



Aberdeenshire
Health & Social Care
Partnership



Aberdeenshire Health and Social Care Partnership Workforce Plan 2022-2025

Aberdeenshire
COUNCIL



NHS
Grampian

FORWARD BY OUR CHIEF OFFICER

Welcome to the Aberdeenshire Health and Social Care Partnership's Workforce Plan 2022 to 2025.

Our workforce has faced huge challenges and pressures over the last 2 years and our plan provides an opportunity to reflect on this and to look towards how we will move forward and adapt how our staff will meet our Strategic Delivery Plan, while living within our Medium Term Financial Plan targets.

We live in a beautiful and rural area of Scotland, which provides a fantastic backdrop for our staff to work in, but presents challenges in relation to recruitment and retention of staff. Our plan over the next three years includes our commitment to flexible models of working and staffing services and recruitment drives with the third and education sectors. We will also focus on succession planning and attracting a younger workforce with integrated training allowing for greater flexibility.

I would like to thank our dedicated staff for their ongoing commitment to our Vision.



If you need information from this document in an alternative language or in a Large Print, Easy Read, Braille or BSL, please email aberdeenshireHSCP@aberdeenshire.gov.uk

CONTENTS

1	Introduction to Aberdeenshire Health and Social Care Partnership.....	4
2	We are listening: engaging with our workforce and stakeholders	8
3	Our Current Service Model: our Strategic Delivery Plan and Medium-Term Financial Plan	30
4	Our Future Workforce: Transformational Change	35
5	Our Workforce Delivery Plan: what do we want to achieve and how will we do it	42
6	Conclusion	62
7	Appendix 1 – Data – see separate document	

1. Introduction to Aberdeenshire Health and Social Care Partnership

Who are we and what is our Vision?

Aberdeenshire Health and Social Care Partnership (hereafter referred to as AHSCP) was formed in April 2016 following on from the implementation of legislation by the Scottish Government to integrate health and social care services. We deliver and support adult social care and health services through a partnership between Aberdeenshire Council and NHS Grampian and are governed by our Integration Joint Board (IJB).

The AHSCP aims to deliver the best service for people's needs:

Building on a person's abilities, we will deliver high quality person-centred care to enhance their independence and wellbeing in their own community.

In accordance with AHSCP's Strategic Plan 2020-2025, we will focus on delivering the 9 National Health and Wellbeing Outcomes and the following 5 strategic priorities:

Prevention & Early Intervention

We will support people to live healthy lifestyles
We will support people to Self-manage long term conditions
We will work to help people avoid preventable conditions



Reshaping Care

We will support people to remain in a homely environment
We will ensure that people can access the right support when they need it
We will support people to live healthy and independent lives.



Engagement

We will be clear & transparent in our decision making
We will listen to and be responsive to what individuals and our communities say
We will be open, honest and transparent when communicating with individuals and our communities and continue to engage with our staff



Tackling Inequalities & Public Protection

We will work to keep vulnerable people safe
We will work to make sure that everybody is able to access the service or treatment that they might need
We will work to remove barriers to accessing services
We will work with partners to ensure that Aberdeenshire is a safe and happy place to live for everyone



Effective Use of Resources

We will work to ensure that we have the right amount of staff with the right skills
We will focus our resources where they are most needed
We will manage our reducing budget against increasing need



The IJB is responsible for the integrated planning and delivery of adult and social care services in Aberdeenshire. Additionally, it delivers key areas within the Aberdeenshire Children's Services Plan as it retains some responsibility in aspects of children's health services (health visiting and school nursing), transitions planning, and services that support parents and carers.

AHSCP is one of three Health and Social Care Partnerships in the Grampian area. The others are Aberdeen City and Moray. AHSCP hosts the management of some health services within the Grampian area, which include the health care services at Her Majesty's Prison (HMP) & Young Offender Institution (YOI) Grampian, forensic custody health care, Marie Curie nursing services, diabetes service, continence service, chronic oedema service, retinal screening and heart failure service.

Our Workforce is made up of the following health and social care services:

Community Health Services

- Primary care services
 - General Practices
 - Community pharmacists
 - Optometry services
 - Dental services
- Community hospitals
- Minor injury units
- Public health services
- Health visitors
- School nurses
- Vaccination programme
- Pharmacotherapy services
- Community link workers
- Community based Allied Health Professions
 - Occupational Therapy
 - Physiotherapy
 - Podiatry
 - Speech and Language
 - Dietetics

Adult Social Care Services

- Social care services for adult care home provision
- Social Workers
- Home care services
- Community mental health services
- Care and support for adults with physical and learning disabilities
- Carer support service
- Adult support and protection
- Alcohol and other drug services
- Aids and adaptations for homes
- Supported accommodation
- Telecare & Telehealth
- Criminal Justice
- Adult Social Care OT's

Since the creation of the HSCP in April 2016, an integrated system was formed with staff employed by NHS and Aberdeenshire Council. The current headcount (at April 2022) is 1647 NHS staff and 2800 Social Care staff. This has increased by 296 since April 2019, mainly as a result of COVID related posts. Included in the plan are also staff who are not directly employed by the HSCP, such as staff and volunteers from the third and independent sectors. Additionally, we work with key stakeholders in primary care and support services, such as HR, finance, property, facilities and estates.

Aberdeenshire is a largely rural area covering 6,313km². AHSCP has a workforce of 4447 (headcount), 2887.67 WTE to service a population of 261,470. The area is served by 10 community hospitals, 8 local authority care homes, 6 very sheltered housing units, 30 GP practices and a wide range of other primary care, community and day services.

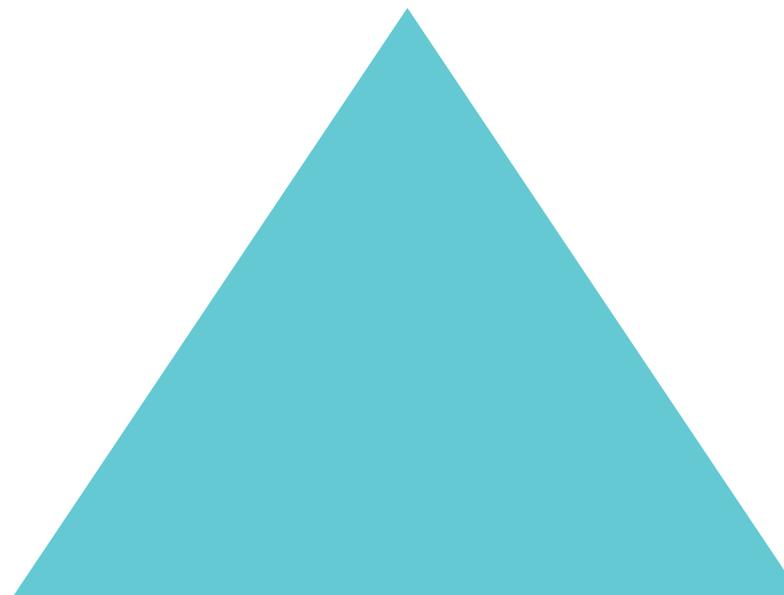
The HSCP is managed within 3 areas - North, Central and South Aberdeenshire, subdivided into 12 locations and 20 teams plus Strategy and Business Services teams. The IJB and HSCP believes that to achieve our strategic aims, our commissioning of services, finance and workforce are inextricably linked. The Workforce Plan is closely aligned to the HSCP's two other plans, the Strategic Delivery Plan and the Medium Term Finance Strategy.

Any increase or decrease in finance will have a knock-on effect on staffing and service delivery will be impacted. The inability to recruit staff, while making a financial saving will reduce service provision. Changes in the commissioning of services to meet future need will require a different staffing mix, which will have financial consequences. The key geographical influencers on our workforce are the commuter belt draw into Aberdeen City, pay comparators with the private sector and the ability to attract staff to our most rural communities.

In response to the financial and workforce challenges it is essential that there are links to our Strategic Delivery Plan and Mid Term Financial Strategy all of which provides the detail of the transformational change we want to achieve, the outcomes we will deliver and how these will be measured.

Following on from the publication of our previous Workforce Plans, we realise that moving forward, we must continue to support our workforce and listen to their voices.

Strategic Delivery Plan



MT Finance Strategy

Workforce Plan

The purpose of our Workforce Plan is to identify our workforce needs and demands and set out the key priorities for the next 3 years. The HSCP's Chief Officer has the ultimate responsibility for workforce planning, which is delegated via our Strategic Planning Group to the Workforce and Training Group. This Group is represented by staff from Human Resources (HR), trade unions, the third sector, universities/colleges and managers from across the HSCP. Our Staff Health and Wellbeing Group reports to the Workforce and Training Group and promotes positive messaging and active wellbeing support and includes operational staff and representatives of We Care, NHS Grampian's staff support team and Aberdeenshire Council's wellbeing lead.

Following on from the outbreak of the Covid-19 pandemic, our workforce has shown amazing resilience and dedication. The pandemic has had a significant effect on how and where we deliver our services and where to base our staff. For some of our services, delivery was reduced, paused or suspended to enable staff to be flexibly redeployed and support pressures experienced in other critical services. For example, the re-deployment of our staff to deliver and support our vaccination clinics and Aberdeen Royal Infirmary's Discharge Team. Recovery work is now underway to tackle the health debt and to transition to future services which includes a greater use of a digitally enabled workforce.

In developing this Workforce Plan for the next 3 years (2022-2025), we have begun to forecast the workforce size which we need, and the optimal skill mix to support the ongoing redesign of our services across Aberdeenshire. This will be refined on an ongoing basis in line with our strategic direction, delivery plan and service change plans. Aberdeenshire HSCP attends the NHS Grampian Change Management Oversight Group, along with other HSCPs to ensure change management projects/pilots are captured and our staff are fully protected in taking forward new ways of working with HR and Staff Side support. The Aberdeenshire Council Change Management Team along with HR and Staff Side also provide equivalent support using agreed policies and processes. Our aim is to provide sustainable services which are deliverable and within budget.

The delivery of this Plan will focus on the following three main purposes:

- Ensuring the right numbers and types of individual staff and teams are located in the right areas to meet our emerging strategic priorities and workstreams
- Ensuring we have in place individual personal development plans and team development plans, linked to our overarching HSCP's Strategic Plan. This will be supplemented with team action plans developed annually through iMatter and other workforce tools.
- Ensuring the Workforce Plan links with the vacancy control process for the HSCP. Currently all vacancies are reviewed and agreed by senior managers. All future vacancies will be assessed against the Workforce Plan projections and going forward we will actively use the 6 steps workforce planning tool.

In addition to the Workforce and Training Group, a Grampian-wide Workforce Planning Group was set up in 2019. This was to ensure consistency of approach to workforce planning. Representation in this group comes from NHS Grampian, local authorities and HSCPs within the Grampian region.

2. We are listening: engaging with our Workforce and Stakeholders

We are committed to and recognise the importance of listening to our staff, our service users and our stakeholders. We believe in engaging with people when shaping the services which we deliver. Over the years, we have used various methods to engage and involve our staff, managers, universities and colleges and the third and independent sector to discuss and share information around workforce issues, for example – consultation events, workshops, surveys and 1 to 1 discussions. This has resulted in initiatives such as developing integrated training courses to improve our workforce's skillset and this allows for more flexible employment. Recent examples of our work around engaging with people are the Inch Memorial Strategic Needs Assessment and the Deeside Strategic Needs Review, the outcomes of which may see our staff working and offering a different service depending on outcomes.

