



**DRAFT**

**Perth & Kinross Health & Social Care  
Partnership**

**3-Year Workforce Plan 2022-2025**

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# Executive Summary

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This three-year Workforce Plan for the Perth & Kinross Health and Social Care Partnership (PKHSCP) analyses the current workforce, forecasts future workforce requirements, identifies gaps and actions required to address these gaps and ensure the organisation has the right number of people with the right skills and knowledge to support the people of Perth & Kinross and enable PKHSCP to achieve its objectives. We acknowledge that even before the pandemic struck in early 2020, the health and social care sector was facing extreme challenges in relation to attracting and retaining people into the caring professions and especially in our more rural communities.

We also acknowledge that it is the hands and hearts of health and social care staff who hold our communities together, it was their dedication, humanity and presence that helped care for our most vulnerable and isolated people during the pandemic and kept them safe. Our staff deserve a working environment that provides them with strong leadership, promotes their wellbeing and supports them to grow and develop their capabilities. Our Plan covers staff employed directly by Perth & Kinross Council, NHS Tayside, workers employed by Independent and Third Sector organisations commissioned by PKHSCP, Personal Assistants, volunteers and unpaid carers.

Perth & Kinross faces particular challenges due to demographics and geography. We have a higher proportion of older people than the national average and this will increase significantly in coming years. Perth & Kinross has an urban centre and a large rural and remote rural hinterland. This poses a considerable challenge in relation to staff recruitment, deployment and delivery of services.

The Plan also takes account of the impact of the pandemic and the changes in working practices this has necessitated such as the rapid increase in the use of digital technology to deliver services. The wider skills and knowledge the future workforce will require are also considered.

Financial resource and the size of the wider workforce available to Perth & Kinross are finite. While the plan examines workforce requirements by profession it also emphasises the importance of leadership and a commitment to better staff wellbeing as well as the strategic direction being taken by PKHSCP and the key drivers of early intervention and prevention, integration, locality working and optimising the use of digital technology.

Ensuring Perth & Kinross is an attractive place to work, by offering attractive terms and conditions, clear career pathways, a culture of compassion and learning in which developmental opportunities, skilled supervision, and support for wellbeing, is central to our plan.

This plan shows current staffing levels by profession, predicts future requirements taking demographics and the age profile of the current workforce into account and identifies any gaps. The professions identified as having the highest level of risk relating to workforce capacity are Social Care, Nursing, Allied Health Professionals and Medical Staffing.

We want everyone in the Health and Social Care workforce to have the best experience at work - focusing on values-based recruitment, compassionate leadership and increasing the diversity and inclusivity of all our roles in the workforce. Our actions will address the specific challenges for each profession and include generic actions across the whole workforce. These are summarised in an action plan and are grouped using the Five Pillars of Workforce Planning (Plan, Attract, Train, Employ, and Nurture).

While these local actions will help mitigate the risk identified, it is important to note that action at national level will also be required.

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# Introduction

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Our Workforce Plan supports the delivery of Perth & Kinross Integration Joint Board's (PKIJB) Strategic Commissioning Plan, and details how we will ensure we have the right workforce in the right place with the right support to care for the people of Perth & Kinross.

The aim is to understand our current workforce challenges and to set out the scale of the work required to meet our goals and aspirations. We have identified actions that we will take locally, and in partnership across Tayside as well as those actions that are required at national level to address workforce challenges.

This workforce plan covers the entire health and social care workforce including those employed by our statutory partners (NHS Tayside and Perth & Kinross Council), those working in GP Practices and Public Dental Services and those within the services provided by the Third and Independent Sectors. We also consider our volunteer workforce and unpaid carers.

We are currently experiencing, and foresee ongoing, recruitment issues within our Health and Social Care sector. We have an ageing population in Perth and Kinross where the proportion of older people is increasing, and the proportion of younger people is decreasing. This, compounded by the impact of the Covid 19 Pandemic has led to extreme difficulties in recruiting skilled, and experienced staff within multiple areas of our delivery.

There is no denying that the Covid 19 pandemic has placed additional pressures and stress on the Health and Social Care workforce. They have experienced sustained and high levels of demand and constant changes to work practices to adapt to the challenges of a global pandemic. The pandemic has also brought a pace and scale of innovation never experienced before. Changes in how we delivered services were accelerated within very tight timescales; we embraced a more lean, light, and agile approach to governance and regulation, and we adopted a wealth of new technologies, service innovations and ways of working that were rolled out across a range of different settings. There has been a departure from the usual ways of working and a shift towards doing things differently, be that how we organise health and social care services, the tools we use to deliver them, or how people access care and support.

The experience of Covid has brought into sharp focus the importance of our core value of compassion. Our greatest asset is our people who give inspiring support for the health, happiness and wellbeing of our citizens and communities. We recognise the importance of collective, compassionate leadership for nurturing the workforce and enabling innovation and high-quality care. We understand the importance of an inspiring vision, positive inclusion and participation, enthusiasm for team working and cross-boundary working and support for autonomy and innovation.

Our Workforce Plan therefore acknowledges the need to embed changes, empower staff and modernise how we work. This will be achieved by the implementation and commitment to the actions within this plan.

A glossary is provided at Appendix 3

## APPROACH

We have used the Chartered Institute of Personnel and Development planning process as shown below.



We gathered information on our current staffing levels and on existing gaps. We considered growth in demand and age profile to model the estimated workforce gap over the next three years. Professional leads led the development of the plan for each staff group using this very broad data modelling, engaging widely with their teams to understand the current challenges and future plans. This work built on the PKHSCP 1 year Workforce Plan endorsed by the IJB in June 2021 and submitted to Scottish Government. We have taken on board the positive feedback received from the Scottish Government in the development of our medium-term plan.

We have ensured a strong alignment with our strategies for Older People, Community Mental Health & Wellbeing, Substance Use, Carers, and Learning Disabilities and Autism which set out the need for change to support existing services and put in place new models of care which will respond to current and anticipated increased demand. We have also ensured close alignment with the 3 Year Financial Plan 2022-2025 which sets out an investment programme of £46m over 3 years, of which the majority relates to increased pay costs and increased staffing.

We have prepared this plan in partnership with key stakeholders:

Stakeholder	Method of Engagement
Service Leads	For each service area, portfolio leads have contributed directly to the development of the plan.
Professional Leads	The Lead Nurse, Lead AHP, Chief Social Work Officer, Head of Health, Head of Adult Social Work and Social Care and the Associate Medical Director have all contributed directly to the development of the plan.
GP Lead for the HSCP	The GP Lead has contributed directly to the development of the GP Workforce Plan
Independent Sector	PKHSCP Independent Sector Lead was consulted at the development stage.

Finance Lead	The Chief Financial Officer has jointly provided overall leadership to the development of the Workforce Plan with the Head of Adult Social Work and Social Care and therefore has ensured strong links to financial sustainability.
Staff side/Partnership	Staff Side/Partnership have been consulted with throughout the development process and formally via the PKHSCP Partnership Forum.
HR Leads/ Workforce Planning Leads	HR/Workforce Planning Leads have been consulted throughout the development process and formally through the PKHSCP Executive Management Team.
IJB Members	The IJB will be asked to formally consider and endorse the plan at its June 2022 meeting.

The Scottish Government published the National Health and Social Care Workforce Strategy in early March 2022. The strategy sets out a national framework to achieve the vision of a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do. A key next step set out in the Strategy is the submission to Scottish Government of 3 Year Workforce Plans by NHS Boards and HSCPs that can help inform essential national actions and direction. The Scottish Government also issued DL 2022(09) on 1 April 2022 which asks us to align our proposed plans to Five Pillars of Workforce planning outlined in the national strategy (Plan, Attract, Train, Employ, Nurture). We have aligned our actions to these pillars.

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## Understanding the organisation and its environment

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PKIJB is a legal entity responsible for the strategic planning and commissioning of a wide range of adult health and social care services across Perth and Kinross. These services are delegated by NHS Tayside and Perth & Kinross Council (PKC) to the IJB. PKHSCP has responsibility for the integrated delivery of these services.

## ENVIRONMENT

Perth and Kinross has a diverse mix of urban and rural communities and has a population of 151,290



Perth and Kinross Council Area

(2018 NRS) living across the areas 5,268 square kilometres. The geographical distribution of the population is important as it brings challenges for the delivery of services to rural and remote communities.

### Some key demographics

- There are 35,199 people aged 65+, 23.3% of the population.
- Perth & Kinross population is projected to increase by just 1% in the next 10 years, however the 0-14, 15-29, 45-59 age categories will reduce while 30-44, 60-74 and 75+ are set to increase.
- Over the last 10 years, Perth & Kinross has experienced a 25% increase in the number of people aged 75+ and this is projected to increase by a further 31% in the next 10 years. This is significantly higher than the Scottish average.
- The Scottish Government Urban Classification ranks Perth & Kinross as 8th most rural Local Authority areas across Scotland. Rurality drives a more extreme workforce recruitment challenge in our rural areas further increasing the challenge to deliver existing or redesigned models of care.
- Perth & Kinross has a higher rate of employment compared to much of the rest of Scotland, with a large tourism and hospitality sector that attracts people who might otherwise consider a career in care.

**Table 1**

*Perth and Kinross adult population by age group*

Age Group	2018 Population	2020 Population	2023 Projected Population	2024 Projected Population	2025 Projected Population	2028 Projected Population	% Change 2018 - 2028
0-14	22,807	22,652	22,238	21,911	21,654	20,705	-9%
15-29	23,988	23,765	22,642	22,486	22,395	22,132	-8%
30-44	25,396	25,607	26,654	26,812	26,794	26,477	4%
45-59	33,623	33,052	31,400	30,840	30,249	29,093	-13%
60-74	29,214	30,025	30,816	31,270	31,790	33,094	13%
75 & over	16,262	17,026	18,942	19,482	19,958	21,278	31%
<b>Total</b>	<b>151,290</b>	<b>152,127</b>	<b>152,692</b>	<b>152,801</b>	<b>152,840</b>	<b>152,779</b>	<b>1.0%</b>

(Source: Mid-Year Estimates (MYE) NRS (National Records of Scotland) 2018-based population projections)

As can be seen in the table above our over 75+-year-old population is projected to increase by 31% by 2028 and the 60–74-year-olds by 13%. This is significantly higher than the Scottish average. This

will place considerable pressure on health and social care services. This is coupled with a projected reduction in working age population. It is therefore important that this plan is underpinned by a detailed examination of the current challenges. As well as local actions, work is required nationally to promote careers in health and social care and attracting more people into the sector. This will however take time and substantial funding.

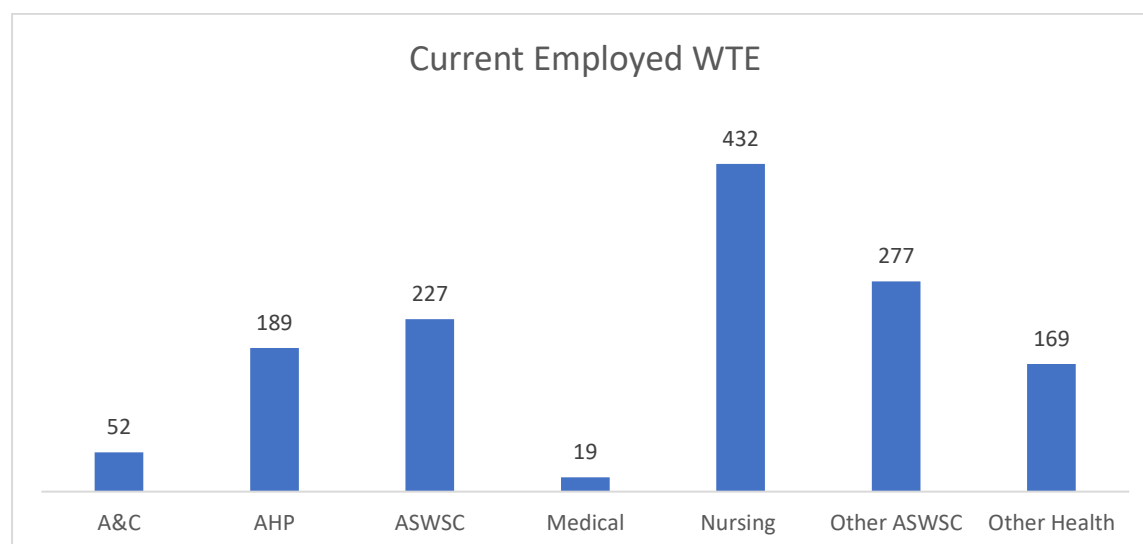
## CURRENT WORKFORCE PROFILE

Our workforce can be broadly split across 3 equally important areas. We have 1,747 staff employed by NHS Tayside and PKC. We have approximately 2,800 staff employed by our Third and Independent Sector partners. Perth and Kinross also has 23 independent General Practitioner (GP) practices which are integral to the delivery of health and social care in the community.

### Staff employed by NHS Tayside & Perth & Kinross Council

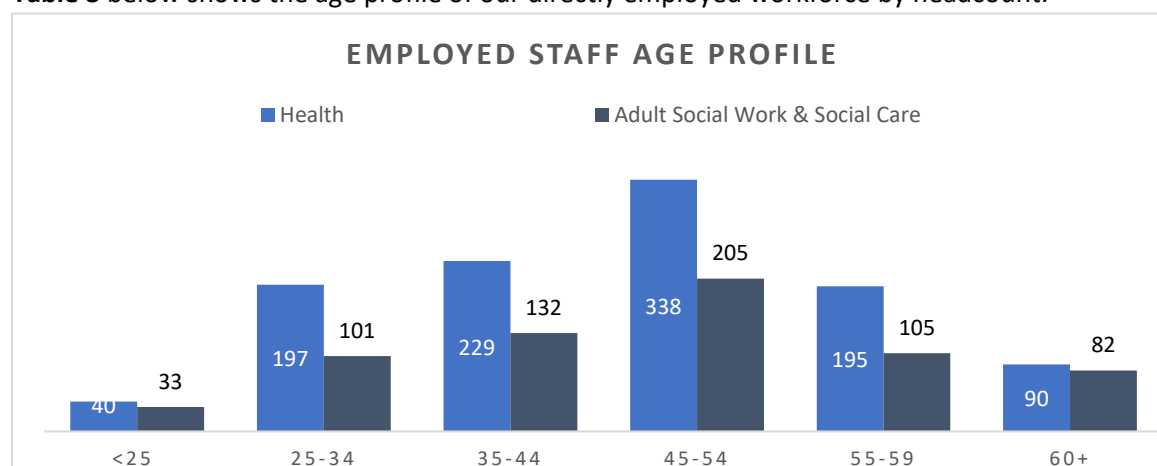
Table 2 below sets out the split across professional groupings of the 1,747 as whole time equivalent members of staff employed in Perth and Kinross to deliver PKHSCP services.

**Table 2**



*(Source: NHST / PKC HR teams)*

**Table 3** below shows the age profile of our directly employed workforce by headcount.

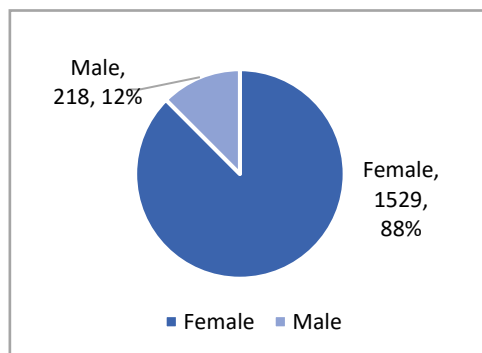




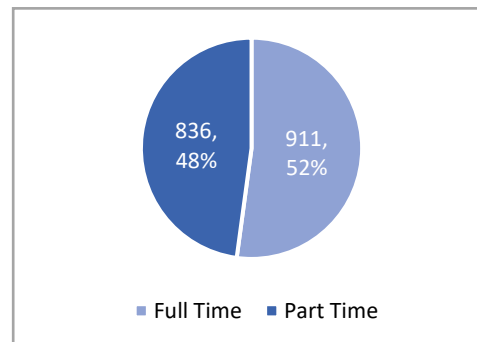
Overall, 58% of our staff are over 45 and 27% over 55. With almost 1/3 of our staff in older age groups, our focus for the next 3 years is both in attracting new entrants into our professions as well as looking at the ways in which we can retain staff with all of their experience for as long as possible.  
(Source: NHST / PKC HR teams)

As can be seen below our directly employed workforce is predominantly female (88%) and 48% work on a part time basis.

