and support wellbeing. Our workforce will need to feel valued and job roles will need to be rewarding. These will continue to be a focus over the next year. We will in particular be seeking to progress the fair Work in social care agenda. This will involve a move to outcomes-based commissioning and rates of pay will need considered as part of this work.

As we move out of the pandemic, offices are beginning to reopen and there are plans for those people who became home based during the pandemic to move to a hybrid work pattern. Whilst support was available to staff when they worked at home, many people agree that face to face communication can feel more supportive and promote increased staff wellbeing.

## Action Plan

Our Action Plan in Appendix X is organised under the Scottish Government's 5 Pillars – Plan, Attract, Train, Employ and Nurture. Underpinning each of these actions are a number of agreed policy directions of travel:

- ✓ We will continue to develop our understanding of our evolving workforce requirements for key risk areas such as Primary Care, Social Care, Mental Health and Addictions services.
- ✓ We will continue to develop new job roles such as advance practitioners and Band 4 practitioners across physical health, mental health and District nursing
- ✓ We will continue to develop integrated roles
- ✓ We will continue to promote Health and Social Care as a career choice for young people
- ✓ We will continue to support the health and wellbeing of staff across the Partnership
- ✓ We will continue our workforce development including developing innovative approaches that support integrated leadership development and trauma informed practice
- ✓ We will build capacity in support functions to ensure operational services are supported effectively
- ✓ We will continue to explore the use of digital and other technology to improve workforce and service users experience
- ✓ We will continue to find positive ways to support staff who are carers

## Risks

We have a number of risks in relation to our workforce which we will continue to monitor throughout the period of the plan. These are detailed in Appendix X

- Demand for services will continue to grow
- Current workforce is insufficient to allow us to deliver on our Strategic Plan
- IT infrastructure
- We will be unable to recruit sufficient staff
- Staff wellbeing
- Complexity of governance structures and interfaces with corporate bodies
- Lack of integrated systems and policies in relation to workforce matters
- Financial position
- Job market – lack of competitive terms and conditions and workforce mobility offer set against workforce expectations regarding flexibility and work / life balance
- Local public sector job market – expanding competition driven by new organisations locating within Dundee
- Workforce demographics
- Societal expectations – digital innovation, online services and information

As services grow and develop the demand on staff groups grows too. There are a significant number of developments that draw upon the staff resource, but often do not release an associated staff resource from the same staff family group (i.e nursing and AHP staff undertaking a substitution role for a doctor). Often new models are more labour intensive, for example, treating patients at home rather than on a ward –absolutely the right thing to do, but more resource is required to manage a community based group of patients than a ward based groups of patients (due to travel, more complex communication etc).

**Review and Monitoring**

We are working towards a completion date for a workforce plan of July 2022. This will then be updated by a workforce planning group in partnership on an annual basis.

**Engagement**

Our intention is to take this report through our DHSCP Staffside Forum and build on that engagement as we work towards the March 22 workforce plan. It has been written in consultation with a range of stakeholders and draws on a range of data that has been gathered from stakeholders.