



Midlothian Health and Social Care Partnership

Interim Workforce Plan 2021/22

Section 1 – Background (Refer to Annex 1 for indicative Content)

This Interim Midlothian HSCP Workforce and Development Plan has been developed to provide a framework and strategy for 2021 and beyond. The plan reflects the strategic direction of Midlothian Health and Social Care Partnership and the current strengths, opportunities and challenges. The plan is outcome focussed to deliver an effective and efficient workforce. The plan will need to be reviewed and monitored on a regular basis to ensure it is aligned to the new IJB Strategic Plan for 2022 – 2025 and recognises the impact of the pandemic.

The plan is aligned to related local and national plans including the current Midlothian Health and Social Care Strategic Plan, COSLA document “*An Integrated Health and Social Care Workforce Plan for Scotland*”; Healthcare Improvement Scotland “*Supporting better quality health and social care for everyone in Scotland*” and Scottish Government “*A fairer recovery from the Pandemic*”, 2021.

The overriding aim for Midlothian HSCP workforce is to ensure the right people, are in the right roles, with the right skills at the right time and to maximise the potential of individual members of the partnerships workforce. This will enable the partnership to continue to achieve its strategic and operational priorities.

Workforce planning needs to be primarily:-

- **future-focused**
- **integrated with strategic and financial planning**
- **dynamic and responsive to the complex, changing and shifting landscape especially in the midst of a pandemic**
- **support the need to link service outcomes and the workforce required to deliver these**
- **relevant to all people who work across health and social care and provide the focal point for staff to develop their skills within the context of transformation**
- **involve planning and modelling sustainable, affordable approaches to support health and social care integration for the future**

Midlothian is one of the smallest local authorities in Scotland yet has one of the largest population growths with an ambitious housebuilding programme. Its current population is 93,400 approx. with 46,700 aged between 16 and 65 and 45,900 of these are in employment (79.8%) with 41,000 employed and 3,700 self-employed. 1,600 of those employed are employed by the third sector. The new house build programme is expected to attract people with higher income, education, occupation and younger people to Midlothian, shifting the demographics of the labour market.

Covid 19 has had a significant impact on the labour market with an overall 32% reduction in job postings within Edinburgh and the Lothian's (excluding West Lothian) and a 3.3% increase on unemployment figures. (Skills Development Scotland, February 2021). A broader analysis is needed to support planning for a different type of workforce for 2021 -2022 and beyond due to changes in the labour workforce.

Midlothian HSCP has continued to respond to meet increasing service demand over the last few years as well as the shift in demand with people living in the community with more complex care and support needs in the preceding 12 months. The workforce numbers have increased in many front line services within Health and Social Care in response to growing demand on services.

There has been an increase in the head count of NHS employed staff in the HSCP to 649 (increase of 39) compared to the previous two years. The full-time equivalent (FTE) figure has increased from 486 in 2019 to 525 in 2020 with 49% of staff working full time and 51% part time. The gender split is 90% female and 10% male with 74% of the male workforce working full time and 44% of the female workforce working full time.

The number of staff employed by Midlothian Council in March 2021 and working within the HSCP has increased to 542 in 2021 with 450 FTE. This compares to 534 employees (441 FTE) in 2020 and therefore an increase in staff numbers but not as significant as for NHS employees in the partnership. Eighty-seven percent (471) staff were female and 13% (71) were male. Within the council employed staff in the partnership there is a significant difference in the gender split regarding part or full time contracts with nearly 50% of female staff working part-time and 80% of male staff working full time. This totals 975.41 FTE staff across Midlothian Health and Social Care Partnership. The largest percentage of the workforce fall within the age range 45-60 years.

