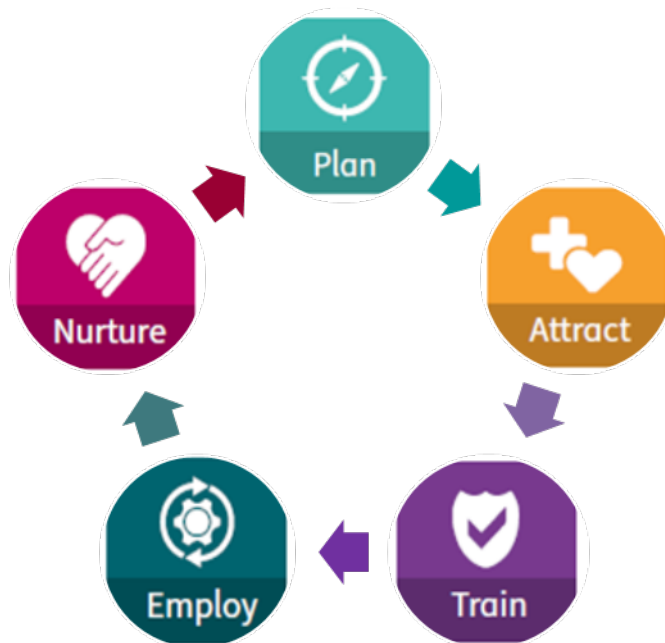




**Midlothian
Health & Social Care**

**Midlothian Health and Social Care
Partnership
Workforce Plan 2022-25**



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Introduction & Background

The Scottish Government has requested that all Health and Social Care Partnerships develop 3-year workforce plans aligned with the key policy commitments set out in the [NHS Recovery Plan \(2021\)](#) together with the projected recovery needs in social care services, in anticipation of the development of the National Care Service.

This workforce plan relates to the workforce that delivers services as set out in the NHS Lothian and Midlothian Council's Scheme of integration. This includes:

NHS Lothian:

- Care in Hospitals which isn't planned (unscheduled care) including:
 - Accident and Emergency
 - Minor Injuries
 - Acute wards
- Midlothian Community Hospital
- Community based health care (Primary care) including:
 - GPs
 - District Nurses
 - Dentists
 - Pharmacists
 - Mental Health services
 - Substance Use Services
 - Community Respiratory team
- The following Health services for children and young people under 18:
 - Health Visiting
 - School Nurses
 - Vaccinations of children
- Allied Health Professionals, including:
 - Physiotherapists
 - Dietitians
 - podiatrists
 - Palliative and End of Life Care

Midlothian Council:

- Social Work support for adults including:
 - Adults with dementia
 - Learning disabilities
 - Older people
- Day services for older adults and people with learning disabilities
- Care at Home services
- Health services for people who are homeless
- Extra Care Housing for people who need housing with extra support
- Services to support unpaid carers and breaks from caring
- Care Homes
- Services to address health and care needs of people in the justice system

Our health and social care workforce is our greatest asset and we must invest in developing a skilled, flexible, and adaptable workforce to support people and communities achieve the outcomes that are most meaningful to them.

In challenging circumstances, our staff have demonstrated an incredible commitment to the health, care, wellness and wellbeing of people and communities.

We face the challenge of remobilising services whilst responding to unprecedented pressures on our health and social care system. As we recover from an emergency footing due to the COVID-19 pandemic we will embed workforce planning within our broader strategic planning with consultation and clear governance.

This plan recognises local and national challenges alongside our ambition to transform integrated services and supports to deliver the priorities in the Midlothian IJB Strategic Commissioning Plan 2022-25 and associated operational and financial plans.

Workforce planning and workforce development needs are emergent and dynamic. This plan outlines our understanding of workforce demographics, identifies the well-being, support and development needs of our staff that are critical to success and sets out a range of actions to plan, attract, train, employ and nurture our workforce that will be taken over the short and medium term to support recovery, growth and transformation of health and social care.

As we transform our services our focus is increasingly on working with partners from all sectors to ensure we have a workforce fit for the future which is integrated and puts people at the heart of all we do.

Planning our Workforce

This plan supports the Midlothian IJB Strategic Commissioning Plan 2022-2025 and the shared responsibilities of NHS Lothian and Midlothian Council to improve outcomes.

Two of the National Health and Wellbeing Outcomes (The Public Bodies (Joint Working) (Scotland) Act 2014) relate to our workforce. These require us to ensure that

- people who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide; and,
- all our resources are used effectively and efficiently in the provision of health and social care services

In order to meet these, our workforce needs to be flexible, innovative, and empowered to think creatively and bring new ideas to ensure sustainability of services. We need to attract and retain employees of all ages and experience by creating opportunities and flexible career paths.

Our staff demonstrate an incredible commitment to the health, care and wellbeing of people and communities. The impact of the COVID-19 pandemic remains far reaching and it is critical staff wellbeing and wellness is embedded in our culture.

Our Interim Workforce Plan 2021–22 identified the following priorities for our workforce:

- Future focused
- Integrated with strategic and financial planning
- Dynamic and responsive to the complex, changing and shifting landscape
- Services outcomes are linked with workforce requirement for delivery
- Relevant to all people working across health and social care and enable staff to develop their skills supporting transformation
- Involve planning and modelling sustainable affordable approaches to support integration of health and social care.

This current plan builds on these priorities with clear focus on:

- **Attracting staff to fill vacancies including hard to fill posts**
- **Reducing vacancies through retaining, supporting and upskilling staff**
- **Reducing workforce inequalities**
- **Increasing support with digital access**

Context

[Health and Care: National Workforce Strategy](#)

This strategy defines a vision for the health and social care workforce as “a sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do”.

The strategy focuses on three objectives of Recovery, Growth and Transformation and sets out Five Pillars of the workforce journey to guide development of national and local workforce plans:



National guidance for developing our 3-year workforce plan was received in April 2022 requesting the NHS Boards and HSCPs assess upcoming workforce demand, provide information on our current workforce and an action plan.

The Health and Care (Staffing) (Scotland) Act 2019

This act aims to improve the employment experience and working conditions for all health and care staff with duties including workload measurement with clear mitigation and escalation processes to manage risk, taking expert professional advice to support decision making and ensuring staff wellbeing and wellness are considered when making decisions affecting staff.

The National Care Service

The Scottish Government proposals for a National Care Service will be debated with a view to establishing the National Care Service by the end of this parliamentary term in 2026. The development of a National Care Service is proposed to have a key role in delivering the workforce needed in Social Care and understanding the interactions and dependencies across the whole Health and Social Care system.

