



DUMFRIES AND GALLOWAY
Health and Social Care

Dumfries and Galloway Integration Joint Board

Health and Social Care Workforce Plan - First Draft

2022 - 2025



Foreward

Our greatest asset are the people who work in health and social care in Dumfries and Galloway whether it be in the statutory sector, private sector, third sector providers, volunteers or Carers. Without them, high quality health services, care and support could not be provided. We therefore owe it to our people to tackle the workforce issues that need to be fixed in order to provide a sustainable future workforce.

This Health and Social Care Workforce Plan sets out the vision, aims and ambitions that are needed to address some fundamental problems with supply, recruitment and retention of the health and social care workforce.

We need to support our people and ensure wellbeing is at the core of our planning as well as creating a compassionate culture, effective workforce engagement and inclusion.

Addressing the challenges of and recovery from the Covid-19 pandemic remains a priority for all health and social care services in Dumfries and Galloway.

This plan has been developed by the Health and Social Care Workforce Planning Group and sets out to describe the following;

- Section 1: Introduction and Context for the plan
- Section 2: Aims and Objectives
- Section 3: Current Workforce Profile
- Section 4: Themes, Ambitions, Actions
- Section 5: Opportunities 2022-2025
- Section 6: Key Workforce Areas of Focus

XXXX Name (TP CONFIRM WHO WILL THIS BE)

On behalf of the Health and Social Care Partnership

Section 1 – Introduction and Context

1.1 Purpose and Scope of the Plan

The requirement to produce workforce plans has been established in legislation through CEL 32(2011), the Public Bodies (Joint Working) Scotland Act 2014 and under Regulation 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Our workforce is key to delivering our services and in scope for this plan are;

- All adult social care, adult primary care, community and acute health care services, as well as some elements of housing, are delegated to the Integration Joint Board (IJB). A full list of functions delegated to the IJB is contained within the Dumfries and Galloway [Scheme of Integration](#).

This Workforce Plan covers the period 2022-2025. As a Health and Social Care Partnership we share a common aim which is to ensure everyone in Dumfries and Galloway receives high quality health and care services at the right time and in the right place.

NHS Dumfries and Galloway and Dumfries and Galloway Council remain individual employers of staff in the Integration Joint Board and each has detailed workforce plans. However, we recognise that in order to deliver our 2022-2025 Strategic Commissioning Plan there is a need to develop an overarching plan that addresses **common issues** across the Partnership either by those directly employed by the statutory health and social care organisations, those employed by independent contractors such as general practitioners (GPs) and it also recognises the contribution of the Independent and Third Sectors without which the Health and Social Care Partnership could not function.

The underpinning workforce planning framework used to develop this plan is the 6 Steps Methodology to ¹Integrated Workforce Planning.

1.2 Stakeholder Engagement

In Dumfries and Galloway we have a strong commitment to working in partnership with trade unions to develop our workforce plans. Staff side colleagues from NHS and Local Authority are core members of the Health and Social Care Workforce Planning Group.

¹ <https://skillsforhealth.org.uk/wp-content/uploads/2020/11/six-steps.jpg>

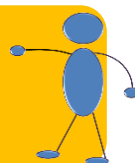
Similarly, this integrated workforce plan has been developed in conjunction with representation from Third Sector Dumfries and Galloway, Scottish Care and the Local Authority and the NHS.

In addition, a variety of engagement sessions have been conducted with the Integration Joint Board, Independent and Third Sector Bodies as well as NHS and Local Authority governance groups.

1.3 Strategic Context

The vision of Dumfries and Galloway IJB is

“People living happier, healthier lives in Dumfries and Galloway”

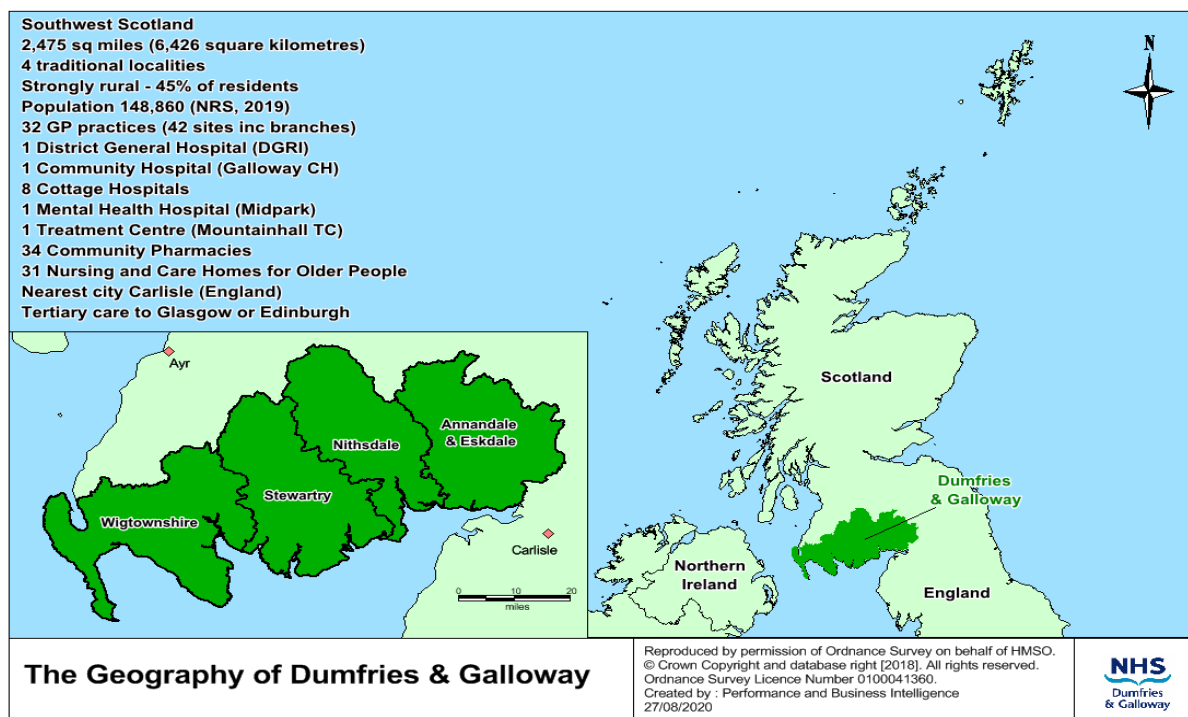


The intention of the IJB is to achieve the following Strategic Commissioning Intentions during the period 2022-2025;

SCI1	People are supported to live independently at home and avoid crisis
SCI2	People experience significantly reduced health and social care inequalities
SCI3	People and communities are enabled and supported to self manage and be more resilient
SCI4	People have access to the care and support they need
SCI5	People’s care and support is safe, effective and sustainable
SCI6	People who deliver health and social care and support, including Carers and volunteers, feel valued, are supported to maintain their wellbeing and enabled to achieve their potential
SCI7	People’s chosen outcomes are improved through financial resources being allocated in line with the model of care and delivering best value

1.4 Population Context

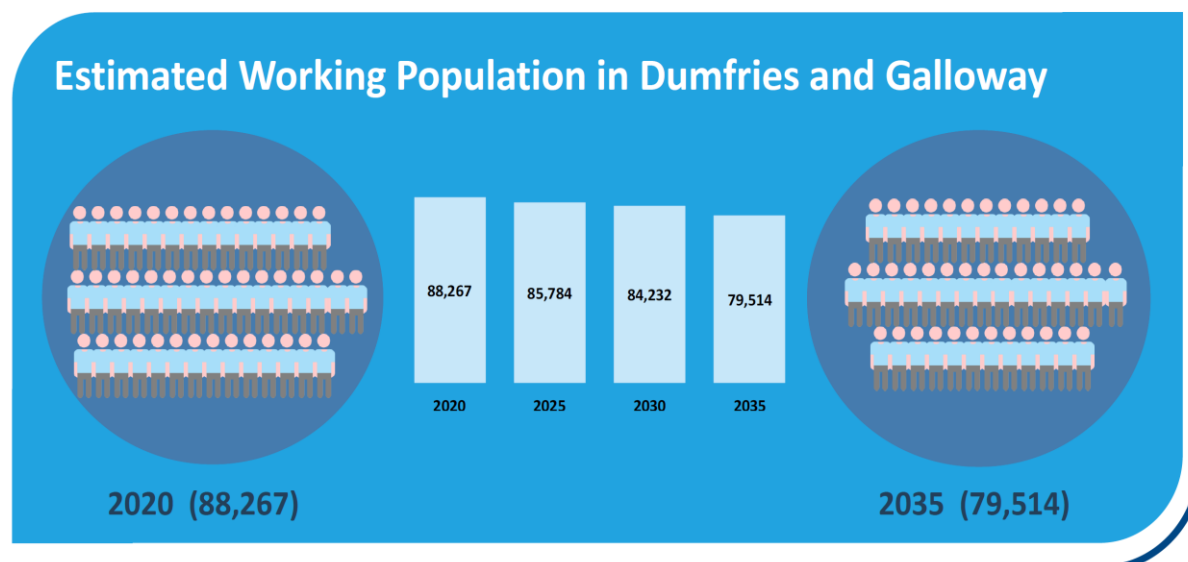
Dumfries and Galloway is home to just under 150,000 people, according to the National Records of Scotland (NRS) estimates (2020). The map below illustrates the 4 traditional localities of Wigtownshire, Stewartry, Nithsdale and Annandale and Eskdale.



More information about our population can be found in the Summary Strategic Needs Assessment² second edition.

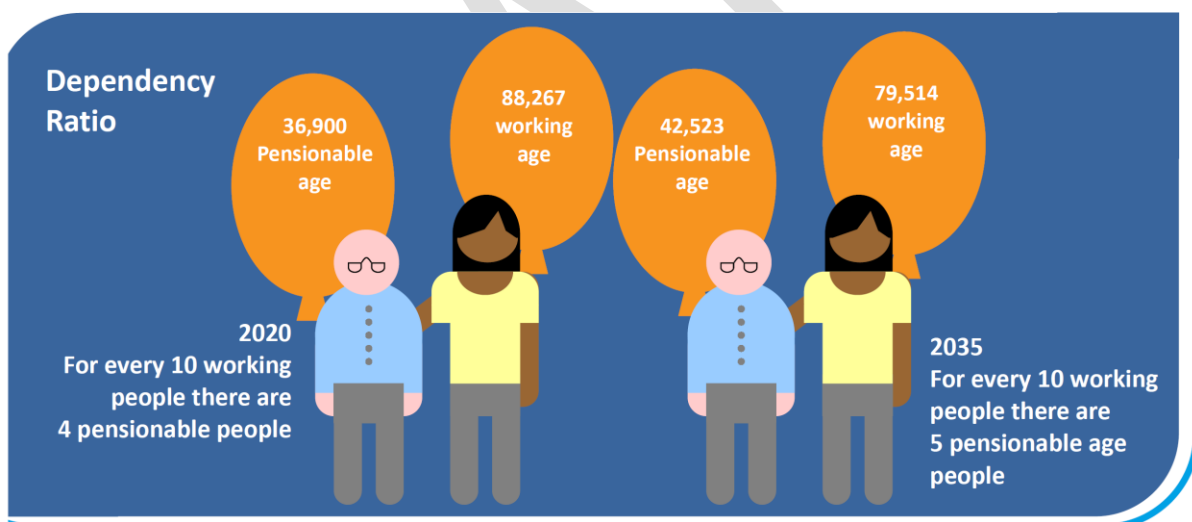
We have a greater proportion of older adults than other parts of Scotland. We also have an ageing population, where it is expected that the proportion of older adults will grow over time and the number of working aged people will become fewer.

² <https://dghscp.co.uk/performance-and-data/strategic-needs-assessment-second-edition/>



Source: National Records of Scotland

It is expected there will be more pensionable aged people than working aged people in the future, this is known as the dependency ratio. It means that there will be fewer people available to support a more dependent population and working aged people may be providing more support to older people.



Source: National Records of Scotland

Demographic change within our workforce is one of the most significant drivers for change, the Health and Social Care Partnership will need to develop new roles, new ways of working and new recruitment and retention strategies in order to avoid a significant loss of staff in the next 5 to 10 years. **(retirement projections to be added)**

1.5 Financial Context

The financial outlook for public sector services is extremely challenging in the medium term. This is made worse by the economic impact of the Covid-19 pandemic. Further

information on the integration budget can be found in the full Strategic Commissioning Plan 2022-2025 (TP provide link).

1.6 Workforce Context

It must be clearly acknowledged that all partners are not operating from a level playing field and uneven competition between sectors for a limited pool of staff is causing severe staffing crises.

High levels of vacancies in health and social care existed pre Covid-19 but have been exacerbated by the pandemic and Brexit. As we approach the winter period we are operating with significant staffing shortages across many areas of health and social care and this is worsened by the overall shortage of staff across the labour market in Dumfries and Galloway where are competing with local supermarkets and the hospitality sectors for staff.

In addition, social care is perhaps not viewed as an attractive career option and funding uncertainty alongside short term funding cycles for providers creates instability in the workforce.

There is a large section of the Partnership in social care and unpaid care roles that feel undervalued, unsupported and underpaid and that is primarily female. In addition we are aware that increasing numbers of staff are absent due to mental health issues.

Whilst we acknowledge the effect of the pandemic there are issues that have been in our midst for a significant period of time that need to be addressed. Policy documents as far back as The Christie Commission³ in 2011 have directed us towards ensuring there is effective leadership and management, ensuring a sustainable workforce by respecting staff and improving their experience of work. Similarly, we know that our workforce is getting older so it is vital that we support them to look after their health and wellbeing so that we have good attendance at work to provide high quality care.

Retaining younger adults in the region is an issue that needs to be addressed so that we sustain our rural populations. We acknowledge that this is a challenge across the local economy and not simply a health and social care crisis. It is therefore important that we continue to forge links and plan as broadly as possible with other key stakeholders such as the South of Scotland Regional Economic Partnership and the Dumfries and Galloway Apprenticeship Strategic Board.

³ <https://www.gov.scot/publications/commission-future-delivery-public-services/documents/>

Section 2 – Aims and Objectives



Our aim is that by 2025 we will have a motivated and valued Health and Social Care Workforce with the competence and confidence to meet the needs of the people of Dumfries and Galloway.

To achieve this aim we will need to meet these objectives;

1. By 2025 we will have a workforce with the right values, behaviours, knowledge, skills and confidence to deliver evidence based person centred care and support people's wellbeing as close to home as possible
2. By 2025 we will develop ways of working across the Partnership that will deliver responsive health and social care to meet the needs of the people of Dumfries and Galloway
3. By 2025 we will have a workforce that is valued and feels valued

Section 4 outlines the Themes, Ambitions and Actions that will deliver these Aims and Objectives.

Section 3 – Current People Profile

Who Are Our People?

Our people work for NHS Dumfries and Galloway (NHS DG), Adult Social Work at Dumfries and Galloway Council (DG Council) and the Third and Independent Sectors.

There are different types of organisations in the Third and Independent Sectors;

- Care and Support provider partners that are registered with the Care Inspectorate and have information about their workforce published by the Scottish Social Services Council (SSSC). We are calling this group **the Registered Third and Independent Sectors** within this report.
- Care and Support provider partners commissioned by DG Council or NHS DG on behalf of the Integration Joint Board (IJB) but who are not registered services in the bullet above. We are calling this group **Not Registered Commissioned Third and Independent Sectors** within this plan.

Collecting information from Commissioned Third and Independent Sector services was paused during 2020 due to the Covid-19 pandemic. In 2021 there has been a light touch approach to contract monitoring. As at 30 September 2021 there were 34 commissioned organisations with 42 contracts. These include support services for people with a visual or hearing impairment, counselling services, support services for people with dementia and their Carers, support for adults and children, physical and learning disabilities and for mental health. There are also training services, the provision of equipment and adaptations and a small repairs service.

- Care and Support provider partners that are not commissioned services. This includes charities, social enterprises and community groups. We are calling this group **Wider Third Sector** within this plan.

The Wider Third Sector in Dumfries and Galloway employs people and is supported by volunteers. It can be difficult to gather the workforce data from the Wider Third Sector. It is made up of a broad range of organisations offering a diverse range of services. Whilst many organisations clearly identify as supporting health and social care, many more support health and social care outcomes indirectly through their activities. This makes it challenging when trying to identify or define third sector organisations that contribute to the health and social care

workforce or volunteer profile. The onset of the Covid-19 pandemic saw many third sector organisations and community groups closing, either permanently or temporarily. Many staff were furloughed and volunteering stopped. Organisations which remained open have had to increase or adapt their service, resulting in a different staff and volunteer profile to the pre-Covid-19 delivery. All of these circumstances create logistical complexity in gathering consistent and complete information.

The Wider Third Sector includes diverse organisations from those who are part of larger national organisations through to small community-based groups. These organisations include those who:

- Deliver health and social care. For example, care at home, mental health or Carers' support organisations
- Support health and social care, including those that help people to live independently in their own homes. For example, support with food deliveries and small repairs
- Are indirectly linked to health and social care, but who help people to achieve positive health outcomes. For example befriending organisations, or social groups such as the Men's Sheds, who help alleviate social isolation and loneliness and therefore increase personal resilience.