The COSLA report “*An Integrated Health and Social Care Workforce Plan for Scotland*” states the Scottish Government’s Medium Term Financial Framework (MTFF) estimates that to address the effects of demand, the workforce will require 1.3% per annum more NHS employees and 1.7% per annum more social care employees in the period to 2023/24 in Scotland. This needs to be taken account of when planning and recruiting staff across the partnership. The COSLA paper concludes that demand for health and social care services will increase faster than the rate of growth of the wider economy and that, over time, expenditure on these services will gradually increase in three main areas:

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

This plan has taken account of the future demand on health and social care services and changes to the labour market along with information gained from the consultation and engagement relating to workforce planning. It has also taken account of the shape of our current workforce and the policies and strategies being developed and implemented at national, pan-Lothian and local levels. It recognises that workforce planning is a central corporate responsibility for NHS Lothian, Midlothian Council and the many voluntary and independent health and social care providers which provide services in Midlothian. This Health & Social Care Workforce plan, therefore, needs to connect to all associated planning, which may have an influence and be interconnected.

Section 2 – Stakeholder Engagement (Refer to Annex 1 for indicative Content)

The workforce plan has been influenced by a wide range of consultation and engagement with key stakeholders including the following:-

- Trade unions (Unison, Unite and Staff Partnership)
- Human Resource Business Manager
- Strategic planning leads across the Health and Social Care Partnership
- Financial Planning Leads across the Health and Social Care Partnership
- NHS/HSCP Workforce Planning Leads
- Midlothian Voluntary Action (MVA) (Umbrella organisation for voluntary sector in Midlothian)
- Primary Care Programme Manager and contracted Representatives
- Independent sector representative managing a range of services to support people living safely in the community
- Front line staff
- Those in receipt of services

Midlothian HSCP is in the fortunate position that ongoing consultation and engagement of service users is at the forefront of the core business. The HSCP has been reviewing many services and considering how strengths, challenges and opportunities relate to workforce planning and development. This information has been used to assist and influence this plan which supports the validity of workforce planning in the coming years.

The consultation and engagement interventions have involved :-

- Surveys through questionnaires, and telephone consultations with those in receipt of services,
- Small staff focus groups,
- Unpaid carers and service user's involvement in commissioning strategies,
- One to one meetings with key representatives including those from the third and independent sectors,
- Joint meetings with Trade Unions,
- Discussions at strategic planning groups,
- Staff governance and wellbeing group,
- HSCP Wellbeing champion,
- Meetings with HR Manager and Manager of Education and Employability,
- Trickle App,

The focus of the consultation and engagement sessions has varied depending on the group and its purpose. However a key theme throughout the consultation and engagement process has been a Human Rights Based approach. The Human Rights based approach is about making sure that people's rights are at the centre of policies and practices. It is about taking practical steps to realising people's rights and being able to demonstrate this.

The PANEL principles of the Human Rights based approach are one way of breaking down what this means in practice which include:-

- Participation
- Accountability
- Non-Discrimination
- Empowerment and
- Legality – understanding the rights involved

The PANEL principles have been incorporated into the consultation and engagement approaches that underpin this workforce plan in that we have actively encouraged people to participate and influence the direction of travel. We have taken accountability of the challenges that lie ahead and with key stakeholders we can work together to turn the challenges into strengths and opportunities. We have been innovative and flexible in who and how we involve in the consultation and engagement aiming to ensure all voices are heard irrespective of their ethnicity, background, gender, religious beliefs and disability. We have proactively sought views from hardly reached groups to offer forums and platforms for citizens in Midlothian to feel more empowered and offer views and knowledge. Understanding the rights of all citizens has been crucial to ensure the workforce plan is developed within a legal and social policy context with the hope that no one is excluded and its outcomes meet the demands and requirements for a workforce that is fit for purpose for the coming year and beyond.

The themes that emerged from the consultation included:-

- The offer of realistic career opportunities i.e. at the end of apprenticeships, the successful apprentice should be guaranteed a job, not just guaranteed an interview.
- An increase in transition awards to enable staff to progress their career in a more supportive way when seeking alternative carer pathways.
- Improved support/guidance and induction for team leaders/first line managers to enable them to become effective leaders to support front line staff. This was specifically around HR policies – improved briefings on these and in particular more effective and consistent approach of sickness absence policies to support staff to be well at work.

The most common theme from the consultation has been about staff needing to be listened to, respected and valued in the work they do. This was a very clear message from the consultation meeting with the Trade unions where their members had expressed *“they just needed time to adjust, be recognised for the job that they do by managers and for managers to have an understanding of how front line staff feel and their experiences”*.

