Integration Joint Board

25th September 2019

This Report relates to
Item 10 on the Agenda

Draft Health and Social Care Partnership Workforce Plan

(Paper presented by Tracy Parker)

For Approval

Approved for Submission by	Caroline Cooksey, Workforce Director, NHS Dumfries and Galloway
Author	Tracy Parker, Workforce Planning, Recruitment and Systems Manager, N NHS Dumfries and Galloway James McDowall, Health and Social Care Partnership Workforce Planning Sub Group, Dumfries and Galloway Council
List of Background Papers	Not Required
Appendices	**Appendix 1 –** Interim Workforce Action Plan 2019-2020

Direction Required to Council, Health Board or Both	**Direction to:**	
	1. No Direction Required	***X***
	2. Dumfries and Galloway Council	
	3. NHS Dumfries and Galloway	
	4. Dumfries and Galloway Council and NHS Dumfries and Galloway	

SECTION 1: REPORT CONTENT

Title/Subject:	Draft Health and Social Care Partnership Workforce Plan
Meeting:	Integration Joint Board
Date:	25th September 2019
Submitted By:	Tracy Parker, Workforce Planning, Recruitment and Systems Manager , NHS
Action:	For Approval

1. Introduction

1.1 This report provides the 2019 interim update to the Draft Health and Social Care Partnership Workforce Plan which is attached to this paper as **Appendix 1**.

2. Recommendations

2.1 **The Integration Joint Board is asked to:**

- **Approve the Draft Health and Social Care Partnership Workforce Plan**

3. Background

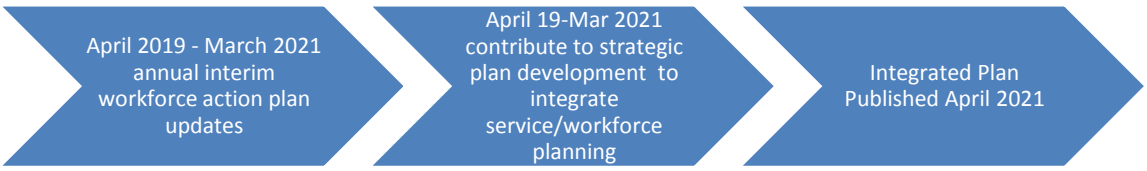
3.1 Partnership organisations consulted relevant stakeholders on the full 2016-2019 Workforce Plan during 2016. A workshop was held with the Integration Joint Board (IJB) on 30th January 2019 to review the current workforce plan. The IJB membership agreed that in order to fully integrate workforce planning with service and financial planning at a strategic level then work should be undertaken to align the workforce plan with the next Strategic Plan. The process for this is described below.

4. Main Body of the Report

4.1 At the IJB Workshop in January 2019 it was agreed that moving forward the Workforce Plan must be aligned to the Strategic Plan in order that our planning processes are streamlined and integrated.

4.2 Different levels of workforce planning take place across the organisation and these are described in the above diagram. At an operational level there is an expectation that 1-3 year planning should take place which may take the form of service plans however it is important that these include the workforce and financial impacts of the service.

4.3 At a tactical level the Health and Social Care Workforce Planning Sub Group have developed a timeline which will begin a shift towards an integrated Strategic and Workforce Plan. The current 2016-2019 Workforce Plan has been closed, the action plan from the Workforce Plan will be updated in 2019, 2020 and 2021. The 2019 Action Plan update is included at **Appendix 1** of this paper.



4.4 It should be noted that that each of the key partners will continue to include a Workforce Statement to sit alongside the updated action plan, for NHS this is provided to meet the requirements outlines in Chief Executive Letter (CEL) 32 (2011). This is contained as part of the draft interim plan attached at **Appendix 1**.

5. Conclusions

5.1 Based on the information provided it is recommended that HSCSMT approve the draft interim plan to proceed to the Integration Joint Board for final approval.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

6. Resource Implications

6.1 Staffing implications of any workforce plan must be initiated through service planning and in conjunction with finance planning.

6.2 *A*ny workforce planning activity must meet the three A's test as highlighted in Health Department Letter (HDL) 52 (2005) *'Affordability, Availability and Adaptability'*

7. Impact on Integration Joint Board Outcomes, Priorities and Policy

7.1 The workforce plan has a role in supporting the delivery of the Strategic Plan.

8. Legal & Risk Implications

8.1 None identified.

9. Consultation

9.1 Full consultation was undertaken with key stakeholders in 2016 and at each annual update a feedback/comment opportunity is available to all relevant committees.

10. Equality and Human Rights Impact Assessment

10.1 This was undertaken as part of the initial consultation and is still relevant.

11. Glossary

CEL	Chief Executive Letter
HDL	Health Department Letter
IJB	Integration Joint Board

Dumfries and Galloway Integration Joint Board

DIRECTION

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1.	Title of Direction and Reference Number	
2.	Date Direction Issued by Integration Joint Board	
3.	Date from which Direction takes effect	
4.	Direction to	
5.	Does this direction supersede, amend or cancel a previous Direction? If yes, include the reference number(s)	
6.	Functions covered by Direction	
7.	Full text of Direction	
8.	Budget allocated by Integration Joint Board to carry out Direction	
9.	Desired Outcomes	
10.	Performance Monitoring Arrangements	
11.	Date Direction will be Reviewed	

DUMFRIES AND GALLOWAY
INTEGRATION JOINT BOARD

HEALTH AND SOCIAL CARE PARTNERSHIP

DUMFRIES AND GALLOWAY
Health and Social Care

Interim Workforce Action Plan 2019/20

Draft Health & Social Care Partnership Workforce Action Plan **Page No**

SECTION 1 – WORKFORCE PRIORITIES

Workforce planning is challenging for large and complex organisations, it needs to take account of future finances and service redesign as well as medical advances and changing patient needs and expectations which add to the uncertainty of the future landscape. It is important that as a partnership we are clear on the shape of future service models, so we can plan more coherently. It is also critical that we build resilience into our workforce plans to allow for the lead in time for training within our clinical and non-clinical professions.

The Workforce Action Plan 2019-2020 identifies workforce development objectives that will support the partnership to continue its work towards having the right number of staff with the right skills in the right place at the right time. We are seeking to align the workforce plan with the strategic plan in order to integrate service, workforce and finance at a strategic level. It is vital at an operational level that service plans are undertaken which also integrate with workforce and finance.

In addition, there are a number of drivers that have emerged during 2018/19 that the organisation will need to plan for during 2019/20 in relation to the impact on the workforce;

1. The impact of the Health and Care (Staffing)(Scotland) Bill 2019.
2. The development of recruitment solutions to address key workforce vacancy gaps through the Workforce Sustainability Programme Board ensuring wherever possible there is a collegiate approach taken across the partnership to secure talent.
3. The development and implementation of our Sustainability and Modernisation Programme Board, and the consequent impact that this may have across the partnership.
4. The intention of the UK Government to leave the EU on 31st October either with or without a deal and the impact of that on our workforce.

SECTION 2 – 2019/20 WORKFORCE ACTION PLAN UPDATE

2016-2019 Workforce Action Plan Update

This action plan was developed for the 2016-2019 Health & Social Care Partnership Workforce Plan. As we move towards integrating the Workforce Plan with the Strategic Plan we will provide updates on the action plan on an interim basis.

Recruitment & Retention	Desired Outcome(s)	Workforce Risk	Set in the 2016-2019 Plan 2018/19 Actions Completed	Set in the 2016-2019 Plan 2019/20 Action/Progress

Objective(s) 2016-2019				
To promote and market our region in an integrated way with our partners To ensure a planned and coordinated approach to recruitment challenges e.g. clinical vacancies/care home sector vacancies	Attract prospective staff and families to the area to fill our profession gaps Attract young people to remain in D&G or come back to settle in D&G	Inability to successfully recruit to vacancies and retain essential skills	• Attending recruitment fairs for Nursing and Medical • Nursing/AHP Open days • Medical recruitment visit to Sweden May 18. • NHS recruitment video produced May 18. Event in Carlisle June 18. • "D&G is a Great Place" prospectus developed, explore whether similar could be developed across the partnership. Further work being undertaken to include this in senior/bespoke adverts. • Project SEARCH placements across NHSD&G 2018 • Placement in NHS D&G for young person with a disability via Glasgow Centre for Inclusive Living (GCL) • "So You Want To Be A Doctor" programme underway for young people interested in studying medicine. • Improve use and monitoring of exit interviews for staff • 6 student social workers having a placement with the social work service recruited to permanent posts	• NHS Recruitment Open Day 29th June 2019 • Let's Work Together video produced June 2019 • Permanent medical and nursing contracts awarded 2019. • One appointment made to NHSD&G Workforce Sustainability Team another two posts being recruited to currently • Development of NHS Scotland International Recruitment Unit – Anaesthetics/Paediatrics/General Surgery campaigns planned. We will include any Hard to Fill posts in those campaigns during 2019/20 • NHS 77 Hard to Fill Posts – aim to achieve 50% reduction in hard to fill posts during 2019/20 • 2 places offered on social work studentship in 2019 • Four pharmacists now in joint primary care/acute posts • Follow up with Queens University in Belfast planned to further promote D&G as a place for newly qualified pharmacist to come to live and work in • Undertaking Return to Practice AHP campaigns during 2019. • Memorandum of Understanding approved June 19 in NHS and Local Authority which provides a set of guiding principles for the management of staff in integrated services. Further development could take place around redeployment of staff. • Successful Project Search placements in Catering, Estates, Locality Offices and Workforce. Project Search contract with Local Authority ends this year due to reorganisation of the D&G Employability Service • Programme underway. Support from Education under review due to reorganisation of the D&G Employability Service
Role Development Objective(s)	**Desired Outcome(s)**	**Workforce Risk**	**Set in the 2016-2019 Plan 2018/19 Actions Completed**	**Set in the 2016-2019 Plan 2019/20 Action/Progress**
To equip our workforce with the education, skills, knowledge and behaviours they need to effectively deliver and	Services will be supported by a workforce with the right skills	Ability to maximise utilisation of skills/resources that support integrated working	• Working with services to develop advanced practice role in Physiotherapy • Scoping development of GP home visiting into a paramedic and/or ANP role. • Work being undertaken to develop ANP model in cottage hospitals • Scoping role of Band 3 & Band 4 roles in community	**Nursing: Advanced Practice/Community and Primary Care:** • Working with West of Scotland Advanced Practice Academy to develop and implement Advanced Practice roles, functions, governance and supervision models. • Working with West of Scotland Advanced Practice Academy to deliver appropriate education and training opportunities for Advanced Practitioners (trainees and qualified) across the