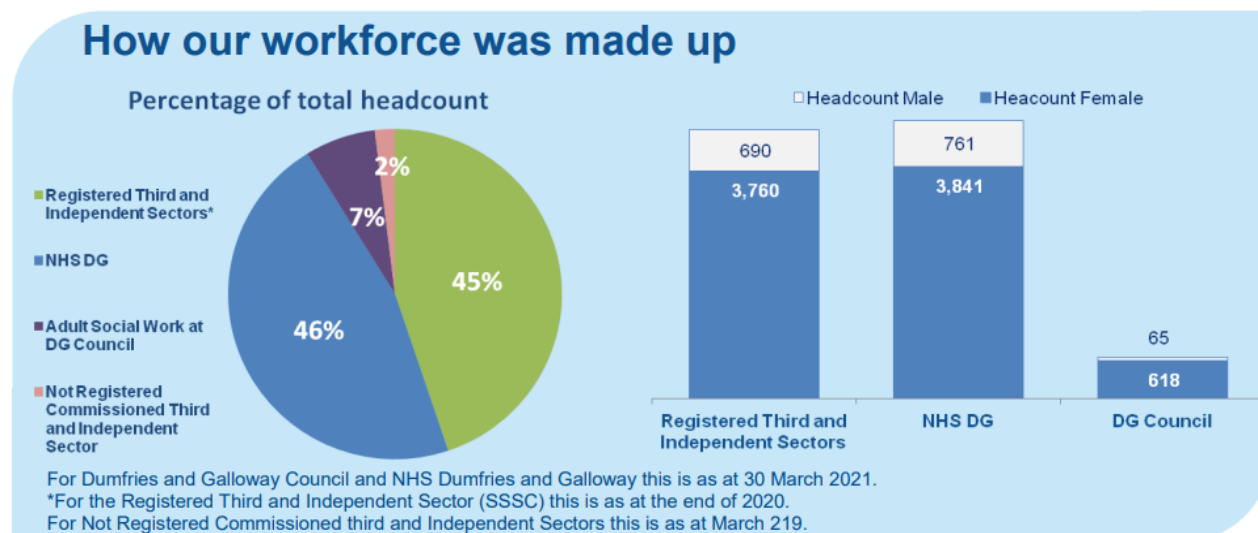
It is important to note there are no universally agreed definitions for Third and Independent Sectors and the definitions above may not match other documents or sources of data and information.

How Do Our People Work?

The combined health and social care workforce is the largest in Dumfries and Galloway with approximately 9,929 people, the majority of those are female working within a multitude of different roles together with Carers and volunteers.

The graphs below show 46% of the combined workforce are employed in NHS DG, 45% in the Registered Third and Independent Sectors, 7% in Adult Social Work and 2% in Not Registered Commissioned Third and Independent Sectors.

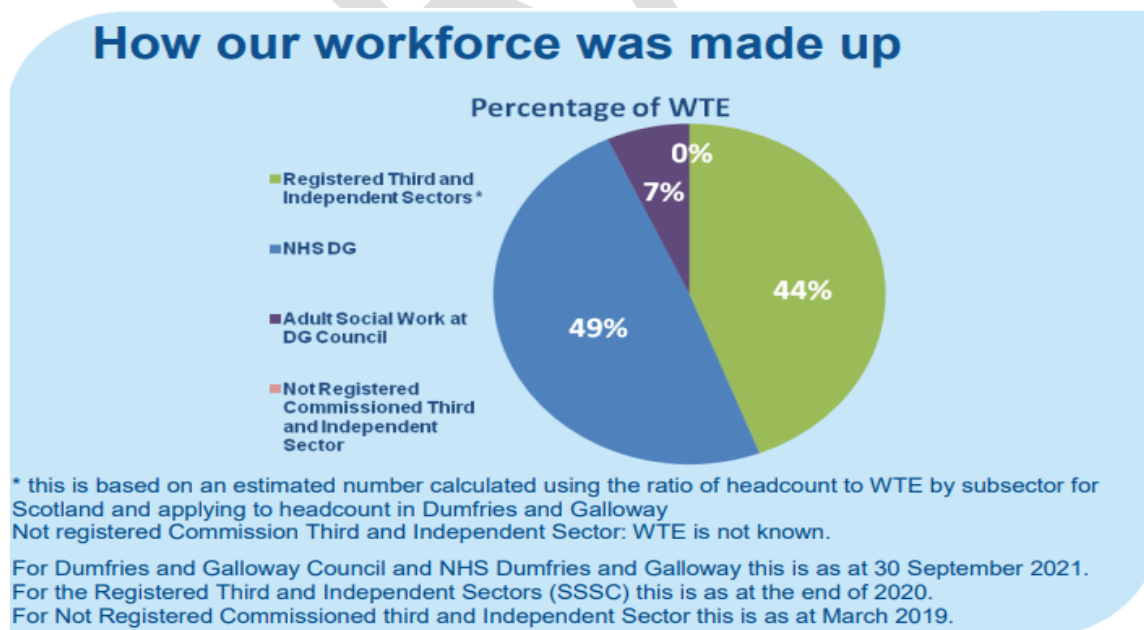
When shown as whole time equivalent (WTE), NHS DG accounts for 49% of the combined workforce, the Registered Third and Independent Sectors 44% and Adult Social Work 7%. There is no available data on whole time equivalent for the Not Registered Commissioned Third and Independent Sectors, nor for the Wider Third Sector.



Sources:

NHS Dumfries and Galloway Workforce system eESS
 Dumfries and Galloway Council system iTrent
 Scottish Social Services Council (SSSC)

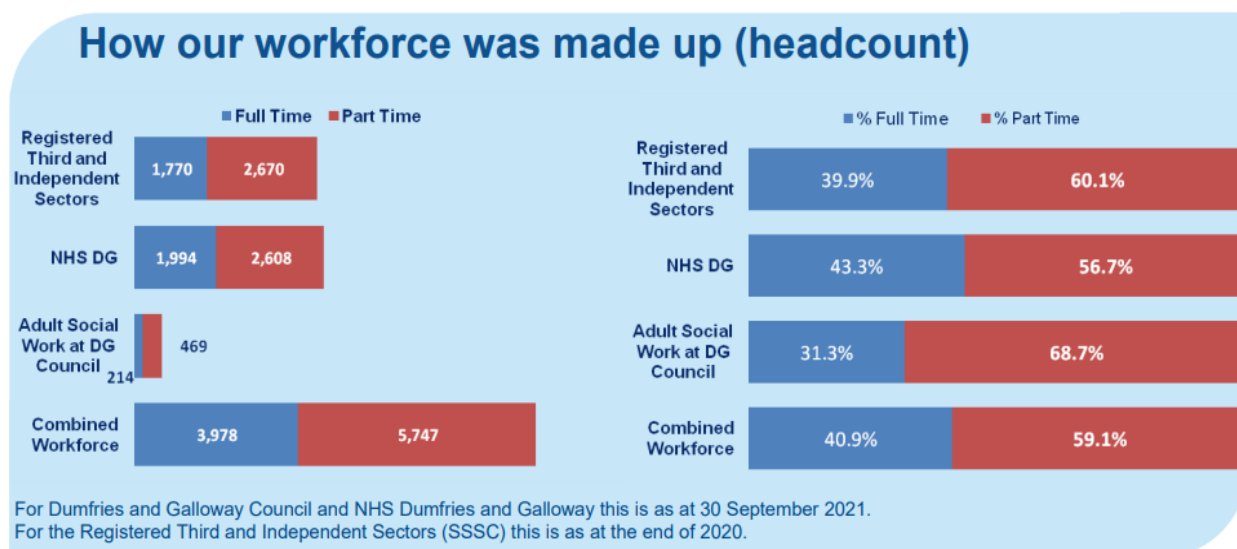
Whole time equivalent data is available for people working in NHS DG and DG Council. For the Registered Third and Independent Sectors WTE is a best guess estimation calculated using the estimated headcount to WTE ratio for Scotland and mapping onto the headcount for Dumfries and Galloway. This assumes job roles and working patterns are the same in Dumfries and Galloway as for Scotland as a whole but this will probably not be the case in practice. Using this best guess estimation for WTE, 49% of people work for NHS DG, 44% for the Registered Third and Independent sector and 7% for DG Council.



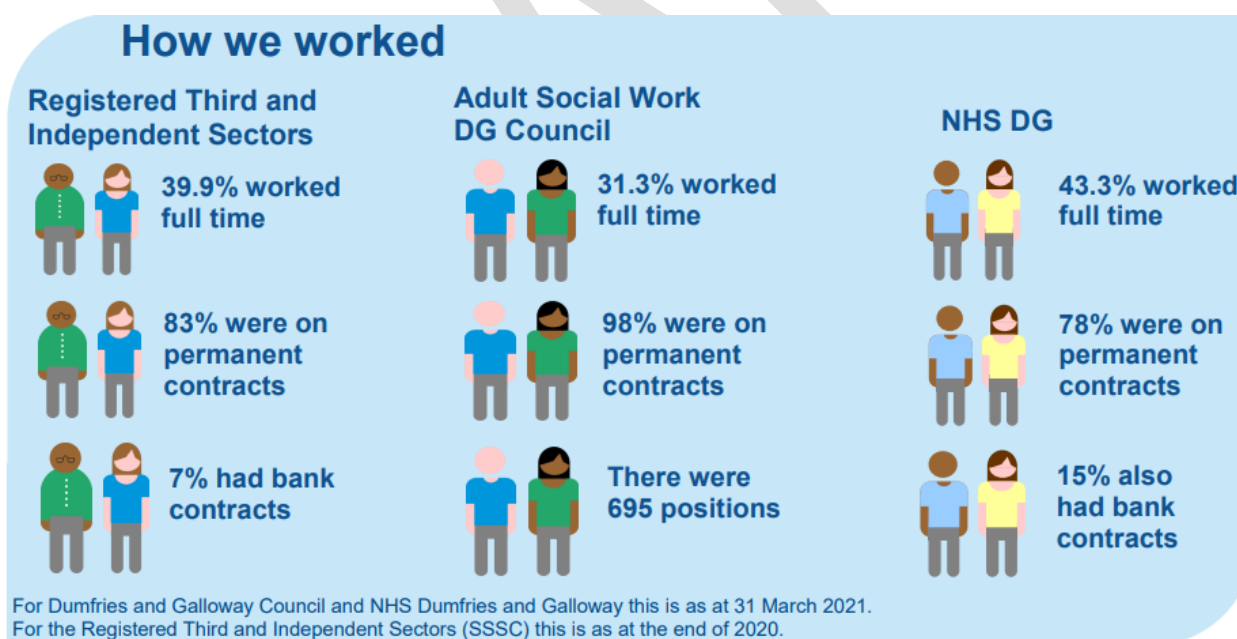
Sources:

NHS Dumfries and Galloway Workforce system eESS
 Dumfries and Galloway Council system iTrent
 Scottish Social Services Council (SSSC)
 Dumfries and Galloway Council

The proportion of our people working full time differs and can be seen in the graphic below. Using headcount, nearly 41% of the combined workforce work full time.



Sources:
NHS Dumfries and Galloway Workforce system eESS
Dumfries and Galloway Council system iTrent
Scottish Social Services Council (SSSC)

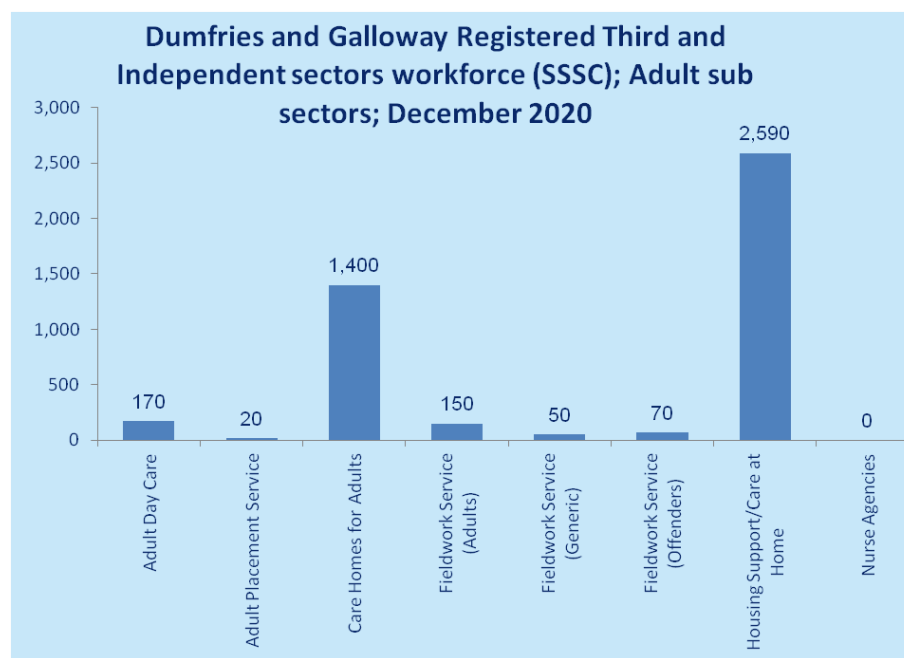


Sources:
NHS Dumfries and Galloway Workforce system eESS
Dumfries and Galloway Council system iTrent
Scottish Social Services Council (SSSC)

The Registered Third and Independent Sectors are made up of a number of sub sectors. This plan covers adult services, and data in this report includes the following sub sectors only:

Adult Day Care, Adult Placement Service, Care Home for Adults, Housing Support/Care at Home, Nurse Agency, Offender Accommodation, Fieldwork Service (Adults).

These are shown in the chart below, the sub sector with the highest headcount is Housing Support/Care at Home with 2,590 people.



Unpaid Carers

Care and support at home is also provided by unpaid Carers. It is more challenging to obtain information around this group of people providing this support. It is however recognised that unpaid Carers play the biggest part in delivering care and support in all of our communities. This has been noted by the Integration Join Board (IJB) in their consultation on the 2022-25 Strategic Commissioning Plan, in the animation which can be found [here](#).

In the 2011 census 10% of the population in Dumfries and Galloway declared they were providing some unpaid caring support. If the proportion of the population providing unpaid care has not altered since 2011, then using the National Records of Scotland (NRS) mid 2020 population estimates, an estimated 14,829 people could be providing some hours of unpaid care and support in Dumfries and Galloway.

In 2020/21 the Dumfries and Galloway Carers Centre (DGCC) supported 2,581 adult Carers and nearly 950 young Carers and young adult Carers (who are Carers aged between 16-25 years). Alzheimer Scotland supported 270 Carers, Support in Mind supported 258 Carers and Relationship Scotland supported 29 Carers. Other Carer support organisations also exist, for which data is not available. Carers can seek support from multiple organisations and therefore it is not possible to add the number

of Carers from each of these organisations together, as these organisations may be supporting the same Carer.

Volunteers

Volunteers offer their time freely and willingly providing an important contribution to the overall workforce. The majority of third sector organisations will be able to identify that they contribute to health and social care outcomes in one way or another through volunteering and that being a volunteer in itself can deliver that.

Volunteers provide support mainly within the third sector with a small complement in NHS DG. Independent Sector and DG Council.

The Scottish Household Survey provides an insight into the volunteering activity of adults, the 2019 survey showed 20.8% of adults in DG volunteer. There were 250 people from Dumfries and Galloway who responded to this question. 28.8% of adults volunteered for organisations in the category Health, Disability and Wellbeing. There were 50 people from Dumfries and Galloway who responded to this question. Not all of these organisations and their activities would fall under this Workforce Plan as some provide services for children and children's services are not included in this Plan. The number of people from Dumfries and Galloway who participated in the Scottish Household Survey is a small number and this needs to be considered if using these statistics to reflect characteristics in a larger group of people.

Volunteering in the Wider Third Sector

There is no data available for the volunteering hours provided to the Wider Third Sector in Dumfries and Galloway. Often the number of volunteers exceeds the number of paid staff. For example, the Food Train is a registered charity operating across Scotland with a strong presence in Dumfries and Galloway. Since 1995 the organisation has been supporting older people to live independently in their own homes through the delivery of groceries, completion of household tasks and befriending services. Within Dumfries and Galloway the service employs 7.5 WTE staff, who support 410 volunteers across Dumfries and Galloway to provide 960 volunteer hours per week. This equates to approximately 27 WTE staff, using a 35.5 hour week.

Third Sector Dumfries and Galloway have 1,000 organisations on their database at **X Date (CB to confirm)**. Some of these organisations employ staff but many work with unpaid volunteers only. Between June 2020 and September 2020 during the Covid-19 pandemic Third Sector Dumfries and Galloway had 1,700 volunteers on their database. It is not possible to determine how many of these were active volunteers, but it does demonstrate the willingness to volunteer across the region.

Volunteering in the Not Registered Commissioned Third and Independent Sectors

Not Registered Commissioned Third and Independent Sectors data on volunteers is as at March 2019. This data is for approximately 80% (representing 640 volunteers) of these organisations and is from a Smart Survey completed in April 2019. This survey showed there were 640 volunteers. It is not known if all these volunteers were actively volunteering nor is it known how many hours of volunteering they completed.

Volunteering in NHS Dumfries and Galloway

As at 31 March 2021 there were 83 active volunteers registered to support NHS Dumfries and Galloway directly. Some volunteers for NHS Dumfries and Galloway were able to volunteer virtually from home. As the Covid-19 pandemic eases, the number of volunteers supporting NHS Dumfries and Galloway is rising, and it is hoped this will return to pre pandemic numbers (257 people at 19 March 2020).