In preparation of our 2020-2025 Strategic Plan, we learned through our engagement process that our health and social care staff want to be 'respected and valued' and the 'role of the HSCP is not well understood'

OUR SERVICES AND TEAMS – THEIR INVOLVEMENT AND INPUT

Our **Workforce and Training Group** meets four times a year, with smaller task groups established in between times. The group is represented by a wide range of stakeholders, as already mentioned above, as well as having links with finance teams from NHS Grampian and Aberdeenshire Council. Finance teams, staffing teams and HR representatives provide us with up-to-date information around staffing data, budgets, affordability, costs, training, etc. The Group sets the strategic direction in relation to our workforce, workforce planning, training, staff development, links with stakeholders etc. A key element of the group's role is in relation to recruitment challenges, succession planning and sustainability.

The **Staff Health and Wellbeing Group**, reporting to the above Workforce and Training Group, has met regularly over the last 2 years, producing newsletters to support staff, offering a range of wellbeing activities and ideas, and has distributed £110k in staff wellbeing support activities ranging from outdoor archery and clay pigeon shooting to pampering and relaxation sessions.





“I very quickly got over the guilt of enjoying myself, even although it was on a school day! Lunch was lovely, meeting new people was great and there was a lovely sense of friendship, fun and easy laughter. I did feel we all knew what the drivers behind our outing was, which I believe made the camaraderie and the bonding of our small group special. I was personally disappointed and frustrated that a good number of Podiatry staff were unable to attend due to clinical commitment and lack of workforce to allow staff to take time out.”

F. Bruce, Lead Podiatrist

We are fully aware of the impact Covid-19 has had on the health and wellbeing of our workforce. To help look after our staff, a programme called We Care was created to support and enhance staff wellbeing across NHS Grampian and Health and Social Care Partnerships. The We Care website is a hub which offers a range of support to staff who are struggling with their wellbeing and mental health. Staff can get access to sessions such as Cognitive Behavioural Therapy and counselling services. Aberdeenshire Council has also offered a range of similar supports to HSCP staff, allowing staff the flexibility to choose the support they need.

Our **Engagement and Participation Strategy** is currently at the final stages of being approved and implemented. It gives a detailed outline of how we support others to engage in our work and helps us shape and deliver our health and social care services. The HSCP’s ambition is for us to co-produce our services with the people who use them. This means giving our staff, our community and our stakeholders the opportunity through various means, to influence our decision making around our health and social care services. Subsequently, the way in which we engage with everyone around us will also shape and empower our workforce and the way our services will be delivered.

The **iMatter survey tool** is conducted annually across all teams within the HSCP. Staff members are requested to anonymously complete the online survey and share their staff experiences. Once data has been collected, teams are directed to discuss the findings and collectively look at what we do well and identify the desired outcomes to be achieved, as a team. In addition a range of **questionnaires** have been used over the last 2 years to gauge the support requirements for teams working through Covid. This has helped target a range of wellbeing support tools for staff.

The iMatter response rate to the 2021 survey was 60% (2424/4053 respondents). Overall satisfaction levels were high in relation to staff feeling well informed, appropriately trained, treated fairly and consistently and provided with a continuously improving and safe environment. A slightly lower score was achieved in relation to being involved in decision making and the visibility of our Board Members. This has been exacerbated by Covid and lock downs.

Our Senior Management Team iMatter action plan currently focusses on improved team working and the development and resilience of the team to support staff and managers.

The Culture Matters Survey - NHS Grampian as a board recently undertook a Culture Survey targeting all nursing, midwifery, estates and facilities staff using the Best Practice Australia model. The results for the teams are based on fact, producing a strong empirical base, on real perceptions that staff have of the organisation. Regardless of what these perceptions are they are factual and our employees have these perceptions of their own team/manager and wider organisation.

This gives us data and evidence to look at how we can work with our teams to improve the organisation's culture, work on challenges that impact on staff satisfaction and understand potential basis for staff attitudes and behaviours. Results have been received for NHSG in late May 2022 and action planning has begun to move forward with our Culture Improvement journey.

The Aberdeenshire Council (including our HSCP) **Wellbeing Survey** is due to be realised next month. The survey focuses on understanding how staff are feeling. We want to get a clearer picture of how our employees are feeling and understand the root causes of those feelings so we can strategically support the individuals who need help. This survey will also help with the creation of our wellbeing KPI's going forward, a benchmark to gauge our employees' wellbeing over time.

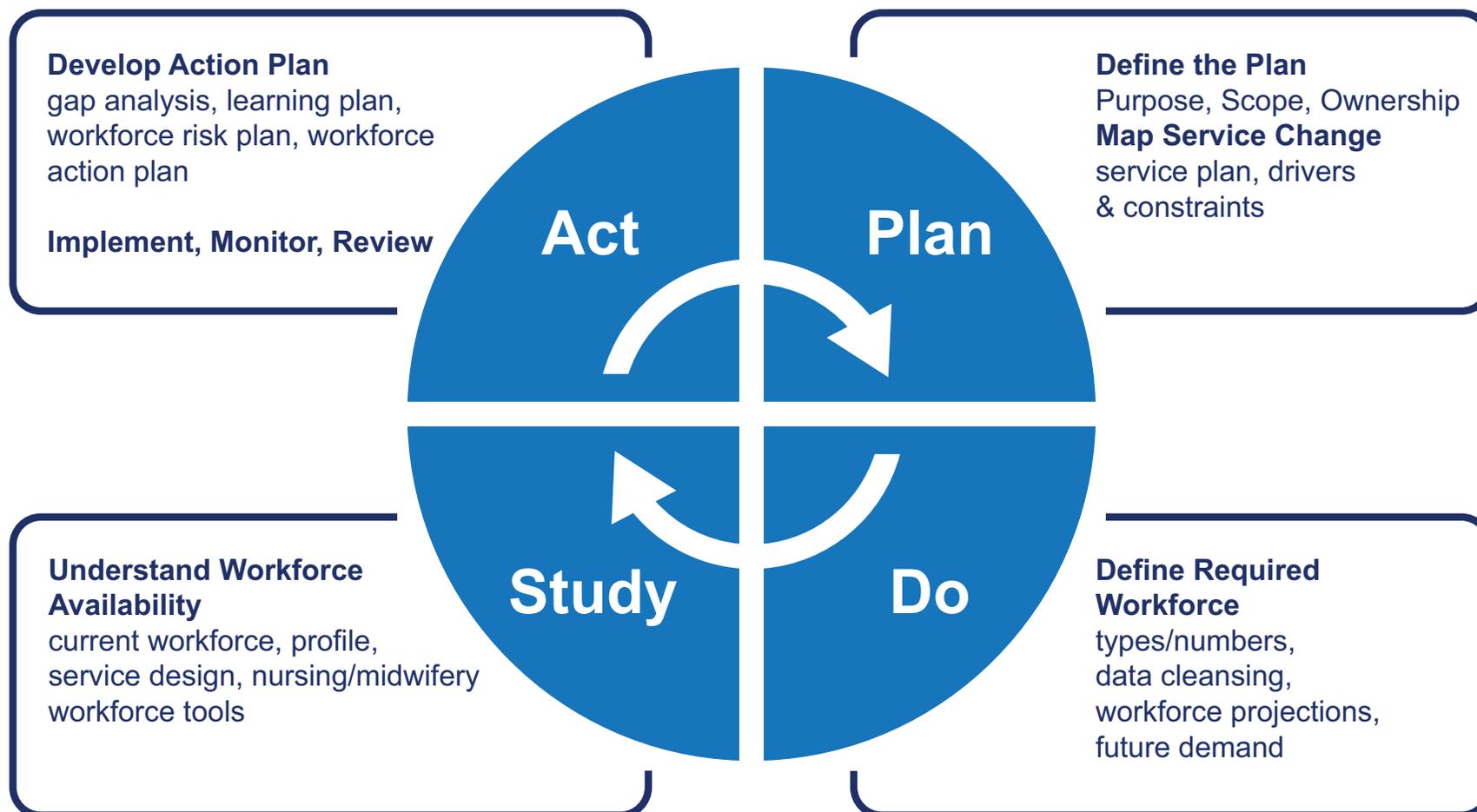
The survey has been promoted via Yammer, Trickle, Arcadia and paper copies have been made available to those employees who are not connected to the network.

Since January 2021, the HSCP's Senior Management Team committed to the delivery of the **Continuous Improvement Framework**. This describes the philosophy, aims and approach which will enable the HSCP to build organisational capacity and capability and truly embed a culture of continuous improvement and innovation, supported by the HSCP's continuous improvement team utilising a variety of improvement tools. The role of the workforce is recognised as integral to this, whereby empowering the workforce to make necessary decisions at a local level to deliver the best possible service will ultimately improve the services that we deliver to the people and communities of Aberdeenshire. This will only be achieved by:

- Ensuring new ideas are encouraged from staff
- Delivering improvement projects that staff / teams can innovate themselves
- Supporting staff to respond well to change, being open to new ideas and encouraging forward thinking.

Implementing the Continuous Improvement Framework represents a significant opportunity for change together with supporting our staff and key stakeholders to not just be a part of the changes that matter to them, but to own and steer them.

'6 Steps' - The national workforce tool, 6 Steps is widely used by our NHS Board and Aberdeenshire Council. Aberdeenshire HSCP streamlined the 6 Steps workforce model to a 4 step tool. This was going to be rolled out to our workforce in 2019/20, the challenges of Covid-19 caused this to be paused, though some teams, including Mental Health reviewed and redesigned their workforce using the tool in late 2019, which helped them meet challenges over the last 2 years.



DIRECT CONSULTATION REGARDING OUR WORKFORCE PLAN

Using teams and electronic tools we undertook wide consultation on workforce challenges and opportunities in order to develop this plan. The majority of this consultation took place in the 3 month period from October to December 2021.

A. Stakeholder survey – independent providers

In October 2021, we reached out to our external care providers and asked them to tell us about their workforce challenges and opportunities in relation to workforce recruitment, retention, training and development. Over 130 external providers were contacted via email and asked to complete an online survey, unfortunately we only received 14 replies. The questionnaire was designed in discussion with Aberdeenshire Voluntary Action, our Third Sector Interface (see below) and then shared with private care providers. With it being such a low response rate, we would like to explore the reasons for this with respondents, but Covid-19 pressures and questionnaire fatigue are suggested. From this, we could also learn – what and how we could do better at communicating and engaging with our external providers.

With such low response rates, it is felt that outcomes below are not truly representative of the larger picture, but are indicative of concerns.

Here are some of the questions asked and summary responses given:

What are some of the main training-based challenges which you are facing at the moment?

- *Re-certification of staff skills due to no face to face training*
- *We have our own internal training officers*
- *All training done online, no in person training*
- *Moving and handling*
- *Freeing enough staff from services to attend sessions*
- *The courses are not being run due to Covid*
- *Lack of face to face training due to Covid restrictions x3*
- *We have spaces on courses but due to absence or staff requirement to be on the floor supporting this cannot be utilised to its full potential*
- *Our staff prefer face to face training. We do provide e-learning which we ask staff to complete on shift but not always possible to provide supernumerary staff*

Are there any comments you would like to add about the effects which the pandemic has had on your paid workforce, particularly on recruitment and retention?

- *They are all scared of the rumours, the untruths, the lack of clarity on what can and cannot be done, the fear of infection spreading, will we still be able to remain open, solvent and that they have a job to do*
- *We were able to retain all staff during the pandemic and run a remote service*
- *Social care was not recognised enough during the pandemic as much as health care which is understandable but staff have felt forgotten about by the government and recognising their hard work to also keep people safe and this has played a part in retention of staff*
- *We have seen people join us from various roles during the pandemic but as restrictions ease we have had an increase in leavers in general*
- *We've had excellent results from working with the Jobcentre/DWP and their Kickstart and other schemes. I don't know if this is due to the pandemic or not, but I would highly recommend them to any other very small social enterprise, or any business really.*
- *Due to the pandemic there were a lot people interested in care but mainly due to them not working. Once establishments began opening up again, there has been little interest working within the care sector*

Please share with us what kind of challenges you are currently experiencing in recruitment and retention?

