

**Subject:** **An Integrated Health and Social Care Workforce Plan for Scotland**

**Purpose:** To present the key issues and next steps relating to the publishing of Scotland's first 'Integrated Health and Social Care Workforce Plan' by Scottish Government in December 2019.

**Recommendation:** The IJB to approve that an updated HSCP Integrated Health and Social Care Workforce Plan will be developed this year and published by April 2021.

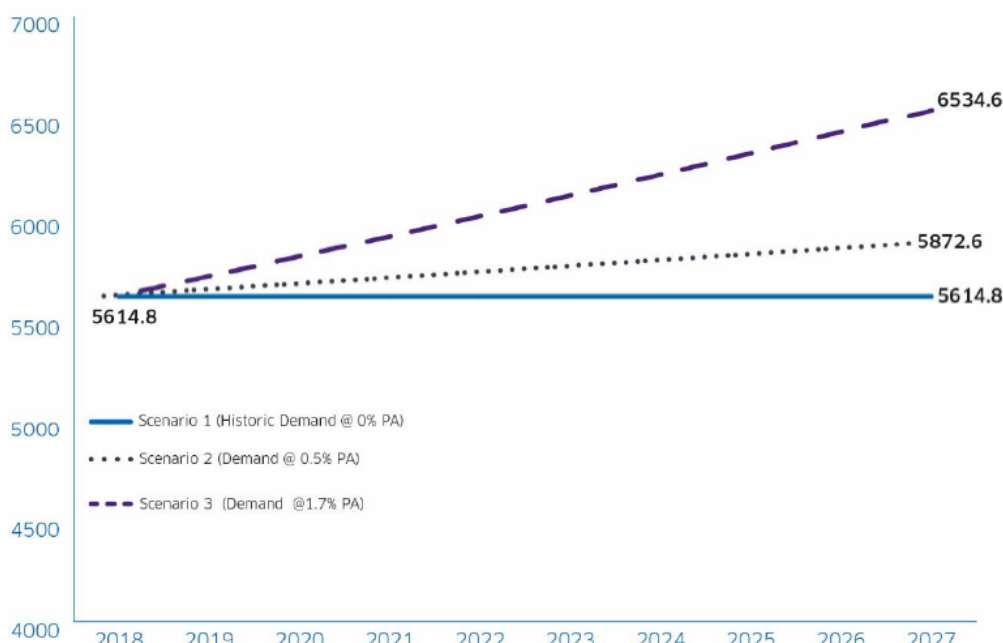
### Glossary of Terms

NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
SG	Scottish Government
IH&SCWP	Integrated Health and Social Care Workforce Plan

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	On the 16 <sup>th</sup> December 2019 the Scottish Government issued its first <b>Integrated Health and Social Care Workforce plan</b> . This is attached at <b>Appendix 1</b> .
1.2	The Scottish government also issued <b>workforce planning guidance</b> which highlighted that all HSCPs require to have in place an integrated health and social care workforce plan for April 2021. North Ayrshire HSCP has an existing Workforce Development Strategy 2018-2021 in place, and this will require to be updated based on the new guidance. The link to the full document is <a href="#">Guidance.pdf</a>
1.3	The Scottish Government also issued <b>illustrative planning scenarios</b> for roles supporting health and social care in Scotland and these estimate that there is expected to be over the next five years a growth in demand per annum of 3.5% for health and 4% for social care. The link to the full document is <a href="#">Illustrative Scenarios.pdf</a>
1.4	All three documents together provide a robust foundation for HSCPs to build an integrated workforce planning approach, across all sectors, however it is recognised that workforce data issues and the lack of a technical workforce expertise remains a barrier.

2.	<b>BACKGROUND</b>
2.1	On the 16 <sup>th</sup> December 2019 the Scottish Government issued its first Integrated Health and Social Care Workforce plan. The plan puts effective workforce planning at the forefront of achieving safe, integrated, high quality and affordable health and social care services for the people of Scotland. This is attached at <b>Appendix 1</b>
2.2	The Plan recognised in Parts 1, 2 and 3 of the National Workforce Plan that delivering integrated services where people in Scotland need them depends on shared understanding and trust. It also requires robust data and intelligence about the highly skilled and committed workforce who deliver them. Building, sharing and using that intelligence effectively, in integrated ways across different systems, is essential. All these issues were explored during the creation of the North Ayrshire first Workforce Development Strategy 2018-2021 and building shared intelligence about workforce remains a challenge.
2.3	The plan also highlights that better planning and intelligence can also help decision-making where pressures are most immediate and where skilled staff are most needed.
2.4	At national level to ensure these commitments have maximum effect a strengthened workforce planning base has been put in place through: <ul style="list-style-type: none"> <li>• developing strong national governance structures for workforce planning, via the National Workforce Planning Group and National Workforce Planning Programme Board;</li> <li>• delivering the TURAS Data Intelligence Platform, bringing together workforce data in one place;</li> <li>• commissioning a new Labour Market Survey research to give us a better understanding of the national and local challenges;</li> <li>• delivering a new GP Contract which clarifies and strengthens the roles of GPs as Expert Medical Generalists working as leaders within the primary care system; and of Health and Social Care Partnerships in planning and delivering a far broader multi-disciplinary team to support GPs. The contract and improvements to IT systems are also significantly improving the data available on activity and workforce in general practice.</li> </ul>
2.5	The IH&SCWP highlights that some of the challenges we face are not unique to Scotland, as recognised in a report by the Health Foundation in March 2019 which reported that “most high-income countries are facing the social, health and economic challenges of an ageing population”. The report identified that, unless the supply of health workers was addressed there would be “a global needs-based shortage of more than 14 million health workers in 2030”. International challenges are particularly acute in developed countries in nursing, where it is estimated up to 40% of nurses will leave the profession in the next decade.
2.6	The key commitments in the Plan are to: <ul style="list-style-type: none"> <li>• Support the shift in balance of care into community settings, by delivering more care at home and reducing rates of admission to acute hospital services;</li> <li>• Train and introduce into the workforce an additional 375 nurses within the district nursing service based upon the current skills mix, over the next 5 years;</li> <li>• Create up to 120 more Pharmacists to work in primary care settings, increasing Pharmacy pre-registration training places by 40 each year over the next 3 years;</li> <li>• Create 225 more Advanced Musculo-Skeletal (MSK) Practitioners in Primary Care, by increasing MSc training places for the Physiotherapy workforce;</li> </ul>

	<ul style="list-style-type: none"> <li>• Support additional Mental Health Officer (MHO) capacity in local authorities by providing funding to help address the current shortfall in capacity of 55 WTE by 2022-23. In the medium term, modelling work will take place to assess the impact of reforms to adults with incapacity requirements, particularly around guardianship applications on mental health services workload and demand for MHOs;</li> <li>• Increase the Cardiac Physiologist workforce thereby increasing capacity to carry out diagnostic testing by supporting an additional 30 training places on the 4-year BSc course in Clinical Physiology;</li> <li>• Over the next 3-5 years we will also focus on increasing the workforce by promoting recruitment into Scientist Training Programmes and Practitioner BSc. Programmes;</li> <li>• Support an additional 60 Clinical Psychologists in training by: <ul style="list-style-type: none"> <li>○ Increasing the training programme intake by 10 students per year for the next three years.</li> <li>○ Maintain the current intake level (30 per annum) for the two existing Masters training programmes. This will continue the additional 10 places which have been available in recent years.</li> </ul> </li> <li>• Increase Reporting Radiography training places by 30 (10 in each of the next 3 years). In partnership with NHS Tayside the Scottish Government will develop a bespoke training programme to upskill Interventional Radiologists (and others with appropriate skills) to perform Mechanical Thrombectomy (MT) procedures to improve treatment of stroke patients across Scotland, and ensure these skills are approved as credentials by the GMC;</li> <li>• Scottish Government, working with COSLA, will design and oversee work to obtain a national picture of workforce planning capacity, methodology and capability in Local Authorities/ Health and Social Care Partnerships for planning social care services. We will respond by considering how best to support effective collaborative and strategic workforce planning in light of the findings;</li> <li>• Over the next 12 months Scottish Government and COSLA will work with the Scottish University and College sectors to examine, develop and build a workforce planning educational qualification - building a strategic approach to developing workforce planning education and skills for the health and social care workforce;</li> <li>• Provide additional support in 2019/21 to the third and independent social care sectors to enable their contributions to the developments in workforce planning to be supported through this Workforce Plan.</li> </ul>
3.	<p>The Scottish government also issued <b>workforce planning guidance</b> which highlighted that all HSCPs require to have in place an integrated health and social care workforce plan for April 2021 using a whole-system approach with third and independent sector partners.</p>
3.1	<p>An Annual Workforce Planning Reporting Process will be developed to meet the annual reporting requirements of Scottish Government. A reporting template will be developed and forwarded to IJBs for completion in the intervening years between publication of their full 3-year workforce plans.</p>
3.2	<p>While being more concise and high level than full 3-year workforce plans, these interim reports will still need to meet Scottish Ministers' requirements and must:</p> <ul style="list-style-type: none"> <li>• Continue to deliver a clear picture of local level workforce planning activity;</li> <li>• Be capable of aggregation at regional and national levels;</li> </ul>

	<ul style="list-style-type: none"><li>And where appropriate, enable Scottish Ministers to respond to ongoing scrutiny requirements for Parliamentary and audit purposes.</li></ul>												
3.4	IJBs should also identify and nominate responsible officers to ensure the publication of 3-year Workforce Plans and Annual Workforce Planning Reporting Templates are undertaken in line with the timescales identified. North Ayrshire HSCP has identified Michelle Sutherland and Duncan Lavelle as the nominated responsible officers for workforce planning.												
4.	The Scottish Government also issued <b>illustrative planning scenarios</b> for Scotland and these estimate that there is expected to be over the next five years a growth in demand per annum of 3.5% for health and 4% for social care, based on inflation, demographic pressures, non-demographic growth and the dampening of growth created by efficiency and reforms.												
4.1	<p>The scenarios show expected growth rates for key professions working across health and social care to meet expected percentage growth in demand e.g. care homes, social workers, primary care staff, community-based NHS staff.</p> <p>The scenarios, using available information, take into account information on the following areas:</p> <ul style="list-style-type: none"><li>Current vacancies;</li><li>Workforce age profiles and assumed retiral ages based on trend data;</li><li>Outflow (leavers) and inflow (joiner) trends;</li><li>Student numbers and assumed education course completion rates.</li></ul> <p>There is not a scenario for third sector workforce yet, given often is voluntary nature.</p>												
4.2	<p>As an example, Scottish fieldwork social workers projections are described below.</p> <p><b>All Fieldwork Social Workers Projected WTE Workforce Demand Scenarios to 2027 (Using 2018 Baseline)</b></p>  <table><thead><tr><th>Scenario</th><th>2018 Baseline</th><th>2027 Projection</th></tr></thead><tbody><tr><td>Scenario 1 (Historic Demand @ 0% PA)</td><td>5614.8</td><td>5614.8</td></tr><tr><td>Scenario 2 (Demand @ 0.5% PA)</td><td>5614.8</td><td>5872.6</td></tr><tr><td>Scenario 3 (Demand @ 1.7% PA)</td><td>5614.8</td><td>6534.6</td></tr></tbody></table>	Scenario	2018 Baseline	2027 Projection	Scenario 1 (Historic Demand @ 0% PA)	5614.8	5614.8	Scenario 2 (Demand @ 0.5% PA)	5614.8	5872.6	Scenario 3 (Demand @ 1.7% PA)	5614.8	6534.6
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In developing this approach, the following required to be analysed and interrogated:

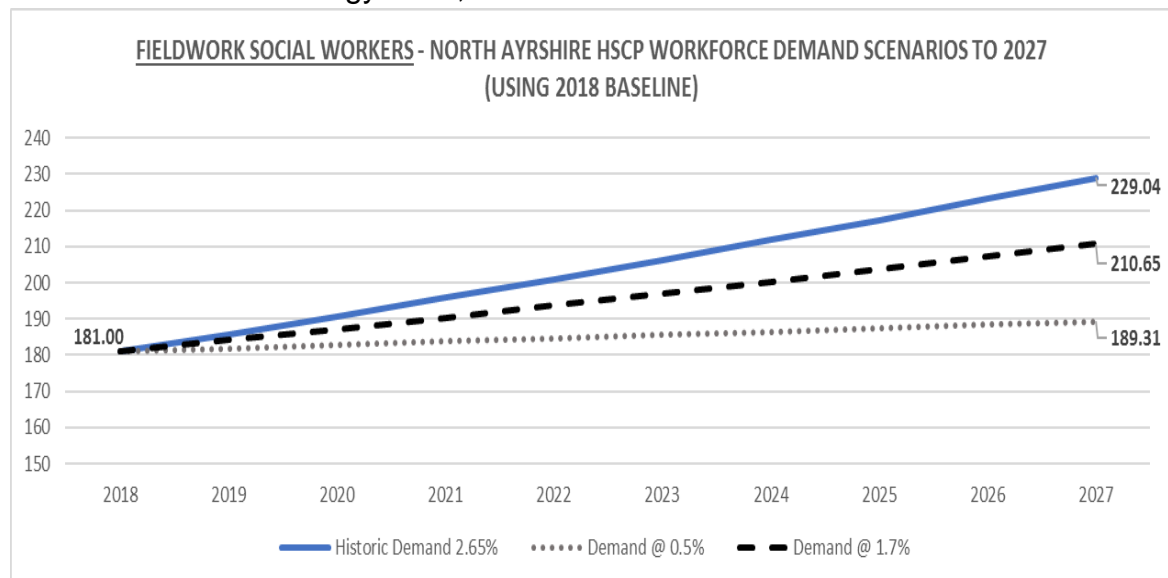
- Population demography,
- Impact of Government policy and legislation,
- Distribution of work among staff,
- Changes to models of working,
- Demand for qualified social workers from organisations delivering non-statutory services,
- Retention and retirement rate and
- Vacancy rates

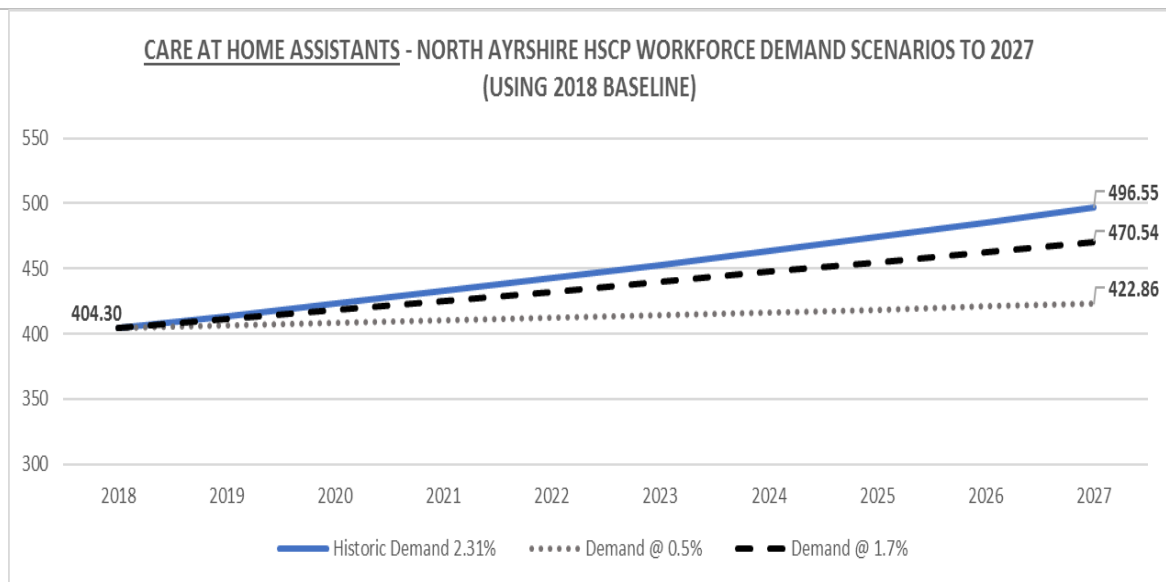
Given current data challenges faced by all sectors, it is an ambitious approach to include scenarios within the North Ayrshire HSCP integrated health and social care workforce plan.