NHS Dumfries and Galloway publishes an annual report on its volunteers, which can be found [here](#).

NHS Dumfries and Galloway currently has, and has had for the last 9 years, the Investing in Volunteers accreditation.

Volunteering in Dumfries and Galloway Council

As at 31 March 2021 there were 58 volunteers who had signed volunteering agreements with Dumfries and Galloway Council. However, it has not been possible to identity those who volunteer directly within Adult Social Care.

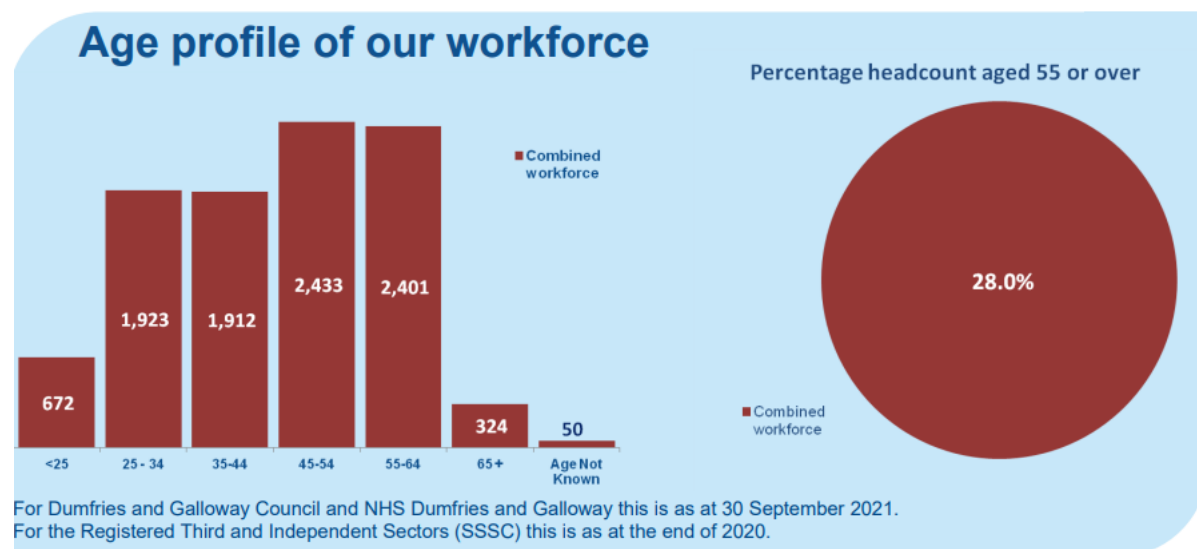
Measuring Volunteering across the Partnership

A proxy measure for the value of the hours given freely and willingly by volunteers is described as Social Return on Investment. It is based on the national minimum wage of £8.72 per hour. An approximate value for 83 volunteers undertaking 12,445 hours of volunteering in 1 year, after deducting costs associated with employment, is £97,743.

Whilst the effective use of volunteers requires financial resource to support recruitment, training and coordination of activity, the financial impact of the delivery of services by volunteers is significant. Based on the UK Living Wage of £9.50, the Food Train volunteer contribution equates to more than £9,000 of service provision per week before deducting on-costs associated with employment.

What Is Our Age Profile?

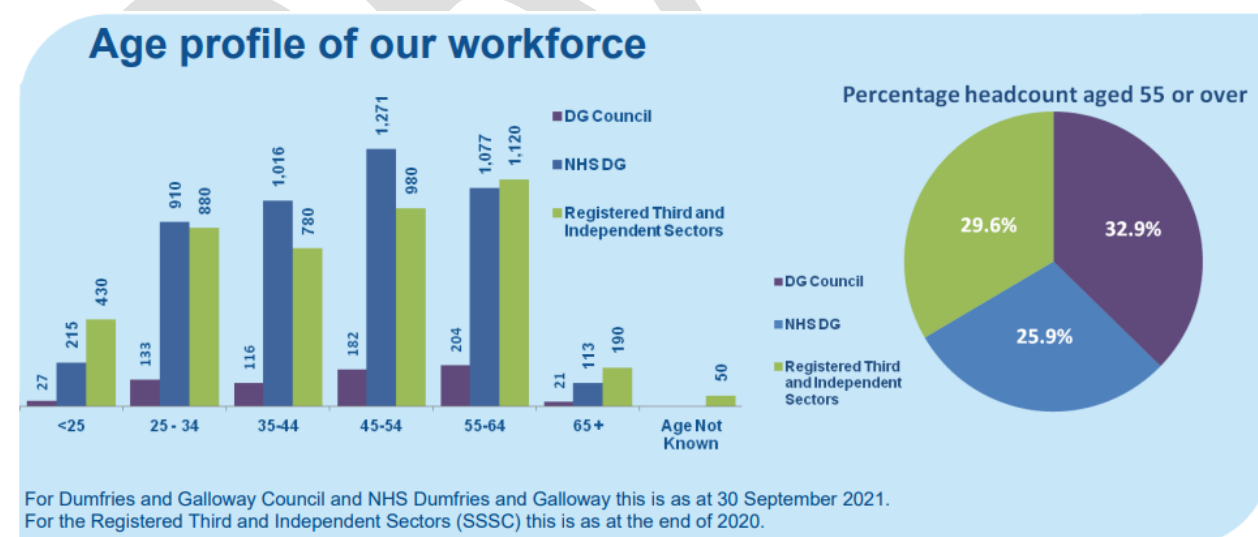
The age profile of our combined workforce is shown in the graphic below. 28.0% of our people are aged 55 and over.



Sources:

NHS Dumfries and Galloway Workforce system eESS
Dumfries and Galloway Council system iTrent
Scottish Social Services Council (SSSC)

Adult Social Work had a higher proportion of staff aged 55 and over at 32.9% when compared to NHS DG (25.9%) and adult sub sectors of the Registered Third and Independent Sectors (29.6%).



Sources:

NHS Dumfries and Galloway Workforce system eESS
Dumfries and Galloway Council system iTrent
Scottish Social Services Council (SSSC)

Our workforce aged 55 and over



25.9% of the NHS DG staff were aged 55 and over



29.6% of the Registered Third and Independent Sectors staff were aged 55 and over



32.9% of the Adult Social Work in DG Council staff were aged 55 and over

For Dumfries and Galloway Council and NHS Dumfries and Galloway this is as at 30 September 2021.
For the Registered Third and Independent Sectors (SSSC) this is as at the end of 2020.

Sources:

NHS Dumfries and Galloway Workforce system eESS
Dumfries and Galloway Council system iTrent
Scottish Social Services Council (SSSC)

How Diverse Is Our Workforce?

Over 84% of the combined workforce is female. The breakdown between male and female is shown in the graphic below. There is a higher proportion of females in NHS DG, Adult Social Work and the Registered Third and Independent Sectors. 90% of people working at Adult Social Work are female.

The sex of our workforce



90.5% of the Adult Social Work in DG Council staff were women



9.5% of the Adult Social Work in DG Council staff were men



84.5% of the Registered Third and Independent Sectors staff were women



16.5% of the Registered Third and Independent Sectors staff were men



83.5% of the NHS DG staff were women



16.5% of the NHS DG staff were men

For Dumfries and Galloway Council and NHS Dumfries and Galloway this is as at 30 September 2021.
For the Registered Third and Independent Sectors (SSSC) this is as at the end of 2020.

Sources:

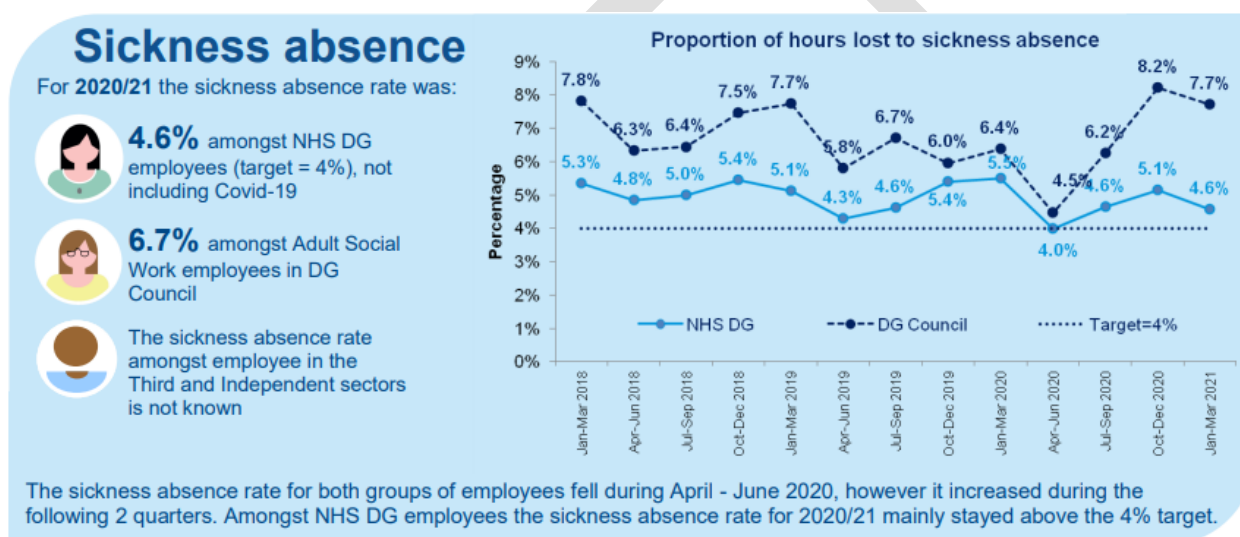
NHS Dumfries and Galloway Workforce system eESS
Dumfries and Galloway Council system iTrent
Scottish Social Services Council (SSSC)

Women and men in the workplace have different ways of working. In 2020 in the Registered Third and Independent Sectors 61% of female employees worked part time compared to 43% of males. This is broadly similar in NHS DG where 62% of female employees work part time compared with 30% of males.

What Are Our Absence Levels?

Sickness absence data is only available for NHS DG and Adult Social Work. We are unable to provide data from the SSSC for registered services, nor for Third Sector Organisations, unpaid Carers or volunteers.

The graph below shows the sickness absence rates by quarter from the start of 2018 for NHS DG and Adult Social Work. NHS DG has a target of a sickness absence rate of 4% of less.



Sources:
NSS
Dumfries and Galloway Council iTrent

The 5 most frequent reasons for absence in NHS DG between 1 October 2020 and 30 September 2021 were:

- 21% Gastro-intestinal problems
- 15% Anxiety/stress/depression/other psychiatric illnesses
- 10% Cold, cough, flu – influenza
- 9% Headache/migraine
- 7% Other musculoskeletal problems.

Within Adult Social Work DG between 1 October 2020 and 30 September 2021 the 5 most frequent reasons for sickness absence were:

- 24% Stomach, Liver, Kidney, Lung and digestions
- 12% COVID-19/Long Covid-19
- 9% Neurological illness (including epilepsy, MND)
- 8% Migraine/Headache
- 7% Cold/Flu/Measles (including coughs, throat, infections).

Vacancies

It is important to highlight current staff shortages and levels of unmet care need across the Partnership currently. Unmet hours of care have been sitting at around 4,000 which equates to approximately 84 WTE. The impact of this is that people are not able to go home safely from hospital or are at home without the care package that they need. We have historically been able to fill gaps from the local labour market, however the Covid-19 pandemic combined with Brexit has made that extremely challenging. We are competing with private retail/hospitality sectors and national chains that are able to offer incentives e.g. “Refer a Friend Fee” and our shifts are unsociable and the workload is demanding.

What we are doing to make a difference?

A recruitment campaign for Care at Home Service staff has been undertaken recently which included a targeted marketing drive in the local media. The response from the public in terms of shares was particularly positive and reflects the more nuanced messaging around for example “Your Older People Need You”. Learning from this pilot will be used for further partnership-wide campaigns.

Work is underway in conjunction with Skills Development Scotland and further education partners in Dumfries and Galloway to explore how we can build career pathways for health and social care workers. We need to be able to promote careers in the sector and the opportunities that we offer, not only young people but people at all stages of their working lives. This will link in with work being undertaken nationally through the NHS Scotland Academy and through a national Health and Social Care Support Workers Role-Readiness Group.

Current Vacancies NHS DG

At June 2021 there were 249.5 WTE vacancies in NHS DG for Nursing and Midwifery staff, Medical and Dental Consultants and Allied Health Professionals (AHPs). There were 211.7 WTE Nursing and Midwifery vacancies, 6.6 WTE Medical and Dental Consultant vacancies and 31.2 WTE AHP vacancies.

A significant number of vacancies have been advertised repeatedly and have been vacant for a substantial period of time.

Tables 1 - 3: Vacancies by Job Family and sub job family; WTE; at June 2021; NHS Dumfries and Galloway; Turas

Nursing and Midwifery	WTE	Vacant more than 3 months
Adult	96.4	33.2
Mental Health	44.7	6.6
District Nursing	20.9	9.7
Total	162.0	49.5

Medical and Dental Consultant	WTE	Vacant more than 6 months
Anaesthetics	2.0	1.0
Child and Adolescent Psychiatry	2.0	1.0
Total	4.0	2.0

AHP	WTE	Vacant more than 3 months
Occupational Therapy	14.4	4.6
Physiotherapy	6.6	0.0
Diagnostic Radiography	3.8	2.8
Total	24.8	7.4

Scottish Care conducted a survey in September 2021 of registered care and support providers to ask organisations about their recruitment. There were 14 organisations who responded from Dumfries and Galloway, but this does not mean that these respondents only operate in Dumfries and Galloway. Asked if organisations found recruitment and retention problematic 75.8% of the Dumfries and Galloway respondents agreed. The Scottish Care interim report can be found here <https://scottishcare.org/workforce-recruitment-and-retention-survey-interim-report/>.

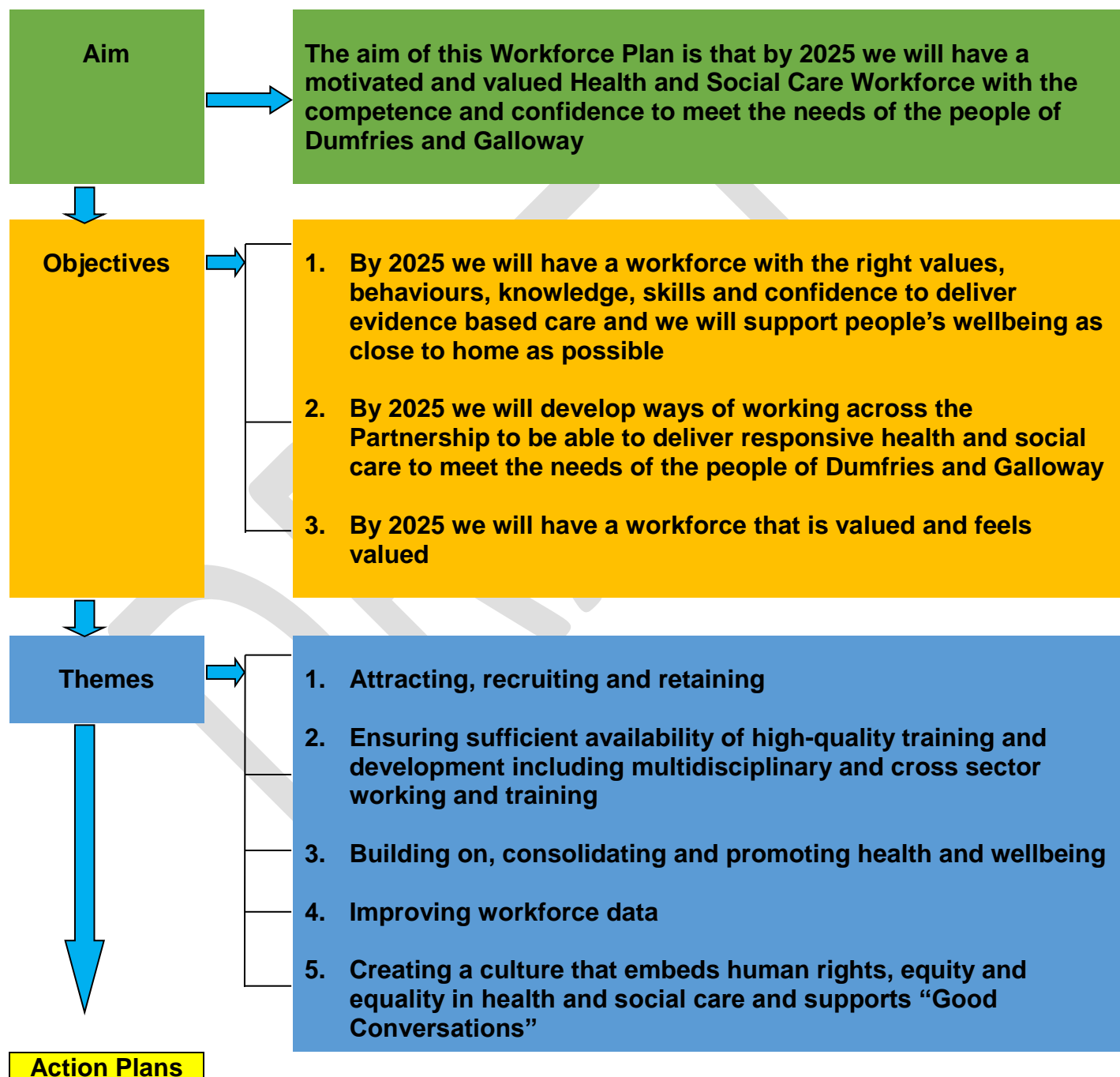
The most recent SSSC vacancy data is at December 2019. This information is for all of the SSSC sub groups and therefore could include some services for children, which are outside the scope of this report.