**Table 4** Gender Split by Headcount Headcount



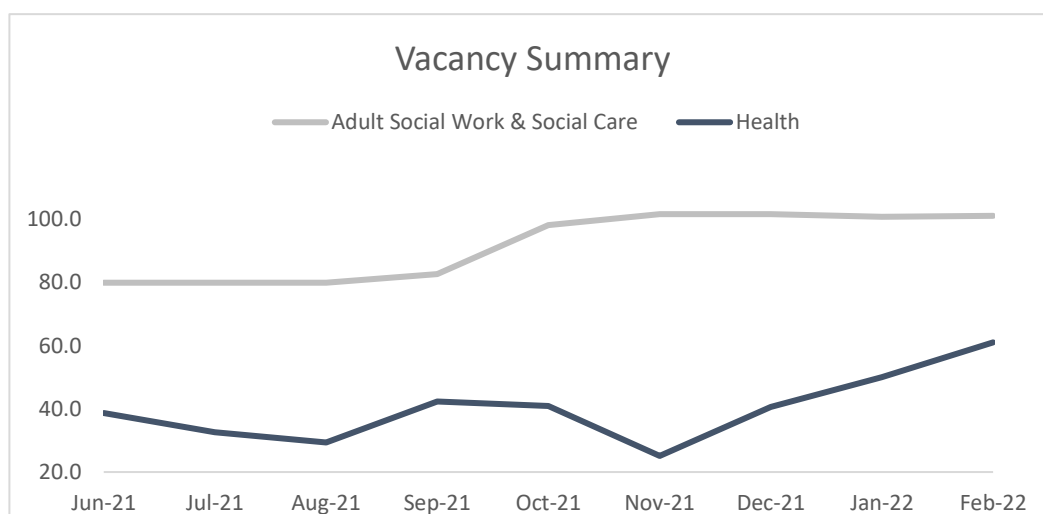
**Table 5** Part Time/Full Time by



(Source: NHST / PKC HR teams)

**Table 6**

The table below shows the rising level of vacancies across directly employed staff groups.



(Source: NHST / PKC HR teams)

There has been a rise in vacancies across health services since November 2021 reflecting difficulties in recruiting to existing hard to fill posts but also investment in new posts not yet filled. For Adult Social Work and Social Care there has been a sustained increase in the level of vacancies since September 2021 although this has now levelled off. Again, this has been driven by difficulties in recruiting to hard to fill posts and new posts not yet filled. The high level of vacancies for a number of staff groups below reflect national shortages.

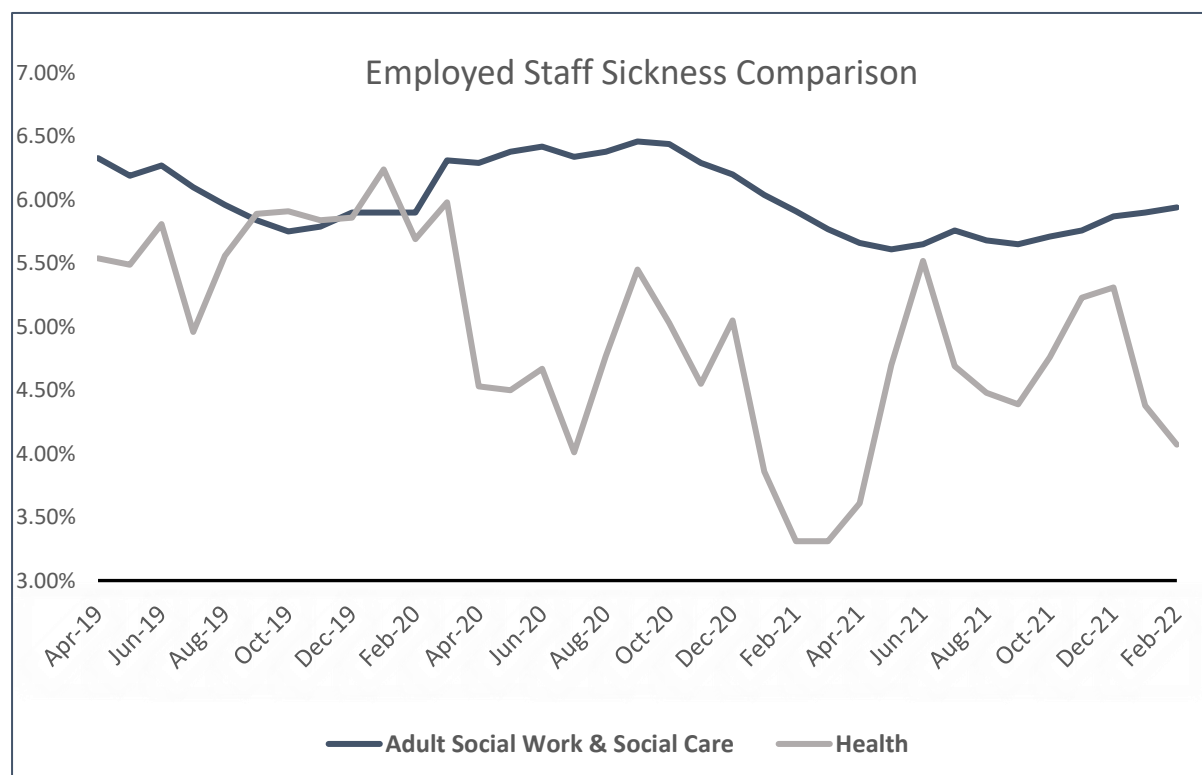
**Table 7** Vacancies across directly employed staff groups are set out below.

HSCP	Current WTE	Budgeted WTE	Current WTE Vacancies	
AHP	189	190	0	0%
ASWSC Other	145	149	5	3%
Contracts & Commissioning	35	37	2	5%
Corporate Services	45	53	8	17%
Dental	110	128	18	17%
Integrated Management	6	6	0	0%
Medical	19	19	0	0%
MH / LD Nursing	164	190	26	16%
OP Nursing	269	285	16	6%
Prison Healthcare	59	73	14	23%
Social Care	227	258	30	13%
Social Work Para Professionals	45	49	4	8%
Social Work Qualified	53	54	2	3%
<b>Total</b>	<b>1365</b>	<b>1489</b>	<b>124</b>	<b>9%</b>

(Source: NHST / PKC HR team & HSCP Finance Team, July 2021)

## SICKNESS ABSENCE

**Table 8** % Sickness Absence for Employed Staff



(Source: NHST / PKC HR teams)

Table 8 shows the percentage of absence from April 2019 - February 2022 for Health and Adult Social Work and Social Care staff directly employed by NHS Tayside and PKC respectively. These figures are excluding Covid related sickness absence as partner organisations are unable to provide that information. The average percentage absence for Health is 4.94% and 6.01% for Adult Social

Work & Care. The known national sickness absence level for the Third and Independent sector sits at 16% which is significantly higher.

Sickness and other absence combined with high levels of vacancies is having an ongoing and sustained impact on a number of services across the health and social care partnership.

Numerous actions have been taken to try to reduce the level of staff sickness including:

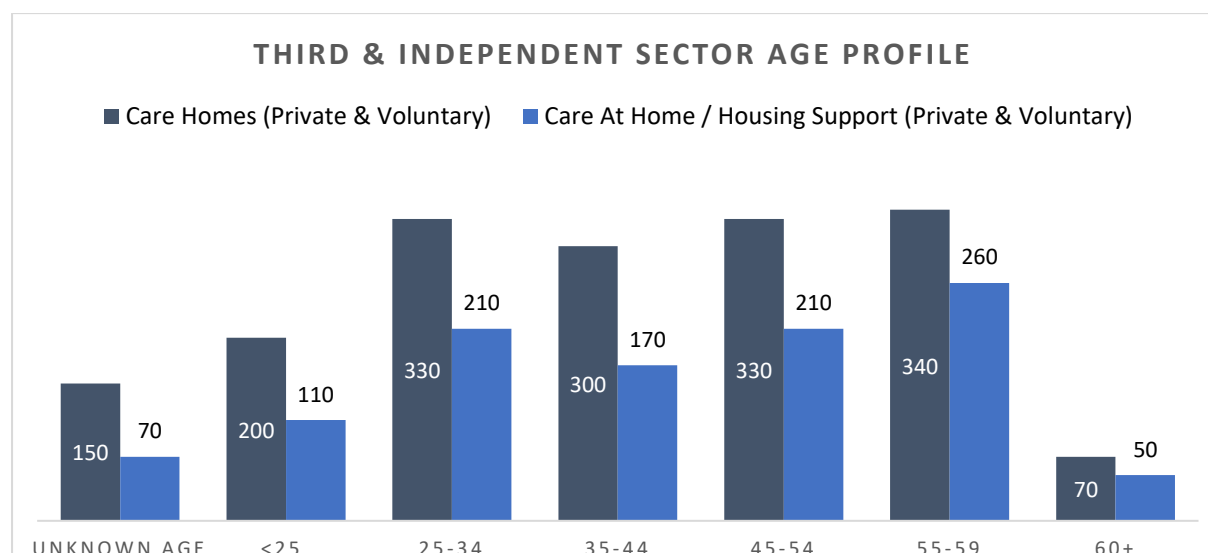
- Ensuring staff have access to regular formal and informal supervision
- Access to Occupational Health as required
- Access to counselling support
- Access to physiotherapy support
- Flexible working, where appropriate, to help work life balance
- Regular monitoring of absence statistics to identify trends and 'hotspots' to identify areas for further action

Processes are in place for services to escalate any issues and risks relating to staff absences that they are unable to address themselves.

## Staff employed by the Third & Independent Sectors

We have established from The Scottish Social Services Council (SSSC) National Data that our Third and Independent Sectors employ approximately 2,800 WTE to support Adult Social Work and Social Care Services across Perth & Kinross. Table 9 below provides the age profile across Care Homes and Care at Home.

**Table 9**



(Source: The Scottish Social Services Council 2020 Annual Report published data website <https://data.sssc.uk.com>)

## LEVEL OF CURRENT OPERATIONAL RISK

The current workforce challenges, including increasing vacancies and sickness absence, present significant risks to the delivery of services. The PKHSCP Care and Professional Governance Forum

has reported that between August 2021 and February 2022, contingency actions had to be taken in Community Hospitals (Nursing Staff), Community Mental Health Services (Medical Staff), Psychiatry of Old Age Inpatient Beds (Nursing Staff), and Care at Home (internal and externally commissioned social care staff) to mitigate risks caused by workforce shortages.

## Future Workforce Needs

### DEMOGRAPHIC GROWTH AND AGEING WORKFORCE

High level modelling has provided an estimate of the potential scale of the workforce gap emerging over the next 3 years due to growth in demand for services and impending staff retirements. In the high-level analysis, it is assumed that leavers are offset by our current ability to recruit. Table 10 below shows the anticipated gap in workforce across staffing groups. Staffing numbers have been projected to respond to the increase in demand that can be expected due to the ageing population (National Records for Scotland predictions for the increase in the over 75 population). For Mental Health Services, no such proxy for anticipated increased demand is available from Public Health Scotland and therefore the same proxy has been used for all services.

**Table 10**

HSCP	Current Budgeted Establishment	Predicted further gap - increase in demand for services due to demographic growth (over 75 2020: 2025)	Predicted further gap - anticipated retirements (2022:2025)	Potential scale of PKHSCP recruitment required over 3 years	
Allied Health Professionals	190	33	57	90	47%
ASWSC Other	149	26	48	74	50%
Contracts & Commissioning	37	6	12	18	50%
Corporate Services	53	9	21	30	57%
Dental	128	22	51	73	57%
Integrated Management & Leadership	6	1	2	3	47%
Medical	19	3	6	9	47%
MH / LD Nursing	190	33	75	108	57%
OP Nursing	285	49	97	146	51%
Prisoner Healthcare	73	13	31	44	60%
Social Care	258	45	99	143	56%
Social Work Para Professionals	49	8	17	25	52%
Social Work Qualified	54	9	17	27	49%
<b>Total</b>	<b>1489</b>	<b>257</b>	<b>533</b>	<b>791</b>	

*(Source: NHST / PKC HR Teams & HSCP Finance Team)*

### STRATEGIC DIRECTION

Our vision as a Health and Social Care Partnership is to work together to support people living in Perth & Kinross to lead healthy and active lives and to live as independently as possible with choice and control over their care and support. Our aim is to improve their wellbeing and outcomes, to intervene early and to work with the Third and Independent sectors and communities to prevent longer-term issues arising.

The Covid-19 pandemic has had a major and sustained impact on the delivery of our services. The focus of our service teams has been on the preservation of life and the provision of care to those

most in need. However, during Covid Response and Remobilisation we have accelerated new models of care and creative workforce solutions.

During 2021/22 the IJB approved 3 Year Strategic Plans 2022:2025 for Older Peoples Services, Community Mental Health Services and Learning Disability/Autism Services. They take into consideration the impacts of the increase in the older people population, increased demand and learning from the Covid-19 pandemic, as well as the opportunities brought by new technology and innovative ways of working. These Strategic Delivery Plans contain several initiatives which will transform services. All of these have implications for the workforce such as creation of new posts and new ways of working. These include:

- The Complex Care Transformation Programme - which includes developing a multidisciplinary team to support people with autism and/or a learning disability. New posts such as an Assistant Psychologist and Support Workers are included in this. The whole team will work across traditional professional boundaries
- Locality Integrated Care Service – which will provide seamless, multidisciplinary support to older people in their own communities
- Integrated services for people with severe and enduring mental health issues and people with mild to moderate issues. This will incorporate the relatively new Social Prescriber posts which provide a link for people between statutory and community-based supports
- Integrated substance use service which includes implementation of a multi-agency assessment clinic and a new specialist Substance Use Occupational Therapy (OT) post
- Integrated Hospital Discharge team

Our Strategic Delivery Plans are fully aligned to the NHS Scotland Recovery Plan and with the Scottish Government aspirations for the development of a National Care Service, including the considerable challenges facing our social care services in responding to increasing demand. They are also cognisant of the ambitions within the National Digital Health and Care Strategy and of the expectations within the 2018 GMS Contract.

The need to grow and upskill our workforce at the same time as transforming how we further work to improve quality and increase capacity are consistent themes. We need to transform by expanding existing roles, developing new roles and building the skills of our workforce to continue to achieve safe, integrated, high quality and affordable health and social care services for people residing in Perth & Kinross.

We will develop our workforce to embed a human rights approach to assessment, treatment, care, and support. Our relentless focus will be on integration, locality working, co-production, prevention, early intervention and tackling inequalities.

To improve staff retention, succession planning, and recruitment we will equip the workforce with adaptable skills and enable staff to practice at the higher end of their remit. This will enable staff to retain core skills and exercise flexibility to respond to a wider range of needs and circumstances.

We will ensure that our approach to learning and development is integrated and supports professional development and improves career pathways.

**Table 11** details the increase in staff planned as part of our approved 3-year strategic direction.

This table shows that 142 posts will be added to PKHSCP establishment. This is lower than the figure in Table 11 which shows the predicted gap in posts, estimated at 245 WTE to meet demand increases. Future financial settlements are uncertain. This highlights the importance of maximising effectiveness and efficiency of resources by transforming services and optimising the use of digital technology.