Midlothian HSCP Strategic Direction

Midlothian HSCP's vision is that people in Midlothian are enabled to lead longer healthier lives. We want to provide the right support, at the right time in the right place. To do this we will:

- Increase people's support & opportunities to stay well prevent ill or worsening health & plan ahead
- Enable more people to get support, treatment & care in community & home based settings
- Increase people's choice & control over their care & support services
- Support more people with rehabilitation & recovery
- Improve our ability to promote & protect people's human rights, & meet our duties under human rights law through our services & support
- Expand our joint working, service integration & partnership working with voluntary & independent providers, unpaid carers & communities to better meet people's needs

Local Challenges

- **COVID-19:** The pandemic continues to influence our services. In conjunction with NHS Lothian the HSCP have developed short- and medium-term recovery plans whilst recognising the pandemic is ongoing and significant uncertainty remains.
- **A Growing and Ageing Population:** Midlothian is the fastest growing local authority. 12,000 new houses will be built in the next 3 years which will pose challenges for all our services whilst changing the face of some of our communities. As people live longer many more people will be living at home with frailty, dementia, and multiple health conditions. An increasing number of people live on their own with a risk of social isolation.
- **Workforce:** There is reduced availability of staff with appropriate qualifications or skills, including General Practitioners, Social Care Workers, and Registered Nurses. The COVID-19 pandemic will continue to impact on staff absence and deployment. Additional resource is required to deliver vaccination and adapt services in line with guidance.
- **Financial Pressures:** The traditional approach to delivering health and care services is no longer sustainable. Shifting resources from hospital to community-based services and placing more emphasis on prevention is challenging, particularly within the current financial constraints.
- **The Independent Review of Adult Social Care (2021):** The changes to care services as a result of the review are likely to be significant. Any workforce growth will require additional investment and potential funding is limited within wider system pressures.
- **Unpaid Carers:** During the pandemic, services supporting carers continued to offer support with digital and telephone contact, although access to some face to face services such as respite, and day services were reduced. Further work is required to reduce the pressure and impact of caring.
- **Whole System Pressures:** The whole system is under pressure and unprecedented demand with financial, workforce and infrastructure challenges. Investment in community-based services is required to minimise avoidable and inappropriate admissions and facilitate earlier discharge. Treating people at home or closer to home can provide alternatives to hospital admission and improve people's outcomes.
- **Environmental:** We need to consider how we can work together to take collective and community-based action to reduce our carbon footprint and work towards net zero.

Developing the Plan

Midlothian Council and NHS Lothian have differently developed and detailed plans for various professional groups and we tried to incorporate all different approaches when writing this plan.

Approaches

We used two main approaches to align our plan with strategic, financial, and operational plans.

1) Six Steps Methodology:

- Define the plan
- Map the service change
- Define the required workforce
- Understand the workforce availability
- Develop an action plan
- Implement, monitor and revise the plan.

2) Five Pillars Framework:

- **Plan** – Support evidence based workforce planning
- **Attract** – Attract the best staff into health and care employment
- **Train** – Support staff through education and training to equip them with the skills to deliver the best quality of care
- **Employ** – Make health and social care organisations “employers of choice” by ensuring staff are, and feel valued and rewarded
- **Nurture** – create a workforce and leadership culture focusing on the health and wellbeing of staff.

Governance

This Plan has been overseen by the Senior Management Team and a Workforce Planning Group is being established with a wide range of stakeholders to improve integration of workforce planning and lead on delivery of this plan. As we emerge from the pandemic capacity may need to grow while workforce sustainability challenges increase. Emerging priorities and work streams will be identified in the annual updates of this plan.

Equality and Diversity

The HSCP is committed to eliminating discrimination and improving equality of opportunity with inclusion, fairness and equity being core conditions that we seek to create reliably. The Midlothian HSCP workforce are employed through Midlothian Council and NHS Lothian who each have developed equality and diversity plans to improve the way services are delivered and the way staff are employed.

Key features of these plans.

Midlothian Council Equality Plan 2021-25	NHS Lothian Equality & Human Rights Strategic Plan
<ul style="list-style-type: none"> • Midlothian is a positive & inclusive workplace for all employees; • New recruits will join an increasingly diverse workforce across all levels of the organisation reflecting the population we serve; • We are committed to providing opportunities for all new and existing staff from groups currently under represented and promoting staff forums for people with protected characteristics; • We are committed to the ethos of the Equality Act 2010 both within communities and the workforce. 	<ul style="list-style-type: none"> • Equality & human rights are a central part of planning , decision making, delivery and reporting processes; • Our work helps to root out modern day racism and remove racial inequalities; • We anticipate and meet the needs of disabled people; • We support trans people to make well informed decisions about their transitions, their health and in their employment; • We support people who use mental health services to know about and claim their rights, and to make decisions about their care and treatment; • We reap the benefits of equality and human rights education and training

Engagement

We consulted with key stakeholders in a variety of ways including Surveys, Focus groups, Feedback from services and service users, 1:1 meetings, Joint meetings with Trade Unions and discussion at Strategic Planning Groups. We consulted a range of people including:

- Staff
- Trade unions
- Human Resources Leads
- Strategic Planning Leads
- Financial Planning Leads
- NHS/HSCP Workforce Planning Leads
- Midlothian Voluntary Action (MVA)
- VOCAL – Carers representatives
- Primary Care Representatives
- Independent Sector Representative
- Service Users

Key themes from our engagement:

- **Leadership & Management**
 - Improve support/guidance/induction of first line managers to enable them to be effective leaders
 - Supportive & nurturing leadership to enable staff to grow & develop
 - Work with third sector to keep staff & volunteers up-to-date with policy & planning developments & opportunities to engage & influence
- **A Nurtured & Empowered workforce**
 - Staff are listened to, respected & valued in the work they do
 - Our culture should be supportive & inclusive
 - Increase transition awards to enable staff to progress their career
 - Support those seeking alternative career pathways
- **Training & Development**
 - Induction & personal development plans for all staff
 - Develop opportunities for staff to enhance their skills and competencies
 - Identify opportunities to address shortages of skilled staff
 - Work with unpaid carers to identify training and learning needs
 - Promote opportunities through the partnership
- **Recruitment & Retention**
 - Provide more practice placements
 - Increase apprenticeship roles with guaranteed employment
 - Utilise social media platforms to advertise vacancies
 - Improve terms & conditions & minimise use of short term contracts
 - Develop Fair Work programme to address work inequalities

Midlothian Population Growth & Demographic Change

Midlothian is one of the smallest local authorities in Scotland yet has one of the highest projected population growth largely due to its extensive house building programme.

The 2020 midyear population estimate was 93,200; the projections from 2018 to 2028 are for a population increase of 13.8% to 103,945; this is the highest projected percentage increase out of the 32 council areas in Scotland and is made up of a 1.4% increase due to natural change (more births than deaths) and a 12.4% increase in net migration.

The demographic profile forecasts an 11.2% increase in children: a 16.1% increase in those of working age and an 8.9% increase in those of pension age. ([Population Projections for Scottish Areas \(2018-based\) | National Records of Scotland \(nrscotland.gov.uk\)](#))

The 75 years+ age group is projected to see the largest percentage increase of 40.9% whilst the 25-44 age groups are projected to be the largest overall. Although this indicates an aging population which may bring increased demand for health and social care services the projected increase in the working age population brings an opportunity to attract people into health and social care careers within Midlothian.

The population growth and demographic change mean we must plan to both grow and change our services and corresponding workforce to ensure there is capacity to meet demand.

Life expectancy steadily increased until 2017 when it started to level off and reduce slightly with 2018-20 estimates of 81.2 years for females and 77.4 years for males. ([Midlothian Council Area Profile \(nrscotland.gov.uk\)](#))

In addition to the changing demography and changes in life expectancy there are other drivers for service demand associated with the COVID-19 pandemic. The impact of long-COVID has been substantial for many people. Reduced access to preventative care during the pandemic has resulted in increased morbidity and complexity of long-term conditions

It is anticipated that these factors will mean that there will be a significant increase in the requirement for primary, scheduled, and unscheduled care in the short, medium, and longer term.