improve services, both now and in the future.			nursing and Band 3 HSCW role in Acute. • Expand numbers of ANPs in acute. • Support Community Nursing (Adult) redesign through learning needs analysis and development of training programmes. • Post-graduate training on Adult Support for social workers and Protection 2 staff completed training • Care Coordinators and In-house support workers	region and directorates to meet the needs of individuals in the community and hospital settings. • Academy ANP Community Nursing post in training and development for implementation in Wigtownshire in September 2019. • Testing of ANP Older People in Nithsdale in Partnership team occurring July – December 2019 • Development of Advanced Practice Bed Holding Model / ANP medical replacement in Castle Douglas Hospital occurring in 2019-2020. • Annual Evaluation Needs Assessment for Advanced Practice in General Practice occurring June-July 2019 for further evaluation and consideration of next steps • Scoping of change of ANP training in Primary Care being undertaken with NHS 24 in preparation for 2020 ANP intake • Multi professional working plan in development for Out of Hours Service being undertaken in 2019 for agreement and implementation in September 2020. Including CAGN/ ANP's and medical staff. CAGN working towards 24/7 working as part of this planning. • Development of Orthopaedic ANP post in planning with Acute • Scoping Assistant Practitioner in AHP role in localities and introducing a new Tech post in Acute AHP services. • Exploring the development of an Advanced Practice Dietetics role **Community Adult General Nursing (District Nursing)** • AfC Band 6 Charge Nurses progressing to undertake academic and clinical training to transfer to Transformed Role from September 2019. All Charge Nurses will be District Nurse Practitioners at May 2021. • Work continues in review group to develop AfC Band 3 and 4 roles in Cottage Hospitals and Community Settings, in line with Locality Integrated team modelling. • Clinical training for all levels of Community Nurses in planning with local Education Team during 2019-2021. This arising from Learning Needs Analysis and CAGN review work.

			undertaking SVQ at varying levels. • Specialist training for over 300 multiagency staff on 'hoarding' for multi-agency staff undertaken • Continue to grow our own Mental Health officers, will a rolling programme. Placements linked to vacancies within the MHO team. 1 SW successfully qualified in 2018. • Development of Advanced Pharmacist Practitioner in Wigtownshire • Further development of pharmacotherapy service with clear roles and development	• 1 MHO placement in place for 2019 • Lead General Practice Pharmacy Technician now recruited to and came into post on 1st July 2019 • Lead Pharmacist for Education, Training and Development to be in post by October 2019 • Pharmacy Team Development Day held in June 2019 that clearly identified development of job roles within new pharmacotherapy service as a key workstream going forward • Local prescribing competency framework development to be taken forward.
Service Redesign Objective(s)	**Desired Outcome(s)**	**Workforce Risk**	**Set in the 2016-2019 Plan 2018/19 Actions Completed**	**Set in the 2016-2019 Plan 2019/20 Action/Progress**
To ensure our organisations can meet the changing expectations of those who need our services	Services will patient focussed	Services are unsustainable	• Continue to investigate different service delivery models for smaller specialities e.g. Ophthalmology, Orthodontics and Gastroenterology. • Further implementation in house Out of Hours service in Social Work • Community Nursing (Adult) Redesign and shift towards 24/7 community nursing. • Further development of the One Team approach • Further develop service model in Moffat and Langholm • Implementation of the new GMS contract including development of pharmacotherapy service in GP	• Multi professional working plan in development for Out of Hours Service being undertaken in 2019 for agreement and implementation in September 2020. Including CAGN/ANPs and medical staff. CAGN working towards 24/7 working as part of this planning. • Social work out of hours implemented and working well. • Allocated staffing levels are in post and working with the practices and There plans to deliver sessions within the Practice teams exploring operational issues such as triaging, serial prescriptions and other opportunities. • One team working well in some areas and work continues to progress the model and approach in others e.g. Flow Team. Evaluation of NIP Team will take place. • Paramedic Pilot – 2 areas now being rolled out across Wigtownshire • AHP Review – pathway model agreed in principle. Introduction of 2 AHP Lead Posts and Pathway Managers. Phase 2 about to commence • • Approval has been given to develop extra care and housing

			Practices by 2021	in Langholm and Moffat. In addition further consideration is being given to explore the possibility of intermediate social care housing within these developments • 4 PQ training places for Adult Support and Protection supported for social work staff across the region • Year 1 of Pharmacotherapy is now complete and recruitment has been very successful. Year 2 will focus on the development of the service and include redesign of the way GP practices deal with medication review, certain prescriptions requests, letters coming into the surgery from secondary care and tertiary centres communicating changes made to medication.
Organisational Culture Objective(s)	**Desired Outcome(s)**	**Workforce Risk**	**Set in the 2016-2019 Plan 2018/19 Actions Completed**	**Set in the 2016-2019 Plan 2019/20 Action/Progress**
To ensure that workforce development contributes to a healthy, sustainable, capable, engaged and motivated workforce, To develop our leaders and strengthen our management to ensure the effective engagement to understand the different cultures across the sectors.	Our staff are motivated through regular engagement and are healthy and happy To develop a healthy culture across the partnership with shared values and objectives	Risk that the IJB fails to deliver anticipated cultural change resulting in fragmentation and disjointed services which have an adverse impact on patient/user and staff experience	• Asset list final draft developed this will be a lever to identify further opportunities to embrace BluePrint behaviours across H&SC. • LSI (Cohort 3a) completed and 3b due to complete in May 2018. • LSI evaluation completed and paper presented to HSCMT in July 2018 • iMatter re-run July 18	**Asset list** A centre of excellence working group led by the Lifelong Learning team at D&G Council and supported by NHS D&G will use the asset list to investigate opportunities for joint working across the partnership. Part of mainstreaming this approach will be the development of networking opportunities and events for trainers across the Partnership to share training resources and programmes across the Partnership where possible. For example exploring the possibilities of using the Workforce Development Fund to support IJB Partners The group hope to deliver a shared event in 2019/20 for people involved in learning and organisational development to find ways of maximising our resources across the partnership Within H&SC culture development work is being mainstreamed into programme development. Through Training & Skills Initiative Third & Independent sectors are also mainstreaming this approach. 3 LSIs outstanding due to be completed July 2019 The development of the asset list highlighted a range of

				alternative tools that partners can access to support team development. The NHS and Local authority are now sharing and exploring joint development and delivery of support for line managers. It is anticipated that this will extend to our third sector partners. iMatter 2019 cycle underway

NHS Dumfries & Galloway Workforce Statement 2019

This workforce statement captures the workforce and service challenges currently facing NHS Dumfries & Galloway but also provides information on the opportunities over the next 3 years through service and workforce development to address these challenges and to deliver a sustainable and adaptable workforce.

It does not focus on every job family but provides a snapshot of the areas where the most workforce change is being experienced.

a. Job family: Admin & Clerical, Support Services

In general the Board is having difficulty attracting high calibre candidates for specialist roles in e.g. Finance/HR/IM&T.

In some areas we are in competition for skilled staff with the Local Authority and at times differences in salary can impact on our ability to recruit to posts.

In IM&T at times we have to buy in staff with advanced skills to support our small staff complement. This is due to the fast changing nature of the specialised skills.

We are developing more generic administration models to achieve economies of scale rather than an admin resource being attached to one person, this has meant different ways of working for our teams.

Exploratory work is underway to develop agile and home working plans in terms of being able to offer our workforce more flexible options for work. At present over 500 staff across the organisation have access to a Home Working Solution which makes working from home more accessible.

Support Services

Regular recruitment campaigns are taking place to recruit staff into Support Services, turnover in domestic services is particularly challenging.

Volunteers

It is important to recognise the valuable role that volunteers contribute to our services, here are some numbers that demonstrate that contribution;

From 1st April 2018 to 31st March 2019;

- 231 Volunteering Opportunities were provided in NHS D&G with;
- 199 active trained volunteers
- 38,808 Volunteer Hours were provided

Impact on Service - Wheelchair Assistance Training:

Volunteers identified a gap in service provision with wheelchair assistance being unavailable for out-patients and visitors. Seventy two volunteers have currently participated in Wheelchair Assistance Training. This has made a remarkable difference by reducing the number of

complaints and has removed barriers for those accessing wards or attending outpatients appointments.

Peer Support Feedback:

Peer Support Group sessions are held with active volunteers 2 – 3 times per week and facilitated by Scottish Health Council. The purpose of these sessions:

- Allow the volunteer voice to be heard
- Gather feedback, which in turn can help shape service provision
- Create opportunities to network with other volunteers, and
- Support volunteers

A snapshot of this summary from volunteers and staff:

- Volunteers: supporting family members was working well.
- Staff – appreciative 'releases time to care'.
- Reinforcing the volunteer role with staff

Volunteer Feedback:

- A young volunteer shared how being a volunteer has helped build their confidence. Their progression has included participating in and achieving the SQA modules in volunteering and Saltire Award for over 150 hours of volunteering time. Thus giving them experience in applying for employment.

- **Ian's Story:** 'Last year I came across an advert on Facebook for volunteers at the new hospital. I thought it was something that I would be able to do even with my limited mobility, I have MS and have been a wheelchair user for the last four years and so I registered an interest. It was the right thing for me to do because, the people that I have met through taking up this role has only made my life better. From visitors to the hospital through to fellow volunteers and staff, it has only enhanced my life. The appreciation of what we do from everyone that we come across allows me to feel good that I can help people rather than sitting at home. That in turn has given me a lot of satisfaction and I have also met some interesting people along the way.

  Ian now volunteers four sessions per week, Wednesday and Friday as Welcome Guide and two sessions to support outpatients at the Rheumatology clinic. The impact on Ian's health and wellbeing has been remarkable, reducing isolation and loneliness and improving his confidence.

  Finally, the highlight of Volunteers Week this year was the presentation by NHS D&G CEO of Investing in Volunteers (IiV) Award during the Quiz Night. The CEO commended all volunteers presenting those present with the IiV award. IiV is the UK quality standard for all organisations which involve volunteers in their work. To gain this award over 30 volunteers and staff took part in interviews with the Assessor from Volunteer Scotland providing personal evidence that standards had been achieved.

b. Job family: Medical

Current Risks & Challenges

Secondary Care: Consultant Staffing:

There remain significant medical recruitment challenges within NHS Dumfries & Galloway that are supported by the use of locum medical staff resulting in significant expenditure. We have 23 consultant level vacancies which equates to approximately 20% of the consultant establishment.