However, we have already tried and below are 'test' projections for Fieldwork Social Workers and Care at Home Assistants. The projections match the 0.5% and 1.7% demand scenarios used in the "Illustrative scenarios" document.

The historical demand/growth rates (2.65% for SW / 2.31% for CAH) are produced from Full Time Equivalent "in post" figures from the last 5 years obtained from the SSSC Census Return for Social Workers and the HR/Payroll system for Care at Home staff.

This projection work does not take into account vacancies, turnover trends and retirement information. Hopefully we will get a clearer indication of the Scottish Government methodology used, so that will can build these in.





<b>5.</b>	<b>PROPOSALS</b>
5.1	North Ayrshire HSCP will work with third and independent sector colleagues to develop an integrated health and social care workforce plan, which will be published by April 2021. This will underpin the new HSCP strategic plan.
5.2	<b><u>Anticipated Outcomes</u></b>
	The workforce plan will be measured against the national health & wellbeing outcomes; however, the specific measures and actions will be explored as part of the new HSCP Strategic Plan arrangements, which are due to be developed in the coming year and published by April 2021
5.3	<b><u>Measuring Impact</u></b>
	The specific measures and actions will be explored as part of the new HSCP Strategic Plan arrangements, which are due to be developed in the coming year and published by April 2021. The integrated health and social care workforce plan will be supported by a range of illustrative planning scenarios built on the growth in demand expected over the next five years in North Ayrshire. Given current data challenges faced by all sectors this is an ambitious approach.
<b>6.</b>	<b>IMPLICATIONS</b>
<b>Financial:</b>	There may be financial implications, however these will be explored as part of the new HSCP Strategic Plan arrangements, which are due to be developed in the coming year and published by April 2021
<b>Human Resources:</b>	There may be implications for HSCP staff, however these will be explored as part of the new HSCP Strategic Plan arrangements, which are due to be developed in the coming year and published by April 2021.
<b>Legal:</b>	N/A.
<b>Equality:</b>	An Equality Impact Assessment will be developed to underpin the new HSCP Strategic Plan, which are due to be developed in the coming year and published by April 2021.

<b>Children and Young People</b>	Consider the impacts on children and young people in North Ayrshire.
<b>Environmental &amp; Sustainability:</b>	N/A.
<b>Key Priorities:</b>	This document will underpin the new HSCP Strategic Plan, which is due to be developed and published by April 2021.
<b>Risk Implications:</b>	N/A.
<b>Community Benefits:</b>	N/A.

<b>Direction Required to Council, Health Board or Both</b>	Direction to :-	
	1. No Direction Required	x
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

<b>7.</b>	<b>CONSULTATION</b>
7.1	There has been no wider consultation on the published report, due to the HSCP having in place an existing Workforce Development Strategy 2018-2021. This new Scottish Government IH&SCWP, with the supporting Guidance note and Illustrative Scenarios, will be used to inform the updated HSCP Strategic Plan and new Workforce Plan, due to be developed in the coming year and published by April 2021.
<b>8.</b>	<b>CONCLUSION</b>
8.1	The new Scottish Government IH&SCWP, with the supporting Guidance note and Illustrative Scenarios, will be used to inform the updated HSCP Strategic Plan and new Workforce Plan, due to be developed in the coming year and published by April 2021.

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# **An Integrated Health and Social Care Workforce Plan for Scotland**



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## **Joint Scottish Government and Convention Of Scottish Local Authorities (COSLA) Foreword**

We share a common aim: to ensure everyone in Scotland receives the high-quality health and care services they need, at the right time and in the right place.

Central to that aim is the need to anticipate, gauge and respond effectively to the changing needs of our population; understanding the health and social care workforce we need to deliver services is crucial to this.

Every day the many thousands of people who work in our health and social care services display extraordinary leadership, professionalism, skill and knowledge. In everything they do they demonstrate outstanding personal commitment. It follows that the planning carried out to recruit, deploy, nurture, and retain this vital workforce must also be exemplary.

As people's health and social care needs change we are seeing a renewed focus on prevention and wellbeing, on early intervention and in supported self-management. This work will require us collectively to:

- embed and sustain health and social care integration;
- transform mental health services;
- improve access to services;
- respond to innovations and advances in treatment and care, as well as how people experience services.

This Plan reflects these requirements, in setting out:

- the key workforce factors we must consider in assessing growing and changing demand;
- the skills and size of the workforce we will need to meet demand;
- the actions we are taking to ensure a sustainable workforce – how we grow and retain our community-based workforce, our mental health workforce, and the workforce needed to support improved access in other key areas of health and social care.

We have known for many years that workforce planning is not an exact science. It is often described as a multi-dimensional and iterative process, capable of handling changing circumstances as they emerge. We must ensure Scotland's people continue to benefit from a fully sustainable health and social care workforce into the future, which remains a huge challenge. There is much still to do to further develop our collective knowledge, for example on the growing demands for social care. This in turn will support informed decision-making and the workforce skills we require.

This Plan represents an important milestone because it is tackling these issues at a national level and in an integrated context for the first time. It will support employers and workforce planners to address the complex interactions between demand and supply across all parts of the health and social care system. It reinforces that having a skilled, supported and sustainable workforce remains absolutely critical to delivering safe, effective and person centred care – at the right time and in the right place – wherever in Scotland it is being provided.

In developing this first Integrated Plan, individuals and organisations have shared their experiences of workforce planning across the statutory, third and independent sectors. It has provided a solid base for future work in further iterations of this Plan. It has also promoted a shared recognition of how specific workforce challenges confront different employers and organisations, and what they can do to meet them - locally, regionally and nationally.

One specific aim for this Plan, and its supporting guidance, is to equip planners and employers in local authorities, the NHS, the third sector, and the independent sector, with the planning resources they need to help build sustainable services. To do this to the best of their abilities, all sectors need better coordinated and more comprehensive workforce intelligence and insight, as well as the capacity to undertake appropriate workforce planning.

Working alongside COSLA and other stakeholders, the Scottish Government has an important part to play in leading this work and ensuring the continued development of a whole-system approach to workforce planning.

We are pleased to jointly commend this Plan to the many colleagues working across all of our health and social care organisations across Scotland. We encourage them to make good use of the revised guidance and scenarios published alongside it.

As we enter the third decade of the 21<sup>st</sup> century we believe this Plan now elevates workforce planning to its rightful position - fundamental to securing the best possible health and care outcomes for Scotland's people.

## **Executive Summary and Summary of Commitments**

This Plan puts effective workforce planning at the forefront of achieving safe, integrated, high quality and affordable health and social care services for the people of Scotland. It underlines the need for better evidence which can support the many national actions we are taking to address the challenges our services face. Crucially this Plan reflects our approach to effective workforce planning in an integrated environment – essential to delivering and sustaining the world-class services we all rely on.

How services and support are planned, designed, developed, commissioned and delivered is also a key part of the reform of adult social care. As part of that, we are reviewing national data for social care support, to put in place measures and evidence that better reflect policy intentions to support independent living and promote sustainability.

With key partners, we recognised in Parts 1, 2 and 3 of the National Workforce Plan that delivering integrated services where people in Scotland need them depends on shared understanding and trust. It also requires robust data and intelligence about the highly skilled and committed workforce who deliver them. Building, sharing and using that intelligence effectively, in integrated ways across different systems, is essential.

Better planning and intelligence can also help decision-making where pressures are most immediate and where skilled staff are most needed. That applies across the health and social care workforce operating in very distinct landscapes of service commissioning, provision and employment. Scottish Government has already delivered on ambitious commitments to expand and strengthen the health and social care workforce – for example, delivering 100 more GP specialist training places and 500 more health visitors in the workforce. The Scottish Government has also supported the introduction of the real Living Wage for adult social care workers, while the registration and regulation of the social services workforce will complete its final phase of implementation in 2020, resulting in regulation of around 80% of the social care workforce.

We have also seen recent successes in medical trainee recruitment, such as:

- an increase in the overall fill rate to medical training places to 92% in 2019, from 85% in 2018;
- 37 specialities achieved a 100% fill rate (out of a possible 60);
- 33 more GP Speciality Training places were filled in 2019 compared to 2018;
- a 100% fill rate in ST1 Clinical Radiology training places.

And we remain on track to deliver:

- access to Pharmacist support for all GP practices by the end of 2021;
- 250 community link workers working in GP surgeries by 2021;
- 2,600 more nursing and midwifery training places by 2021;
- 500 additional Advanced Nurse Practitioners trained by 2021;
- 1000 more paramedics training in the community;

- 800 additional Mental Health Workers in A&E departments, GP practices, police custody suites and a range of other settings;
- 250 additional School Nurses by 2022;
- 80 additional counsellors in Further and Higher Education over the next four years;
- all children and young people (over the age of 10) will be able to access counselling services in every secondary school by September 2020;
- an increase to the GP workforce of 800 by 2027.

To ensure these commitments have maximum effect a strengthened workforce planning base has been put in place through:

- developing strong national governance structures for workforce planning, via the National Workforce Planning Group and National Workforce Planning Programme Board;
- delivering the TURAS Data Intelligence Platform, bringing together workforce data in one place;
- commissioning a new Labour Market Survey research to give us a better understanding of the national and local challenges;
- delivering a new GP Contract which clarifies and strengthens the roles of GPs as Expert Medical Generalists working as leaders within the primary care system; and of Health and Social Care Partnerships in planning and delivering a far broader multi-disciplinary team to support GPs. The contract and improvements to IT systems are also significantly improving the data available on activity and workforce in general practice.

Initiatives to enhance staff numbers have been particularly successful with record numbers of staff now working in NHS Scotland and in Scottish Social Services. National workforce statistics from September 2019 show that:

- NHS Scotland's staffing levels are at a record high, up by over 14,300 WTE – an 11.3% increase between September 2006 and September 2019;
- numbers of Consultants working in our NHS are at a record high, up 51.4%;
- numbers of Qualified Nurses & Midwives have increased 6.7%;
- numbers of Nursing & Midwifery support staff are at a record high, up 2.8%;
- AHP numbers are at a record high, up 17.5%, or by 1,547.9 WTE (8,842.1 WTE to 10,390.0 WTE);
- numbers of staff in the social care workforce have risen by 1.2% since 2017, the highest level recorded since reports began.

We must consider this in the wider UK context, where:

- NHS staffing per head in Scotland is higher than NHS England – there are 26 staff per 1,000 people in Scotland (Sept 2019), while in England the figure is 19.7 (August 2019);
- there are also more Qualified Nurses and Midwives per 1,000 population in Scotland than in England: 8.1 WTE in Scotland (Sept 2019) compared to 5.5 WTE in England (August 2019).

We must continue to ensure our efforts are targeted, and support delivery of integrated services in Scotland. Some of the challenges we face are not unique to

Scotland, as recognised in a report by the Health Foundation in March 2019 which reported that “most high income countries are facing the social, health and economic challenges of an ageing population”. The report identified that, unless the supply of health workers was addressed there would be “a global needs based shortage of more than 14 million health workers in 2030”. International challenges are particularly acute in developed countries in nursing, where it is estimated up to 40% of nurses will leave the profession in the next decade. In other, less developed, countries there are significant challenges linked to the appropriate training and skills mix of consultants and their migration.

This Plan focusses on national challenges including further embedding integration, improving waiting times and improving mental health support. The recommendations we are making below will significantly augment our capacity to address these challenges. The steps we can take to further improve workforce planning in Scotland, will also equip our staff with the right skills to meet them.

The key commitments in this Plan are:

Create 225 more Advanced Musculo-Skeletal (MSK) Practitioners in Primary Care, by increasing MSc training places for the Physiotherapy workforce.
Support the shift in balance of care into community settings, by delivering more care at home and reducing rates of admission to acute hospital services. Train and introduce into the workforce an additional 375 nurses within the district nursing service based upon the current skills mix, over the next 5 years.
<p>Increase the Cardiac Physiologist workforce thereby increasing capacity to carry out diagnostic testing by supporting an additional 30 training places on the 4 year BSc course in Clinical Physiology.</p> <p>Over the next 3-5 years we will also focus on increasing the workforce by promoting recruitment into Scientist Training Programmes and Practitioner BSc. Programmes.</p>
Create up to 120 more Pharmacists to work in primary care settings, increasing Pharmacy pre-registration training places by 40 each year over the next 3 years.
<p>Support an additional 60 Clinical Psychologists in training by:</p> <ul style="list-style-type: none"> <li>– Increasing the training programme intake by 10 students per year for the next three years.</li> <li>– Maintain the current intake level (30 per annum) for the two existing Masters training programmes. This will continue the additional 10 places which have been available in recent years.</li> </ul>
<p>Support additional Mental Health Officer (MHO) capacity in local authorities by providing funding to help address the current shortfall in capacity of 55 WTE by 2022-23.</p> <p>In the medium term, modelling work will take place to assess the impact of reforms to adults with incapacity requirements, particularly around guardianship applications on mental health services workload and demand for MHOs.</p>

Increase Reporting Radiography training places by 30 (10 in each of the next 3 years).