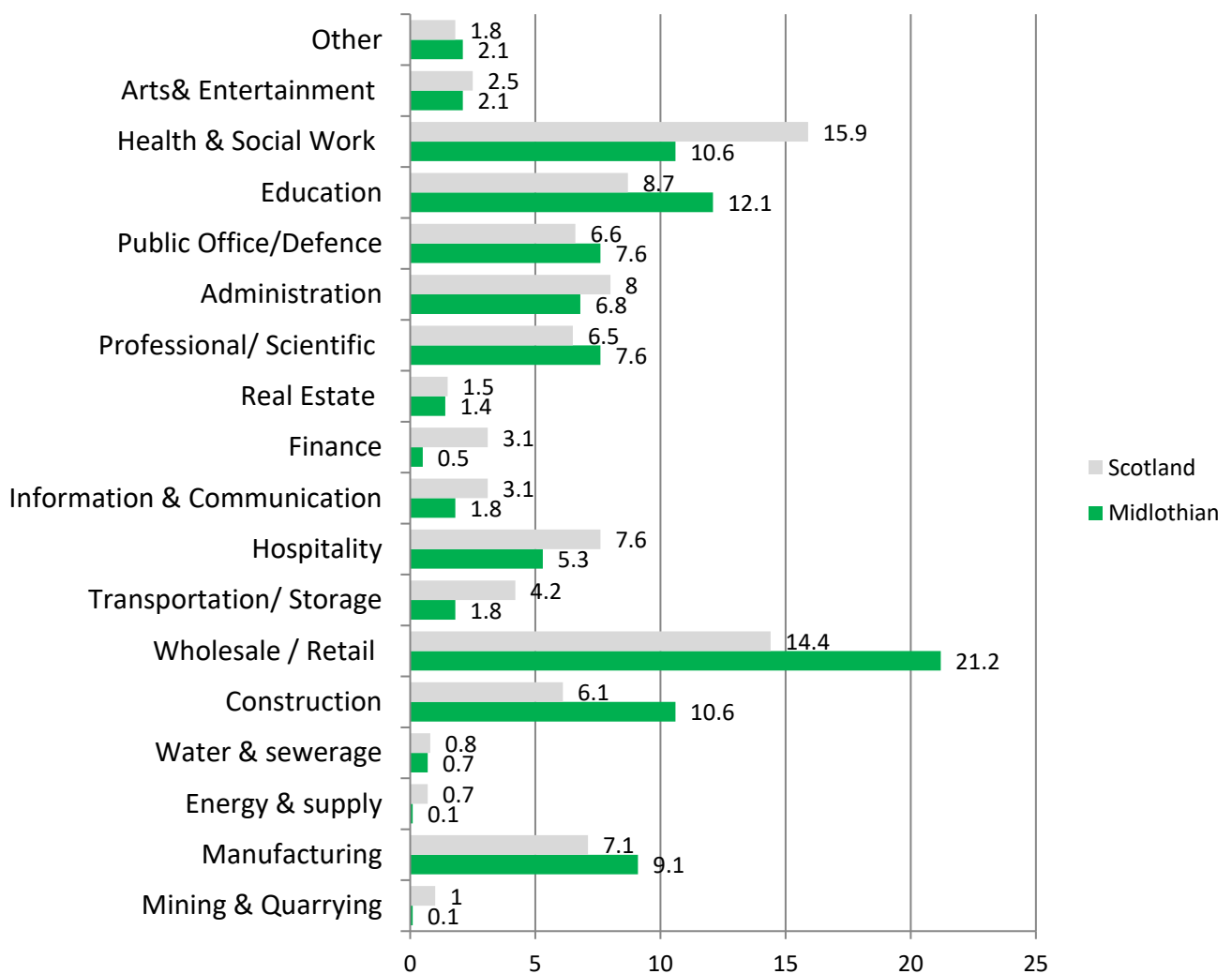
Current Workforce

Midlothian

The growing economy and increasing proportion of population of working age presents both opportunities and challenges to attracting people to health and social care careers. We have to consider how we make careers in health and care attractive.

In 2021 10.6% of the estimated 30,000 jobs in Midlothian was in the health and social care sector which was lower than the national average of 15.9%. Midlothian has large manufacturing, construction, retail, and education sectors with high levels of employment and it is a competitive job market.

Proportion Of Employee Jobs By Sector 2021



Source: [Labour Market Profile - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://www.nomisweb.co.uk)

In 2021 61.7% of the Midlothian population are of working age (n=57,500). Of these 83.7% are economically active, which is well above the Scottish average of 77.1%. It is estimated that 2.6% of the economically active population are unemployed (Circa 1,300) which is below the national average of 3.4%.

16.3% (Circa 9,300) of the population aged 16-64 are categorised as economically inactive (e.g., students, people looking after family/home, those with long term illness, people who have retired etc.); of these it is estimated that 81% do not want a job however the sample size is too small to accurately estimate how many would like to return to work.

Midlothian local development plan outlines the ambitious house building programme which will result in an estimated increase in population of 31,000 which will require an expansion of health and social care provision particularly within primary care and community services. A new health and social care centre of excellence is proposed at Shawfair, and this will include a new GP practice and expansion of community services.

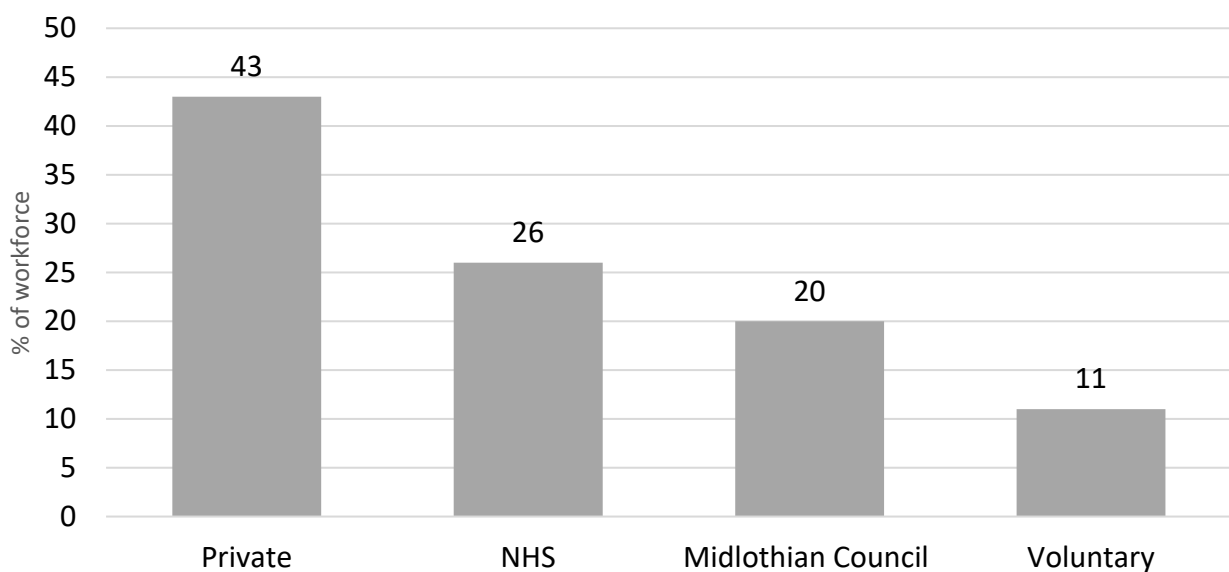
Midlothian HSCP

The number of people employed by NHS Lothian and Midlothian Council in services delegated to the HSCP has grown to meet demand as more people are living with complex care and support needs, and to respond to the COVID-19 pandemic. Core business functions have been challenged by an ageing workforce, increased vacancy levels and reliance on supplementary staffing.