HSCP 3 Year Strategic Delivery Plan Workforce			
HSCP	Older People Strategic Delivery Plan	Community Mental Health Strategic Delivery Plan	Learning Disabilities & Autism Strategic Delivery Plan
Nursing	27	14	
AHP	4		
Social Care	83	5	9
<b>Total</b>	<b>114</b>	<b>19</b>	<b>9</b>

(Source: HSCP Finance Team)

In parallel to redesign of services, PKHSCP will require to oversee implementation of the Health & Care (Staffing) (Scotland) Act 2019. This legislation is not yet enacted however there be a legal duty for HSCPs/NHS Boards to be appropriately staffed in order to provide safe, high quality care which improves outcomes for service users and puts patient safety at the fore. A considerable level of preparation will need to be undertaken to support professional groups to carry out comprehensive workload and workforce planning so they will have the right people, with the right skills, in the right place at the right time to meet the obligations of the Act.

## FINANCIAL CONTEXT

The PKIJB 3 Year Budget 2022-2025 is underpinned by Strategic Delivery Plans across our key programmes of care. The Strategic Delivery Plans set out how services will be transformed to meet current and future anticipated demand. The following table summarises the approved level of investment.

**Table 12**

Health & Social Care	Investment 2022/23 £m	Investment 2023/24 £m	Investment 2024/25 £m	Total Investment £m
Unavoidable Pay/Price Pressures	10.3	5.1	5.3	20.7
Older People Services	8.2	0.7	1.7	10.6
Support	2.2	-	-	2.2
Prescribing	2.0	0.2	0.2	2.4
Learning Disabilities & Autism Support	1.9	1.1	1.0	4.0
Mental Health Services	1.0	-	0.1	1.1
Alcohol & Drug Partnership	0.7	-	-	0.7
Prison Healthcare	0.6	-	-	0.6
Primary Care	0.2	3.2	-	3.4
Asylum Support	0.1	-	-	0.1
<b>Total Investment</b>	<b>27.2</b>	<b>10.3</b>	<b>8.3</b>	<b>45.7</b>

Investment of £45.7m is planned over the 3-year period and recruitment is already well underway to a range of existing and new roles. This amount of investment will enable us to substantially increase workforce capacity and provide an opportunity, where appropriate, to transform service

delivery models. Success in achieving expected outcomes relies fully on our ability to recruit to a significant increase in posts across staff groups.

The number of whole time equivalent posts associated with this investment is noted in Table 11 above. To achieve this, it will be necessary to work closely with NHS Tayside and PKC to maximise recruitment and retention, ensure access to appropriate training and professional development opportunities and to support workers' wellbeing.

The ongoing operational response to Covid continues to have implications for our workforce. The costs deemed to be Covid related are not included in the budget and are being met by specific Scottish Government Covid Funding. In 2022/23, additional clinical and non-clinical staffing continues to be required to support both community and inpatient services. This includes additional staff hours and fixed term posts to ensure the stability of services and to meet a backlog of demand, increased unmet need and increased frailty of service users. The Scottish Government Provider Sustainability Fund currently supports additional staff costs incurred by providers in their ongoing response to Covid-19. In line with the latest guidance, these costs will be met from Scottish Government Covid Funding. As we move from operational response to 'business as usual', careful consideration will be required of further investment in staffing necessary to maintain safe services and, importantly, staff wellbeing, training, and development.

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## Supporting Workforce Sustainability: National Actions

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There have been important national actions identified by our professional leads as essential in supporting local workforce sustainability:-

National Action Required	Pillar	Included in Scottish Government National Strategy
Support the expansion of available workforce data to improve the robustness of local planning	Plan	Yes
Ensure HSCPs are supported to embed dedicated expert workforce planning capacity	Plan	Yes
Maximise international recruitment opportunities	Attract	Yes
Consider the creation of a Management Graduate Training Scheme for HSCPs across Scotland	Attract/Train	No
Deliver a sustained and long- term national recruitment, training and development approach to attract people into Health & Social care roles	Attract/Train/Employ	Yes
Specifically identify routes for making health & social care roles attractive to young people	Attract/Train/Employ	Yes

Maximise the influence and role of Professional Bodies	Attract/Train/Nurture	No
Expand the NHS Scotland Physiotherapy Funded Places Scheme	Attract/Employ	No
Support the development of specific measures that support recruitment and retention in remote and rural areas	Attract/Employ/Nurture	Yes
Ensure that pay, incentives and terms & conditions are as competitive as possible	Attract/Employ/Nurture	Yes
Increase training places across all parts of the workforce including Nursing, AHP's, Dental Services, GPs, Social Work	Train	Yes
Consider the creation of a Podiatrist Graduate Training programme in the North of Scotland	Train	No
Support the development of a Trauma Informed workforce through the Expert advisory group and implementation of 'Transforming Psychological Trauma'	Nurture	Yes

The Scottish Government National Workforce Strategy for Health and Social Care in Scotland was published in Spring 2022. It is aimed at Health and Social Care employers across the statutory, Third and Independent sectors. It provides an overarching framework of planned activity at a national level, in turn supporting local partners and partnerships to plan and deliver the workforce needed. There is very strong alignment between our need for national action and the commitments set out in the strategy and each HSCP/Health Board 3 Year Workforce Plan will be used by Scottish Government to develop an aggregated national picture of workforce demand and supply requirements, inform national approaches on new models of care and supporting recruitment, training and retention.

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## Supporting Workforce Sustainability across the Partnership

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We have identified partnership wide actions that will support recruitment, retention, training, development, and wellbeing across all staff groups. These are set out below:

Action	Pillar	Action: Local/Regional
With support from partners, improve available workforce data for planning and monitoring purposes	Plan	Local/Regional



Consider the appointment of a dedicated partnership workforce strategy lead to support workforce planning and to develop and implement workforce solutions	Plan	Local
Develop and implement a Joint Working Agreement to enable integration of services	Plan	Local
Using workforce tools and performance information, monitor and review demand and capacity	Plan	Local
With partners, understand the emerging workforce implications of the new National Care Service as the scope and operating model are determined	Plan	Local/Regional
To increase focus on sustainable workforce solutions, all PKHSCP strategic plans/business cases will include a standard section on workforce implications that sets out the impact on staffing of planned changes and the steps that will be taken to ATTRACT, EMPLOY, TRAIN, NURTURE staff to support sustainable delivery	Plan	Local
Support professions to undertake the necessary preparation to introduce real time staffing data collection and workforce tools that will be required to support implementation of the Health & Care (Staffing) ( Scotland) Act 2019 when enacted	Plan	Local
Work with partners to provide robust age profile data to support effective planning and to enable a supplementary update to be provided to the Scottish Government in relation to the emerging workforce gap over the planning period	Plan	Local
Proactive succession planning with staff being nurtured to grow in readiness for career development. We will create career pathways and work with schools, colleges and universities to attract candidates to hard to fill roles	Attract	Local
Promote Perth and Kinross as an employer of choice through agile, flexible and modern recruitment practices that includes positive experiences of service users and staff in recruitment campaigns	Attract	Local
Advertise posts permanently instead of fixed term, wherever possible, as we are not attracting applicants for short term employment	Attract	Local
Review the removal and relocation policy to attract suitably qualified candidates for hard to fill roles	Attract	Local
Use national and international recruitment campaigns to bridge skills gaps and create a more diverse workforce that promotes diverse ideas and perspectives	Attract	Local
Engage closely with developing the young workforce initiatives such as participating in school work experience week/university open days	Attract	Local
Review options to attract staff who may be considering returning after retirement	Attract	Local
Work with partners to increase housing options for staff working and living in hard to recruit to rural areas in Perth and Kinross	Attract	Local
Collaborative and reciprocal arrangements with Local Higher Education Institutions to promote working in Perth & Kinross	Attract	Local
Ensure the valuable contribution of armed forces leavers within the local workforce is recognised, ensuring we are an employer of choice for those wishing to transfer skills or develop new skills in health and social care	Attract	Regional

Work with PKC over the period of their 5-year transformation programme to provide opportunities for staff to retrain and develop new skills to transfer to roles in health and social care	Attract	Local
Work with PKC, schools, colleges, higher education and Third/Independent Sector partners in a training academy approach to address supply	Attract	Local
Advocate at national level for specific measures to attract key roles into remote and rural areas	Attract	Local
Explore new models of employment/student apprenticeships	Attract	Regional
Work with partners to provide support to people in Perth & Kinross who have been long term unemployed back to work in health & social care roles	Attract	Local
Work creatively with Community Planning Partners and local employability partnerships to identify creative solutions to support recruitment and retention of health & social care staff	Employ	Local
Support partners to encourage staff to update their personal details to increase equalities information	Employ	Local
To provide equity for all staff, work with partners to address the gender pay gap in Perth & Kinross	Employ	Local
Provide/promote training and qualifications for advanced professional practice roles	Train	Local
Build and develop future leaders through leadership programmes, secondment opportunities and reciprocal learning arrangements	Train	Local
Building on the Allied Health Professions approach to promote responsive and flexible workforce, consider the roll out of rotational roles across other staff groups	Train	Local
Consider the training and support required for managers to ensure pro-active vacancy management	Train	Local
Create an agile, efficient, and modern recruitment experience that supports managers to attract, recruit and retain the right talent through utilisation of digital technologies, promotion of employer benefits and through employer branding ensuring that PKHSCP is an employer of choice	Nurture	Local
Create a Partnership wide framework to improve flexibility across the Partnership, ensuring we have the right people in the right place with the right skills at the right time	Nurture	Local
Ensure all staff operate in a working environment that enables them to adhere to Professional and Clinical guidance	Nurture	Local
Provide trained staff protected time to complete relevant clinical and leadership functions of their roles and increase healthcare workers to fill the gaps	Nurture	Local
Celebrate achievements and contributions for existing staff and services, not just new initiatives	Nurture	Local
Developing a Trauma Informed workforce supported through the Expert advisory group and implementation of 'Transforming Psychological Trauma: A knowledge and skills Framework for the Scottish workforce', and the Scottish Psychological training plan and Trauma informed Toolkit	Nurture	Local

Ensure menopause policies of PKC and NHS Tayside are widely understood and used across the workforce to support staff	Nurture	Local
Consider the flexible working options that can be offered to both existing and new staff to support recruitment and retention	Nurture	Local/Regional
Implement the Equality and Human Rights Commission Report 9 June 2022 recommendations to improve staff experience of ethnic minority workers	Nurture	Local
Introduce a systematic approach to understand the reasons why people change or leave roles to improve retention	Nurture	Local

These essential actions will be achieved in partnership with PKC and NHS Tayside whose own workforce plans aim to support workforce sustainability across all employed staff including those managed by the 3 HSCPs.

PKC's Workforce Plan 2021-23 will be critical in supporting progress with our workforce actions in relation to social work and social care staff in particular. The PKC plan has three guiding themes:

Building in Agility – During the pandemic it has been, and will continue to be, critical to have the ability to move resources to areas with the greatest need, often at short notice, and utilise the many skills and talents across the organisation to make a meaningful difference. Flexible and remote working is here to stay and PKHSCP will be fully engaged in PKC's plans to build agility.

Evolving Our Talent – Knowing our people and their skills, experience, values and aspirations will enable us to retain, develop and mobilise our talent across the organisation. This will also help to identify any skills gaps so that we can focus on developing our own staff or recruiting to these areas and creating a pipeline of future talent.

Refreshing Our Employment Offer – The pandemic has raised awareness of the critical role that health and social care staff play in everyday life. Inspiring a future generation of health and social care professionals will be a cornerstone of the 3 Year Workforce Plan.

PKC set out that how we work, where we work and who we work with will continue to change so attracting and retaining an agile, resilient workforce with the right values, behaviours, skills, and experience is critical. To help us get there they set out a commitment to make smarter use of resources and technology; co-design services with staff and service users; recognise that everyone has something to offer; and put people at the heart of everything we do.

PKC commit to ensuring that across the organisation and including within PKHSCP, a talented and skilled workforce is in place, that is motivated and engaged to respond to and meet the pace and scale of the challenge that is yet to come, whilst delivering the needs of the citizens of Perth and Kinross.

We will work in partnership with PKC to deliver on their objectives which will in turn support the ambitions set out in the PKHSCP 3 Year Plan.

NHS Tayside is working to develop its 3-year Workforce Plan in line with the Scottish Government guidance. This is being done in partnership with the 3 IJBs in Tayside. Many of NHS Tayside plans to support recruitment, retention, learning, development, and wellbeing will directly support the aims of the PKHSCP 3 Year Workforce Plan.

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# Fair work

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Scotland's vision is that by 2025, people in Scotland will have a world-leading working life where fair work drives success, wellbeing and prosperity for individuals, businesses, organisations and for society. All employers are encouraged to take account of the fair work framework when developing working practices. There are five elements to fair work:

- Security
- Respect
- Opportunity
- Fulfilment
- Effective voice

When designing roles or making decisions about the workforce, employers should consider each of these elements.

PKHSCP is embedding the framework. Examples include:

- Regular Partnership Forums which the Chief Officer co-chairs with Trade Union representatives
- Permanent contracts are offered to workers instead of fixed term wherever possible
- Dignity At Work policies are in place
- Career paths are in place for the various professions
- Staff have regular formal and informal supervision with line managers
- Regular team meetings
- Competitive terms and conditions are on offer including the decision to increase the hourly pay for Independent and Third sector carers to a significantly higher rate than the national recommendation

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# Staff Wellbeing

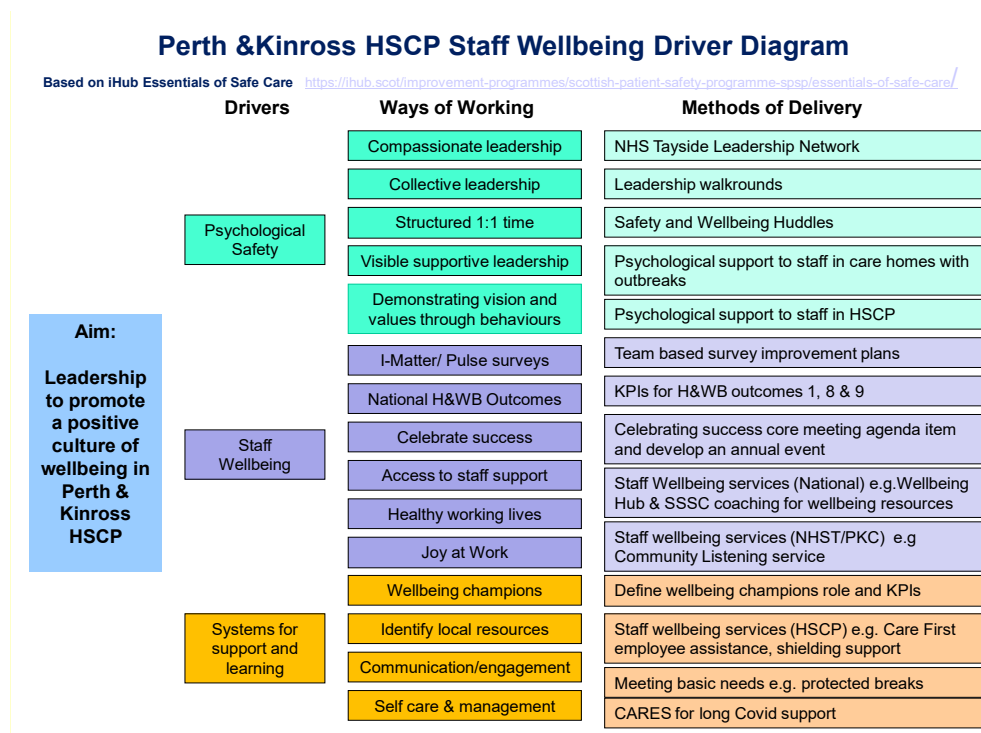
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Staff wellbeing is a top priority for the PKHSCP. There is a wealth of evidence that supports the link between staff wellbeing and the quality of care and experience for people who rely on health and care services. We recognise that psychological safety, autonomy and choice, and health and wellbeing are fundamental needs of our staff. This plan sets out the enormous challenges for health and social care over the next 3 years and compassionate leadership will be critical to addressing them. International research into high quality care demonstrates that a culture which places staff engagement at its heart is the best predictor of staff wellbeing and quality in care outcomes.

