



AGENDA ITEM NO 13

REPORT NO IJB 67/24

ANGUS INTEGRATION JOINT BOARD

30 OCTOBER 2024

WORKFORCE UPDATE REPORT

REPORT BY JILLIAN GALLOWAY, CHIEF OFFICER

1 ABSTRACT

This purpose of this report is to provide Angus Integration Joint Board with an update on Workforce Planning and seek approval for the Annual Workforce Update Report October 2023 – September 2024.

2 ALIGNMENT TO THE STRATEGIC PLAN

This report aligns with the following strategic priorities in the Angus IJB Strategic Commissioning Plan:

- Priority 1 - Prevention and proactive care
- Priority 2 - Care closer to home
- Priority 3 - Mental health and wellbeing and substance use recovery

Workforce is also a strategic enabler within the Angus IJB Strategic Commissioning Plan.

3 RECOMMENDATIONS

It is recommended that the Angus Integration Joint Board:-

- (i) Discuss and acknowledge the progress made in year 3 of the Workforce Plan;
- (ii) Acknowledge the progress being made in relation to duties under the Health and Care (Staffing) (Scotland) Act 2019 and the governance in place to monitor compliance;
- (iii) Approve the Annual Workforce Update Report 2023/24;
- (iv) Request that the new three-year Workforce Plan 2025 – 2028 is brought to the IJB for approval following receipt of feedback from Scottish Government in October 2025;
- (v) Endorse a reasonable level of assurance with regards to whistleblowing in Angus HSCP; and
- (vi) Agree to the frequency of assurance reports to come to IJB as per integration scheme.

4 BACKGROUND

In 2022 Scottish Government guidance DL (2022) 09 required all Health and Social Care Partnerships to submit a three-year Workforce Plan. This guidance also included a requirement to undertake an annual update of the workforce plan.

In June 2022, Angus IJB approved the Angus Health and Social Care Partnership (AHSCP) Workforce Plan 2022-2025 (IJB 36/22). An update report was provided in October 2023, (IJB 76/23). This is the second update in the final year of the Workforce Plan 2022-2025.

On 30 April 2021 the AHSCP's Executive Management Team approved the introduction of the Workforce Steering group. The purpose of the Workforce Steering Group is to provide strong, effective, integrated and collaborative partnership that will improve workforce planning and ensure that collectively the group possess the required expertise, skills, knowledge and resources to analyse, forecast, and plan workforce supply and demand.

In September 2022 the Workforce Steering group established workforce subgroups to drive forward work in relation to workforce challenges. A review of the workstreams has taken place in 2024 to ensure newly emerging workforce challenges are progressed with identified actions to mitigate risks. The workstreams focus on:

- Recruitment and Retention
- Workforce Data
- Staff Wellbeing and Development
- Safe Staffing

The internal audit undertaken on the workforce in August 2023 concluded positively on the link between the Workforce Plan and managing the risk of having the right staff with the right skills in the right place to achieve objectives. The audit report recognised that additional future mitigating actions to achieve the target risk score of 16 are clearly linked to the implementation of the Workforce Plan and the monitoring arrangements for the Workforce Action Plan. The audit opinion of the level of assurance is reasonable assurance.

The Integration Scheme specifies that 'the parties will agree and maintain appropriate procedures which meet the requirements of the National Whistleblowing Standards and ensures that all staff who work within a Health and Social Care Partnership (across NHS and local authorities) can raise any concerns through the associated procedures. This will also include a requirement to report all concerns to the IJB and NHS Board on a quarterly basis.

Reporting processes for Whistleblowing through the Staff Partnership Forum, with the output to be noted in the annual workforce update report to the IJB were previously agreed. However, there has been no reporting in 2022/23.

5 CURRENT POSITION

The Annual Workforce Plan Update Report 2024, (Appendix 1), provides an overview of progress made with workforce priority actions over the last 12 months and what impact, if any, these have had. It illustrates that a range of improvement activity has taken place, reflecting a shift in how AHSCP traditionally deliver services towards new, innovative ways of working for the workforce. Much of the improvement activity has a focus on redesigning to mitigate hard to fill posts, up skilling staff to respond to changing demographics, developing career pathways that will aid retention of our workforce and introducing innovative new roles to enhance the capacity and capabilities of our workforce.

A variety of new or additional posts have been introduced across the AHSCP to support workforce demands. This illustrates the priority being given to workforce development, recruitment and retention issues. Some of these posts were established via redesign so not all required additional new resource to establish them. These are targeted at meeting workforce demands and adding to the skills requirements of the workforce. There is evidence that this focussed work is making a difference. Several areas of progress highlighted within the reports include:

- A range of targeted actions aimed at attracting people into a career in social care and retaining existing staff. Achievements in 2024 have resulted in an increase of 120 Care at Home staff.
- More creative advertising methods including promotional videos linked to job advertisements and wider use of social media for job advertising. For one recent post the number of applicants increased from 20 to 60 following use of the promotional videos and a candidate was successfully appointed.
- A focus on attracting, recruiting and retaining young people through supporting youth employability programmes, work experience, pathways with further education, employer support and volunteering opportunity development.
- A focus on new employment opportunities providing volunteering & learning and development opportunities which will increase the number of local people entering and sustaining a career in care. This includes utilising the Long-Term unemployment scheme to encourage return to work.
- Information, employment support and training has been provided to the people from Ukraine resettled in Angus to encourage the Ukraine Workforce in Angus to choose Health and Social Care as a career. A Long-Term Unemployed initiative for the people of Ukraine is also in place.
- The development of a succession planning framework to support succession planning and staff retention.
- A focus on General Practitioner (GP) recruitment and retention. It is hopeful that Angus will be successful in recruiting a Career Start GP this year.
- There are several Newly Graduated Practitioners (nurses) in primary care service areas.
- A minimum dataset has been developed for Angus Council and NHS Tayside workforce data.
- A system is now in place to record and monitor workforce data in nursing teams monthly.
- A dashboard has been developed to monitor staffing levels in commissioned care homes and care at home services.
- AHSCP are commencing a piece of work with Tommy Whitelaw, the National Lead, for Person Centred Voices at the Alliance. The aim of Tommy's work is to promote multi-agency partnerships, and create a blueprint for embedding compassion, active listening, Intelligent Kindness and a 'What Matter to You' approach. This work is also aligned to Improving Wellbeing and Working Cultures, published by the Scottish Government in July 2024.
- 59 staff benefited from taking part in the Resilience Dynamic questionnaire and coaching sessions.
- The AHSCP continue to support the mentally healthy workplace initiative and increase the number of staff wellbeing champions across the AHSCP.

Challenges remain in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for recruitment processes, staff retention in specific areas such as care at home, shortages of GP's and pharmacists and increasing demand and complexity of need. Some of the main workforce challenges include:

- An ageing workforce.
- An increase in individuals with complex needs, co-morbidities and long-term conditions requiring support.
- The AHSCP have commenced a service review. Although it is too early to know what the impact of this on staff may be, the uncertainty of this is impacting on some current staff who are concerned that staffing levels may be further reduced.
- Population changes with a reduction in working age population living in Angus.
- Social care staff paid low wages. Improved pay in non-care sectors is attracting social care workers into those sectors.
- A significant reduction in the availability of professionally trained clinical staff, including Allied Health Professionals, doctors, nurses and pharmacists.
- Changes in employment and immigration regulations linked to EU withdrawal.
- Inability to train key professionals at a sufficient rate to meet demand.
- National competition attracting newly qualified professionals to settle where they trained - often in city areas.

- Care at home continues to be an area of significant growth as services continue to support people to remain independent in the community for longer. Although care providers have reported an improvement in staff recruitment activity, retention of staff remains a challenge. This is due to a number of factors such as workload, high demand for part time posts, low wages for social care staff and a high percentage of new staff embarking on college or university courses such as access to nursing.
- A lower than planned demand for care home placements has been evident along with a continued high demand for care at home services. The care at home demand continues to exceed the available capacity within the partnership, resulting in unmet need.
- The shortage of GPs continues to worsen. The recruitment and retention challenges are due to various factors such as an increase in portfolio working, feminisation of the workforce and the nature of the role.
- There has been a decrease in vacant posts, but services are finding it increasingly demanding to meet service demand within existing staff resources.
- The National Care Service (NCS) Bill was approved at Scottish Parliament on 29 February 2024 with the intention of reforming how social care, social work and community health services are delivered in Scotland. The Scottish Government has committed to delivering the NCS legislation by the end of the parliamentary term in 2026. It remains unclear how this will impact on the workforce at this stage.

THE HEALTH and CARE (STAFFING) (SCOTLAND) ACT 2019

The Health and Care (Staffing) (Scotland) Act (HCSSA) 2019 gained Royal Assent on 06 June 2019 and was implemented on 1st April 2024. The Act places a legal requirement on NHS boards and care services to ensure that appropriate numbers of suitably trained staff are always in place.

A Safe Staffing Steering Group has been established which directly reports to the Workforce Steering group. It has representation from required service areas in scope of the Act. This group seeks assurance around risk assessment and escalation. Regular monitoring of escalation/business continuity plans are in place via the safer staffing group.

Social care representatives meet regularly to provide assurances about their regulated services and this information is provided to the Steering Group. The Care Inspectorate have commenced inspections, and these outputs will provide assurance in relation to regulated social care services. AHSCP are supporting the independent sector with this agenda through the investment of the Independent Sector Lead role.

Health representatives have planned meetings to complete the quarterly HCSSA Reporting Template and submit this to NHST, who then provide a submission to the Scottish Government. A co- chair of the Steering Group also attends the HCSSA Programme Board. There are mechanisms and systems in place such as Safe Care, Real Time Staffing Resource and staffing tools. For Health services that do not have e-rostering there is an onboarding plan which will include access to Safe Care, with a timescale of six months.

Training continues to be a standing item on the Steering Group agenda. There is information and training resources available on TURAS, Learn Pro, HIS SWAY and webinars, presentation slides and resources in respect of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) are also circulated to staff in scope of the Act. AHSCP are supporting the independent sector with this agenda through the investment of the Independent Sector Lead role.

Whistleblowing

In the reporting period for this annual report October 23 – Sept 24 there have been 2 whistleblowing concerns raised and investigated.

The level of assurance provided is: **Reasonable**

This is due to the following factors:

- Robust processes are in place for staff to raise whistleblowing concern
- Quarterly reports regarding whistleblowing concerns from NHS staff are provided to NHS Tayside
- Process in place to ensure action plans and learning from concerns is progressed and monitored

6 PROPOSALS

Scottish Government have produced new Workforce Planning guidance requiring NHS Boards and Health and Social Care Partnerships to complete new three-year Workforce Plans based on this new guidance. These plans should be submitted to Scottish Government by 01 June 2025 and publicised on public websites by 31 October 2025.

IJB members to consider the frequency of reporting regarding whistleblowing concerns as per Integration Scheme.

7 FINANCIAL IMPLICATIONS

The Angus IJB published its updated Strategic Financial Plan for the period 2024/25 to 2026/27 in April 2024 (IJB Report 16/24). The plan has been developed against a backdrop of significant uncertainty specifically the unprecedented financial pressure in the public sector in Scotland.

The strategic financial plan notes the following risks in relation to workforce:

- Reviews of Safe Staffing issues re Health and Care (Staffing) (Scotland) Act and review of healthcare tasks in community setting.
- Community Nursing – job re-evaluations may require reworking of workforce models.
- Workforce and recruitment issues may have a knock-on effect on IJB costs beyond service delivery issues.
- Demographic Pressures – e.g., in Older People Services reflecting population changes.

There will be financial implications arising from many of the changes which are identified within this Workforce Plan, but these must be informed by a realistic understanding of the available resource envelope, as described in the Strategic Financial Plan.

In financial year 2023/24, a workforce reserve was created (IJB report 3/24) to support the continued implementation of the three-year Workforce Plan and to help manage any future in-year service pressures associated with workforce issues. As such this resource will be overseen by Angus Workforce Steering Group supported by the Partnership Finance Manager. For information, and as an example, this reserve is being used to support the employment of Newly Graduated Practitioners (nurses) where these appointments are above funded establishment.

8 RISK MANAGEMENT

Risk Description	As a result of changing demographics, national workforce issues, new duties affecting our staff and people who use our services, including the consequences of the COVID-19 Pandemic there is a risk that Angus HSCP will be unable to develop and sustain its workforce to meet its legal obligations under the Public Bodies (Joint Working) (Scotland) Act 2014 and any other relevant legislation.
Risk Category	Resource (Workforce)
Inherent Risk Level	Likelihood 5 x Impact 5 = Risk Scoring 25
Mitigating Actions	All senior strategic, assurance and management groups are aware of, monitor and implement ways of mitigating the workforce risks. Angus HSCP Workforce Steering Group provides a dedicated forum where workforce issues can be addressed, and improvement actions undertaken. Recruitment and Training of Advanced Practice. This recognises that a significant increase in resource for training, learning and support will be required to increase the number of advanced nurse practitioners and advanced practitioners in

	<p>our HSCP services.</p> <p>Working with employing organisations to improve recruitment.</p> <p>Increased opportunities to promote career opportunities in Angus HSCP.</p> <p>Succession Planning Framework developed.</p>
Residual Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16
Planned Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16
Approval Recommendation	<p>The current risk score has been reduced to 16, which is the planned risk score. The rationale for this includes strong oversight of the issues, regular meetings of the Workforce Steering Group, active workforce subgroups that are focussed on mitigating risk and addressing workforce challenges, an increase in new posts across the AHSCP and reasonable assurance being received from our Internal Audit report. Some of the planned controls within the strategic risk have now been completed and further controls have been added. Close monitoring arrangements continue to inform the effectiveness or otherwise of these controls. The annual workforce plan update provides detailed evidence of the effectiveness of current controls and the introduction of additional controls to further mitigate workforce risk.</p>

9 PUBLIC HEALTH IMPLICATIONS

Staff Health and Wellbeing will continue to be a priority within our Workforce Plan and the Staff Wellbeing and Development Workforce Subgroup will continue to work collaboratively to promote opportunities to support staff wellbeing.