Providing an integrated analysis of the workforce in the partnership is challenging as there is limited information on terms and conditions and different systems are used to collect data. We have used data from NHS Tableau, Midlothian Council and the SSSC workforce data 2020 (August 2021).

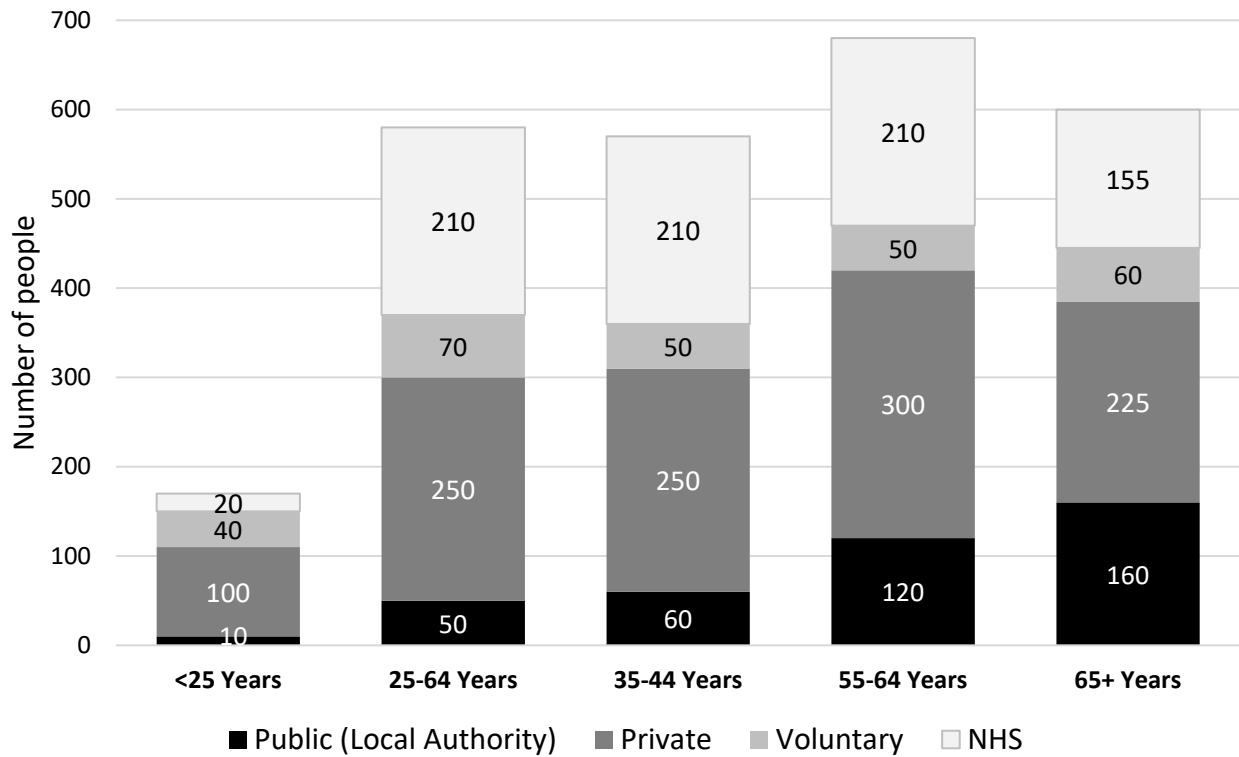
The HSCP employ approximately **1,330 staff** (headcount) with 55% employed through NHS Lothian and 45% employed through Midlothian Council. In addition, the HSCP commission independent and voluntary sector organisations to provide care at home and in care homes with a combined workforce of around **1,530** (headcount). The independent and voluntary sectors account for 54% of the health and social care workforce within Midlothian.

**Midlothian Health and Social Care Workforce by employer
(August 2021)**

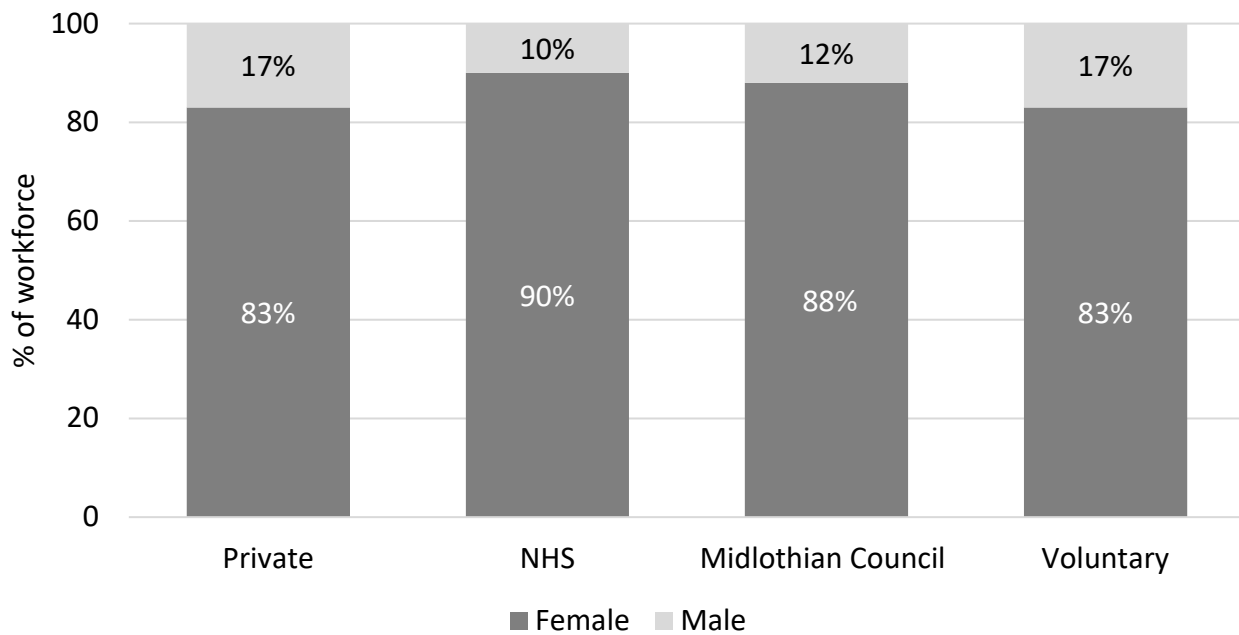


The age profile of the combined workforce indicates that only 6% are under 25 with the majority of these employed within the private and voluntary sector. **51.6%** of the workforce are over age 45 and **26%** are over age 55. Succession planning for those approaching retirement, as well as those who may 'retire and return' is vital, and we must attract young people leaving school and those changing career into health and social care roles.