In order to support services we have been looking at shared arrangements with other Health Boards, for example we have developed an arrangement with NHS Ayrshire and Arran where they provide support for both our Urology service and ENT out of hours. There is a greater likelihood of NHS Ayrshire & Arran recruiting to a Urology post than ourselves but then that individual can be employed to work over both sites.

There are additional challenges of staffing smaller specialities e.g. Ophthalmology, Orthodontics and Gastroenterology and we are looking at other models across the UK where different service delivery models have been implemented to explore new and innovative ways of delivering sustainable services for our local population.

We currently have consultant vacancies in the areas below;

Anaesthetics (CCU), Acute Medicine, General Surgery Vascular, Diabetes, General Surgery, General Surgery Breast, Urology, Anaesthetics (Chronic Pain), ENT, Oral Surgery & Orthodontics, Ophthalmology, Anaesthetics, Gastro, Care of the Elderly, Neurology, Palliative Care and Radiology (Breast)

Additionally in Mental Health we have vacancies in Adult Psychiatry and Old Age Psychiatry

Acute services: Middle Grade staff:

We have traditionally had almost 50 Middle Grade and SAS doctors providing services within the acute services. They have made an exceptional contribution to the capacity of the hospital in both unscheduled care and elective care.

In Paediatrics there are not enough Training Grade doctors to provide a Middle Grade rota, our expectation had been to recruit Specialty Doctors to ensure that we have a sustainable rota. However with the advent of run-through training there is no mechanism for the production of non-training grade doctors. This means we have had to employ a significant number of locums to maintain the out of hours shifts which is very expensive. We also anticipate challenges with middle grade rotas in Obstetrics due to a lack of specialty doctors in this area.

On multiple occasions we have been unable to fill the middle grade rota, and cover has then been provided by our consultants doing resident on call overnight shifts in the hospital which puts significant pressure and unsustainable workload pressure on the consultant workforce and is a financially unsustainable solution.

A further problem with trainee doctors is the shortage of GP trainees who not only provide a future workforce in primary care but support secondary care services whilst they are training. Over the last few years we have struggled to fill posts but this has become even harder recently.

100 new GP training posts were provided by the Government but were mainly in the central belt and this has therefore further reduced the numbers of applicants willing to come to a rural area.

Primary Care Medical Services:

In Dumfries & Galloway primary care medical services have traditionally been supplied by around over 130 GPs working across 35 practices.

It is important to note that as well as providing GMS services through practices, our GPs provide a number of other roles: These include the Out of Hours Service, input to community hospitals (8), input to A&E and ward care in the Galloway Community Hospital, sexual health, prison and police custody, community drug clinics etc. as well as some practices undertaking activity previously provided in secondary care (e.g. insertion of coils which then has to return to secondary care).

The current shortage of GPs has resulted in pressures on all of these services: Most noticeable has been in the Out of Hours Service where the service has been maintained by the use of locums, and by doctors who have recently retired from practices or are in their last few years of practice. Younger doctors are much more reluctant to provide shifts in the service, and it is highly likely that there will be increasing shortfalls in the Out of Hours Service. The Board has therefore started a programme of training Advanced Nurse Practitioners in primary care, having employed 4 trainee ANPs last year, with plans to train more in future years. The future role of these ANPs must be established now.

A survey taken in January 2016 suggested that 28% of the remaining doctors will retire in or by 2020 suggesting that the recruitment requirement for GPs within Dumfries & Galloway over the next 3 years is around 50. Current completion of training rates in D&G are around 6, not all of whom wish to join practices, or stay in the area. This therefore suggests that there will be a critical loss of traditional General Practice services, and associated services as detailed above within the next 3 years.

National changes to pension legislation and the reduction of lifetime allowances is resulting in doctors retiring earlier than they may have intended or for those remaining seeking to contain their overall working hours to minimise otherwise excessive tax bills they are experiencing.
.
Due to the fragility of primary care medical services, the Board now manages four 2c medical practices. These practices bring with them a unique set of problems, as staff within these practices are transferred into the Board through a TUPE arrangement (Transfer of Undertakings Protection of Employment). This means that they stay on the terms & conditions of their previous employment. The 2c practice staff transferred to the Board are on different rates of pay, holiday entitlement, sick pay entitlement and so on. However, should the practice then have to employ a new administrative member of staff for instance, they would be placed on Agenda for Change terms and conditions, which are much more favourable. This is proving difficult to manage in an already fragile service.

Next 3 years – Opportunities for change and development

Secondary Care: Consultant Staffing:

Our Breast service is currently being supported by a surgeon from NHS Lanarkshire and we are exploring other aspects of Regional working with both these health boards and NHS Greater Glasgow & Clyde. We have employed a specialist 'Head Hunting' recruitment agency who are providing CVs for doctors considering moving from their current location and are also arranging some overseas recruitment events e.g. Sweden

Acute services: Middle Grade staff:

Some areas have developed an Advanced Nurse Practitioner model to help staff the middle grade rota. This usually works well in large units and allows there to be only one middle grade doctor on call However we have recent lost a number of trained ANPs who have moved into the community which leaves our middle grade rotas with a number of vacant slots which has adversely impacted on the roll out and embedding of this skill mix shift

Primary Care Medical Services:

With the introduction of the new GMS Contract on April 1st 2018 there is hope for a change in primary care services that will help address some of this shortfall once the new contract is fully implemented in 2021. This is however a very large piece of work which will take three years to implement. The basis of the contract is to remove work from over burdened GPs that can be done by other professionals – ANPs, Pharmacists, AHPs etc and restructure other services such as vaccination and home visiting for example. The Health Board have created an Implementation Board which is working closely with the GP Sub Committee and Locality Clusters to deliver the new contract.

c. Job family: Dental

Current Risks & Challenges

Primary Care Dental Services

NHS Dental Registration rates for Dumfries and Galloway remain high with 92% of children and 87% of adults registered with an NHS dentist. A number of practices in the region are continuing to take on NHS dental patients. Participation in NHS dental services (defined as contact with NHS dental services in the previous 2 years) also remains in line with other Boards across Scotland. However, as is the case with many other professions in Health and Social Care the region, recruitment and retention of dentists is becoming extremely challenging.

The latest local dental recruitment and retention survey was undertaken in September 2018. The survey had a 75% response rate. It indicated that eight practices currently had a vacancy (32% of respondents). Towns where vacancies were reported included: Gretna, Annan, Dumfries, Dalbeattie, Newton Stewart and Stranraer. A mixture of full time and part time vacancies were reported. The responses also indicated that recruitment was difficult with a noticeable decrease in the number of applicants and those applying often having less experience. Retention of dentists was also reported as being difficult. In April 2018, the Board had to disperse 4000 patients registered to a Dumfries practice to other dental practices in the region. This was due to inability of that practice to recruit dentists. That practice has now recruited dentists. The Board has also attempted to recruit to two posts within the Public Dental Service in recent months and been unable to appoint.

The 2018 Dental Workforce Report estimated that the supply of dentists in Scotland is forecast to exceed the number required to maintain current NHS registration rates. However, it also noted that there is considerable uncertainty over inflows into the dental labour market from mainly non UK sources. In recent years the number of undergraduate dental students has increased significantly in Scotland and a number of dentists from the European Union (EU) and European Economic Area (EEA) have relocated to the UK, with many coming to work in remote and rural areas. Forty seven percent of dentists working in Dumfries and Galloway qualified from dental schools within the EU or EEA. The significant feature affecting Dumfries and Galloway appears to be the reduction in applications for positions from dentists coming from the EU and EEA, the reasons for this are likely to be multifactorial and include significant expenses to register as a dentist in the UK, costs of mandatory training to allow NHS practice and changes in some allowances that may make coming to work in rural areas less attractive financially.

Next 3 years – Opportunities for change and development

The situation regarding recruitment and retention of dentists is becoming increasingly acute for some dental practices and is likely to start having implications for provision of NHS dental services to our local population. A local recruitment and retention action plan has been developed to address the challenges faced. There is also a recognition that the Board needs to work in partnership with other Remote and Rural Health Boards and the Scottish Government in fulfilment of the Scottish Government's Oral Health Improvement Plan which seeks to develop programmes for promoting working in remote and rural areas.

Orthodontic Service Provision

A significant proportion of orthodontic services are provided in primary care with the more complex cases accessing the local Consultant Led Orthodontic Service. This has historically been a single handed Consultant Service however the local Consultant left the service in 2017. The service is currently being provided by locum Consultants in collaboration with the Associate Specialist.

A joint Consultant post in Orthodontics between NHS Dumfries and Galloway and NHS Greater Glasgow and Clyde is currently going through the approval processes within NHS Greater Glasgow and Clyde and it is hoped that this will be advertised later this year.

d. Job family: Nursing & Midwifery

.

Current Risks & Challenges

Across nursing the impact of Health and Care (Staffing) (Scotland) Bill will need to be assessed.

In all areas of nursing there are concerns about the demographics of the existing workforce. There are specific challenges in mental health where there are a significant number of mental health nurses who reach retirement age, with mental health status, within the next 4-5 years. A number of these posts are at a senior level, Bands 6, 7 and 8, posing challenges with the loss of very experiences nurses across some teams.

The age profile of Dumfries and Galloway is well known, our increased ageing population and declining workforce population is a significant risk to ensuring that people are well cared for and supported, for as long as possible at home or in a homely setting. This is further impacted by the geographical spread of Dumfries and Galloway and providing an equitable, safe service can be challenging.

There is a risk/challenge to service provision due to retirements across services with the loss of a body of knowledge, skills and experience.

There are also increasing numbers of nurses with family carer responsibilities which can add additional pressure on the service and to individual staff. Demographics of the population using our services also presents increased challenges in relation to the skills and competencies required within the workforce. For example, increasing numbers of older people with co-morbidities, complex health and social care needs and dementia.

Acute Nursing

In Acute Nursing, there is a continued focus on nurse recruitment , over the past 24 months we have had a number of promoted posts and an increase in ward/area templates, as well as our normal turnover in the form of retirements, leavers and maternity leaves.

As such, we have a number of ongoing and new initiatives to support the process.

These are:

- Recruitment of Health Care Support Workers to support the current workforce.
- Continuing to widely advertise vacancies – greater use of social media.
- Recruiting Student Nurses to the Nurse Bank.
- Meeting with third year students at the University of West of Scotland.
- Monthly meetings with Senior Charge Nurses to proactively manage vacancies and ideas around recruitment. Meetings supported by Workforce Business Partner and Workforce Planning Manager.
- Exploring attendance at UK job fairs.
- A short life working group looking at international recruitment opportunities.
- A re-run of National Workload/Workforce Planning tool (challenge of gaining info from tools in single room environment).