10 CLIMATE SUSTAINABILITY IMPLICATIONS

Workforce planning with a focus on climate sustainability in health and social care has significant implications for the workforce and how we deliver services now and in the future. This Workforce Annual Update provides evidence of how staff continue to work in health and social care across Angus in a variety of locations and using technology where possible to reduce our carbon footprint. A focus will be given to climate sustainability in the next iteration AHSCP Workforce Plan 2025-2028.

11 EQUALITY IMPACT ASSESSMENT, CHILDREN'S RIGHTS AND FAIRER SCOTLAND DUTY

A combined Equality Impact Assessment has been carried out and is attached at Appendix 2.

12 COMMUNICATION AND ENGAGEMENT (IF APPLICABLE)

In May 2024, a questionnaire was sent to all services across the AHSCP. A positive response was received across services, and this provided information to inform the draft annual Workforce Plan update. This was also informed by up-to-date workforce data and the work of the workforce subgroups. The draft update was sent out for engagement widely across all services and relevant stakeholders and feedback informed the final version. This included the Strategic Planning Group, Executive Management Team, Staff Partnership Forum, Clinical and Care Professional Governance group, Integrated Management Team, Angus Carers Strategic Planning group, Advocacy Services, Locality Improvement groups, Workforce Steering group and NHS Tayside/Angus Council Workforce planning representatives, who have been consulted in the preparation of this report. In addition to this, all internal services, external care home, care at home and day care services were also consulted.

13 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans, and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	X
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

REPORT AUTHOR:

Fiona Davidson, Service Leader, Improvement and Development
Morgan Low, Acting Service Leader, Improvement and Development
Eunice McLennan, Head of Community Health and Care Services

EMAIL DETAILS: tay.angushscp@nhs.scot

List of Appendices:

Appendix 1 Workforce Plan Annual Update 2024
Appendix 2 Combined Impact Assessment



Angus Health and Social Care Partnership Annual Workforce Plan Update October 2023 – September 2024



ANGUS
Health & Social Care
Partnership

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Introduction

The Angus Health and Social Care Partnership (AHSCP) implemented a three-year workforce plan commencing July 2022. The three-year plan and accompanying action plan can be viewed here <https://www.angushscp.scot/workforce/>.

The plan is updated on an annual basis to reflect on progress and illustrate any changes to workforce priorities and challenges. This is the second annual update. Cognisance has been given to a variety of national and local plans as referenced in our three-year plan.

Purpose

The purpose of this annual workforce plan update is to support the AHSCP to have the right people, with the right skills, in the right places, at the right time, to fulfil its strategic priorities and to continue to provide high-quality, person-centred care now, and in the future.

The plan provides data comparison and analysis from last year to the present and uses this information to reflect on whether our workforce priorities and challenges remain the same. It highlights any changes and reflects on progress made with workforce priority actions over the last 12 months and what impact, if any, these have had. It is accompanied by an action plan containing specific actions relating to how we will attract, retain and develop our workforce in order to meet current and future workforce requirements.

Engagement

The significant level of organisational change identified within the AHSCP Workforce Plan makes engagement with staff a priority to ensure they are heard, there is an opportunity for shared ideas, innovation and collaboration and their views are used to inform workforce activity. Engagement also supports stakeholders to understand the drivers for change, be involved in planning required workforce activity, identify solutions and implement actions. The AHSCP has a robust engagement strategy and a number of established methods to ensure stakeholders are engaged in the change process.

In May 2024, a questionnaire was sent to all services across the AHSCP. A positive response was received across services, and this provided information to inform the draft annual workforce plan update. This was also informed by up-to-date workforce data and the work of the workforce subgroups. The draft update was sent out for engagement widely across all services and relevant stakeholders and feedback informed the final version.

Equalities

An Equalities Impact Assessment (EQIA) has been developed alongside this annual workforce plan update. The EQIA process commenced at the earliest stage of the plan development to ensure that equality implications were considered throughout the development of the plan. As part of the EQIA process, the impact of this plan will be monitored throughout its implementation to ensure that mitigating actions continue to be identified and appropriate action taken to minimise any negative impact this plan may have on people who have protected characteristics as specified in the Equality Act 2010 (discrimination against someone due to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation).

Workforce

This plan adopts a whole system approach in which the statutory services, third and independent sectors (including unpaid carers) operate in partnership; this means that references to the workforce should be taken to include all sectors, unless otherwise stated.

Table 1 provides a comparison snapshot of the total number of staff employed across a range of services in the AHSCP from July 2023 to March 2024. The table illustrates a decrease in Angus Council staff of 9 WTE posts and a decrease in headcount of 9 staff members. This may be attributed to a reduction in permanent posts in some service areas to meet budget efficiency savings as well as the cessation of some temporary positions.

The table illustrates an increase in NHS Tayside staff of 19 WTE posts but a decrease in head count of 41 staff members. This could be attributed to a range of factors such as increased hours being given to part time staff, more vacant posts being filled, additional posts being created either in response to growing demand, staff health and wellbeing issues and service redesign or existing resources being utilised more efficiently. It may also be attributed to services being creative around 'hard to fill' posts by identifying alternative posts to meet specific gaps in the workforce.

Head count figures remain larger than WTE figures for both organisations reflecting part time positions for various posts.

The Scottish Social Services Council publish a report on the Distribution of the Social Service Workforce annually. The latest report illustrates the headcount for Third Sector staff in July 2023. The next report containing 2024 figure is due to be published in August 2024. It should be noted that these figures include childcare workers and Care Homes.

Care at Home figures have been provided using an internal data source. These illustrate an increase in head count in Care at Home staff of 120 staff in the last year. This is a significant increase and may be reflective of the excellent focussed work that has been progressed in relation to recruiting and retaining staff in this sector. More detail can be viewed in the section 'Overview of Progress in the Last 12 Months' in this report.

Table 1

Staff Numbers				
	WTE July 2023	WTE July 2024	Head Count July 2023	Head Count July 2024
Angus Council	590	581	778	689
Third Sector	xxx	xxx	820	xxx
NHS Tayside	744	763	1,017	976
Care Homes	xxx	xxx	1,478	xxx
Care at Home	xxx	509	543	663
Total Head Count			4,895	
WTE - Whole Time Equivalent				
Head Count- Actual number of employees				

(Source AHSCP internal data systems)

Overview of Progress in the Last 12 Months

Following the publication of our three-year workforce plan in 2022 the AHSCP established multi-agency workforce subgroups to drive forward work in relation to our workforce priority areas:

- Recruitment and Retention
- Staff Health and Wellbeing
- Workforce Data
- Learning and Development
- Safer Staffing

These subgroups were reviewed in 2024 and the following groups are now in place to drive forward workforce priorities in the following areas:

Safe Staffing	To support the implementation of the Health and Care (Staffing)(Scotland) Act 2019 in AHSCP.
Recruitment & Retention	To address current recruitment and retention challenges and attract people into the workforce/retain existing workforce.
Workforce Data	To develop processes to analyse and monitor workforce data across AHSCP.
Staff Wellbeing & Development	To work collaboratively to promote opportunities to support staff wellbeing and identify learning and development opportunities that exist for the range of professions across AHSCP with a view to maximise uptake.

A summary of progress from each of these groups is provided below. Progress on priority actions progressed by the groups is included in the action plan which also includes a range of new actions identified throughout the last 12 months in response to emerging priorities.

Recruitment and Retention

- A range of targeted actions aimed at attracting people into a career in social care and retaining existing staff. Achievements in 2024 have resulted in an increase of 120 Care at Home staff.
- A range of targeted recruitment events delivered across various towns in Angus.
- The development of a new recruitment website.
- More creative advertising methods including promotional videos linked to job advertisements and wider use of social media for job advertising. For one recent post the number of applicants increased from 20 to 60 following use of the promotional videos.
- Promotion of AHSCP roles at a wide range of career fayres.
- The development of a range of videos to promote a career in health and social care. These videos focus on the various roles as well as creating awareness that Angus is a great place to live and work. Promotional videos include Allied Health Professionals, Nursing, Care at Home, Care Homes and Learning Disability Services.
- In recognition that the increase to the Adult Wage for Social Care to £10.90 per hour from 1 April 2023 remained lower than other sectors, the AHSCP increased the staff hourly rate element within the care at home rates from £10.90 per hour to £11.20 per hour from 1 April 2023. This increase was temporary and ended on 31 March 2024.
- A focus on attracting, recruiting and retaining young people through supporting youth employability programmes, work experience, pathways with further education, employer support and volunteering opportunity development.
- Participation in Science, Technology, Engineering and Mathematics (STEM) events across primary schools in Brechin, Kirriemuir and Arbroath with plans to participate in future events organised for secondary schools (S1/S2).
- Participation in the NHS Youth Academy Tayside for secondary school pupils.
- The provision of a Social Care course by Dundee and Angus College following collaborative working with them.
- Supporting the Foundation and Modern Apprentice schemes to attract new people into the workforce. We have 2 Foundation Apprentice Placements this year.
- Collaborative discussions are currently taking place with Brechin high School in relation to the introduction of a course on the health sector.
- A focus on new employment opportunities providing volunteering & learning and development opportunities which will increase the number of local people entering and sustaining a career in care. This includes utilising the Long-Term unemployment scheme to encourage return to work.
- There was a reduction in posts under the Newly Qualified Social Work (NQSW) scheme across the partnership this year. However, this remains a positive initiative whereby we successfully see NQSW's remain in social work posts within the AHSCP beyond their post qualifying year.
- The Social Work traineeship has been relaunched with funding for 2 places annually. This offers development and succession planning opportunities for staff in LG8 posts and below who can meet the entry requirements.
- We have recently started recruitment for 'Qualifying Social Work posts'.

These are sessional posts for students on their final year of study of a social work degree at university. This enables students to begin employment while undertaking their final year of study or whilst waiting for their degree results. Qualifying social workers can undertake pieces of work in an operational team overseen by a qualified social worker. This is a great opportunity for students to gain experience in a statutory setting and develop the skills and values needed prior to becoming a registered Social Worker. AHSCP and Angus Council have recruited six Qualifying Social Work posts on the 9 July 2024.

- A focus on the District Nursing (DN) service by transforming roles and recruiting and retaining experienced staff. This includes working towards one clinical band 7 in each locality to create a career pathway and assist with retention of experienced DN staff and the development of the band 4 Assistant Practitioner.
- Psychiatry of Old Age (PoA) and Medicine for the Elderly (MfE) have been given permission to over recruit New Graduate Programme Registered Nurses (RN) and Registered Mental Health Nurses (RMN). This has resulted in PoA recruiting 7 RMNs in inpatients & community-based teams – the equivalent of an additional 3.0 Whole Time Equivalent (WTE) posts.
- The development of a succession planning framework to support succession planning and staff retention.
- A focus on General Practitioner (GP) recruitment and retention resulting in the recruitment of 12 GP's. Work is also taking place in one practice working on sustainability projects to ensure resilience and sustainability to the single-handed practice.
- It is hoped that Angus will be successful in recruiting a Career Start GP this year.
- There are four Newly Graduated Practitioners (nurses) in primary care service areas.
- Angus HSCP continue to recruit both domestic and international candidates. Services recruiting staff members from abroad have dedicated HR support, and guidance is available to support managers navigate the complexities around sponsorship and visa requirements.
- The development of values-based recruitment good practice principles for recruiting managers.
- The development of a workforce toolkit on the AHSCP staff intranet.
- Information, employment support and training has been provided to the people from Ukraine resettled in Angus to encourage the Ukraine Workforce in Angus to choose Health and Social Care as a career. A Long-Term Unemployed initiative for the people of Ukraine is also in place.

Luidmyla's Story



Following the Russian invasion of Ukraine in February 2022, Luidmyla and her teenage daughter Sofiia were forced to leave Kyiv. After seeking safety in Poland, they travelled to the UK to live with a host family and start a new life in Angus. With more than 20 years' experience working as a family GP in Ukraine Luidmyla was keen to continue working in a role, she was deeply passionate about. However, despite her previous experience, she struggled to get her Ukrainian qualifications recognised by employers here in the UK.

Luidmyla explained "When I arrived in the UK I could not work straight away because my English was poor, and I was struggling to understand everyday situations. It was an awful hard adaption period because it's a different country, with different people. But slowly each day life got better, so I decided it was time for me to find a job to help me feel more comfortable and confident too".

Through partnership working a support plan was put in place to enable Luidmyla to achieve her dreams of working as a GP here in the UK. With the collaborative teams support Luidmyla commenced some volunteering work, her confidence grew, and she was able to develop techniques and strategies to develop new skills. Luidmyla said; "The volunteering was really beneficial to me. It helped with my confidence, and I was speaking English everyday with the dementia patients".