- *We cannot afford to pay high wages so we do not attract the best people and we find it difficult to fill some roles*
- *Low number of candidates, staff frequently moving on*
- *Skill shortage*
- *Not a lot of people applying for jobs, the quality of people applying for jobs to is very low*
- *Lack of people applying for recruitment, the new people we have seen have joined us and left us through the pandemic so retention of longer serving staff has been generally positive.*
- *Working alongside the government schemes is a lifesaver to a small business like us. We've had the chance to have job trials, two weeks where we can get to know the applicant and they know if they really want to work with us, brilliant so much better than an interview and some amazing staff have come from it. The Kickstart scheme is excellent, such a financial boost for a not-for-profit organisation and wonderful to watch young people learn and grow to be such good team members.*
- *Volunteers to join the board to look at long-term strategy and development rather than day to day existing work*
- *There doesn't appear to be anybody interested in working night shifts*

“The kickstart scheme is excellent, such a financial boost for a not-for profit organisation and wonderful to watch young people learn and grow to be such good team members”

“Due to the pandemic there were a lot people interested in care but mainly due to them not working. Once establishments began opening up again, there has been little interest working’ within the care sector”

“We saw people join us from various roles during the pandemic but as restrictions ease we have had an increase in leavers in general”

B. Stakeholder Survey – Third Sector

Aberdeenshire Voluntary Action (AVA) provides the Third Sector Interface (TSI), which is the main channel of communication between the Third Sector and the HSCP. The third sector’s role is invaluable to the HSCP, its combined workforce far exceeding that of the HSCP and it provides us with a diverse range of preventive and specialist services. The third sector offers to us innovation and active engagement with communities and individuals, when designing and planning the delivery of services. AVA and the HSCP work very closely together, as they both strive to support services and our respective mutually dependent workforces. It is part of AVA’s future vision to increase their role around workforce development with the HSCP and relationships with communities, through the following ways:

1. *Create a database of local and community groups to support effective signposting*
2. *Develop more effective training to support services*
3. *Two-way interaction through better and effective use of forums.*

C. Trade Unions /Staff Side/Staff Partnership

We have listened to the views of our staff side, staff partnership and trade union representatives who has identified the following:

- *Concerns around the risk of potential outsourcing – which may undermine our own local economy and local workforce*
- *Workforce plan should ensure protection of pay to our staff, respect our workforce and give support through providing high quality levels of training*
- *Protecting our skilled staff - and keep them highly skilled and trained.*
- *Use of community-led interventions should be thoroughly considered, particularly around the potential risk of using untrained and unskilled volunteers.*
- *Ensuring staff and staff side are involved at the earliest stage in any organisational change and throughout the process*

D. Universities and Colleges

Our academic and further learning institutions have shown a lot of commitment towards contributing to our workforce demands. They recognise the difficulties in recruiting to their courses and retaining graduates to remain in the North East of Scotland. We are all aware of the concerns around the geographical challenges, and how this is linked to isolation as a profession – for our trainees while on work experience and on placement.

They have taken the ‘grow your own’ approach, supporting and investing in our current workforce to becoming more upskilled, to meet the needs of the future. Many have invested in the remodelling of specialist and graduate courses. Learning courses have been adapted to being more flexible.

Institutions have been working hard at trying to return to classroom teaching from having been mostly online-based, which had to happen very suddenly when the pandemic began.

As a HSCP, we want to be more encouraging of our communities to support learning and academic initiatives, to help encourage and attract people to take on local work experience placements supported by the local community. This may mean exploring how the HSCP can re-design placement experiences, making them more positive and enjoyable, to help recruits consider staying and working in the region in the future.

University of Aberdeen

The School of Medicine, Medical Sciences and Nutrition has noted difficulties in recruitment of clinical academic staff in both the school of Medicine and Dentistry, in which this is a longstanding national issue which is exacerbating our own challenges.

The Medical School has made significant efforts over the years to reshape their courses, such as careful consideration around providing greater support, opportunities and enriching experiences in working life for clinicians based in rural areas. The School supports students on placement in rural areas, and provides outreach with Schools and Colleges to help enrich the training experience, and knowledge of the various kinds of background and needs of patients. Trainees are encouraged to learn about how health and social care is delivered across Scotland. Admissions to the school has been buoyant and due to policy introduced by the Scottish Government on admission requirements, successful applicants to the school have largely been from Scotland.



The School has developed alternate courses to help add to the workforce, such as the 2-year intensive Masters programme for science graduates to become Physician Associates. These posts have responsibilities similar to junior-level Doctors, but work under supervision. Alongside these other programmes developed in recent years include Advanced Clinical Practitioners, open to AHPs and nursing and Advanced Nurse Practitioners which include a prescribing module, which is an essential skill for our workforce to have.

Other programmes which the School is currently exploring are specific prescribing programme and education programme.

One of the most successful programmes developed a few years ago is the 'Gateway to medicine' programme. This is joint programme delivered by the North East of Scotland College (NESCOL) and the Medical School to support socially disadvantaged applicants, giving them the opportunity to study medicine after completing one year of study on the Gateway programme.

To enhance staff experiences and address inequalities, led by senior members of staff, the School has been focusing on addressing issues of racial discrimination and inequalities. The School has been working closely with their students to tackle this issue and raise awareness.

At the **Institute of Dentistry**, funding received a few years ago from NHS Scotland has been invested in dental technology and specialist dental nursing programmes to enhance practice. Due to the Aberdeen based Dental Institute being a relatively modern building with more up to date facilities in comparison to other schools in Scotland, this has meant that it has been able to introduce the relevant health and safety adaptations and open sooner to students.

The School has seen a relatively stable number in admissions in the last few years because of its graduate entry level. However, they are having to provide support to students who have not been able to gain practical experiences through placements.

The Dental School has had to face considerable workforce challenges of its own for a few years. This is in relation to challenges around filling posts to senior academic and clinical positions, which impacts on teaching.

Robert Gordon University (RGU), Aberdeen

This institution has taken a strong stance in reaching out and supporting school aged pupils, not only to promote courses but also give them access to and support around the various and possible options within higher education. The University continues to call for other organisations to offer more work-based placements, and support students while on placement to have a positive experience within the community. It has been acknowledged that the location, accessibility, and availability of placements is problematic as well as costly.

The University has developed a Continuous Improvement Development Framework, which will allow students to study on a more flexible basis. It will also allow them to study on an intermittent basis and at their own pace making studying more affordable.

In response in the decline in applicants to study Social Work courses, the University and NESCOL (North East Scotland College) have established a 'new articulation route', whereby subject to eligibility, it allows an HNC student to enter Year 2 Undergraduate Social Work course.

Following the challenges of maintaining social work placements during the early stages of the pandemic we have seen our highest numbers of social work students placed in social work and social care settings. Over the previous two placement blocks, 60 placements have been provided and we have seen at least 30 newly qualified social work appointments annually over the last two years. This includes members of staff who are completing their social work degrees.

The intention of the Open University to introduce social work graduate apprenticeships is welcomed as an effective means of building on existing workforce strengths and commitment in addition to social care modern apprenticeships. It is anticipated that an increase in training and development posts to support this initiative effectively is required

At present, students studying Occupational Therapy and Physiotherapy can apply and work for NHS Grampian as health care support workers at Band 3 level. This allows them the experience of being in an employment setting. A range of AHP professions are trained locally and this also includes dietitians. There are two physiotherapy cohorts that are educated in RGU that we support in Aberdeenshire with clinical placements and this is the two year accelerated MSc in Physiotherapy and then the four year Master of Physiotherapy course. The OT and Dietitian courses have also recently been re-validated to be Masters Programmes.



There is work that has been done in 2020 and now this year 2022 about internship posts in Physiotherapy and this is being supported in Aberdeenshire alongside Aberdeen City. This is an opportunity for students who have completed their third year of the four year programme to apply for twelve weeks of work over their summer break to come and work as Band 3 HCSW in Aberdeenshire Physiotherapy depts. This has been shown to be successful in Physiotherapy around recruitment and retention for three years and work is now being reviewed by the other two locally trained professions and how they look to replicate this model.

It should be noted that students studying Speech and Language therapy at the two training schools in Scotland will be also offered opportunities at band 2/3 whilst training if they are seen to be able to find accommodation locally.

NHS Grampian and the University have collaboratively developed a 2-year work-based and online learning course named Diploma in Higher Education Wellbeing and Enablement. The intention is to train more Health Care Support Workers through placement based and online learning.

NESCOL The North East Scotland College

The College continues to work on its strong links with future school leavers and develop courses which meet future need and demand. The College has worked very hard in recent years to tackle the issue of a lack of care workers. They are of the view that this is linked to low pay, cost of living and lack of incentives to join the profession. The College is keen to target young people and break the 'gender stereotypes' link to the care profession. The message being – care work is not just for women.

Over the years, stronger links have built between the College and NHS Grampian to revise standards and create opportunities to learn and gain practical experience. In addition, NESCOL offer a HNC in social services which enables students to pursue a social work career.

E. HR Leads

Our Aberdeenshire Council and NHS Grampian HR teams alongside our HSCP Staffing Team help us perform and deliver our plans. They play an important role around having the correct people in the correct roles. By working in collaboration with our HR teams, we can successfully examine our levels of supply and demand and go onto fulfilling our future objectives.

We have sought feedback from HR Leads within our organisation:

“Within the Aberdeenshire HSCP we have an informed set of people metrics to allow a diligent consideration of each of our workforce plan intentions as we start to emerge from the Covid related demands of the last two years.

There will be a 'legacy' impact on the workplace and workforce from the pandemic, and our workforce plans will need to be able to accommodate this, whatever that looks like and however it might present; this will be in addition to our need to align with the wider organisational business strategies and change agenda. The ongoing challenges, risks and threats around resourcing, a changing political environment and the Scottish Government's commitment to a National Care Service will inform each of the above, and will largely determine the knowledge, skills and experience – and where current gaps are in these, and in support of our need to deliver. Setting targets for our workforce planning activity will be essential, so that our strategy has direction and progress can be measured. Also, as far as possible, flexibilities and a measured contingency-based response should be built in to our workforce plans, which can accommodate if turnover-rates, absenteeism or training needs analysis change beyond the predicted levels.”

(Aberdeenshire Council HR Manager)

What has been the main challenges in recent years?

- *High vacancy rates*
- *Resourcing from the same pool across organisations/HSCPs*
- *Timings/delays to support peak periods e.g. winter pressures*
- *Capacity/service pressures - impacting on ability to review and carry out proper workforce planning utilising tools available*
- *COVID - resilience / recovery / retention*
- *Supplementary staffing*

Has there been any positive changes and experiences in recent years, if so, please share?

- *Development of new roles and career pathways e.g., Wellbeing & Enablement practitioners*
- *International recruitment*
- *Ability to upscale workforce and streamline process during pandemic e.g., vaccination programme, test and protect (also brings other challenges in management of workforce)*
- *Reduced time to hire - recruitment*

From your perspective, what would you like to see in the future planning of our Workforce?

- *Consideration of apprenticeships (Grow your own).*
- *Training posts/opportunities to support retention of staff and succession planning. Ensure a consistent approach to training posts - lessons learned and best practice from other areas.*
- *Using close links with education/training partners - role development.*
- *Service redesign - involving staff/HR/Partnership*
- *Positive promotional campaigns - schools / colleges / university / social media*

(NHS Grampian Workforce Manager)

F. Primary Care Contractors

In October 2021, responses were given from a small sample of **GPs, Dental and Optometry Practices** from Aberdeenshire who were asked about the effects of the Covid-19 pandemic on the workforce. Here are some responses:

Positive effects experienced by the workforce:

“Microsoft Teams again has been excellent resource for carrying out interviews. One such interview resulted in the successful recruitment of an Apprentice who was living in Luton...”