Age Profile of Health and Social Care Workforce

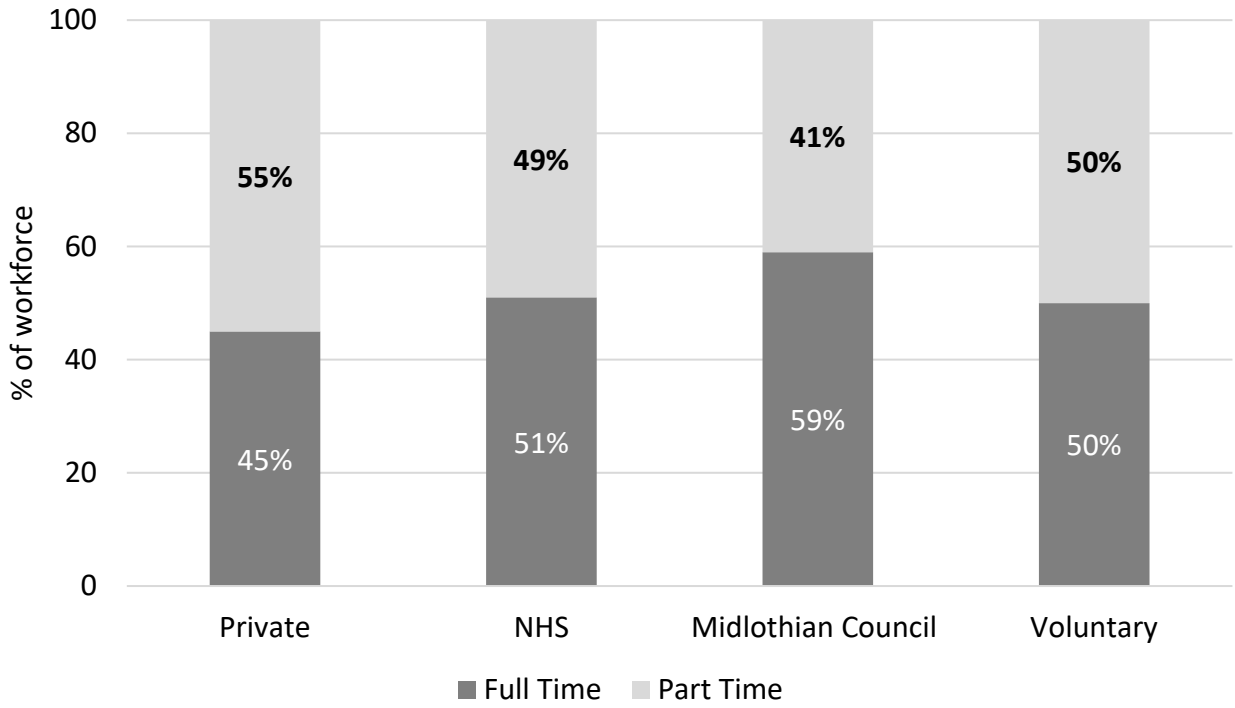


Gender breakdown of the HSCP workforce (August 2021)



14.3% of the combined workforce is male and **85.7%** is female

**Full Time/Part time breakdown of the HSCP workforce
(August 2021)**



Gap Analysis

Health

Within the NHS, tableau workforce dashboards enable service leads to understand the workforce profile, the establishment gap and the extent to which gaps are covered by supplementary staffing options such as, overtime, Staffbank or agency staffing. This monthly data can be analysed down to ward level and provides services with up-to-date information upon which to monitor and plan their staffing.

The funded establishment represents the agreed and funded staffing level at a given time. The in-post figure is representative of the number of posts with a permanent or fixed term appointment aligned. The establishment gap is the difference between the funded establishment and the in-post numbers and in March 2022 was at 3.05% for the NHS employed workforce within Midlothian.

NHS Lothian has a 21.5% predicted absence allowance built into the establishments of some professional groups to cover predictable absences; this has been challenged every month over the last 2 years of the pandemic with COVID-19 related absence having a significant impact. The increasing level of absences together with the establishment gap has increased the reliance on supplementary staffing.

Nursing

The COVID-19 pandemic placed unprecedented challenges on the nursing workforce across inpatient and community settings. They need to find new ways of working to address the increasing and changing demand in the face of recruitment and retention challenges.

Experiences during the pandemic, particularly as staffing pressures increased, led Corporate Nursing in NHS Lothian to develop an escalation and response framework which has supported information gathering and decision making about staffing levels. As part of this, the Safecare tool provides real time comparison of staffing levels across all bed-based areas and provides an auditable trail around staffing decisions. Safecare is linked with electronic rostering, ensuring transparency on staffing levels and deployment. Further work is underway to develop tools provide improved data on workforce to inform planning for the future and meet safe staffing levels.

Whilst the pandemic has put pressures on nursing capacity there are pre-existing challenges, which include a shortfall in training places to cover vacancies, retirements, wider workforce trends and new service commitments.

Band 5 Registered Nursing Posts

The Staff Nurse (Band 5) establishment gap currently stands at 14% (13 WTE) and is of continuing concern. Despite ongoing advertising of vacancies, it has been difficult to attract candidates, particularly to posts within Midlothian Community Hospital. The demographic profile of the nursing workforce indicates the likely number of staff retiring will increase staffing challenges. There is a need to raise the visibility of vacancies and consider targeted recruitment campaigns.

Service Managers are engaged with the work across NHS Lothian in developing the Nursing Assistant Practitioner role (Band 4) across adult bed-based, mental health and community nursing teams. The development of this role is a strategic response to the shortage of Registered Nurses, with the aim of maximising the opportunity for registered nurses to utilise their unique knowledge and skills by developing a workforce that can support them in the delivery of safe, effective, and person-centred care.

This approach is central to responding to our immediate workforce needs. The Assistant Practitioner role will be an important part of the skill mix within our ward and community teams, and there will be opportunities for staff in these roles to develop further should they wish, e.g., to progress through variety of routes to Registered Nurse or other roles. Our service and workforce plans will be aligned to grasp these opportunities.

Health Visiting

The Scottish Government expansion in Health Visitor training has had a positive impact on the Health Visiting workforce. Although Health Visiting is not a pressure in Midlothian, there are Lothian-wide and national challenges around the age profile of the workforce.

District Nursing

The Health and Social Care Integrated Workforce Plan (2019) identified the need to sustain and grow the District Nursing service. Key issues identified were declining numbers of District Nurses due to retirement, and challenges in meeting the growing gap at Specialist Practitioner level and above. These risks are evident in Midlothian with potentially 22% of the current workforce eligible to retire now increasing to 39% in the next 5 years.

The Scottish Government has committed to increase the District Nursing workforce establishment to provide:

- A 3% increase to cover the perceived gap between current demand and supply
- A further 9% increase to cover solely the likely increase in the demands on District Nurse services over the next five years due to projected demographic change, including a growing older population.

A Lothian District Nursing Workforce Plan is in development which will focus on

- Transforming district nursing roles and the four pillars of practice
- Addressing known service delivery gaps
- Improving recruitment, retention, and succession planning
- Improving quality and person-centred care
- Developing the Band 7 District Nurse Advanced Nurse Practitioner role. This will enable District Nursing to release GP capacity and see faster reviews for complex patients in the community setting and create new opportunities for career progression within the District Nursing service.

Mental Health Nursing

The Mental Health registered nursing establishment gap within Midlothian is 10%. 22% of the Registered Nurses in post are eligible to retire now, and this increases to 35% over the next 5 years. National investment has increased access to mental health professionals across a range of settings through Action 15 of the Mental Health Strategy. Primary Care Improvement Plans and Programme for Government funding, as well as changes to services, have further increased the number of nurses required. Whilst the investments are important in further expanding service provision, there is a national shortfall in Registered Mental Health Nurses. Despite funding to increase in training places by 10% from September 2022 has been funded, this will be insufficient to mitigate the existing and predicted gaps.