In partnership with NHS Tayside the Scottish Government will develop a bespoke training programme to upskill Interventional Radiologists (and others with appropriate skills) to perform Mechanical Thrombectomy (MT) procedures to improve treatment of stroke patients across Scotland, and ensure these skills are approved as credentials by the GMC.

Scottish Government , working with COSLA, will design and oversee work to obtain a national picture of workforce planning capacity, methodology and capability in Local Authorities/ Health and Social Care Partnerships for planning social care services. We will respond by considering how best to support effective collaborative and strategic workforce planning in light of the findings.

Over the next 12 months Scottish Government and COSLA will work with the Scottish University and College sectors to examine, develop and build a workforce planning educational qualification - building a strategic approach to developing workforce planning education and skills for the health and social care workforce.

Provide additional support in 2019/21 to the third and independent social care sectors to enable their contributions to the developments in workforce planning to be supported through this Workforce Plan.

## Introduction

### **The approach we are taking**

In Scotland improving workforce planning is vital to sustaining our high quality and safe services into the future. National comparisons of healthcare workforce planning<sup>1</sup> have underlined the need for a range of responses to global supply and demand challenges. That is why we have focused on implementing clear methodologies, generating better quality data to help assess gaps, and building collective knowledge around workforce planning.

It is important to recognise the variance in the aims and needs for workforce planners, considering different areas of the health and social care workforce. For example, social services are commissioned from a range of providers, with the workforce employed by more than a thousand providers in the public, independent and third sectors, many of whom employ less than 50 people. The majority of social service staff achieve their qualification after they have started work in the sector, in contrast with many professional groups in health services. These differences have implications for workforce planning arrangements and needs for different parts of the system, and for the levers available to influence workforce supply.

Complex, constantly shifting dynamics around the health and social care workforce mean that difficult choices around resources and priorities will continue to arise. For example, the shift in emphasis from planning for single professions towards multi-disciplinary, team-based care needs further progress to be made on workforce data to develop the evidence base required.

The modelling assumptions in this Plan and the associated scenarios therefore range in robustness, reflecting our best assessment at this point. However they provide a base for building our collective workforce planning capabilities, and future iterations of this plan will develop these still further – for example by including improved intelligence on social care career pathways. These developments in service delivery, data quality and understanding of demand underpin the need for workforce planning to be an iterative process.

### **The workforce we require**

Cumulatively our current health and social care workforce stands at over 368,000 headcount. This translates to 291,000 Whole Time Equivalent (WTE - calculated using the most up to date available data on the NHS workforce and Scottish Social Services Council official statistics on the social services workforce).

The Scottish Government's Medium Term Financial Framework<sup>2</sup> (MTFF) estimates that to address the effects of demand, we will require 1.3% per annum more NHS employees and 1.7% per annum more social care employees in the period to 2023/24.

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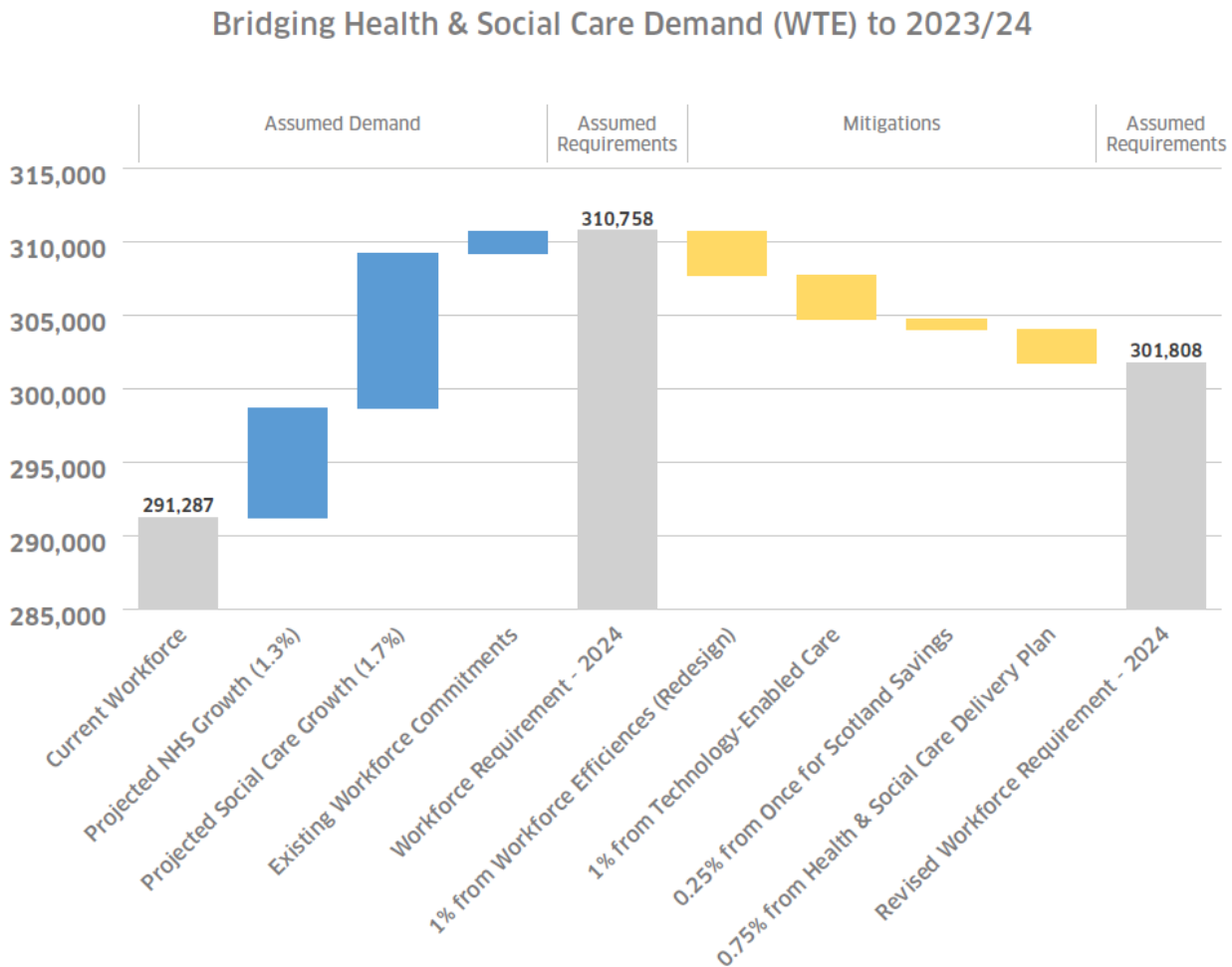
<sup>1</sup> [Health Workforce Planning in OECD Countries, June 2013](#)

<sup>2</sup> [Health and Social Care: medium term financial framework, Scottish Government, October 2018](#)



In terms of these estimates, and to address the likely effects of health and social care demand, we estimate that Scotland will require around 20,000 WTE more health and social care employees in the period to 2023/24.

While the steps taken in successive Programmes for Government will help, growing this number of staff in response to demand is a challenging target to achieve in a comparatively short timeframe, particularly when services are subject to sustained pressure.



**Assessing and addressing need and demand**

As set out in the diagram above mitigating actions may help reduce this requirement by up to 10,000 WTE, by enabling redesigned workforce roles, realising technology-enabled care, and examining how we deliver services.

For technology-enabled care, for example<sup>3</sup>, the MTFF equates technology-enabled care with a 1% saving in terms of staffing demand. The MTFF also identifies potential efficiency savings of 0.25%, accruing from regional working and other approaches set out in Once for Scotland. Recognising the need for sustained change over the longer term Scottish Government estimates that the policies to shift

<sup>3</sup> [The Topol Review Health Education England - February 2019](#)

the balance of care and set in play in the Health and Social Care Delivery Plan<sup>4</sup> published in December 2016, will help to reduce the demand in the numbers of staff we need by around 0.75%.

### **Analysing the evidence**

As Audit Scotland has observed<sup>5</sup> broader analysis is needed to support planning for a different type of workforce. Alongside other organisations, we recognise that wider evidence will be essential in developing national modelling and scenario planning capacity for the future. National modelling being undertaken around the Delivery Plan by ISD Scotland already includes a workforce dimension alongside service planning and financial planning elements. In addition to this NHS Education for Scotland (NES) and the Scottish Social Services Council (SSSC) are both working to develop a more comprehensive evidence base around the health and social care workforce.

This work will help workforce planners to fully understand the impact of change on our health and social care staff and service delivery, and help to forge new partnership approaches. For example, the Scottish Government is working alongside Cancer Research UK to help determine the shape of the future cancer workforce, and expects to do so with many more stakeholder groups and organisations in the coming months and years.

Successive iterations of this Plan will continue to build and sustain these collaborative links – assessing demand and providing analysis to ensure our health and care services have the right numbers of staff that people in Scotland need and deserve, well into the future.

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<sup>4</sup> [The Health and Social Care Delivery Plan](#)

<sup>5</sup> NHS in Scotland 2019: <https://www.audit-scotland.gov.uk/report/nhs-in-scotland-2019>

## What does demand look like?

Workforce planning is shaped by the increasing demand for health and social care services as we live longer lives, often with more complex and intensive needs.

A number of studies have attempted to quantify this demand based on forward projections of need including analysis carried out by the Health Foundation, the Fraser of Allander Institute, the International Monetary Fund and the Organisation for Economic Co-operation and Development. Most conclude that demand for health and social care will increase faster than the rate of growth of the wider economy and that, over time, expenditure on these services will gradually increase in three main areas:

- **Price Effects:** general price inflation within health and social services;
- **Demographic Change:** this includes the effect of population growth on the demand for health and social care services, the impact of a population living longer, and demographic change in the workforce itself;
- **Non-Demographic Growth:** demand-led growth, generated by increased public expectations and advances in new technology or service developments, for example expenditure on new drugs.

We have drawn on these national and international analyses in defining an approach to assessing future demand in Scotland's health and social care services. The Scottish Government MTFF<sup>6</sup> provided additional funding for the health portfolio of £3.3 billion by 2023-24. That sits alongside a rigorous reform agenda as set out in the Health and Social Care Delivery Plan<sup>7</sup>. An example of Scottish Government's commitment to the reform agenda was announced in the Programme for Government 2019/2020: Scottish Government will support Social Work Scotland to work with local authorities and others to design and test a framework of practice for self-directed support across Scotland, including approaches to assessment and resource allocation. This will result in more consistent experiences, making it easier for supported people to move from one area of Scotland to another. Local flexibility will ensure authorities can work with their communities to develop systems that suit local strengths and needs, particularly in remote, island and rural areas.

This twin approach of investment and reform is essential to create sustainable health and social care services for the future.

We recognise there is a plethora of published material expressing varying views on the rates of growth in the Scottish Economy, the Health and Social Care sector being no exception. For the purposes of this Plan we have used the growth assumptions outlined within the MTFF. The Framework projects that over the next five years **future demand would rise by 3.5% per annum for health and 4% for social care**, based on inflation, demographic pressures, non-demographic growth and the dampening of growth created by efficiency and reforms. In reflecting the impact of the NHS pay deal and similar expected impact for social care (2.2%-2.4% per annum), we have assumed a non-pay **average annual growth of around 1.3% for health and around 1.7% for social care**.

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<sup>6</sup> [Health and Social Care: medium term financial framework](#), Scottish Government, October 2018

<sup>7</sup> [The Health and Social Care Delivery Plan](#), Scottish Government, December 2016

In this Plan we use these figures as the starting point to assess future workforce planning needs. However we cannot simply apply them across the health and social care workforce. For example, the overall number of care at home and housing support workers increased by 12% between 2009-2018, while the number of care home for adults staff decreased by 1% over the same period<sup>8</sup>. To make our workforce planning as robust as possible we must adjust the figures to take account of particular demand and supply issues which affect all or individual staffing groups.

In assessing how demand will be met we need to take account of new forms of provision such as the creation of Elective Centres, the Waiting Times Improvement Plan, The Health and Care (Staffing) (Scotland) Act and technology enabled care.

### **Elective Centres**

Projections indicate that our elderly population will be 25-30% higher by 2035 than it is now. This will mean a substantial increase in demand for treatments such as cataract surgery and hip and knee replacement operations.

The elective centres aim to provide additional capacity to accommodate the increasing demand for age related treatments, such as those mentioned above, as a result of an increasingly elderly population. The new centres will separate emergency and non-urgent services, resulting in shorter waiting times and improved outcomes which result in an overall improvement in the population's health as well as better value and financial sustainability.

Elective centres are being created in Highland, Grampian, Tayside and Lothian with an expansion of facilities at the Golden Jubilee Foundation and Forth Valley and will start to come on stream from this year. These centres will create additional capacity and provide a more efficient way of delivering services to meet the increasing demand for these treatments.

The creation of the centres will have particular impact on workforce demand in specialties such as Orthopaedics, Ophthalmology, General Surgery and Dermatology. The impact on these specialties will be as a result of the increasing demand for the age related treatments as detailed above and skill mix and roles will need to evolve to support this increase in demand.

### **Waiting Times Improvement Plan**

Timely access to care is a critical aspect of delivering better health and care, and we recognise that performance in key areas such as waiting times must improve substantially and sustainably.

The Waiting Times Improvement Plan, which is a key Scottish Government commitment published in October 2018, directs more than £850 million of investment to substantially and sustainably improve waiting times by spring 2021. This investment focusses on the future shape of services, capital planning and workforce sustainability. While this Plan is predominantly set in the context of NHS waiting times, there is a recognition that a whole-system approach to tackling long waiters is

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<sup>8</sup> [Scottish Social Service Sector Report on 2018 workforce data, Scottish Social Services Council, November 2019](#)

required if the ambitions set out in the Plan are to be achieved. In our workforce planning, we need to reflect the fact that delivery of the Improvement Plan will have particular impact upon workforce demand in specialties such as Urology, Dermatology and General Surgery, as well as Diagnostics. We set out in this Plan the steps we are taking to build the workforce which will improve our waiting times. This includes targeted actions on diagnostic capacity and efficiency and plans in the medium term for a recruitment campaign targeting the medical specialties which support our waiting times priorities.

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

The Health and Care (Staffing) (Scotland) Act 2019 introduces into legislation guiding principles for those who commission and deliver health and care, which explicitly state that staffing is to provide safe and high quality services and to ensure the best health care or care outcomes for service users. While this is the main purpose, health and care services should promote an efficient, effective and multi-disciplinary approach which is open with and supportive of staff.