“The ability to work remotely – staff are looking for more of a work life balance – and to free up clinical space for those who need it, as we are very short of clinical space.”

“Those who could accept more responsibilities have risen to the challenge.”

“During early pandemic stages with significant furlough and redundancies occurring in other sectors, any administrative vacancies received unprecedented high calibre of applicants.”

The Challenges experienced by the workforce:

“Training based challenges: training has become mostly focussed around Covid”

“Unable to find time to undertake training due to workforce pressures”

“Not being able to network face to face”

“Demands and dissatisfaction impacting on staff morale”

“..we assume due to negative social media and public perception regarding GP surgeries, recruitment has proven more difficult with reduced number of applicants.”

G. Our Managers and Staff

The views of our workforce are extremely important to us. The HSCP fully acknowledges and appreciates the effort which staff put in towards adapting to new ways of working in the last two years. To know and prepare ourselves for the next journey, we held conversations with members of our workforce, to gather their views and ideas. It is our staff and managers who have given us ideas of new ways of working. For some of our services, such as the Vaccination Programme, there are going to be further changes ahead, such as those that have been on short term contracts and how we can support them moving on.

We reached out and interviewed most of our managers and some staff members. Here are some of the main highlights captured:

(It should be noted that some of the issues highlighted have started to be addressed in the intervening period – but it is important to reflect issues raised by staff)

Topic of discussion: We asked our staff about pressures which have been experienced, this is what we were told:

- *Significant increase in the number of complex care cases in Care Management – leaving staff members overstretched – demand on caseloads. This created a demand on health and safety and managing risk.*
- *Ongoing struggle to recruit into the care sector. Agency companies/private sector are also experiencing the same shortfall*
- *Increase in staff reporting on their own mental health related problems*
- *Significant challenges towards recruiting into posts – lack of applicants for AHP's, carers, nursing, psychiatrists, psychologists, OT's, Physio's*
- *Staff feel overstretched – leading to feeling overworked and lack of enthusiasm towards career progression*
- *Challenges around two different IT systems – time wasted having to work between two systems that don't talk to each other*
- *Mental Health community-based service – need for appropriate medical cover to be part of the service*
- *We need to support staff who are concerned about working in other people's homes – and the risks this poses*
- *Adult Support and Protection – there has been a significant rise in referrals, placing huge pressures on workload*
- *High staff sickness rates – staff are tired and working more and extra hours than usual*
- *The uncertainty around whether offices will reopen or not, this is causing anxiety*
- *There has been and continues to be a lot of scrutiny around Care Homes and Care at Homes services*
- *Due to the pandemic, there has been increases in reports made by staff members about abuse from patients and service users*
- *Professions such as AHP's have not been able to deliver services – such as rehabilitation, prevention, and intervention. Instead, it has been more about managing risk*
- *Those who are coming forward looking for a service – they are now presenting themselves at a later stage when they have become more unwell, which puts pressure on the service*

Topic of discussion: we asked our staff about their views towards workforce requirements, objectives and strategic direction:

- *Desire for better technological support and standardisation of working models, i.e., this would allow health care workers to be able to work remotely*
- *The introduction of A National Care Service for Scotland – this will mean that there is a need for a redesign around training and development for our workforce, which could be directed by those at national level, leaving a lack of flexibility and a lack of understanding about local needs*
- *Best use of funding received from Scottish Government to address drug related deaths and implement the new Alcohol Standards and the Medication and Treatment Standards*
- *Criminal Justice will continue to focus on the Community Justice Action Plan*
- *Chalmers Community Hub – ongoing pilot development around delivering services in vaccinations, CTAC provision and minor injury service*
- *Funding required beyond 2022 for Appropriate Adults*
- *Temporary funding for temporary posts – this needs to be looked at for the longer term*
- *Primary Care Improvement Plan – concerns around not enough funding to fulfil what the Memorandum of Understanding wants to achieve. It will look at providing services which will free up GP's and undertake generalist disciplines*
- *Invest in training professionals to 'enable' service users and patients to be more independent, rather than meeting their immediate needs right now*

Topic of discussion: supply and recruitment, these are some of their responses:

- *A change in employment requirements in the workforce – staff taking early retirement and preference towards flexible working.*
- *More staff members want to reduce their hours or work part time*
- *Challenges around meeting the increased demand for 'care at home'*
- *A lot of staff were mobilised into new roles in response to the pandemic, however there was no extra resource invested*
- *Having to be 'creative' with roles*
- *Need for 'consistent and sustained' leadership*
- *Increase in sickness rates*
- *Structuring shift patterns*
- *Shortage of staff across the board*

- *Currently waiting for Action 15 Link Workers to come into post*
- *Need to recruit ‘fresh staff’ and a generation of workforce into ‘flexible roles’ – the need for a workforce who are willing to be ‘adaptable and intellectually skilled’*
- *Some staff don’t like irregular shift patterns as this affects family life/childcare*
- *It is vital that we have sufficient administrative staff – to reduce the demand on clinicians to complete administrative tasks*
- *Need to support and encourage a ‘cultural change in the existing workforce’ – support them in being more flexible i.e. work in different location settings and alternative roles*
- *Mental Health and Learning Disabilities Teams – aim to expand on the community-based teams. In collaboration with NHS Grampian – offer fellowship and training schemes to attract medics from other countries*
- *Trainees and students are not remaining in the Northeast/Aberdeenshire after their studies*
- *There are no significant recruitment issues within Primary Care’s Dental Services and Optometry Services, however it has been challenging to recruit into Community Pharmacy*
- *It has become extremely difficult to recruit to fixed term contracts*
- *There are inequalities around how we support our staff to develop and undertake training to progress to higher level roles*
- *Need to develop peripatetic and bank/relief roles*
- *There is no incentive to take on additional roles*

Topic of discussion: workforce development – learning and growing:

- *Role transformations – being more flexible with roles and responsibilities, by training low banding/graded workers to take other and more duties. We are piloting training Health Care Support Workers to work into health, care and third and voluntary sector settings*
- *Take on student placements with the view of appointing them into paid employment after qualifying*
- *Being able to backfill posts to allow staff members to attend training and gain experiences in other settings*
- *Holistic delivery approach – encouraging skills mix when delivering a service*
- *Lack of interest towards ‘career progression’ whilst more investment is needed to put into this area to retain staff and to tackle staff’s levels of apathy*
- *Staff having to experience a lot of changes and learning to cope with this*
- *We need to be more focussed around ‘making the best’ of staff and their skills*

- *Staff receiving a higher salary as an apprentice than in the job being trained for*
- *The Workforce Development Team is working with RGU to secure funding to establish a short-term, one year post, to develop innovative social work student placement models and increase overall placement numbers and workforce capacity. A significant number of our newly appointed social workers, approximately 30, were previously on placement with the council.*
- *In February 2022 Aberdeenshire Council had the fifth highest proportion of Newly Qualified Social Workers (NQSW) according to the number of WTE Social Workers in post. It also had the third highest ratio of placements to Social Work WTE. (2022 SSSC CSWO Meeting)*
- *It is intended that the Workforce Development Team will plot, with NQSWs and the support of operational teams, data around NQSWs trajectory from their first and subsequent posts to further develop effective mechanisms for supporting professional development, work force capacity and capability.*
- *The assessment and verification of social care SVQs, and related qualifications has, in the face of very significant increases in the numbers of staff registered with the SSSC, and others requiring post related qualifications, been steadily moving forward. In the last year 114 colleagues have started their SVQ and related qualifications, approximately half having completed. Information on required processes and timeframes is routinely circulated across services. Work is ongoing with the Workforce Development Team to secure robust assessment and verification in the light of these increasing demands. Consideration is being given to the potential added value of a senior practitioner Assessor/Verifier post to take forward supervisory duties for this growing area of specialist work, to improve capacity and drive workforce improvement.*
- *Similarly, the need for internal bespoke courses and materials across both Adult Social Work and Social Care, and Children's Services, is also growing. Supported by an employee development officer and Corporate Learning & Development shared resources are co-produced with Health, including those on online platforms such as Turas and ALDO*

Topic of discussion: what has been tried so far to support staff experiences:

- *Daily catch ups*
- *Ensuring that everyone has access to Health & Wellbeing hub and support, which has been well received*
- *Staff support: through creating staff 'bubbles' and set up of informal peer support and supervision*
- *Quick responses towards ensuring that staff were supplied with the required equipment and furniture in order to work from home*
- *-Linked to staff wellbeing – staff being allowed to form bubbles and meet for 'picnics in the park', while adhering to restrictions at the time*

Other issues raised, identified and suggested:

- *Workload has been reactive – therefore less time is spent on the planning and delivery of ideas*
- *There is the need to make working for AHSCP ‘more attractive’ – but how? Need for more innovative ideas*
- *The current temperament – ‘playing catch up’*
- *The variation in pay between NHS and Council staff has generated a ‘divide’*
- *Creation of a health and social care HSCP apprenticeship for all ages – staff will be trained and based across various locations and departments*
- *Mentorship, group supervision and interactive support working*
- *To consider targeting school leavers – offer work experience and ‘career ready placements’*
- *Needs to be an agreed balance between working from home and face to face contact*
- *Managers being on site and being seen to support staff is essential*
- *Investment needed (from Scottish Government) to promote the positive aspects of working in care to attract people into the care sector*
- *The HSCP needs to look at workload and is it achievable within the contracted hours rather than individuals requesting to reduce their working hours in order to cope*
- *Invest in attracting more men and young people into roles within the HSCP*
- *How do we provide support to our workforce based in remote areas*

Case Study

“I was involved with setting up the core teams in North and really found it a positive experience. I really got to know my colleagues that I probably would not have without the process. For me I found that I built up a really good trust and supportive relationship that influenced my staff on how they looked at colleagues. This in turn benefitted our service users to get the right person at the right time. An added bonus is that I have also got some great colleagues who support each other to problem solve and support each other. There are also loads of training opportunities for everyone!”



**Kerry Adam, Acting Location Manager,
previously Occupational Therapy Team Manager**

Joined Aberdeenshire Health and Social Care HSCP in 2014

Case Study (extract)

1. What is your role

I work 3 days a week as a Health Visitor and School Nurse Team Leader in Community in Aberdeenshire, and 2 days a week in an Operational Lead Nurse role with a specific responsibility for workforce planning and development in a specialist nurse team. When the HSCP started I was full time in the Team Leader role, specifically working with children families and young people.

2. How long have you been with the HSCP?

I have been in the NHS for over 40 years, so the Partnership has been with me rather than me being with the Partnership. It has evolved around me, and including me.

3. With regards to your role and linking that in amongst the wider workforce, has there been any challenges in recent years?

I have been privileged to have been in a team which has been farsighted and innovative right from the beginning of the HSCP. I was included in all the meetings for my level of management right from the start, the meet and greets, the getting to know you sessions and the planning for a new way of working. This facilitated a real feeling of working together despite the main agenda being adult focussed. I have learnt from the wider team regarding adult services and utilised this learning sharing with my team, and I have had feedback that the Partnership team has learnt about my service too so this enhances relationships and professional knowledge.