Current Workforce Initiatives in Nursing

- Attract and retain staff through policies such as retire and return and new graduate matching
- Increase skills and competencies of staff through training staff with a range of learning and development opportunities.
- Building career pathways for staff through a nurse educator to invest in newly qualified nurses to increase retention and develop career pathways, creating a career structure for band 3,4,5,6 & 7 to provide opportunities for career progression and developing Modern Apprenticeship pathways.
- Planning the nursing workforce to meet the increased demand and complexity, ensuring staff have the right skill set to deliver person-centred care and support
- Promoting and developing youth employability programmes including apprenticeships that are a route into a career in Health and Social Care
- Thinking about the range of skills available within in a team to do things differently or promoting advanced roles and professional development.
- Working across Health and Social Care to develop single approach to teams delivering best outcomes for people requiring care

Allied Health Professionals - including Dietitians, Occupational Therapists and Physiotherapists.

AHP workforce priorities are influenced by national drivers including, but not limited to, the Health Care Staffing Act; the Rehabilitation Framework; Primary Care Improvement Planning; Waiting Times Improvement Plans and transforming roles.

We have established professional and strategic governance for both NHS and Midlothian Council employees through the leadership and direction of the Chief Allied Health Professional.

Current Workforce Initiatives for AHPs

- Developing the AHP Governance and Assurance Framework
- Establishing of a range of learning and development opportunities
- Increasing the number of AHPs in GP practices to improve access to rehabilitation and outcomes. Some advanced AHPs have been able to take on some medical workforce roles – e.g. supporting the implementation of the new GMS contract with practice based musculoskeletal physiotherapists
- Developing workforce projections including workforce establishment, skill mix, staffing support and development, succession planning and recruitment

There is scope to consider and explore Band 3 and Band 4 Assistant Practitioner roles, for example, through Modern Apprenticeship opportunities. There is also opportunity to explore non-traditional routes to practice, including volunteering and work-experience opportunities, highlighting AHP careers as first choice for school leavers and developing and expanding, pathways of entry to registered practice.

Primary Care

Primary care provides a wide range of services; general practice, community pharmacy, general dental services and general ophthalmic services which are largely delivered by independent contractors, as well as HSCP services. General practice out-of-hours services, dental out-of-hours services are delivered by NHS Lothian, and district nursing, vaccination programmes, community treatment and care centres (CTAC), mental health, and physiotherapy and pharmacotherapy services are delivered by the HSCP.

The General Medical Services (GMS) contract agreed in 2018 outlined the joint commitment to implementing the new GMS contract, focusing on redesigning the balance and flow of work between GPs as the Expert Medical Generalist and other professional staff working within a multi-disciplinary team. This aimed to reduce rising workload for GPs by increasing other members of the practice team for the benefit of patients. The Scottish Government provided Primary Care Improvement Fund (PCIF) monies to support the development of Primary Care Improvement Plans (PCIP) to implement models of delivery.

In 2022 there was 91 GPs (56 WTE) in Midlothian providing GMS services to 1,811 registered patients per WTE, compared to mean 1,315 across the rest of Scotland. Several practices are currently facing significant GP workforce shortages due to retiral and recruitment failure. 4% of Midlothian GPs are planning to retire in the next 2 years, and a further 7% are planning to retire between 2-5 years. 8 practice nurses (26%) are planning to retire in the next 2 years. Burnout, stress-related illness, and long Covid all remain significant risks for workforce absence.

The Midlothian Primary Care Improvement Plan (PCIP) sets out a number of actions to mitigate some of the challenges and associated risks including provision of a range of other primary care roles and services designed to enhance the capacity of the multidisciplinary team. There are several limitations affecting full implementation of the PCIP, including

- Recruitment and retention of suitable workforce has been challenging due to shortfalls in the labour market, and competition with other HSCPs to fulfil similar roles
- The newly recruited PCIP multi-disciplinary workforce has variable levels of competence and confidence, which requires additional GP time for training and supervision.
- There are several practices in Midlothian with premises which limit the physical capacity to accommodate services.
- Population growth and rapid house building programme are placing an additional burden on GP practice list sizes. It is estimated that the equivalent of two new practices are required to meet the needs of the growing population in Midlothian.

Workforce Initiatives in Primary Care:

- Further development and recruitment to the general practice multidisciplinary team to enable increased capacity to meet growing population demand and allow GPs to focus on their role as Expert Medical Generalist.
- Development of the pharmacotherapy service in line with Scottish Government guidance including development of attractive roles to support recruitment and retention. Design of roles and working models which make best use of skill mix and enable pharmacotherapy tasks to be coordinated from one 'hub' location.
- Formal evaluation, and full governance standards still need to be put in place.
- Review practice premises to determine physical capacity and options for development and augmentation.

Undertaking these actions will be challenging given a wide range of factors such as current and future workforce availability, funding, and the challenges of an increasing and ageing population.

Hospital at Home

In April 2021 the first randomised controlled trial of Hospital at Home versus hospital care was published. This clearly indicated that Hospital at Home has similar outcomes to in-patient care and other benefits. A review of Hospital at Home services across Lothian was undertaken in 2021 which made recommendations for improvement including:

- Hours of working should be the same across 7 days.
- Consistent referral pathways from Emergency Departments, Scottish Ambulance Service, GP Out of Hours, and Acute Hospitals across all Hospital at Home.
- Robust medical and nursing cover across 7 days to increase capacity to respond to OOH referrals.
- Referral numbers and capacity based on actual staffing levels, acuity, and complexity within the context of safe staffing policies.

In January 2022, the Scottish Government agreed the following 4 areas of focus to improve virtual bed capacity across NHS Scotland with the overall aim to produce an additional 2,500 virtual bed spaces across the four areas:

- Home monitoring of people with COVID-19.
- Intravenous Antimicrobial Therapy at home.
- Management of respiratory conditions in community more effectively.
- Increase Hospital at Home capacity.

In relation to H@H there was 2 specific expectations:

- Hospital at Home services to identify ways to increase virtual capacity by up to 50% starting from 17 January 2022, continuing to approximately early March 2022.
- Double the virtual bed capacity available in Lothian by end of financial year 2023.

Within Midlothian the immediate planned change to the virtual bed base would be to increase from 12 to 14 and to increase to 24 by end of March 2023. This will require additional ANP, support workers and drivers to support service expansion.

Social Work & Social Care

Within Midlothian adult social work services there are a number of highly skilled and experienced social work teams. They are set out in disciplines including justice services, older people, learning disability, complex care and long-term conditions, Social Work Duty, Hospital In-Reach team, Joint Mental Health Team, and Joint Dementia Team.

There are areas where the social work teams are challenged in terms of recruitment, and this is particularly around recruiting qualified mental health officers as well as developing social workers to become practice educators to support social work student placements. Several actions and initiatives are in place to minimise the challenges and risks of not having sufficient mental health officers in post.

Practice Education and Mental Health Officer Training

Midlothian has an excellent track record and high profile with a number of universities including Edinburgh, Stirling, Napier, and the Open University to provide high quality practice placements for social work students providing up to 15 social work student placements per year. Offering social work placements provides opportunities for the HSCP to attract final year students to apply for vacant posts on qualification.

The HSCP, together with the children services practice learning and development team, are developing a work plan to ensure there are appropriate numbers of qualified practice educators and link workers to support social work student placements across all social work services. This includes influencing the development of varied career pathways into social work and promoting and developing the future social work leaders for effective succession planning.

Recruiting and retaining qualified Mental Health Officers is a challenge. Having appropriate remuneration for this post graduate qualification is considered key to recruitment and retention. The HSCP is working closely with colleagues in Social Work Scotland, SWEP and OCSWO to map out what a consistent and equal remuneration framework should be to ensure maximum opportunities and reward for undertaking post qualifying training to meet the needs of service demands.

