

## Summary of the [Integrated Health and Social Care Workforce Plan for Scotland](#) (December 2019)

- This summary covers new initiatives for development of the allied health profession (AHP) workforce,
- It will enable RCSLT members to understand the emerging context for local and regional workforce planning affecting SLT services,
- Text is reproduced from the Plan, below is a summary of sections of the plan with additional notes on SLT and AHPs,
- The Scottish Government and Cosla (Convention of Scottish Local Authorities) have established a National Health and Social Care Workforce Plan Programme Board to deliver the Plan (summer 2020),
- The Chief Allied Health Professions Officer sits on this Board,
- In light of Covid-19 the Board will begin by reviewing the Plan.

### Introduction

The planning carried out to recruit, deploy, nurture, and retain this vital workforce must be exemplary. Workforce planning is not an exact science. It is often described as a multi-dimensional and iterative process, capable of handling changing circumstances as they emerge.

### Workforce Planning Base

- developing strong national governance structures for workforce planning
- delivering the TURAS Data Intelligence Platform, bringing together workforce data in one place
- commissioning a new Labour Market Survey research to give us a better understanding of the national and local challenges
- delivering a new GP Contract

### Workforce Stats

AHP numbers are at a record high, up 17.5%, or by 1,547.9 WTE (8,842.1 WTE to 10,390.0 WTE)

## The key AHP commitments in this Plan are:

- Create 225 more Advanced Musculo-Skeletal (MSK) Practitioners in Primary Care, by increasing MSc training places for the Physiotherapy workforce.
- Increase Reporting Radiography training places by 30 (10 in each of the next 3 years).
- Develop a bespoke training programme to upskill Interventional Radiologists (and others with appropriate skills) to perform Mechanical Thrombectomy (MT) procedures to improve treatment of stroke patients across Scotland, and ensure these skills are approved as credentials by the GMC.

## Demand

The Framework projects that over the next five years future demand would rise by 3.5% per annum for health and 4% for social care, based on inflation, demographic pressures, non-demographic growth and the dampening of growth created by efficiency and reforms. In reflecting the impact of the NHS pay deal and similar expected impact for social care (2.2%-2.4% per annum), we have assumed a non-pay average annual growth of around 1.3% for health and around 1.7% for social care.

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

In assessing how demand will be met we need to take account of new forms of provision such as

- the creation of Elective Centres,
- the Waiting Times Improvement Plan,
- The Health and Care (Staffing) (Scotland) Act,
- technology enabled care.

## Approach

The shift in emphasis from planning for single professions towards multidisciplinary, team-based care needs further progress to be made on workforce data to develop the evidence base required.

To address the likely effects of health and social care demand, we estimate that Scotland will require around 20,000 WTE more health and social care employees in the period to 2023/24. While the steps taken by Government will help, growing this

number of staff in response to demand is a challenging target to achieve in a comparatively short timeframe, particularly when services are subject to sustained pressure.

Mitigating actions may help reduce this requirement by up to 10,000 WTE, by enabling redesigned workforce roles, realising technology enabled care, and examining how we deliver services.

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

## Projections

Overall numbers that may be required in key staffing groups over the next 10 years.

- Over 8,800 more Nursing & Midwifery staff
- Over 1,100 more Medical Consultants
- Over 1,500 more Allied Health Professionals
- Over 700 more Healthcare Scientists
- Over 8,800 more Care Home staff
- Over 14,400 more Home Care & Housing Support staff
- Over 900 more Practicing Social Workers

## Skills

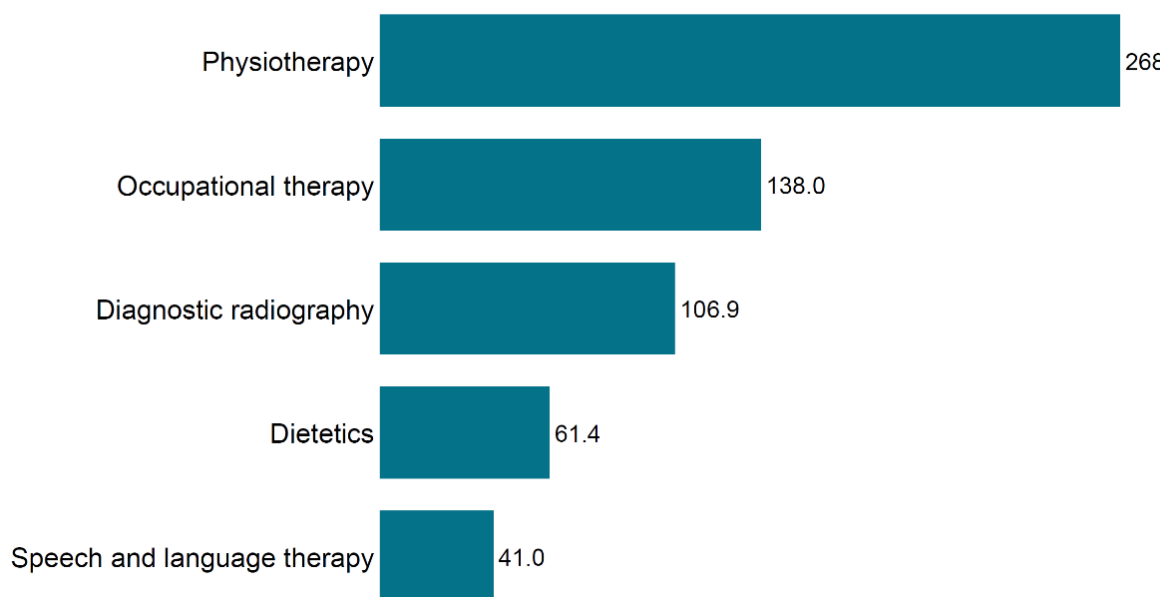
We need a workforce that is flexible and adaptable to the demands of a changing health and care environment, digitally confident and able to work effectively in multidisciplinary teams. As an illustration of what this might mean for the skills required, we will have particular need for:

- Team working skills to work well in multi-disciplinary teams delivering joined up services that focus on anticipatory and preventative care, respond to people's needs and ensure vulnerable people's rights are supported and protected
- Skills to provide more complex support and care to people living with frailty, disabilities, multiple morbidities and long term conditions, particularly in community settings, in a way that ensures a meaningful continuity of care and support for the person receiving it.
- Working with health and care service users and their families. In a community setting this will focus on promoting self-care, prevention and shared decision making
- Understanding of mental health issues and how to support people
- An understanding of how digital solutions can improve care and how to effectively implement and use these solutions in delivering care.

## Turnover

In the allied health professions, turnover remains steady but increasing numbers of workers are nearing retirement and there has been an increase in vacancies with the highest rate and numbers in physiotherapy.

For current (as of December 2019) AHP vacancy data please check section 6.3 of the [NES NHS Scotland Workforce report](#) (31 March 2020). Figure 23 shows the AHPs with the highest numbers of WTE vacancies:



## Education

Training numbers for staffing groups such as AHPs, healthcare scientists, pharmacists and social workers, who undertake formal qualifications in advance of employment, are not centrally controlled. Instead they reflect decisions on intake by the universities providing qualifying programmes and demand from potential students. However there are actions we can take to improve workforce planning for these groups. (For AHPs these are contained in actions addressing the three priority areas of building the community based workforce, mental health and waiting times performance highlighted earlier).

## Recruitment

A national recruitment campaign for nursing, midwifery, allied health professionals (NMAHPs) and healthcare scientists was launched in November 2019, targeting students applying to universities. The campaign will promote the contribution NMAHPs and healthcare scientists make to positive outcomes in Scotland, and the

range of positive career opportunities available in order to attract individuals into NMAHP and healthcare science careers and ensure a sustainable workforce is available to meet Scotland's future requirements.

### Modern Apprentices

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

Within Nursing and Midwifery, work is being taken forward on recommendations from the Chief Nursing Officer's commission into widening participation to nursing and midwifery education careers. Recommendations include establishing a route from school into pre-registration nursing and midwifery through the apprentice route; adopting a positive approach to commissioning pathways into nursing careers.

(There is an RCSLT policy position on [Apprenticeships in England](#)).

### Integrated Workforce Planning

Guidance being issued alongside this Plan sets out roles for workforce planners nationally, regionally and locally across the sectors. Guidance signposts a range of existing methodologies and encourages all health and social care employers to use these in planning for the workforce they require.

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

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

The procurement of an NHS wide rostering system, in addition to creating efficient rosters, will provide further data evidence clearly linking efficient and effective use of staffing resources to demand.

The Scottish Government has also commissioned NHS National Services Scotland to develop an online tool to collect workforce information as part of the National Primary Care Workforce Survey, which ISD regularly carries out on behalf of Scottish

Government. This is an important source of information to support workforce planning for primary medical care services. This workforce data may also be used to develop workforce metrics to support sustainability work at a board, cluster and practice level.

Effective implementation of the Health and Care (Staffing) (Scotland) Act and the oversight provided by HIS will continue to improve the existing tools and develop new tools with a focus on developing multidisciplinary tools and including staffing groups beyond nurses and midwives.

## Scenario Planning

The annex published alongside this Plan sets out scenarios illustrating potential workforce changes. Alongside core staffing groups we have produced scenarios on some key groups which can make a significant contribution in our three priority areas

- building the community based workforce,
- mental health,
- waiting times performance.

[Illustrative Scenarios](#) ‘The Scottish Government will support the development of scenario planning methodology at local and regional workforce planning levels. Doing this will encourage more robust scenario assumptions which accurately reflect specific local and regional workforce issues and drivers.

## **Conclusion**

RCSLT Scotland and the Allied Health Professions Federation Scotland (AHPFS) are working to influence the development of workforce planning tools in Health Improvement Scotland to address the needs of AHP professions.

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