4. Please share with us some of your positive experiences? What do I like about my job?

Team leading is one of the most privileged roles there is. With it comes a responsibility for empowering staff to grow and develop whilst meeting organisational requirements, both NHS and HSCP, as sometimes it feels we are employed by the NHS, yet have to carry out HSCP requirements, so ensuring that my colleagues feel valued, respected and supported is a priority. I am lucky in that I feel included in the HSCP, however I think this is more challenging for some of my peers who feel there is a disconnect. However I also believe we all have a responsibility to make it work and to keep raising the profile of children's services but I would have to be honest and say that there is an adult focus which sometimes leaves children's services feeling forgotten about. I believe that there is a wider recognition of this now and HSCP managers attend more strategic groups for children's services, however I am unsure how this translates through or down to the workforce. It is however a good start. Strengths are in our teams and what you make them, but there is a disconnect between local teams and the HSCP where values have changed, and keeping 'Mrs Smith' at the centre becomes ever more challenging.

5. From your perspective, what would you like to see in the future planning of our Workforce?

Over the last 2 years the focus has become all about ticking boxes, collecting data, measuring services, counting beds, counting how many vaccines have been done, counting how many people have Covid, and I believe the Partnership, (NHS and council) have lost their way. The need to number crunch has deflected from the 'child at the centre', or 'Mrs Smith' who used to be the focus of what we did, however now we only record if Mrs Smith has had Covid, had their regular LFT or PCR, and if it was positive and if so what impact will that have on others round about them, not the direct impact on Mrs Smith herself. We count how many beds are available for accepting patients into, and whether the person being admitted to them has Covid, and we count how many staff have Covid and who will cover the shortfall, but we are not good at drilling down into the human element.

There has to be a renewed effort from the HSCP to get back to the original values from 5 years ago where Mrs Smith was valued for being Mrs Smith, not just seen as someone who needs a bed or blocks a bed, but as a valued member of society. Unfortunately, the silos have been rebuilt.

6. What would you like to say and share with us, to help inspire our current and future workforce?

My message is this - Have an open mind and an open heart, regularly reflect and re-evaluate why you are here and what you want to achieve. Take advantage of any coaching opportunity or values based reflective practice or clinical supervision made available to you, even though you think you are doing just fine. Chances are you're not. Don't be afraid of reframing your thoughts and beliefs, you will enhance your practice by doing so. Don't be scared of talking about why you love what you do, and why you love your colleagues, feeling genuinely valued and unconditionally positively regarded are the most powerful ego boosts, and when our ego feels good we do a better job and provide a better service. Always try to see the glass as half full, speak of challenges rather than problems, look for alternatives to how we work and do things, rather than identifying how we get things wrong, and can't do things. Do not allow negative thoughts or mind sets to influence how you provide care. Feel empowered to ask, 'Is there another way we could do this which might be better for our patient/client/service user?' Finally, Serenity prayer:- 'God', or whoever, 'grant me the serenity to accept the things I cannot change, the courage to change the things I can and the wisdom to know the difference'.



**Rosie Crighton,
Health Visitor and School
Nursing Team Leader**

Quotes from staff are given below

“Staff have gone above and beyond to be flexible throughout the pandemic, very proud of what they have achieved”

“Sometimes it feels like there is more focus on the strategic than operational and the balance is out”

“Diversification has worked well and teams have been welcoming”

“Facilitate a team approach to assessment and support”

3. Our Current Service Model: Our Strategic Delivery Plan and Medium-Term Financial Plan

Our Strategic Delivery Plan 2020 to 2022

As depicted on Page 5, our HSCP has a Strategic Plan covering the period 2020 to 2025, based on the strategic priorities of prevention and early intervention, reshaping care, engagement, effective use of resources, tackling inequalities and public protection.

From this our Strategic Delivery Plan for 2020 to 2022 is made up of 4 workstreams depicted below. This plan was prepared at the end of 2019 and therefore the impact of Covid-19 has seen some workstreams move on quickly while others require refocussing. Digital First and Partnerships are enablers to Operation Home First and Reshaping Care. Operation Home First, while being a major priority through Covid, has seen the biggest workforce challenges in terms of lack of geriatricians, home care staff and some difficult to recruit posts in multi-disciplinary teams. The below table highlights the projects agreed in 2019 against the 4 workstreams.

Digital First Maximise the use of technology	Work with partners to address digital inequality in our communities, ensuring that addressing digital access becomes an integrated part of our assessments
	Maximise use of smart technology in homes and homely settings to promote independence.
	Total Triage will be maintained and developed through use of E-consult etc.
	Support the further roll out of technology to support the management of long-term conditions
	Support reduction in rural health inequalities through access to digital technology making services more accessible
	Support our integrated teams with shared systems that improve real time information
	Embed flexible working, reduce travel and define our future building bases estate needs

Partnerships Develop existing partnerships and build new ones	Capitalise on opportunities to work strategically with partners in Housing and Education
	Maximise opportunities to work together with Live Life Aberdeenshire and others to promote improved physical and mental health.
	Joint working with housing partners to ensure access to accommodation that promotes independence
	Alongside Partners in the CPP address the LOIP Community Justice and ADP Priorities
	Enable communities to support community capacity building and resilience
Operation Home First Develop community services	Develop a new community based Frailty Pathway
	In partnership with the Acute sector we will implement 'Hospital at Home' pilots, moving more secondary care supports into our communities
	Enhance community based specialist dementia care
	Transformation of Hosted Mental Health services in line with agreed Grampian Strategy.
Reshaping Care Person centred and sustainable services for the future	Support Pharmacy First – supporting people to access quick, local advice and treatment from the pharmacist.
	Primary Care Improvement Plan
	Move the balance from unscheduled to scheduled care
	Complete a future needs analysis on Care Home / Homely Setting provision and plan, with all partners, both for the future estate required and sustainable models of care provision.
	Utilise the 'Action 15' funding to increase the mental health workforce to give enhanced access to mental health support across Primary Care, Police Custody and HMP Grampian.
	We will work with partners and providers to enhance 'commissioning for outcomes'
	Work with all partners to reduce the need for out of area placements (both inpatient and social care)

In order to focus resource appropriately, workstreams were further broken down into whether they were transformational, improvement or business as usual projects. Transformational projects will impact the most on our workforce, but will also take some time to achieve. A review of all projects listed is underway in order to develop the next 2 year Strategic Delivery Plan. Projects are listed below and in Section 5 Workforce implications for some of these projects are highlighted.

Transformational Projects

- T1. New ways of working – buildings, digital, partnerships
- T2. Development of Autism Strategy
- T3. Covid vaccination programme
- T4. Care homes/homely settings review
- T5. Out of area social care placements
- T6. Community Hospital / Home First workstreams:
 - *Ensuring efficient use of inpatient resources to meet future need*
 - *MIU Review post Covid – pathway for community led urgent care*
 - *Development of frailty pathway including hospital at home model*
 - *Redesign of sustainable community nursing out of hours service*
 - *Community nursing review (linked to out of hours review)*

Improvement Projects

- I1. Social care transport commissioning review
- I2. Dementia whole systems approach
- I3. Engagement strategy
- I4. Mental Health Strategy delivery plan
- I5. Shared lives review
- I6. Primary Care Improvement Plan
- I7. LD Strategy delivery plan

Business and Usual

- B1. Review of current capital projects
- B2. Primary Care sustainability
- B3. Community Hubs
- B4. Implementation of IDEA principles
- B5. Analogue to digital telecare transition
- B6. Replacement of Social Care Management System

Our Medium Term Financial Plan 2020 - 2025

The purpose of this Medium Term Financial Strategy (MTFS) is to ensure that resources are targeted at the delivery of the priorities set out in the Strategic Plan 2020 – 2025 and also to support the annual budget setting process. The Strategy has also been developed in conjunction with two other documents which are crucial to delivering the priorities set out in the Strategic Plan.

The financial position for public services continues to be challenging. It is therefore important that the IJB's ambitions are set within the context of the funding which is available. The MTFS assists the IJB to plan based on the totality of resources across the health and social care system to meet the needs of local people and support the delivery of the Strategic Plan.

Aberdeenshire IJB delivers a wide range of services and is one of the largest IJBs in Scotland. In 2022/23 the IJB will have funding of approximately £375 million to spend on services, equivalent to £1m a day.

Aberdeenshire IJB is clear about the challenges which lie ahead and the aspirations to improve all services. This needs to be considered in the context of the financial resources which will be available over the medium term. The MTFS estimates that without further savings there will be a significant shortfall on the IJB budget by the end of the current MTFS 2024/25 financial year. Funding levels contained in the MTFS have only been set for one year (2020/21) given the funding allocation from Scottish Government and our partners. Future projections have been based on historic trends and planning assumptions used by our partners.

The IJB will need to address this financial challenge over the next five years. The MTFS sets out a framework and trajectory for doing this.

The MTFS sets out a map to ensure that the IJB remains financially sustainable over the medium term. This will require services to be transformed and recalibrated to meet demographic, workforce and infrastructure factors. There will be significant changes for the IJB, our partners and the population of Aberdeenshire. Delivering these changes will require us all to work together to focus limited resources on offering services which are sustainable over the longer term and are targeted at those with the greatest need.

The MTFS is currently under review and a revised strategy covering the period 2022 to 2027 will be presented to the IJB in August 2022 for approval.

Our Response to the NHS Scotland Recovery Plan

Alongside our partner, NHS Grampian, we are committed to supporting the current developments around the NHS Scotland Recovery Plan. We are currently closely engaging with our partners and stakeholders around the work in relation to strategic direction and identifying key priorities to deliver. In terms of workforce impact, work will be done around the distribution of staff and delivering services differently, such as virtual working. We must support our staff by building on their resilience, by doing so we will focus on their wellbeing and training needs as well as making staff retention and recruitment our core priorities.

We have consistently provided support around the Covid-19 vaccination programme through the availability of facilities, staff remobilisation and additional training.

We are committed to supporting our workforce – their health and wellbeing and tackle those skills and training gaps and target key recruitment positions. However, we have persistently experienced recruitment challenges which has had an impact on our aim to meet the recovery and remobilisation targets. Therefore, we hope that placing workforce in the forefront of our future Strategic Planning, will lead to ways of tackling the challenges and making those much-needed changes.

4. Our Future Workforce: Transformational Change

Our Journey to Transformation

Over the years, and in particular response to the Covid-19 pandemic, the HSCP has had to make some significant changes towards how we do things – which has impacted on how our staff members deliver services and their working environments. In some instances, the delivery of services has had to be reshaped. Being able to deliver a service to our service users and patients have always been at the forefront of our minds. Such evolution of new learning and future progression will be inevitable.

Aberdeenshire is spread over a large geographical area, with Aberdeen placed in the middle. As such there are pockets of affluence, deprivation, rurality and commuter draw. It is important to recognise the workforce challenges this presents moving forward as transformation plans will not be possible without an agile and flexible workforce to support these plans. It is important for the HSCP to recognise and work with the complexities of changing technologies and ways of working. The workforce needs to be flexible and able to meet service requirements as they transform for the future while recognising the ageing workforce and the difficulties of attracting and retaining staff across Aberdeenshire.

During the pandemic, we had to make changes, such as redeployment of staff not just within the HSCP but also from within Aberdeenshire Council. We saw staff members from Aberdeenshire Council's Live Life Aberdeenshire (Sports and Cultural Services) taking on tasks in our care homes, equipment services, PPE distribution etc.

Following on from the pausing of our Day Services, staff members were not able to have face to face contact with service users, however they maintained contact by telephone calls.

For some services, such as Speech and Language Therapy, contact with service users was conducted via videocall.

We worked with Aberdeenshire Voluntary Action over the winter period to recruit, train and support volunteers to provide much needed support in care homes and sheltered housing complexes. The volunteers have offered social contact to residents and helped with meal times.