Over the past 2 years we have consulted and worked with staff to develop our 'wellbeing offer.' This combines a values-based approach, emphasising compassion and kindness and creating an environment where our people feel cared for at work with practical supports to help people enhance their wellbeing. Support includes psychological services virtual and face to face, spiritual care services and the creation of Wellbeing Champions. 30 day passes to local gyms and leisure centres are also available to staff free of charge.

PKHSCP has processes in place to provide all workers with access to regular supervision from their line managers, both formal and informal, where they can raise any concerns regarding their work or workload issues, or personal health and wellbeing needs in a psychologically safe space.

The diagram below summarises our approach:



The actions we have identified to support wellbeing of our staff are as follows:

Action	Pillar	Action: Local / Regional
<p>We will take forward leadership development and commit to the fundamental components of compassionate leadership in our staff engagement including:</p> <ul style="list-style-type: none"> <li>attending - through active listening and communication;</li> <li>understanding - through engagement and discovery;</li> <li>empathising through - connection, trust and emotional support; and</li> <li>helping - through intelligent and thoughtful action</li> </ul>	Nurture	Local
Promote the wellbeing framework and continue to adopt a people first approach to wellbeing, empowering staff to be proactive in managing their own health and wellbeing	Nurture	Local
Encourage employees to take on the role of wellbeing champion to promote health and wellbeing across the Partnership	Nurture	Local
Employ specific resources to enable a targeted approach to health and wellbeing to promote the wellbeing resources available and to work with managers to reduce sickness absence levels	Nurture	Local

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# Skills & Knowledge

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We aim to develop learning culture across PKHSCP that invigorates people, helps them feel valued and ensure they have the necessary skills and knowledge to fulfil their roles. We recognise that it is people who deliver change, and it is through their talents and ambitions that real improvements in services and outcomes will be made.

Achieving this will involve embracing the Health and Social Care Standards where “Compassionate leadership involves a focus on relationships through careful listening to, understanding, empathising with and supporting other people, enabling those we lead to feel valued, respected and cared for, so they can reach their potential and do their best work. There is clear evidence that compassionate leadership results in more engaged and motivated staff with high levels of wellbeing, which in turn results in high-quality care” (West 2021). It will also require engagement with the Perth and Kinross Offer and attention to how the vision and components of ‘the Offer’ will be taken forward across PKHSCP.

Covid has created an opportunity for us to consider creativity in relation to how we develop roles to support skill sets to meet the needs of our community; this includes working locally and nationally with partners, Universities, Professional bodies, Third Sector and Independent Sector, communities, unpaid carers and other learning agencies to enable a diverse learning space.

To achieve the above we will:

Action	Pillar	Action: Local / Regional
Understand and evaluate learning requirements to identify areas for growth	Plan	Local
Provide the requisite learning and development for new roles	Plan	Local
Provide and encourage learning and development for new ways of working across the partnership	Plan	Local
Embed collective and compassionate leadership at all levels and ensure access to learning and development to develop leadership	Train	Local
Grow our commitment to support wellbeing and engagement using learning and development	Nurture	Local
Work with partners, including Schools, Universities, Professional bodies, SQA, to enhance our learning offer and create learning spaces fit for the purpose of the learner and stage of development	Nurture	Local
Enabling workforce development through team working and development, reflective practice, supervision, yearly appraisal and development discussion. Engage fully with the Perth and Kinross Offer employee experience programme.	Nurture	Local

We are currently maximising our collaborative space locally in Perth & Kinross and beyond to explore our resources, support development and create learning experiences that enable people to realise their potential. As we move forward, we will continue to listen and observe, ask for feedback

and evaluate the learning environment. This will influence how we work together as a learning partnership where we nurture and compassionately create a culture that enables us all to flourish and ensure high quality health and social care services and supports are available to people who require them.

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## Digital Working & Technology

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The move towards increased use of Digital Technology to support the delivery of health and social care services has been underway for many years. Pace has increased with growth in the development of new technology. Whilst the Covid pandemic has increased the pace significantly, there are still significant gaps.

The closure of many offices and the requirement to work from home where possible, meant systems such as Microsoft Teams that enable virtual meetings had to be rapidly adopted to ensure business continuity. As we emerge from the pandemic, a hybrid model of working, which will include virtual meetings, will be adopted by significant numbers of staff.

Virtual meetings are also increasingly being used for people to attend appointments for consultations, assessments etc with professionals. The use of video consultation is now embedded throughout the partnership using 'NearMe.'

Many health and social care services, such as social care, still need to be provided face to face. Digital is also supporting delivery of these services. For example, in Perth and Kinross the HART (reablement service) uses 'TotalMobile'. This technology has enabled paper forms to be replaced by digital forms on phones; reablement assistants also receive client visit schedules and supporting information directly to their mobile phones. This has significantly increased the efficiency of the service.

The implementation of Microsoft Teams, Office 365, and our web-based Electronic Document Management systems has afforded interconnectivity in systems long since desired within organisations and the uptake in virtual meetings has revolutionised the way the partnership works. This digital virtual environment has seen innovation in the delivery of shared services and resources such as the development of a digital library of photographs used in Occupational Therapy and Clinical Health assessments.

The recent procurement of Mosaic, a customer-led social care case management software, embraces remote working and shared data through integration with existing systems and gives ownership of data back to citizens. This approach is being mirrored in the procurement of the National Shared Alarm Receiving Centre with an aim of further promoting citizen-led digital solutions that will enhance offerings while reducing the administrative burden. MOSAIC, however, offers additional functionality using customer and provider portals. Customer portals enable service users to access, update, and amend their own data, select the services they want from a marketplace, where they want them, and when they want them, and further enable service users to self-refer to social work. Provider portals will enable the streamlining of invoicing and payment processes from all Third party service providers thereby reducing the administrative burden of processing and validating these payments.

There are several digital improvement programmes underway. These include:

A range of telehealth devices available to support people to manage their conditions. 'ConnectMe', delivered by 'InHealth Care', has recently been released across Tayside. This replaces and increases the offering already available through the blood pressure monitoring programme currently supported by 'Florence', further easing staffing pressures by automating simple monitoring activities.

The use of mobile applications such as the COPD Respiratory App which gives access to a library of data at the fingertips of people on their condition and the Brain in Hand App delivering immediate support with access to coping strategies or remote professional assistance have proven successful. This has prompted further investigation into this area of supporting remote or self-help solutions minimising the possibility of an escalation in the person's condition.

Internet of Things (IoT) - IOT is a network of physical objects called "things" that are embedded with software, electronics, network, and sensors that allows these objects to collect and exchange data. IoT-based technology offers advanced levels of services, introduces increased prevention and better targeting of services to support people to lead safer healthier lives. Types of IoT include remote health monitoring tools and sensors to monitor movement, ambient room temperature, and humidity providing a picture of activities within a room.

Corporate IT are developing an organisational roadmap for IoT; this will raise collective organisational awareness of all future IoT use cases including those required by the Partnership to better inform planning / business case support for a platform for IoT.

The potential for remote assessment tools such as Just Checking, and Doris is being scoped. These assessment tools will allow packages of care to be tailored to the individual using digital technologies.

Combining off-the-shelf Digital/TEC devices providing video connectivity in support of existing alarm units is being investigated to deliver an overnight responder service within Perth City. This is designed to remove/reduce reliance on a physical presence where possible and replace with a digital support to enable independent living within the community.

There is an increasing requirement for staff to be digitally literate. This ranges from using basic systems to interpreting and understanding data. To ensure this PKHSCP will continue to invest in the upskilling of staff and provide support to the public to ensure we continue to take full advantage of digital developments and innovation. Examples of this include the formation of the PKC Digital Participation group and partnerships participation in the national Digital Champions programme.

Action	Pillar	Action: Local / Regional
Conduct a needs analysis through engagement with staff, service users, and their families to identify opportunities for Digital/TEC to enhance service delivery and training requirements	Plan	Regional

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## Staff Groups

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### A ADULT SOCIAL WORK & SOCIAL CARE

Adult Social Work and Social Care includes a number of services from Adult Social Work Teams which include Locality Teams, the Access Intake Team, Mental Health Officer Team, Hospital Discharge Team and I-DART Substance use Team, to the HART reablement services, Residential Care Homes, Supported Living Team, TEC/Telecare Team and Day Care/Opportunities.

There are currently 470 WTE Adult Social Work and Social Care (ASWSC) posts employed by PKC in PKHSCP. 659 people are employed, 56% of whom are full time, 44% part time. 83% of the



workforce is female, 17% male. 92% of workers are on a permanent contract. Over half of the workforce is aged over 50 years.

ASWSC covers a wide range of jobs ranging from Modern Apprentices to Service Managers. Over 70% of the posts earn below £33,000 per annum. For the purpose of this plan the posts have been split into four groups:

- Social Work Qualified – qualified Social Worker and Mental Health Officer posts only. These posts carry out a range of statutory duties including assessment and care management, Adult Support and Protection and intervening to support people using mental health legislation. Social Workers require additional training and relevant experience before they can engage in Adult Support and Protection or work as Mental Health Officers
- Social Work Para-professional – all non-qualified, assessing social work posts responsible for providing assessment and care management support for people with less complex needs and lower levels of risk than people supported by qualified social workers
- Social Care – front line social care posts in the reablement team, day care and residential homes. These posts support people with personal and social care
- ASWSC other – a wide range of posts such as Modern Apprentices that provide support to managers

Table 13 below shows the current number of WTE posts, number of WTE budgeted posts, and number of WTE vacancies for each group.

**Table 13**

Workforce	Current WTE	Budgeted WTE	Current WTE Vacancies
Social Work - Qualified	53	54	1
Social Work – Para Professional	45	49	4
Social Care	227	258	31
ASWSC Other	145	149	4
Contracts & Commissioning	35	36	2
<b>Total</b>	<b>505</b>	<b>546</b>	<b>42</b>

The current key challenge is recruitment and retention of Social Care staff. As the table above shows there are currently 30 WTE vacancies. These posts are vital to the provision of front-line support with intimate, daily living activities, including personal care, for vulnerable people. Failure to have an adequate Social Care workforce represents a significant risk.

As the majority of Care at Home (CAH) is provided by the Independent Sector in Perth and Kinross, these figures and following actions should be looked at in conjunction with the section on Commissioned Services below.

As stated above, Perth and Kinross has a higher-than-average number of older people than the rest of Scotland and the number of over 75s will increase significantly in coming years. There are also an increasing number of babies born with Profound and Multiple Learning Disabilities surviving into adulthood and increasing numbers of people with mental health and/or substance use issues. All of these will result in increasing demands on the Adult Social Work and Social Care workforce. To try and address this there has recently been investment in front line posts with funding approved for 9 WTE permanent social worker posts and 6 WTE permanent social work assistant posts.

Over the next three years we estimate that there will be a substantial gap in workforce specifically within Social Care roles (143 WTE), but also around 50 WTE across qualified and para-professional staff. This is reflected nationally, and actions are required to promote Social Care as an attractive career to improve recruitment and retention. This includes ensuring hourly pay rates are attractive and there are clear career pathways.

There is also a significant gap predicted for qualified social workers. As well as recruiting social workers, there is also a requirement to have sufficient workers with the training and experience to carry out all of the statutory functions. Therefore, as well as making Perth and Kinross an attractive place to work, we also need to ensure there are sufficient opportunities for workers to gain the necessary experience and training to engage in Adult Support and Protection and supporting people through the application of mental health legislation.

Providing placements for people undertaking the professional Social Work qualification will also aid recruitment as many students apply for jobs in areas they have undertaken a placement. There is currently a shortage of Practice Educators in Perth & Kinross, so action need to be taken to address this to ensure there are sufficient opportunities for students to access placements in the area.

It is proposed that a specialist team to support people with autism and/or a learning disability who have complex needs will be developed and this will include Social Workers and Social Care workers. Bespoke training will be developed to ensure workers in this new team have the necessary knowledge and skills.

Historically there have been larger numbers of applicants for para-professional posts than qualified posts so this is likely to be less of an issue in coming years. However, it is still important to have clear career pathways and training opportunities to continue to attract and retain people. Offering the opportunity to study for a professional Social Work qualification combines offering a career pathway and helps address any issues filling Social Worker posts in the future.

Due to the range of posts included in the 'ASWSC – other' group it is not possible to develop specific actions for each role individually. General actions to improve recruitment and retention by making Perth and Kinross an attractive place to work will reduce the risk. A number of these posts are managerial so the risk relating to them can be mitigated by ensuring there are robust succession planning and career development processes in place.

### Commissioned Services from Third and Independent Sectors

Our commissioned services are responsible for a large proportion of service delivery and represent a rich and varied level of provision essential to achieving PKHSCPs objectives. Commissioned services are instrumental at stepping in at an early stage and intervening prior to a person reaching crisis stage. They are often successful in preventing people from requiring statutory services.

We have an extensive range of Service Level Agreements with Third and Independent Sector organisations providing a wide array of services for every service user group including day care services; helping people to navigate services; support (advice, information, buddying); advocacy, providing opportunities for people to lead active and health lives; provide social opportunities; non health related practical support (repairs, shopping, transport); providing a voice for particular groups or communities; providing specialist knowledge of a particular condition. We currently fund 25 different organisations who work across all service user groups.

Most of the Care at Home, Care Home and Supported Living provision in Perth & Kinross is provided by the Third and Independent Sectors.

- Care Homes

There are 41 Commissioned Care Homes in Perth and Kinross with a mixture of small independent homes and large care home chains, providing care and support to older people, people with a mental health condition and those with a physical and or a learning disability.

Demand for Care Home placements has decreased in Perth & Kinross in recent years. This is probably due to a combination of improved services to support people to remain in their own homes and the effects of the pandemic.

Care homes have been under-sustained and have suffered considerable levels of stress as the workforce has had to rapidly upskill and continue to adapt to changing policy and instruction both locally and nationally on a regular basis.

Care Home staffing for social care tends not to be a significant issue but we are experiencing a shortage of nurses wanting to work in the Care Home sector. This is a national issue and not specific to Perth and Kinross alone. Nursing staff and the clinical skills they bring will be increasingly needed within Care Homes as the care home population ages and increases in complexity.

- Care at Home

Care at Home is facing ever increasing demands due to the unique demographics of Perth and Kinross and the geography of the area. We currently commission a total of 16 external Care at Home providers who provide support across all localities. External Care at Home Options 2 and 3 currently employs in the region of 457 staff.

Personal Assistants can be employed directly by people using money obtained under Option 1, Self Directed Support.

Recruitment and retention within Care at Home is an ongoing challenge, especially in the rural parts of Perth & Kinross. Lack of Care at Home provision has a significant impact on people and the wider health and social care system and results in admissions to hospitals and care homes and increased numbers of people delayed in hospital.

- Supported Living

Supported Living Projects support a diverse range of individuals, including people with a learning disability, autism spectrum condition, mental health condition or forensic need to live as independently as possible within the community. Recruitment is a challenge and in particular for those providers who work with our more complex individuals.