Section 3 - Supporting Staff Physical and Psychological Wellbeing (Refer to Annex 1 for indicative Content)

Beginning to understand more about the likely long-term physical and psychological effects of the pandemic is crucial to supporting the workforce to enable them to carry out their role to the best of their ability to deliver services with positive outcomes.

Midlothian HSCP has invested a considerable amount of time and support to staff's physical and psychological wellbeing. The partnership responded to the Scottish Government's request to strengthen existing local arrangements for staff wellbeing and also to provide support and practical advice specific to the pandemic.

It was acknowledged that some staff are being asked to work in unfamiliar settings, learn new skills in a short space of time and work in new and challenging roles. The scale and impact of this both professionally and also personally with Covid-19 is unprecedented.

Staff welfare and resilience is paramount to the outcome of the pandemic. Evidence from learning in relation to promoting staff wellbeing supports better experience and outcomes for people receiving care, and the importance of psychological safety/activity saves lives to support a safety culture that learns from difficult experiences.

In order to provide a range of forums and approaches to support staff wellbeing it was essential to consult and engage with staff to ascertain their views on what support should be available. Supporting staff required a committed approach from all stakeholders including NHS Lothian, Midlothian Council, third and independent sectors, Chaplaincy services, Trade Unions and HR leads. Pulling on the knowledge, expertise and resource of stakeholders enabled a range of forums and support for staff that met their emotional and wellbeing needs.

Midlothian identified a lead person to develop the framework for the physical and psychological wellbeing of staff to ensure it had a coordinated and committed approach to take responsibility with the various forums available, responding as appropriate and to be effective. A working group was established which included staff from services such as mental health, health promotion, public health, occupational therapy, HR, communication, patient and public engagement, psychology, planning officer for carers and management trainee.

The group focuses on eleven key areas as follows:

- work environment,
- emotional and mental health,
- physical health and activity,
- dealing with death,
- dying and good grieving,
- chaplaincy support and other support services,
- staff who are shielding / isolating,
- support for personal life,
- finance issues,
- communication to all staff,
- leadership at all levels,
- donations for staff.

Two key aspects of success for providing this support are:

- (1) Keeping the information fresh and relevant for all staff,
- (2) Ensuring that all staff are reached in terms of communication, especially those who do not routinely access emails or social media (for example domestic staff and Home Care staff).

To allow the information to be easily circulated it has been agreed to follow the '5 Ways to Wellbeing, whilst staying at home during Corona virus' which has an evidence based methodology for use in public / community mental health from NES. The 5 strands covered are entitled: Connect, Be Active, Keep Learning, Take notice and Give/kindness.

Using with the [MidCovid](#) email (dedicated team with access to a central email box to respond to concerns, queries, information requested and to provide regular information and supportive updates) to share one of the 5 aspects was communicated each day of the week to ensure that staff are not overburdened or overwhelmed with too much information. To date communications have covered the 2 new Helplines set up:-

- (1) Here for you and
- (2) 'Reach Out Midlothian' (launched on 9th April) 2020),

In addition there has been Stress control training, Emergency Helpline and Psychological First Aid. There is an appreciation of the need to keep duplication to a minimum and share good practice and resources across Midlothian Health and Social Care Partnership, with integrated support and resources.

The HSCP conducted a staff survey in early January 2021 to establish an understanding of what matters to the staff within the partnership in relation to their health and wellbeing and determine whether the resources for support were effective or not. In order to encourage honesty, openness and anonymity staff were not asked where they worked, whether they were health or social care staff or at what grade they were employed.

The survey was distributed by email to the entire MHSCP with a 33% return rate which is on the lower end of a response rate with an internal organisation survey as it is expected to receive between 30 - 40% return as a minimum. The survey contained 10 open and closed questions. The responses have been collated to inform future decisions around planning, communication, resources and wellbeing initiatives that would enable staff to access the right support for them, when and where they may need it.