Volunteers supported by Aberdeenshire Council and HSCP helped in the vaccination centres during Covid – they helped with meet and greet, supporting people to navigate the centres, basic infection prevention and control measures were undertaken such as wiping down seats etc.

By making such adaptations, we got to witness the resilience and dedication of our extended workforce.

Vaccination Programme Service

In response to the Covid-19 pandemic and the creation of our national Covid vaccination programme, the vaccination programme service in Grampian was quickly established. We saw hundreds of staff members being mobilised and new staff being recruited to the service. This significantly reshaped the delivery of our Primary Care services.

At present, this service is always changing and adapting itself to the needs and the demands, particularly as to uncertainty of requirements moving forward. The team around the vaccination service are facing challenges around poor retention of staff, lack of training due to workload and a workforce suffering from stress and sickness. This is compounded by limited access to GP IT systems and SIRS appointing and also protocols not being in place to administer childhood immunisation for non-registered and a range of other staff. The team is working hard towards developing a multi-skilled and agile workforce which strives to increase patient satisfaction and safe working practice. As our Health Care Support Workers can only offer Covid and flu vaccinations we need them to work flexibly into other roles, such as Community Treatment and Care Services (CTAC), when other immunisation programmes are underway.

The National Care Service

It is anticipated that the introduction of the National Care Service will have a significant impact on our workforce. We trust that this will mean opportunities and resources will be shared more widely and fairly. From a localised perspective, we hope that it will not cause a loss of insight into our local needs and service demands or reduce flexibility. An overarching framework at national level must consider geographical differences and local needs, as well as inequalities.

PPE Service

Our PPE service, initially consisting of up to 10 seconded staff, has now been mainstreamed into our Joint Equipment Service. While the Memorandum of Understanding remains in place until September 2022, it is important that the ongoing legacy of PPE is embedded in daily provision. Currently **one WTE** administrator supports the remaining PPE and Lateral Flow Device workload.

Grampian Test and Protect Team and Contact Tracing Team

223 NHS Grampian staff are currently in post, from a variety of backgrounds, who now need to be redeployed to support roles across Aberdeenshire and Grampian. These staff, from a range of grades and with wide experience, will be invaluable to meeting recruitment challenges in the area. Joint work is ongoing to place staff by September when the services stop.

Care Homes Oversight Group

In May 2020, the Scottish Government gave additional responsibility and accountability to the Executive Nurse Director, Director of Public Health, Medical Director and Chief Social Worker with operational leadership from the Health and Social Care Chief Officer, to deliver against an extension of their duties with specific focus on enhanced oversight of care homes. In addition, NHS Board Nurse Directors received a variation letter to their accountability on 17 May 2020 with a clear direction from the Cabinet Secretary:

“to be accountable for the provision of nursing leadership, support and guidance within the care home and care at home sector.”

The Aberdeenshire HSCP Care Home Oversight Group currently meets three times a week to discuss the current situation within Care Homes. This is provided by a team of staff especially pulled together to support this made up of Location Managers, Care Home Assurance Nurses and Health Protection Scotland Nurses. Areas of good practice are shared as well as any concerns. Concerns identified are reviewed and supported collaboratively by the Group Stakeholders. The Oversight Group reports to the Enhanced Oversight Group and shares information to Scottish Government via DPH return.

Representation on the group is Social Work, Health Protection Scotland, Assurance Nurses, Contracts, Location Managers from South, Central and North Aberdeenshire. Assurance nurses are new appointment to the HSCP and provide an invaluable resource to Care Homes.

Home Care Oversight Group

The Home Care Oversight Group has met at least weekly over the last two years to support in and out of hours home care provision. There are currently 180 home care vacancies across Aberdeenshire, at May 2022 and a wide variety of advertising techniques have been used to attract to vacancies. The Home Care Oversight Group is made up of existing staff and managers.

Primary Care Improvement Plan (PCIP)

The aim of this is to deliver the 6 PCIP workstreams under The Scottish General Medical Services contract, building on the many strengths within primary care in Aberdeenshire, improving outcomes for patients and supporting greater sustainability in the primary care workforce, such as enabling our GP workforce to concentrate on complex care and all other aspects of the Expert Medical Generalist role. Recruitment challenges to a range of posts, particularly GPs is ongoing.

There are a range of work streams that sit below this and one of the key elements being recognised is the growth in multi-disciplinary team members which allow the GP staff to become expert generalists. For AHP services we have MSK first contact practitioners across Aberdeenshire and are keen to engage in other work streams and believe this is key to successful retention of staff.

Aberdeenshire-wide Autism Strategy for Children, Young People and Adults

This is a co-produced strategy which is currently being developed between AHSCP and Aberdeenshire Council's Education and Children's Services. There is also significant collaboration being undertaken with people with lived experiences, members of the autistic community, stakeholders, community groups as well staff members from various professional backgrounds. Some of the main aims of this strategy are to determine clear strategic priorities for AHSCP's autism services, ensure AHSCP are outcomes focused on the future planning and commissioning of autism services. This project is commencing its Engagement Phase from April until June 2022, therefore it is perhaps too early to foresee the impact this will have on the workforce. However, it is acknowledged that we must review our current service provision to identify the gaps and there is a demand for innovative Autism-related training to our health and social care staff.

Aberdeenshire HSCP remains committed to working with Aberdeen City HSCP and NHS Grampian around the **Adult Autism Assessment Team**. This team was formed at the end of 2020 and it has developed a pathway for adults seeking an autism assessment in Aberdeen City and Aberdeenshire. This is a multi-disciplinary team consisting of administrative and clinical support, which came from existing posts. To date, the team have successfully managed to focus on setting up a clinical pathway for adults who submit a self-referral. Moving forward, they would like to secure funding to invest in training others about autism and on autism assessment and screening.

We welcome the support and Scottish Government's commitment towards building capacity to provide neurodevelopment support to children, young people and adults.

Workforce Investment

A number of funding source have been made available to our HSCP to enable us to attract staff to pressure points in the system and where new ways of working were required. These have including Winter Pressures/Preparedness, Primary Care Improvement Fund/Primary Care Improvement Plan (PCIF/PCIP), Community Treatment and Care Services (CTACs), School Nursing, Childsmile expansion, Action 15 funding, additional Aberdeenshire Alcohol and Drugs Partnership funding, Assertive Outreach, funding relating to Near Death Overdose and Medication Assisted Standards Implementation Support, Recovery & Renewal funding, Immunisation Funding, Care Home funding, Hospital @ Home as well as internal redesign.

In relation to winter pressures monies the following have been put in place at 1 April 2022 –

10.62 whole time equivalent (WTE) care staff, equating to 27 staff doing extra hours in the fields of care managers, care team coordinator, assistant cooks, care assistants, enablement and support coordinators, care & support workers, domestic assistant and admin support assistant

A further 1.2 WTE adult social care staff have been appointed.

In health 17 WTE posts have been appointed (5 temporarily) to the posts of staff nurse, senior staff nurse, physiotherapy health care support worker, senior physiotherapist, community rehabilitation physiotherapist, dietician, highly specialised OT, administrators, Area Support Manager and dental support.

Other Projects

Learning Disabilities Strategy Delivery Plan

To effectively deliver this plan, there are going to be inevitable changes towards how services are provided from our Learning Disabilities Day Services and the Complex Care Project.

As a result of the transformational changes to the Learning Disabilities Day Services, this will consequently have an impact on the staff based in the Day Services. They will need to be trained to SVQ level 2 over the next 5 years and require to be registered with the SSSC. This also means that we require an increase in SVQ assessors and training team staff members. Changes to the way services are to be delivered has led to resultant changes to Care Inspectorate registration.

To extend the commitment towards delivering the Complex Care Project, we would like to see a growth to the multi-disciplinary team, such as looking at the possibility of increasing the workforce by recruiting to Learning Disabilities medics, psychology, nursing, speech and language therapy, physiotherapists and occupational therapists.

Engagement and Participation Strategy

The aim of this Strategy is to involve people and communities in the decision-making process which affects them, by working together to design, deliver and make decisions about services which will lead to better outcomes for everyone. The HSCP is committed to engaging and building a stronger relationship with our communities. By doing this, the HSCP hopes to appoint a dedicated member of staff to guide and oversee the entire engagement process. Presently, attempts are being made to recruit an Engagement Officer to deliver on the Strategy. Once that post is in place, it is envisaged that there will be further staff requirements, such as training and development and upskilling the workforce to effectively deliver the process around our transformational programmes and continuous service improvements.

This Strategy is currently in draft form. To help bring it to completion, we are currently using the Health Care Improvement Scotland (HCIS) self-evaluation tool to ensure the areas for improvement required in the Strategy are current and reflect the perspectives of all staff members and our partners.

Children's Services

We are committed to ensuring we implement the outcomes of the strategic plan in relation to children's services. It is important to recognise the huge contributions of our school nursing, health visiting, family nurse practitioners, speech and language therapists and public health staff who deal with all aspects of childhood development including healthy weight, peri-natal mental health etc. There are ongoing challenges in recruitment and retention of these important staff. We support the ongoing work on gaining the child's voice and Aberdeenshire's response to "the promise".

Challenges and Risks

The HSCP wants to be able to address the risks to our workforce. However, we must accept that there will never be enough resource to meet the needs and demands of everyone. We want to address those challenges and risks to the best of our ability. We have a new HSCP Health and Safety Team, appointed recently, who are actively supporting practical risks and providing face to face support. (1 manager and 0.5 WTE administrator)

In Aberdeenshire, even before the Covid-19 pandemic, we were facing some challenges with recruitment and retention.

The local picture and the contributory factors are:

- The rurality - concerns around transport links, access and isolation
- A more attractive pull to City-based positions
- Ageing workforce - forecast of high number of retirements and challenges around replacing these posts. 46% of our staff are over 50
- Brexit – departures from the labour markets. Red tape making it less easy to stay or be employed from Europe and to take up posts in Aberdeenshire coming from Europe.
- Employment positions in other sectors may offer more favourable pay, and employment terms and conditions.
- Negative media coverage of care work

At 18 May 2022 we have 180 vacancies in home care and 52 nursing vacancies

As we remodel our workforce, we must also be mindful that other NHS sectors, our local authority partners, the third, independent and private sectors are all having significant similar difficulties in recruitment. Within our health and social care sector, we have suffered extreme challenges. Lack of applications and at times, no applicants to vacancy advertisements are increasingly common.

Brexit and the downturn of the oil and gas industry have influenced and increased the level of migration away from the North East of Scotland. Although, as already mentioned, the redundancy of certain posts in the oil and gas industry has benefitted our own sector, in that we saw an upsurge in applicants during Covid, but this has not been continued as we continue to live with Covid.

People have not been widely attracted to the idea of re-training and taking on professions within the health and social care sector. This could be linked to cost of living and therefore not being able to afford the cost to study. There has laterally been poor media reflection of the profession linked to the Covid-19 pandemic. Another reason could be linked to more favourable employment conditions in other jobs.

Our future workforce wants reassurance and stability. This could be offered by remodelling our style of working. We want to reach out and be responsive to our workforce – what does it want and need, such as flexible working; hybrid working; innovative work experience placements; changing the roles and work patterns.