There were 63 services in Dumfries and Galloway reporting vacancies which was 37% of all services. The WTE for these vacancies was 186 which was 4.1% of the total WTE workforce. Within this there were 6 services reporting nursing vacancies which was 10% of all services. 41% Services in Dumfries and Galloway reported finding vacancies hard to fill in 2019. The most frequent reasons for this were “Competition from other service providers” (18%), “Too few applicants” and “Other” (both 17%) and “Too few applicants with experience” (14%).

A detailed breakdown of workforce can be found at Appendix 1 of the Workforce Plan.

Section 4 – Themes, Ambitions and Actions

This Workforce Plan is underpinned by 5 key workforce themes which have been shaped by the engagement we undertook. An implementation plan will be developed to take forward specific actions to realise the ambition and deliver the Strategic Commissioning Plan, these are;


2022-2023
2023-2024
2024-2025

Theme 1: Attracting, recruiting and retaining

Theme 1: Ambition 1

Implement a programme of recruitment that supports delivery of the Strategic Commissioning Intentions

(Links to SC16)

As a key principle all partners will be mindful that large scale recruitment campaigns may inadvertently move staff from one sector to another and that this must be taken into account to minimise impact on local services.

Actions

1. The key Workforce Planning Leads⁴ in the Health and Social Care Workforce Planning Group will establish linkages with Partnership wide recruitment campaigns to maximise the expertise available and make those campaigns as effective as possible. This will include building on learning from recent pilot events. An example is CASS recruitment to ensure recruitment can be done at pace so that we can react quickly and effectively to national monies being released for example recent national funding for 1,000 new Health Care Support Workers
2. The key Workforce Planning Leads in the Health and Social Care Workforce Planning Group will establish linkages with partnership wide recruitment campaigns to ensure there is a plan of activities including joint marketing materials to events, for use on social media and adverts, use Dumfries and Galloway Health and Social Care Partnership logo in any joint collaborative initiatives. Learning will be taken from the recent pilot recruitment campaign around the positive reactions to messaging such as “Your Older Adults Need You” or “Your Local Community Needs You”

As a principle, joint recruitment adverts will be channelled through the Dumfries and Galloway Health and Social Care Social Media pages and through DG Council and NHSDG pages in order to maximise coverage.
3. As a Partnership we will understand where our most critical vacancies are and have plans in place to target advertising and recruitment activity around these. This can be supported by Local Authority and NHS Workforce Data Analysts using local data intelligence such as GIS mapping of vacancies

Theme 1: Ambition 2

Attract people from an early age to want to pursue a career in health and social care

⁴ Key Leads from Third Sector/Independent Sector/DG Council and NHSDG

(Links to SC16)

1.	The key Workforce Planning Leads in the Health and Social Care Workforce Planning Group will commit to actively engaging with other health partners and educators through the Developing the Young Workforce (DYW) Strategy to inspire a new generation of workforce into health and social care
2.	The key Workforce Planning Leads in the Health and Social Care Workforce Planning Group will commit to building a collaboration with South of Scotland Enterprise and Skills Development Scotland around raising the profile of careers in health and social care
3.	As part of the response to the review of the Review of Adult Social Care The Strategic Planning and Transformation Directorate will undertake a feasibility exercise on a Dumfries and Galloway Local Pay Agreement for all staff working in health and social care roles
4.	The Strategic Planning and Transformation Directorate will commit to engaging with key stakeholders to discuss sustainability models including collaborative and ethical commissioning models
5.	Through the Director of Allied Health Professions develop Practice Based Learning for AHP students who have not been able to access clinical placements due to Covid-19 to ensure they have sufficient clinical credit to enable them to graduate on time

Theme 1: Ambition 2

Provide opportunities for those experienced colleagues who have left to return to work or support those who are entering the latter stages of their career to extend their careers

(Links to SC16)

Actions

1.	Support Return to Practice Initiative for all professions across NHS DG and within the Independent Sector
2.	Explore the Flying Finish Programme through the Scottish Access Collaborative to assess whether the Partnership are maximising opportunities to retain staff at the latter stages of their careers

Theme 1: Ambition 3

To recruit people into health and social care as a “career” (not just a job) and to have properly mapped career pathways so that people can self navigate these and can easily move between health and social care

(Links to SC16)

Actions

The key Workforce Planning Leads⁵ in the Health and Social Care Workforce Planning Group will;

- | | |
|----|---|
| 1. | Commit to developing materials that showcase routes into health and social care and will publicise health and social care as a career option with properly mapped career pathways. They will engage with Dumfries and Galloway Apprenticeship Strategic Board and use case studies to describe positive experiences of career development in health and social care |
| 2. | Commit to developing a Health and Social Care Graduate Programme |
| 3. | Commence scoping on a joint Health and Social Care Modern Apprentice |
| 4. | Explore the potential for a social care qualification to be taught in schools in conjunction with relevant professional leads which could lead onto further qualifications or entry into employment |

Theme : Ambition 4

Develop and support the unpaid workforce including unpaid Carers and volunteers

(Links to SCI6)

Actions

All Partners including Third Sector, Independent Sector, NHS DG and DG Council will;

Unpaid Carers

- | | |
|----|---|
| 1. | Include Equal Partners in Care (EPiC) training in staff induction packages across the Partnership |
| 2. | Aim to achieve Carer Positive Exemplary Award in the Partnership |
| 3. | Explore the role of a "Carer Champion" |
| 4. | Support the wellbeing of unpaid Carers by ensuring regular access to moving and handling training |

Volunteers

- | | |
|----|---|
| 1. | Continue to plan to create diverse volunteering opportunities to include and involve under-represented communities to ensure a diverse cohort of volunteers |
|----|---|

⁵ Key Leads from Third Sector/Independent Sector/DG Council and NHSDG

2.	Evaluate and roll out further pilot work to provide work placements and employment opportunities for volunteers

Theme 2: Ensuring sufficient availability of high quality training and development

Theme 2: Ambition 1

To have a workforce that is an early intervention asset, supporting and delivering prevention strategies across all client groups and supporting people in gaining, regaining and maintaining independence

(Links to SCI1,3,4,5, 6,)

Actions

1. As part of the Transforming Primary Care Programme, expand the First Contact Practitioner role into other AHP Specialties for example Dietetics and Occupational Therapy
2. Professional Leads will explore connections with Health and Wellbeing Teams and Sport and Leisure to ensure the right person with the right skills is involved at the right time
3. Extend AHP advanced practice and leadership roles in rehabilitation including bed based services
4. Professional Leads will ensure all clinical staff are trained in Good Conversations and embed LifeCurve™ assessments into every client/patient intervention
5. Through the Dementia Pathways Project develop education and training to ensure all staff across health and social care who are delivering any assessments and interventions to a person living with or suspected of having dementia are at Enhanced Level of the Promoting Excellence 2021: A framework for all health and social services staff working with people with dementia, their families and carers.

Theme 2: Ambition 2

To develop interdisciplinary, cross-sector working opportunities

(Links to SCI1,3,4,5,6)

1. Investigate potential for shared inductions/shared 1 week initial training for key health and social care workers
2. Explore opportunities to undertake joint mandatory training for health and social care staff

3.	Assess educational facilities across the region. For example Activities of Daily Living (ADL) suite at DGRI/Dementia suite at DG College with a view to sharing resources
4.	Identify opportunities to support services with staff banks, for example using models currently developed in Independent Sector

Theme 2: Ambition 3

Improve digital skills across the workforce so that people delivering health, care and support are confident at discussing Assistive Inclusive Technologies or other digital technologies

(Links to SCI1,3,4,7)

Actions

1.	Through the Assistive and Inclusive Technology Action Plan, develop training for the workforce to an agreed set of recognised competencies, becoming Trusted Assessors. This will include agreeing the skill set for Trusted Assessor, agreeing how training will be delivered, and how procured
2.	Expand on the significant increase in the use of digital technology to deliver essential health, care and support (e.g. use of video consultations using Near Me, remote monitoring using inHealthcare and Florence, GP Practices using eConsult) by supporting the workforce to use digital technology more effectively – including the use of Digital Driver/Digital Champion roles using Connecting Scotland ⁶ resources.
3.	Through the Connecting D&G Programme address digital exclusion to address health inequalities across Dumfries and Galloway ⁷

Theme 3: Building on, consolidating and promoting health and wellbeing for the people who deliver care and support

Theme 3: Ambition 1

Ensure all people who deliver health and social care are supported to maintain their wellbeing

(Links to SCI2,6)

⁶ <https://connecting.scot/>

⁷ ('A Connected Scotland: our strategy for tackling social isolation and loneliness and building stronger social connections' 2018).

Actions

1.	The NHS Working Well Executive will ensure the Working Well Framework provides interventions that reach across the Partnership that will assist staff to remain resilient and physically and mentally well at work including signposting to the National Wellbeing Hub
2.	As a principle all partners will ensure staff are provided with appropriate rest breaks and access to food and drinks in the workplace
3.	The key Workforce Planning Leads in the Health and Social Care Workforce Planning Group will share attendance management processes and templates and best practice as a starting point to consider a consistent approach to attendance management across the Health and Social Care Partnership
4.	(WHO) Explore access to Occupational Health Services across the Partnership initially signposting organisations with no formal Occupational Health Service to the Department for Work and Pensions Access for Work Service or the National Wellbeing Hub Workforce Specialist Service ⁸

Theme 3: Ambition 2

Recognise and support that people have different needs and obligations outside of work, whilst balancing service needs

(Links to SCI6)

Actions

1.	The key Workforce Planning Leads in the Health and Social Care Workforce Planning Group will share work-life balance tools and guidance documents on the IJB site for health and social care staff
2.	It will be a principle of employers within the Partnership to support employees to access their work remotely where appropriate, for example agile working. Through the Integration Workforce Planning Group share home/agile working policies

Theme 4: Improving workforce data**Theme 4: Ambition 1**

Develop a multi-agency workforce data set and a set of key performance indicators to monitor and report workforce performance data

⁸ <https://wellbeinghub.scot/the-workforce-specialist-service-wss/>

*(Links to SC16)***Actions**

- | | |
|----|---|
| 1. | Through the Health and Social Care Workforce Planning Group, agree and deliver a core set of workforce data to be available on an annual basis for workforce planning purposes across the Partnership |
| 2. | Through the Health and Social Care Workforce Planning Group create linkages between the Workforce Data Analysts in NHSDG and DGC for shared learning and networking |

Theme 5: Creating a culture that embeds human rights, equity and equality in health and social care and supports a "Good Conversations" Approach

Theme 5: Ambition 1

Support cohesive working in Dumfries and Galloway by developing more open, honest and inclusive cultures

*(Links to SC12,6)***Actions**

- | | |
|----|---|
| 1. | Through the Health and Social Care Workforce Planning Group, identify and share good practice and ideas on the IJB website that will support positive culture and effective leadership and management behaviours |
| 2. | As a principle all Partnership organisations will ensure a Values Based approach to recruitment or training activities |
| 3, | Through NHSDG Spiritual Care, develop the infrastructure to be able to offer Values Based Reflective Practice across health and social care |
| 3. | Through the relevant Equality Leads further develop networks that provide opportunities to contribute to the wider equality and diversity agenda and provide support for our people. For example LGBTQ+ Network currently jointly hosted by DG Council and NHS DG |
| 4. | All partners will ensure senior leaders in the integration space are able to articulate a common vision and a shared sense of purpose so that staff at all levels are engaged and motivated to have ownership of the vision |

Section 5: Key Opportunities 2022-2025

Younger Workforce

It is vital that as a Health and Social Care Partnership we understand who is available for work in our region and that we engage with them so they see us as an employer they would want to work for. Our attraction and recruitment methods across the Partnership need to be as open and inclusive as possible and takes account of the preferred ways of communication for that generation.

We know that the vast array of opportunities available in the Partnership are not widely known about, therefore part of our planning needs to focus on signposting resources that showcase these.

Across the Partnership the Kickstart Scheme is being rolled out to provide job placements for 16 to 24 years old on universal credit. DG Council have approximately 150 roles currently on offer across a range of work areas and NHS DG have 40.

One of the major hurdles we face is the competition between the sectors for a limited pool of young people.

Attracting over 25s

It is important that continue our efforts in attracting over 25s into health and social care, we know from our age profile that we have a large cohort of staff in the 25-45 age bracket. We need to build on local intelligence around what attracts that age group to health and social care and ensure that we are using targeted recruitment campaigns to engage with them. We also need to use local data around distances people tend to live in relation to their work bases to ensure that our recruitment campaigns are as effective as possible.

National and International Recruitment

There are a number of activities being undertaken nationally that are aimed at addressing specific workforce shortages and which the Health and Social Care Partnership are currently engaging with;

- Nationally coordinated recruitment campaign for Midwives
- Marketing campaign for Band 5 Nurses working in community health and social care
- Extending access for all third and independent sector organisations to the myjobscotland website until March 2022. This means all social care vacancies can be advertised at no additional cost to providers on one platform

- A national marketing campaign to attract more people to the sector focussing on social media, working with schools and colleges and linking into work underway with SSSC and NHS Education Scotland on career pathways and learning and development
- Increasing the use of international recruitment by developing capacity in recruitment teams in NHS Boards to undertake this. Boards are developing priority areas for action and Scottish Government have requested Boards nationally work towards the recruitment of at least 200 registered nurses from overseas by March 2022. In Dumfries and Galloway this will be 9 new nurses every 12 weeks from February 2022.

Innovation and Redesign

The work plan of the Dumfries and Galloway Health and Social Care Partnership Sustainability and Modernisation (SAM) Team is inextricably linked into all the key areas of health and social care described in Section 6 including the redesign of Urgent Care, the development of Home Teams and the development of digital solutions to enable people to manage their conditions at home and to be able to carry out pre and post-operative assessments remotely and to recover at home. The SAM team will continue to work operational Directorates to support delivery of the National Centre for Sustainable Delivery for Health and Social Care (CfSD) Annual Workplan to ensure new, better and more sustainable ways of delivering services are developed.

Hybrid Working

During the Covid-19 pandemic many staff were asked to work from home. Over the next 3 years that this plan covers, it is expected that employers within the Health and Social Care Partnership will develop models of hybrid working. Hybrid working is a type of flexible working where an employee splits their time between the workplace and working remotely. Acas⁹ describe hybrid working as helping to;

- Increase productivity and job satisfaction
- Attract and retain a more diverse workforce
- Improve trust and working relationships

It is important that these new models are developed in conjunction with our staff and relevant trade unions to ensure that our people have the technology they need, are able to communicate effectively and any health and safety issues are addressed. Expectations around working patterns, requests for hybrid working and management arrangements must be clear from the beginning.

⁹ <https://www.acas.org.uk/considering-hybrid-working-for-your-organisation>

Digital Technology

Staff across the Partnership continue to utilise new ways of working as the pandemic continues. Whilst social distancing measures were eased on 09 August 2021, the majority of our organisations have maintained the position that staff should continue to work from home if they are in a role that supports that.

It is anticipated that most sectors will work with staff to implement Hybrid Working type arrangements ensuring that all roles are considered. There will be a variety of roles where staff could work from another work location or from home as well as clinical staff who may be able to work from another location or home whilst still being able to provide virtual consultations alongside telephone triage for part of their time.

This approach going forward will also be utilised in recruitment to attract individuals to roles who can, going forward, be based elsewhere in the UK whilst still delivering in role. This is supported by the availability of Microsoft Teams and the flexibility that this affords individuals to be able to actively take part in work activities.

In late summer 2020, the Health and Social Care Governance and Performance Group agreed that plans should be brought forward to achieve the potential savings that had been identified through the use of technology.

A particular area of interest related to the introduction of an electronic appointment notification system, Patient Hub, to reduce stationery and postage costs. This project was approved to proceed during the first quarter of 2021/22 and implementation plans are progressing to pilot this technology initially within one speciality.

There continues to be ongoing monitoring and review of service level usage of Near Me and telephone consultations. Directorate level targets are in the process of being set; this has been delayed due to the operational pressures experienced by teams.

Staff Wellbeing

Over the past 6 months our staff have continued to work tirelessly in responding to unprecedented demand both as a direct consequence of the pandemic and associated increase in pressure across the system. Going forward we will continue to require their dedicated support in order to continue to operate at the existing levels of demand and to deliver the Strategic Commissioning Plan. We are committed to supporting our staff to do so and have established care and wellbeing programmes to ensure that this is delivered.

The NHS Working Well Executive is now established and meeting monthly. The group now has representation from across the Partnership and they are supporting identification of a member to represent the Third and Independent sectors.