Action	Pillar	Action: Local / Regional
Review model of CAH provision for rural areas in Perth and Kinross and amend to improve recruitment and retention	Attract	Local
Review opportunities to enhance our benefits package to improve recruitment & retention in social care	Attract	Local
Promoting Social Care as a rewarding career	Attract	Local
Use digital marketing techniques to increase response to vacancies	Attract	Local

Implement a learn to work in Adult Care programme	Attract	Local
Develop recruitment and retention pathways into care e.g., work placements for students and shadowing programmes, developing the young workforce through secondary schools, Perth College UHI and Youth Services, offer more work placements through foundation apprenticeships and work experience	Attract	Local
Develop and roll out local recruitment campaigns in line with national campaigns	Attract	Regional
Monitor hourly rates for social carers employed in the Independent and Third sectors across Scotland and take any necessary actions to ensure Perth & Kinross rates remain competitive	Attract	Local
Develop proposal for a rolling programme for para professionals to undergo training for professional Social Work qualification	Train	Local
Further develop career pathways for social carers	Nurture	Local

## B NURSING

For the purpose of this Workforce Plan 'Nursing' is considered in relation to Older People's services which provides nursing support primarily for older people and people with physical disabilities and/or long-term conditions and Mental Health nursing which supports people with mental health issues, learning disabilities and substance use issues.

### OLDER PEOPLES NURSING

Nursing is one of the largest professions in the PKHSCP workforce and plays an integral role in delivering a range of services. The nursing teams are part of a wider integrated multi-disciplinary team. There are currently 269 WTE nursing posts which includes a wide range of registered and non-registered posts, both inpatient and community based.

**Community nursing:** provides clinical care and person-centred care to people in their own home or a care home setting. As well as providing direct care and advanced clinical assessment to people, the teams have a health promotion role and deliver expert end of life care for patients who wish to remain at home. Strategic developments to support the shift in the balance of care from institutions to the community such as the Locality Integrated Care Service and Hospital at Home, will further increase the requirement for community nursing posts.

**Inpatient Nurses** – provides clinical care and person-centred care to people in the inpatient areas. Our inpatient areas are within our four community hospitals across Perth & Kinross Medicine for the Elderly (MFE) and the Stroke Unit on the PRI site. Our inpatient areas deliver rehabilitation and end of life care for those patients not fit enough at this stage in their journey to return home.

**Community Care & Treatment Nurses** – provides person-centred, clinical care to Primary care patients within seven hubs across Perth & Kinross and some in-reach into GP practices. The three locality clinical teams provide wound care, leg ulcer assessment and treatment, aural care, phlebotomy and Chronic Disease Monitoring. Our teams are continuing to develop and are encompassing the care devolved to the NHS from GP practices as part of the new Scottish General Medical Services contract that was agreed in January 2018.

**Specialist Nurses:** Are trained to an advanced level to provide expert clinical assessment, treatment and education for the most complex patients with a specific condition. In Perth & Kinross we have a Parkinsons Nurse Specialist and a Specialist Community Respiratory Service.

**Enhanced Care Home Nurses** – provides effective leadership, influencing and contributing to the strategic direction, development and delivery of modern health care services adopting a proactive approach to service, practice and role development whilst maintaining professional nursing practice to ensure the delivery of high standards of patient/resident care under the Nursing Directorate.

The current budgeted nursing establishment for these areas is 285 WTE.

Table 14 below shows the current number of WTE posts, number of WTE budgeted posts, and number of WTE vacancies for each group.

**Table 14**

Workforce	Current WTE	Budgeted WTE	Current WTE Vacancies
Community Nursing - Lead	1	2	1
Community Nursing - Trained	107	104	-3
Community Nursing - Untrained	24	26	2
Community Hospitals - Trained	51	58	8
Community Hospitals - Untrained	35	33	-2
Intermediate Care - Trained	5	5	0
Intermediate Care - Untrained	1	1	0
Medicine For Elderly - Trained	28	37	10
Medicine For Elderly - Untrained	18	18	-1
<b>Total</b>	<b>269</b>	<b>285</b>	<b>16</b>

Recruiting to nursing posts, especially registered posts, is extremely challenging across all nursing services, particularly in inpatient areas. The table above shows there are currently 15 WTE vacancies. Most of these are for registered posts and equates to 8.6% of the workforce. It is also challenging to recruit in rural Perthshire.

With this in mind, PKHSCP has invested in growing new talent and developing roles. Looking at workforce redesign and seeking new ways of working for existing staff by developing their current skills by enhancing and developing their skills further as well as supporting and building resilience and confidence in the staff group. Examples of this working well within Perth and Kinross are Advanced Practice roles within the partnership. These roles have been pivotal in growing and developing our current workforce, not only by filling gaps but also by providing experienced staff a rewarding clinically facing career pathway.

As part of the continuing drive to provide safe, accessible and high- quality care in addition to Advanced Practice roles, Perth and Kinross will see the emergence of new medical associate professionals as part of the multi-professional team to help grow and develop our current workforce.

International recruitment provides another opportunity to help support our current workforce challenges. As we strive to form a diverse workforce from across the world, we will promote factors that will attract staff to come and work in Perth and Kinross. All international recruitment will be in

line with the Scottish Code of Practice for health and social care Personnel and ensure we do not recruit from Countries with their own qualified healthcare staffing shortages.

It has not just been registrant workforce development that we have reviewed, we have additionally looked at our Band 2-4 clinical roles aimed at transforming the nursing and care workforce. These roles will be developed so that the staff members are trained to deliver high quality, hands- on care, which is specific to the professional group to which they belong and will be an essential part of the teams.

Health & Care Staffing Act is the first piece of legislation in the UK to set out requirements for safe staffing across both health and care services and most clinical professions. It gained Royal Assent on 6 June 2019 but due to the pandemic the implementation for the Act has been delayed. Effective implementation will provide assurance that staffing is appropriate to support high quality care.

One Community Hospital became non-operational for more than 6 months due to a shortage of registered staff. Many inpatient wards are heavily reliant on Bank and Agency staff. This affects continuity of care for people and does not provide best value. However, pressure is also being felt in community teams due to the level of complexity, and increasing demand including end of life care.

The pressure on nursing posts will increase significantly in future years. Nearly 50 extra posts will be required to meet increased demand due to demographics and nearly 100 posts will need to be filled due to people retiring. Over 100 of these posts will be for registered nurses.

The national nursing and midwifery workload and workforce planning tools have been used to quantify optimum staffing levels and skill mix. They also highlight significant pressures within all services with particular gaps in the Band 5 workforce. The workforce tools are showing on a national level that a reduced amount of student nurses are qualifying due to the pandemic. Some Higher Education facilities are now starting to take two intakes of students per year to increase the number of nurses qualifying going forward. The tools also highlight the gaps left with nurses retiring and also being promoted into Advanced Nurse Practitioner (ANP) roles and other specialist nursing roles.

Action	Pillar	Action: Local / Regional
Develop alternative non-registered nursing support roles that are diverse and flexible (e.g. Activity Workers)	Attract	Local
Develop a career pathway from support workers roles to newly qualified practitioners to advanced practice and consultant roles	Attract	Local
Evaluate the role of Clinical Educators in the development of educational frameworks to meet staff needs	Train	Local
Develop a training programme for specialist posts	Train	Local
Improve the Job Descriptions for Band 3 and 4 posts to ensure clear understanding of respective roles and responsibilities	Nurture	Local
Implement national workforce tools for Community Nursing under professional leadership of the Lead Nurse	Nurture	Local

## Mental Health, Substance Use and Learning Disability Nursing

### Adult Community Mental Health Teams (CMHT)

The Adult CMHTs across Perth and Kinross are based within 3 localities - North, South and Perth City. They are a community based, multi-disciplinary mental health service which provides assessment and evidence-based treatment for individuals under the age of 65 with suspected or diagnosed moderate to severe mental illness/mental disorder who for reasons of complexity, severity or lack of treatment response require specialist secondary care input.

### Older People's Community Mental Health Teams

The Older Peoples CMHTs are similarly based across the 3 localities of North, South and Perth City. The Older Peoples CMHT supports people over the age of 65 with severe and enduring mental health needs, also for those under 65 with an early onset Dementia. The teams provide Assessment, Diagnosis, Treatment, Education and create Individualised care planning.

### Older Peoples Mental Health Inpatient areas

In Perth and Kinross, we have 3 Older Peoples Mental Health in-patient areas. Two of these areas are for the care and treatment of individuals with organic illnesses (such as Dementia). The other inpatient area is for the care and treatment of those individuals with functional Mental Health illnesses (such as depression and Schizophrenia). All areas provide care and treatment for people who can no longer be supported at home and need to be admitted to hospital due to severe mental health problems.

### Learning Disability Community Team

The Community Learning Disability service aims to provide specialist health care, advice and treatment to adults (over the age of 16) with a learning disability through a multidisciplinary team. This also includes advice and support for families/carers. It supports other health and social care agencies to provide mainstream services to people with learning disabilities that will enable health improvement and reduce barriers when accessing services. The service strives to improve both the physical and mental health of people with learning disabilities by providing efficient and effective health care based on individual needs.

### Integrated Drug and Alcohol Recovery Team - I-DART

The Perth and Kinross Integrated Drug and Alcohol Recovery (I –DART) provides recovery orientated treatment for individuals experiencing serious problems with drugs and alcohol in Perth and Kinross. The multi-disciplinary team, comprising nurses, social workers, doctors, psychologists, pharmacists, and support workers, provides drug and alcohol assessment and treatment. The main focus of the service is to provide community treatment in various locations across Perth and Kinross, complemented by the inpatient facility at the Kinclaven Unit, Murray Royal Hospital which provides residential drugs and alcohol detoxification.

All these areas have faced significant demand in recent years mainly due to demographics, inequality and the Covid pandemic and this is predicted to continue to increase in future years.

The current budgeted nursing establishment for these areas is 190 WTE.

Table 15 below shows the current number of WTE posts, number of WTE budgeted posts, and number of WTE vacancies for each group.

**Table 15**

Workforce	Current WTE	Budgeted WTE	Current WTE Vacancies
Community LD - Registered	9	9	0
Community LD – Non-registered	1	4	3

Community Adult MH - Registered	31	35	4
Community Adult MH – Non-registered	8	7	-1
Substance Misuse - Registered	10	12	2
Substance Misuse- Non-registered	3	3	0
Older Peoples Psychiatry - Registered	58	68	10
Older Peoples Psychiatry – Non-registered	43	52	9
<b>Total</b>	<b>163</b>	<b>190</b>	<b>27</b>

As is being seen on a national scale, our main issue is the recruitment and retention of nurses, particularly Registered nurses. Nursing recruitment has been problematic for several years across Scotland and continues to be so. Universities have increased their allocation of nursing students considerably, however this will only be of benefit in the next 2-3 years once students are qualified.

There is also the ongoing issue of retaining qualified staff who may choose to move to other parts of the UK. Across the whole of the NHS System, the workforce is ageing, and this is also causing difficulties due to the high numbers of staff retiring or leaving the profession due to the stressful impact of Covid.

As the table above shows there are currently 27 WTE vacancies across the four services within Perth and Kinross. These posts are vital to the delivery of healthcare provision especially given the complexity of many of our service users. There is a significant risk to our communities if these posts are unable to be filled, especially given the skills required to undertake some of the procedures required in the delivery of healthcare. Locally we are seeing increased difficulty with recruiting Registered Mental Health nursing staff as well as staff leaving the service. This is due to a variety of reasons, including:

- NHS Tayside reputation in regard to Mental Health due to concerns raised in the Strang Inquiry
- Recent temporary contingency arrangements having to be introduced due to lack of medical staff
- High expectations of the general population leading to increased aggression and complaints towards staff
- Impact of the Covid pandemic and high levels of stress associated with this. It is worth noting front line nurses had to continue face to face support as virtual working would not have met the requirement of patients
- Increased waiting lists needing to be addressed due to impact of Covid and historical issues of recruiting and low staffing levels
- Impact on Mental Health services due to changes in the GP contract. Many GPs are now defaulting all Mental Health related issues to Community services, whereas they would have been seen within primary care previously
- An acute shortage of Advanced Nurse Practitioners. These posts require supervision through medical staff of which there is a chronic shortage

It is anticipated that there will be a shortfall in nursing posts of around 110 WTE over the next three years, taking into account predicted demographic growth and retirements, with the biggest shortfall in Older People's Psychiatry. The gap for registered nursing posts presents the greatest risk as this is our largest cohort of staff and there are clear functions that registered nurses can only undertake, eg



administration of medication. When posts are vacant, we, as a matter of course, advertise posts nationally, although this is not proving particularly effective due to the national shortage of registered nurses.

Demographics will have the greatest impact on demands on Older People's Mental Health Teams. Increases in children with Profound and Multiple Learning Disabilities surviving into adulthood will and increase in life expectancy for people with a learning disability will increase demand on the Learning Disability Nurses and the ongoing effects of the pandemic and cost of living crisis will increase demands on Adult Mental Health and Substance Use nurses.

All registered nurses are encouraged to work to the top of their grade responsibilities and any additional support or training is provided to enable this.

General actions to improve recruitment and retention by making Perth and Kinross an attractive place to work will reduce the risk. Succession planning and career/role development may mitigate some of these risks. It is worth noting that significant amounts of funding have been made available over the last two years. However, the workforce is not available to recruit, and many new posts are being filled by existing staff in other parts of the service, therefore recycling the same staff.

The Older People's, Autism and Learning Disability, Mental Health and Wellbeing and Substance Use Strategic Delivery Plans all rely heavily on nursing to deliver their objectives. Ensuring there is adequate nursing capacity is a key priority for PKHSCP and represents a significant area of risk.

Action	Pillar	Action: Local / Regional
By reviewing our statutory responsibilities with Third Sector organisations we will aim to provide a whole system Mental Health service. This will provide an opportunity to explore alternative roles and ways of working which will allow mutual development and creativity across the service	Attract	Local
We will review our current resources and identify gaps in relation to complex care reviews and anticipatory care planning. This will allow the Nursing workforce to meet the full expectations of their scope of practice and be key Influencers in Care and treatment options making the role attractive and innovative	Attract	Local
The design of a Primary Care Mental Health Service in partnership with local General Practice and Scottish Government will create opportunities to recruit, retain and develop our Nursing workforce within an integrated care model	Attract	Local

## C MEDICAL

### **Psychiatry of Old Age (POA) / Medicine for Elderly Medical Staffing (MFE)**

PKHSCP holds delegated responsibility for its POA and MFE inpatient and community services. The POA service works across 3 localities as well as 3 inpatient mental health wards with a total bed complement of 38 beds (24 organic and 14 functional beds). The MFE service works across the

medical floor in PRI as well as supporting the two MFE wards. PKHSCP is currently rolling out the MFE model into community hospitals and community services. The total number MFE/community hospital beds is 70 and 18 Stroke beds.

### Current Workforce

Table 16 below shows the current number of WTE posts, number of WTE budgeted posts, and number of WTE vacancies for each group within the partnership

Table 16

Workforce		Current WTE	Budgeted WTE	Current WTE Vacancies
Medicine For Elderly	Consultants	5	5	0
Medicine For Elderly	Speciality Doctor	2	2	0
Psychiatry Of Old Age	Consultants	4	4	0
Psychiatry Of Old Age	Speciality Doctor	1	1	0
Medical Training Non Psychiatry	Clinical Fellow	1	1	0
Management	General Practitioner	1	1	0
OP Mental Health	Consultants	3	3	0
OP Mental Health	Locum Consultants	2	2	0
<b>Total</b>		<b>19</b>	<b>19</b>	<b>0</b>

There is recognition that we are going through a prolonged phase of significant shortages within the Consultant Psychiatric workforce both locally and nationally, and although Older Peoples Mental Health services have not struggled to the same degree as Adult Services, there is the expectation that this will continue to impact upon services. The service is already utilising Locum Consultant Psychiatrists to ensure adequate provision.

According to the BMA report 'Consultant workforce shortages and solutions: Now and in the future' 2020, The Royal College of Psychiatrists anticipates there will only be an additional 200 consultant psychiatrists entering the workforce by 2023/24, which is far below the NHS Long Term Plan requirement of 1,041.