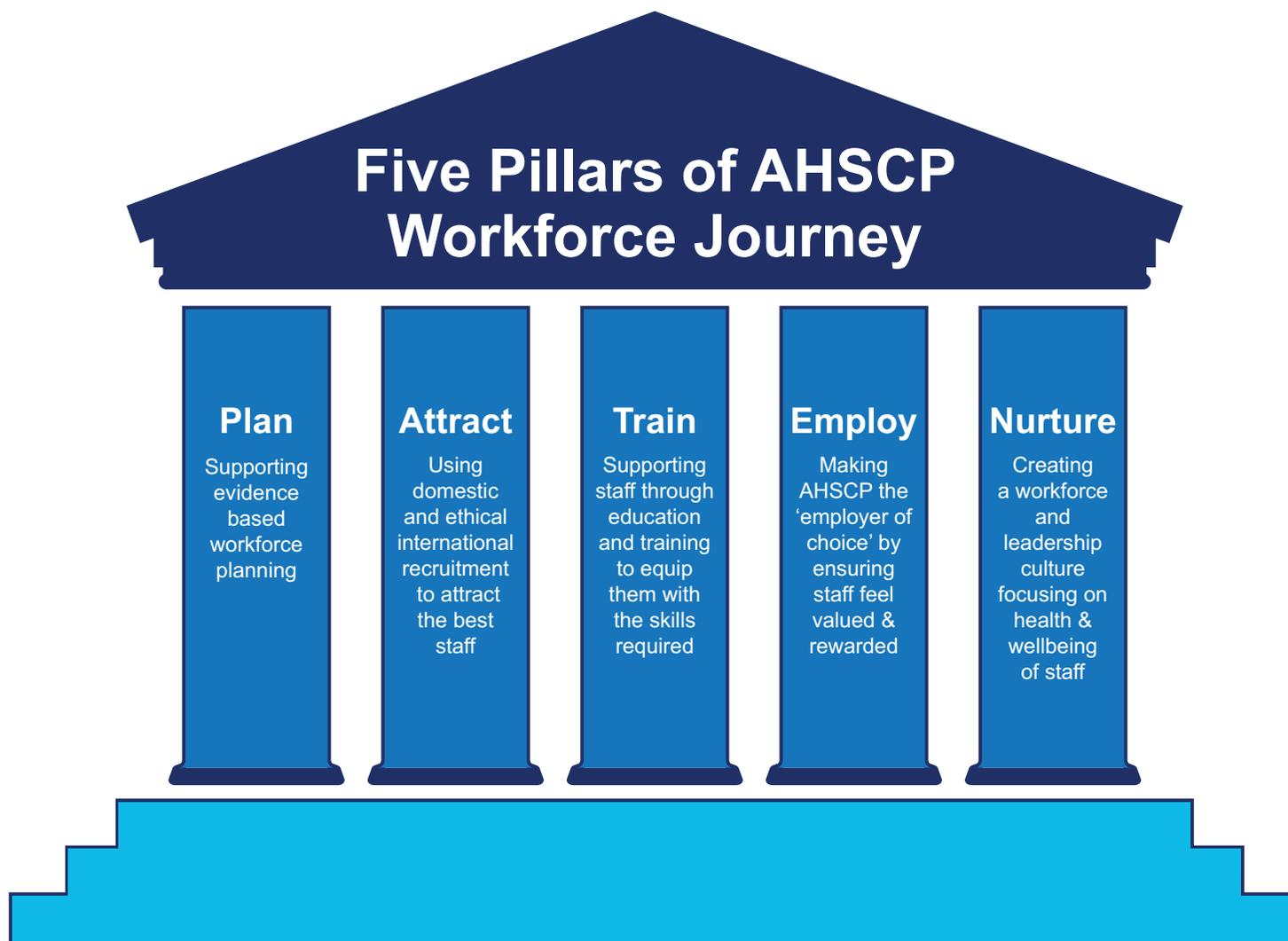
Covid related restrictions have brought challenges to teaching styles and placement experiences, such as classroom learning being replaced by online and home learning. Therefore, students and trainees have felt that they missed out on the experiences and interactions with peers, which would usually come with part of the educational experience.

Similarly, school placements, apprenticeships and career days have all been affected by Covid and require renewed vigour in reengaging with these valuable workforce sources.

In terms of challenges in relation to training, within the Workforce Development Team we have seen unprecedented increases in waiting lists for some mandatory courses due to the restrictions on the deliverability of face -to- face training. This would include physical interventions training where we are optimistic in seeing an increase in our ability to deliver the necessary face to face sessions to ensure that staff meet regulatory requirements as timeously as possible

More positively a wide range of social media advertising campaigns have been used to attract staff to Aberdeenshire.

5. Our Workforce Delivery Plan: what do we want to achieve and how will we do it



Much of our work in 2022/23 relates to Recovery, Growth and Transformation.

The following tables set out our aspirations in relation to workforce in the next 12 months and beyond.

Some of our identified projects are ongoing from 2021/22, while others will develop over the next 3 year period.

Recruit to Hard to Fill Posts

Plan	Attract	Train	Employ	Nurture
<p>We will continue to identify the range of hard to fill posts and the reasons behind this.</p> <p>We will use a range of methods to attract staff to these posts</p>	<p>We will ensure posts are advertised flexibly, at different hours and grades, employing a range of recruitment and advertising techniques</p>	<p>We will try to offer an attractive induction, training and development plan to stop staff leaving</p>	<p>We will employ staff as flexibly as possible in relation to hours, base etc while still meeting organisational needs.</p> <p>We will trial mixing home care and occupational therapy assistant tasks to provide a more attractive post.</p>	<p>We will continue to provide ongoing support to staff in relation to health, wellbeing and 1 to 1 support and where possible provide succession planning support</p>

Number of posts	Type of post	Year
180	Home care vacancies	2022/23
52	Nurses including Health Visitors and School nurses Mental Health Officers Geriatricians Care Managers Social Workers AHPs – all specialisms	2022/23

Recruit to posts which have received additional funding

Plan	Attract	Train	Employ	Nurture
We will review how we have used Scottish Government monies to support a number of new posts, which are proving difficult to fill and retain.	We will ensure posts are advertised flexibly, at different hours and grades, employing a range of recruitment and advertising techniques. We have moved home care funding to Care Team Coordinators care management and social work occupational therapy posts to attract staff	We will offer an attractive, induction, training and development plan to stop staff leaving	We will employ staff as flexibly as possible in relation to hours, base, role etc while still meeting organisational needs	We will continue to provide ongoing support to staff in relation to health, wellbeing, 1 to 1 support etc

Number of posts	Type of post	Year
28	Unfilled home care posts from additional funding	2022/23

Undertake 6 Step planning with teams

Plan	Attract	Train	Employ	Nurture
We will support teams to undertake 6 step modelling to ensure we have the right staff in the right place to meet our strategic delivery plan	We will aim to attract the right staff, at the right grades in the right place to meet future demand	We will train and support teams to undertake 6 step modelling	We will employ staff to meet future demand confident that a modelling tool has been utilised	We will support staff through transition from current state to new model using the appropriate Organisation Change Policy

Number of posts	Type of post	Year
1	Workforce Transformation Programme Manager (2 year post)	2022 to 2024

Develop an integrated training needs analysis

Plan	Attract	Train	Employ	Nurture
We will develop an integrated training needs analysis for all HSCP staff and share this with local universities and colleges	We will encourage staff to utilise various training options and support staff to undertake appropriate training	We will seek to offer integrated health, social care and third & independent sector training – eg Scottish Training Passport	We will seek to offer recognised transferrable training which will enable flexible employment across health, social care and the third and independent sector	We will offer a holistic, flexible approach to training to encourage recruitment and enhancement

Number of posts	Type of post	Year
See above	Workforce Transformation Programme Manager with training teams	2022 to 2024

Develop a staff development and succession planning framework

Plan	Attract	Train	Employ	Nurture
<p>We will ensure all staff have an up to date, relevant Personal Development/Training Plan</p> <p>44% of our health staff and 47% of our social care staff are over 50 – we will develop succession plans for posts utilising 6 steps modelling</p>	<p>We hope to retain staff who feel their training and development needs are acknowledged</p> <p>We will improve our future planning of turnover and ease transition when a staff member retires</p>	<p>We will enable tailored training to meet Personal Development Plan requirements</p> <p>We will offer training to staff who are potential successors to posts in advance of retirement etc to allow continuity</p>	<p>Employment and retention is eased when clear development options are identified</p> <p>We will seek to employ staff who will be able to move into vacated posts – eg school leavers, college graduates, apprentices etc</p>	<p>We want staff to feel supported if their development needs are recognised</p> <p>We will ensure staff are supported to move into a post with relevant training and handover</p>

Number of posts	Type of post	Year
	All managers to support this action	2022 to 2025

Continue to provide ongoing staff health and wellbeing support

Plan	Attract	Train	Employ	Nurture
We will ensure meetings of the Staff Health and Wellbeing Group continue with regular newsletters and clear action plans	We wish to retain staff who feel supported in a variety of ways in relation to their personal health and wellbeing	We will empower staff with a range of stress management, relaxation, exercise and talking techniques	We hope to retain staff who feel supported	We will provide ongoing tailored support to staff who have been dealing with high workloads for 2 years

Number of posts	Type of post	Year
	Support via the Staff Health & Wellbeing Group	2022 onwards

Technology & Innovation

Plan	Attract	Train	Employ	Nurture
We wish to review and plan for the impact on staff roles of patient/carer technology – eg eConsult	We will seek to attract staff who can work remotely to support patients and people in their own homes	We will offer information and training to patients/clients and staff in using a range of telecare/telehealth options to support and enable care	We hope to attract staff who can work more flexibly to support patients/clients remotely – e.g. virtual cardio exercise sessions	We will prepare staff for an increasingly technology driven future
We will help to plan how staff can work differently moving forward using technologies introduced during Covid - Teams	We will advertise where appropriate for hybrid workers and home workers where this enables a greater pool of candidates	We will train staff to make the best use of technologies available to them to ease workload	We will help staff to be technology aware and support innovation	We will support staff to embrace new ways of working
We will continue to support staff to work flexibly from different bases including home	We will continue to work toward technology solutions that reduce barriers to staff working flexibly	We will support and train staff in use of technology and work with them to identify skill gaps	We will appoint staff who are aware of the technological environment in which we work	We will support staff to embrace new ways of working
Number of posts	Type of post			Year
	N/A			

Insch Strategic Need Assessment

Plan	Attract	Train	Employ	Nurture
We will continue to work with local people to identify a sustainable model of care in the Insch area	We will retain staff through a period of transition. Current inpatient bed provision has been paused at Insch since 2020 and the Strategic Needs Assessment will determine the future need of the site.	We will train and develop staff to meet future needs of service when determined	We will employ staff, where vacancies arise, to work flexibly until the outcome of the Strategic Needs Assessment is agreed and in line with NHSG Organisational Change Policy	We will continue to support staff who are currently working at other bases.

Number of posts	Type of post	Year
	N/A	

Frailty Pathway/Hospital @ Home

Plan	Attract	Train	Employ	Nurture
We will see to attract a range of staff to enable patients/clients to be cared for at home and supported through discharge	We hope to attract a range of staff, outlined below, to meet service needs. There has to date been particular challenges in recruiting consultant medical cover.	We will undertake team building to achieve a successful service	We will employ a range of staff to support the model, using flexible approaches to achieve team requirements	We will support staff to understand the model being developed and work as an effective team

Number of posts	Type of post	Year
	Advanced Nurse Practitioners, Advanced AHP Clinical Practitioners, Band 5 Nursing, Occupational Therapists, Physiotherapists, Health Care Support Workers and Arch Responders (social care out of hours), Consultant Medical Cover	2022/23

Primary Care Improvement Plan

Plan	Attract	Train	Employ	Nurture
We will deliver the full requirement as laid out in the Memorandum of Understanding 2 by March 2023	We will explore different models of delivery to attract staff to areas which are proving difficult to recruit and retain staff	We will develop Service Level Agreement options with practices to provide training and mentorship including - Train the trainers for certain aspects for support within teams. External courses to support staff to do the different roles and work to their full potential and remit.	We will highlight the policies of family friendly, flexible and home working where practicable to do so.	We will support staff to be flexible and adaptable and be part of a blended workforce, working across workstreams.