Work is being undertaken with the Senior Charge Nurses to ‘streamline’ the process as far as possible and emphasise the focus on filling vacancies. It is anticipated that our action plan will be a ‘rolling’ process over the short, medium and long term for recruitment.

In addition, acute nursing will be exploring the potential of a Band 3 role which could provide a higher level of support within teams and a more structured career framework.

Acute Nursing have been building a critical mass of Advanced Nurse Practitioners, however a number of these staff have moved into community roles.

Significant impact is being seen during the Transformation of Primary Care work, whereby Qualified, Competent and Confident Advanced Nurse Practitioners (ANPs) from Secondary Care are being offered employment in Primary Care, this is significantly reducing the numbers of ANPs available to fill rosters and support patients in the Hospital at Night and Combined Assessment Unit services, a 40% reduction in numbers has been seen in 2017-8 with this shift. This is in part

due to Primary Care being seen as offering a better work life balance opportunity for ANP's in that currently services are operating during daytime, weekday hours and not unsocial. Further to this the offering of salary in Independent Practice, above national guidance of AfC Band 7 (Band 8a equivalent being offered) has been identified as a reason for this shift in employment.

Community Nursing

Within community nursing and cottage hospitals there had been difficulties recruiting to Registered Nursing posts across all Bands and this continues to cause concern. This has been primarily an issue of rurality in the remote areas of Upper Nithsdale, the Esk Valley and Wigtownshire, but is now being seen in the urban area of Dumfries. More senior posts, AfC Band 6 and above are a particular challenge. With significant difficulty being seen in recruiting to Band 8a Nurse Manager Posts in 2017-8, impacting upon the availability of leadership to direct the necessary work required in workforce planning and development of services. Transforming Roles work directed by the Chief Nursing Officer, Scotland, particularly in the field of District Nursing has allowed us to begin to work more strategically to plan career progression and support individuals to achieve competence and confidence to fulfil these roles in the future.

As an IJB Partnership there is concern regarding how we support Care Homes and in particular Nursing Homes to fulfil their requirements of Registered Nursing Provision. There is potential for failure in this to significantly impact upon Community Adult General Nursing services in the future and that of the integrated team.

Children's Nursing

There is a continued lack of specialist training for Community Children's Nursing, a national review is ongoing and this will consider training needs with NES. Recruitment to trained posts within the team also proves challenging due to shortage of Paediatric Nurses. An Advanced Nurse Practitioner has been introduced within the Children's Ward supporting the medical rota. Work is ongoing with the paediatric team to undertake a service needs analysis to assess where ANPs could be best utilised to improve care to neonates and children.

A full review of services will be undertaken and consideration on how to integrate community and acute children's nursing to share skills across settings. The suggestion of rotational posts to work across children's and neonatal services is also being considered to offer more flexibility to the service and variety for individual practitioners.

Recruitment of Neonatal Nurses is equally challenging and there have been a number of retirements of experienced members of staff. It is possible to recruit staff nurses but they then need to go onto specialty training and we anticipate getting all the neonatal nurses to the level required will be a three to five year programme. There is currently one Advanced Nurse Practitioner within the Neonatal Unit allocated to the nursing rota. One ANNP has recently completed their training and both ANNPs will be taken off the nursing rota to support the whole service commencing with provision of transitional care.

Challenges in recruitment of Paediatricians have led to the consideration and development of advanced neonatal and paediatric practitioners. However this depletes the nurse cover as they move towards advanced practice instead.

Health Visiting

Recruitment to Health Visiting posts in the west of the region has been challenging over 2018-19 and this is indicated in the directorate risk register. Action plans are in place to provide support to staff and service delivery. Recent recruitment has been successful in appointing to Wigtownshire, and we await student HVs qualifying in September 2019.

In an attempt to make Health Visiting more attractive as a profession nationally all Health Visitors who undertake universal pathways and GIRFEC were regraded to AfC Band 7 during 2019. This reflects the complexity of cases and the responsibility of the named person for a child and the new Safer Signs child protection referral pathway for which training is currently underway. We have not yet been able to assess the long term impact of this on recruitment however we are on target to achieve our expected WTE of Health Visitors by January 2020.

School Nursing

In School Nursing we continue to train our existing staff that do not hold the specialist qualification and additionally train to build establishment. This creates risk within the service as all training is from existing establishment thereby reducing current workforce as we grow and develop our staff.

Maternity

In Midwifery there is a risk at local and national level around the supply of Sonographers and Midwife Sonographers. As with all nursing the demographics mean that we have a considerable amount of midwives retiring and reaching retiring age.

The current workforce has relatively inexperienced Senior Charge Midwives due to retirement of Band 7 postholders leaving a gap at Band 6 level. Recruitment is becoming more challenging and tends to be from the student body meaning that the Senior Charge Midwives have more midwives requiring a level of supervision as they progress from Band 5 to 6. Recruitment generally is challenging but to Stranraer in particular with vacancies now unfilled for over eighteen months. The current establishment would not allow for the implementation of the Best Start. When posts are advertised we are working with HR to ensure a wide spread and we attend career fairs with UWS to recruit students directly this only resulted in one appointment this year. Consideration is being given to skill mix and different types of midwifery role to attract applicants.

The drive to reduce stillbirths has led to more medical intervention and increasing complexity of cases meaning women are in hospital for longer and require more intensive care when they are in the hospital which increases workforce demand.

Mental Health Nursing

The Mental Health Strategy 2017-2027 provides a 10 year vision for mental health services. Action 15 of that strategy aims to increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. As a result of this we are planned to recruit in a number of areas e.g. Mental Health Workers, Psychological Intervention, posts to support perinatal pathways and CAMHS nursing posts.

Generally in mental health, recruitment to community posts in Wigtownshire remains a challenge and we continue to look at creative ways of attracting people to work in the locality. Increased use of social media is one of the ways we hope to reduce these recruitment challenges.

With increasing development of community based mental health services to replace traditional bed based models of care this may present challenges in recruitment to expanding community teams.

Next 3 years – Opportunities for change and development

Acute Nursing

Work has been undertaken across nursing, but particularly within acute services to develop the Advanced Nurse Practitioner model to support medical service provision, this will be continued over the next 3 years. Work needs to be done in the 3 year timeframe to agree what roles e.g. Band 3, or Associate Practitioner type roles can be developed to support the registered nursing workforce.

Maternity

The implementation of the Best Start Five Year Forward Plan for Maternity and Neonatal Care has the potential for substantial impact on the workforce in terms of shift patterns and models of working. Plans are also in place to look at skill mix and ratios of Midwives to Maternity Care Assistants.

Community Nursing

Within Community Health and Social Care the development of integrated teams will potentially radically change the current workforce skill mix. The aim is to have a workforce which spans boundaries, reaching across the partnership structures to build upon existing relationships, interconnections and interdependencies. This work will potentially result in the creation of new roles with a focus on supporting integration, reducing duplication and ensuring efficient and effective working with and for people in our communities. This will include consideration of how we support the development of services such as Supported Housing and developing models to support Care at Home, Care Homes and Inpatient services, with the right staff in the right place at the right time, with the right skills and knowledge to support and provide safe, effective and high quality care to people in these services or transitioning to them. Transforming Nursing Roles work will play a significant role here in developing individuals to be prepared for these existing, but refocused roles in General Practice Nursing and Community Adult General Nursing (District Nursing). A development plan has been completed with further work underway to agree this with teams, ensuring the change from Community Charge Nurses (AfC Band 6 historical roles) to District Nurse/Senior Practitioner. This work will include academic and clinical training to ensure that current and new employees are competent and confident to undertake the developed role. Funding has been agreed, with work to support individuals through this programme being considered with Staff Side.

Working towards the roles and functions as laid out in Transforming Roles Papers 1-5 from the CNO allows clear identification of what these roles are, as well as what clinical and academic support is required for practitioners across AfC Bands 2-7 and Education Levels 2-7.

Significant progress has been made in commencing a programme for increasing the cohort of Advanced Practitioners in Dumfries and Galloway. This work sees Dumfries and Galloway joining forces as part of a West of Scotland Advanced Practice Academy with Ayrshire & Arran, Lanarkshire, NHS24, Scottish Ambulance Service, The Golden Jubilee and Greater Glasgow and Clyde in this Academy approach. This programme is set to continue at pace, with a need to further increase the numbers of Advanced Practitioners (APs) for the future provision of 24/7 care in the community, APs can be from Nursing and Allied Health Professional job families. Work has been undertaken across nursing, but particularly within acute and primary care (Community Health and Social Care) services to develop the Advanced Nurse Practitioner model to support medical service provision. There are currently 22 AP's in training across Dumfries and Galloway (14 in Community Health and Social Care and 8 in Secondary Care- Adult, Paediatric and Neonatal services). All are on track to qualify academically and clinically in 2019-2020. There is indication that this work will continue at pace, but the need for substantial funding is required.

Further development and consideration is underway to consider within the Primary and Community Care area the training of Primary Care AP's, rather than train AP's within 4 separate areas of competency (General Practice, Out of Hours, Community General Nursing and NHS 24). This development could offer long term development and utilisation of Primary Care AP's who are competent and confident to be deployed and rotate around these fields of practice. This supports the TNR work, as well as the GMS Contract Priority of 'Community Treatment and Care', ensuring AP's can be part of Integrated Multi Professional Teams. In addition further modelling is being undertaken to plan the change to a Nursing Bed Holder model for Community / Cottage Hospitals. This would see a significant change to the current medical model and offer sustainability for Intermediate Care beds in D&G.

The Workforce Workload Planning tools for Community Adult General Nursing and Community Cottage Hospitals are now run continuously, having commenced in April 2019. The review of the outputs from these tools have been considered and full reports presented to local management teams and Nursing Directorate in early 2019. These offer insight into the work achieved and the gaps to be considered to ensure that patients are offered high quality, safe and effective holistic care in these services. Utilisation of these tools will continue dynamically now and will inform service planning changes during 2019-2020 and ongoing. The risks identified include the inability to recruit to Registered Nursing posts required to meet the staffing recommendations from the data. Planning therefore will include schemes to attract people into Nursing as first and second careers, as well as consider skill mix reviews, whilst maintaining a ratio of 55:45% RN:HCSW in teams. This is known to ensure that adequate professional clinical leadership is deployed in teams to prevent avoidable harm and prevent an increase in mortality.