Positive comments about health and wellbeing during Covid19:-

- Nearly half of the staff stated they were coping satisfactorily
- In terms of how staff were coping at work specific and what was helping the most, the top three were (a) contact in person with colleagues, (b) physical activity and (c) eating well and staying hydrated
- 60% of staff reported that the [MidCovid](#) wellbeing emails were useful
- Of the staff who did use the services the top three most useful resources were Staff Counselling service and Covid Debrief session (equally), second was accessing the National Wellbeing Hub and third was the Chaplaincy sessions
- Staff were asked if they felt their line manager cared about their health and wellbeing and 73% agreed positively.

Negative comments about health and wellbeing during Covid19

- Many staff reported increased stress levels
- Others reported the loss in social support from family, friends, and colleagues

- People also reported physical changes – less exercise, worse sleep, increased fatigue, and muscle strain due to working from home conditions
- People had increased workloads or changes to their roles,
- Staff were asked if they felt senior managers cared about their health and wellbeing. There was a mixed response with 43% answering yes, 24% answered no and 32% answered maybe.

The survey has provided useful information on what has worked well and areas to improve on. A dedicated post is being invested in by the HSCP to continue a lead on staff wellbeing. Other analysis has taken place in relation to sickness absence during the pandemic. Within the partnership the most common reason for absence was “stress”. There were 32 instances and 908 days lost from January 2020 to January 2021 for council employees in the HSCP. For NHS staff from 1st April 2020 to 31st March 2021, 1546 days were lost to stress which is 32% of the total sickness absence for the NHS employees in the HSCP. Other high levels of absence were related to Musculoskeletal, fractures and gastro-intestinal problems. In total 5679 days were lost for council employed staff in the HSCP between January 2020 - January 2021 and 4888 days were lost for NHS staff from 1st April 2020 – 31st March 2021.

The staff wellbeing action plan for the year 2021 -2022 outlines a range of actions, timelines and key people to lead and deliver on the work streams. Some of the key actions involve continuing with email distributions, delivering trauma informed training, peer support (1:1) for those with Long Covid, staff wellbeing regular updates and delivering training in line with ‘The Midway’. The Midway approach focuses on *good conversations*, is trauma informed and addresses health inequalities. *Good conversations* are about preparing and enabling people. They focus on what *matters* to the person, rather than “what is the matter”. *Trauma Informed* is about designing our services and equipping our staff to recognise and respond to the impact of trauma. The Midway approach includes the concepts of shared decision making and supported self-management. Although currently championed by Midlothian Health and Social Care Partnership, attendees include staff from council and the third sector, both of which are also building their capacity to deliver the training. Broadening these partnership is helping reach the ambition that wherever a person accesses support they will be met in the same way.

The Partnership will continue the staff wellbeing group that was established in early April 2020 with an identified wellbeing champion. The group will continue to focus on supporting staff, sharing resources, and helping managers to support their teams’ wellbeing by tailoring its work for specific pressures such as stress and fatigue due to working under extreme conditions long-term in response to the ongoing pandemic. The action plan will be regularly monitored, reviewed and updated in response to staff feedback. Given the high incident of staff sickness due to stress the plan will keep this as a main theme to support staff to feel less stressed, listened to and supported through a range of actions. All service managers and team leaders are to be trained in Good conversations. There have been additional people trained as an NHS Lothian Peer Supporter for the HSCP to be launched in May 21. It is the intention of Midlothian HSCP that all staff will be trained in ‘*Good conversations*’ within the next two years which should impact on staff wellbeing as well as operational practice.

It is recognised that the physical, emotional and mental health impact of this pandemic will have significant and potentially lasting consequences for a large number of individuals. This impact and extent has still to be fully identified.

Section 4 – Short Term Workforce Drivers (Living with COVID) (Refer to Annex 1 for indicative Content)

Working to preserve and protect the health and wellbeing of all staff in the Health and Social Care Partnership is paramount to the delivery of effective services. We have learnt much during the pandemic; the landscape is changing and organisations need to evolve and respond appropriately with a workforce that matches the changes. Analysing the data from staff surveys and sickness absence has helped identify key priorities to plan, review and deliver on the actions identified.