Working with partners in Angus Council and Dundee and Angus College, Luidmyla was supported to obtain references from the Ukraine and get her qualifications recognised through the University of Dundee. She was also supported to finish her ESOL SVQ Intermediate Level and secure a PVG certificate, funded by tariff funding for the Homes for Ukraine scheme.

As a final step, Luidmyla was supported to update her CV, and through mock interviews and English language sessions, she also gained a new confidence, preparing her for the job market. Highlighting the impact of these sessions, Luidmyla explained; "These sessions were very helpful for me, as I felt very comfortable and confident asking and answering questions".

After nine months of intensive support, Luidmyla successfully secured a new role as a Trainee GP with a medical practice in Angus. Reflecting on her experience, she said: "AHSCP and Angus Council staff have helped me more than I could ever believe, I am now happy and safe, and looking forward to the future. My life is now here in the UK, and one day I want to gain full registration as a GP in Angus".

Staff Wellbeing and Development

- A focus has been placed on ensuring appropriate signposting of wellbeing resources to all staff, including the National Wellbeing Hub. Staff regularly receive information from respective employers and wellbeing messages are included with staff briefings for the Service Review.
- A podcast on staff health and wellbeing is currently being created.
- A focus on building links with NHS Tayside and Angus Council wellbeing initiatives to increase awareness of the range of initiatives and encourage the sharing of good practice.
- Work is currently being progressed to improve induction processes for new staff to ensure staff are informed about the AHSCP.
- AHSCP are commencing a piece of work with Tommy Whitelaw, the National Lead, for Person Centred Voices at the Alliance. The aim of Tommy's work is to promote multi-agency partnerships, and create a blueprint for embedding compassion, active listening, Intelligent Kindness and a 'What Matter to You' approach. The work of the programme is based on the principles of Values Based Reflective Practice (VBRP) Tommy's work links with the 'Civility Saves Lives' agenda that raises awareness around the impact that incivility can have on both individuals and teams. Tommy will be working with staff for 2 days per month over the next year. This work is also aligned to Improving Wellbeing and Working Cultures, published by the Scottish Government in July 2024.
- Menopause policies and guidance has been promoted to support the mental health and wellbeing of woman experiencing the peri/menopause.
- 59 staff benefited from taking part in the Resilience Dynamic questionnaire and coaching sessions.
- AHSCP continue to support the mentally healthy workplace initiative and increase the number of staff wellbeing champions across the AHSCP.

Workforce Data

- A minimum dataset has been developed for Angus Council and NHS Tayside workforce data. This includes data on staff numbers, contract types, absence rates, leavers and new starts. Key Performance Indicators (KPI's) have been developed to support monthly analysis on the data being provided.
- Information has been gathered on Ukrainian refugees within Angus who are currently seeking employment, establishing their backgrounds, education, qualifications and identifying support requirements. This has resulted 2 people gaining employment with Angus Council services this year, and 2 people being employed with external providers.
- A system for collecting workforce data from Option 3 providers has been established and is now operational.
- A system is now in place to record and monitor workforce data in nursing teams on a monthly basis.
- A dashboard has been developed to monitor staffing levels in commissioned care homes and care at home services. Work in underway to encourage providers to submit this data.
- Improvements have been made to the care at home contract monitoring template to include sections on workforce data.

Safe Staffing

- A Safe Staffing Steering Group has been established.
- There are mechanisms and systems in place such as SafeCare, Real time Staffing Resource and staffing tools. For Health services that do not have e-rostering there is an onboarding plan which will include access to SafeCare, with a timescale of 6 months.
- Social care representatives meet regularly to provide assurances about their regulated services and this information is provided to the Steering Group.
- The Care Inspectorate have commenced inspections, and these outputs will provide assurance in relation to regulated social care services.
- Training continues to be a standing item on the Steering Group agenda. There is information and training resources available on TURAS, Learn Pro, HIS SWAY and webinars, presentation slides and resources in respect of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) are also circulated to staff in scope of the Act.
- AHSCP are supporting the independent sector with this agenda through the investment of the Independent Sector Lead role.
- A focus on raising awareness of the Act across the AHSCP and the health and care services duties determined by the Act by sharing resources, webinars and updates within the AHSCP.
- Participation in testing via the Care Inspectorate pilot of staffing method. An AHSCP Care Home is participating in the Care Inspectorate Staffing Method Pilot.
- Triangulation exercises and workload tools are being tested in health services.
- A timetable of quarterly reporting within the National Health Service Tayside (NHST) and regular meetings have been set up to achieve completion of the required HCSSA reporting templates for the Scottish Government, Health and Commissioned services.
- Regular monitoring of escalation/business continuity plans are in place via the safer staffing group.

Improvement Activity

In addition to the actions progressed by the workforce subgroups, a range of improvement activity has taken place across the AHSCP, reflecting a shift in how we traditionally deliver services towards new, innovative ways of working for our workforce.

Much of the improvement activity has a focus on redesigning to mitigate hard to fill posts, upskilling staff to respond to changing demographics, developing career pathways that will aid retention of our workforce and introducing innovative new roles to enhance the capacity and capabilities of our workforce. The introduction of new models allows opportunities to ensure that we have the right staff, in the right numbers, working in the right places at the right time. Our improvement activity is targeted at achieving this aim as well as identifying and addressing those areas where we have difficulty in recruiting to specific posts. This has resulted in the following:

- A variety of service reviews completed include Primary Care Improvement Plan, Learning and Physical Disabilities Improvement Plan, Psychiatry of Old Age, Homelessness Support Accommodation, Prevention and Proactive Care

Programme, Falls Pathway, Community Nursing Redesign, Mental Health and Wellbeing Enhanced Community Support Model expanding to the South, and now covering the whole of Angus.

- The continued progression of further reviews includes Community Alarm Control Room and Enablement and Response Team (ERT). The ERT service review aims to ensure that the service can deliver services efficiently and effectively for the people of Angus and that this is reflected within our staffing structure and pathways of care for service users.
- The Out of Hours (OOH) trained nursing workforce is to be reviewed in line with safer staffing requirements and the wider OOH future Model of Care delivery.
- A review of Day Opportunities is underway to further develop the model across Angus and to ensure there is a wide range of accessible provision available for those who require it.
- An agreement to over-recruit to posts linked to anticipated future retirements across services has been put in place in order to maximise recruitment opportunities.
- A rolling programme of training in relation to District Nursing Specialist Practitioner Qualifications is being progressed to ensure we have skilled staff in place to meet complexities of need and respond to demographic changes. Work continues to be progressed in relation to the expansion of Advanced Nurse Practitioners (ANPs) with the aim of creating new and innovative ways to offer, attract and retain nursing staff.
- Ongoing development with GP Practices who are willing to support trainees (Advanced Nurse Practitioners, Pharmacy and District Nursing).
- The appointment of a Head of Service with an executive Lead for Social Work to enhance the role of the Social Work profession within the AHSCP and ensure that all teams delivering social work services have an appropriate number of qualified social work practitioners/managers in each team to deliver social work duties and aid recruitment of Social Workers into the AHSCP.
- An AHSCP service wide review is being undertaken to ensure that our service models are designed to meet current and future need and demographic changes as efficiently as possible and that our resources are used as effectively as possible. This process includes a variety of mediums for staff to engage, provide their views and inform the decision-making process.
- Improved induction processes are being developed for new staff and Newly Qualified Social Workers.
- Forensic and Custody services have undertaken a review of covered shifts and anticipate that when there is a full complement of staff in place there will be the capacity to have a second person on nightshift most nights. A Senior Charge Nurse (SCN) is working Monday -Friday providing leadership and clinical support for day shift staff.
- All services continue to promote continuous improvement with workforce re-design and skill mix opportunities considered and, in some service areas, temporary posts are being mainstreamed to retain staff. Services are constantly reviewing skill mix to ensure that we have the correct numbers and grades of staff to meet patient needs.
- The OOH service has completed staff engagement and Ecosystem mapping to inform several Quality Improvement Projects for service and patient care improvement planning. The service is applying a Demand, Capacity, Activity and Queue (DCAQ) methodology to our quality improvement work and now closely review service data and staffing levels on a bi-weekly basis. They continue to undertake, where appropriate, tests of change to seek improvements and regular meetings take place with finance colleagues to review budget for workforce to identify efficiencies and ensure timely recruitment into vacant posts.

- The Angus Physiotherapy and Occupational Therapy (OT) Services have had a DCAQ facilitated session with the intention of understanding how to create capacity within the system.
- The Adult Acquired Speech and Language (SLT) service is exploring moving to a tiered level of service delivery, with universal, targeted and specialist interventions. This approach has been supported by Scottish Government in children's SLT and it is starting to move across into adult services. The approach is underpinned by effective person-centred decision making which supports triage of referrals and the offer of the right level of intervention.
- The Care Home Nursing Team are progressing Care Home Collaborative (local and regional) review work. Funding for these posts has been confirmed for 2024/25 and is outcome based.
- The OOH service is exploring expanding our partnerships and ways of working with other outlying services to add resilience to the wider workforce in the OOH period to manage patient assessment and care safely and appropriately.
- An increase in the numbers of people contacting the AHSCP to find out more about a job in care. People who are contacting us are being signposted to either vacancies within the AHSCP or to external care providers.
- Google analytics in place have shown an increase in contact from people who are interested in a career in care. Our presence on Facebook has increased by paying for an enhanced service.
- A range of new staff appointments have been made in the AHSCP. These have either been posts created due to additional funding being prioritised or as a result of staffing models changing to meet demographic, staff skills or recruitment and retention issues and mitigate some of the workforce challenges being experienced.
- There has been an increase in Adults with Incapacity (AWI) activity, in particular, the increase of AWI case conferences. This could reflect the positive impact of the role of Social Work Senior Practitioners in early identification of capacity issues and interventions.
- Work is being undertaken by NHS Tayside and the 3 local authorities to explore possible Occupational Therapy Assistants / Allied Health Professional support worker opportunities to undertake Occupational Therapy training to gain a professional qualification. This is in recognition of the recruitment challenges for the profession.
- As part of the Primary Care Improvement Plan an Urgent Care Advanced Nurse Practitioner (ANP) team has been developed. Over the past year this team has grown (currently 12wte). These ANPs are closely aligned to Practices and support the urgent care needs of people locally.

Workforce Growth

Growth in our workforce has historically been about identifying resources to address the general growth in workforce demand. There is an imbalance between demand and our supply of staff, partly due to the age profile of our workforce, shortages of key professionals and changing demographics. The introduction of new models allows opportunities to ensure that we have the right staff, in the right numbers, working in the right places at the right time. Our improvement activity is targeted at achieving this aim as well as identifying and addressing those areas where we have difficulty in recruiting to specific posts.

A variety of new or additional posts have been introduced across the AHSCP to support workforce demands. This illustrates the priority being given to workforce development, recruitment and retention issues. Some of these posts were

established via redesign so not all required additional new resource to establish them. These are targeted at meeting our workforce demands and adding to the skills requirements of our workforce and it should be noted that not all of these posts are additional to existing staffing resources. An overview of these is provided below:

Posts established between July 2023 and July 2024

- Senior Planning Officer (Self Directed Support).
- Part time Senior Planning Officer in Older People's Services until April 2025.
- Senior Practitioner (temporary for 23 months) in Older People's Care & Assessment Northwest team.
- Disability Services have established an additional 2 x 21.75 hour Social Care Workers, and 1 x 36.25 hour Social Care Worker in day services, 1 x 36.25 hour Social Worker to lead on the Coming Home Implementation (temporary till March 2025), 1 x 36.25 hour Social Worker to assist with increase in transition cases (temporary till June 2025) and are currently establishing 3 X 30 hour Social Care Worker posts for the care home.
- Primary Care Services have established a Primary Care Team Manager and an Administration Team Leader.
- Forensic and Custody services are in the process of establishing a Forensic Nurse Co-ordinator.
- Integrated Mental Health services have established an 0.5 WTE pharmacist and a Newly Graduated Practitioner nursing post.
- Out of Hours Services are currently developing proposals to further increase the health and social care workforce. This involves a Health and Social Care hybrid job description which can also support the wider service when needed across the operational teams during periods of increased demand and provide resilience.
- The Care Home team have established 2 Social Worker posts.
- The Angus Physiotherapy and OT Services have established two additional posts to support Orthopaedic activity (SG Funded), one additional Band 5 post permanently recruited from workforce reserves (exit strategy is linked to anticipated resignation of Band 5 staff member in next 6-8 months) and two OT posts.
- Medicine for the Elderly and Psychiatry of Old Age (PoA) services are currently looking at the staffing structure within the wards for PoA. They are looking at the role of Band 4 nurses across both services and the recruitment of an RMN Advanced Nurse Practitioner.

Contract Status

Table 2 illustrates that in 2024 a high percentage of Council staff (79%) working within the AHSCP were on permanent contracts, with 4% on temporary contracts and 17% of the workforce being utilised via supply options. Similarly, within NHS Tayside, a high rate of staff were on permanent contracts with 96% employed permanently with 3% on a fixed term secondment and 1% on fixed term contracts. There has been an overall reduction in temporary staff employed in Angus Council since 2022 which is a reassuring development in terms of workforce stability. However, the use of supply staff which had shown a decrease in 2023 has risen significantly, perhaps as a reflection of workforce recruitment challenges.