<u>Health Visiting</u>

Health Visiting and School Nursing teams are now implementing the National Workforce Workload Planning programme (NMWWPP) with triangulation with caseload data at 3 points throughout the year to inform our workforce planning; we are supported by a national team from NES.

Within School Nursing, we await further information from Scottish Government following their announcement in February 2019 to increase the number of School Nurses. An initial stock take of School Nurses service/staffing/requirements has been sent to SG.

Family Nurse Partnership (FNP) launched a 3 year test programme in the Nithsdale locality (DG1, DG2, DG3, DG4) on 29th October 2018. The programme has been extended into DG12

and DG16 from June 2019 as there is predicted capacity for the current Family Nurses.2 part time nurses are employed on fixed term contracts to deliver the service and are supported in a hybrid FNP model by NHS Lothian.

CAMHS (Child & Adolescent Mental Health Service)

Increasing demand and issues with recruitment have put pressure on the service. Fixed term projects have compounded staffing issues due to the need for backfill but these are coming to an end by November 2019. Additional posts funded from Scottish Government have been offset by funding cuts from D&G Council so overall numbers stay the same

Within CAMHS, there is an increase in primary mental health work this has been supported through Action15 funds. Further applications for funding from Transforming Primary Care is being sought to support this development.
Recruitment is underway for a project officer; the remit of this post will include scoping the needs of children and young people at risk. Previously fixed term job description for participation Officer is under review in order to make this a permanent Band 6 post from Action 15 money.

The Neuro-Developmental assessment service is planned to commence by end 2019, this is supported by funding for Psychology and SLT from NES.

Work is underway to test the Advance Paediatric Nurse Practitioner role to support hotspots in the medical rota and reviewing roles within acute and community Paediatric Clinics with a view to appropriate roles within clinics. Child Mental Health Services will follow progress regarding developments in training and roles for ANPs in mental health services

Mental Health and Learning Disability Nursing

Within Community Mental Health Nursing teams and the Crisis Service, there have been adjustments made to skill mix to allow the opportunity to develop Healthcare Support Worker roles. Within the crisis service, a small number of Registered Nurse posts have been replaced with Band 3 Senior Healthcare Support Worker post.

New competency frameworks and job descriptions have been developed for Band 2, 3 and 4 Health Care Support Worker roles in mental health which allows opportunities to create capacity for registered nurses to focus on assessment and delivery of specialist interventions. The additional development of Band 4 roles based on competency frameworks is offering our workforce a more supportive career pathway and opportunities for succession planning.

There are plans this year to recruit to an ANP trainee post for the Specialist Drug and Alcohol Service. A service needs analysis was carried out within mental health services to identify the scope for the development of mental health ANP roles. However the long term resourcing this would require as well as the uncertainly around the need for such a role mean that this is not being pursued this year, but will be reviewed on an ongoing basis.

In Community Mental Health Services, we have been advertising the majority of posts externally to attract nurses from outwith the service. This not only helps in reducing the risk of depleting other local teams and creating a “domino effect” of vacancies or haemorrhaging of a service, but it has also been extremely beneficial in bringing new blood in to the system and drawing on experience and innovation from other parts of the UK.

The recent development of Band 4 JDs and competency frameworks offers further opportunity to continually review any vacancy which arises and consider actual skills and knowledge required to fill the post, which may not always be like for like. This Clinical Assistant Practitioner role will have developed clinical skills more specialised and specific to an area of their practice within the field of mental health; whereby demonstrating a depth of knowledge and understanding of both clinical aspects and the wider organisational objectives.

The expectation is they will be required to deliver excellent standards of care for patients who are acutely unwell and experiencing symptoms consistent with an acute phase of the illness. For example challenging behaviour, stress and distress, suicidal ideation etc.

There has been an opportunity for redevelopment and enhancement of the psychiatric acute liaison service through the Scottish Government's Action 15 funding. Recruitment to a Band 7 Liaison Senior Charge Nurse, additional Registered Nurse posts and HCSWs is currently underway. This will enable us to establish a more responsive and streamlined liaison service, offering a range of support and interventions to reduce risk and improve patients experience to people in acute hospitals with mental health needs.

We have also recruited to additional new registered nurse posts within the CATs team to enable us to increase nursing cover overnight for mental health crisis assessments.

Through the Primary Care Transformation Fund we have recruited 11 WTE Band 6 posts providing a mental health nursing service to every GP Practice within the region. This is an exciting development which will offer direct access, within GP practices, to mental health nursing assessments and short term focussed intervention for people with mild to moderate mental health issues. This supports the principles of the GMC contract and creates additional opportunities to improve partnership working across primary and secondary services. It also adds to the range of clinical practice areas for mental health nurses to develop their careers

A Mental Health Nurse Consultant post has been developed and successfully recruited to. The nurse consultant post will have a specific focus on clinical risk. This is a 23 month post initially as a test of change, working across the partnership providing expert advice and consultancy regarding high risk individual with complex presentations. The nurse consultant will have a key role as the mental health link to the Multi Agency Safeguarding Hub (MASH).

We are awaiting the outcome of an external review for the short breaks service for children with disability, receiving respite at Acorn House and we await the outcome. A number of Acorn House staff are on fixed term contracts, and vacancies during the period of review remain fixed term. There is the associated risk to service delivery of recruitment to and retention of staff on fixed term contracts. Staffing at Acorn House is on the risk register as trained staffing is at critical level.

Nursing and Midwifery Workload and Workforce Planning Programme (NMWWPP)

A schedule of runs for nursing tools across D&G is being developed which will incorporate analysis and feedback. Development work has been undertaken in conjunction with the new Senior Nurse, Nursing & Midwifery Workforce Planning in D&G and the national team to provide support to various service areas to understand the tool requirements to ensure consistency of data entry and quality of evidence and output.

Processes will also be developed to ensure transparency of the workforce planning processes linked to Care Assurance for patients, service users, the public and staff. This will include

information on risk prioritisation. There continues to be a level of risk around areas where there are no current workload tools, although there are interim reporting processes in place.

It has been identified that the workforce tool that is currently being used in maternity to identify safe staffing levels does not reflect the proposed Best Start model of continuity of care.

e. Job family: Allied Health Professions

Current Risks & Challenges

There are vacancies across all fields with increasing difficulty in recruitment. This is evident across all grades of staff with difficulty in attracting and in some cases retaining staff.

There are significant recruitment challenges as outlined below:

- Occupational Therapy - challenges are evident in Mental Health Services where there is difficulty in recruiting to Band 6 posts

- Physiotherapy – challenges are evident across the profession and at all levels and grades including a challenge to recruit into Band 5 newly qualified roles. There is a particular pressure at Band 6 and into fixed term Band 7 posts which is impacting significantly in our ability to deliver services. A reduction in service within our musculoskeletal services has been ongoing during 2018/19 and in April 19 there will be a planned reduction in the level of acute services inpatient support offered at the weekend in order to sustain services during weekdays. There has been an ongoing challenge to recruit a substantive post holder into the Advanced Practice role in Spinal Services. This challenge represents a national situation but has been made more acute locally by retirements and a high level of maternity leave.

- Speech and Language Therapy – challenges are evident within areas of specialist skills such as Dysphagia. These challenges are affecting adult and paediatric services

- Dietetics – challenges are evident within Mental Health specialism. This reflects a national shortage

Many services are operating with a high level of staff over the age of 50 and with our current lack of ability to recruit into their backfill this could result in a significant loss of expertise over the 3 years. The impact of planned retirements in Physiotherapy and the Speech and Language Intellectual Disability Service is anticipated to exacerbate existing staffing gaps.

Whilst the ageing workforce provide the benefits of established skills and experience, as many become carers or decide to improve their work life balance by requesting to drop hours/ days there is a challenge to backfill on a less than full time basis. In addition there are increased numbers of staff on restricted duties and where reasonable adjustments are required. In each individual case this is entirely appropriate however the cumulative impact on the capacity to deliver the whole service is beginning to become evident and is especially apparent within the capacity to deliver services in the patient's home.

In recent months/years the turnover of staff due to retirement has resulted in an influx of younger staff with the subsequent increase in maternity leave. Physiotherapy services at this point are approaching 10% of their professionally qualified staff on maternity leave. The challenge to fill

fixed term contracts for this is making the overall staffing situation more acute throughout all services.

For the last 24 months there have been are ongoing difficulties in attracting staff from outside of the region into posts which includes Band 5s in some professions. This leads to a lack of resilience particularly where services have a very small overall workforce such as Dietetics, Speech and Language Therapy and mental health teams. Mental Health Occupational Therapy and Physiotherapy Services are using high levels of locum cover in order to maintain services and are looking to consider Band 6 development posts as solution to the challenges to recruit. However it is worth noting that availability of locums is also becoming challenging.

The introduction of the national General Medical Services contract with the expectation of additional professional services providing input into surgeries will lead to increased demand and national competition around recruitment and retention of (in the first instance) physiotherapists with musculoskeletal assessment and treatment skills. Other larger Boards are more advanced in this work and the consequences of their recruitment are exacerbating our challenges to recruit and access locum services.

The impact of Scottish Government initiatives is seen most acutely in our smaller services e.g. dietetics in mental health where there is a gap in service and national recruitment challenges.

Increasing referrals and service demand is impacting across all professions and resulting in stress within the workforce.

We have been working with the HEIs and have seen an increase in interest in placements. Nationally there is work underway to develop additional placements and ongoing conversations to support the maximisation of existing placements.

Next 3 years – Opportunities for change and development

Advanced Practice

Over the past few years there has been a significant move towards the introduction of advanced practice roles. Whilst to date this has been primarily focussed on nursing there is a role for AHPs to extend their practice with the introduction of Advanced Practice AHP into the community in Nithsdale. Nationally the Transforming Roles programme has recently extended to include AHP within its remit. This first advanced practice physiotherapist is due to qualify in summer 2019 and it is anticipated that the opportunity for advanced practice AHP will extend over the coming months. Work has commenced nationally around Advanced Practice for AHPs with defining of competence levels and a service needs analysis anticipated in 2019/20.

First point of contact

On the horizon, and already mentioned in the risks and challenges, is the expectation of physiotherapists working as first point of contact practitioners within General Practice Surgeries as part of the GMS contract. Work is underway nationally to create a standardised job description at a Band 7 level for all of these positions and the national modelling indicating the requirement for one such physiotherapist for 20,000 population. Local modelling is expected to commence this financial year.

Beyond physiotherapy there is huge potential for other AHP professions to support first point of contact models.