Social Work Scotland had published the Setting the Bar report, which looks at the capacity of Scotland's social work workforce and asks, 'what will it take to deliver what we need?' Over the coming year the HSCP will benchmark our Social Work services against the findings in this report to inform the future capacity and workforce requirements.

Social Care

Nationally, the report of the Scottish Government's Independent Review of Adult Social Care in Scotland published on 3 February 2021 highlighted the differences (and inequalities) between health and social care support workers and recommended that priority is given to the development of a holistic approach to workforce planning across health and social care. Training, development, and regulation are emphasised where there is scope for significant improvements with a commitment by employers to workforce development which should be a key feature of revised commissioning and procurement arrangements.

Educational pathways within health and social care are different. HSCWs undertake (non- recordable) National Progression Awards (NPAs are at SCQF Levels 2-6 and are delivered in partnership between schools, colleges, and employers) and Professional Development Awards. SCSWs do recordable SVQs. There is no equivalence or 'carry over' between the two.

There is well established work around employability, widening access and workforce supply/development. To ensure consistency of approach and avoidance of duplication all Lothian HSCPs have supported the development of The Lothian Care Academy and agreed a phased work plan focused on common training, career pathways, accreditation and recognition and development of social care Support Worker capacity with expected outcomes: -

- Staff will be trained and educated to the same standards.
- Consistent standards of care for people requiring support will exist.
- Reduced risk of injury for staff and people requiring support e.g., same de-escalation techniques used where there is a risk of violence and aggression.
- Clear expectations of staff competence where care is delegated.
- Clear governance arrangements.
- Equitable access to training opportunities across Lothian.
- More flexible pool of staff able to work in different care environments
- Increased number of learning environments for learners.

Carers

With an estimated 1 in 7 employees across the UK having carer responsibilities, it is important we provide a supportive working environment with the principles of fair work and flexibility embedded within our work practices.

Third & Independent Sectors

We will develop a fully integrated, collaborative approach to workforce planning across the system.

Workforce Projection

The Scottish Government set out in its Workforce Strategy a commitment to grow the NHS Workforce by 1% 2022-2026 to support the NHS Recovery Plan. The Scottish Government's Medium Term Financial Framework (MTFF) previously estimated 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 2024.

Whilst a simplistic approach could be taken to estimate growth to make our workforce planning as robust as possible figures need to be adjusted to take account of demand and supply issues. Short, medium, and long-term workforce requirements can overlap in some areas, but be distinct in others, and all are affected by a range of external factors. As Covid has shown, planning across all services can be impacted significantly at any time, and has exacerbated well reported pressures in areas such as social care. Other factors such as the proposed National Care Service is likely to result in significant changes to the HSCP over the next 5-10 years.

The HSCP will undertake further work over the coming months to quantify the annual growth assumptions to inform the medium-term workforce requirements.

Challenges to Workforce Sustainability

Midlothian HSCP faces both a growing and aging population with consequent growth in demand for health and social care services. This growth together with recovery from the pandemic sets the context for one of the most challenging periods for health and social care delivery.

Challenges include an increase in retirements, demographic bulges and insufficient training pipelines to cover leavers, retirements and new service commitments. In 2021-22 a 61% increase in retirements was recorded compared to pre-pandemic year of 2019-20. Whilst this is levelling off in 2022-23 to previous levels currently 26% of the workforce is eligible to retire in the next 5 years.

Supporting employees to retire and return has the potential to reduce some of the effects of changed pension provisions, workforce supply issues and the transfer of specialist knowledge and skill. Whilst there is no right for an employee to return to work automatically following retirement this arrangement offers an accelerated route to support a return to work and potentially benefits both the employer and employee.

Succession planning will ensure the retention and management of organisational knowledge, skills and experience and the partnership is committed to supporting managers to improve planning and development of staff to have the knowledge and skills to take on new roles and responsibilities.

Factors influencing our workforce

Short term

Short term factors influencing our workforce include moving from remobilisation to recovery and to planning designed to support services to stabilise. This is a move away from planning which was often reactive during a period of change.

This work contributes to the NHS Lothian Recovery Plan and the importance of these changes is described within the Scottish Government's document: "Remobilise, Recover and Redesign – Framework for decision making". In this context, "remobilisation" means re-starting services that were paused because of the COVID-19 pandemic.

There are a range of factors which can impact on service remobilisation including:

- Digital skills and empowerment
- Staff physical and mental wellbeing
- Continued development of multidisciplinary team working
- Development of staff training to support new ways of working
- Health and Social Care recruitment to improve community provision and support discharge without delay
- Improving internal and external communications

The requirements over the short, medium and long term will be based on a range of regular service reviews and redesign activities in the following areas

- Primary Care Improvement Plan
- Adults with Complex and Exceptional Needs Service
- Learning Disability Service
- Frailty
- Midlothian Community Hospital.

The Scottish Government has identified priorities which span multiple areas of government, they are child poverty, climate change, communities, fair work and reducing drugs deaths. In addition to these priorities the Scottish Government have identified 6 key priority areas:

- Staff Wellbeing
- Recruitment and retention of our health and social care workforce
- Recovery and protection of planned care
- Urgent and unscheduled care
- Supporting and improving social care
- Sustainability and Value

Medium Term

Midlothian HSCP continues to be committed to the transformation and integration agenda and will prioritise acting on the views of our communities. Evaluating our successes is key, as is recognising the opportunities for learning.

The public consultation on our Strategic Commissioning Plan 2022-25 identified what the people and communities of Midlothian valued most. The key themes were:

- **Flexible support:** People described how services could be improved to offer more flexible and joined up support.
- **Feeling heard and valued:** People spoke of the need to feel safe, welcome, and heard. This included not having to repeat your story, and not feeling processed, judged, or rushed.
- **Supported Self-Management:** People told us we can help them keep safe and well through better information on what is available and being able to access services directly.

The capacity of the Partnership to manage a major programme of service redesign and transformation has been severely restricted by the impact of the pandemic over the past 2 years. A period of stability that can be used to redesign and transform the Health and Social Care offer is outlined in the Midlothian IJB Strategic Commissioning Plan 2022-25. This is in accordance with the Scottish Government's longer-term ambitions for service design and reform. This includes a three-horizon model aiming for

- 'stability' in years 1 and 2
- 'reform' in years 3 and 4
- 'transformation' in years 5 to 10.

There are a range of funding initiatives that have brought new staff into the HSCP. Particularly in relation to Primary Care, Mental Health, Substance Use and flow. We will continue to embed these new roles and ways of working to support service sustainability.

It remains uncertain what the National Care Service will mean for workforce. We will continue to monitor developments closely and contribute to both local and national discussions and consultations on the Bill.

Workforce Enablers

Workforce “enablers” give workers the support they need to perform their jobs. We need to make sure our workforce are:

- Able to get their work done
- Believe their organisation helps them focus on their most important work
- Feel connected with their work, colleagues and people who use our services

We will do this by:

- **Leadership:**
Collective, compassionate leadership is required following the traumatic experience of working through the pandemic and we must create the conditions for our staff to lead themselves, lead others and lead leaders. Staff give their best when they feel supported, well developed, and see the opportunity for career progression.
- **Staff Wellbeing:**
We must protect and nurture the wellbeing of our workforce.
- **Digitally enabled workforce:**
We must work with our staff so they are confident in digital skills.
- **Advancing Equalities:**
We must create conditions of inclusion, fairness, and equity. Diversity in our workforce is an asset to be celebrated and harnessed. We want all staff to feel well supported regardless of the nature of their uniqueness.
- **Working with partners:**
We must work creatively with the Third Sector to develop flexible and creative support packages that enable people to live their lives to the full. We can support staff in this endeavour by keeping staff & volunteers up-to-date with policy & planning developments & opportunities to engage & influence.