Table 3 illustrates that in NHS Tayside, the rate of staff on permanent contracts has remained high with a slight increase to 97% in 2024, with both fixed term and fixed term secondment figures remaining consistently low.

Angus Council Contract Status			
Type	% 2022	% 2023	% 2024
Permanent	73	89	79
Supply	19	8	17
Temporary	8	3	4

(AC internal data systems July 2024)

Table 3

NHS Tayside Contract Status			
Type	% 2022	% 2023	% 2024
Permanent	96	96	97
Fixed Term	3	3	3
Fixed Term Secondment	1	1	0

(Workforce Directorate, NHS Tayside" March 2024)

Vacancy Information

Table 4 shows the percentage of Angus Council and NHS Tayside posts that were vacant in the last 3 years. It illustrates that within Angus Council, although vacancy rates have increased significantly since 2022 in line with the national trend and national workforce challenges, 2024 has seen a 3.4% reduction in vacancies since 2023. This is an encouraging development possibly attributed to the activity and focus that the AHSCP has undertaken in relation to improving the recruitment and retention of staff. NHS Tayside vacancies remain at a lower rate of 8.9% which is a small increase since 2022.

Table 4

Vacancies	% 2022	% 2023	% 2024
Angus Council HSCP Vacant Posts	c8.5%	17.3%	c13.9%
NHST AHSCP Vacant Posts	c 7.2%	No data	8.9%

(AC internal data systems July 2024)

(Workforce Directorate, NHS Tayside" March 2024)

Table 5 describes a selection of current NHST staff posts, by "job family" in Angus, described using whole time equivalents (WTE). It is provided to illustrate current NHST staffing levels in Angus in comparison with staffing levels in 2022 and 2023. It highlights a rise in staffing within all groups in 2024 compared with previous years, with the exception of the admin/clerical group which has experienced a slight decrease.

Table 5

	Job Family	In post (WTE) 2022	In post (WTE) 2023	In post (WTE) 2024
Medical & Dental	Senior Medical & Dental	51.9	49.9	52.9
Nursing & Midwifery	Nursing + Midwifery-registered	315.6	297.3	310.1
Nursing & Midwifery	Nursing + Midwifery-unregistered	110.1	110.2	106
Allied Health Professionals	Occupational Therapists	20.6	25.4	26.9

Allied Health Professionals	Physiotherapists	36.4	37.4	41
Other Therapeutic	* Pharmacists	22.4	44.6	47.2
Admin & Clerical	Admin Clerical	110.4	116	115.8

[Workforce Directorate, Ninewells] * Includes pharmacy technicians

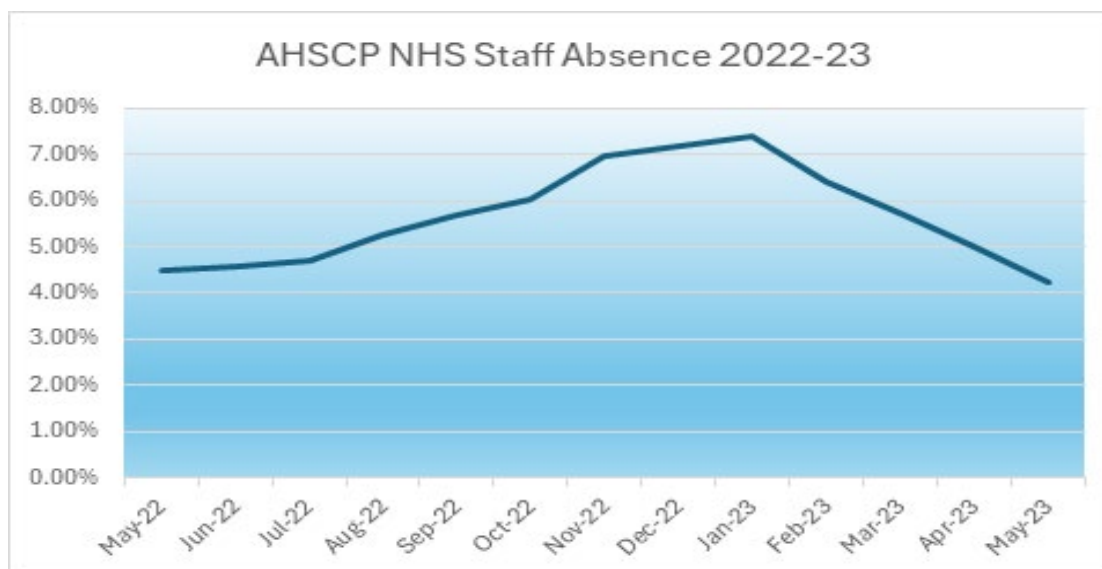
Staff Turnover Rates

The staff turnover rate for AHSCP staff employed by Angus Council was 14% for the year 2021/22. For the year 2023/24 the turnover rate is 12.7% illustrating a reduction in staff turnover. This is a positive development which may be attributed to the focussed work on staff retention that has taken place. The staff turnover rate in 2023/24 for AHSCP staff employed by NHS Tayside is 9.2%. Although there is a high level of staff retention across services, recruitment challenges remain.

Staff Absence

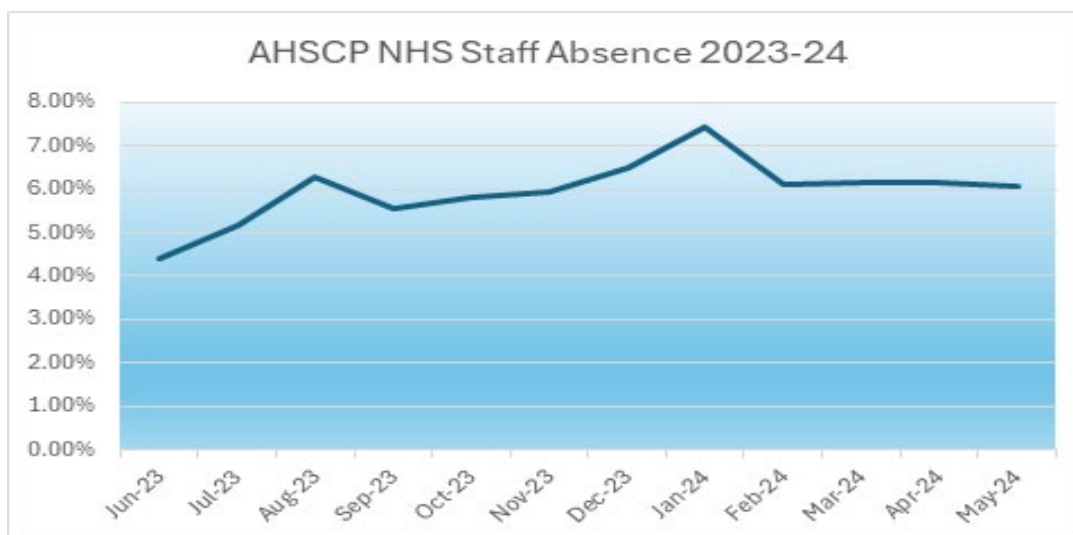
Tables 6 and 7 represent overall absence (%) amongst NHS staff working in the AHSCP from 2022 - 2024. Timescales are indicated in the tables. Table 7 indicates an upward trend in overall absence peaking in January 2024 to a higher level than the previous year. Although this is now looks to be declining, absence remains higher than a year ago.

Table 6



(Workforce Directorate, NHS Tayside 2024)

Table 7



(Workforce Directorate, NHS Tayside 2024)

Table 8 represents overall absence (%) amongst NHS job “families” in the Angus Partnership. It illustrates an increase in absence rates from 2023 to 2024 in every job family with the exception of the other therapeutic job family which has seen a 2% decrease. The highest absence rates in 2024 are in support services with a rate of 10.8% with medical and dental services seeing the most % increase from 1.7% to 7.8%.

Table 8

Total Absence % by NHS Job Family			
Job Family	2022	2023	2024
Administrative Services	4.8	3.8	4.2
Allied Health Profession	3.0	3.2	3.6
Medical and Dental	1.3	1.7	7.8
Nursing/Midwifery	6.7	5.4	7.2
Other Therapeutic	3.9	5.5	3.5
Support Services	6.7	7.6	10.8
Medical Support *	0.9		

(Workforce Directorate, NHS Tayside 2024) *Data no longer collected separately

Table 9 provides an overview of Angus Council absence for staff working in the AHSCP from 2022 - 2024. This indicates an increase in absence rates for Mental Health Services from 5.6% to 6.5% in the last year. Absence rates for Community Health and Care Services have reduced from 4.7% in 2023 to 4.1% in 2024. Absence rates for Community Health and Care Services have decreased by over 50% since 2021 when the rate was 8.59%.

Table 9

Angus Council AHSCP Sickness Absence %			
Service Area	2022	2023	2024
Community Health & Care Services	4.5	4.7	4.1
Mental Health Services	5.4	5.6	6.5

(Angus Council HR Data source)

Table 10 illustrates the main reasons for Angus Council AHSCP staff sickness absence in April 2023 and in April 2024. The highest absence reason being psychological in both years. This table illustrates a decrease in all areas with the exception of exploratory and endocrine/glandular problems.

Table 10

Absence Reasons	% of Absence 2023	% of Absence 2024
Psychological	30.99	34.15
Musculoskeletal	24.65	20.36
Infectious Diseases	12.98	7.38
Respiratory	6.81	8.83
Exploratory	5.32	7.23
Genitourinary & Gynaecological Disorders	3.56	3.16
Cancer	3.41	4.46
Gastroenterological	3.30	4.04
Cardiovascular	3.29	1.35
Ear / Nose / Dental / Throat	2.94	3.32
Neurological	1.48	3.19
Endocrine / Glandular Problems	0.34	0.34

(Angus Council HR Data Source)

There is a national challenge in relation to sourcing workforce data from the third and independent sector. This is an important issue as increasingly services are now being commissioned by third and independent sector organisations. The lack of this information limits our ability to understand our workforce, analyse and forecast workforce demands and take required action to address challenges experienced by various sectors of our workforce.

The Scottish Social Services Council (SSSC) have commenced a national dataset for registered workers. However, this does not include absence information. This is an important national issue in understanding our overall workforce challenges, particularly in relation to the increasing demand for care at home provision, much of which is delivered in Angus by the Independent sector.

The known absence level for the independent care at home sector nationally was approximately 16% in 2022. No further update of this information is available.

(Scottish Care; Workforce Recruitment & Retention Survey Findings September 2021).

Workforce Age Information

Table 11 highlights that age ranges within Nursing/Midwifery remain fairly static with the largest age range remaining 31-49. A significant percentage of the AHSP's Nurses (45.5%) are aged 50 years or over. During the next few years, as nurses retire, it is likely there will be insufficient nurses available to replace them. The District Nursing Transformation of Service Programme: A Role Framework for District Nursing is being developed across Tayside and has a focus on addressing this issue.

Table 11

AHSCP Nursing/Midwifery – by Age			
Age Range	% 2021	% 2023	% 2024
Under 30	10	11.9	10.4
31-49	43	42.7	44.1
50-59	37	35.7	35.1
60+	10	9.7	10.4

[Workforce Directorate, NHS Tayside 2024]

Table 12 highlights that the largest age group for Allied Health Professionals (AHP's) continues to be the 31-49 year-old category although this percentage has continued to drop year on year. There has been a significant increase in the 50-59 age group from 29.1% in 2023 to 40% in 2024 indicating an increasingly ageing workforce.

Table 12

AHSCP Allied Health Professionals – by Age			
Age Range	% 2021	% 2023	% 2024
Under 30	8.6	12.8	11.9
31-49	58	53.8	49.2
50-59	32	29.1	33
60+	0.4	4.3	6

[Workforce Directorate, NHS Tayside 2024]

Angus Council collects staff age data across slightly different age bands. Table 13 shows that the largest age group is aged between 55-64 indicating a rise in the ageing workforce. This is a change from 2022 when the largest age group was in the 45-54 category.

The data provided by these tables presents a challenge for workforce planning and is further exacerbated by the overall reduction in the health and social care workforce and the reducing younger population demographics. It further highlights the importance of the workforce activity highlighted in this plan, focussing on the maximisation of resources, using resources to maximum efficiency and taking positive action to attract more people into the workforce of all ages.

Table 13

Angus Council Age Bandings		
Age Range	% 2022	% 2024
16-24	5	5
25-34	17	12
35-44	26	21
45-54	27	26
55-64	22	32
65+	3	3

[Source: HR, Digital Enablement & Business Support, Angus Council]

Table 14 illustrates the anticipated retirements of Council staff working within the AHSCP by age band. This highlights a large percentage of staff in the 60-64 and 55-59 age groups within Community Health and Care services. The projected retirement of staff within the next few years will result in loss of experience across the Partnership. This highlights the importance of robust succession planning across the AHSCP to mitigate the risk presented by this loss in experience and numbers of staff.

Table 14

Angus Council Anticipated Retirements by Age Band				
Age Range	2022 - % Community Health and Care Services	2022 - % Mental Health Services	2024 - % Community Health and Care Services	2024 - % Mental Health Services
65+	8.45	1.06	9.30	0.66
60-64	40.14	2.46	37.87	2.33
55-59	42.61	5.28	44.85	4.98

[Source: HR, Digital Enablement & Business Support, Angus Council]

Table 15 illustrates the actual retirements that took place in 2022 and 2023 and shows an increase in retirement for the 60+ group and a decrease in retirements in the under 59 age group since 2022 indicating that people are working for longer.