Additional dietetics hours have been transitioned from Gastroenterology services to support the role of the clinicians and divert first line activity from the consultant clinics. Funding for transformational change in the delivery of Type 2 Diabetes Mellitus care across Dumfries and Galloway has been secured and community based activity is in development. There is also opportunity to develop an advanced practice role for Nutritional Support Dietitian to support the clinical teams and patients in primary care.

Mental Health Occupational Therapy has secured funding through transforming primary care to test out Occupational Therapy within primary care (Vocational rehab/AHP advisory fitness for work) we also have Occupational Therapists involved in post diagnostic support for dementia within primary care and wish to develop an Occupational Therapy post to sit within primary care. The service has also been undertaking a service review to ensure that they have the right staff at the right grade placed where they should be to meet current demands and to ensure easy access to services including within primary care.

The opening of the new DGRI, development of Mountainhall, the new GMS contract and integration are driving the need to consider how to use significant skills of AHPs to best effect. To that end a review of the AHP management structure for Acute and Community Health and Social Care services is currently underway.

Assistant Practitioner Roles

We are exploring the potential to increase our Assistant Practitioner (AP) roles across a range of AHP services. Opportunities have currently been identified as follows:

- Currently testing an AP role in physiotherapy services within Orthopaedics to support the flow of elective admissions.
- Planning to extend the AP role within Occupational Therapy in community services and STARS
- Exploring potential for AP roles in Mental Health

Changing the skill mix

The AHP professions consider skill mix at every recruitment opportunity however the current recruitment challenges are driving a significant shift as below:

- Dietetics are planning to introduce Band 5 rotational posts
- Physiotherapy are reviewing Band 6 posts as to whether they could be Band 5 and considering developmental Band 6 opportunities and working in a “grow your own” model with our current Band 5 cohort
- Speech and Language Therapy have two Band 7 retirements in the pipeline and are planning to introduce Band 6 roles as part of the skill mix within the team.
- Mental Health Occupational Therapy have also undertaken a service review and similarly developed a Band 6 role as part of the skills mix within the team.

f. Job family: Healthcare Science

Current Risks & Challenges

Recruitment and retention of qualified staff is a challenge within Healthcare Science.

Continuing challenges still within Biomedical Science is the recruitment of staff at Band 6 and above to the individual science disciplines. This has remained a challenge over the last couple of years. This is compounded by different Health Boards applying different criteria to the same role and also agenda for change protection for shift patterns and on-call patterns. Retention of staff at Band 5 who have completed their specialist portfolios is difficult, as other Health Boards are offering a higher Band for staff with these qualifications. Due to the issues with recruitment we have adopted a "grow your own" approach where so far, HCSW staff that have qualifications that can be topped up are being developed and supported through additional education/training.

The risk is that if we cannot attract experienced staff, we will be unable to train and develop those staff within our current workforce.

In-house Leadership and Management training courses have been utilised for Band 6 staff to provide ongoing sustainability. This will allow a better spread of management responsibility throughout laboratory services and retention of staff, in addition it provides staff with role development opportunities.

Nationally there is a potential future shortage of Consultant Pathologists and a workforce briefing was released by the Royal College of Pathology.

Medical Physics are challenged with recruitment to experienced senior positions. There are also recruitment issues in Medical Illustration as this relatively small and specialist profession does not have the same natural influx of new recruits that is seen in those larger Healthcare Science groups.

Challenges faced within Clinical Physiology (cardiac and respiratory) is the shortage of physiologists throughout Scotland. In Scotland you have to be in a student post first in order to gain access on to the Clinical Physiology degree course at Glasgow Caledonian University which is a 4 year course. Year 1 can be funded by NES but the board need to fund the other 3 years. Due to the issues trying to recruit Band 6 we decided to "grow our own" with one student currently undertaken a degree at Glasgow Caledonian. This course will be completed in 2 years when we anticipate recruiting another student.

A recent survey shows the majority of physiologists in Scotland are aged 56+ and this presents significant challenge for the future sustainability of services. Discussions are taken place with West of Scotland Regional Planning group around the future physiologist workforce and the workforce planning, redesign and development required to achieve a sustainable workforce cohort across the West of Scotland.

Next 3 years – Opportunities for change and development

Scottish Pathology Association Network (SPAN) have introduced a Scottish dissection school for Biomedical Science staff to address service challenges and Dumfries and Galloway have participated in sending a candidate on this course.

Healthcare Support Worker roles are being reviewed and utilised in a more productive manner with the advancement of technology.

The Advanced Practitioner role is being considered in the Histopathology Department as part of sustainability for the future, this will in turn support the Consultant Pathologists.

Biomedical Scientist (BMS) roles are changing with the emerging technologies, Information technology requirements and increasing accreditation requirements. New tenders for equipment are currently being procured offering a change to workflow and further training needs.

Work patterns across Blood Sciences and Microbiology are under review.

Employing a student to the department has been a great success which has allowed us to use skill mix within the department utilising our Band 3/4 to train in respiratory freeing up our Band 6s and Band 7s to focus on more specialised areas of Cardiology such as Echo and Pacing and in-house development in leadership and management.

g. Job family: Other Therapeutic (Psychology & Pharmacy)

Current Risks & Challenges

Psychology

Psychology jobs are often hard to recruit to, particularly if they are fixed term. This is mainly because applicants would have to relocate to take up posts here and there are few Psychologists suitably qualified living within commuting distance of NHS D&G that are not already within our workforce. Posts in all specialties can be hard to fill.

The workforce in Adult Mental Health Psychology and Child Psychology are currently struggling to meet demand leading to a breach of the Waiting Time Guarantee performance standard. Some areas have waiting lists of over 12 months. A clinical psychologist post in the adult team has been recruited to but the applicant will not be in post until October 2019 when they qualify. A fixed term 6 month skill mix post has been advertised but it is unlikely we will recruit to this. The child team have two vacant posts, one has been filled and postholder will start in September. The second post has been advertised for 6 months with no suitable applicants. It is likely that this will not be filled until the next round of MSc graduates in February 2020.

Clinical Psychology is a challenging area to work in and staff often request to reduce their working hours to allow for better home/life balance, to accommodate carer needs or to reduce workload. This reduces the available workforce as small amounts of hours cannot often be recruited to. There have been a number of staff retirals this year coupled with staff leaving. Staff cite a desire for location or career development opportunities available in the central belt as the main reason for leaving.

Improving Access to Mental Health funding allocated by Scottish Government to NHS D&G is for years 2016-2020. All these posts, bar one in child team have been filled and the projects are ongoing.

Previous vacancies in Intellectual Disabilities have been filled and waiting times have significantly reduced meet the national standards.

Pharmacy

Current Risks & Challenges

Achieving Excellence in Pharmaceutical Care remains the key policy driver for pharmacy services in NHS in Scotland.

One of the key workforce elements contained within the document is the integration of pharmacy teams within GP practices in Primary Care through the pharmacotherapy services.

This development, while welcomed, carries risk of destabilisation of broader pharmacy services within NHS. This is because pharmacy resources, both pharmacists and technicians are not increasing at the same rate as demand.

Recruitment to pharmacotherapy posts has mainly been from other areas of pharmacy service (both hospital & community pharmacy) and some pockets of early destabilisation have occurred.

As such a measured and single system approach is required to be considered when developing sustainable pharmaceutical services. This can be done through 'once for D&G recruitment' strategy for pharmacy within the managed service through the Director of Pharmacy and Lead Pharmacists in acute and primary care settings.

Pharmacy services across D&G are being reviewed and this is likely to identify some gaps in service in order to deliver continued improvements in high value pharmaceutical care to patients.

Local recruitment and retention issues remain and the service has looked to recruit from out with NHS Scotland via careers fairs in England & Northern Ireland.

Next 3 years – Opportunities for change and development

In Psychology, skill mix is always considered and is part of ongoing review when posts become vacant. Diluting skill mix is a risk as this can create imbalance with too few higher grade staff to supervise others or see complex cases, leading to long waits or increased staff stress in higher grade staff groups. The Psychology Service continue to trial a Band 7 Specialist Psychological Therapist role to run a liaison service with primary care to reduce referrals and manage complex cases more successfully. We had tried to recruit to a second Band 7 post for other localities but this was not possible. Therefore the post was re-advertised as two band 4 Assistant Psychologist, part time posts which were successfully recruited into. This increases the workforce capacity but also increases the supervision for the single Band 7 in post.

Increasing our presence and role in primary care is a key target for the department. This is partly due to the new GP contract but also because earlier intervention in primary care settings is likely to be more cost-effective. Initiatives are planned with colleagues in pharmacy, physiotherapy and other community staff to work more intensively in primary care. Staffing these initiatives may be challenging but this is still an area of development.

In Pharmacy as a result of recruitment for pharmacotherapy services a number of changes to skill mix / approach has been adopted.

In the last 12 months D&G has trialled:

- Rotation Band 6 entry level pharmacists posts – working in both acute and primary care

- Trainee pharmacy technicians working in primary care with placements in community pharmacy

A significant challenge has occurred in providing pharmacy service to Galloway Community Hospital as a result of our local recruitment approach. At present work is ongoing to develop a sustainable workforce model looking to work collaboratively within acute and primary care pharmacy teams

Demand for experienced pharmacy technician staff remains high.