Number of posts	Type of post	Year
Numerous	Physiotherapists, ANP, Treatment Room Nurses, HCSWs, Pharmacists, Pharmacy Technicians, Pharmacy Admin, Vaccinators, Link Workers	2022 onwards

2c practice review (Primary Care staff employed by NHS Grampian)

Plan	Attract	Train	Employ	Nurture
We will continue to working on a sustainability plan and what can be achieved working across the 3 x 2c practices remotely. We will work towards moving away from reliance on Agency Locum GP staff.	We will support a mix of working at home and in surgery for some roles. We will engage with new GPs as to what they are looking for in a job going forward to try and attract more staff	We will provide ongoing training and development of staff to meet service requirements	We will take every opportunity when staff leave to review future needs/skill mix.	We will support staff to work in new and different ways ie. across various sites

Number of posts	Type of post	Year
5	Salaried GPs	2022 to 2025

Nursing Review

Plan	Attract	Train	Employ	Nurture
We will adopt a transformative approach to nursing using a flexible model of Advanced Nurse Practitioners supporting a range of grades and roles. This will enable us to meet safer staffing levels with a blended model of posts and grades and deal more flexibly with workstreams such as the frailty pathway, urgent care, illness/ injury services	We hope to attract a wider range of nursing (and AHP) staff to work in more flexible and transformative roles with a broader skill mix with opportunities to cover wider geographical areas, provide on call rotas etc	We will work with colleges and universities to attract sufficient graduates to meet the significant nursing shortfall. We will support HCSWs to be trained to undertake qualified nursing roles	We will seek to employ a more flexible nursing workforce to support the geographical and recruitment challenges in Aberdeenshire. We will actively seek staff who wish to return to a nursing role.	We will continue to support our existing workforce to feel valued and offer them opportunities for development to meet the needs of the service going forward

Number of posts	Type of post	Year
52	Range of qualified nursing vacancies, particularly health visitors and school nurses	2022/23

AHP Review

Plan	Attract	Train	Employ	Nurture
We will adopt a transformative approach to all specialisms within our AHP service to increase flexibility, improve recruitment and the range of roles such as consultant AHPs	We hope to attract a wider range of AHP staff to work in more flexible and transformative roles with a broader skill mix with opportunities to cover wider geographical areas, provide on call rotas etc	We will work with colleges and universities to attract sufficient graduates to meet the AHP shortfall. We will support HCSWs to be trained to undertake qualified AHP roles	We will seek to employ a more flexible AHP workforce to support the geographical and recruitment challenges in Aberdeenshire.	We will continue to support our existing workforce to feel valued and offer them opportunities for development to meet the needs of the service going forward

Number of posts	Type of post	Year
	Range of unfilled AHP vacancies, particularly speech and language therapy and dieticians	2022/23

Deeside Corridor review

Plan	Attract	Train	Employ	Nurture
We will continue to undertake staff focus groups ahead of public survey and public focus groups. Options will then be considered identifying the impact on the workforce	We are committed to a cost neutral review so the option agreed may involve staff working in different ways	We will provide staff with the necessary training to meet future requirements, when determined	We will ensure that any new or replacement staff will be appointed to meet future requirements, when agreed and the process with use respective Organisational Change Policies	We will ensure staff are fully informed and supported through any transition.

Number of posts	Type of post	Year
	Not know at this time	2023/24

Embedding of Immunisation Programme

Plan	Attract	Train	Employ	Nurture
<p>The bid for permanent workforce funding has yet to be agreed – we will ensure appropriate staff are employed but capped so no new recruitment can take place until funding is confirmed.</p> <p>We hope to take forward a possible Test of Change to work alongside CTAC/Urgent Care – details to be agreed</p>	<p>We will continue to seek a diverse range of immunisation age groups – varied across Aberdeenshire. We will seek and support an agile workforce – visiting schools, care homes, housebound patients as well as working within the vaccination centres themselves</p>	<p>We will provide training in all aspects of vaccination. We hope to offer opportunities for career progression for all grades of staff. We will support time scheduled for protected learning.</p>	<p>We will attempt to employ staff as flexibly as possible whilst meeting service requirements with an appropriate line management structure</p>	<p>We will engage with staff – work as a team – value relationships.</p> <p>We will continue to offer regular team meetings promoted as well as 1:1 appraisals</p>

Number of posts	Type of post	Year
	Recruitments halted meantime until permanent workforce funding established by Scottish Government	

Early Intervention and Prevention

Plan	Attract	Train	Employ	Nurture
<p>At a national level, the Scottish Government has commissioned Public Health Scotland and The Scottish Improvement Manager Group to develop and consult on a health Improvement Workforce Strategy for 2022-2025, this will inform the development of our local workforce.</p> <p>As the HSCP returns its focus to building our integrated locality service delivery model, there is a strong commitment to work closely with the 3rd sector and communities to focus on staying well and preventing/ minimising poor health.</p>	<p>We will work closely with our 3rd sector to ensure wellbeing, prevention and early intervention opportunities are available</p>	<p>The National Health Improvement Workforce Plan will set out a range of actions to strengthen the public health workforce that the HSCP alongside NHS Grampian will take forward.</p> <p>We will train and develop staff to make every opportunity count to engage with patients, service users and their families on keeping well and accessing support/ opportunities within their community.</p>	<p>The national health Improvement Workforce Plan will identify a range of actions that will be taken forward to ensure we have an effective public health workforce.</p>	<p>We will continue to support our existing public health workforce to feel valued and offer them opportunities for development to meet population health needs going forward</p>

Number of posts	Type of post	Year
	To be determined	2023-2025

HMP Grampian – Health & Care Team

Plan	Attract	Train	Employ	Nurture
<p>We have identified posts that are difficult to recruit to.</p> <p>We will look to undertake a strategic review of prison health care to ensure we have a staffing model for the future that is fit for purpose and has the right skill mix within it which allows us to deliver health care services to the prison population which is the equivalent of the services that they would access in the community.</p>	<p>We will work to retain staff by offering training opportunities and work nationally and locally to try and secure Prima funding for the staff working in the prison service.</p> <p>We will seek to undertake greater advertising for posts, through social media and radio broadcasting.</p> <p>We will continue utilise staff from the wider health and social care partnership teams by offering bank shifts, but also opportunities to come and shadow, talk to the team etc about working within a prison environment.</p>	<p>We will continue to train and develop staff to ensure they know their roles and are enthusiastic about providing the best care for patients.</p> <p>We will continue to train students about the service delivered in the prison, offering them the many learning opportunities there are in the prison.</p> <p>We will consider training return to practice nurses and working with the university around this.</p>	<p>Where vacancies arise, we will ensure they are advertised in a timely manner and demonstrate the exciting work available in the prison.</p> <p>We will continue to offer flexible options for employment such as hours, joint posts etc.</p>	<p>We will continue to support staff with their health and wellbeing, using supportive mentors and offering regular 1:1's.</p> <p>Using our clinical psychologist we will continue to provide psychological support through face to face sessions reminding staff how to care for themselves.</p> <p>We will continue to use the Queens nurse to introduce self-help techniques to staff in order to deal with stressful situations.</p>

Number of posts	Type of post	Year
6.6 WTE	Mental Health Nurse Primary Care nurse Substance use nurse HCSW Rehabilitation physiotherapist and a range of AHP inputs	2022/23

6. Conclusion

Workforce Plan 2022 – Transformational Themes

As we slowly emerge from two years of heightened Covid pandemic and head into our recovery phase, we take this opportunity to reflect on the 'lessons learned'. To do this, we have identified some trends which have emerged from the workforce data.

What are the main issues identified so far?

- **Low numbers of applicants** – skills shortage
- **Staff turnover** – increase in numbers of leavers and retirees
- **Poor succession planning** – challenges around recruiting enough staff to replace the numbers who are leaving and retiring
- **Staff sickness** – the need to improve our sickness rates and support staff's health and wellbeing

What is our goal?

To be able to support the needs of our Aberdeenshire community and deliver effective services, we need a robust workforce that feels motivated and supported. The HSCP wish to take this opportunity to learn from its workforce and together make those necessary transformational improvements and changes.

We want to deliver a unified and holistic approach in targeting our workforce gaps. Such unified approach entails working collaboratively with everyone including frontline staff and partner organisations to develop and achieve this, with clear and agreed goals.

We want a sufficient workforce to meet local short-term recovery and medium-term growth requirements across health and social care services.

What do we want to do next?

We will dedicate resources to take a further strategic and methodological approach towards examining our workforce. With the aim of having better understanding of our workforce, analysing its issues, identify processes to achieve our targets.

How do we do this?

This piece of work will be led by a dedicated Workforce Transformation Programme Manager, who has oversight of the project planning and supported by the existing Partnership's Workforce and Training Group.

Why is this important?

We are already aware of much of what our workforce needs and where the gaps are. The current status quo has been challenging and we need to dedicate and target our resources around closer understanding of demand and supply to sustain, recover and grow.

Developing a Workforce Transformational Planning Framework

This will be developed and led by a dedicated Workforce Transformation Programme Manager on behalf of the Workforce and Training Group

There will be an aim to create a framework which will focus on:

- Identifying priority areas set against our Strategic Delivery Plan and Medium Term Finance Plan and any new national targets
- modelling team and service plans using 6 steps to meet our priorities
- Identifying deliverables
- Projection and process planning
- Refresh of the action plans and sub groups linked to the Workforce and Training Group with clear aims, reporting structure, collective targets, planning and checks
- Recruitment strategy and action planning

Below, are some suggestions of wider projects, targets, and themes to also focus on.

Transformational Project Planning - the gaps in our workforce and future project targets areas and themes:

- **Succession Planning Programme**
- **Young Workforce** – attract school leavers by way of accessing and working closely with schools and colleges. Deliver pilot schemes, test of change projects, offer placement opportunities, offer mentoring opportunities, offer apprenticeship opportunities
- **Advancement** – promote a growth mind-set and offer opportunities for career progression – look at how we can encourage and support our existing workforce to apply for other posts and promotions. Take a personal interest in our staff. Support further training. Train managers to support career progression and widen experience within their own team.
- **Diverse and Equal Opportunity Workforce** – ensure that we do share more widely the message that we welcome a diversified workforce, i.e., new recruitment schemes - Autism at Work Scheme and ex-offenders
- **Return to Practice** – target retirees and those who have been on career breaks. Support our former colleagues to return to work and those who are retirement age who may wish to continue in their jobs.
- **Study and Engage with our Workforce**

Our Workforce Plan has begun to set out strategic direction for the next 3 years. And within those three years, effort will be placed around learning more detail about our workforce by engaging with our staff and analysing their needs and responses, which shall contribute and shape how our strategic priorities will look.

- **Promote Opportunities** – use the power of media
 - **Publicity and Communication styles** – use the correct communication method(s) to target our diverse audience
 - **Plan and deliver a recruitment plan that proactively targets potential applicants**
 - **Inspire** – peer support, share success stories and positive role modelling

- **Security and Engagement: How do we make employees stay longer?**
 - **We will not be afraid to ask that question** – how can we help to make you stay? Our HSCP wants the Workforce to know that we are prepared to listen and make necessary changes, with the aim of keeping hold of our current workforce as well as focusing on its future growth.
 - We note that there has been an increase in our part-time workforce, which we fully support as we recognise the importance of meeting individual needs and flexible working. We would like to explore this further and ask questions, such as what are the reasons behind choosing to work part time; is it a choice? Would some of our current part time staff like to work full time hours, or not? If so, what is seen to be getting in the way of that?

Appendix A – DATA – please see separate document