Table 15

Angus Council Actual Retirements 2022 and 2023		
Age Range	% 2022	% 2023
60+	88	94

Under 59	12	6
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[Source: HR, Digital Enablement & Business Support, Angus Council]

Workforce Gender

Tables 16 and 17 illustrate the high proportion of female staff employed by both organisations. This high percentage of female staff raises implications for the workforce in terms of the impact of parental leave. Although it is recognised that carers leave, childcare and flexible working arrangements are available to staff of both genders, the high proportion of female staff across the AHSCP means that paternal leave may also have an impact on the workforce.

Table 16

Angus Council % Staff by Gender			
Gender	% 2022	% 2023	% 2024
Male	22	13	14
Female	78	87	86

[Source: HR, Digital Enablement & Business Support, Angus Council]

Table 17

NHS Tayside % Staff by Gender			
Gender	% 2021	% 2023	% 2024
Male	16	17	16
Female	84	83	84

[Workforce Directorate, NHS Tayside 2024]

Workforce Challenges

The main workforce challenges we are experiencing are largely due to an imbalance between demand and our supply of staff, partly due to the age profile of our workforce and shortages of key professionals. Challenges remain in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for recruitment processes, staff retention in specific areas such as care at home, shortages of GP's and pharmacists and increasing demand and complexity of need. Therefore, our main workforce challenges include:

- An ageing workforce.
- An increase in individuals with complex needs, co-morbidities and long-term conditions requiring support.
- The AHSCP have commenced a service review. Although it is too early to know what the impact of this on staff may be, the uncertainty of this is impacting on some current staff who are concerned that staffing levels may be further reduced.
- Population changes with a reduction in working age population living in Angus.
- Social care staff paid low wages. Improved pay in non-care sectors is attracting social care workers into those sectors.
- A significant reduction in the availability of professionally trained clinical staff, including Allied Health Professionals, doctors, nurses and pharmacists.
- Changes in employment and immigration regulations linked to EU withdrawal.
- Inability to train key professionals at a sufficient rate to meet demand.
- National competition attracting newly qualified professionals to settle where they trained - often in city areas.
- Care at home continues to be an area of significant growth as we support people to remain independent in the community for longer. Ensuring an adequate workforce to provide the required care is an ongoing challenge. Although care

providers have reported an improvement in staff recruitment activity, retention of staff remains a challenge. This is due to a number of factors such as workload, high demand for part time posts, low wages for social care staff and a high percentage of new staff embarking on college or university courses such as access to nursing.

- A lower than planned demand for care home placements has been evident along with a continued high demand for care at home services. The care at home demand continues to exceed the available capacity within the partnership, resulting in unmet need.
- The shortage of GPs continues to worsen. The recruitment and retention challenges are due to various factors such as an increase in portfolio working, feminisation of the workforce and the nature of the role.
- There has been a decrease in vacant posts, but services are finding it increasingly demanding to meet service demand within existing staff resources.
- The National Care Service (NCS) Bill was approved at Scottish Parliament on 29 February 2024 with the intention of reforming how social care, social work and community health services are delivered in Scotland. The Scottish Government has committed to delivering the NCS legislation by the end of the parliamentary term in 2026. It remains unclear how this will impact on the workforce at this stage.

Workforce challenges specific to service areas are detailed below:

- Older People and Older People's Community Mental Health services have had a high staff turnover. Although recruitment processes have been successful, agency workers have been used on several occasions. There is a challenge regarding the knowledge and skills mix within some of the teams where a lot of new workers are in post. 80% of one team consist of new staff. Several retirements have taken place across the teams and a new qualified social work plus a new graduate student have joined the teams.
- Older People's Services and Disability Services are experiencing growing caseload numbers and some work requires to be done taking into account setting the bar recommendations around indicative caseloads. This may be addressed via the AHSCP Service review.
- There is a shortage of care staff in some areas of disability services and, although additional staff are required for the day centres, the building capacity is now full. There is also a shortage of kitchen staff with one care home short of 50 kitchen staff hours per week.
- Allied Health Professional (AHP) – there is a shortage of physiotherapists to support Disability Services.
- Organisational Change within Primary Care Services to support the Service Manager role is progressing, however this is currently delayed which is impacting on staff workload, capacity and morale.
- Integrated Mental Health Services are experiencing challenges with recruitment due to short term funding for some posts. Volume of work experienced in the service is impacted by increased level of referrals, pathways out of services being difficult and a lack of suitable accommodation to permanently house individuals, which impacts on length of time within the service.
- The Out of Hours Service, Tayside are finding that the operational team's resource no longer meets with the demands of the service, due to historical rotas and working patterns. Operational staff rotas struggle to comply with non-clinical rostering policy. There is limited contracted Health Care Support Worker and

trained nursing staff, and they are routinely relying on staff from the Nurse Bank to ensure safe service cover.

- The Enablement and Response Team (ERT) have a number of vacant posts which cannot be filled due to the ongoing service review. Temporary additional funding identified and continues to be used to increase the capacity of the Enablement and Response Team through an increase in staff hours. This change was in response to the increasing extreme pressures across health and social care, unmet need and hospital discharges and delays.
- Within Adult Mental Health Services there is a lack of Consultant Psychiatrists and a reliance on locums. There is increasing demand on staff due to increased referrals to the service and high complexity of caseloads.
- Mental Health Officers (MHO) workload continues to increase every year. To mitigate this, the addition of Angus MHOs on the Tayside Out of Hours Rota has increased the availability of MHOs out of hours. MHOs now also only attend Adult Support and Protection case conferences in which their additional legislative knowledge and expertise is required.
- Angus Physiotherapy and Occupational Therapy (OT) Services are experiencing issues around increasing demand and complexity of clinical care and not enough capacity in the current staffing establishment to meet the demand in all services.
- OT services have challenges in filling posts and frequently have to re-advertise posts. Consideration is being given to alteration of skill mix with reviews taking place as each vacancy exists.
- AHSCP is the lead partner for the hosted Adult Acquired Speech and Language Therapy (SLT) service. The funding arrangements and relationships within and across the three partnerships and NHS Tayside is complex a review of SLT services has been agreed. Several vacancies currently exist across this service area. The growth in specialist service provision, for example, Ear, Nose & Throat /Head & Neck has seen referrals increase year on year in alignment with evidence supporting SLT interventions, but there has been no increase in staffing in this area for 12 years.
- Many services are experiencing challenges within the workforce because of reconfiguration of budgets which balance against ability to utilise workforce reserves and Scottish Government funding initiatives.
- The Care Home nursing team have undertaken a workload assessment which suggests that an additional 0.8 WTE Band 6 post is required to undertake proactive support for Care Homes. This year has seen a significant turnover of Care Home Managers.
- The number of Advanced Nurse Practitioners (ANPs) working in Angus has quadrupled. As most are trainees, they require a high level of support, which is very challenging for the one current Lead ANP to provide. Recruitment of another Lead ANP is planned.
- Recruiting Managers are reporting that the length of time it takes to recruit to posts and undertake all the relevant checks is too long. Recruiting Managers are also noticing a reduction in applicants applying for posts.
- Levels of staff sickness in some service areas continues to impact on staff workloads and staff health and wellbeing.

The range of improvement work currently being undertaken illustrates the breadth of activity required across the AHSCP to address the current challenges being presented. The current improvement activity involves mapping service requirements, models and identifying new ways of working, identifying the skills

needed to upskill the workforce, quantifying the types and numbers of staff required and the development of new pathways. The activity areas focus on required staff skills mix, identification of new roles, new ways of working, financial considerations, efficiency, sustainability and service quality and improvements.

Strategic Workforce Risk

As a result of changing demographics, national workforce issues and new duties affecting our staff and people who use our services, there is a risk that the AHSCP will be unable to develop and sustain its workforce to meet its legal obligations under the Public Bodies (Joint Working) (Scotland) Act 2014 and any other relevant legislation.

The causes of our workforce risk include:

- Age profile of existing staff.
- Population changes with a reduction in the working age population living in Angus.
- Social care staff are paid low wages and therefore there is a risk of poor retention.
- Significant reduction in the supply of professionally trained clinical staff including Allied Health Professionals, pharmacists, doctors and nurses.
- National recruitment issues.
- Changes in employment and immigration regulations linked to EU withdrawal.
- Complex and protracted employment processes that do not respond to short term needs.
- Inability to train key professionals at a sufficient rate to meet demand.
- National competition attracting newly qualified professionals to settle where they trained - often in city areas.
- The capacity of the Integration Joint Board (IJB) to continue to support further increases in demographic pressures is now extremely limited due to the financial pressures being experienced.

The AHSCP Workforce Plan, Action Plan and Annual Update ensures a focused approach to improvement on our workforce risk. Each of the workforce work streams have a focused action plan to drive forward work in relation to our workforce challenges. A Programme Board has been established for the Health and Care (Staffing) (Scotland) Act 2019 and a Tayside Workforce Group is in place to address regional workforce issues collaboratively across the region. Workforce Service Risks have been developed. There is evidence that all these measures are having an impact as detailed in the overview of progress section of this report.

The three-year workforce plan and annual workforce plan update reflects a shift in the traditional delivery of services towards new, innovative ways of working. This is critical in addressing the reducing workforce, significantly increased policy and legislative requirements, and an increasing demand and changing demographic within the population. Many of these improvement programmes have now been completed and implemented. Those still to be completed demonstrate good progress. The Service Review will further aid in addressing some of these risks. The introduction of new models allows opportunities to ensure that we have the right staff, in the right numbers, working in the right places at the right time. Our

improvement activity is targeted at achieving this aim as well as identifying and addressing those areas where we have difficulty in recruiting to specific posts.

A number of additional controls have been added into Strategic Risk 08 - Workforce Optimisation. These focus on:

- Recruitment and Training of Advanced Practice
- Working with employing organisations to improve recruitment
- Succession Planning
- Business critical posts within the AHSCP are now regularly monitored, reported on and actions in place for succession planning for these posts.

We received an Internal Audit report of reasonable assurance for the workforce in August 2023. The report concluded positively on the link between the Workforce plan and managing the risk of having the right staff with the right skills in the right place to achieve objectives. The audit recognised that the setting of priority actions for the Workforce Action plan was also based on a review of the strategic risk at that time and that additional future mitigating actions to achieve the target risk score of 16 are clearly linked to the implementation of the Workforce Plan and the monitoring arrangements for the Workforce Action Plan.

Whistleblowing

A recommendation from the Internal Audit is to ensure that Whistleblowing issues are considered through the Staff Partnership Forum and assurances are outlined within the Workforce Plan.

The Angus Staff Partnership Forum remit is to ensure the fair and consistent application of the employing authorities' staff governance standards for all NHS Tayside and Angus Council staff working within the Partnership. It addresses operational issues affecting staff and services and contributes to the development and implementation of strategy and policy. All AHSCP plans are developed with input from the AHSCP Staff Partnership Forum, and these plans support the principles and practices of staff governance including all workforce issues, the creation of new roles, changes to skill mix, changes to workforce numbers, workforce risks, learning and development of the workforce and organisational development issues.

Whistleblowing remains a standing item on the agenda at each meeting of the Staff Partnership Forum, however, there have been two Whistleblowing concerns in the last 12 months. There has also been the opportunity for staff to undertake training.

Service Workforce Risks

All services hold service level workforce risks. An overview of these is provided below:

- Staffing levels contribute to workforce risks due to sickness, vacancies, and upcoming resignations affecting case work cover and Adult Support & Protection work. They also contribute to service standards and staff wellbeing issues.
- There is a risk we are unable to meet support demands and meet Safe Staffing levels if we cannot fill vacant posts. There is also a risk to staff health and wellbeing as staff have to cover extra shifts and pick up additional work.
- As a result of delays/slow progress of the organisational change within Primary Care Services, this is impacting on staff morale, capacity, allocation of appropriate tasks and development opportunities, which may result in loss of experienced staff if they seek opportunities elsewhere.
- There is a risk that staff will be unable to be released for training and development due to staff shortages at a time when staff are required to upskill quickly due to changing needs and demographics resulting in a lack of suitably trained staff.
- Due to service pressures, some service areas cannot offer as many student placements which may have a future impact on recruitment.
- There is a specific service risk in the Out of Hours service in relation to the ageing workforce with the majority of operational staff being retired professionals in part time posts with a significant percentage of the workforce between 55-75 with many looking to retire and reduce hours.
- The Service Review, and the postponement of some smaller reviews are causing uncertainty for staff with some staff having already left specific service areas.
- The inability to recruit to Consultant vacancies is causing a risk to service delivery.
- As of July 2024, there is an 80% vacancy rate within one part of the health Occupational Therapy service which is causing a risk to service delivery and staff wellbeing.

Financial Implications

The Angus IJB published its updated Strategic Financial Plan for the period 2024/25 to 2026/27 in April 2024 (IJB Report 16/24). The plan has been developed against a backdrop of significant uncertainty specifically the unprecedented financial pressure in the public sector in Scotland.

As previously noted in report IJB 28/23 the capacity of the IJB to continue to support further increases in demographic pressures is extremely limited. On that basis it is now assumed that only a nominal allowance is made for further demographic pressures. This nominal allowance will have to cover any required increases in budgets across all services and in all settings (i.e. community services, residential services, and hospital settings). This puts a much-increased focus on services either containing the impact of demographic and service pressures through local re-prioritisation or mitigation of the pressures.