Feedback from consultation and engagement has provided additional data and information on areas to focus. It is notable that information gathered from a range of sources is consistent around key themes. This will assist in rebuilding the structures to ensure the Health and Social Care Partnership can deliver on its revised priorities and key outcomes.

The NHS Mobilisation plan sets out the direction of travel and highlights the areas that need closer attention. The short term drivers for Midlothian Health and Social Care Partnership for workforce planning align with the Scottish Government “*Remobilise, Recover and Redesign – Framework for decision making*”. In examining the 7 principles of the framework, the partnership has considered the principles and priorities and set out key objectives for workforce planning.

Item	Action	Lead	Timescale
Services that can resume most safely	Auditing services of staff qualifications needed to be registered with SSSC, NMC and be Care Inspectorate compliant additionally plan staff resource to meet increased demand; Auditing of staff vacancies; All training/learning and development programmes back up and running; Face to face training re-established; Invest in SVQ Assessment to meet SSSC and other professional body requirements; Digital learning opportunities where appropriate	Anthea Fraser	May 2021
Achieving greater integration	Co delivery of training/learning and development opportunities for staff and young people across key stakeholders and developing apprenticeship programmes, The Lothian Care Academy, and core skills training such as Adult and Child protection; Evidence base to support effective AHP led services such as Advanced Physiotherapy Practitioners in Community Care but new roles emerging for other AHPS such as Dietetic Organisational management development sessions across HSCP; Voluntary Sector summit re-established; Development of Midway multi-agency training;	Anthea Fraser	June 2021
Services close to people's homes	Working with local employers/ colleges to roll out apprenticeships, kick start, youth guarantee programmes for young people in their local areas;	Lifelong learning and Anthea Fraser	May to September 2021

	Improved contractual arrangements with commissioned care services; Digital learning opportunities where appropriate;		
Quality, values and experience	Regular staff feedback forums for staff to feel listened to, supported and valued; <i>Good conversations</i> workshops/training; Offer re-training, learning opportunities to upskill; Peer supporters identified to be trained up; Feedback from staff governance group on what works well for staff; Offer student placement for Social workers, nurses, HNC, Paramedics; Increased capacity of SVQ assessor role; Management development programme;	Anthea Fraser	April and ongoing for the next year
Improved population health	Preventative approach instead of reactive; Care home, care at home/social care workers upskilled on a variety of areas such as vital signs; Reablement and rehabilitation and support for clients with self-management; Digital health for self-management - digital first approach and mobilisation of services to reduce waiting times; Development of generic Job descriptions to match new roles, Development of strong leadership e.g. new Lead OT post and new Chief AHP post being created and job descriptions need to be evaluated; Review opportunities for all staff to be upskilled related to income maximisation support to clients;	Community care leads, Anthea Fraser	June 2021 and ongoing
Services that promote equality	Involvement in the City Region deal to assess gaps and plan training/employment arrangements to meet skills/knowledge/experience gap; Advertising recruitment campaigns for hard to fill posts and localities; Action plan around Equality Outcomes approved by IJB on 8 th April 2021;	Anthea Fraser	June 2021 and ongoing
Sustainability	Ongoing monitoring and review of all workforce planning programmes to ensure demand does not exceed supply – identifying new ways of delivering services through skill mix; Working alongside HR managers to manage sickness absence more effectively; Analyse age profile of workforce to fill posts timeously; As the demand on workforce will grow, plan recruitment based on projected demand;	Anthea Fraser	June 2021 and ongoing

	Further expansion of digital technology and upskill staff to embrace the technology within their work area; Upskill staff to ensure they can support people to use technology e.g. GP receptionists and others to have skills and confidence to support people to use Attend Anywhere or other digital tools for appointments; Implementation of the Primary Care Improvement Plan requires robust national workforce planning.	Community Care leads	September 2021 and ongoing
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The actions under the 7 principles will enable priorities in the mobilisation plan to be delivered.