The Executive team are leading a wide range of programmes of work, targeting each of the key 'layers' of need as per the NHS Education for Scotland Stepped Care

response model, from coaching for wellbeing to financial wellbeing support and Still Going – promotion of physical activity. The Board has recently appointed a new Spiritual Care Lead, who will also liaise with the Working Well Executive group and will provide leadership in relation to the possibility of reintroduction of a staff listening service and staff spiritual care and support.

The Staff Support team in Psychology are now fully staffed, and are expanding their case load working with teams across the acute and community Directorates. The service is available to all staff teams across the Health and Social Care Partnership, and some support has been provided within Primary Care, however, it is recognised that further promotion is required into Care Homes and Care at Home, to ensure that staff are aware of the support available to them, and have the confidence to access it.

The tendering process for the Mental Health First Aiders and managers Mental Health Awareness Training has been completed, and the contract has been awarded to the University of the West of Scotland (UWS). A working group are working with the UWS currently to design and mobilise the training programmes, for rollout / commencement in the autumn of 2021. This programme has been 15 months delayed in commencing due to the pandemic which had an adverse impact on providers coming forward to tender for the training, and also the requirement that all training had to be converted to online, rendering the existing accredited training programmes that providers were running invalid. The programme now requires dedicated project management to ensure it progresses at pace, and in line with the plan set out in the Endowments bid.

The NHS DG Specialist Psychological 1:1 therapy service was originally set up 3 years ago as a specialist service for GPs, and is now resourced by NHS DG Endowments as a universal service that all staff across the Partnership can access.

Dumfries and Galloway Council will continue to take a multi-faceted approach to supporting our workforce mental health. Our Strategic Health and Wellbeing Group considered the need to promote regular conversations, collaborate and support our people and to communicate the importance of positive mental health. A programme of work will be developed to put positive mental health at the centre of our HWB agenda, commencing with our 2021 HWB theme 'Taking Mental Health to the Workforce.' Following the pandemic, our 2022 project is going to be regarding gambling awareness and support for our staff and communities.

A happy, healthy, and aspiring workforce is the vision within the health and wellbeing strategy. Increased focus, energy, thinking and resource in 2021 with greater levels of collaborative working with partners and joint trades unions will create the right conditions to significantly scale up this work and help the Council to; realise the vision and to help support our workforce come through these really difficult times, increasing productivity and quality of service. This refreshed focus will see the introduction and delivery of wellbeing checks of up to 2000 per year over a rolling 3-year period to cover all the workforce.

Section 6: Key Workforce Areas of Focus

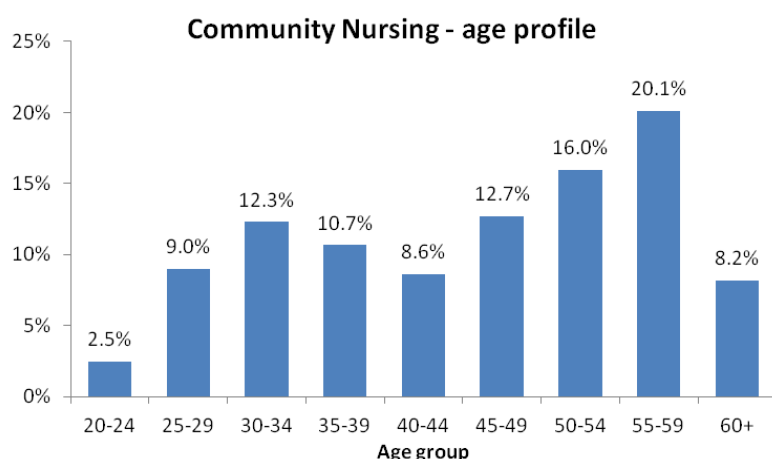
Community Health and Social Care (Links to SCI1 – KA1/2/6/7/8,10)

The Community Health and Social Care Directorate, whilst in the midst of remobilisation, have been responding to various operational pressures across the system. Demand is high across all service areas with an increase in referrals, activity and waiting times. Staffing has been impacted across all areas. Staffing levels continue to fluctuate with our current sickness levels sitting at 5.2% across the Directorate. However, some areas have unusually high levels of sickness (10%).

In particular, support has been provided to Care at Home and Care Homes and this has proved extremely challenging in relation to deploying workforce across multiple priority areas within the Partnership. In particular the community team has had to provide leadership, management and staffing to support residents in a care home that has unexpectedly come back under the interim management of the Partnership.

The Care at Home market is particularly fragile with the majority of our delayed discharges awaiting packages of care. Community teams have been deployed to support the provision of care at home but with limited opportunities to hand-off packages. Over the coming weeks and months, our focus will remain on reducing delays and improving flow across the system.

Say something about the age profile – as at ?



Care and Support at Home

Due to the challenges with care at home capacity, the waiting list for care at home continues to rise with 355 people currently awaiting a care package. Community Nursing Teams and the Short Term Augmented Re-ablement Service (STARS)

continue to support Care at Home packages and are currently sitting with 53 packages with no immediate hand-off to longer term care available. STARS deliver on average 170 hours of Care at Home per week (21 packages) with an average of 141 referrals per month. The impact of high levels of demand are exacerbated in a small team by high levels of absence and high vacancy rates (HCSW Annandale and Eskdale 23%, Nithsdale 7% and Stewartry 15%).

A Care and Support at Home Tactical Group has been established to support the development and delivery of a refined care and support at home model to manage the increasing pressures across the Partnership.

Furthermore, this work will be supported by reviewing what Assistive and Inclusive Technology (AIT) can be used to alleviate the requirement for double handed packages of care, as appropriate.

The Partnership and Community Health and Social Care Directorate continue to support Singleton Park Care Home and there is likely to be a requirement for staffing for between 3 to 6 months whilst transition and sustainability plans are put in place.

National funding for 2021/22 to expand Care at Home capacity is being released and will be targeted at; expanding existing services; funding approaches to preventing care needs from escalating and increasing Technology Enabled Care (TEC). This will also enable an increase in the hourly rate for Adult Social Care staff offering direct care from at least £9.50 per hour to at least £10.02 per hour from 1st December 2021.

Single Access Point (SAP)

During the first quarter of 2021/22 work was completed to co-locate teams from across health and social care (Health, Social Work, Care Call and Contact Centre) to support the delivery of this integrated model, designed to manage demand at the 'front door'.

Work continues through process mapping to identify the inter-dependencies between SAP and the Home Teams. The outcomes from this will be aligned during the second quarter of 2021/22 in order to fully define key deliverables to enable the ongoing monitoring of impact. Referral pathways for MSK Physiotherapy and Long Covid-19 have now been switched on.

Home Teams

The region wide roll-out of Home Teams continues to progress, a process mapping event took place during the first quarter of 2021/22 to map processes with a view to refining these in order to ensure an efficient, effective and safe way of working is established. This will include as stated above clear alignment with the SAP processes.

Workforce planning for the 8 Home Teams has progressed and following a process of organisational change, it is anticipated that appointments to include workforce allocation to the Home Teams will be concluded during the fourth quarter of 2021/22.

The transitioning of staff will be supported by the Organisational Development and Learning Team.

Work continues in defining the impact of Home Teams for ongoing monitoring with clear deliverables and outcomes whilst ensuring alignment with other work ongoing within the community.

The recruitment process is well underway for an additional 17 WTE HCSW to support discharge to assess pathway and Home Teams (as per recent SG funding). However, careful consideration is being given to deployment of these new staff to support priority risk areas in the first instance before commencing their substantive posts.

It is important to note the impact that the introduction of the Home Teams model on the AHP workforce and that staff need to be freed up from current commitments so that they can align their work to the new model.

The introduction of Home Teams will correspond with the introduction of a new Directorate Management Structure which will move away from traditional locality-based management to more effective portfolio based management. Locality identify will still be maintained through Home Teams.

Cottage Hospitals

Cottage Hospitals continue to sit at 100% occupancy (with a total bed complement of 60). An environmental risk assessment was carried out in August 2021 across the Cottage Hospital estate in order to increase bed capacity. This resulted in only 4 additional beds.

Mountainhall Ward 1 (situated in Dumfries) is due to open on 18 October (for a fixed term period up to 31 March 2022) to support winter surge with the majority of staff being recruited from within existing teams and from our deployment register. This will bring additionality of 12 beds with surge to 18 if required).

There are currently 4 Cottage Hospitals temporarily closed with an initial total of 93 staff affected (Nursing, AHPs, HCSW, Hotel Services and Support Services), however these staff have been deployed to other areas with some moving to new roles and some staff retiring. Predominantly staff are working within the Directorate supporting Community Nursing Teams to provide capacity across the following areas: Care at Home, Mountainhall Ward 1, Care Homes and Vaccination Delivery Programmes.

There has been a heavy reliance on these staff to support priority areas. Over the past 18 months work has been undertaken in partnership with staff side and Human Resources within NHS DG to work with the deployed staff to create additional capacity to support the Directorate and Partnership response. There are a number of staff who have been willing to change and have been successfully deployed across the system,

but despite many efforts there are still staff who decline to work in any other area which is having an impact on the Partnership being able to mitigate high risk areas.

Community Based Treatment and Care (CTAC)

A plan is currently being developed for the delivery of Community Treatment and Care Services in line with the GMS Contract for Scotland and associated Memorandum of Understanding covering phlebotomy, urine testing and ECG delivery but initially focussing on phlebotomy services to ensure a standardised approach to community based testing across Dumfries and Galloway.

GP Out of Hours

A review of the GP Out of Hours service model with a view to establishing a multidisciplinary model that ensures practitioners with the right skills, knowledge and experience to meet the needs of the people who access the GP Out of Hours Service. The new multidisciplinary model was implemented in July 2021 and the next step for the project is to develop a 24/7 Urgent Care Hub within Midpark Hospital.

Rehabilitation (Links to SCI1 KA1, 2, 3, 10, SCI6)

The national Framework for Supporting People through Recovery and Rehabilitation (2020) recognises the potential need for a prolonged period of recovery that encompasses mental health, wellbeing and physical rehabilitation as a result of the COVID-19 pandemic. This sits alongside the Nadine Cossette report Meeting the Mental Health Needs of Patients Hospitalised Due to COVID-19 (2020).

Both reports acknowledge the challenges for those recovering from the virus and the framework also recognises the impact of delay or service delivery changes for people with long-term health conditions across all ages.

The reports recognise the need for co-ordination of rehabilitation and care and the need to ensure seamless transitions from one stage in recovery to final rehabilitation, whether this is step down from critical care services to ward and back to community, or from community back to engagement in work, education or meaningful activity. At each point in this rehabilitation and recovery journey, there is need for access to appropriate support which ranges from specialist rehabilitation to timely access to advice to support self-management.

The framework recommends that the needs in relation to recovery and rehabilitation of three distinct groups are considered.

- 1. The rehabilitation of people who have had coronavirus (Covid-19) and as a result may present with symptoms such as cardiovascular, pulmonary and musculoskeletal deconditioning, emotional, neurological and cognitive**

symptoms such as anxiety, post-traumatic stress disorder, post intensive care syndrome, fatigue and pain

In Dumfries and Galloway the impact of the early pandemic was low in comparison to other regions, however recent weeks has seen a significant spike in demand. The Respiratory Team have to date been undertaking the routine follow-up of patients who have been hospitalised with support to manage their ongoing breathlessness and fatigue being offered by the Respiratory Specialist nurses and the Pulmonary Rehabilitation Team.

Utilising national funding, a Mental Health Covid-19 Clinical Lead has been identified and an additional Band 8a Psychologist is in the process of being recruited. This will support individuals who have had significant respiratory support as part of their illness journey.

Wider access to ongoing support for recovery and rehabilitation can be accessed via our Health and Social Care Single Access Point which is now in place and providing a route to access rehabilitation and reablement, social work services assessment, care and support at home and access to health and wellbeing support from either statutory services or our local authority or third sector partners.

We are moving to adopt a discharge to assess model and to increase rapid access to reablement for people in the community who have fallen or whose condition is deteriorating. Resources have been made available to provide additional health care support workers and AHPs to support this work and recruitment is underway

In order to address our shortfall within Vocational Rehabilitation 4 Occupational Therapists are undertaking the National Institute of Disability and Research Training Programme to increase Vocational Rehabilitation Capacity in primary care.

2. The rehabilitation of those people where emerging evidence points to a negative impact as a consequence of the lockdown restrictions

This includes people who have been shielding, those with additional vulnerabilities, those with musculoskeletal (MSK) issues due to deconditioning and a lack of physical activity and those with pre-existing or emergent mental health and wellbeing issues.

The majority of AHP and Rehabilitation services across the region have developed digital offerings including MSK, Pulmonary and Cardiac Rehabilitation Services and Mental Health Services.

Podiatry and MSK staff have returned from contributing to vaccination programmes and supporting other services during the pandemic. Services are up and running nearer normal although face to face capacity is still impacted upon by infection control measures. All specialties are facing increased referral demands and growing numbers

on waiting lists. Active clinical triage is in place as is an opt-in solution. Current surge pressures however have the potential to impact upon staff availability.

Dumfries and Galloway has recently agreed to participate in the National Still Going project, using the Life Curve™ and Good Conversations to promote movement, physical activity, ownership and independence in the wider population. Training is currently underway and linkages have been made with the wider sport and leisure facilities which are now back up and running to maximise signposting and the use of their offerings.

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

Access to specialist rehabilitation has remained available throughout the pandemic in both the inpatient and community environments outlined below:

Community based teams of health and social care professionals

Rehabilitation and re-ablement services in the community comprise as follows:

- STARS providing re-ablement
 - Community Rehabilitation
 - Domiciliary and Outpatient based Physiotherapy and Occupational Therapy
 - Cardiac Rehabilitation
 - Pulmonary Rehabilitation
- Digital technology has been employed to support the rehabilitation wherever possible

NHS DG have recently appointed an Advanced Orthopaedic Practitioner who, as part of their role, will be identifying the needs and leading on the prehabilitation of patients delayed on an arthroplasty waiting list.

Adult Social Work

Social Work staff are currently working to a critical level with little scope to scale anything back. Referrals to the Duty Team have increased in the past 6 months due to a variety of reasons including lockdown impacts and reduction in available services as part of surge response. Static staffing levels and growing demands including more complex cases means the service is continually operating from a crisis management stance.

Where we have sustainability challenges;

- In Social Work Occupational Therapy referrals are high with waiting lists being used in all Localities, this is combined with 2.0 WTE vacancies.

- Mental Health Officer (MHO) recruitment issues and workload pressures due to implementation of new legislation. In order to try to address the impact of the age profile in the service, a “grow your own” approach is being taken. Three staff will soon commence MHO training at the end of November 2021 and are expected to finish in June 2022, there will then be a 4 week period for registration period before they can operate as MHOs. There are 13 MHOs currently although 2 are Senior Social Workers so in effect 11 full time practitioners. A temporary MHO will provide support for the students. A qualified Social Worker will also commence MHO training in November 2022.

This is supported by work that has already been put in place to boost capacity by bringing in Care Coordinators and Social Workers.

- D&G are already one of the lowest paid for Social Work staff which will eventually result in staff leaving
- The demands of changing services during this current challenging period e.g. the move to a Home Teams model puts immense pressure on staff and risks staff burnout. Similarly, the expected level of change over the lifetime of this plan, including the changes anticipated as part of the Feeley review will mean that our staff will have to continue to work in a crisis

Acute and Diagnostic Services (Links to SCI5 KA18)

The Acute and Diagnostics Directorate has had an extremely challenging six months, in June DGRI went into surge, the consequences of this have been the inability to continue with an elective green stream and significant decrease of elective surgery, with the greatest impact on orthopaedic joints. The number of delays within the hospitals has increased and this has impacted on the occupancy levels within DGRI. Staffing has been impacted especially nursing staffing due to high occupancy levels and leave for all reasons, including annual leave and sickness absence. The aim is to restart electives safely but there is not a confirmed date for that due to ongoing demand/delays.

The impact of the increase in national ICU capacity will be an additional one adult ICU bed for Dumfries & Galloway, this will require an increase in nursing, AHP and pharmacy staffing. The Critical Care Unit (CCU) has had to revert to a closed unit in early September due to increasing number of COVID patients. Due to staffing issues and occupancy levels they have continued to manage Level 1 patients within CCU to decrease impact on downstream wards. Theatre staff have also been redeployed back into CCU to support and this has impacted on elective surgery.

As part of the Redesign of Urgent Care Programme a Flow Navigation Centre was established during the third quarter of 2020/21 and provides safe scheduled access to urgent care to those with non-life threatening conditions.

To support the planning and delivery of alternative pathways with a focus on improving those which direct people to community based care, dedicated resource has been allocated to this work from the SAM Team and from the Strategic Planning Team. This work will run through until quarter 4 of 2022/23 and will ensure local people benefit from access to the right care in the right place at the right time.

Orthopaedics

As part of the local commitment to delivering the Centre for Sustainability Delivery Annual Workplan, work is underway to redesign orthopaedic pathways to maximise the opportunities to promote self-management, develop primary care based pathways through First Contact Practitioners, offer direct referral to x-ray and embed enhanced vetting of new referrals to ensure those who need seen the most can access services.

Ophthalmology

The Ophthalmology Shared Care Pilot continues to operate under the current arrangements and will remain in place until the end of the year. There will then be the opportunity to tie this work in with the wider Ophthalmology Service Review, an options appraisal for the future Ophthalmology Service model is due by the end of 2021.