The strategic financial plan notes the following risks in relation to workforce:

- Reviews of Safe Staffing issues re Health and Care (Staffing) (Scotland) Act and review of healthcare tasks in community setting.
- Community Nursing – Job re-evaluations may require reworking of workforce models.

- Workforce and recruitment issues may have a knock-on effect on IJB costs beyond service delivery issues.
- Demographic Pressures – e.g., in Older People Services reflecting population changes.

There will be financial implications arising from many of the changes which are identified within this workforce plan, but these must be informed by a realistic understanding of the available resource envelope, as described in the Strategic Financial Plan.

Due to factors such as recruitment challenges it is likely there will be non-recurring (short term) underspends. This, combined with a fall-back position of reliance on contingency reserves (as has been seen in previous financial plans), allows the IJB to demonstrate it can deliver a balanced position for 2024/25. Furthermore, in the second year of the plan the remainder of the contingency reserve can be deployed to partially support the overspend position, as shown below.

Due to previous decisions made by the IJB, Angus IJB was in a stronger financial planning position than other IJBs at the start of 2023/24. The position of being in a relatively strong planning position still holds, but to a much more limited extent. This is because a) our financial plan does still contain material, currently unresolved, shortfalls; b) other IJB's have been progressing decisions that will partly address their financial planning shortfalls; and c) the IJB's current position now also reflects the challenges of successfully delivering service financial recovery plans on time (e.g. 2C GMS Practices), supporting the funding of pressures within the Out of Hours Services, supporting increased costs in internal care homes and the approval of additional new drugs against prescribing.

The Board initiated a Service Review in 2023 which was re-set in January 2024 with the aim to ensure that the Board deliver services efficiently and effectively across Angus within available funding. The intentions will be to include a financial impact from the Service Review in any future iteration of the Strategic Financial Plan.

In August 2024, the Board approved a series of proposals that contribute to addressing long term financial sustainability. The Board will closely monitor the progress of these proposals.

Priority Planning

Our workforce priorities in the last 12 months have focussed on the following priority areas:

- Staff Wellbeing and Development
- Recruitment and Retention
- Workforce Data
- Safer Staffing

Workforce subgroups continue to drive forward this work in addition to the comprehensive range of improvement activity being progressed across services within the AHSCP.

These priority areas encapsulate the workforce challenges highlighted within this report in relation to, for example, succession planning, the ageing workforce, attracting a younger workforce, having robust workforce data to inform our workforce forecasting

and assumptions, changing demographics and labour supply, financial constraints, staff skills requirements, staff retention and the wellbeing of our workforce. These workforce priorities therefore remain current and relevant for our next 12-month cycle of workforce planning activity to continue to address our workforce challenges and risks.

These reflect the priorities being experienced across the services which are outlined below:

- Staff health and wellbeing.
- Staff training, development and skills mix.
- Ensuring safe staffing levels.
- Staff recruitment and retention.
- GP sustainability.
- Succession Planning.
- Maintaining Service Standards.
- Data to support capacity & demand work, better understanding of demand on services and real-time staffing information.
- Capacity and demand.

Action Planning

Our annual Action Plan Update 2024 details the priority actions that will be taken over the next year to mitigate the risks and challenges identified in this workforce plan. It highlights new actions being progressed in response to emerging priorities over the last 12 months.

The actions are focussed on addressing the workforce challenges highlighted in the plan, are intricately linked to the strategic financial plan and include a variety of governance arrangements for the identified improvement activity.

COMBINED IMPACT ASSESSMENT

EQUALITY IMPACT ASSESSMENT (EQIA)
 FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)
 CONSUMER DUTY ASSESSMENT (CDA)
 CHILD RIGHTS & WELLBEING IMPACT ASSESSMENT (CRWIA)



1. INTRODUCTION

Title of policy, practice or project being assessed	AHSCP Workforce Plan – Annual Update 2024
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Type of policy, practice or project being assessed: (please mark with a (x) as appropriate)					
	New	Existing		New	Existing
Strategy		x	Policy		
Guidance			Procedure		
Operational Instruction			Budget Saving Proposal		
Service Development Proposal			Other (Please specify)		

2. GOVERNANCE

Lead Officer Responsible for assessment (Name, designation)	Morgan Low – Strategy and Improvement Manager
Date Assessment Started	30/06/2023 – updated 26/09/2024

3. BACKGROUND INFORMATION

Provide a brief description of the policy, practice or project being assessed. (Include rationale, aims, objectives, actions, and processes)	<p>Scottish Government requires the Angus Health and Social Care Partnership (AHSCP) to have a 3-year workforce plan commencing July 2022. In 2019, the Scottish Government's Integrated Workforce Plan for Health and Social Care confirmed that Workforce Planning for NHS Boards and Health and Social Care Partnerships should be undertaken on a three-year cycle to align with Financial and Operational Planning cycles. The purpose of the workforce plan is to Support the AHSCP to have the right people, with the right skills, in the right places, at the right time, to fulfil its mandate and its strategic objectives, and to continue to provide high quality, person-centred care now, and in the future.</p> <p>This assessment is the second annual update on the AHSCP Workforce Plan.</p>
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<p>What are the intended outcomes and who does this impact? (E.g., service users, unpaid carers or family, public, staff, partner agencies)</p>	<p>The AHSCP Workforce Plan provides an analysis and forecast of workforce supply and demand informed by local and national workforce challenges and demographic changes. It is accompanied by a clear action plan on how we will attract, retain and develop our workforce to meet current and future workforce requirements and contribute to the national long-term aim for health and social care in Scotland for people to live longer, healthier lives at home or in a homely setting. The purpose of this annual workforce plan update is to support the AHSCP to have the right people, with the right skills, in the right places, at the right time, to fulfil its mandate and its strategic objectives, and to continue to provide high-quality, person-centred care now, and in the future.</p> <p>The plan provides data comparison and analysis from last year to the present and uses this information to reflect on whether our workforce priorities and challenges remain the same. It highlights any changes and reflects on progress made with workforce priority actions over the last 12 months and what impact, if any, these have had.</p> <p>It is accompanied by an update on the three-year workforce action plan. The action plan contains specific actions relating to how we will attract, retain, and develop our workforce to meet current and future workforce requirements and contribute to the national long-term aim for health and social care in Scotland for people to live longer, healthier lives at home or in a homely setting. The intended beneficiaries are our workforce and the supported people that receive input from our services.</p>
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4. EQIA PROTECTED CHARACTERISTICS SCREENING

Impact on Service Users, Unpaid Carers or the Public								
Does the policy, practice or project have a potential to impact in ANY way on the service users and/or public holding any of the protected characteristics ? (Please mark as appropriate)								
	Yes	No		Yes	No		Yes	No
Age	x		Race	x		Gender Reassignment	x	
Disability	x		Pregnancy and Maternity	x		Marriage and Civil Partnership	x	
Sex	x		Religion or Belief	x		Sexual Orientation	x	

Impact on Staff or Volunteers
Does the policy, practice or project have a potential to impact in ANY way on employees or volunteers holding any of the protected characteristics ? This includes employees and volunteers of NHS Tayside,

Angus Council, 3rd Sector organisations, or any other organisation contracted to carry out health or social care functions on behalf of the Angus Health and Social Care Partnership. (Please mark as appropriate)

	Yes	No		Yes	No		Yes	No
Age	x		Race	x		Gender Reassignment	x	
Disability	x		Pregnancy and Maternity	x		Marriage and Civil Partnership	x	
Sex	x		Religion or Belief	x		Sexual Orientation	x	

PLEASE NOTE: If you have answered yes to any of the above protected characteristics in section 4 then please mark yes in the screening decision and proceed to a full EQIA below.

5. EQIA - SCREENING DECISION

Is a full EQIA required? (Please mark as appropriate)	YES - Proceed to full EQIA in section 6 below	NO – State the reason below and proceed to FSDA screening in section 10 and 11 then complete sections 14 and 15 to conclude.
	Yes	

FULL EQUALITY IMPACT ASSESSMENT (EQIA)

6. EVIDENCE

<p>Evidence: Please provide detailed evidence (e.g. statistics, research, literature, consultation results, legislative requirements etc.) or any other relevant information that has influenced the policy, practice or project that this EQIA relates to. For strategic decisions which may impact ‘consumers’ e.g. service users and patients, there are example scrutiny questions to consider during the evidence process to ensure the Consumer Duty is met. These can be located on the AHSCP Equalities SharePoint page.</p>	
<p>Quantitative evidence (numerical/statistical)</p>	<p>A comparison snapshot of the total number of staff employed across a range of services in the AHSCP in July 2023 and July 2024 illustrates a small reduction in Angus Council staff in the last 12 months, this could be attributed to service redesign, or existing resources being utilised more efficiently. NHS Tayside’s total numbers of staff have increased by 19 whole time equivalent posts since last year, this may be attributed to staff health and wellbeing support, success in filling some hard to fill posts, service redesign or utilising resources more effectively. Difficulties remain in obtaining workforce data from the Third Sector although the Scottish Social Services Council release an annual data return.</p> <p>National Records of Scotland (NRS) - Angus Council Area Profile statistics have been used in relation to current and future population projections, labour supply and unemployment information. Local data referring to whole time equivalent posts, contract status, vacancy information, staff absence, age profiling, anticipated retirement rates and gender ratios have also been sourced to inform workforce planning via the workforce plan annual update 2024.</p>
<p>Qualitative evidence (narrative/exploratory)</p>	<p>Cognisance has been taken of several national and local strategies and plans such as ‘The six steps to workforce planning, the National Workforce Strategy for Health and Social Care’ and ‘An Integrated Health and Social Care Workforce Plan for Scotland.’ Cognisance has also been given to the NHS Recovery Plan as well as local plans such as the Angus Health and Social Care Partnership Strategic Commissioning Plan and Strategic Financial Plan. This Workforce Plan Annual Update for 2023 also links with both the national and local Remobilisation Plans that have been developed. Cognisance has also been taken of the Independent Review of Adult Social Care, the Health and Care (Staffing) (Scotland) Act 2019, The Angus Health and Social Care Partnership (AHSCP) Strategic Commissioning Plan 2023 – 2026 and the NHS Tayside Annual Delivery Plan 2023/24.</p> <p>The Scottish Government directive “National Health and Social Care Workforce Strategy: Three Year Workforce plans (DL 2022 09) and ‘Three Year Workforce Plans: Developing an Integrated Process’ issued in May 2023 also refer.</p>
<p>Other evidence (please detail)</p>	<p>Evidence from across the totality of the AHSCP in relation to service improvement activity and priority actions progressed by the 4 workforce subgroups.</p>

What gaps in evidence/research were identified?	Workforce Statistics for the Third and Independent Sector. Workforce Statistics on protected characteristics including Race, Sexual Orientation, Marriage and Civil Partnerships and Gender Reassignment.
Is any further evidence required? Yes or No (please provide reasoning)	The development of workforce data and accompanying Key Performance Indicators (KPI's) continues to be a priority. A core dataset for wider workforce planning purposes is now in place and has been used to inform the AHSCP Workforce Plan Annual Update 2024. Several KPIs (Key Performance Indicators) are now in place to measure and monitor quantitative workforce data. Dashboards are now in place for both Angus Council and NHS Tayside workforce data, these are updated on a monthly basis and provide a consistent minimum dataset for workforce planning locally.
Has best judgement been used in place of evidence/research? Yes or No (If yes, please state who made this judgement and what was this based on?)	No – the annual workforce plan update and accompanying action have been informed by the evidence and research available.