The mobilisation plan's key priorities are:-

- Supporting care homes to deliver optimal outcomes for all residents and staff; this is supported by a dedicated multi-disciplinary care home support team providing support/guidance/training and education to the staff teams in the homes. Midlothian HSCP is signed up to the Lothian Care Academy programme board which focusses heavily on recruitment, retention and upskilling of staff in the care homes.
- Increasing District nursing capacity to enable people to live longer in their own homes. District nursing and care at home services continue to develop more integrated ways of working to deliver seamless, person centred care to older people.
- Care at home has a continual focus on recruitment and retention and undertaking re- commissioning with the external services to improve terms and conditions for staff to increase the retention levels and consistency of carers to clients. The geographical cohorts of carers has improved consistency of care and service efficiency.
- Reintroduction of face to face training to ensure all staff receive the training/learning opportunities relevant to their post and career i.e. manual handling, Team Teach, Dementia awareness.
- Improving inpatient flow will focus on the increased emphasis on prevention and early intervention while outlining plans to develop a more coherent system of services that link directly to Acute Hospitals. A "Home First" approach and an increased focus on realistic medicine and good conversations with effective clinical leadership will develop improved clinical pathways, experience and outcomes for people who require services.
- The configuration of Midlothian Community Hospital has changed in response to the COVID-19 pandemic. Additional beds were opened in January 2021 to increase step-down options and improve patient flow from acute hospitals. Midlothian Community Hospital is also serving as a COVID-19 Vaccination Centre.
- Unpaid carers have been significantly impacted by the pandemic with community services such as day care and residential respite being cancelled. However plans are in place to reintroduce alternative solutions.
- On-going vaccination programme to ensure all are offered their vaccination.
- On-going Test and Protect programmes to manage the spread and risks of Covid.
- Develop a training calendar of all mandatory and desirable training for all front line services that are SSSC compliant.
- Regular monitoring and review of the interim plan and develop next plan for 2022.

Section 5 – Medium Term Workforce Drivers (Refer to Annex 1 for indicative Content)

As outlined in the short term workforce drivers there will be a focus on the Scottish Government “*Remobilise, Recover and Redesign – Framework for decision making*” however the medium term drivers will prioritise on redesign. The redesign of services will be informed by the review of work undertaken in 2021 to 2022 along with data collection from audits of staff vacancies, recruitment and retention levels and initiatives being developed. It will also take account of the recommendations in the Feeley report and COSLA guidance on the integration agenda of workforce planning with Health and Social Care Partnerships.

The medium term drivers will be aligned to HSCP strategic plan and focus on the Fair work Framework - “*Fair work in Scotland’s social care sector*” (Fair Work Convention, February 2019) to improve the quality of work and employment of the workforce with key priorities including:-

- Increasing skill set of front line staff particularly those in care homes and care at home to become more skilled assessors and deliverers of care.
- Monitoring and review of new block contracts with care at home providers; staff retention levels are expected to increase as carers will be paid for the whole shift and not time and task.
- A decisive shift towards prevention with investment in community services workforce.
- Improved access to performance data to increase overview of service delivery and identify gaps/challenges in workforce planning.
- Implement the new GP contract including development of multi-disciplinary Primary Care teams.
- Reduce reliance on bank and agency staff.
- Develop stronger joined up out of hour’s services.
- Strong supportive leadership.
- Increased roll out of *Good conversations* training.
- Closer monitoring and support arrangements for staff who are displaying stress to enable them to stay well at work.
- Monitoring and review of age profile of workforce and plan for retirements and recent changes to pension schemes.
- Implementation and delivery of The Care Academy.
- Develop Midlothian HSCP as a centre of training excellence.
- A more consistent integration of health and social care teams across the partnership enabling access to learning and development across both employing organisations.
- Increasing professional supervision for staff particularly those who work in isolation.
- More effective induction programmes for all posts to ensure staff feel supported, valued and ensuring consistent and appropriate models and levels of supervision are available to all staff.
- Management development programmes to ensure team leaders are equipped to undertake their role effectively to support staff to be the best they can be.
- Increase in technology assisted learning and development programmes.
- Develop 3 year plan to commence 1st April 2022.

Section 6 – Supporting the workforce through transformational change (Refer to Annex 1 for indicative Content)

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

Technology is playing an increasing role in the services we deliver, providing better online services and helping people to manage their health at home through initiatives such as video clinics, digital access to records, test results, outpatient booking and online services for triage and repeat prescriptions. SSSC, NES and others continue to make long term commitments to develop resources that support the workforce to use and embrace technology.