A transformational plan across the whole of the Older Peoples Mental Health service will be developed later this year. This will map out the future needs of the service as well as examine how we can start to use other disciplines in an advanced role. This will enable us to become less reliant upon the medical workforce as well as provide role development and alternative care models.

Action	Pillar	Action: Local / Regional
As part of the development of a transformational plan across Older Peoples Mental Health consider using other disciplines in advanced roles	Plan	Local
Consider the opportunity for recruitment of Mental Health & MFE Advanced Nurse Practitioners	Plan	Local

Undertake workforce planning for POA/MFE Medical staffing in line with increasing demographics	Plan	Local
Continue to develop a hybrid POA/MFE Medical model including Clinical Fellows, GP Specialists, and Advanced Clinical Practitioners	Plan	Local
Consider the provision of sabbatical leave to staff. This could be offered as an incentive to make the location and role more attractive	Attract	Regional
Consider how to increase the opportunity for Medical staff to undertake leadership, improvement, research and training	Attract	Regional

## D PRISON HEALTHCARE

Prison Healthcare deliver a holistic service for people who are in prison custody across Tayside. There are two prisons in Perth & Kinross; HMP Perth and HMP Castle Huntly, who have a combined population of around 1000. This is a transient population. The service has a number of distinct teams, some of whom who work across both prisons.

Table 17 below shows the current number of WTE posts, number of WTE budgeted posts, and number of WTE vacancies for each group.

**Table 17**

Prison Healthcare	Current WTE	Budgeted WTE	Current WTE vacancies
Admin & Clerical	8	8	0
Dental	0	2	2
Management	2	3	1
Medical	2	2	1
Mental Health	5	7	2
Nursing	15	17	1
Pharmacy	9	11	2
Case Worker	5	7	3
Substance Misuse	13	17	3
<b>Total</b>	<b>59</b>	<b>73</b>	<b>14</b>

Prison Healthcare continues to experience challenges in recruiting and retaining staff. In particular, there is a turnover of nursing staff within the service. This is likely due to the custodial environment and focus on medication administration. There are a lot of controlled drugs prescribed which must be supervised, over which the service has no control.

The recruitment difficulties are resulting in high use of GP locums and nursing bank and agency staff. Due to the custodial environment, bank and agency staff require additional training to be able to fulfil their role independently, otherwise they must be chaperoned by a trained member of staff.

The Partnership is exploring opportunities to identify combined speciality GP posts that may, as part of their roles, be able to support elements of the clinical work at HMP.

Should the service be unable to recruit to vacant posts, there will be an inequity in the delivery of care to people in prisons. As medicine administration is critical, this will become a priority with the risk that non-essential services cannot be delivered. The prison population has disproportionately high numbers of people with substance use and mental health problems as well as complex physical/pain presentations. There is a recognised need for the specialist teams across pharmacy, substance use, mental health and general nursing to work with the medical team.

Action	Pillar	Action: Local / Regional
Complete workforce planning and identify skills gaps to create roles that are fit for purpose	Plan	Local
Redesign of the management/leadership team across Justice Healthcare to build in resilience	Plan	Local
Review role of Healthcare Support Workers to support work within the prison healthcare setting	Attract	Regional

## E PUBLIC DENTAL SERVICES

The Public Dental Service (PDS) is a Tayside wide Primary Care service, hosted by PKHSCP. Staff work across Tayside with an allocated base in Broxden (Perth), Kings Cross (Dundee) or Springfield (Arbroath) or The Crescent, Dundee. The role of the Public Dental Service is to:

- Promote oral health
- Monitor the oral health of the population of Tayside
- Provide dental care for patients from priority groups
- Provide dental care for those unable to access care in a general practice setting and referred patients

Referrals to the service have increased year on year moving from 2,805 in 2016 to 3,417 in 2019. Most treatment is provided under General Dental Service terms and conditions. In general, people are only registered with the PDS if they have special care needs that preclude their receiving appropriate care in independent practice. The Out of House Service is administered by the Public Dental Service.

The Public Dental Service is provided by independent practitioners and salaried Primary and Secondary Care dental staff. Independent practitioners are self-employed and contract with the NHS to provide a range of services for individuals under General Dental Services (GDS) terms and conditions who register with their practice for continuing care.

Table 18 below shows the current workforce and level of vacancies.

**Table 18**

Workforce	Current WTE	Budgeted WTE	Current WTE Vacancies
Assistant Clinical Director	1	1	0
Clinical Director	1	1	0
Dental Nurses	43	50	7

Hygienist Therapists	6	7	1
Dental Officer	12	17	5
Dental Core Trainee	1	1	0
Dental Technician	2	3	1
Trainee Dental Nurses	5	5	0
Oral Health Improvement	16	20	4
Prison Healthcare Staff	0	0	0
Senior Dental Officer	7	7	0
Speciality Registrar	1	1	0
Sterile Services	5	5	0
Admin & Clerical	10	11	1
<b>Total</b>	<b>110</b>	<b>128</b>	<b>18</b>

Across Scotland, there is a shortage of dentists and people are struggling to obtain registration. Brexit has had a significant effect on recruitment and retention and Covid has temporarily reduced the number of dentists entering the workforce in 2020/2021. However, NHS Tayside PDS is almost unique in Scotland in having no difficulty recruiting to date. It is felt that this is due to the location, access to a dental hospital as well as the team being renowned as a great team to work in. The only limiting factor is the recruitment process and the notice time that dentists have to give before moving into new posts. To date, PKHSCP has been highly supportive and prompt with respect to recruitment.

In 2020 and 2021, all NHS dental provision was subject to national lockdown regulations. From March to June 2020, the Public Dental Service was tasked with setting up and running Urgent Dental Care Centres (UDCC). The Tayside UDCCs treated more emergencies than any other Board area across Scotland and this was made possible by the support of Dundee Dental Hospital and independent practitioners from across the area who contributed sessions to the UDCCs alongside PDS staff.

Independent practice has remobilised incrementally, in line with central guidance, and supported by centrally provided PPE. PDS has been instrumental in ensuring access to PPE for all practices, supported by NHST Procurement. Independent practice is now running at about half its pre-pandemic capacity and there are significant challenges in recruiting and retaining dentists across the UK. A changed model of funding from 1<sup>st</sup> April should see an increase in activity but there is a significant backlog and demand for routine care will continue to outstrip demand for some time.

Within PDS, staff morale remains high but absence levels are unprecedented, over and above absence due directly to Covid. Having worked throughout the pandemic, including all of the lockdowns, with no respite, staff are exhausted. This is exacerbated by the inability to resolve critical equipment issues such as ventilation. Delays in providing adequate ventilation has had multiple impacts on staff, both physical and emotional.

When undertaking Aerosol Generating Procedures, staff must wear additional PPE, including a gown and fitted FFP3 mask. Where ventilation is inadequate, the fallow time is extended and the PPE must be worn for longer. This is physically and mentally draining. The lack of provision of a safe environment that complies with current room specifications has a detrimental effect on morale. Staff are unable to provide timely care to their core patients as fallow time reduces the number of patients who can be seen and increases waiting times.

Future expansion of the workforce is entirely dependent on the decisions made at Scottish Government level with regard to the role and remit of PDS. Additional demands placed on PDS by

the Scottish Government are likely to come with additional funding. Mass removal of patients from NHS lists is the most significant concern and this has happened in some of the larger Board areas. In the event that access becomes an issue, the Chief Dental Officer has indicated that there will be potential to acquire premises and set up access centres as happened at the turn of the century. The limiting factor will be the absolute shortage of dentists across Scotland. PDS in Tayside is uniquely fortunate in the ability to recruit but it would be at the expense of other Board areas or independent practice. Scottish Government is aware and is investigating means to increase the pool of dentists available.

The actions we have identified to support recruitment, retention, training and wellbeing of the staff within the Tayside PDS are as follows:

Action	Pillar	Action: Local / Regional
Use TURAS to undertake annual appraisals to recognise staff commitment and demonstrate that we value our people	Nurture	Local

## F ALLIED HEALTH PROFESSIONALS (AHP)

PKHSCP have Physiotherapy and Occupational Therapy (including Social Work Occupational Therapy) as delegated services and host Podiatry services on behalf of Tayside. There are specific comments in relation to Podiatry to reflect this Tayside provision.

Colleagues operating within these professional groups deliver services across the whole of Perth & Kinross delivery areas and, in the case of Podiatry this extends across the entirety of Tayside. Most staff deliver services as part of multi-disciplinary teams – the majority from a specialist role perspective via enhanced learning and development of particular skillsets, specific to the dedicated areas of service delivery

AHP services are comprised of registered professional staff and unregistered Health Care Support Workers (HCSW). Our current skill mix is one quarter of the workforce are unregistered HCSW (40 employees) and three quarters are Registered Professionals (170 employees). Most of our staff group fall into Agenda for Change Bandings 6 and 7 grades, demonstrating that most of our workforce are clinical specialists.

Throughout the Covid-19 pandemic AHPs in Tayside have been applying a model of mutual support and staff deployment across professions and all services have been reporting their status, enabling the population of an AHP Heat Map.

Table 19 below shows the current number of WTE posts, number of WTE budgeted posts, and number of WTE vacancies for each profession.

Table 19

HSCP	Current WTE	Budgeted WTE	Current WTE Vacancies
AHP Other	24	23	-3
OT	63	58	-4

Podiatry	55	61	6
Physiotherapy	47	48	1
<b>Total</b>	<b>189</b>	<b>190</b>	<b>0</b>

### **Physiotherapy:**

Physiotherapists help people affected by injury, illness or disability through movement and exercise, manual therapy, education and advice. Physiotherapy is a science-based profession and takes a “whole person” approach to health and wellbeing, which includes the persons general lifestyle. (Chartered Society of Physiotherapy Definition)

There are increasing challenges recruiting to physiotherapy vacancies. Band 5 posts are the hardest to recruit to. Band 5 physiotherapy posts are important as they are rotational roles designed to enhance clinical skills, knowledge and experience and are essential for service delivery and succession planning.

### **Occupational Therapy:**

Occupational Therapists enable service users to participate in activities of daily living by modifying the occupation or environment to better support their occupational engagement. Occupational Therapists are dual trained in physical and mental health and so can consider the totality of individuals’ needs. They are skilled in the prevention of ill health, assessment of individual abilities and work tasks in relation to specific jobs and skill requirements

There is a national shortage of occupational therapists, and they are on the National Occupation Shortage list. It is becoming increasingly challenging to recruit to OT vacancies in Perth and Kinross, especially if they are not permanent posts. As with Physiotherapy, Band 5 Occupational Therapist posts are the most challenging to recruit to.

### **Podiatry:**

NHS Podiatrists provide a comprehensive foot health service for conditions affecting the foot and lower limb. By undertaking early interventions to identify and mitigate the impact of future foot health demands, podiatry plays a key role in the prevention of lower limb problems through assessment, diagnosis, treatment, and foot health education to patients with a lower limb condition or systemic condition that affects the lower limb (Podiatry definition).

Podiatry in Tayside has an aging workforce with 51% of qualified staff aged 45+years old; 35% aged 50+ years old, of which five staff members also have significant leadership roles. Tayside Podiatry has experienced poor response to adverts in the past. At present, Tayside Podiatry has approximately 6 vacant posts some of which have been vacant for two years or more and response to job adverts continues to be poor, with recent Band 5 and 6 posts receiving **no** applicants. This has had a significant impact on our capacity to accommodate patients and either provide intervention in line with the assessed needs of patients already on the caseload; or appoint any new referrals other than those requiring urgent podiatry input.

In each of the next three years we project that there will be a shortfall in workforce of around 30 WTE per annum across all specialisms. Podiatry has a significant higher shortfall in year 1, around 16 WTE. With OT anticipated to have a large shortfall in year 3.

There is increasing demand for AHPs due to the redesign of pathways to focus on early intervention and maximising individuals' levels of independence. Examples include the development of the Locality Integrated Care LiNCS, Hospital at Home and First Contact Physiotherapy. To support these new initiatives there has been investment of around 11 WTE in each of OTs and Physiotherapists over the period 2020-2023.

## Challenges

- It is nationally acknowledged and experienced locally of a lack of “immediate availability of an AHP workforce” in all professions but more specifically in OT and physiotherapy and skill levels available in the wider workforce pool
- Redesigning workforce bandings to attract applicants especially in remote and rural areas which can impact on career progression and rotation of Band 5 roles
- The pandemic impact has increased waiting times burden and continues to present added pressures for effective and timely service provision, and staff wellbeing. Waiting times are currently being addressed through remobilisation funding
- Clinical Skill level of emerging AHP students due to the impact of covid restrictions on practical practice-based learning
- No real time staffing tools or templates available, therefore limited formal evidence or data surrounding staffing
- Physiotherapists may attract special class status (SCS) and could retire at the age of 55 years, if applicable. (Superannuation Scheme conditions apply)
- Recruitment to Band 5 posts across all three AHP disciplines remains a challenge
- Recruitment and retention of Podiatrists in the NHS has been highlighted as a national issue across all Health Board areas in Scotland. This is supported by data to demonstrate a steady decline in the number of podiatrists working within NHS Scotland: December 2011 this was recorded as 694 WTE podiatrists; compared with only 592 WTE by December 2020 (Turas data Intelligence)
- AHPs need to build on our existing partnerships with Third and Independent sectors and other avenues of supports, with the registered professionals supporting transference of skillsets and models of working eg Community Footcare, Live Active Leisure

Action	Pillar	Action: Local / Regional
Evaluate impact of AHP Clinical Educator role to determine any further role development	Plan	Local
Develop First Contact Practitioner models for OT and Podiatry	Plan	Local
In support of the Health & Care (Staffing)(Scotland) Act 2019 learn from Test of Change activity being undertaken in P&K	Plan	Local
To support consideration of 7 day working for AHPs undertake necessary workforce modelling	Plan	Local
Promote practice base learning AHP placements in all services where these are not currently supported	Plan	Local



Undertake detailed analysis and review to identify and consider workforce capacity, productivity, skill mix and unmet need	Plan	Local
Promote and support AHP bank function	Plan	Regional
To support consideration of the emerging AHP Rehabilitation Framework, undertake necessary workforce modelling	Plan	Local
Develop AHP roles to support Long Covid/Chronic Fatigue presentations	Plan	Local
Develop Advance Practice AHP roles and AHP Consultant roles e.g. Dementia/Frailty/Urgent Care/Mental Health/Learning Disabilities etc	Attract	Local
Ensure there is an attractive career structure for AHPs	Attract	Local
Develop alternative non-registered AHP roles that are diverse and flexible for example Band 5 support workers	Attract	Local
Continue to progress OT Integration	Train	Local
Increase Practice based learning agreements with Higher Educational Institutions contracts	Train	Regional
To support the potential creation of a Podiatry led Community Vascular Service, undertake the necessary workforce planning	Employ	Regional

## G GENERAL PRACTICE

The workforce within General Practice can broadly be split into three groups.

### Practice Medical Staff

As of 1st December 2021, there were 149 GPs working in Perth & Kinross practices (GP Partners 123, Salaried GPs 25, GP Retainer 1) across 24 practices. GP Partners make up the majority of the GP workforce. GP partners will often be required to work well in excess of their sessional practice commitment to ensure the running of the business and the service they provide. GP Partners also carry a number of significant risks, responsibilities and liabilities as business owners and independent contractors that other NHS workers do not have to face. This can include issues relating to employment of staff, premises and other business liabilities. Potential new GP Partners are reluctant to take on these risks, and this can have an impact on a practice's ability to recruit new GP Partners. Increasingly GPs are opting to take up salaried/employed posts in preference to joining GP Partnerships. Salaried GPs and GP retainers are often offered a degree of protection from unnecessary workload demands due to their employee status and contracts. However, many will recognise the pressure on the current service and will go above and beyond their contracted hours of work to support patients and their colleagues.