Long COVID-19

Physical, cognitive and emotional symptoms associated with Covid-19 can linger long after the initial onset of the virus. These can affect every day functioning and engagement with usual activity which can in turn maintain and exacerbate psychological distress.

Psychological support for management of the emotional and behavioural impact of Covid-19 is provided, in part, through existing services. In NHS DG there is a well-established and well-connected Clinical Health Psychology service which aims to help people to live well with their physical health conditions, including emotional burden, adjustment and acceptance. It is a general medical service and as such is available to people with long Covid-19 through referral from clinicians within primary or secondary care settings. Referrals of people with Long Covid-19 to the Clinical Health Psychology team will be monitored to identify demand and likewise, people with lingering Covid-19 symptoms can access relevant e-health packages available through digital platforms such as SilverCloud.

Resource has been made available through the Cossette report to recruit a clinician who will have responsibility for development of a proactive and assertive outreach service for people hospitalised by Covid-19. This has been supplemented by additional funding to allow recruitment of a 1.0 WTE post for 36 months; recruitment to this post is in progress.

Within the Acute sector a clinical group looking at how the service is managing the impact of referrals around the symptoms of Long Covid-19 has been established.

There are close links with community services and a Long Covid-19 recovery group has been developed to ensure services are kept abreast of developing best practice in Long Covid-19. Information around self-help and referral routes is available on public website and the local intranet. Rehabilitation services delivered from within established services and via community system wide Single Access Point.

Integrated Community Equipment Service (ICES) (Links to SCI1)

ICES provide beds, mattresses, hoists and day to day living aids into people's homes and also on a loan basis to residential care homes to avoid delays in discharge.

The service is accessed predominantly by professional Occupational Therapy (OT) assessment. The Adult Social Work Contact Centre handles calls directly from the public that allows direct access to 10 basic items, for example, toileting aids, shower chairs. Housing Authorities and Care Call also contact the service directly if they come across items that would be of assistance when they are in people's properties.

ICES year on year activity for the period 6 months to the 31 August 2021 has increased by 20% in terms of service user deliveries and 17% in terms of number of items of equipment requested.

Whilst there has been some discussion nationally around difficulties in having items of equipment installed, this has not been an issue locally as we employ our own driver/fitters and are currently running 5 vehicles across the region daily.

Supply issues currently being experienced across the UK have on the whole been managed by sourcing alternative suppliers or products where possible. There has also been a local drive on the recycling of equipment and additional staff have been working to support this within the decontamination unit to maximise throughput.

Supply delays have been raised at national and government level.

Mental Health (Links to SCI1,SCI 6)

Over the last 6 months the Mental Health Directorate has continued to provide services for local people in extremely challenging circumstances as the after effects of wave two of the pandemic left a lasting impact on the staff group. That was evident in the sickness absence levels of the Directorate being 10%, 6% above the target of 4%.

There are areas, Inpatient and Specialist Drug and Alcohol where the level of sickness is higher than the average 10% creating significant operational difficulties.

Demand is currently higher than capacity in all internal departments within the Mental Health Directorate, and this can be evidenced by referral and data activity since January 2021.

It is worth noting that there are 3 areas of increased pressure;

- Inpatient bed capacity
- Specialist Drug and Alcohol referral activity, and
- Increasing demand for Psychology

In addition to these pressures Prison Health Care and Midpark Hospital are currently experiencing significant Covid-9 related outbreaks, resulting in alterations to clinical management and pathways.

There continues to be significant risks managed within the Health and Social Care Partnership, which the Mental Health Directorate have a lead role in managing and where possible reducing namely:

- Drug Related Deaths
- Alcohol Related Deaths
- Suicide
- Self Harm

The Mental Health Directorate has taken a proactive approach to managing the internal operational challenges with a focus on maintaining the highest levels of activity and quality of care possible for the people of Dumfries and Galloway.

As part of the Sustainability and Modernisation Programme a review of Community Mental Health Nursing has taken place to establish current service provision and demand post pandemic to agree the core principles of the Community Mental Health Service, the model will be further developed during 2022.

Dementia Care in Dumfries and Galloway is part of an ongoing programme of improvement work within the Directorate. A Dementia Steering Group has been developed to bring together key stakeholders internal and external to begin to move towards a whole system approach to meeting the needs of this group for the duration of their condition. Supporting people with dementia is a priority for the Partnership and supported self-management is a key enabler to people living independently for longer. The Redesign of Dementia Diagnostic and Post Diagnostic Pathways Project will deliver improvements in 2 key areas;

1. Take positive learning from project work undertaken in Nithsdale Locality, to create a sustainable and therefore spreadable model, to reduce unwarranted variation and improve the quality, experience and access to dementia diagnoses
2. Identify the range of post diagnostic support available to people diagnosed and their carers.

Traditionally, people living with dementia are referred in to mental health services for diagnosis and ongoing support, this approach will be modernised by offering support on a “patient-initiated return” basis, to a more accessible and person-centred community-based service, there is potential that this frees up capacity but that will be offset by increasing demand.

The model whereby patients attend 'memory clinics' to see a psychiatrist for assessment and diagnosis can be modernised and made more sustainable through a 'virtual clinic' model, whereby skilled and knowledgeable practitioners undertake the majority diagnostic assessment. This is a more efficient use of psychiatrist time, and enables more people to access a diagnosis more quickly. This can be viewed as an enhancement to current service provision rather than a service change as the previous pathway is still available if there is the clinical need. In addition, pathways will be developed with Home Teams to develop clear processes to allow patients to flow between the two teams and links will be developed with Single Access Point. The aim is to improve the knowledge of the wider health and social care team around thresholds for referral and when to refer to specialist services.

As part of the project education and training programmes will be available to ensure all staff across health and social care are at a minimum of skilled level of the Promoting Excellence¹⁰ and potentially as part of mandatory training or induction. Similarly, all Community Mental Health staff will be skilled at Enhanced Level of the Promoting Excellence Framework.

Primary Care (Links to SCI1-KA11, SCI4-KA46)

Over the last 6 months the Primary Care Services Directorate has continued to support the 4 contractor groups, GP practices, dental practices, optometrists and community pharmacy colleagues. All contractor groups have been working to provide their full range of services within the limitations of ongoing Covid-19 measures. GP practices locally are facing high demand for services and pressure to increase face to face appointments whilst still operating within necessary Covid-19 measures. We have developed and issued some targeted communications to enhance public understanding of the reasons why the delivery model in general practice remains more balanced towards virtual consultations than was the case pre-pandemic.

Community pharmacy colleagues have continued their service provision throughout the pandemic period. Optometry colleagues have, on the whole been able to recover well with many now achieving near pre-pandemic levels of activity. Dental colleagues continue to face capacity issues as their work requires fallow time which for most practices limits activity currently to around 50% of pre-pandemic levels. We have experienced pressure on the Public Dental Service as contractor practices are unable to take unregistered dental emergencies.

¹⁰ <https://www.gov.scot/publications/promoting-excellence-2021-framework-health-social-services-staff-working-people-dementia-families-carers/>

Primary Medical Services

All 32 GP practices in Dumfries and Galloway are providing the full range of Primary Medical Services, Additional Services and Enhanced Services. Appropriate social distancing measures and infection control measures are continuing.

Practices are continuing to adopt a flexible approach to the provision of GP services, including telephone triage, telephone consultation, NHS Near Me and face to face consultations where appropriate. One practice continues to operate at level 2 service only in respect of the special arrangements in place at its branch surgery sites.

Prioritisation will continue to be required within the capacity constraints arising from social distancing and enhanced infection control arrangements. Throughout the pandemic, development work has been ongoing with cluster leads and practices to support new ways of working.

GP recruitment and retention continues to be an issue with at least one in every three practices supporting a WTE vacancy for either a salaried or partner post. As part of our approach to developing sustainable workforce models, scoping work has been undertaken to develop a GP with Special Interest Programme to attract new GPs to the area, increase the skills of existing GPs and improve the cross working between primary and secondary care. This will be further developed during 2022.

As part of the development of sustainable services, options around service models and different roles that could support GP practices are being explored this could include the use of paramedics, clinical pharmacists or physician associate roles. The role of the practice nurse will change over the next year due to the transfer of previous GP practice activity into the NHS Board through the Community Treatment and Care Service requirements of the 2018 General Medical Services (GMS) contract.

General and Public Dental Services

NHS Dental Services continue to provide the full range of services in phase 4 of their recovery plan with all types of treatment now being undertaken in practice. All 34 dental practices are now open and operating at a very much reduced capacity due to enhanced infection control and physical distancing arrangements. Supportive visits are underway for the practices with activity levels below 20% of pre-pandemic levels to develop plans for recovery.

Public Dental Service colleagues continue to support the urgent care of their registered patients and also to those not registered with a dentist in the region. Similar to their contractor colleagues, the public dental service team have restarted special care clinics to work through the outstanding treatment needs of their registered patients. The urgent care of unregistered patients is impacting on the capacity available for public dental services and discussions are ongoing with Scottish Government colleagues regarding funding for additional posts to support this extra workload.

The public dental service also provides supervision for patient treatment clinics for 5 final year undergraduate dental students from Glasgow Dental Hospital and 12 dental therapy students from University of Highlands and Islands. All dental undergraduate and therapy students have now returned to their studies onsite at Dumfries Dental Centre.

General Ophthalmic Services

General ophthalmic contractors are now able to provide all aspects of care in their practice premises and are continuing to recover and remobilise. Many practices are demonstrating similar levels of activity to pre-pandemic and the optometric adviser continues to support practices in their further development. As is routine, urgent care continues to be prioritised where necessary.

Carer Support (Links to SCI1-KA10, SCI6-KA56,KA58, KA59)

Short Breaks and respite for Carers continue to be provided at reduced levels compared to pre Covid-19 provision and the current pressures being experienced across the Health and Social Care system have been identified as a significant risk to being able to continue to provide the same or increased levels of Short Breaks and respite for Carers over the coming months.

A Short Breaks Working Group for Dumfries and Galloway has been re-established to lead on the work around Short Breaks for Carers and to support their continued provision. The group recognises the importance of engaging with local Carers to determine the current level of need for Short Breaks and the types of Short Breaks that Carers would like to see. This reflects anecdotal feedback that there is still a significant level of Covid-19 anxiety. An engagement survey on Short Breaks has been developed and circulated via the Dumfries and Galloway Carers Centre and other partners.

The Dumfries and Galloway Carers Centre runs a Time to Live Short Breaks Project. In addition, the VisitScotland ScotSpirit Holiday Voucher Scheme has recently been announced. The scheme is funded by Scottish Government and forms part of the Scottish tourism pandemic recovery programme. The Carers Centre have also recently had a funding proposal for local Carers Act Funding support approved to fully implement Respite in Dumfries and Galloway and to develop further the provision of overnight breaks and full day breaks for Carers who will have struggled or struggle to get a break from their caring role particularly as a result of the pandemic.

The Dumfries and Galloway Carers Centre has also supported the allocation of funding for other types of Short Breaks which has been provided by Shared Care Scotland and topped up using other local funding. In total, just over £40,000 was allocated to 199 Carers. It is clear from the evaluation report on the scheme that a relatively small investment to support Carers can have a significant effect on their wellbeing, their ability to continue their caring role and prevent them from reaching a point of crisis.

Vaccination Programme (Links to SCI4 KA41)

Routine Immunisations

Planning for the increased and expanded influenza campaign this winter is underway, which will now include all over 50s and secondary school pupils.

A new model for planning, management and delivery of all vaccinations across Dumfries and Galloway has been developed and agreed.

Coronavirus Vaccinations

The mass vaccination of all over 16 years is now complete with very high uptake figures. We are awaiting government guidance of global vaccination for young people aged 12 – 15 years and are planning for delivery of this if received.

Co-administered COVID Boosters and Flu have begun for Care Homes and for Frontline NHS Staff as has the 12-15yrs COVID campaign with delivery in schools. The Immunisation Team will then move on to the over 70s and patients in 'at risk' categories, this first stage should be complete by the end of October. The programme will then move on to stage 2, everyone over 50 to be complete by the start of December. School vaccination will run in parallel and be completed by December. Because of the six month gap between the COVID second dose and the booster, there will be a need to extend the booster campaign into the 2022.

The Health and Social Care Partnership deployed significant resource into the planning and delivery of COVID19 vaccination. This has included deploying staff from other areas of work, recruiting temporary staff many of whom are recently retired and working with our General Practice colleagues. Partnership working with the Local Authority and Third Sector has helped significantly in the delivery of one of the biggest logistical exercises undertaken by the Board. This however is not without risk to the whole system across the partnership as we deploy resource to this tactical priority.

Vaccination Delivery in 2021/22

The flu campaign for Winter 21/22 is significantly bigger than in previous years; the COVID19 pandemic has added significantly to the immunisation workload and it is recognised that it is likely that annual boosters for COVID19 will be required for the population. A new model, including a significant additional resource, for planning, management and delivery of all vaccinations across Dumfries and Galloway has been developed and agreed to June 2022.

A review of the Winter 2021/22 campaign will be undertaken and learning from this will be used to further refine the model to ensure a robust service delivery model for the delivery of all vaccinations. Safe and sustainable delivery of all vaccination programmes will continue to be a priority for the Health and Social Care Partnership in 2021/22.

Test and Protect

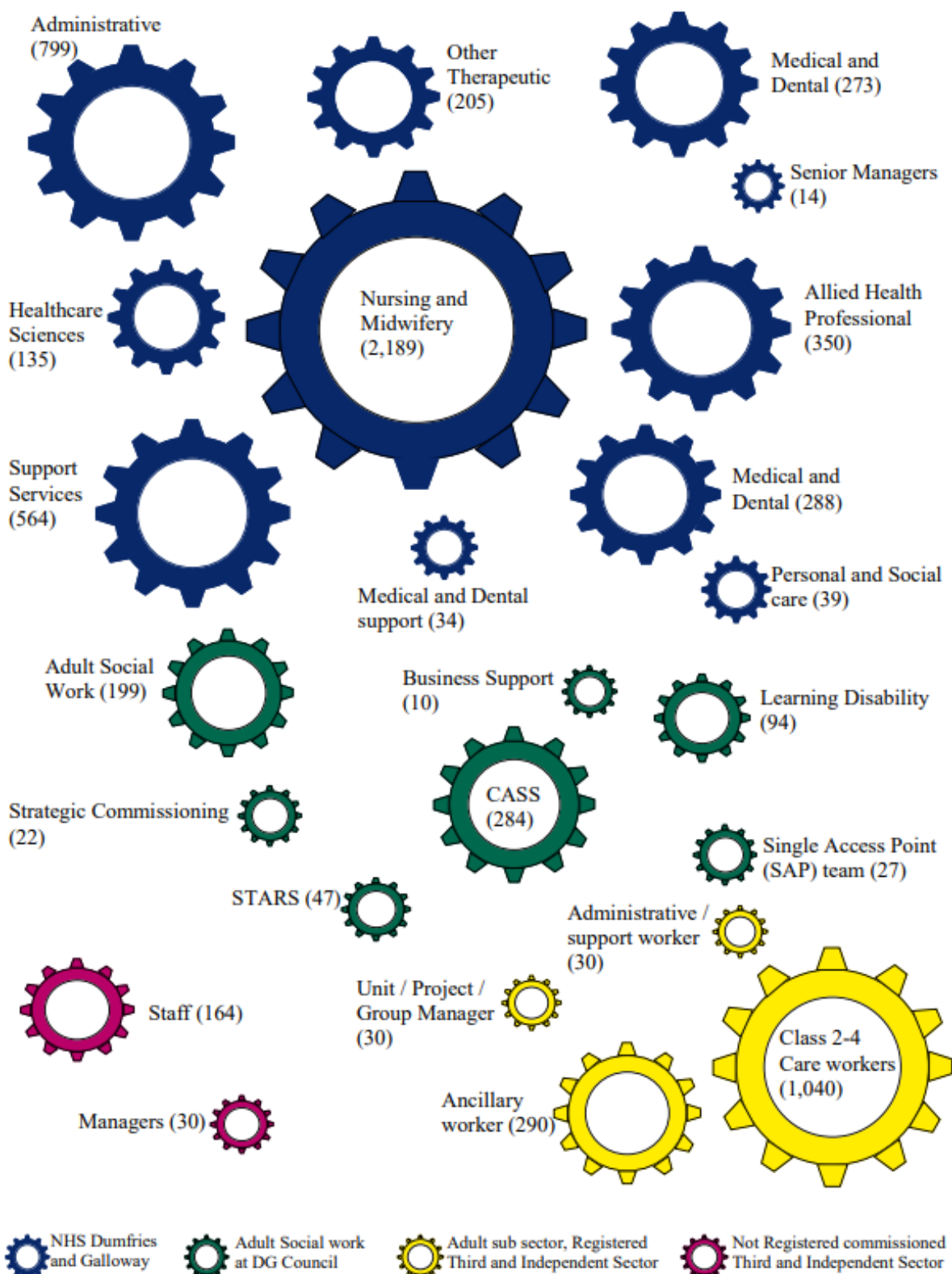
Test and protect involves three aspects of identification, isolation, and support. Testing is currently provided using a range of approaches both symptomatic and asymptomatic; this is available in line with Scottish Government testing policy and available to the public through a variety of community testing sites, community pharmacies and postal kits. The Public Health department, in partnership with other departments and partner organisations will continue to offer flexible, accessible, and evidence based testing in alignment with national policy. The Public Health department will continue to identify areas of testing need (both in response to outbreaks, changing epidemiology, and variations in uptake) and support individuals and communities to access testing. The Public Health department, in partnership with local and wider partners will work to understand barriers to testing and self-isolation, and use measures to reduce these barriers, thereby reducing onwards transmission of COVID19 virus.