The 2019 Act places a duty on Health Boards to ensure appropriate numbers of suitably qualified and competent staff are in place for the health, wellbeing and safety of patients. It enables rigorous, consistent assessment of workload, based on assessment of acuity, patient need and the delivery of patient outcomes. The Act also requires that Health Boards ensure clinical team leaders have adequate time to fulfil their leadership role. In some areas this may require additional clinical or administrative staff.

For Care Service providers, the 2019 Act places a statutory duty to ensure that at all times suitably qualified and competent individuals are working in such numbers as are appropriate for the health, wellbeing and safety of service users, and the provision of high-quality care. Providers are also required by the Act to ensure staff are appropriately trained for the work they perform.

Implementation of the legislation will generate a significant amount of data on the staffing needed across services based on the needs of people who use services and will therefore inform workforce planning at local and national level.

### **Technology**

Technology is playing an increasing role in the services we deliver, providing better online services and helping people to manage their health at home through initiatives such as video clinics, digital access to records, test results, outpatient booking and online services for triage and repeat prescriptions. SSSC, NES and others continue to make long term commitments to develop resources that support the workforce to use and embrace technology. Technology – when used appropriately and innovatively – offers the opportunity to automate some tasks and to use artificial intelligence to free up the time of healthcare and social care professionals, enabling them to focus on high value activities, leading to better and improved outcomes for everyone. Technology can also have a positive impact on staffing demand, as recognised in the Topol Review.<sup>9</sup>

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<sup>9</sup> [The Topol Review Health Education England - February 2019](#)

An example of the use of technology to deliver the best care is the introduction of the Attend Anywhere service, a web-based platform, which gives patients the opportunity to video call their healthcare provider. In the past year, the Attend Anywhere Scale-up Challenge has seen increased usage and reports of significant savings in both patient and clinician travel. As announced in Scottish Government's Programme for Government, this will now roll out to primary care and social care services so more services can be delivered closer to people's homes. The Blood Pressure service for remote diagnosis and management of hypertension will also be scaled up.

Another example of technology playing an increasing role in the delivery of care is the telecare services provided by local authorities and providers. Telecare is the provision of technology enabled solutions which can support daily living activities such as cooking or prompting and dispensing medication. These services allow individuals to continue to live at home by supporting their independence and enhancing their wellbeing and safety. Utilising telecare means that services can be delivered more efficiently by freeing up the workforce who have traditionally been involved in delivering some of these daily living activities to focus on the more complex areas of holistic care and support.

However, to take full advantage of these opportunities our workforce must have the necessary digital skills. In this Plan we set out how we are addressing this through the workforce development aspect of our Digital Health and Care Strategy.

## Supply: the skills and people we need

Meeting demand requires us to look at both the types of skills and numbers of people we need, taking into account any additional supply factors.

### Skills

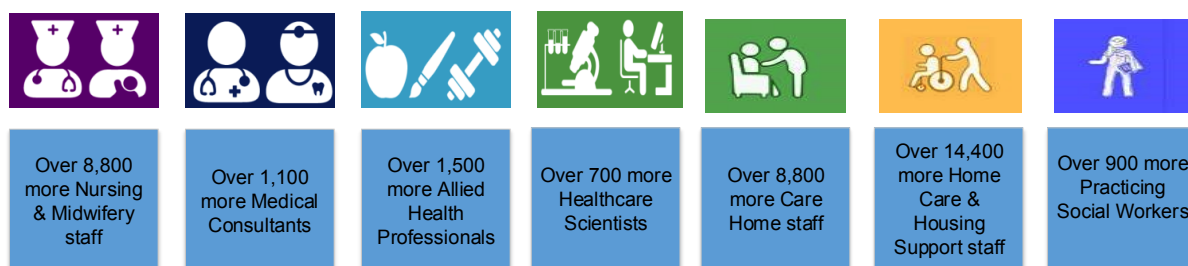
We need a workforce that is flexible and adaptable to the demands of a changing health and care environment, digitally confident and able to work effectively in multi-disciplinary teams. As an illustration of what this might mean for the skills required, we will have particular need for:

- **Team working** skills to work well in multi-disciplinary teams delivering joined up services that focus on anticipatory and preventative care, respond to people's needs and ensure vulnerable people's rights are supported and protected;
- Skills to provide **more complex support and care** to people living with frailty, disabilities, multiple morbidities and long term conditions, particularly in community settings, in a way that ensures a meaningful continuity of care and support for the person receiving it. For example, many care home workers are taking on a wider range of tasks such as the administration of medication, delivering end of life and palliative care and specialist dementia care;
- **Working with health and care service users and their families.** In a community setting this will focus on promoting self-care, prevention and shared decision making<sup>10</sup>;
- Understanding of **mental health issues** and how to support people – across the workforce;
- An understanding of how **digital solutions** can improve care and how to effectively implement and use these solutions in delivering care.

The actions we take to improve training, create and develop career pathways and support continuous professional development need to reflect these developing skills requirements.

### People

Using an assumed average annual growth, where no mitigating actions have been taken, of around 1.3% for the healthcare workforce and around 1.7% for the social care workforce (from the MTFF, referred to earlier in this Plan), we can estimate what this means for the **overall** numbers that may be required in key staffing groups over the next 10 years.



<sup>10</sup> [Workforce Skills Report 2016-17](#). Scottish Social Services Council, 2017.



However these need to take account of the particular supply issues as well as the demand factors identified earlier. Significant current factors which need to be taken account of in considering supply are the impact of potential EU withdrawal, the changing shape of our workforce and particular supply issues in certain job families and areas of Scotland.

#### Impact of potential EU withdrawal on workforce supply

Potential EU withdrawal poses a significant risk to the recruitment and retention of staff in the health and social care workforce. These sectors employ considerable numbers of EU citizens, with particular concentrations of EU staff in some regions and specialties. Based on the best information available we estimate that in Scotland non-UK EU nationals make up:

- 7.3% of registered nurses employed in adult social care;
- 5.9% of Scotland's doctors;
- 5.9% of people employed in care homes for adults;
- 4.1% of people employed within housing support and care at home services;
- 1.5% of (band 5) nurses and midwives.<sup>11</sup>

Potential withdrawal from the EU is already having an impact. The number of EEA qualified nurses and midwives currently practising across the UK decreased by 5.9% between March 2018 and March 2019. When this figure is extrapolated, this is just over 1% of the 69,047 nurses and midwives currently practising with a registered address in Scotland<sup>12</sup>.

#### Changing shape of our workforce

We also have to take into account the changing shape of our workforce. Many staff now have different expectations of their career and are looking for greater flexibility from their employers to accommodate different, more flexible work patterns, career breaks and less linear careers.

#### Vacancies and Turnover

While there has been an upward trend in the numbers of staff working in health and social care, <sup>13</sup><sup>14</sup> turnover and vacancy rates are generally above the Scottish average.

- In medicine, more than half the long term vacancies are at consultant level, with particular pressures in Clinical Radiology, General Practice and Psychiatry;
- In nursing and midwifery turnover and vacancy rates have also been rising in part due to the number of leavers;
- In the allied health professions, turnover remains steady but increasing numbers of workers are nearing retirement and there has been an increase in vacancies with the highest rate and numbers in physiotherapy;

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<sup>11</sup> [EU Workers in Scotland's social care workforce: contribution assessment, July 2018](#)

<sup>12</sup> [Nursing and Midwifery Council Register data, March 2019](#)

<sup>13</sup> [NHS Scotland Workforce Statistics, ISD June 2019](#)

<sup>14</sup> [Scottish Social Service Sector Report on 2018 Workforce Data, Scottish Social Services Council, August 2018](#)



- There are also particular issues in parts of the health and social care workforce, where the age profile of staff suggests high levels of retirements in the next 10 years. One area where this could have a significant impact is nursing and midwifery, where 19.2 % of the workforce is expected to retire in that period;
- There are similar challenges in social care, which has an overall vacancy rate almost twice the Scottish average<sup>15</sup>. The care home and care at home workforce is experiencing high vacancy levels with many services reporting problems filling jobs. Nursing posts in care homes also have relatively high levels of vacancies;
- Many Local Authorities are also reporting a shortfall around their ability to provide sufficient numbers of Mental Health Officers to deliver key statutory services<sup>16</sup>. For social workers, recent trends have seen a small decrease in numbers and relatively steady vacancy rates. However, there is evidence that a significant number of Mental Health Officers are approaching retirement and this, aligned to a forecast increase in demand for social workers, may impact on vacancy rates.

### Remote, Rural and Island Sustainability

There are distinct recruitment issues across health and social care in remote, rural and Island areas driven by specific patterns of demographic change<sup>17</sup>. For example, parts of the west of Scotland and all the island council areas are expected to have smaller working age populations by 2026.<sup>18</sup> Work to explore these issues and develop actions to address them has commenced under Part 2 of the Workforce Plan and we will learn from actions already in progress to address recruitment challenges in remote and rural areas in primary care.

We must do all that we can to ensure equity and sustainability of health and care services and delivery across the geographic landscape of Scotland. The actions we are taking, and will take, aim to address the specific challenges in delivering health and care services in remote, rural and island settings.

All of this must be taken in the context of employment forecasts for Scotland being generally cautious. Scotland is already at a near record high for employment. The Scottish Fiscal Commission, in its May 2019 Economic and Fiscal forecast<sup>19</sup>, projected an average increase in employment in Scotland of around 0.1% per year over the next 5 years. Labour market forecasts produced by Oxford Economics indicate that over the next 10 years there could be significant churn in our labour market – although this is not a new feature of our labour market.

### **Scenario Planning**

We are creating an increasingly robust evidence base for workforce planning decisions through a greater understanding of these complex demand and supply issues. This is informing the decisions and actions we take and is enabling us to plan ahead, rather than ‘firefighting’ at the point when a workforce issue is identified.

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<sup>15</sup> [Care Inspectorate, Scottish Social Services Council \(2018\) Staff vacancies in care services 2017 report](#)

<sup>16</sup> [Mental Health Officers \(Scotland\) report 2018, Scottish Social Services Council, August 2019](#)

<sup>17</sup> [NHS Scotland Workforce Statistics, ISD June 2019](#)

<sup>18</sup> [National Records of Scotland: Population Projections for Scottish Areas, March 2018](#)

<sup>19</sup> [Scottish Economic and Fiscal Forecasts, May 2019](#)

This can be done through scenario planning, which uses evidence-based assumptions that can be revised annually and triangulated with workforce data. It is also an important tool for workforce planning at national, regional and local levels, where it can help employers to visualise the workforce they need and informs the decisions they take in the future. Workforce planning is a statutory responsibility for the NHS. Local government and other sectors are generally at an earlier stage of developing workforce planning approaches.

The annex published alongside this Plan sets out scenarios illustrating potential workforce changes. Alongside core staffing groups we have produced scenarios on some key groups which can make a significant contribution in our three priority areas – building the community based workforce, mental health and waiting times performance:

- Care Home for Adults;
- Care at Home and Housing Support;
- Practicing Social Workers;
- Social Work – Mental Health Officers;
- Primary Care Advanced Musculo-Skeletal Practitioners;
- Pharmacists;
- Dentists;
- Nursing and Midwifery;
- Clinical Radiology;
- Reporting Radiographers;
- Cardiac Physiologists;
- Clinical Psychology.

As well as overall increase in demand, the scenarios take into account current vacancies, age profiles and assumed retiral ages, outflow (leavers) and inflow (joiner) trends and student numbers and assumed education course completion rates.

The use of high level scenario planning starts to offer a way of workforce planning across health and social care. However, in the social care sector, with 32 local authorities and thousands of providers, workforce planning is extremely complex and will take some time to mature.

These are only a selection of the scenarios which could be developed. This Plan signals a commitment to developing workforce planning beyond the NHS, by offering support and guidance for integration bodies and others to develop their local approaches to workforce planning. We will work closely in partnership with stakeholders to further develop the scenarios, outlined in the annex to this document, and to develop scenarios for additional staffing groups. The scenarios form part of the evidence base for the actions we will take, set out in the next section.

## Actions we will take to meet those needs & challenges

As we have set out earlier in this Plan, the demand and supply landscape for the health and social care workforce is a complex one. There is no one simple solution to address these issues and ensure that we have a sustainable workforce for the future. The solutions lie in a range of national and local actions to attract, retain and develop our whole workforce, which are based on the best available evidence and flexible enough to adapt to changing circumstances.

In this section we set out the actions which are underway or which we are committing to through this Plan. We are taking actions on:

- overall investment in health and social care;
- increasing the supply of staff into training or as qualified staff;
- supporting recruitment into health and social care careers;
- widening access to grow the workforce;
- supporting the development and retention of the current workforce;
- improving workforce planning across health and social care;
- improving fair work practices across the social care workforce.

In doing so we have a particular emphasis on building the workforce in our key priority areas to address the demand and supply issues identified in this Plan.