There are also particular issues in parts of the health and social care workforce, where the age profile of staff suggests high levels of retirements in the next 10 years.

One area where this could have a significant impact is nursing where 19.2 % of the workforce is expected to retire in that period. There is a 5.6% vacancy level across Scotland for nursing posts and this is particularly evident in care homes with higher nurse vacancy percentages and this is recognised in the care homes in Midlothian. There are similar challenges in social care, which has an overall vacancy rate almost twice the Scottish average (COSLA 2021). The care home and care at home workforce is experiencing high vacancy levels with many services reporting problems filling jobs.

Although there is a national trend of lack of Mental Health officers; Midlothian has been able to maintain their numbers through dedicated training and support through the Joint Mental Health team. There are no unfilled social worker posts in Midlothian with all staff on permanent contracts and a highly skilled and experienced team. The implementation of the Primary Care Improvement Plan is a significant development in Midlothian. Successful implementation requires robust national workforce planning to ensure there is sufficient workforce for the new roles.

Supporting the workforce to meet the increasing demand will encompass a range of activities to ensure those requiring the service are not left at risk and staff not overwhelmed with workloads. These are outlined in section 5 however these activities will include:-

- Offer skills, training and qualifications programme targeted to those most affected by the pandemic – including disabled people, minority ethnic communities and lone parents.
- Implementing block contracts in September 2021 with external care at home providers to improve terms and conditions of staff to increase retention of staff and increasing consistency of care to the client and increasing capacity.
- Introduction of The Lothian Care Academy Development.
- Complete bespoke rapid recruitment and induction for care staff to keep vacancies at a minimum
- Development of contract agreements for competency assessment to upskill staff on specific tasks especially for care at home and care home staff.

- Performance matrix to inform change and redesign such as OUTNAV and Tableau dashboards.
- Involvement and membership of the City Region Deal to work with key stakeholders with identifying workforce gaps and planning with colleges, universities and employers developing routes to fill these gaps.
- Increased SVQ assessor role resource to ensure SVQ programmes meet increased demand within set timescales.
- Working closely with NES and SSSC to provide appropriate training/ learning and development across a range of service areas to upskill staff.
- Work in partnership with Lifelong learning and employability programmes to deliver increased numbers of both Foundation and Modern apprenticeships.
- Work with Skills Development Scotland on other employability programmes such as Kickstart and Youth guarantee.
- Offering placements to a range of students including Nursing, HNC in Social services (12 due to start in May 21), AHP's, Paramedics; Social Workers.
- Improving performance data sources to integrate NHS and Council workforce HR information across the partnership.
- Development of the care home support team to provide skilled clinical care and support to the care homes in Midlothian.
- Expansion of intermediate care services to ensure flow is paramount.
- Audit and review of staff qualifications for SSSC and Care Inspectorate compliance.
- Development of the Midlothian brand to demonstrate commitment to support staff.
- A continued focus on integrated teams and roles where relevant, supporting care models.
- Digital first approach e.g. Trickle App to understand team "mood".
- Undertake evaluation of induction periods for newly qualified social workers.
- Introduce rotation opportunities for Band 5 AHP staff.

Summary

Workforce planning is not an exact science and this plan represents a key stage in setting out the strategic direction of the priorities and actions Midlothian HSCP aim to deliver in the forthcoming year and beyond. It will support workforce planners and staff to address the complexities between demand for services and availability of staffing resource across all elements of health and social care services. Developing strong national governance structures for workforce planning will assist partnerships to deliver on their workforce plans providing directions on updated information such as data from surveys on the changes to the labour market and the impacts this will have for future recruitment and retention. Also accessing information from the TURAS Data Intelligence Platform, bringing together workforce data in one place. Developing local and national initiatives to tackle filling hard to fill posts will assist in ensuring the services have the appropriate staffing resources to meet demand. The data illustrates having a skilled, competent and supported workforce providing stability to staffing establishments with increased staff retention remains absolutely critical to delivering safe, effective and person centred care.