The Test and Protect Team will continue to provide intelligence on the spread and nature of infections, and links between cases, both by routine contact tracing, and additional focused follow-up of cases. However, wider issues of wellbeing have already emerged through contact tracing activity, and the Test and Protect Team will continue to lead on the identification and appropriate referral of vulnerable members of the community onto a range of appropriate partners.

Changes in workload and capacity are likely to remain challenging as we respond to future 'peaks' due in part to changes in legislation and emergence of new variants. To support the test and protect programme locally, a core team of 12 WTE under the leadership of a service manager is established. Additional capacity is obtained from staff across the Partnership that have been deployed from their substantive roles along with a further cohort of staff working additional hours as demand dictates. In sustaining this, we are mindful of the risk to wider service provision of sustaining the deployment of staff to support this function, as well as those staff who are undertaking additional hours at a time when they have been working relentlessly to support our response to the Pandemic for over 18 months. While the incidence and prevalence of COVID19 appears to be reducing again locally, the potential risk to individuals and wider service provision will be assessed and mitigated should there be a further increase with associated demands on Test and Protect. The Public Health Department will continue to work with the National Contact Tracing Team to develop and enact process to respond to the changing demands on the service and to provide capacity to support the Scottish contact tracing system.

Workforce Information – Appendix 1

NHS Dumfries and Galloway, Dumfries and Galloway Council Adult Social Work at 30/09/2021, Dumfries and Galloway Adult sub sectors Third and Independent sectors at December 2020, Not Registered Commissioned Third and Independent sector at March 2019; headcount by Job Family or Job Role



Registered Third and Independent Sectors Workforce

The information in this section has come from the Scottish Social Services Council (SSSC) and is as at December 2020. (<https://data.sssc.uk.com/data-publications/22-workforce-data-report>).

This information related to services which are registered by the Care Inspectorate and have information about their workforce published by the Scottish Social Services Council (SSSC).

The SSSC report has 2 main sources of data. The first is the annual returns collected by the Care Inspectorate from all registered care services. The second is the annual census of local authority Social Work staff, carried out by the SSSC.

There are a number of groups working in the social service sector that these statistics do not capture. These include childminding assistants, volunteers and personal assistants. Another group not included in these statistics is centrally based office staff in private and voluntary organisations. This is because they are not based in a registered service and so are not included in the scope of the Care Inspectorate's data collection.

This data has been extracted using the following SSSC sub sectors:

Adult Day Care, Adult Placement Service, Care home for Adults, Housing Support/Care at Home, Nurse Agency, Offender Accommodation, Fieldwork Service (Adults), Fieldwork Service (Generic) and Fieldwork Service (Offenders).

This is to try to exclude any services working with children because children's services are outside the scope of this Workforce Plan. However there may be some service who are not included, such as Central and Strategic Staff sub sector, whose work includes adult services.

There were approximately 4,450 people working in adult sub sectors in the Registered Third and Independent Sector at December 2020. Just under 1 in every 2 of these people worked in the Voluntary sector (48%). 85% of the workforce was female.

Table 4: Headcount by Employer type and gender; Adult sub sectors only; Registered Independent Sector; at December 2020; Dumfries and Galloway; SSSC

Employer type	Female	Male	% Female	% Male	Headcount	% of total Headcount
Private	1,380	200	87.3%	12.7%	1,580	35.5%
Public	1650	90	87.8%	12.2%	740	16.6%
Voluntary	1,730	400	81.2%	18.8%	2,130	47.9%
Total	3,760	690	84.5%	15.5%	4,450	100.0%

Source: Scottish Social Services Council (SSSC)

There is no Whole Time Equivalent information available for people working in Dumfries and Galloway. The SSSC calculates an estimated WTE for Scotland (Table 2 page 13 of their 2020 report¹¹). In order to provide a best guess estimation for Dumfries and Galloway we can use the ratios of Headcount to WTE for Scotland as a whole and map them onto the Headcount by sub sector for Dumfries and Galloway. At best this is a very rough estimation, because it assumes job roles and working patterns are the same in Dumfries and Galloway as for Scotland as a whole. In practice this will probably not be the case. In absence of any other WTE estimation then this best guess estimation WTE for Dumfries and Galloway is approximately 3,382 people. This number should not be used for further calculations or relied on for decision making.

5 in 6 of registered people, who are working in the Registered Third and Independent Sector adult sub sectors, were working in Class 2-4 Care Worker roles (84.1%), with the largest proportion working in Class 2 Care Worker roles (70%). Class 2 Care Worker roles include providing direct personal physical, emotional, social or health care and support. Class 4 Care Worker includes staff responsible for the assessment of care needs, the development/implementation of care plans, the delivery of care and services and the monitoring/evaluation of the delivery of care and services within a specific setting. In the Glossary at the end of this document are more detailed descriptions of the functions within these job roles.

Table 5: Headcount by job role; Adult sub sectors only; Registered Independent Sector; at December 2020; Dumfries and Galloway; SSSC

Role	Headcount	Headcount %
Administrative / Support Worker	210	4.8%
Ancillary Worker	320	7.3%
Class 2 Care Worker	3,100	70.3%
Class 3 Care Worker	420	9.5%
Class 4 Care Worker	190	4.3%
Unit / Project Manager	150	3.4%
Group Manager	20	0.5%
Director / Chief Executive	0	0.0%
Unknown	0	0.0%
Total	4,410	100.0%

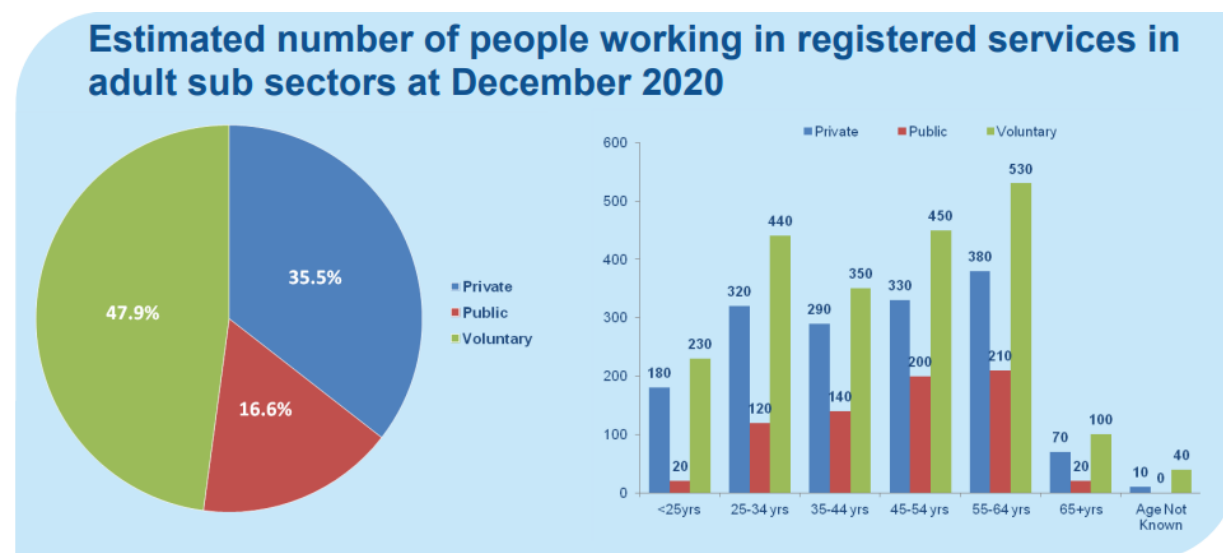
Source: Scottish Social Services Council (SSSC)

Within the Registered Third and Independent Sector the SSSC classifies 3 employer types. These are public, private and voluntary employers.

The chart below the voluntary employer type employs the most people with 47.9% of the estimated headcount. The graph shows a breakdown of the estimated number of people working for each of these 3 employer types by age bands.

¹¹ <https://data.sssc.uk.com/data-publications/22-workforce-data-report/263-scottish-social-service-sector-report-on-2020-workforce-data>

29.6% of the workforce were aged 34 or younger. In the public sector this is 19.7% of the workforce which is lower than both the private sector (31.6%) and the voluntary sector (31.3%). These proportions are different to Scotland as a whole, where proportion of the workforce aged 34 and young is lower at 26.0%. Within the employer types the proportion of staff aged under 35 for Scotland are public sector 14.6%, private sector 32.4% and voluntary sector 27.8%.



Source:
Scottish Social Services Council (SSSC)

At December 2020 there were 106 registered services with adult sub sectors in Dumfries and Galloway. Of these 34 (32%) were in residential services and 72 (68%) in non-residential services. The registered services are shown by employer types in the table below.

Table 6: Number of registered care services by employer type and sub sector; Adult sub sectors only; Registered Third and Independent Sectors; at December 2020; Dumfries and Galloway; SSSC

Employer Type	Number	%	Number of adult care homes	%	Number of non-residential services	%
Private	44	41.5%	24	2.9%	20	65.7%
Public	15	14.2%	1	70.6%	14	14.0%
Voluntary	47	44.3%	9	26.5%	38	20.3%
Total	106	100%	34	100%	72	100%

The proportion of people working full time is higher for those working in adult care homes (53.6%) compared to people working in non-residential service (39.9%).

Table 7: Headcount by Employer type and sub sector; Adult sub sectors only; Registered Independent Sector; at December 2020; Dumfries and Galloway; SSSC

Employer type	Adult Care Homes					Non-residential services				
	Full Time	Part Time	Total	% Full Time	% Part Time	Full Time	Part Time	Total	% Full Time	% Part Time
Private	580	460	1,040	55.8%	44.2%	770	790	1,560	49.4%	50.6%
Public	0	10	10	0.0%	100.0%	300	450	750	40.0%	60.0%
Voluntary	170	180	350	48.6%	51.4%	700	1,430	2,130	32.9%	67.1%
Total	750	650	1,400	53.6%	46.4%	1,770	2,670	4,440	39.9%	60.1%

There are a higher proportion of people working as Class 2 Care Workers (76.2%) in non-residential services than the proportion of people working in adult care homes (57.6%).

Table 8: Headcount by role and sub sector; Adult sub sectors only; Registered Independent Sector; at December 2020; Dumfries and Galloway; SSSC

Role	Adult Care Homes		Non Residential services	
	Headcount	Headcount %	Headcount	Headcount %
Administrative / Support Worker	30	2.2%	180	6.0%
Ancillary Worker	290	20.9%	30	1.0%
Class 2 Care Worker	800	57.6%	2,300	76.2%
Class 3 Care Worker	180	12.9%	240	7.9%
Class 4 Care Worker	60	4.3%	130	4.3%
Unit / Project Manager	30	2.2%	120	4.0%
Group Manager	0	0.0%	20	0.7%
Director / Chief Executive	0	0.0%	0	0.0%
Unknown	0	0.0%	0	0.0%
Total	1,390	100%	3,020	100%

At this time of writing this report there is no sickness absence information available from the SSSC for registered services.

NHS Dumfries and Galloway Workforce

This section covers the NHS DG workforce, excluding bank and locum staff, at 30 September 2021. The information has been extracted from the NHS workforce system eESS as at 30 September 2021 on 04 October 2021.

There were 4,602 people employed which was equivalent to 3,745.5 Whole Time Equivalent (WTE). 43.3% of the people working work on a full time basis.

44.2% are working in the Acute and Diagnostic Services Directorate (2,034 people equal to 1,640.6 WTE). Community Health and Social Care Directorate is the second largest Directorate by headcount (894 people) and WTE (684.0 people).

Table 9: Headcount and WTE by Directorate; NHS Dumfries and Galloway; at 31 September 2021; eESS

Directorate	Head-count	Head-count %	WTE	WTE %	Full Time	Full Time %	Part Time	Part Time %
Acute and Diagnostic Services	2,034	44.2%	1,640.6	43.8%	821	40.4%	1,213	59.6%
Corporate (8 Directorates *)	613	13.3%	508.7	13.6%	345	56.3%	268	43.7%
Community Health and Social Care	894	19.4%	684.0	18.2%	280	31.3%	614	68.7%
Facilities and Clinical Support	103	2.2%	93.1	2.5%	78	75.7%	25	24.3%
Mental Health	496	10.8%	439.4	11.7%	302	60.9%	194	39.1%
Women and Children	462	10.0%	382.7	10.2%	168	36.4%	294	63.6%
Total	4,602	100.0%	3,748.5	100.0%	1,994	43.3%	2,608	56.7%

* Corporate consists of Chief Executive, Corporate Nursing, Finance, Health Services Team, Medical, Public Health, Strategic Planning and Workforce Directorates

The Job Family with the highest headcount is Nursing and Midwifery (2,189 people equating to 1,851.7 WTE people). In this Job Family 4 in 10 people work full time (42%).

Table 10: Headcount and WTE by Job Family; NHS Dumfries and Galloway; at 30 September 2021; eESS

Job Family	Head-count	Head-count %	WTE	WTE %	Full Time	Full Time %	Part Time	Part Time %
Administrative Services	799	17.4%	659.3	17.6%	402	50.3%	397	49.7%
Allied Health Professions	350	7.6%	279.4	7.5%	151	43.1%	199	56.9%

Healthcare Sciences	135	2.9%	122.2	3.3%	104	77.0%	31	23.0%
Medical and Dental	273	5.9%	220.9	5.9%	171	62.6%	102	37.4%
Medical and Dental Support	34	0.7%	22.5	0.6%	5	14.7%	29	85.3%
Nursing and Midwifery	2,189	47.6%	1,851.7	49.4%	920	42.0%	1,269	58.0%
Other Therapeutic	205	4.5%	165.3	4.4%	102	49.8%	103	50.2%
Personal and Social Care	39	0.8%	33.8	0.9%	18	46.2%	21	53.8%
Senior Managers	14	0.3%	13.2	0.4%	13	92.9%	1	7.1%
Support Services	564	12.3%	380.2	10.1%	108	19.1%	456	80.9%
Total	4,602	100.0%	3,748.5	100.0%	1,994	43.3%	2,608	56.7%

Turnover for the year 01 October 2020 to 30 September 2021 was 7.45%. This is broken down by Directorates and Job Family in the 2 tables below.

Table 11: Rate of Turnover by Directorate; NHS Dumfries and Galloway; 01 October 2020 to 30 September 2021; eESS

Directorate	Rate of Turnover (%)
Acute and Diagnostic Services	7.56
Corporate (8 Directorates) *	7.03
Community Health and Social Care	8.10
Facilities and Clinical Support	6.06
Mental Health	6.96
Women and Children	7.04
Total	7.45

* Corporate consists of Chief Executive, Corporate Nursing, Finance, Health Services Team, Medical, Public Health, Strategic Planning and Workforce Directorates

Table 12: Rate of Turnover by Job Family; NHS Dumfries and Galloway; 01 October 2020 to 30 September 2021; eESS

Job Family	Rate of Turnover (%)
Administrative Services	7.37
Allied Health Professionals	8.63
Healthcare Sciences	8.99
Medical and Dental	20.83
Medical and Dental Support	14.49
Nursing and Midwifery	4.74
Other Therapeutic	9.04
Personal and Social Care	12.50
Senior Managers	8.00

Support Services	9.09
Total	7.45

A high rate of turnover is not necessarily a negative, there will be circumstances where an employee applies for a fixed term contract position and then secures a permanent position. The full impact and effects of the Covid-19 pandemic on staff may not yet be visible in the turnover data yet.

From the above tables, staff working in the Community Health and Social Care Directorate and staff working in the Medical and Dental Job Family had the highest rate of turnover in the period 01 October 2020 to 31 September 2021.

Within Community Health and Social Directorate the most frequent reason for leaving was retirement (40% of leavers). The age groups with the highest number of leavers were ages 55-59 and 60-64 (28 people in all) and retirement was the most frequent reason for leaving in these age groups.

The Medical and Dental Job Family equates to 6% of headcount meaning it can have a higher rate of turnover for a smaller number of people leaving. Within this Job Family the age band with the highest number of leavers was ages 25-29 and the most frequent reason for leaving was end of a fixed term contract, with the highest proportion of these people having worked for the Acute and Diagnostic Directorate.

The Job Family with the second highest rate of turnover was Allied Health Professionals (AHPs), which had 8% of headcount at 30 September 2021. Within the AHP Job Family the age band with the highest number of leavers was age 25-29, which accounted for 24% of the AHP leavers although this was only 7 people. The largest number of leavers in this age group worked for the Community Health and Social Care Directorate.