### Overall Investment in Health and Social Care

Underpinning all of our commitments is investment in health and social care services. The investment Scottish Government has made to these services will continue, and over the remainder of this parliamentary term, the Scottish Government's main health and social care expenditure commitments will:

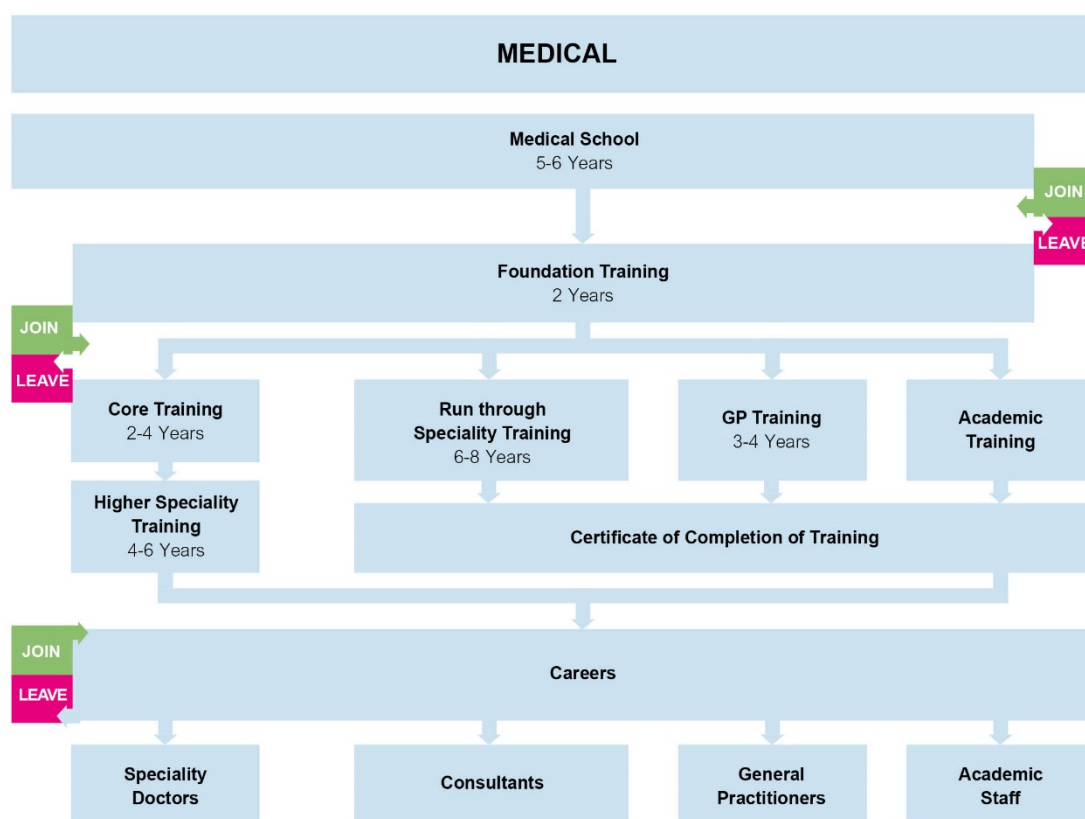
- **Maintain baseline allocations** to frontline Health Boards in real terms, with additional funding over and above inflation to support the shift in the balance of care and protect health expenditure from rising prices;
- Increase the share of the frontline NHS budget dedicated to mental health, and to primary, community, and social care in every year of the Parliament;
- More than 50% of frontline NHS expenditure will be **community-based** – so that a greater proportion of care is provided in settings close to a person's home rather than in a hospital;
- In 2019/20, we are increasing the package of investment in **social care and integration** to exceed £700 million. This includes support for the Living Wage, the continued implementation of the Carers (Scotland) Act 2016 and extending free personal care to under 65s;
- Funding for **primary and community care** will be increased to 11% of the frontline NHS budget by 2021/22, enabling increased spending of about £500 million - with around half of this growth invested directly into GP services, and the remainder invested in community primary care;
- Scottish Government have delivered the commitment to invest £1 billion in mental health, and over the life of this Parliament investment will exceed £5 billion. The Programme for Government 2018-19 announced an additional £250 million over the next five years to introduce a package of measures to improve

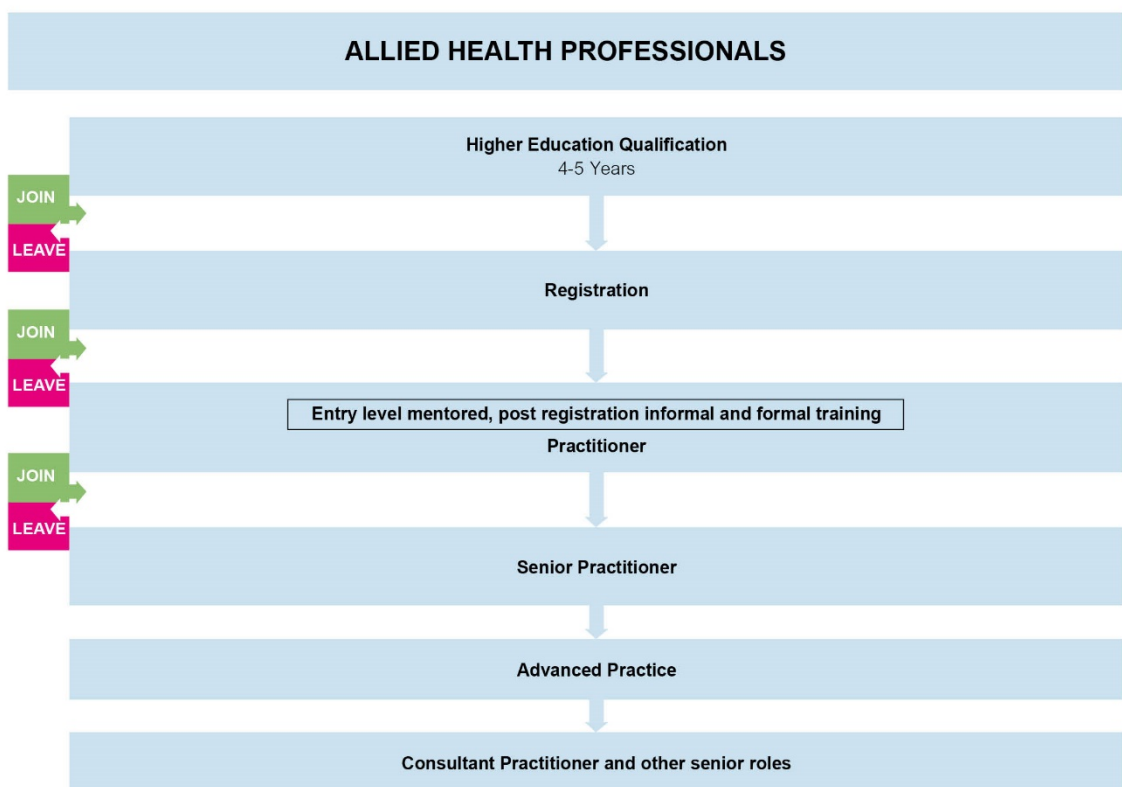
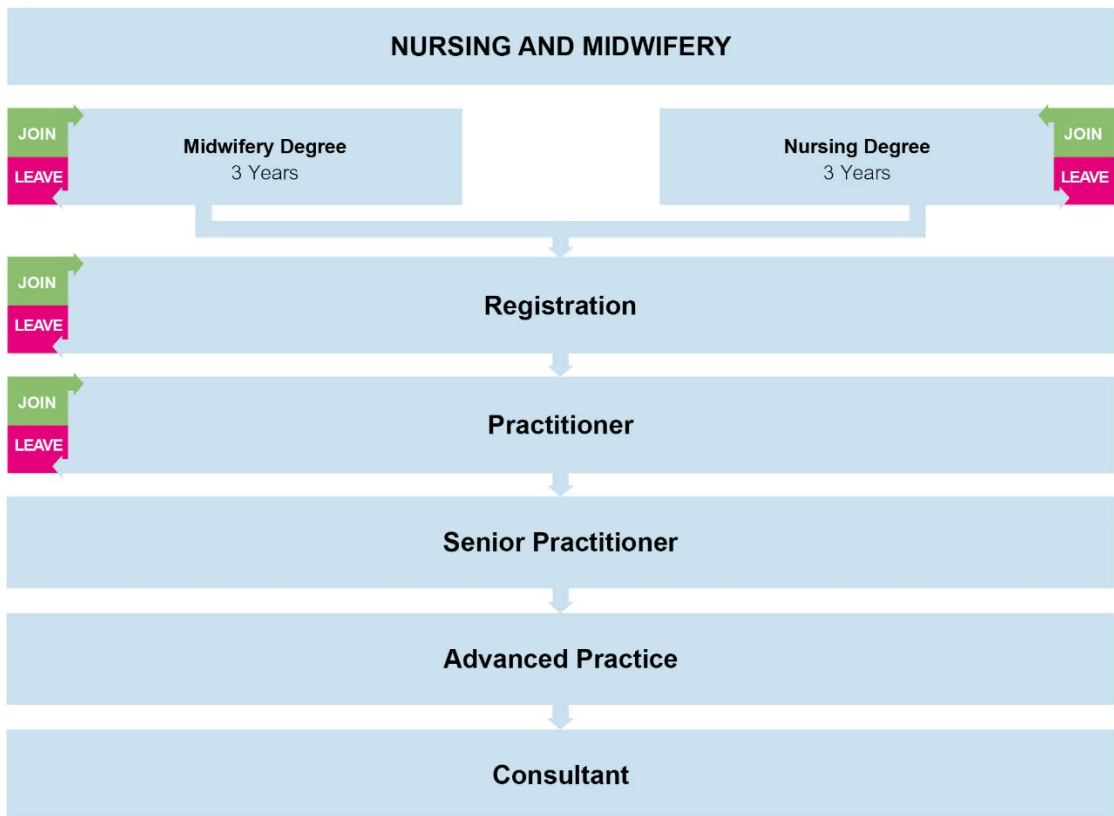
services for children, young people and adults, and embed support for good mental health across public services.

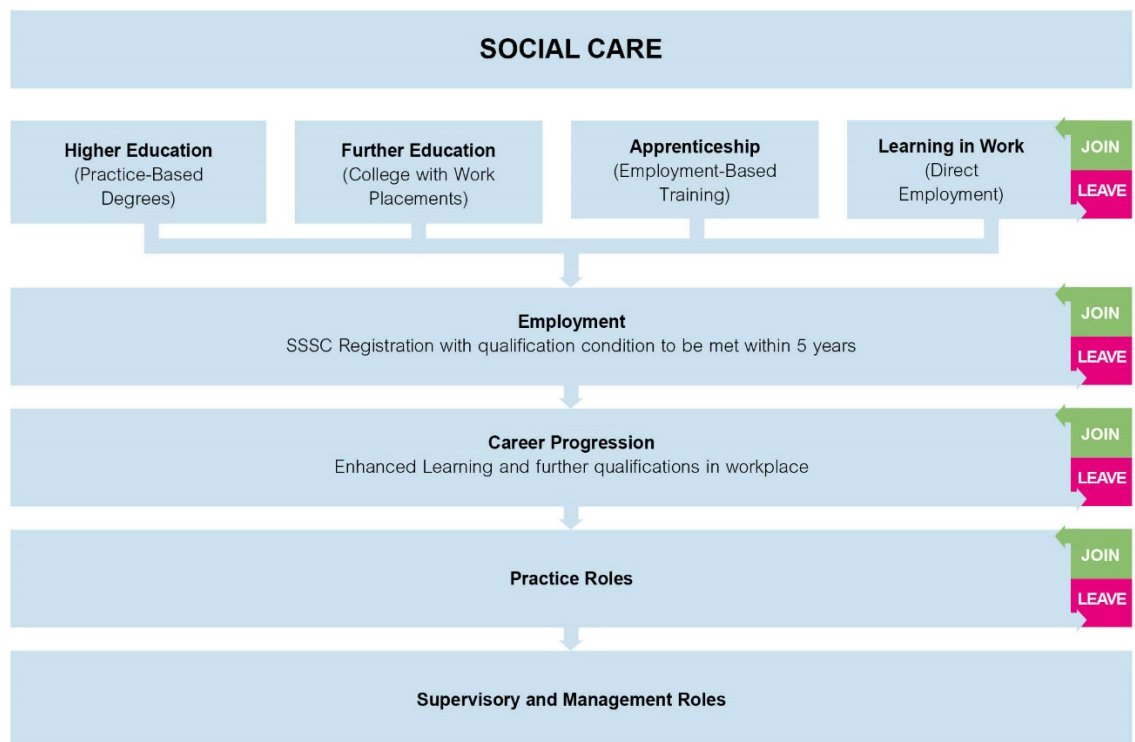
## Growing the Numbers in Training or Employment

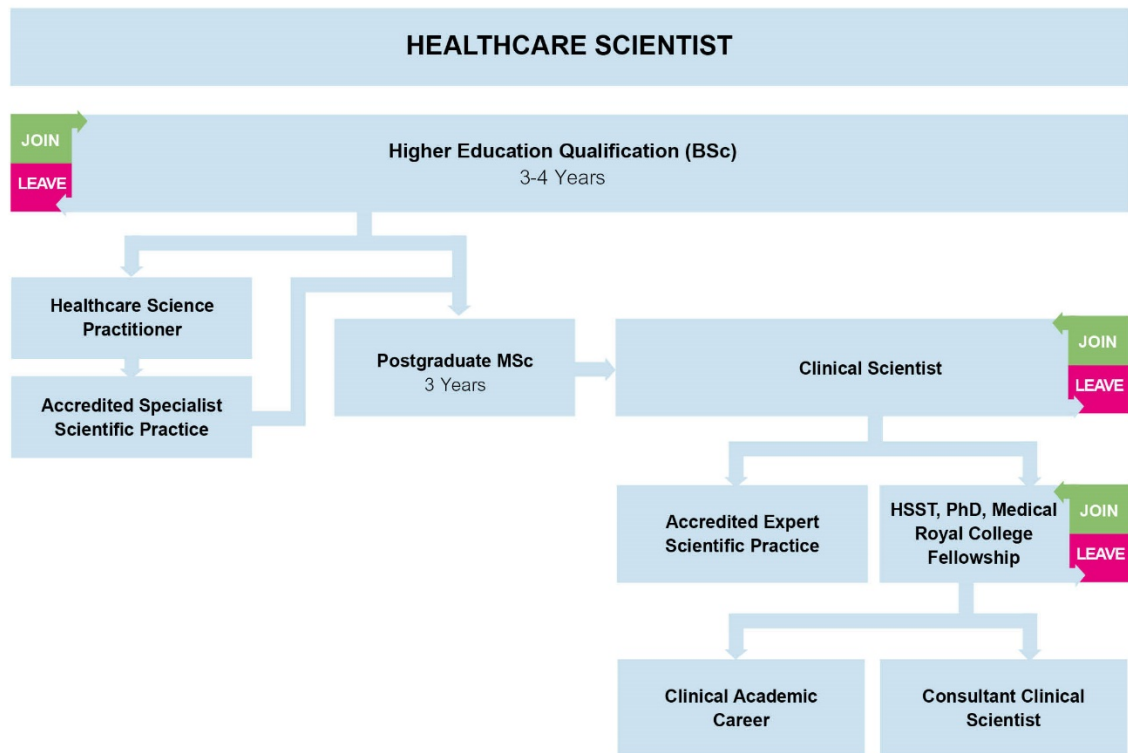
### Growth in Training Numbers

The health and social care workforce enter their roles in a variety of ways. There are also a number of points at which they are more likely to leave, and we need to focus actions on retaining and attracting staff at those key points of the pipeline. This is represented below.









Most staff groups within NHS Scotland are required to achieve formal qualifications in advance of securing permanent roles. Social Workers achieve a graduate/post-graduate qualification in advance of entering the profession. However, within social care, the majority of staff typically achieve qualification once in employment.

The Scottish Government sets, and thereby controls, the numbers entering training for nurses and midwives, dentists and doctors (at undergraduate, foundation level and specialty training levels). Sufficient numbers of undergraduates need to both graduate and elect to remain in Scotland through post-graduate training to provide the necessary supply into the specialities that services require.