GP Locums support practices to deliver their General Medical Services contract. Availability is currently very limited with practices relying on existing GPs to provide additional clinical sessions where essential cover is required. This is becoming increasingly more difficult as most GPs that work part-time, do so for reasons that make them unavailable to undertake additional sessions. Examples would include the need to provide care for family or undertaking additional work as part of a portfolio of GP roles such as leadership, training, appraisal, quality improvement or GP with Special Interest posts.

There are currently 12 GP Practices in Perth & Kinross who are accredited GP Training practice, hosting GP Trainees as they work towards becoming a fully qualified GP. The amount of clinical work that a GP Trainee can deliver for a practice will be variable based on their stage of training, satisfactory progression through the training period and the percentage whole time equivalent they are working. There is an increasing trend of GP Trainees requesting less than full time working however we know that upon completion of training, many newly qualified GPs will stay in the area if their training experience has been positive, and they have been well supported. Having a high concentration of good quality training practices within Perth & Kinross has certainly helped us maintain a better position than some other areas in terms of post-qualification retention.

In June 2021 to inform workforce planning, PKHSCP asked practices to complete a survey focusing on issues affecting GP sustainability. This survey provided some key information around the GP workforce within Perth & Kinross which is summarised below:

- There are at least 23 GP Partners over the age of 55 years (20%)
- There are at least 16 GP Partners who are planning to retire within the next 2 years (13%)
- In the event of GP absence, 46% of Practices would not be able to provide more than 3 additional sessions per week from their existing complement of GPs
- The majority of practices deliver over 75% of their weekly clinical sessions through GP Partners alone
- 13 Practices have experienced difficulties recruiting GPs in the last two years. This appears to have affected rural practices significantly more than those practices working within Perth City
- At the time of the survey, there were 7 Practices (30%) with one or more vacant GP posts

The results of this survey show the stark reality facing the GP Practice medical workforce. There is a national shortage of GPs and despite pledges by the Scottish Government to increase GP numbers, there has been very little movement in this. Identifying solutions to the GP recruitment and retention crisis facing General Practice is crucial to ensuring the sustainability of General Practice within Perth & Kinross.

#### Practice Nursing Staff

Nursing teams within GP practices have evolved over the years and moved away from the traditional treatment room and chronic disease monitoring roles to multi-skilled nursing teams. This may consist of Practice Nurses, Health Care Assistants, Phlebotomists, Advanced Nurse Practitioners. There is currently no available data regarding the nursing workforce and scope of practice within individual practices. With the roll out of Community Care and Treatment Services (CCATS) and the transfer of work away from practice nursing teams, there is some anxiety from nursing colleagues regarding how this will affect them. In addition, the Practice Nursing roles can be quite isolating, particularly in some of the smaller practices. We have also seen an increase in Advanced Nurse Practitioner roles within some GP practices. Consideration therefore needs to be given to how we support the Practice Nursing teams through the transition of the new GP contract implementation and develop the workforce to meet the needs of patients and GP practices as we move into a new era of Primary Care.

#### Practice Administrative/Management Staff

The administrative and management group of the Primary Care workforce will include receptionists, administrative staff, office managers and practice managers. How a GP practice chooses to run its practice and therefore the balance of skills and numbers of staff is largely up to the individual practice. Similar to other workforce groups within General Practice, roles are changing as we move

towards full implementation of the new GP contract and a need to maximise efficiencies within the GP practice teams.

#### Current Challenges Affecting General Practice Workforce

General Practice is going through significant change. Adapting to all these changes is challenging to do when working in an environment of workload excess and workforce deficit. The added pressure of the Covid-19 pandemic on General Practice, in terms of clinical workload, vaccination roll-out and workforce isolations, has made this more difficult.

Workforce planning for General Practice must focus on how we provide GP practices and the wider Primary Care team with that stability to allow them to plan for the future. This will include support to help develop the anticipated change in roles of the GP practice workforce, taking into consideration the shift in the balance of care towards local communities, whilst also focusing on recruitment, retention and staff wellbeing.

The actions we have identified to support recruitment, retention, training and wellbeing of the General Practice team are as follows:

Action	Pillar	Action: Local / Regional
Educate staff and patients on how to access the most appropriate care in the right place, with the right person, at the right time. Change the narrative and perception regarding the role of the GP as the first contact for any health-related problem. This should include better promotion of the roles of the wider multidisciplinary team	Plan	Regional
Complete implementation of the Primary Care Improvement Plan providing GP practices with access to healthcare professionals and services to support GP practices in the delivery of healthcare	Plan	Local
Conduct 6 monthly GP Sustainability Survey to provide key information for early identification of potential workforce problems. For our January 2022 survey we have asked practices to provide some information on their Nursing and Administrative/Management teams	Plan	Local
Continue to work with neighbouring HSCPs and NHS Tayside Primary Care services on issues surrounding GP practice sustainability and cross-boundary issues as these issues can often affect workload, recruitment and retention	Plan	Regional
Review and develop options for GPs to work flexibly as they approach retirement or seek new opportunities, to avoid losing them from the profession	Attract	Regional
Funding has been identified and recruitment is underway for a Primary Care Resilience Team to support GP practices that may experience issues. When not responding to crisis situations within GP practices, the resilience team will be working in a proactive approach to support practices	Employ	Local

## H CARERS

Unpaid carers play an essential role in supporting vulnerable people in Perth and Kinross; they are equal partners working alongside the partnership. They provide care and support to family members, friends and neighbours. The people they care for may be affected by disability, physical or mental ill health, frailty or substance use. They range in age from young children to older people. Over 2,000 people have self-identified as carers in Perth and Kinross for support services. It is critical that we ensure appropriate supports are in place to enable them to continue in their caring role for as long as they are able and willing to do so.

Sustained investment over the last four years has allowed us to create a number of posts to support carers and meet our statutory obligations. Posts within the partnership include:

- Locality Support Workers
- Social Care Officers
- Palliative Carer Support Worker
- Carers Support Worker – SCOPE (2022/23)
- Various support roles such as clerical officer, project officer etc

Funding is also provided to several Third Sector organisations, such as Crossroads, Support in Mind Scotland, to provide support to carers. PKAVS utilise some of this funding for a number of posts.

These include:

- Telephone Befriending Support Workers
- Hospital Link Worker
- Carers Development Worker
- Young Adult Carer Support Worker
- Rural Carer Support Worker

Our investment in a balance of full and part-time staff enables agility in service provision. We have seen no barriers to recruitment as candidates have found the roles to be an attractive career. We continue to roll out a programme of Carers Act training to partnership teams, ensuring that a wide range of staff are in place to be carers champions, aware of the challenges carers face and equipped to support them.

Demand for carer services grows each year. Between 2019 and 2022 total referrals to PKAVS and PKC have increased by 40%. We will be influenced by the findings of our strategy consultation later this year as we refresh our current Joint Carers Strategy. We will prepare for the projected increase in the number of people living with Dementia and the consequent increase in the number of carers supporting them.

## I VOLUNTEERS

Volunteering is a hugely valuable resource, as evidenced during the pandemic. We want to ensure that those who want to or those that haven't considered volunteering before are able to do so in a way that suits them and their availability. Volunteers have traditionally been sourced from our retired population, and although this has again been hugely impactful, we would like to diversify this group more so, this will enable us to work with an even wider range of individuals and match volunteers to individuals in terms of interests and commonality.

To achieve this, we have invested in a Volunteer App (Volunteero). This app provides what it termed missions for volunteers to select, it categorises missions into work that is very informal into more formalised mechanisms of support. The app will allow us to monitor activity and where there are persistent areas of unmet need, allowing us to target other support mechanisms specific to these identified requirements.

Alongside this development we have invested in two Volunteer posts, the first of which is a Volunteer Coordinator post who will oversee the implementation and ongoing use of the app and who will coordinate alongside our Third Sector partner Royal Voluntary Service, the continued roll out of well-established NHS volunteering opportunities. The second post is a Community Circles Coordinator who will be responsible for coordinating Community Circles. Community Circles help people to be happier, healthier and more connected with the support of those around them.

Volunteering is beneficial not only to the recipient but to the volunteer themselves; the volunteering is highly rewarding and can contribute to improved mental health and wellbeing but can also offer work experience opportunities and promote the concept of working within the health and social care sector.

## J CORPORATE SERVICES

Delivering safe services relies on effective corporate support across a range of functions. NHS Tayside and PKC are responsible for providing corporate support to PKHSCP. In some areas, staff have been aligned to PKHSCP and this has provided the basis for the development of integrated corporate support functions that ensure best value use of resources, reduction in duplication and the development of the 'PKHSCP way'.

It has been essential, in many areas, to build integrated capacity on top of aligned support. PKHSCP has taken pro-active steps to increase capacity. Our 2022/23 Budget ensures that across leadership, service management, planning, performance, business improvement and finance, we are building the capacity to support the transformation and redesign programme that lies ahead. This will be achieved both through increased efficiency and redesign of existing resources but also in additional investment in new posts.

PKHSCP continues to rely on separate support from both partners. We continue to review opportunities for more integrated support including areas such as workforce planning, capital planning and communications.

The Corporate Team's move to home working during the pandemic was extremely successful and the level of productivity increased. Hybrid working will provide the opportunity to ensure productivity gains are not lost whilst gaining from increased 'connection'. Turnover of staff is low in most corporate teams.

In line with the significant transformation of services which lies ahead, we have recognised the need to build increased integrated capacity across finance, commissioning, performance, planning and business improvement. The necessary investment is set out in the 2022/23 Budget and recruitment has commenced, ensuring resilient corporate support to front line services over the next 3 years.

The actions we have identified to support recruitment, retention, training and wellbeing of the corporate services team are as follows:

Action	Pillar	Action: Local / Regional
Review approach to Induction to embrace opportunities that arise from hybrid working	Nurture	Local

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# Monitoring & Evaluation Actions

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We have set out above the actions to support workforce sustainability across Perth & Kinross relating to the various professions and across the Partnership. Appendix 1 is an action plan detailing the high level actions we will take to address workforce issues across the Partnership. Each action is aligned to one of the 5 Pillars set out by the Scottish Government in the National Workforce Strategy (Plan, Attract, Train, Employ, and Nurture). Appendix 2 is a summary detailing the actions by staff group that will further support wider strategic actions.

Delivery of local actions in the plan will be overseen by the PKHSCP Executive Management Team and through the Local PKHSCP Partnership Forum. In line with Scottish Government guidance, the plan will be reviewed and updated annually.

# PKHSCP 3 YEAR WORKFORCE PLAN PARTNERSHIP WIDE ACTION PLAN 30 JUNE 2022

	Action	Action: Local / Regional/ National	Short / Medium / Long Term	Area	Responsible Officer	Deadline
PLAN	With support from partners, improve available workforce data for planning and monitoring purposes	Local/Regional	Short	Partnership	Head of Finance & Corporate Services	31/03/23
	Consider the appointment of a dedicated partnership workforce strategy lead to support workforce planning and to develop and implement workforce solutions	Local	Short	Partnership	Head of Finance & Corporate Services	31/03/23
	Develop and implement a Joint Working Agreement to enable integration of services	Local	Short	Partnership	Chief Officer	31/03/24
	Using workforce tools and performance information monitor and review demand capacity	Local	Short	Partnership	Heads of Service	31/03/24
	With partners, understand the emerging workforce implications of the new National Care Service as the scope and operating model are determined	Local/Regional	Medium	Partnership	Chief Officer	31/03/25
	To increase focus on sustainable workforce solutions, all PKHSCP strategic plans/business cases will include a standard section on workforce implications that sets out the impact on staffing of planned changes and the steps that will be taken to ATTRACT, EMPLOY, TRAIN, NURTURE staff to support sustainable delivery.	Local	Short	Partnership	Chief Officer	30/06/22
	Support professions to undertake the necessary preparation to introduce real time staffing data collection and workforce tools that will be required to support implementation of the Health & Care (Staffing) (Scotland) Act 2019 when enacted	Local	Short	Partnership	Professional Leads	31/03/24
	Work with partners to provide robust age profile data to support effective planning and to enable a supplementary update to be provided to the Scottish Government in relation to the emerging workforce gap over the planning period	Local	Short	Partnership	Head of Finance & Corporate Services	31/12/22
	Conduct a needs analysis through engagement with staff, service users, and their families to identify opportunities for Digital/TEC to enhance service delivery and training requirements	Regional	Short	TEC	Head of Adult Social Work & Social Care	31/03/24
ATTRACT	Proactive succession planning with staff being nurtured to grow in readiness for career development. We will create career pathways and work with schools, colleges and universities to attract candidates to hard to fill roles	Local	Short	Partnership	Heads of Service	31/03/24
	Promote Perth and Kinross as an employer of choice through agile, flexible and modern recruitment practices that includes positive experiences of service users and staff in recruitment campaigns	Local	Short	Partnership	HR Lead PKC/HR Lead NHST	31/03/24
	Advertise posts permanently instead of fixed term, wherever possible as we are not attracting applicants for short term employment	Local	Short	Partnership	Heads of Service	30/06/22
	Review the removal and relocation policy to attract suitably qualified candidates for hard to fill roles	Local	Short	Partnership	HR Lead PKC/HR Lead NHST	31/03/24
	Use National and international recruitment campaigns to bridge skills gaps and create a more diverse workforce that promotes diverse ideas and perspectives	Local	Short	Partnership	Chief Officer	31/03/24
	Engage closely with developing the young workforce initiatives such as participating in school work experience week/university open days	Local	Short	Partnership	Heads of Service	31/03/23
	Review options to attract staff who may be considering returning after retirement	Local	Short	Partnership	Head of Health/Head of ASWSC	31/03/23
	Work with partners to increase housing options for staff working and living in hard to recruit to rural areas in Perth & Kinross	Local	Short	Partnership	Chief Officer	31/03/24
	Collaborative and reciprocal arrangements with Local Higher Education Institutions to promote working in Perth & Kinross	Local	Short	Partnership	Chief Officer	31/03/24
	Ensure the valuable contribution of armed forces leavers within the local workforce is recognised, ensuring we are an employer of choice for those wishing to transfer skills or develop new skills in health and social care	Regional	Short	Partnership	Associate Nurse Director	31/03/23
	Work with PKC over the period of their 5-year transformation programme to provide opportunities for staff to retrain and develop new skills to transfer to roles in health and social care	Local	Medium	Partnership	Chief Officer	31/03/25