7. ENGAGEMENT

Engagement: Please provide details on any engagement that has been conducted during the policy/practice or project. For strategic decisions which may impact ‘consumers’ e.g. service users and patients, there are example scrutiny questions to consider during the engagement process to ensure the Consumer Duty is met. These can be located on the AHSCP Equalities SharePoint page.	
Has engagement taken place? Yes or No	<p>Yes</p> <p>Engagement 1 - During October 2021, the AHSCP Workforce Steering Group commissioned a questionnaire to be sent to all services across the AHSCP to inform the draft workforce plan in relation to:</p> <ul style="list-style-type: none"> • Vacancy Information • Recruitment Challenges • Changes to staffing models (current and projected) • Planned Workforce Efficiencies and Likely Impact • Wider Issues Affecting Service Demand and Anticipated impact on Staffing • Skills development and Future Models of Care • Main Workforce Challenges • Workforce Risks. <p>The draft plan was then developed.</p> <p>Engagement 2 - Further engagement took place to share the draft plan developed, via a survey monkey, across a wide range of stakeholders. The survey ran from 10 March 2022 – 15 April 2022. It asked for information in relation to:</p> <ul style="list-style-type: none"> • How clear and easy the plan was to understand • If the content of the plan included everything that it

	<p>should • If all the current improvement programmes were included and the information accurate • If we had accurately identified those posts services have difficulty recruiting to • If we had accurately identified the additional staffing resources already in place and those it has been agreed to establish • If we have identified, at a strategic level, the major workforce risks • If the draft plan covers the issues being experienced by teams/services • If the draft plan covers our main workforce challenges • If the action plan includes everything that it should</p> <p>Engagement 3 – In May 2023, an online MS Forms Survey was sent to staff in all services across AHSCP to ask for information in relation to informing the first annual update of the Workforce Plan and action plan. The engagement ran for 1 month and asked responders to provide an update on the key areas of the plan. The survey included questions on workforce challenges, workforce risks, hard to fill posts, workforce priorities, new posts, improvement activity, achievements, and annual changes/updates.</p> <p>Engagement 4 – In August 2023, an online MS Forms Survey was distributed across the statutory services, third and independent sectors to ask for feedback on the first draft of the workforce plan annual update and updated action plan 2023. The engagement ran for 16 days and asked responders for their thoughts on the draft annual update and action plan 2023 and if there was any information missing or requiring further detail.</p> <p>Engagement 5 – In July 2024, an online MS Forms Survey was distributed across the statutory services, third and independent sectors to ask for feedback on the workforce plan annual update and updated action plan 2024. The engagement ran for 23 days and asked responders for their thoughts on the draft annual update and action plan 2024 and if there was any information missing or requiring further detail.</p>
If No, why not?	N/A
If Yes, please answer the following questions:	
Who was the engagement with?	Internal online questionnaires with staff from all service areas within AHSCP and the statutory services, third and independent sectors.
Have other relevant groups i.e., unpaid carers been included in the engagement? If No, why not?	The target of the strategy and engagement is the workforce. A cohort of employees face the challenge of balancing their employment with a caring role. AHSCP strives to ensure that carers of all ages are recognised and valued as equal partners, are fully involved in shaping services in Angus and are supported to have fulfilling lives alongside caring. Angus Unpaid carers, alongside a wide range of third and independent sector providers were included in the engagement.
How was it carried out? (Survey, focus group, public event, Interviews, other (please specify))	Online feedback surveys sent to staff, statutory organisations, third and independent sector providers with an accompanying verbal update. Discussion at various meeting forums.

etc.)	
What were the results from the engagement?	<p>Engagement 1 - A positive response was received across services, and this provided information to inform the workforce plan.</p> <p>Engagement 2 - The feedback received from the survey monkey was used to inform the final version of the plan. The plan was formally approved by the Angus Integration Joint Board (IJB) on 22 June 2022.</p> <p>Engagement 3 – The submitted responses from a wide range of AHSCP services detailed qualitative and quantitative data on current and comparative progress/issues for workforce challenges (50% same as last year), workforce risks (69% same as last year), hard to fill posts (75% same as last year) , workforce priorities (94% same as last year), new posts (69% have added new/additional posts), improvement activity (81% have undertaken improvement activity), achievements and annual changes/updates. The collated feedback has informed the draft 2023 annual workplan and the action plan update.</p> <p>Engagement 4 – The feedback received from the survey illustrated that most respondents felt that the plan was clear and easy to understand, that it included what it should, and that workforce challenges and risks were correct. Some feedback illustrated several inaccuracies in the draft plan and several additional challenges and actions. The draft plan and action plan were updated informed by this feedback.</p> <p>Engagement 5 - The feedback showed that the majority of respondents were happy with the update and that it was clear and to understand. Respondents welcomed that the report had been condensed. There were some minor inaccuracies within the data sections in the draft plan which were updated following this feedback.</p>
How did the engagement consider the protected characteristics of its intended cohort?	The surveys did not ask for personal information relating to protected characteristics.
Has the policy, practice or project been reviewed/changed as a result of the engagement? If YES, please explain.	Yes – as the action plan is a live document, engagement feedback received informs the action plan document to highlight the most current status of the actions and any changed/emerging actions. The annual update of the workforce plan has had several amendments made to it and additional information added as a result of feedback received from the engagement.
Is further engagement required? Yes or No (please provide reasoning)	Not for this annual update, but additional engagement will occur every year to inform the annual updates.

8. PROTECTED CHARACTERISTICS

This section looks at whether the policy, practice or project could disproportionately impact people who share characteristics protected by the Equality Act (2010). Please use the following link to find out more about the: [protected characteristics](#). Please specify whether impact is likely to be neutral, positive or negative and what actions will be taken to mitigate against any negative impacts or discrimination. When considering impact, please consider impact on health-related behaviour; social environment; physical environment; and access to & quality of services of NHS Tayside, Angus Council, AHSCP or 3rd sector social justice.

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Age		X	X	<p>There remain workforce challenges in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for recruitment processes, staff retention in specific areas such as care at home, shortages of GP's and pharmacists and increasing demand and complexity of need. These have the potential to impact on service users of all protected characteristics. The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these challenges.</p> <p>In October 2022 additional funding was identified from the older people care at home budget to increase the capacity of the Enablement Response Team through an increase in staff hours. This change was in response to the increasing extreme pressures across health and social care, unmet need and hospital discharges and delays.</p> <p><u>Health and Care (Staffing) Scotland Act 2019 - (HCSSA)</u></p> <p>This legislation will impact social care services and adult care homes as individuals accessing these services tend to be older in age or have a diagnosed disability. These protected characteristic groups may be disadvantaged if care homes feel unable to provide a service to people with more complex needs due to the staffing requirement under the legislation. AHSCP will continue to work with care homes to support recruitment and to ensure sufficient staffing levels are maintained. Regular care home contract monitoring is also in place to support the Act.</p>

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Sex			X	The high percentage of female staff across the AHSCP raises implications for the workforce in terms of the impact of service users receiving personal care services where it may not always be possible to have personal care needs attended to by the sex of their choice. E.g., male service users having personal care undertaken by male staff members.
Disability		X	X	<p>Clinic activity in local areas to facilitate easier access for people who are unable to leave home are being implemented.</p> <p>There remain workforce challenges in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for recruitment processes, staff retention in specific areas such as care at home, shortages of GP's and pharmacists and increasing demand and complexity of need. These have the potential to impact on service users of all protected characteristics. The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these challenges.</p> <p><u>Health and Care (Staffing) Scotland Act 2019 -(HCSSA)</u> This legislation will impact social care services and adult care homes as individuals accessing these services tend to be older in age or have a diagnosed disability. These protected characteristic groups may be disadvantaged if care homes feel unable to provide a service to people with more complex needs due to the staffing requirement under the legislation. AHSCP will continue to work with care homes to support recruitment and to ensure sufficient staffing levels are maintained. Regular care home contract monitoring is also in place to support the Act.</p>
Race			X	There remain workforce challenges in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				recruitment processes, staff retention in specific areas such as care at home, shortages of GP's and pharmacists and increasing demand and complexity of need. These have the potential to impact on service users of all protected characteristics. The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these challenges.
Sexual Orientation			X	There remain workforce challenges in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for recruitment processes, staff retention in specific areas such as care at home, shortages of GP's and pharmacists and increasing demand and complexity of need. These have the potential to impact on service users of all protected characteristics. The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these challenges.
Religion or Belief			X	There remain workforce challenges in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for recruitment processes, staff retention in specific areas such as care at home, shortages of GP's and pharmacists and increasing demand and complexity of need. These have the potential to impact on service users of all protected characteristics. The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these challenges.
Gender Reassignment			X	There remain workforce challenges in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for recruitment processes, staff retention in specific areas such as care at home, shortages of GP's and pharmacists and increasing demand and complexity of need. These have the potential to impact on service users of all protected characteristics. The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these challenges.
Pregnancy and Maternity			X	There remain workforce challenges in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				recruitment processes, staff retention in specific areas such as care at home, shortages of GP's and pharmacists and increasing demand and complexity of need. These have the potential to impact on service users of all protected characteristics. The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these challenges.
Marriage and Civil Partnership			X	There remain workforce challenges in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for recruitment processes, staff retention in specific areas such as care at home, shortages of GP's and pharmacists and increasing demand and complexity of need. These have the potential to impact on service users of all protected characteristics. The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these challenges.
Any other relevant groups i.e., unpaid carers (please specify)			X	There remain workforce challenges in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for recruitment processes, staff retention in specific areas such as care at home, shortages of GP's and pharmacists and increasing demand and complexity of need. These have the potential to impact on service users of all protected characteristics. Unpaid carers may potentially have less support available if care homes or support services are unable to provide support, accommodation or respite care due to workforce shortages. The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these challenges.

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Age		X	X	<p>The current proposed changes to the GP (General Practitioner) recruitment programme includes a programme for those reaching retirement age however still wish to work part-time or on a flexible work pattern.</p> <p>The projected retirement of staff within the next few years will result in loss of experience across the Partnership. This has the potential to impact on all staff and highlights the importance of robust succession planning across the AHSCP to mitigate the risk presented by this loss in experience and numbers of staff. The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these. This includes a focus on opportunities for attracting young people into the workforce. School career events have been taking place in Angus schools and the AHSCP has been represented to encourage young people to embark on a career in health and social care. We have supported ten Foundation Apprentices to successfully complete their placement - double last year's figure and we continue to support Modern Apprentice and Angus Works placement opportunities, sharing these opportunities with schools. The AHSCP have also been represented at University Graduate Recruitment Fairs, Local Employability Events and Career Events organised by the Department of Works and Pensions.</p> <p>Work is also progressing in relation to succession planning. This includes the development of a staff assistance scheme, an AHSCP mentor scheme and the development of a workforce toolkit for staff, available on SharePoint that hosts a variety of tools, guidance, and resources for staff in relation to recruitment, retention, leadership, succession planning etc. Business critical posts within the AHSCP are now regularly monitored, reported on and actions in place for succession planning for these posts. Information has been collated and analysed to provide a holistic overview across the AHSCP and inform future planning regarding required minimum SW staff in each</p>

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				<p>service area to meet statutory duties.</p> <p>Health and Care (Staffing) Scotland Act 2019 -(HCSSA) Potentially Neutral Impact Social Care staff were fulfilling the requirements of the HCSSA under previous legislation, with the only new addition in HCSSA being 'staff wellbeing'. This has been reassuring to staff in engagement sessions.</p> <p>In the NHS safe staffing levels have been shaped by professional guidance and judgement along with condition specific recommendations and standards. Informal and formal systems of promoting staff wellbeing have been a longstanding feature of the NHS.</p> <p>Potentially Positive Impact</p> <ul style="list-style-type: none"> - More emphasis on staff wellbeing - There will be openness and transparency about staffing levels - There will be appropriate staffing in the workplace; Right staff, with the right skill mix when on shift/ in work; will support service delivery, the staff and service users - An objective of the legislation is for staff to feel safe to raise staffing issues - Culture of service improvement <p>All the above will be beneficial to staff in health and social care settings.</p>
Sex		X	X	Current proposed change ideas for GP recruitment include a programme for working mothers and options to recruit more male GPs (General Practitioners) (currently female-

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				<p>dominant workforce).</p> <p>The high percentage of female staff across the AHSCP raises implications for the workforce in terms of the impact of maternity leave. Although it is recognised that carers leave, childcare and flexible working arrangements are available to staff of both genders, the high proportion of female staff across the AHSCP means this may also have an impact on the workforce.</p> <p>Menopause policy/guidance is being promoted and opportunities explored to arrange menopause information sessions, including podcasts to support the mental health and wellbeing of women that are experiencing the peri/menopause.</p> <p>Health and Care (Staffing) Scotland Act 2019 In AHSCP there is a predominantly female workforce in nursing and social care. Therefore, may be potentially impacted by the HCSSA implementation.</p> <p>Potentially Neutral Impact Social Care staff were fulfilling the requirements of the HCSSA under previous legislation, with the only new addition in HCSSA being 'staff wellbeing'. This has been reassuring to staff in engagement sessions.</p> <p>Health has always been a female dominated profession, the impact of the Act will be neutral</p> <p>Potentially Positive Impact</p> <ul style="list-style-type: none"> - More emphasis on staff wellbeing - There will be openness and transparency about staffing levels - There will be appropriate staffing in the workplace; Right staff, with the right skill

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				<p>mix when on shift/ in work, will support service delivery, the staff and service users</p> <ul style="list-style-type: none"> - An objective of the legislation is for staff to feel safe to raise staffing issues - Culture of service improvement <p>All the above will be beneficial to staff in health and social care settings.</p>
Disability	X	X		<p>Current proposed change ideas for GP recruitment include looking at all options to attract GPs into Angus. This may include specific working patterns aligned to individual GP needs.</p> <p><u>Health and Care (Staffing) Scotland Act 2019 -(HCSSA)</u></p> <p>It is not thought this characteristic will be negatively affected by HCSSA. Therefore, it has been categorised as 'Potentially Neutral Impact' / 'Potentially Positive Impact' due to the staff wellbeing aspect of the legislation. Health believes that this will also be neutral, as disability legislation will remain in place for staff.</p> <p>Potentially Neutral Impact</p> <p>Social Care staff are currently fulfilling the requirements of the HCSSA under current legislation (Regulation 15) with the only new addition in HCSSA being 'staff wellbeing'.</p> <p>Potentially Positive Impact</p> <ul style="list-style-type: none"> - More emphasis on staff wellbeing - There will be openness and transparency about staffing levels - There will be appropriate staffing in the workplace; Right staff, with the right skill mix when on shift/ in work, will support the staff and service users - An objective of the legislation is for staff to feel safe to raise issues - Culture of service improvement

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				All the above will be beneficial to staff in health and social care settings.
Race	X			Data on Race and Ethnicity is not currently collected in the Workforce Plan Update, but there is no perceived impact. National level data can be difficult to interpret due to a large proportion of unknown responses.
Sexual Orientation	X			Sexual Orientation data is not currently collected in the Workforce Plan Update, but there is no perceived impact.
Religion or Belief		X		Current proposed change ideas for GP recruitment include looking at all options to attract GPs into Angus. This may include specific working patterns aligned to individual GP needs.
Gender Reassignment	X			Gender Reassignment data is not currently collected in the Workforce Plan Update, but there is no perceived impact.
Pregnancy and Maternity		X		<p>Current proposed change ideas for GP recruitment include a programme for working mothers, those on maternity leave and those returning to work following maternity leave.</p> <p><u>Health and Care (Staffing) Scotland Act 2019 -(HCSSA)</u></p> <p>In AHSCP there is a predominantly female workforce in nursing and social care. A number of the workforce may be of childbearing age. Therefore, this protected characteristic may be impacted.</p> <p>Potentially Neutral Impact</p> <p>Social Care staff are currently fulfilling the requirements of the HCSSA under current legislation (Regulation 15) with the only new addition in HCSSA being 'staff wellbeing'. This has been reassuring to staff in engagement sessions.</p> <p>Health has always been a female dominated profession, the impact of the Act will be</p>

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				<p>neutral</p> <p>Potentially Positive Impact</p> <ul style="list-style-type: none"> - More emphasis on staff wellbeing - There will be openness and transparency about staffing levels - There will be appropriate staffing in the workplace; Right staff, with the right skill mix when on shift/ in work; will support service delivery, the staff and service users - An objective of the legislation is for staff to feel safe to raise staffing issues - Culture of service improvement <p>All the above will be beneficial to staff in health and social care settings.</p>
Marriage and Civil Partnership	X			Marriage and Civil Partnership data is not currently collected in the Workforce Plan Update, but there is no perceived impact.
Any other relevant groups i.e. unpaid carers (please specify)		X		Current proposed change ideas for GP recruitment include looking at all options to attract GPs into Angus. This may include specific working patterns aligned to individual GP needs.