At national level the Scottish Government has very limited control over the supply pipeline for social care workers. The number of workers entering the social care sector is significantly influenced by the funding available for social care services, the commissioning of services and market forces affecting competition from other sectors and employment.

Decisions on those numbers are informed by workforce planning and provide a mechanism through which we can respond nationally to changes in demand and supply. Given that it takes a minimum of 10 years to train a GP (and in some medical specialties substantially longer) and to train a consultant doctor, this presents a particular workforce planning challenge.

Scottish Government have already increased or maintained training places in these controlled staffing groups.

- Scottish Government is on track to create 2,600 more **nursing and midwifery** training places by 2021, with a particular focus on increasing places in mental health, learning disability and midwifery;
- Scottish Government has committed to increasing the **Student Nursing** intake from 4,006 to 4,206 in 2020/2021;
- Scottish Government funds pre-registration nursing places through University of the Highlands and Islands (UHI) at its campuses in Inverness and Stornoway. Ensuring access to training and qualification to those from more remote, rural and island communities;
- To meet regional demand, particularly in remote, island and rural communities, for **midwives** in the Highlands and Islands, a pilot programme at UHI has been funded to allow nurses to retrain as midwives in a shortened time frame;
- Scottish Government will have created 190 additional **Medical Undergraduate** places by 2021 (a 22% increase over 2016 levels);
- To accommodate the additional undergraduate medical trainees Scottish Government will increase the number of **Medical Foundation training** posts by 51 in 2021 and by a further 54 in 2022. These will accommodate the first of the additional graduates and enable them to proceed to the next stage of their training in order to become qualified doctors. The new places will create a greater range of placements for trainee doctors, particularly in general practice and psychiatry and in remote or rural parts of Scotland;
- Scottish Government have increased **Medical Specialty training** posts by 190 since 2014, particularly specialties such as Paediatrics and Radiology and also increasing GP Specialty Training numbers by 100 to 400 per year;
- To grow the **Pharmacy** workforce in hospitals, GP practices and community settings, Scottish Government increased the number of **funded pre-registration** places from 170 to 200 in 2018-19;
- Scottish Government has committed to maintaining the Dental Student Intake numbers, funding 135 places in 2020/2021.

Training numbers for other staffing groups such as AHPs, healthcare scientists, pharmacists and social workers, who undertake formal qualifications in advance of employment, are not centrally controlled. Instead they reflect decisions on intake by the universities providing qualifying programmes and demand from potential students. However there are actions we can take to improve workforce planning for these groups.

Following the recent review of social work education, a Social Work Education Partnership between employers and academic providers of qualifying programmes is being established with support from the Scottish Government and COSLA. Part of the remit of the Partnership will be to work with SSSC to monitor supply and demand of qualified social workers and contribute to effective workforce planning for social workers at a national level, including through a shared approach to significant changes in student numbers.

In pharmacy, the one year pre-registration course is nationally funded by Scottish Government and managed by NHS Education for Scotland. In line with previous evidence there is an expectation that at least 80% of pharmacy students will remain in Scotland after qualification.



In Optometry, we continue to fund Optometrists to become independent prescribers, which helps reduce demand on GPs and hospitals. The number of independent prescribing (IP) optometrists is growing every year, with more than a fifth of the workforce now having the qualification (representing approximately a third of all IP optometrists in the UK).

In addition to growing the numbers entering the training pipelines in the staff groups where numbers are controlled, the Scottish Government is taking a number of actions to create the workforce to deliver in our three priority areas.

#### Building up our Community Based Workforce

If we are to embed and sustain health and social care integration and shift the balance of care, with a focus on early intervention and prevention, we need to build up the capacity in our community based workforce to treat people closer to home and prevent unnecessary admissions to hospitals.

In part we can achieve this by a growth in the overall numbers in some of the core community based staffing groups. Scottish Government are delivering on commitments to train 1,000 more paramedics by 2021 and we have increased health visitor numbers by 500. In addition to this we are making a further commitment, based on the scenarios developed, to train and introduce an additional 375 nurses into the district nursing service, based upon the current skills mix.

**Supporting the shift in balance of care into community settings by delivering care in homes and reducing rates of admission to acute hospital service. Train and introduce into the workforce an additional 375 nurses within the district nursing service based upon the current skills mix, over the next 5 years.**

Recognising that General Practice is at the core of community based healthcare services actions have also been taken to grow the numbers of both GPs and other practice based staff. A commitment has been made to expand the GP workforce by at least 800 by 2028 with, by 2021, all GP practices having access to pharmacists with advanced clinical skills and up to 250 community link workers working in GP surgeries.

We continue to look at further opportunities to grow our multi-disciplined community based healthcare teams. We have set out workforce scenarios for Advanced Musculo-Skeletal (MSK) Practitioners, Pharmacists and Pharmacy Technicians. These roles can reduce the workload on GPs by delivering care closer to people's homes and reducing unnecessary admissions to hospital – ensuring people see the right person at the right time. The scenarios set out the particular demand and supply situations for these staffing groups, and in light of these findings we will:

**Create 225 more Advanced MSK Practitioners in Primary Care by increasing MSc training places for the Physiotherapy workforce.**

**Increase Pharmacy pre-registration training places by 40 each year over the next 3 years, creating the opportunity for more Pharmacists to enter primary care.**

More broadly, we will ensure that we shape existing training programmes to increase the time spent in community settings. As well as gaining valuable experience in these settings, time spent in the community during training may have a positive influence on trainees choosing future community based careers. We are therefore taking the following actions:

- A five year integrated initial education programme for Pharmacists is being developed in Scotland, which will include more time spent in primary care and out-of-hours services during their undergraduate training;
- The *Increasing Undergraduate Education in Primary Care Working Group* established jointly by the Scottish Government and the Board for Academic Medicine is considering ways of increasing medical undergraduate education in primary care settings to encourage more medical students to choose General Practice. The report is due to be published shortly;
- Scotland's first graduate entry programme for medicine has an emphasis on experience in General Practice to produce doctors more likely to choose a career in General Practice;
- To meet regional demand, a new Optometry course is starting at the University of the Highlands and Islands from September 2020. It is aimed at improving recruitment and retention of Optometrists in remote and rural areas in the Highlands and Islands.

#### Building our Mental Health Workforce

To achieve our ambitious aims for mental health services in Scotland, we are supporting the creation of the multi-agency, multidisciplinary teams that will deliver them. Significant steps have already been taken to grow this workforce with a commitment to an additional 800 mental health workers in A&Es, GP practices, police custody suites and prisons by 2022.

The Children and Young People's Mental Health Taskforce has taken steps to build workforce capacity in early intervention and prevention, including:

- £4 million investment to recruit 80 additional mental health professionals to work with children;
- An additional 250 school nurses recruited by 2022 to help provide a response to mild and moderate emotional and mental health difficulties experienced by young people, helping to ensure that every secondary school has access to counselling services;
- An investment of over £60 million to provide around 350 counsellors in school education across Scotland;
- In further and higher education, an investment of around £20 million to provide an additional 80-90 counsellors over the next four years.

Through actions such as making mental health and suicide prevention training mandatory for all NHS staff who receive mandatory physical health training, we are also developing a better understanding of mental health issues across our health workforce.

Targeted action to further grow our mental health workforce is also being taken. In the annex published alongside this Plan we set out workforce scenarios for Clinical Psychologists and Mental Health Officers (MHOs).

Clinical Psychologists work across a number of different specialty work areas providing services across Child & Adolescent, Adult and Older Adult mental health. They support people to understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning. They are a particularly valuable resource because of their flexibility in working across these groups.

Mental Health Officers (MHOs) are social workers with a minimum of two years qualifying experience. They carry out statutory roles for local authorities in a range of areas including welfare guardianship orders, Emergency Detention Certificates and Compulsory Treatment Orders; they are required to complete the Mental Health Officer Award.

The scenarios set out the particular demand and supply situations for these two staffing groups and in light of those findings we will:

**Support an 60 additional Clinical Psychologists in training by:**

- **Increasing the training programme intake by 10 students per year for the next three years**
- **Maintain the current intake level (30 per annum) for both Masters training programmes. This would continue the additional 10 places which have been available in recent years.**

**Support additional Mental Health Officer (MHO) capacity in local authorities by providing funding to help address the current shortfall in capacity of 55 WTE by 2022-23.**

**In the medium term, modelling work will take place to assess the impact of reforms to adults with incapacity requirements, particularly around guardianship applications on MHS workload and demand for MHOs.**

**Building the Workforce to Improve Waiting Times**

In light of the potential impact the Elective Centres will have on workforce demand, a specific workforce plan for the centres is being developed, which focuses on the clinical teams required to provide increased capacity and the support these teams will need to function effectively. Using the new data platform developed by NES, indicative workforce figures for the centres have been collated. These will be refined as the models of care are developed to reflect modern work practices, which will be adopted in the centres.

To build the workforce capacity required we are building on existing academy models currently in place in several health boards and the new NHSScotland Training Academy that will be established at the Golden Jubilee Foundation. We are also linking with the *Accelerating the Development of Advanced Practitioners* programme which has been successfully tested and implemented in NHS

Lanarkshire to increase the number of advanced practitioners required for the centres. Where there may be a shortfall, for example in medical specialties, we will develop a strategy to mitigate the risks and look at solutions including combined elective and acute roles and joint appointments.

In a general hospital, Cardiac Clinical Physiologist investigations include specialist echo cardiography, pacemaker checks and implantable cardioverter-defibrillator work. In terms of in-patient work, diagnostic testing is a critical part of a patient's assessment, and delays in the system affect the patient flow. For every one additional trained Physiologist, capacity would rise by an additional 600 echos per week and 40 pacer ICD checks. The scenario developed shows the identified gap and that is why we will:

**Increase the Cardiac Physiologist workforce, thereby increasing capacity to carry out diagnostic testing, by supporting an additional 30 training places on the 4 year BSc course in Clinical Physiology.**

**Over the next 3-5 years we will also focus on increasing the workforce by promoting recruitment into Scientist Training Programmes and Practitioner BSC Programmes.**

Ophthalmology is the largest hospital outpatient specialty. Enabled by a new shared Electronic Patient Record, we are providing funding to enable 80 independent prescribing (IP) Optometrists to become accredited to safely manage 20,000 low risk glaucoma and treated ocular hypertension patients in the community. The first cohort of IP Optometrists will commence training in January 2020, with the first low risk glaucoma patients being discharged to their management in early 2021. Once fully rolled out in 2024, this shift in the balance of care will free up approximately 30,000 appointments per annum in the hospital eye service.

In addition we are taking targeted action in this Plan to increase diagnostic capacity which is key to further reductions in waiting times. In the workforce scenarios we set out a scenario for clinical Radiology and reporting Radiography, which draw on the workforce planning work undertaken by the Scottish Radiology Transformation Programme. We have already recognised the need for high growth in the clinical radiology medical specialty with increases in Radiologist training places since 2014 and continued growth going forward. By 2021 these training places will have grown from 103 to 175. Reporting Radiographers also have a key role in creating capacity in the Radiology multi-disciplinary team. The scenario developed sets out the particular demand and supply situation for this staffing group and in light of those findings we will:

**Increase Reporting Radiographer trainee places by 30 (10 in each of the next 3 years).**

### **Supporting Recruitment into Health and Social Care Careers**

While NHS Boards, Local Authorities and Social Care employers have responsibility for recruiting and employing their staff, we are supporting them in that national and international recruitment role with a number of national actions.

We are investing £4m in recruitment campaigns for adult social care, nursing, and medical recruitment campaigns with targeted recruitment into professions such as

GPs, Psychiatry, Anaesthetics, Paediatrics and Emergency Medicine. All of the campaigns are designed to reflect the particular demand and supply issues with those staffing groups:

- A national recruitment campaign for nursing, midwifery, allied health professionals (NMAHPs) and healthcare scientists was launched in November 2019, targeting students applying to universities. The campaign will promote the contribution NMAHPs and healthcare scientists make to positive outcomes in Scotland, and the range of positive career opportunities available in order to attract individuals into NMAHP and healthcare science careers and ensure a sustainable workforce is available to meet Scotland's future requirements;
- A national GP marketing campaign promoting Scotland as a positive place to work has been developed. The aim is to promote Scotland as a great place to work for GPs. This has been done through marketing stand representation at number of events and conferences throughout 2019/20. We are also developing a marketing strategy to design our approach to international recruitment of GPs;
- As part of the reform of adult social care programme, a national campaign to promote social care as a meaningful, valued and rewarding career choice is being developed. The campaign will support recruitment of frontline workers in care home services for adults, care at home services for adults and housing support workers. The campaign's primary focus will be on attracting people from early to mid-career stages, which form key entry points to the sector. The campaign is due to launch in early 2020;
- The medical campaigns in Psychiatry, Anaesthetics, Paediatrics and Emergency Medicine are targeting consultant level staff. The choice of those specialties are based on current vacancies, cross-referenced against the data we have on EU doctors living and working in Scotland. In the medium term, we will undertake further campaign activity across other medical specialties that support our Waiting Times priorities such as Dermatology and Urology.

These campaigns build on existing recruitment work. The SSSC delivers a range of support for recruitment and retention of the social services workforce including resources on career pathways and promotional materials for schools, colleges, employment services and employers; management and promotion of routes into careers (Foundation and Modern Apprenticeships); and a network of Ambassadors for Careers in Care. In addition, a Recruitment Working Group (RWG) established by the Coalition of Care and Support Providers in Scotland is stimulating change by providing information, analysis and support to improve recruitment outcomes in the Social Care Voluntary Sector. As a part of this process, three workshops were delivered to partners in the Voluntary Sector last year to explore key points in the recruitment process.

While recognising the diversity of the sector, future work will look at areas where there is benefit in collaborative and shared approaches to recruitment practice.

Improving fair work practices across the social care sector is a key element of the reform of adult social care programme. This is why the Scottish Government has also committed to taking forward the recommendations set out in the Fair Work in Scotland's Social Care Sector 2019 report to improve fair work practices across the health and social care workforce.

In medicine, we will learn from the recent experience of our national recruitment campaign on Radiology. Also over the last 5 years we have been working in partnership with NES and the medical Royal Colleges to recruit international doctors to non-Consultant posts by developing and supporting schemes such as the International Medical Training Fellowship and the Medical Training Initiative. Designed to provide high quality training and to support service delivery, the schemes typically offer 1 year posts, which can be extended. To date over 90 posts have been approved across medical specialties. We continue to assess and refine our approach to these schemes to ensure we are maximising benefit and attraction.