NHS Board Workforce Projections 2019

NHS DUMFRIES & GALLOWAY

submission date:
19/07/2019

Overall

All Staff	Baseline			Year 1	Year 2	Year 3	Year 1 (%)	Year 2 (%)	Year 3 (%)
	National Statistics	NHS Board	Variance	Projection	Projection	Projection	Projection	Projection	Projection
All Staff Groups	**3,691.7**	**3,594.4**	**97.3**	**3,632.5**			**1.1%**		
Dental	10.1	7.4	2.8	7.4			-		
Medical	260.9	190.6	70.3	199.8			4.8%		
Sub Total	**3,420.7**	**3,396.5**	**24.2**	**3,425.4**	**3,435.3**	**3,445.5**	**0.9%**	**0.3%**	**0.3%**
Medical and Dental Support	**22.9**	**22.4**	**0.5**	**22.4**	**22.4**	**22.4**	**-**	**-**	**-**
Band 1 - 4	15.6	15.6	-	15.6	15.6	15.6	-	-	-
Band 5 - 9	7.3	6.8	0.5	6.8	6.8	6.8	-	-	-
Not Assimilated / Not Known	-	-	-	-	-	-	-	-	-
Nursing and Midwifery (Excluding Interns)	**1,803.1**	**1,784.5**	**18.6**	**1,803.5**	**1,811.4**	**1,821.6**	**1.1%**	**0.4%**	**0.6%**
Band 1 - 4	539.6	534.3	5.2	538.3	542.3	542.3	0.8%	0.7%	-
Band 5	688.2	688.5	-0.3	698.5	702.4	712.6	1.5%	0.6%	1.5%
Band 6 - 7	529.9	520.2	9.8	525.2	525.2	525.2	1.0%	-	-
Band 8a - 9	41.4	41.4	0.0	41.4	41.4	41.4	-	-	-
Not Assimilated / Not Known	3.9	-	3.9	-	-	-	-	-	-
Allied Health Profession	**275.3**	**275.3**	**-0.1**	**279.3**	**280.3**	**280.3**	**1.5%**	**0.4%**	**-**
Band 1 - 4	61.3	61.4	-0.1	61.4	61.4	61.4	-	-	-
Band 5 - 9	213.9	213.9	0.0	217.9	218.9	218.9	1.9%	0.5%	-
Not Assimilated / Not Known	-	-	-	-	-	-	-	-	-
Other Therapeutic Services	**135.3**	**134.4**	**0.9**	**141.3**	**142.3**	**142.3**	**5.1%**	**0.7%**	**-**
Band 1 - 4	42.0	41.4	0.6	43.4	43.4	43.4	4.8%	-	-
Band 5 - 9	93.3	93.0	0.3	97.9	98.9	98.9	5.3%	1.0%	-
Not Assimilated / Not Known	-	-	-	-	-	-	-	-	-
Healthcare Science	**119.3**	**119.4**	**-0.0**	**118.4**	**118.4**	**118.4**	**-0.8%**	**-**	**-**
Band 1 - 4	49.3	49.3	-0.0	49.3	49.3	49.3	-	-	-
Band 5 - 7	65.1	65.1	0.0	65.1	65.1	65.1	-	-	-
Band 5 - 9	1.0	1.0	-	-	-	-	-100.0%	-	-
Band 8a - 9	4.0	4.0	-	4.0	4.0	4.0	-	-	-
Not Assimilated / Not Known	-	-	-	-	-	-	-	-	-
Personal and Social Care	**35.5**	**33.5**	**2.0**	**33.5**	**33.5**	**33.5**	**-**	**-**	**-**
Band 1 - 4	10.2	10.2	0.0	10.2	10.2	10.2	-	-	-
Band 5 - 9	25.4	23.4	2.0	23.4	23.4	23.4	-	-	-
Not Assimilated / Not Known	-	-	-	-	-	-	-	-	-
Ambulance Support Services	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Band 1 - 4	-	-	-	-	-	-	-	-	-
Band 5 - 9	-	-	-	-	-	-	-	-	-
Not Assimilated / Not Known	-	-	-	-	-	-	-	-	-
Support Services	**396.8**	**395.8**	**1.0**	**395.8**	**395.8**	**395.8**	**-**	**-**	**-**
Band 1 - 4	369.8	368.8	1.0	368.8	368.8	368.8	-	-	-
Band 5 - 9	25.0	25.0	-	25.0	25.0	25.0	-	-	-
Not Assimilated / Not Known	2.0	2.0	0.0	2.0	2.0	2.0	-	-	-
Administrative Services and Management	**632.4**	**631.2**	**1.2**	**631.2**	**631.2**	**631.2**	**-**	**-**	**-**
Band 1 - 4	410.7	409.9	0.8	409.9	409.9	409.9	-	-	-
Band 5 - 7	152.9	152.5	0.4	152.5	152.5	152.5	-	-	-
Band 8a - 9	40.0	40.0	-	40.0	40.0	40.0	-	-	-
Not Assimilated / Not Known	14.8	14.8	-	14.8	14.8	14.8	-	-	-
Management (non AfC)	14.0	14.0	-	14.0	14.0	14.0	-	-	-

Dumfries & Galloway Council Workforce Statement 2018

Social workers are professionals who help support and protect people who are vulnerable and at risk. They work with and people who are experiencing social and emotional problems and their families.

Depending on individual needs, a social worker may support someone to assess their needs through an outcome focused approach, help them to arrange services such as home care assistance or support them to engage in a process of change to improve their quality of life.

This is reflected through key statutory roles in respect of protection the provision of care and support through a number of key pieces of legislation and the need to have appropriate levels of staffing and capacity to fulfill these statutory duties. This includes a range of staff qualified to post graduate level.

- Social Work Scotland Act 1968
- Adults with Incapacity (Scotland) Act 2000
- Self- Directed Support (Scotland) Act 2013
- Adult Support and Protection (Scotland) Act 2007
- Mental Health (Scotland) Act 2015

Social Work services are embedding a personalised approach to care and support which includes the development new models of care and support and collaborative working practices. The involvement and engagement with people who use services and staff is key to this evolving method of practice.

Social Work Services sit within the Children, Young People and Lifelong Learning directorate (CYPLL). This includes the Statutory Mental Health team. The remainder of Adult Social Work Services whilst delegated to the Health and Social Care Partnership are provided with professional oversight, guidance and support from the Chief Social Work officer (CSWO).

We have operated a social work studentship programme over a number of years to enable council employed staff to be supported to undertake for the social work degree programme. This supports retention of staff within the region and progression through the service for a number of these staff.

Key Challenges

There are significant pressures in balancing improvement and early intervention whilst facing increases in service demand at a time of continued fiscal constraint.

Integration has increased the responsibilities for Social Work Services and the CSWO particularly through an increased requirement for representation on strategic groups. CSWOs remain instrumental in providing professional advice and support for social workers as well as maintaining and supporting effective approaches to professional development and governance.

The challenges for the social work service are significant, as are the opportunities to work differently and more sustainably through earlier intervention and a holistic approach to providing care and support. Whilst we recognise the benefits which can be achieved we need to recognise the effort required ensuring resilient and high quality services and a skilled and valued workforce.

The role of the service has never been so vital and it requires demonstrating, and is supported by, strong and effective leadership both locally and nationally.

Resource Pressures/Challenges in respect of delegated adult services

- Increasing financial pressures and meeting increased demand/public expectation
- Integration requires a meaningful transfer of resources from acute health services to community-based health and social care
- Balancing early intervention/prevention whilst meeting current need
- Implementation of living wage
- Rising complexity of need in adults and older people
- Pressure on care at home services – demand outweighing supply – but also some reports of financial and staff investment in these services
- Self-Directed Support (SDS) challenging to deliver in time of financial pressure
- High pressure areas are older people, adults with learning difficulties, care at home and care home services

Future Requirements

We predict a significant challenge in the years ahead in recruitment and retention to social work services. There is a National shortage of Social Workers with a drop of nearly 32% over the past five years of students completing the course, additionally there has been a drop in the number of students applying to join the profession, and this is being monitored by the Scottish Social Service (SSSC) our professional body. We historically experience difficulties in recruiting to D& G and indications are this will continue to be a challenge for us particularly in the west of the region. Our third sector providers have similar levels of challenge with recruitment and retention.

We need to recognise the significant impact on service delivery as a consequence of the changes in legislation and the statutory duties imposed from central government. There are some significant changes planned, however, it is difficult to predicate the impact for the service both in terms of service delivery, but also the impact on resource.

- Service redesign is underway– driven both by efficiencies and resource constraints
- Implementing legislative changes and integration is generally challenging
- Good evidence of new delivery models to support early interventions and to deliver SDS (planning/commissioning improvement activity evident)
- Implementation/impact of new Carer Act
- Recruitment and retention remains a significant issue for social work services – particular rural issues. We are conscious of the need to overcome barriers to successful recruitment, especially to posts in the more remote parts of our region.
- We make every effort to ensure we retain and fully develop the potential of high performing and promising workers, creating career paths and promotional opportunities wherever possible.
- Significant increase in workload and challenges for staff in relation to structure/line management changes as a result of integration
- We are continuing to try to create and maintain stability in the still fairly new structure. At the same time, we remain under pressure from the Local Authority overall to consider carefully all requests for ERVS and to try our best to facilitate these wherever possible.

- Levels of demand for social care remain high, we are committed to maintaining a guaranteed level of frontline staff to ensure we are sufficiently resourced to effectively respond to need and manage risk.

Third Sector Workforce Statement 2018

Introduction

The third sector is the term used to describe the range of organisations that are neither public nor private sector; the organisations are often referred to as 'not for profit', or more accurately 'not for personal profit'. The sector is diverse in its nature and includes registered charities, associations, social enterprises, mutuals and co-operatives.

The diversity and breadth that characterises the third sector can make workforce planning and mapping difficult. The funding and policy environment alters frequently and the sector is faced with uncertainty on a regular basis, therefore it is forever changing and evolving to both meet funding requirements and the needs of the community.

Within Dumfries and Galloway, there are presently over 2300 third sector organisations (TSO's), of which 854 are registered charities - this is not inclusive of national organisations and charity shops- who are all working towards different outcomes and service area(s). From the recent workforce planning carried out by Third Sector Dumfries and Galloway, a number of themes have been identified that are impacting the sector across the region.

Key Challenges

Funding

TSO's are funded in various ways to maintain their services including funding from statutory services like the NHS or local authority, grants, fundraising and donations. Funding is generally split between core funding and project funding.

The widespread use of tendering to allocate contracts or commissioned work from statutory bodies can result in it being more difficult for TSO's to work collaboratively, making it more a competitive arena at a time when TSOs need to be more economising and look towards the sharing of resources.

Reduction in funding from statutory bodies has become a primary challenge for many organisations, leaving them at a juncture of needing to source other funding streams or to become more enterprising.

Although TSO's support the increase in the national living wage (NLW) the shift cannot be absorbed by all organisations and where there is no increase in funding in line with the increase in wages this has a direct impact, resulting in TSOs having to find savings within their existing budgets. This will impact on service provision with services being provided on a much lower budget.

The restricted funding streams- and the resources taken to source these - adds an extra element of pressure as the amount of funding available is not always comparable to the funds that are needed to sustain service provision. Often funding streams can only be used to deliver new and innovative projects and cannot be used to deliver core services, making the sustainability of

services difficult. Each funding source has a different structure and a different obligation to meet to achieve their funding outcomes. Where this type of funding is not found, TSO's have to fundraise or collect donations causing further strain on a restricted workforce. Securing funding can also be dependent on competencies in bid writing to be successful.

Staff recruitment and retention

The third sector is an important source of employment in Dumfries and Galloway and is increasingly providing services previously provided by the public sector. However, the ability of the sector to provide such services is dependent on the quantity and quality of suitable labour with staff recruitment and retention being highlighted as problematic. There are a number of issues and reasons to explain this, namely inadequate career progression, precarious job security and relatively lower wages.