9. EQIA FINDINGS AND ACTIONS

Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning.

Option 1 - No major change required (where no impact or potential for improvement is found and no actions have been identified)	
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Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning.	
Option 2 - Adjust (where a potential negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)	
Option 3 - Continue (where it is not possible to remove all potential negative impact, but the policy, practice or project can continue without making changes)	X – There remain workforce challenges in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for recruitment processes, staff retention in specific areas such as care at home, shortages of GP's and pharmacists and increasing demand and complexity of need. These have the potential to impact on service users of all protected characteristics. The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these challenges.
Option 4 - Stop and review (where a serious risk of negative impact is found, the policy, practice or project being assessed should be paused until these issues have been resolved)	

Actions – from the actions to mitigate against negative impact (section 8) and the findings option selected above in section 9 (options 2 or 4 only), please summarise the actions that will be taken forward.	Date for Completion	Who is responsible (initials)
The annual workforce plan update details a range of strategic actions, mitigations and improvement programmes being implemented across the AHSCP to address these challenges.	Ongoing	

10. FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

The Fairer Scotland Duty (FSD) places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions. FSD assessments are only required for strategic, high-level decisions. There are clear links between socio-economic disadvantage and Equality considerations and the protected characteristics so you may find it beneficial to complete the FSD assessment regardless of whether your policy, practice or project is strategically important or not. In broad terms, 'socio-economic disadvantage' means living on a low income compared to others in Scotland, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services. Socioeconomic disadvantage can be experienced in both places and communities of interest, leading to further negative outcomes such as social exclusion. To read more information please visit: [Fairer Scotland Duty Guidance - Scottish Government](#)

11. FSDA- SCREENING DECISION

Is your policy, practice or project strategically important? Yes or No?	YES - Proceed to section 12. Full Fairer Scotland Duty Assessment (FSDA) below	NO – Provide reasoning below and proceed to sections 13 onwards to conclude.
	X	

12. FULL FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

Evidence	
<p>What evidence do you have about socio-economic disadvantage and inequalities of outcome in relation to this strategic decision? Is it possible to gather new evidence, involving communities of interest?</p>	<p>We continue to experience a range of workforce challenges driven by:</p> <ul style="list-style-type: none"> • Demographic changes including an ageing population and an increase in complexity of need. • Increase in end-of-life care. • Increase in quantity of care and support required by individuals. • Increase in Adult Support and Protection referrals. • Increase in Adults with Incapacity Act work and the number of Guardianships. • Difficulties recruiting staff in general and difficulties recruiting to specific posts. • Increase in demand for care at home provision. • Difficulties with staff retention. • Social care staff paid low wages. • Increased improvement activity impacting on workforce capacity. • The cost-of-living crisis. <p>The purpose of this annual workforce plan update is to support the AHSCP to have the right people, with the right skills, in the right places, at the right time, to fulfil its mandate and its strategic objectives, and to continue to provide high-quality, person-centred care now, and in the future. The plan provides data comparison and analysis from last year to the present and uses this information to reflect on whether our workforce priorities and challenges remain the same. It highlights any changes and reflects on progress made with workforce priority actions over the last 12 months and what impact, if any, these have had. It is accompanied by an update on the three-year workforce action plan. Financial planning remains key to addressing the workforce challenges facing the AHSCP and robust processes are in place to ensure our actions are achievable within the current financial constraints.</p>

Please state if there is a potentially positive, negative, neutral impact for each of the below groupings:				
	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence on your selection
Low and/or no income (those living in relative poverty.)		X		The action plan and improvement activity contains specific actions relating to how we will attract, retain, and develop our workforce to meet current and future workforce requirements and contribute to the national long term aim for health and social care in Scotland for people to live longer, healthier lives at home or in a homely setting.
Low and/or no wealth (those with enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future.)		X		The action plan and improvement activity contains specific actions relating to how we will attract, retain, and develop our workforce to meet current and future workforce requirements and contribute to the national long term aim for health and social care in Scotland for people to live longer, healthier lives at home or in a homely setting.
Material Deprivation (those unable to access basic goods and services e.g., repair/replace broken electrical goods, warm home, life insurance, leisure and hobbies.)		X		The action plan and improvement activity contains specific actions relating to how we will attract, retain, and develop our workforce to meet current and future workforce requirements and contribute to the national long term aim for health and social care in Scotland for people to live longer, healthier lives at home or in a homely setting.
Area Deprivation (where people live e.g., rural areas, or where they work e.g., accessibility of transport. Living in a deprived area can exacerbate negative outcomes for individuals and households already affected by issues of low income.)		X		The action plan and improvement activity contains specific actions relating to how we will attract, retain, and develop our workforce to meet current and future workforce requirements and contribute to the national long term aim for health and social care in Scotland for people to live longer, healthier lives at home or in a homely setting.
Socio-economic Background (social class including		X		The action plan and improvement activity contains

parents' education, people's employment and income)				specific actions relating to how we will attract, retain, and develop our workforce to meet current and future workforce requirements and contribute to the national long term aim for health and social care in Scotland for people to live longer, healthier lives at home or in a homely setting.
Unpaid Carers		X		The action plan and improvement activity contains specific actions relating to how we will attract, retain, and develop our workforce to meet current and future workforce requirements and contribute to the national long term aim for health and social care in Scotland for people to live longer, healthier lives at home or in a homely setting.
Homelessness, Addictions and Substance Use		X		The action plan and improvement activity contains specific actions relating to how we will attract, retain, and develop our workforce to meet current and future workforce requirements and contribute to the national long term aim for health and social care in Scotland for people to live longer, healthier lives at home or in a homely setting.
Children, Family and Justice				Not Applicable as the Workforce Plan is only for AHSCP.
Other (please specify)		X		The AHSCP undertook various initiatives to support care at home providers during 2022/23. This has included temporarily increasing the mileage rate within care at home rates in recognition of the increased costs relating to fuel prices, increasing the staff hourly rate element within the care at home rates and making the Angus Council job portal available for employers to advertise free of charge.

13. CONSUMER DUTY ASSESSMENT (CDA) – STRATEGIC DECISIONS ONLY

The [Consumer Scotland Act 2020 Duty](#) came into force on 1 April 2024. The Act requires that a relevant public authority must, when making decisions of a strategic nature about how to exercise its functions, consider the impact of those decisions on consumers in Scotland, and the desirability of reducing harm to them. Angus Health and Social Care Partnership must comply with the obligations and duties set out in the 2020 Act:

Duty to have regard to consumer interests

(1) A relevant public authority must, when making decisions of a strategic nature about how to exercise its functions, have regard to:

- (a) the impact of those decisions on consumers in Scotland, and
- (b) the desirability of reducing harm to consumers in Scotland.

The definition of ‘consumer’ for the purposes of the 2020 Act is an individual or small business who buy, use or receive goods or services in Scotland, or could potentially do so, supplied by a public authority or other public body. For example, a service user or patient accessing services through the IJB would meet the definition as a consumer.

There are also the seven consumer principles which must be taken into consideration: Access, Choice, Safety, Information, Fairness, Representation and Redress.

14. CONSUMER DUTY– SCREENING DECISION

Is your policy, practice or project strategically important? Yes or No?	YES (X) - Proceed to question 15 below	NO (X) – Provide reasoning below and proceed to sections 16 onwards to conclude.
	x	

15. EVIDENCE OF DUE REGARD – CONSUMER DUTY

If this strategic decision impacts consumers e.g. service users and patients, you have a duty to give regard to consumer interests. Please confirm that throughout this combined impact assessment you considered and evidenced the following two requirements:	
	Please mark with an (X) in the relevant boxes.
The impact of the strategic decision on consumers and the desirability of reducing harm to consumers have been considered throughout the process.	X – all actions relating to workforce planning should have positive impact for consumers of health and social care services in Angus.
An outcomes-based approach has been taken to achieve the best outcomes for consumers.	X – all actions relating to workforce planning should have positive impact for consumers of health and social care services in Angus.

16. EVIDENCE OF DUE REGARD

Public Sector Equality Duty: The responsible officer should be satisfied that the group, service or organisation behind the policy, practice or project has given ‘due regard’ to the below duties. Please evidence which parts of the General Equality Duty have been considered. To ‘have due regard’ means that AHSCP have a duty to consciously consider the needs of the general equality duty: eliminate discrimination; advance equality of opportunity and foster good relations. How much regard is 'due' will depend on the circumstances and in particular on the relevance of the needs in the general equality duty to the decision or function in question in relation to any particular group. The greater the relevance and potential impact for any group, the greater the regard required by the duty.

Eliminate unlawful discrimination, victimisation and harassment.	
Advance equality of opportunity	X
Foster good relations between any of the Protected Characteristic groups	X

17. CHILD RIGHTS & WELLBEING IMPACT ASSESSMENT (CRWIA) - ASSESSING CHILDREN'S RIGHTS

We should encourage children and young people's participation in decision-making; champion their interests, and think about what we can do to place children and young people at the centre of our policies/proposals. You need to:

- identify, research, analyse and record the anticipated impact of any proposed policy, service or other measure on children's human rights and wellbeing.
- think about the means of involving children and young people in the development of your policy/measure.
- ensure decisions are necessary and proportionate when balanced against any impact on children's rights.

*Please Note: There is a new requirement in 2024 to carry out a children's rights assessment under the United Nations Convention on the Rights of the Child for young people aged up to 18. There are four articles in the [United Nations Convention on the Rights of the Child](#) (UNCRC) that are seen as special. They're known as the "General Principles". They help to interpret all the other articles and play a fundamental role in realising all the rights in the Convention for all children. Please answer the following questions below:

Which of the general principles apply to your proposal? Select all that apply: (please mark with an (x) as appropriate)

1. Non-discrimination (Article 2)		2. Best interest of the child (Article 3)	
3. Right to life, survival and development (Article 6)		4. Right to be heard (Article 12)	
None	X	N/A – this update applies to staff only.	

What impact will your proposal have on children's rights, i.e. positive, negative or neutral?	N/A – this update applies to staff/ workforce only.
How will the proposal give better effect to the UNCRC in Scotland?	N/A – this update applies to staff/ workforce only.
How will the impact be monitored?	N/A – this update applies to staff/ workforce only.
How will you communicate to children and young people the impact of the proposal on their rights?	N/A – this update applies to staff/ workforce only.

18. PUBLICATION

Is the corresponding IJB/Committee paper exempt from publication?	No
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19. SIGN OFF and CONTACT INFORMATION

Lead Officer Responsible	
Name:	Eunice McLennan
Designation:	Head of Community Health and Care Services
Date:	30 September 2024

Lead Equalities Officer Responsible		Service Leader Responsible	
I confirm that the EQIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties.		I confirm that the EQIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties.	
Name:	Lucy McLean	Name:	Morgan Low
Designation:	Planning Officer	Designation:	Acting Service Leader – Improvement and Development Service
Date:	27 September 2024	Date:	26 September 2024

For further information on this EQIA and FSDA, or if you require this assessment in an alternative format, please email: tay.angushscp@nhs.scot

20. EQIA REVIEW DATE

A review of the EQIA should be undertaken 6 months later to determine any changes. (Please state planned review date and Lead Reviewer Name)	March 2025
	Morgan Low

21. EQIA 6 MONTHLY REVIEW SHEET

Title of policy, practice or project being reviewed	
Lead Officer responsible for review	
Date of this review	
Please detail activity undertaken and progress on actions highlighted in the original EQIA under section 9.	Status of action (with reasoning) <ul style="list-style-type: none"> • Complete • Outstanding • New • Discontinued etc.

Action 1 -	
Action 2 -	
Action 3 etc. -	