# PKHSCP 3 YEAR WORKFORCE PLAN PARTNERSHIP WIDE ACTION PLAN 30 JUNE 2022

	Action	Action: Local / Regional/ National	Short / Medium / Long Term	Area	Responsible Officer	Deadline
	Work with PKC, schools, colleges, higher education and Third/Independent Sector partners in a training academy approach to address supply	Local	Short	Partnership	Chief Officer	31/02/23
	Advocate at national level for specific measures to attract key roles into remote and rural areas	Local	Medium	Partnership	Chief Officer	31/03/25
	Explore new models of employment/student apprenticeships	Regional	Short	Partnership	HR Lead PKC/HR Lead NHST	31/03/24
	Work with partners to provide support to people in Perth & Kinross who have been long term unemployed back to work in health & social care roles	Local	Short	Partnership	HR Lead PKC/HR Lead NHST	31/03/24
EMPLOY	Work creatively with Community Planning Partners and local employability partnerships to identify creative solutions to support recruitment and retention of health & social care staff	Local	Medium	Partnership	Chief Officer	31/03/25
	Support partners to encourage staff to update their personal details to increase equalities information	Local	Short	Partnership	Chief Officer	31/03/24
	To provide equity for all staff, work with partners to address the gender pay gap in Perth & Kinross	Local	Medium	Partnership	Chief Officer	31/03/25
TRAIN	Provide/promote training and qualifications for advanced professional practice roles	Local	Short	Partnership	Lead Nurse	31/03/23
	Build and develop future leaders through leadership programmes, secondment opportunities and reciprocal learning arrangements	Local	Short	Partnership	Chief Officer	31/03/24
	Building on the Allied Health Professions approach to promote responsive and flexible workforce, consider the roll out of rotational roles across other staff groups	Local	Short	Partnership	Lead Nurse	31/03/24
	Consider the training and support required for managers to ensure pro-active vacancy management	Local	Short	Partnership	Heads of Service	31/03/23
NURTURE	Create an agile, efficient, and modern recruitment experience that supports managers to attract, recruit and retain the right talent through utilisation of digital technologies, promotion of employer benefits and through employer branding ensuring that Perth and Kinross is an employer of choice	Local	Short	Partnership	HR Lead PKC/HR Lead NHST	31/03/24
	Create a Partnership wide framework to improve flexibility across the Partnership, ensuring we have the right people in the right place with the right skills at the right time	Local	Short	Partnership	Chief Officer	31/03/23
	Ensure all staff operate in a working environment that enables them to adhere to Professional and Clinical guidance	Local	Short	Partnership	Head of Health/Head of ASWSC	31/03/23
	Provide trained staff protected time to complete relevant clinical and leadership functions of their roles and increase healthcare workers to fill the gaps	Local	Short	Partnership	Head of Health/Head of ASWSC	31/03/23
	Celebrate achievements and contributions for existing staff and services, not just new initiatives	Local	Short	Partnership	Chief Officer	31/03/23
	Developing a Trauma Informed workforce supported through the Expert advisory group and implementation of 'Transforming Psychological Trauma: A knowledge and skills Framework for the Scottish workforce', and the Scottish Psychological training plan and Trauma informed Toolkit	Local	Short	Partnership	Heads of Service	31/03/23
	Ensure menopause policies of PKC and NHS Tayside are widely understood and used across the workforce to support staff	Local	Short	Partnership	HR Lead PKC/HR Lead NHST	31/03/23
	Consider the flexible working options that can be offered to both existing and new staff to support recruitment and retention	Local/Regional	Short	Partnership	Heads of Service	31/03/24
	Implement the Equality and Human Rights Commission Report 9 June 2022 recommendations to improve staff experience of ethnic minority workers.	Local	Short	Partnership	Chief Officer	31/03/24
	Introduce a systematic approach to understand the reasons why people change or leave roles to improve retention	Local	Short	Partnership	Chief Officer	31/03/23

# PKHSCP 3 YEAR WORKFORCE PLAN PARTNERSHIP WIDE ACTION PLAN 30 JUNE 2022

	Action	Action: Local / Regional/ National	Short / Medium / Long Term	Area	Responsible Officer	Deadline
	We will take forward leadership development and commit to the fundamental components of compassionate leadership in our staff engagement including: - attending - through active listening and communication - understanding - through engagement and discovery - empathising - through connection, trust and emotional support, and - helping - through intelligent and thoughtful action	Local	Short	Wellbeing	Chief Officer	31/03/24
	Promote the wellbeing framework and continue to adopt a people first approach to wellbeing, empowering staff to be proactive in managing their own health and wellbeing.	Local	Short	Wellbeing	Lead AHP	31/03/23
	Encourage employees to take on the role of wellbeing champion to promote health and wellbeing across the Partnership.	Local	Short	Wellbeing	Lead AHP	31/03/23
	Employ specific resources to enable a targeted approach to health and wellbeing to promote the wellbeing resources available and to work with managers to reduce sickness absence levels.	Local	Short	Wellbeing	Lead AHP	31/03/23
	Understand and evaluate learning requirements to identify areas for growth	Local	Short	Skills & Knowledge	Head of ASWSC/Team Leader L&D	31/03/24
	Provide the requisite learning and development for new roles	Local	Short	Skills & Knowledge	Head of ASWSC/Team Leader L&D	31/03/23
	Provide and encourage learning and development for new ways of working across the partnership	Local	Short	Skills & Knowledge	Head of ASWSC/Team Leader L&D	31/03/23
	Embed collective and compassionate leadership at all levels and ensure access to learning and development to develop leadership.	Local	Short	Skills & Knowledge	Heads of Service	31/03/24
	Grow our commitment to support wellbeing and engagement using learning and development	Local	Short	Skills & Knowledge	Head of ASWSC/Team Leader L&D	31/03/24
	Work with partners, including Schools, Universities, Professional bodies, SQA, to enhance our learning offer and create learning spaces fit for the purpose of the learner and stage of development	Local	Short	Partnership	Head of ASWSC/Team Leader L&D	31/03/24
	Enabling workforce development through team working and development, reflective practice, supervision, yearly appraisal and development discussion. Engage fully with the Perth and Kinross Offer employee experience programme	Local	Short	Skills & Knowledge	Heads of Service/Organisational Development	31/03/23

# PKHSCP 3 YEAR WORKFORCE PLAN STAFF GROUP ACTION PLAN 30 JUNE 2022

Pillar	Action	Action: Local / Regional / National	Short / Medium / Long Term	Area	Responsible Officer	Deadline
<b>ADULT SOCIAL WORK &amp; SOCIAL CARE</b>						
Attract	Review model of CAH provision for rural areas in Perth and Kinross and amend to improve recruitment and retention	Local	Short	ASWSC	Head of Adult Social Work & Social Care	31/10/22
Attract	Review opportunities to enhance our benefits package to improve recruitment & retention in social care	Local	Short	ASWSC	Head of Adult Social Work & Social Care	31/03/23
Attract	Promoting Social Care as a rewarding career	Local	Short	ASWSC	Head of Adult Social Work & Social Care	31/03/24
Attract	Use digital marketing techniques to increase response to vacancies	Local	Short	ASWSC	Head of Adult Social Work & Social Care	31/07/22
Attract	Implement a learn to work in Adult Care programme	Local	Short	ASWSC	Head of Adult Social Work & Social Care	31/03/24
Attract	Develop recruitment and retention pathways into care EG, work placements for students and shadowing programmes, developing the young workforce through secondary schools, Perth College UHI and Youth Services, offer more work placements through foundation apprenticeships and work experience.	Local	Short	ASWSC	Head of Adult Social Work & Social Care	31/03/24
Attract	Develop and roll out local recruitment campaigns in line with national campaigns	Regional	Short	ASWSC	Head of Adult Social Work & Social Care	31/03/23
Attract	Monitor hourly rates for social carers employed in the Independent and Third sectors across Scotland and take any necessary actions to ensure Perth & Kinross rates remain competitive	Local	Short	ASWSC	Head of Adult Social Work & Social Care	31/03/24
Train	Develop proposal for a rolling programme for para professionals to undergo training for professional Social Work qualification	Local	Medium	ASWSC	Head of Adult Social Work & Social Care	31/03/25
Nurture	Further develop career pathways for social carers	Local	Short	ASWSC	Head of Adult Social Work & Social Care	31/03/24
<b>OLDER PEOPLES NURSING</b>						
Attract	Develop alternative non-registered nursing support roles that are diverse and flexible (e.g. Activity Workers)	Local	Short	OP Nursing	Lead Nurse	31/03/24
Attract	Develop a career pathway from support workers roles to newly qualified practitioners to advanced practice and consultant roles	Local	Medium	OP Nursing	Lead Nurse	31/03/26
Train	Develop a training programme for specialist posts	Local	Short	OP Nursing	Lead Nurse	31/03/24
Train	Evaluate the role of Clinical Educators in the development of educational frameworks to meet staff needs	Local	Medium	OP Nursing	Lead Nurse	31/03/25
Nurture	Improve the Job Descriptions for Band 3 and 4 posts to ensure clear understanding of respective roles and responsibilities	Local	Short	OP Nursing	Lead Nurse	31/03/24
Nurture	Implement national workforce tools for Community Nursing under professional leadership of the Lead Nurse	Local	Short	OP Nursing	Lead Nurse	31/03/24
<b>MENTAL HEALTH NURSING</b>						
Plan	Review our statutory responsibilities to maximise opportunities to work with Third Sector organisations	Local	Short	MH Nursing	Lead Nurse	31/03/24
Plan	Review our existing resources and identify gaps in relation to complex care reviews and anticipatory care planning	Local	Short	MH Nursing	Lead Nurse	31/03/23
Plan	Design a Primary Care Mental Health Service in partnership with local General Practice and Scottish Government	Local	Short	MH Nursing	Lead Nurse	31/03/23

# PKHSCP 3 YEAR WORKFORCE PLAN STAFF GROUP ACTION PLAN 30 JUNE 2022

Pillar	Action	Action: Local / Regional / National	Short / Medium / Long Term	Area	Responsible Officer	Deadline
<b>MEDICAL</b>						
Plan	As part of the development of a transformational plan across Older Peoples' Mental Health, consider using other disciplines in advanced roles.	Local	Medium	Medical	Associate Medical Director/Head of Health	31/03/25
Plan	Consider the opportunity for recruitment of Mental Health & MFE Advanced Nurse Practitioners	Local	Medium	Medical	Associate Medical Director/Head of Health	31/03/25
Plan	Undertake workforce planning for POA/ MFE Medical staffing in line with increasing demographics	Local	Short	Medical	Associate Medical Director/Head of Health	31/03/24
Plan	Continue to develop a hybrid POA/MFE Medical model including Clinical Fellows, GP Specialists, and Advanced Clinical Practitioners	Local		Medical	Associate Medical Director/Head of Health	31/03/23
Attract	Consider the provision of sabbatical leave to staff. This could be offered as an incentive to make the location and role more attractive.	Regional	Short	Medical	Associate Medical Director/Head of Health	31/03/23
Attract	Consider how to increase the opportunity for Medical staff to undertake leadership, improvement, research and training.	Regional	Short	Medical	Associate Medical Director/Head of Health	31/03/24
<b>PRISON HEALTHCARE</b>						
Plan	Complete workforce planning and identify skills gaps to create roles that are fit for purpose	Local	Short	Prison Healthcare	Head of Health	31/03/24
Plan	Redesign of the management / leadership team across Justice Healthcare to build in resilience	Local	Short	Prison Healthcare	Head of Health	31/03/24
Attract	Review role of Healthcare Support Workers to support work within the prison healthcare setting	Regional	Short	Prison Healthcare	Head of Health	31/03/24
<b>PUBLIC DENTAL SERVICES</b>						
Nurture	Use TURAS to undertake annual appraisals to recognise staff commitment and demonstrate that we value our people	Local	Short	Dental	Dental Lead	31/03/23
<b>ALLIED HEALTH PROFESSIONALS</b>						
Plan	Evaluate impact of AHP Clinical Educator role to determine any further role development	Local	Short	AHP	AHP Lead	31/03/24
Plan	Develop First Contact Practitioner models for OT and Podiatry	Local	Medium	AHP	AHP Lead	31/03/25
Plan	Learn from Test of Change activity being undertaken in P&K in utilising the Scottish Government AHP Professional Judgement Template and also Safety Huddle template	Local	Short	AHP	AHP Lead	31/03/23
Plan	Promote practice base learning AHP placements in all services where these are not currently supported	Local	Short	AHP	AHP Lead	31/03/24
Plan	Undertake detailed analysis and review to identify and consider workforce capacity, productivity, skill mix and unmet need	Local	Short	AHP	AHP Lead	31/03/24
Plan	Promote and support AHP bank function	Regional	Short	AHP	AHP Lead	31/03/23
Plan	Develop AHP roles to support Long Covid / Chronic Fatigue presentations	Local	Short	AHP	AHP Lead	31/03/23
Attract	Develop Advance Practice AHP roles and AHP Consultant roles e.g. Dementia/ Frailty/ Urgent Care/ Mental Health/ Learning Disabilities etc	Local	Medium	AHP	AHP Lead	31/03/25
Attract	Ensure there is an attractive career structure for AHPs	Local	Medium	AHP	AHP Lead	31/03/25
Attract	Develop alternative non registered AHP roles that are diverse and flexible for example Band 5 support workers	Local	Short	AHP	AHP Lead	31/03/24
Train	Continue to progress OT Integration	Local	Short	AHP	AHP Lead	31/03/23
Train	Increase Practice based learning agreements with HEIs contracts	Regional	Medium	AHP	AHP Lead	31/03/25

# PKHSCP 3 YEAR WORKFORCE PLAN STAFF GROUP ACTION PLAN 30 JUNE 2022

Pillar	Action	Action: Local / Regional / National	Short / Medium / Long Term	Area	Responsible Officer	Deadline
<b>GENERAL PRACTICE</b>						
Plan	Educate staff and patients on how to access the most appropriate care in the right place, with the right person, at the right time. Change the narrative and perception regarding the role of the GP as the first contact for any health-related problem. This should include better promotion of the roles of the wider multidisciplinary team.	Regional	Short	General Practice	Associate Medical Director/Head of Health	31/03/23
Plan	Complete implementation of the Primary Care Improvement Plan providing GP practices with access to healthcare professionals and services to support GP practices in the delivery of healthcare.	Local	Short	General Practice	Associate Medical Director/Head of Health	31/03/23
Plan	Conduct 6 monthly GP Sustainability Survey to provide key information for early identification of potential workforce problems. For our January 2022 survey we have asked practices to provide some information on their Nursing and Administrative/Management teams.	Local	Short	General Practice	Associate Medical Director/Head of Health	31/06/22
Plan	Continue to work with neighbouring HSCPs and NHS Tayside Primary Care services on issues surrounding GP practice sustainability and cross-boundary issues as these issues can often affect workload, recruitment and retention.	Regional	Medium	General Practice	Associate Medical Director/Head of Health	31/03/25
Attract	Review and develop options for GPs to work flexibly as they approach retirement or seek new opportunities, to avoid losing them from the profession.	Regional	Short	General Practice	Associate Medical Director/Head of Health	31/03/24
Employ	Funding has been identified and recruitment is underway for a Primary Care Resilience Team to support GP practices that may experience issues. When not responding to crisis situations within GP practices, the resilience team will be working in a proactive approach to support practices.	Local	Short	General Practice	Associate Medical Director/Head of Health	31/03/23
<b>CORPORATE SERVICES</b>						
Nurture	Review approach to induction to embrace opportunities that arise from hybrid working	Local	Short	Corporate	Head of Finance & Corporate Services	31/03/24

# Glossary of Acronyms

A&C	Administration & Clerical
AHP	Allied Health Professionals
ANP	Advanced Nurse Practitioner
ASWSC	Adult Social Work & Social Care
BMA	British Medical Association
C&CT	Contracts & Commissioning Team
CAH	Care at Home
CCATS	Community Care & Treatment Services
CMHT	Community Mental Health Team
COPD	Chronic Obstructive Pulmonary Disease
EMT	Executive Management Team
FFP	Filtering Face Pieces
GDS	General Dental Service
GMS	General Medical Services
GP	General Practitioner
H&WB	Health & Wellbeing
HART	Home Assessment Recovery Team
HCA	Health Care Assistant
HCSW	Health Care Support Worker
HR	Human Resources
I-DART	Integrated Drug & Alcohol Recovery Team
IMT	Integrated Management Team
LD	Learning Disabilities
LInCS	Locality Integrated Care Service
MFE	Medicine for the Elderly
MH	Mental Health
OP	Older Peoples
OT	Occupational Therapist
PDS	Public Dental Service
PKAVS	Perth & Kinross Association of Voluntary Service
PKC	Perth & Kinross Council
PKHSCP	Perth & Kinross Health & Social Care Partnership
PKIJB	Perth & Kinross Integration Joint Board
POA	Psychiatry of Old Age
PPE	Personal Protective Equipment
PRI	Perth Royal Infirmary
SQA	Scottish Qualifications Authority
SSSC	Scottish Social Services Council
TEC	Technology Enabled Care
UDCCs	Urgent Dental Care Centres
WTE	Whole Time Equivalent