In the period 01 October 2020 to 31 September 2021 there were 336 people who left NHS Dumfries and Galloway and who did not maintain an ongoing bank contract. The 5 main reasons for leaving were;

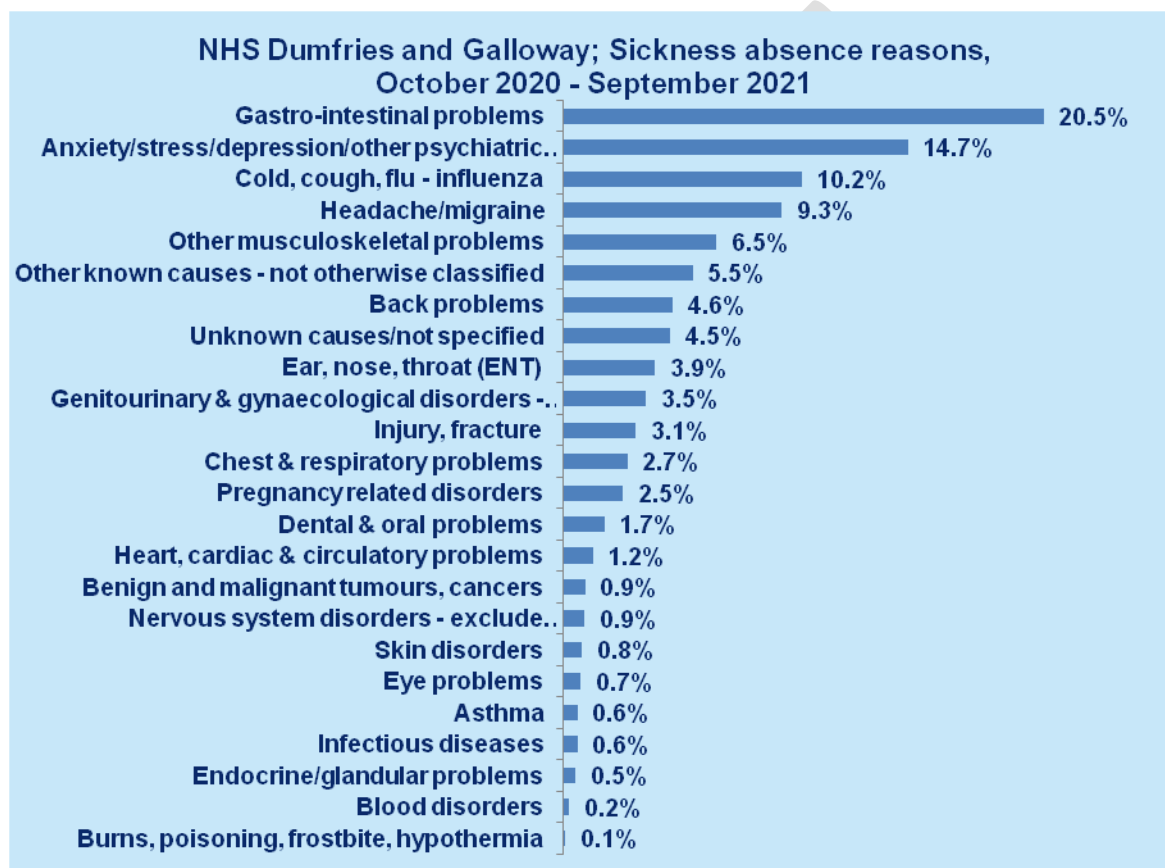
Table 13: 5 most frequent reasons for leaving; NHS Dumfries and Galloway; 01 October 2020 to 30 September 2021; eESS

Reason for leaving	Number
Retirement	110
Other	59
Voluntary Resignation - Other	77
Other NHS employment	39
End of Fixed Term Contract	39

The Directorates with the highest number of people retiring were Acute and Diagnostic Directorate (38%) and Community Health and Social Care (27%). These are the 2 Directorates with the highest headcount at 30 September 2021.

The Job Families with the highest number of people retiring were Nursing and Midwifery (46%) and Support Services (19%). Within Nursing and Midwifery Job Family retirement accounted for 49% of the reasons for leaving with 21% being Voluntary resignation – Other.

The most frequent reasons for absence from work due to sickness between 1st October 2020 and 30 September 2021 are shown below. Where there were less than 5 absences shown against a reason, this has been excluded from the graph to protect inadvertent identification.



NHS Dumfries and Galloway publish Equality and Diversity reports on their website. The address for this at the time of writing this report is:
<https://www.nhsdg.co.uk/equality-and-diversity/>

Dumfries and Galloway Council Adult Social Work Workforce

There were 683 people employed equal to 523.07 Whole Time Equivalent (WTE) in 695 positions. The area with the highest number of employed people is the Care and Support Service (CASS) with 274 people (40.1% of the headcount, or 2 out of every 5 staff members).

Table 14: Headcount by Job Family; Adult Social Work at 30 September 2021; iTrent

Job Family	Headcount	Headcount %
Access Team	14	2.0%
Adult Care Lead Manager	<5	<0.7%
Business support	10	1.5%
Care and Support Worker	8	1.2%
Care Call	13	1.9%
Care Co-ordinator	44	6.4%
CASS	274	40.1%
CASS Business support	10	1.5%
Commissioning	8	1.2%
Day Community and Home Support Services Manager Vulnerable Adults	7	1.0%
Day, Community and Home Support Services Manager	<5	<0.7%
Domestic Assistant	<5	<0.7%
Driver	<5	<0.7%
Escort	<5	<0.7%
Link Worker	76	11.1%
Locality Social Work Manager	5	0.7%
Occupational therapy	28	4.1%
Self Directed Support Co-ordinator	<5	<0.7%
Senior Day Community and Home Support Services Manager Vulnerable Adults	<5	<0.7%
Sensory support	<5	<0.7%
Social Work assistant	<5	<0.7%
Social Work Services Senior Operational Manager	<5	<0.7%
Social worker	59	8.6%
STARS	<5	<0.7%
STARS - Health and Social Care Support Worker	46	6.7%
Support co-ordinator	57	8.3%
Team Manager	<5	<0.7%
Grand Total	683	100.0%

In 01 October 2020 to 30 September 2021 there were 63 people who left Adult Social Work, accounting for 10.9% of the total posts at 30 September 2020 and 10.8% of total posts at 30 September 2021.

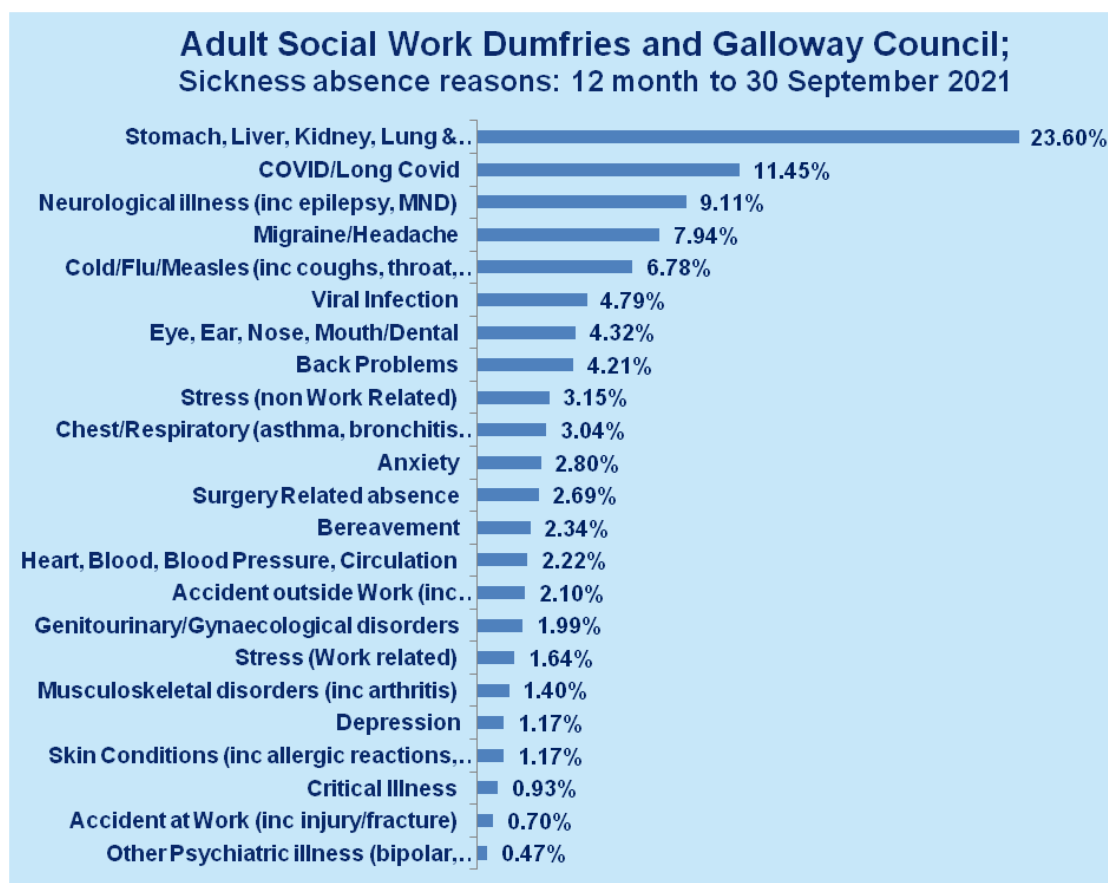
Table 15: Leavers by Job Family; Adult Social Work; 01 October 2020 to 30 September 2021; iTrent

Job Family	Leavers	Posts at 01/10/20	Posts at 30/09/21
Occupational Therapist	<5	25	26
Social Worker	5	56	59
Care Co-ordinator	<5	48	46
Support Co-ordinator	6	61	57
Care and Support Worker	34	257	262
Contact Centre Advisor	<5	5	12
Health and Social Care Support Worker	5	47	46
Link Worker	5	79	78
Total	63	578	586
Leavers as a percent of posts		10.9%	10.8%

Table 16: 5 most frequent reasons for leaving; Adult Social Work 01 October 2020 to 30 September 2021; iTrent

Reason at 30/09/2021	Number
Resignation	41
Retirement - in Occ Pension	7
Retirement; Retirement - Ill Health; Retirement – Early; - in Occ Pension	9

The most frequent reasons for absence from work due to sickness between 1st October 2020 and 30 September 2021 are shown below. Where there were less than 5 absences shown against a reason, this has been excluded from the graph to protect inadvertent identification.



Dumfries and Galloway Council publish Equality and Diversity reports on their website. The address for this at the time of writing this report is:

<https://dumgal.gov.uk/article/15138/Equality-and-diversity>

Not Registered Commissioned Third and Independent Sector Workforce

The information in this section has been provided by Dumfries and Galloway Council and is as at March 2019.

This information related to services which are commissioned but are not registered by the Care Inspectorate. These organisations were approached to complete a survey in April 2019. Not all of these services responded but approximately 80% did reply and the data below relates to these organisations.

Table 17: Headcount by Managers and other staff; Not Registered Commissioned Third and Independent Sector; at March 2019; Dumfries and Galloway Council

Role	Headcount
Managers	29
Other staff	164
Total	194

Table 18: Headcount shown by Day Centre and other types; Not Registered Commissioned Third and Independent Sector; at March 2019; Dumfries and Galloway Council

Organisation type	Headcount	Number of Organisations
Day Centres	70	9
Other	124	21
Total	194	30

As at 30 September 2021 the number of organisations was 34. 1 organisation can have multiple contracts.

Table 19: Not Registered Commissioned Third and Independent Sector; at August 2020; Dumfries and Galloway Council

	Number of Organisations	Number of Contracts
Total	34	42

At this time of writing this report there is no sickness absence information available for the Not Registered Commissioned Third and Independent sector.

The Wider Third Sector Workforce

In addition to the information provided in the Workforce profile, general information about voluntary sector can be found on the Scottish Council for Voluntary Organisations (SCVO) website. Under the State of the Sector 2020, which can be found at <https://scvo.scot/policy/sector-stats>. There is general information about the estimated number of paid staff.

The SCVO information in the table below may include some organisations already detailed in the Not Registered Commissioned Third and Independent Workforce section above.

Note the SCVO provides information about specific types of voluntary organisations only. Criteria include that the organisation is a voluntary sector organisation (an independent, self-governing body of people acting for the benefit of the community), the organisation works towards the principles of good governance in line with the Scottish Governance Code for the Third Sector and Checkup and the organisation is non-profit distributing. There is a fee for membership which was determined by Income at the time of writing this report.

Table 20: Paid Headcount shown by Activity; voluntary sector; as at 2018; OSCR 2019 and Scottish Council for Voluntary Organisations SCVO 2019.

Activity	Headcount (Paid)
Social Care	533
Health	179
Total	712

Not all the organisations in these Activity categories will be supporting services which are commissioned by DG Council or NHS DG on behalf of the Integration Joint Board (IJB) and therefore within the scope of this Workforce Plan.

When considering the information from the SCVO, there are volunteers under other Activity groups who might not support traditional healthcare, but may be contributing to positive health and wellbeing outcomes.

At this time of writing this report there is no sickness absence information available for Wider Third Sector organisations, unpaid Carers or Volunteers.

Unpaid Carer Workforce

In the 2011 Scotland census there was a question asking if people provided unpaid care. The 2021 Scotland census was delayed because of the Covid-19 pandemic. At the time of writing the next census is scheduled to take place in 2022. Information about census in Scotland can be found on this website [here](#).

Volunteers

In addition to the information provided in the Workforce profile, general information about volunteering can be found on the Scottish Household Survey website, which can be found at [here](#), and also on Volunteer Scotland's website which can be found [here](#).

DRAFT

Glossary of Terms

Assistive, Inclusive Technologies (AIT)

AIT are items of equipment that support people to stay independent and safe at home, such as remote monitoring equipment, hand rails, ramps and mobile phone apps

Carer

When we use Carer (with a capital C) in this document we are talking about people who provide unpaid care and support to a family member, neighbour or friend. There are Adult Carers, Young Carers aged under 18 and Young Adult Carers aged 16 – 29

Care and support

Care and Support is a mixture of practical, financial and emotional support for people who need extra help to manage their lives. Supporting people to live independently, be active, participate and contribute to society, maintain their dignity and their human rights

CASS

Care and Support Services

DG Council

Adult Social Work at Dumfries and Galloway Council

DGRI

Dumfries and Galloway Royal Infirmary

Good Conversations

This is a communication course that helps people providing health and social care find out what matters most to the people they support and what they want to achieve. The conversations focus on supporting people who are dealing with difficult situations or living complex and challenged lives. The skills developed on this course enhance the assessment and planning of care and support focusing on wellbeing, prevention, anticipatory care and approaches for self-management

GP

General Medical Practitioner sometimes referred to as a family doctor

Home Teams

Teams of people from different organisations and sectors across health and social care, working together to support people to stay as independent as possible in their home. This could be through reablement, community support or health and social care input

Headcount

Number of people working

IJB

Integration Joint Board

Integration Joint Board

Where the health board and local authority agree to put in place a third body corporate model. The Integration Joint Board is then responsible for planning and having oversight of the delivery of delegated functions

LGBT+

Lesbian, Gay, Bisexual, Transgender and related communities. The '+' is an inclusive term which represents other sexual identities

NHS DG

NHS Dumfries and Galloway

NSS

National Services Scotland

Partnership

Health and Social care under the Integration Joint Board, encompassing NHS Dumfries and Galloway and Adult Social Care

In this document Partnership (with a capital P) is the Health and Social Care Partnership as defined within the Public Bodies (joint Working) (Scotland Act) 2014. This refers to the integration of health and social care statutory bodies (organisations), specifically NHS Dumfries and Galloway and Dumfries and Galloway Council, providing health and social care and support, as directed by the IJB

Partners

In this document, partners (with a small p) refers to the wide range of partners including people, communities, groups, services and organisations from all sectors that deliver or access health and social care across Dumfries and Galloway

Primary care

Often the first point of contact with community based health services including GP practices, dental practices, community pharmacies and high street opticians, as well as community nurses and allied health professionals (AHPs) such as physiotherapists and occupational therapists

Reablement

Reablement is support that is provided over a short period of time (up to 6 weeks) that

aims to help people regain independence, re-establish or develop daily living skills often offered as part of a rehabilitation process after illness

Registered Third and Independent Sectors

Care and Support provider partners that are registered with the Care Inspectorate and have information about their workforce published by the Scottish Social Services Council (SSSC)

Not Registered Commissioned Third and Independent Sectors

Care and Support provider partners commissioned by DG Council or NHS DG on behalf of the Integration Joint Board (IJB) but who are not registered services in the bullet above

Wider Third Sector

Care and Support provider partners that are not commissioned services. This includes charities, social enterprises and community groups

SSSC

Scottish Social Services Council

SSSC class 2 Worker

Staff who provide direct personal physical, emotional, social or health care and support to service users and are accountable for dealing with routine aspects of a care plan or service. These staff usually have no supervisory responsibility

SSSC Class 3 Worker

Staff who supervise the delivery of particular aspects of care and services in a particular setting which usually involves supervising other staff on a day-to-day basis (for example Meals Supervisor, Chargehand, Day Care Instructor, Senior Care Assistant). Staff may also contribute to the assessment of care needs, the development / implementation of care plans and the monitoring / evaluation of the delivery of care and services, as required

SSSC Class 4 Worker

Staff responsible for the assessment of care needs, the development / implementation of care plans, the delivery of care and services and the monitoring / evaluation of the delivery of care and services within a specific setting. Staff work with minimal supervision, are likely to but don't necessarily supervise other staff and may be designated to take charge of a discrete service delivery area in the absence of the person with continuing responsibility

STARS

Short Term Reablement Service

WTE

Whole Time Equivalent