Third sector organisations cannot offer the same competitive wages as other sectors and wages are not always reflective of the level responsibility given. This, paired with poorer terms and conditions – as well as short term or fixed term contracts that are offered- can impact on recruitment and retention.

In rural locations, such as Dumfries and Galloway, there is the added challenge of travel costs and so for those contracted to work short hours or split shifts the wage received is not always sufficient. All this plays a part in lessening the attractiveness of the role, and in turn, can make it difficult for TSO's to fill vacancies and retain staff as demonstrated by higher turnover.

Volunteer recruitment and retention

The third sector is increasingly providing services previously provided by the public sector. In addition to paid members of staff volunteers play a significant role in delivering services. Levels of volunteering have remained relatively stable over the last 9 years, however trying to recruit new volunteers or retain newly trained individuals can be problematic.

Much like the problem faced with recruiting paid staff, trying to find individuals suitable for volunteering roles can be difficult. This can be exacerbated by further barriers like person specifications that are needed to carry out the role, for example, access to their own transport.

The recruitment of trustees is a particular problem within the third sector. Trustees are themselves volunteers and play an important role in ensuring TSO's are run in the interest of those they are there to support i.e. the beneficiaries. They have the ultimate responsibility for governing the organisation and directing how it is managed. Being unable to recruit volunteers into the role of trustees can put the organisation at risk.

A significant challenge is 'volunteer fatigue' whereby volunteers are seen to burnout. There is a level of responsibility expected of volunteers without the add-on of being paid to carry out the role. In Dumfries and Galloway volunteers are often involved in numerous projects, increasing the pressure to carry out their duties or take on projects, as they do not have the capacity to do this.
It is important to recognise the contribution volunteering makes to the region. The value of volunteering can be measured in three ways: the economic value of goods and services created by volunteers i.e. the GDP-equivalent value of volunteering services; the personal value, in particular, the benefits felt by volunteers themselves; and the social value i.e. the benefits to the wider community.

Focussing on the individual, volunteering can bring great improvements to the health and welling of those volunteers who participate and to their personal and professional development, allowing them to go on to other positive destinations or progress on the employability pathway.

Future requirements

The value and professionalism of the third sector needs to be recognised and the contribution it makes to the community through the scope and scale of services acknowledged.

Working with statutory partners can ensure that the knowledge and experience of the sector informs strategic planning and decision-making. There is a willingness from the sector to engage with these processes, but with increased demand on services, reduced resource and limited funding it can be difficult for the third sector to participate without additional resource.

To have greater stability for the sector funding cycles needs to be expanded, for example, to a minimum of three years. This would allow for longer-term planning, particularly as the demand for services is expected to continue to increase.

Efforts need to be made to improve staff and volunteer retention with suggestions to resolve this pointing towards better training opportunities for those offering their time.

Scottish Care Workforce Statement 2019

Introduction

At its heart, health and social care integration is about ensuring that those who use services get the right care and support at the right time, in the right place whatever their needs, during their care journey.

Integration will ensure that health and social care provision across Scotland and within Dumfries and Galloway is joined-up and seamless, especially for people with long term conditions and disabilities, many of whom are older people.

The Independent Sector, being the biggest provider of Social Care in Scotland, has a significant role to play in this program. Independent Sector Providers are in a strong position to contribute to how health and social care is delivered and commissioned in their areas.
Scottish Care with funding from Scottish Government and Dumfries and Galloway's local Health and Social Care Partnership aims to ensure the Independent Sectors' involvement in the delivery of agreed outcomes for integration and for the people we support.

Scottish Care is also a membership organisation and the representative body for Independent Social Care services in Scotland. Our membership covers both private and voluntary sector provider organisations. It includes organisations of varying types and sizes, amongst them single providers, small and medium sized groups, national providers and not-for-profit, employee owned, charity voluntary organisations and associations, who often also have links and connection with our partner Dumfries and Galloway Third Sector.

Our members and non-members deliver a wide range of registered services for older people and those with long term conditions, learning disabilities, physical disabilities, dementia or mental health problems across all four localities in Dumfries and Galloway.

Our HSCP Social Care provider services to date

- 28 Care Homes offering just over 1035 beds,
- 31 Specialist and Non-Special Support Providers,

Key Challenges

One of the key challenges for the Independent Sector and it's partners are the widely reported Population Demographic.

2016-2019 Strategic Plan - Our demographic trends also show that:

- there is estimated to be a reduction in the number of working-age people, from 87,400 in 2012 to 75,000 in 2037, resulting in fewer people to work in the health and care sectors
- there will be an increase in the number of people living with two or more long term conditions. This is estimated to be 300 more people per year

Changes in the profile of individuals' who are in receipt of a care and support is well documented increasing in complexity. With new methods and good knowledge we are keeping people at home longer and this has knock on effect for services, who require to offer more complex an intensive support within the home and for Care Homes they report most care home residents' care needs have in turn advanced significantly in recent years.

Dumfries and Galloway have experienced two Care Home closure in two years, due to unsustainability in this current climate. From Scottish Care's National evidence of 1,142 care homes across Scotland, 86% are operated by the independent sector highlighting how important this sector is to the overall delivery of residential care. The total number of care homes has decreased by 21% over the last ten years.

Recruitment of Staff

The above mentioned workforce reduction is currently being felt.. The ability of Independent Sector providers to recruit staff across D&G to their organisations has become an almost full-time task in certain organisations and localities where there is major competition from other sectors and markets, all seeking the same pool of society.

The Social Care sector is not receiving the wider accolade and support required to attract workforce to this sector. A change in mind set towards Social Care sector is required and can be supported by other partners, to demonstrate career options and pathways which Social Care offers.

In a recent Scottish Care Report 'The Experience of the Experienced' it was noted and remains a consideration for today's workforce planning '*Scottish Care's 2018 research, which indicated that nearly 20% of independent social care organisations have seen an increase in applications for care posts from those aged over 45. What's more, we know that 85% of the social care workforce is female and on average, 53% are employed on a part time basis in care home, care at home and housing support services. ''*

Other variances which affect workforce capacity in Social Care services are the working hours. There is a general mix of full and part time workers in all organisations, who under Flexible Working Regulations 2014, can apply to work only certain hours of the day, days of the week, under certain criteria and conditions. It is advised by our Social Care employers locally that at times they feel obliged to employ staff with limiting availability as this is better than not employing staff.

The operational shift patterns of Social Care are an attraction for some staff and a deterrent for others, not wishing or able to do early morning, late nights, short sporadic shift patterns due to family or caring responsibilities. For Care at Home and Housing Support Services there is and additional pressure of the inability to employ staff who are able to drive and have access to a vehicle, in order to support individuals who live in our famous rural and remote rural D&G landscape.

Staff contracts and terms and conditions vary slightly across organisations, however the common factor being that this sector in general terms is the lower paying. The variance of workforce pay to senior staff with additional responsibility is decreasing due to the Scottish Living wage and Providers are feeling the full effect of this, often struggling to recruit to more senior roles within their organisations. Some provider also report that they are currently only breaking even due to this, which is very worrying.

Registration and Training

The Scottish Social Services Council (SSSC), the regulatory body for social care staff in Scotland, who oversee registration of staff, workforce development, codes of practice and fitness to practice. The Care Inspectorate (CI) are the scrutiny body supporting improvement for the Provider Organisations. Together this means that the people using services can be assured that they service they receive are being provided are high quality and safe organisations with staff teams who are trusted, skilled and confident and which meets the individuals' needs. For organisations and staff teams this has ensued additional workload and expectations on a role which is already very physically and emotionally stressful role.

The workforce speaks positively in general about registrations as a means of protecting people and as a support for those who see the role as a career and not just a job. However, there is a common belief that the registration and its costs incurred are a barrier for new staff. In addition, as part of the terms of registration the acquisition of SVQ qualification adds to the pressure, commitment and cost to staff members and employers. Providers report their fear in especially their older experienced workforce, where fear and aversion to undertake a qualification is vocalised and who are choosing to leave the sector.

Ongoing training requirements and the changing demographic of more complex support being required by individuals is also impacting employer and staff. Providers are obliged to source additional training for their staff teams in order to keep up with local service requirements.

Funding

Dumfries and Galloway Health and Social Care Partnership (HSCP) provide and purchase almost all social care services in our region. Funding for social care comes from General Revenue funding, monies received from government via taxation, in addition there is additional revenue from charges payable individuals who have been assessed and deemed 'Eligible' to pay towards their support, other sources of funding are available for individuals to assist with paying for support.

Care Home funding is from HSCP is via the National Care at Home contract (NCHC), with all Care Homes signed up, with D&G HSCP commissioning who purchase the care under the NCHC terms and conditions.

Care Homes also having the ability to deliver services to individuals on a private contract for those individuals who have the capacity and have decided to fund their own care.

Non-specialist and Specialist services (formally Care at Home and Housing Support Services) are purchase via Framework Agreement Contract with D&G HSCP. This Framework agreement commenced in October 2016 and is managed by Strategic Planning and Commissioning team, with a request recently made to extend this contract until September 2020.

The framework has brought about mixed feelings for the providers locally.

The payment of the Scottish Living wage to support staff is a requirement of the Framework and has been supported by the HSCP who over the past two years have increased the Framework rate. Concerns have been raised as to how the amounts have been worked out, without collaborative consultation with the Social Care Providers.

Rural nature of vast parts of our region has created tensions between the HSCP as expectation and understanding, of the actual true cost of covering rural areas is limiting provider's uptake of work in such areas in order to maintain their businesses.

Introduction of Real Time Monitoring (RTM) to Specialist and Non-specialist care provision has impacted additional resources, support and engagement our Providers can offer the Partnership. It's also felt that RTM is a barrier for staff recruitment to the sector. Providers do understand the value of RTM in terms of keeping their staff safe and being transparent.

In-equitability of the framework regarding non-payment while a service user is away from service, most commonly when hospitalised has been monitored and escalated to the Healthy Aging Programme board. Providers are concerned at the resource being lost while an individual is out of service.

Future requirements

The Independent Sector need to be fully understood by all stakeholders and levels of management in the HSCP, to ensure that full value and recognition can be given to its vital role in our communities.
More effort is required from other partners to remove the hierarchy from the current attempt at partnership working, breaking the down barriers to ensure our providers feel valued and truly engaged with future re-design.

Our sector requires better funding opportunities, equal access to various forms of support such as training, information, resources and equipment to guarantee true collaboration and partnership working in order that streamlined integrated service can be provided.

If you would like some help understanding this or need it in another format or language please contact tracy.parker6@nhs.net or telephone 01387 244322