Alongside this, we are working with the General Medical Council (GMC) and the Royal College of General Practitioners to streamline and accelerate the Certificate of Eligibility for GP Registration process which support doctors trained outside the EU to come and work as substantive GPs in Scotland. We are already seeing a positive impact, with Australian GPs being able to get almost reciprocal registration with the GMC.

We have also established an International Recruitment Unit to improve Scotland's effectiveness in recruiting internationally and support the resilience of NHS Scotland as we approach potential EU Withdrawal. To this end, the unit is providing expert support on the immigration process and regulatory requirements to work in Scotland, as well as matching people to job opportunities. The unit is currently heavily involved in co-ordinating medical recruitment and will help successful candidates with relocation advice and on-boarding. Moving forward, a more systematic and collaborative approach to recruitment events will achieve economies of scale and capitalise on the strength of the NHS Scotland brand.

### **Widening Access to Grow the Workforce**

In addition to attracting people from the rest of UK and internationally to work in health and social care in Scotland we also need to grow our own talent.

Around 360,000 people work in health and social care in Scotland. To maintain and grow that workforce, we must continue to attract significant numbers into these careers. We are committed to building on initiatives to help widen access to careers for young people and other under-represented groups in this sector.

A good illustration of the work we are doing to achieve this aim is the three year employability partnership between NHSScotland and Prince's Trust Scotland. "*Get into Healthcare*" will support around 400 young people from disadvantaged backgrounds to achieve their potential and develop their skills through a career in the health sector. We will also support similar schemes being delivered for social care in Scotland, in partnership with employers in the sector. This work will explore pilot approaches suitable for smaller employers that form a significant part of social care provision.

Modern Apprenticeships (MA) are available to young people aged 16-24 to widen access to health and social care careers. There are apprenticeship frameworks available with social services, clinical and non-clinical pathways, which give young people the opportunity to start a career in a range of job families in social care and the NHS and to work and earn whilst gaining a qualification. MA Frameworks that are available include Social Services and Healthcare, Healthcare Support (clinical and non-clinical), Business and Administration, Estates and Facilities, and IT.

Foundation, technical and professional apprenticeships are also available in the social care sector. New routes and pathways are also being considered to provide a diverse range of career opportunities for young people in health and social care.

Within Nursing and Midwifery, work is being taken forward on recommendations from the Chief Nursing Officer's commission into widening participation to nursing and midwifery education careers. Recommendations include establishing a route from school into pre-registration nursing and midwifery through the apprentice route; adopting a positive approach to commissioning pathways into nursing careers for healthcare support workers; attracting people into the professions (particularly men); and extending existing routes such as the funded HNC and the Open University (OU) options to deliver a pre-registration nursing programme for health care support workers, with a particular focus on remote and rural areas.

The OU distance learning and part-time model means healthcare support workers can still work and earn during their studies. Funding has already been provided for 300 pre-registration nurses through the University of Highlands and Islands.

The NHS Professional Careers Programme is a two-year employment opportunity for disabled graduates to prepare for a long-term sustainable career. Since 2015 the programme has helped over 40 disabled graduates (90% of participants) go into a career of their choice.

In our medical education we have acted in recent years to support a greater number of students from areas of social deprivation into medical careers. 50 of the additional undergraduate medical places have been designated as 'Widening Access' places and we are also seeing some positive results from pre-medical courses at the Medical Schools in Glasgow and Aberdeen. These pre-medical courses provide students from more socially deprived backgrounds with the educational knowledge, skills and confidence to enter into medicine. 40 out of 42 from the first course intake progressed to medicine, a result that exceeded expectations. This will lead to an increase in the number of more "home grown" students from all sectors of Scottish society studying medicine. We know that Scottish domiciled students tend to be retained in NHS Scotland at a higher rate than students from elsewhere.

### **Developing and Retaining our Existing Workforce**

Increasing workforce numbers alone will not ensure the sustainability of our health and social care services. We need to retain the workforce we already have by supporting them, investing in training and offering attractive and rewarding careers. We also need to ensure that they are well equipped to be able to adapt to new ways of working and different ways of providing services; and to ensure that we make best use of their skills.

#### Training and Career Development

Access to high quality learning and clear qualification pathways with opportunities to progress have the potential to raise the status and attractiveness of careers across health and social care. This area is one of particular focus in the social care sector.

In social work, we are working with the sector to provide an improved approach to social work professional development throughout careers through:

- delivering improvements to consistency and quality of social work education through a Social Work Education Partnership between employers and Universities providing qualifying programmes;
- piloting a supported year for Newly Qualified Social Workers;
- developing a Professional Framework for Practice for Social Work up to Advanced Practice level.

These initiatives seek to support career development and improve access to high quality training opportunities that reflect current and future developments in policy and practice.

In social care, we are seeking to improve career development opportunities and progression through:

- the development by the Scottish Social Services Council (SSSC) of a new careers resource that illustrates the qualification and career pathways open to staff working in the sector;
- taking forward the recommendations set out in the Fair Work in Scotland's Social Care Sector 2019 report<sup>20</sup> which specifies that key stakeholders in the social care sector should apply the Fair Work Framework and commit to improving opportunities for progression for social care workers;
- work by SSSC to understand barriers and enablers to progression and identifying options for improvement, including facilitating interchange and movement between health and social care;
- undertaking research into the local and national labour markets for social care, which will also identify factors that influence employees to join or leave social care.

### **Registration and qualifications in the social care workforce**

The majority of the social services workforce must register with the SSSC within six months of starting work. With the exception of social work, registration does not require workers in front-line roles in social care to have formal qualifications before they enter employment. However they are required to attain the appropriate qualification for their role within five years of registration. The majority of qualifications required for registration are Scottish Vocational Qualifications (SVQs), and assess the individual's ability to carry out their role and function in a specific area of care. Modern and Foundation apprenticeships are one of the mechanisms through which this training is delivered.

A number of actions are under way to support this skills development:

- Scottish Care and the Coalition of Care and Support Providers in Scotland (CCPS) are working closely with the SSSC and Skills Development Scotland to ensure planning is in progress to support employers and the workforce to attain the qualifications they need for registration with the SSSC. As part of this work, the SSSC have analysed training provision and the qualifications of those on the register. The results will be used in considering how best to focus support.

<sup>20</sup> [Fair Work in Scotland's Social Care Sector, February 2019](#)



- Scottish Government is also working with the Scottish Funding Council and Skills Development Scotland to ensure adequate training capacity is in place to support the expansion of the early learning and childcare workforce
- Scottish Care and CCPS are working with SSSC and Skills Development Scotland to support independent and third sector providers to access Modern Apprentices. This recognises that smaller employers in the third and independent sectors may find the level of support required for Modern Apprenticeships hard to resource. The demand for MAs from the registration of support workers in housing support and care at home is also likely to increase.
- Work on how best to support innovative approaches and encourage further uptake of Modern Apprentices in the sector will be explored over the next year.
- Scottish Government provides grants to the third sector to assist with training requirements for registration. Since 2008 funding of nearly £11.5 million has supported over 12,000 individuals to attain their qualifications. Grants are currently available for workers in Care at Home and Housing Support, nearly half of whom are employed in the third sector.

### **Attracting and retaining registered nurses in care homes**

As part of the National Care Home Contract reform, COSLA and Scottish Care have established a Workforce Subgroup to consider the challenges facing care homes for older people. Attracting and retaining registered nurses in care homes is a key aspect of this work and actions being taken include on this include:

- Defining the role of nurses in care homes and introduce new roles such as more Advanced Nurse Practitioners;
- Developing a suite of education and training materials that care home staff can access including exploring access to NHS training, specialist training for care homes and a more streamlined mentorship programme;
- Working with the education sector and providers to ensure support for training and learning including pre-registration training support and mentoring;
- Promoting the image of care homes as a good place to work – in particular for students and registered nurses;
- Developing a skills and competency framework/passport for registered nurses and care support workers working in care homes to reduce the need to retrain staff who may move from one care home to another and to help support revalidation for nurses working in care homes.
- Additional support from the Scottish Government to Scottish Care in 2019-20 to enable engagement of the independent sector in these workstreams.

There is also work underway across the health and care workforce to improve training and career development:

- We are investing and supporting career development in our workforce through Project Lift, identifying and developing our leaders of the future at all levels. Recognising that leadership development is not a 'one size fits all' it provides a range of opportunities – informal and formal, including individual and collective approaches. More than 3,000 staff have registered with the App and around 1,600 have completed the self-assessment questionnaire, which identifies

leadership strengths and areas for development. Our talent management database uses that to match individuals to opportunities. Over 100 Career Conversations have been offered to aspiring directors and we have developed a new bespoke Scottish leadership development opportunity for this cohort, named Leadership<sup>3</sup>. Moving forward, we are commencing a pilot with SSSC to extend these development opportunities beyond NHS staff and those working in Health and Social Care Partnerships into the social care workforce;

- As part of our Global Citizenship programme, an innovative project is being taken forward by our remote and rural NHS Boards and Edinburgh University. The project is testing whether designing medical consultant roles which enable work overseas alongside service delivery in our Rural General Hospitals can attract and retain staff in permanent roles by giving them the career development they are seeking, while also making services sustainable in locations where this has been a challenge such as our rural island communities;
- An additional £3.9 million over three years is being invested in training and education for **district nurses**;
- We are taking actions to ensure more flexible **postgraduate medical training**. The future needs of the population demands more generalist care, where our medical workforce can implement new technologies and innovations in patient care, and more easily change career paths;
- We are working with the General Medical Council (GMC) and others to ensure that **medical credentialing** is implemented. This affords national training bodies and employers more influence over the training content for doctors and the means to more rapidly upskill doctors to support national priorities;

### Upskilling Clinicians

In response to a recommendation by the Shape of Training Group (which advises Scottish Ministers on medical intake numbers) the Scottish Government is training and developing the medical workforce to meet the changing needs and priorities of patients and service providers, particularly in terms of new technologies. This involves developing credentials in medical skills that are approved by the General Medical Council (GMC).

A clear need identified is to upskill clinicians to deliver Mechanical Thrombectomy (MT) across Scotland.

MT is a new procedure used to treat stroke patients; the earlier the procedure is done (within 24 hours of the onset of the stroke) significantly contributes to improved patient outcomes, particularly in terms of reduced long-term disability.

Given the lack of trained doctors to perform MT, the Scottish Government in partnership with NHS Tayside has prioritised the upskilling of Interventional Radiologists to be able to provide MT.

Under the supervision of an experienced neurointerventional Radiologist skilled in MT, a bespoke training programme is now underway and includes:

- Investment in state of the art simulation facilities for the training of MT in Dundee with a view to developing a training centre;
- The combining of mechanical simulators with the unique Thiel cadaver model

based in Dundee, which helps provide accelerated practical learning and will be the basis for initial external assessment of the participants, and is supported by the University of Dundee for the clinical training aspects and post-procedure care. The early outcomes are to have a cohort of upskilled IR consultants able to deliver a 24/7 service for the North region and for these MT skills to be recognised as GMC-approved credentials.

- In the new **GP** contract, we have refocussed the role of GPs as Expert Medical Generalists in the community. This includes a renewed focus on improving quality, providing clinical leadership and focusing on undifferentiated and complex patient care, within a multi-disciplinary environment. We have also redesigned our GP Specialty Training posts, improving the quality of training and making them more attractive.

### Digital Skills

As set out earlier, technology has the potential to have a positive impact on workforce demand, but we need our workforce to have the necessary digital skills to take advantage of these opportunities. Workforce development is an important part of the Digital Health and Care Strategy<sup>21</sup> and focusses on four key areas of skill development:

- **Digital Leadership:** The skills required by all staff at all levels to champion digital as an enabler in transforming health and care;
- **Workforce Skills:** The digital skills required by the general workforce to effectively deliver services to meet patients' and service users' expectations;
- **Workforce Skills (specialist):** The skills and development of those in specialist digital roles (ICT staff) to deliver digital solutions in health and care;
- **Future Workforce:** The skills that will be required and shaped by our ongoing transformation of services, in line with patient and service user demand.

NES and SSSC (working with COSLA and Health and Social Care Partnerships), are taking forward a programme of work to support implementation of this in the health and social care environment and providing the necessary leadership to drive changes. This approach includes:

- partnership with the Scottish Government's Digital Academy, to improve access to high quality digital skills training;
- developing digital leadership skills through partnership with bodies such as NHS Digital Academy and others;
- working with our universities and colleges to ensure that digital skills are an integral part of education and training for our future workforce;
- building capacity and capability across specialist digital, IT and data professions;
- promoting existing and new solutions that enable more mobile and flexible working;
- identifying solutions that bring the most modern of technologies to our business and administrative requirements, freeing up staff to focus on frontline services;

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<sup>21</sup> [Scotland's Digital Health and Care Strategy. Digital Health and Care Scotland, April 2018.](#)

- providing productivity and collaboration services and tools, such as shared calendars, email, video and instant messaging, to support effective, efficient and secure ways for working across organisational boundaries.

### Returns

Staff who have recently left or retired from health and social care services have a wealth of knowledge, skills and experience that we do not want to lose. We already have some schemes to encourage staff from the health workforce to return, and we are looking to develop these further and wider across the health and social care workforce. We are:

- Establishing a 'one point of contact' co-ordinated process to support **AHPs who wish to return to practice**;
- Enhancing our GP retainer scheme which enables qualified GPs who are currently unable to commit themselves to a full-time post, to continue working part-time in general practice and enter a permanent post when their circumstances permit;
- Creating a flexible resource of **recently retired or part-time doctors**, who are willing to take on short-term work to support our Rural General Hospitals. To date 30 Surgeons and Anaesthetists have expressed an interest in the Clinical Collaborative which was launched in March, and already, services in Fort William and Stornoway are being supported;
- Launching an innovative Professional Practice Adviser pilot offering **recently retired nurses and midwives** the opportunity to coach and advise newly qualified staff in midwifery, health visiting, district nursing and advanced nursing practice settings;
- Encouraging **former nurses and midwives** to return by providing the opportunity for them to undertake a Return to Practice programme. Since April 2015, almost 600 former nurses and midwives have taken up the opportunity to retrain.

### Support to the Existing Workforce

While working in health and social care is extremely rewarding, we recognise the pressures that come with such roles and we need to do all we can to support staff and encourage them to stay in their roles.

Listening and acting upon staff concerns and issues is a key element of any successful organisation. One of the aims of the Health and Care (Staffing) (Scotland) Act is to improve working conditions for NHS clinical staff. Staffing levels are matched to workload and employers are required to take the views of staff and staff wellbeing into account when making staffing decisions. The legislation also puts in place real-time staffing assessment and escalation procedures that will ensure the professional voice is heard.

This is also being supported through the iMatter model, a continuous improvement tool designed to help individuals, teams and Health Boards understand and improve staff experience by taking actions at these different levels within the system. iMatter was initially used by NHS Boards, and is now being used in almost all of Scotland's Health and Social Care Partnerships and has recently been successfully tested in East Renfrewshire Council with their staff. Key to the system is that staff at all levels

feel empowered and enabled to make improvements to support improved patient and client experience.

We also need to provide support for staff who are training and/or working in health and care to deal with the pressures of that career. Some examples of this to address issues doctors were facing include the new Lead Employer model introduced for all Doctors in Training. This new arrangement provides a continuous contract during training that avoids tax code complications and makes it easier for doctors in training to secure mortgages, as well as avoiding unnecessary administration related to changing employer.

For GPs, a package of support has been developed within their first five years of qualifying. This includes a mentoring scheme and training for a new group of 40+ mentors in 2018/19. We are also supporting Continuing Professional Development access and Quality Improvement project opportunities for up to 200 “First 5” GPs each year. Wider support for GPs also includes the rollout of the existing confidential wellbeing service GP across remote and rural areas of Scotland and a new coaching service launched last year and has now extended to 125 places in response to demand.

Recognising the particular issues faced by our workforce from other parts of the European Economic Area (EEA), we are ensuring that all such staff have access to advice and information and are supported through the process of applying for EU Settled Status. Through the Scottish Government’s ‘Stay in Scotland’ campaign, this includes a support and advice service for EU citizens with more complex needs or particular challenges and a toolkit for employers.<sup>22</sup>

### **Pay and Reward**

Pay and reward is an important factor in attracting and retaining our health and social care workforce and we continue to take action to ensure that these careers remain attractive employment options:

- While we recognise there have been some challenges in implementation, the introduction of the Real Living Wage for those working in adult social care has had a positive impact on pay in the sector<sup>23</sup>;
- In 2018, a three year pay deal for NHS Agenda for Change staff (which includes all nurses, paramedics, healthcare scientists and allied health professionals) was agreed from 1 April 2018 to 31 March 2021. This will restructure pay bands meaning higher starting pay and a shorter journey to the top of scales, as well at least a 9% pay rise over 3 years for all staff;
- On 27 August 2019, a pay uplift of 2.5% for medical and dental NHS Scotland staff from 1 April 2019 to 31 March 2020 was announced. The announcement means junior doctors working on typical rotas in Scotland can be up to £6,000 a year better off than their English equivalents, and specialty doctors, associate specialist doctors and consultants will remain the best paid in the UK. This will

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<sup>22</sup> [Stay in Scotland, Scottish Government, April 2019](#)

<sup>23</sup> [Implementing the Scottish Living Wage in adult social care: An evaluation of the experiences of social care partners and usefulness of Joint Guidance, I Cunningham et al, Coalition of Care and Support Providers Scotland, 2018](#)

help ensure that NHS Scotland remains an attractive employment option for medical and dental staff;

- We are also targeting specific financial incentives where it will help to attract staff to train or work in rural area. Actions include:
  - expansion of the GP Golden Hello scheme from 44 to 160 practices in rural and remote areas, offering £10,000 for GPs taking up post in their first eligible rural practice;
  - a £20,000 bursary for GP trainees taking up placements in rural and other harder to fill areas. 101 GP trainees have taken this offer up in 2018, an increase from 60 in 2017;
  - an enhanced relocation package is being offered to GPs moving to work in rural practice to cover expenses such as removal costs, rent etc. The maximum rate has been increased from £2,000 to £5,000.

### **Efficient Use of the Workforce**

Alongside growth and retention, we need to make more efficient use of existing resources. This will involve a range of approaches, including improvements in rostering. We are procuring a NHS wide e-rostering system which will lead to implementation of a fully automated rostering system for all staff groups. This will create efficient rosters with full gap analysis and be responsive to real time situations, ensuring the most efficient and effective use of staffing resources clearly linked to demand. Alongside this a national rostering policy is being developed, which will provide roster rules and ensure more effective rosters, reducing the reliance on supplementary staffing where poor rostering is a cause.

Implementation of the Health and Care (Staffing) (Scotland) legislation will contribute to the efficient use of the workforce by providing consistent and robust analysis of the workload associated with patient need and real time assessment of staffing in those areas covered by the common staffing method to ensure safety and efficiency.

We are also looking at how new service models can maximise the efficiency of the existing workforce. An example is set out below.

#### **Maximising workforce efficiency**

The Reporting Radiographer pilot is testing how we might maximise efficiency of the current Radiology workforce and create greater capacity. It will assess the potential for a national Radiographer Reporting service by:

- Nationally coordinating Radiographer “plain film” reporting capacity and activity testing the new IT connectivity;
- Assessing the potential to utilise consultant Radiographer skills across boundaries;
- Assessing the potential to utilise a cross boundary consultant Radiologist support model;
- Establishing whether a Radiographer plain film reporting service could better utilise the existing workforce.

It will measure whether, in reality, there are sufficient numbers of reporting Radiographers to ensure adequate cover for the service. This will also allow us to quantify the workforce required to optimise this service and present an opportunity



to manage this capacity differently. The pilot commenced in March 2019.

### **Improving Workforce Planning Across Health and Social Care**

To most effectively plan for the future health and social care workforce, taking account of the changing demand and supply issues, we need to develop our workforce planning infrastructure. We will:

- further develop workforce planning capability;
- clarify roles and responsibilities on workforce policy and planning;
- encourage more consistent use of workforce planning tools across sectors;
- provide workforce planners across sectors with access to better data.

### **Further Develop Workforce Planning Capability and Examine Capacity**

We need the health and social care sector to have the capability to develop more effective workforce plans and to understand, and use, scenario planning methodology that reflects their particular requirements.

Revised workforce planning guidance for NHSScotland, Integration Authorities and their commissioning partners in local authorities is being published alongside this Plan. The guidance introduces improvements to the existing workforce planning process and proposes a more collaborative approach in an integrated landscape. As workforce planning requirements and practices differ substantially across health and social care organisations, the guidance signposts a range of existing methodologies and encourages all health and social care employers to use these in planning for the workforce they require. It also references the need to consider the implications of planning activities for third and independent sector employers delivering commissioned services.

In addition to planned actions to improve the capability of existing workforce planners, the National Workforce Planning Board has also committed to examining the issue of capacity for workforce planning across social care employer sectors. Work will be designed by the Scottish Government, COSLA and partners, to improve understanding of workforce planning capacity and to make recommendations accordingly.

To further support development of the competencies and skills required to effectively undertake workforce planning roles across Social Care employers, NHS Boards, IJBs and Primary Care, we will:

**Design and oversee work to obtain a national picture of workforce planning capacity, methodology and capability in Local Authorities/ Health and Social Care Partnerships for planning social care services. We will respond by considering how best to support effective collaborative and strategic workforce planning in light of the findings.**

**Over the next 12 months, Scottish Government and COSLA will work with the Scottish University and College sectors to examine, develop and build a workforce planning educational qualification as part of a strategic approach to developing workforce planning education and skills for the health and social care workforce.**

**Provide additional support in 2019/20 to the third and independent sectors to enable their contributions to the developments in workforce planning to be supported through this Workforce Plan.**

### Clarifying Roles and Responsibilities

As we improve workforce planning in an integrated way, it is important to be clear about respective roles in workforce policy and planning. The guidance being issued alongside this Plan sets out these roles for workforce planners nationally, regionally and locally across the sectors.

### Greater Consistency of Workforce Planning Tools Across Sectors

Workforce planning requirements and practices differ substantially across health and social care organisations. A level of variation is entirely appropriate given that an independent company with a few employees will have very different workforce planning needs than an NHS Board with thousands of employees. Nonetheless if we are to workforce plan in an integrated way, there is benefit in a level of consistency in the methodological approach used. The guidance we are issuing along with this Plan signposts a range of existing methodologies and encourages all health and social care employers to use these in planning for the workforce they require. It also considers the implications of planning activities for third and social sector employers delivering commissioned services.

On workforce planning tools, the Nursing and Midwifery Planning tool has already been reviewed and improved and we are exploring workforce prediction tools for skill-mixed AHP services. A scoping exercise has reviewed and mapped the landscape of workforce planning tools within the Scottish Government, NES and ISD. Following this, work will start on ensuring consistency and transparency between tools, filling gaps where appropriate.

### Improving Workforce Data

Better workforce data will support more informed decision making. Significant progress has been made on creating a single workforce data platform, and work is under way to better understand the labour market for social care.

As recommended in Part 1 and Part 2 of the National Workforce Plan, NES have brought together existing workforce data sources in a new supply side platform, which was launched in April 2019. Data from the platform is already being used to inform decisions on controlled group numbers, to identify workforce gaps, and develop enhanced roles and new staffing models to mitigate them. Work will continue to identify and add to the data available and to refine social care and primary care data, so that as the platform evolves, health and social care workforce data can increasingly be accessed in one place and analysed using an integrated approach. Extensive data on the social care workforce is already published as official statistics by the SSSC and is available for interrogation in an interactive data visualisation tool.<sup>24</sup>

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<sup>24</sup> <https://data.sssc.uk/component/ssscvisualisations/local-level-data>.



The work being taken forward by NES is complemented by the legislative requirement being placed on Healthcare Improvement Scotland (HIS) in the Health and Care (Staffing) (Scotland) Act 2019. Under the Act, HIS is required to monitor Health Board compliance with staffing duties, monitor and review staffing tools and methodology and develop new staffing tools. In doing so, HIS, and NHS Boards, will generate robust data on the workload required to deliver high quality care which will, in turn, inform and improve workforce data. The procurement of an NHS wide e-rostering system, in addition to creating efficient rosters, will provide further data evidence clearly linking efficient and effective use of staffing resources to demand.

The Scottish Government has also commissioned NHS National Services Scotland to develop an online tool to collect workforce information as part of the National Primary Care Workforce Survey, which ISD regularly carries out on behalf of Scottish Government. This is an important source of information to support workforce planning for primary medical care services. This workforce data may also be used to develop workforce metrics to support sustainability work at a board, cluster and practice level.

Existing staffing tools and methodology for nursing and midwifery already contribute to improving workforce planning across health by providing access to better data. This will be further improved by effective implementation of the Health and Care (Staffing) (Scotland) Act and the oversight provided by HIS. HIS will continue to improve the existing tools and develop new tools with a focus on developing multidisciplinary tools and including staffing groups beyond nurses and midwives. The Act will also require Health Boards to report annually on how they carried out their staffing duties. This will create transparency in the staffing decisions being taken across all boards and better inform national workforce planning.

As we set out in this Plan, there are significant challenges in the supply of staff for social care. As indicated earlier in this Plan, a better understanding of national labour markets can help employers to understand issues and trends and plan ahead. The research we have commissioned on national and local labour markets and their interactions with the Social Care and Early Learning and Childcare workforce will incorporate ongoing analysis by the SSSC into movements within the registered social services workforce. The findings will aim to help workforce planners to anticipate and manage recruitment and retention issues.

## Delivering the Plan

This first Integrated Plan will help achieve better integrated workforce planning across health and social care in Scotland. It initiates a programme of work for the future, covering many different employers and settings. And it sets a steady future direction for those who plan for the workforce in this complex landscape.

Getting this right is of national importance – everyone in Scotland will rely on this workforce at some point in their lives.

That is why this Plan highlights the need to build our workforce; to strengthen the workforce planning infrastructure; to build on our knowledge of the effects on our workforce of changing demand, services, technologies and population; to sharpen our analytical skills and competency, locally, regionally and nationally; and to co-ordinate these actions effectively to ensure the highest quality of health and social care services.

Building on earlier recommendations made in Parts 1-3 of the National Workforce Plan, this integrated Plan sets out a series of specific actions to meet demand and to grow the workforce. These actions focus on enhancing training numbers across a broad base of professions involved in delivering national priorities for health and social care. They augment and complement existing Programme for Government actions, and we have carried out scenario planning which for the first time takes account of estimates of demand in coming years, linking closely to Medium Term Financial Strategy projections.

The benefits of workforce modelling and scenario planning against a range of future demand factors are clear, and we will refine, improve and embed this approach as better intelligence develops. More effective links also need to be forged between workforce planning, service planning and financial planning, and the Plan's associated guidance sets out how we will do this.

Using and interrogating workforce data has been a continuing challenge for planners, due in part to a lack of a consistent approach to data collection. We continue to tackle this by bringing together existing data sources. In particular, the progress made with NHS Education for Scotland on its national TURAS data platform is beginning to yield better quality information, more consistently accessible and useable across both health and social care. The work being done with NHS Health Improvement Scotland on implementing the provisions of the Health and Care (Staffing) Act 2019 will benefit from this. The evidence needed to inform important decisions about the future shape of our services will depend on it.

All of us need to do more to observe, analyse, plan and prepare for future challenges. As the importance of effective workforce planning in this has become more widely recognised, so the demands made of planners have increased. To help address this, employers in health and social care need more people with the right skills and expertise, and an infrastructure which supports their development. The large numbers of providers, of many different sizes, across a complex landscape present particular challenges. This Plan therefore sets out what we will do to strengthen workforce planning capacity and capability across the health and social care sectors.

Along with this Plan we are publishing revised Workforce planning guidance, co-produced with members of the National Workforce Planning Group. The guidance has been developed for use by NHS Scotland, Integration Authorities and their commissioning partners in local authorities. It will be kept under review, and added to, as part of more regular and structured communications on workforce planning issues with employers.

The actions detailed in this Plan form a programme of work which will be overseen by the National Workforce Planning Group's Programme Board, in addition to its existing role in delivering earlier recommendations and commitments from Parts 1-3 of the National Workforce Plan. With representation from across health and social care, the Board will reflect contributions from all parts of the system.

The Board will also be responsible for publishing regular future iterations of the Plan. These will reflect further progress in our understanding of workforce demand and supply and add to the sum of our collective knowledge and intelligence around workforce planning issues. Importantly, future iterations of the Plan will link more closely to developing policies, such as work progressing on reform of adult social care.

Individually, the actions set out in this Plan will therefore enhance our capacity and capability, deliver tangible improvements, and provide a better evidence base in an integrated context.

But taken together, they elevate workforce planning to the strategic, whole-system position it needs to inhabit – right at the core of high quality health and social care services, now and into the future.



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