Giving workers the support they need to do their job also involves ensuring appropriate staffing. This can be done by:

- **Making careers and career pathways attractive:**
We need to explore what makes roles in health and social care attractive to school leavers and create aspirational career pathways. We must provide excellent learning and development opportunities.
- **Effective recruitment:**
We must ensure recruitment and onboarding processes are targeted and seamless, enabling new employees to be in post more efficiently.

A range of programmes to encourage people to commence a career in health and social care are being progressed. These include:

- Foundation apprenticeships for those aged 16-18 still in education
- Modern apprenticeships for health & social care staff to gain recognised qualifications
- Introduction to Health & Social Care Adult Learning Courses
- Young Person's Guarantee Programme
- No One Left Behind Offer for people of all ages to gain skills & confidence for employment, training & education
- Developing the Young Workforce through promoting Health and Social Care Careers in schools
- Working with DWP to promote work & volunteer opportunities through supported work placements & flexible working arrangements
- Working with Barnardo's Drive To Work Programme offering young people training placements in Health and Social Care
- Delivering accredited courses at Midlothian Campus of Edinburgh College with offer of interview for Access Course

Workforce and Organisational Development

We are developing several programmes through the restructuring of our care and governance framework and roll out of our quality management approach to all staff.

Similarly, we aim to develop a more strategic approach to succession planning and are identifying our next group of leaders and managers and offering a range of development opportunities. Wherever possible, we will ensure that any learning opportunities are offered on an integrated basis.

Transformation will be supported through alignment of our strategic plan with workforce plans and digital transformation approaches. We need to support transformational change with focused workforce support.

We identified six key areas to be 'Spotlights' and recruited additional staff to support these areas:

- Workforce
- Frailty
- Midlothian Community Hospital
- Primary Care
- Learning Disabilities

Innovation and service development that allows skilled and experienced nurses and AHPs to work autonomously at an advanced practice level is an approach that we know is attractive to staff and provides a good experience for patients. With this approach, the clinician would therefore provide the entirety of the patient's care.

We have successfully implemented advanced practice roles in multidisciplinary teams within primary care. With 20 WTE in post and the expectation of increasing this by a further 2.2 WTE by March 2023.

We recognise that we need to take a more long-term approach to develop the possibilities that advanced practice and non-registered roles can deliver. This will support the HSCP's overall workforce plan and transformation of our services as we emerge from the effects of the pandemic.

We continue to engage in the strategic development of multidisciplinary advanced practice. As these roles are developed, we will focus on ensuring they are established to meet the needs of individuals and communities.

A Digitally Enabled Workforce

The Scottish Government published a national strategy, [a changing nation: how Scotland will thrive in a digital world](#) in 2021 and outlined the critical factors for organisations to progress digitally. In addition, a revised and updated version of [Scotland's Digital Health & Care Strategy](#) was published in 2021. Both strategies require coordinated action to implement them in conjunction with colleagues in NHS Lothian, Midlothian Council, and other partner organisations.

We developed and produced a Digital Implementation and Delivery Plan with eight priorities - all of them can be connected to workforce planning and development.

Priority Area	Key Deliverables	Date
Develop Leadership & Management	To have increased digital management and leadership capacity across Midlothian MHSCP, in line with Strategic Actions plans, evidenced by service-led Digital and TEC solutions across all areas of the partnership	May 2024
Ensure Appropriate Resources	Ensure there are appropriate levels of investment and resource in equipment, infrastructure, and workforce to prove a baseline of digital capability across Midlothian MHSCP, in line with Strategic Actions plans, evidenced by service-led Digital and TEC solutions across all areas of the partnership	May 2024
Build a Digital Culture for Service Planning & Development	To have increased digital capacity across all aspects of Midlothian MHSCP, in line with Strategic Actions plans, evidenced by service-led Digital and TEC solutions across all areas of the partnership	May 2024
Promote Prevention, Early Intervention & Self-Management	To have increased digital offerings that relate to early intervention and prevention, in line with Strategic Actions plans, evidenced by service-led Digital and TEC solutions across all areas of the partnership	May 2024
Mitigate Digital Inequality	To have increased digital awareness, access, and capability across all areas of the MHSCP and population, in line with Strategic Actions plans, evidenced by service-led Digital and TEC solutions across all areas of the partnership	May 2024
Adopt Co-design & Co-production in Service Development	To have increased involvement and participation of service users and service providers in service development utilising quality improvement methodology, in line with Strategic Actions plans, evidenced by co-designed Digital and TEC solutions across all areas of the partnership	May 2024
Work in Partnership	To have established an active Pan-Lothian MHSCP Group, to influence eHealth policy, using a network approach that promotes the business needs of the community services	January 2023
Existing committed and known projects	To have evidence of progress and/or completion of the committed projects in line with individual delivery plans, or a clear audit-trail of collaborative decision-making that reduces or eliminates them as a priority for the organisation	May 2024

In Midlothian, digital is framed not as a thing but as a way of doing things. Digital should be an approach to service design and development, enabled by technology, which allows us to create value in new ways.

We will achieve this by

- Creating new models of care
- Designing and delivering the best possible user experience with increased access and choices
- Developing technology enhanced business processes and planning
- Supporting our staff, partners and citizens to use and develop confidence, knowledge and skills to be involved

Our Digital Plan outlines the key drivers, aims and outcomes to ensure that those using our services can access digital options and we can better support our workforce to become digitally enabled. The aims outlined within the National Plan and our local Digital Implementation Plan ensure that people will have greater control of their own data, will receive services that are based on individual outcomes rather than clinical availability and be able to take part in research, consultation and engagement that will shape the future of the health and social care services they will use.

Workforce, Sustainability and the Environment

The elected members of Scottish Parliament have declared a Climate Emergency exists and that we must take collective and community-based action to reduce carbon and other greenhouse gas emissions. We recognise the importance of working together towards net zero.

We will continue to work in line with the principles of the NHS Lothian Green Space Strategy which supports staff wellbeing, improved physical and mental health, and encourages use of the natural environment to support climate change goals.

In developing our workforce and redesigning our services consideration needs to be given to how we can support the vision to lower emissions, support staff health and wellbeing in accordance with local national and international climate change goals and use our environment both as a means to provide care and support and as a driver to encourage people to live and work in Midlothian.

Supporting people to work from home where possible has been well received and will continue to be required in the short term. Staff have felt more able to exercise their own discretion over their work through supportive discussions with their line managers. Flexible working has assisted staff with additional childcare and shielding responsibilities while enabling them to achieve their work commitments.

We acknowledge that working away from an office environment can be challenging for some people, particularly newly qualified social workers for example so we have encouraged managers to develop ways of ensuring we keep in touch with staff and that their developmental needs are met.

We have recently equalised mileage payment arrangements for staff in both NHS Lothian and Midlothian Council and are also looking at how we maximise the use of electric vehicles and public transport.

Supporting Staff Wellbeing

Health and Social Care teams working in the community, primary care and independent care sector have shown strength and resilience in the face of considerable pressure during the COVID-19 pandemic however it has been recognised within the [Audit Scotland report: NHS in Scotland 2021](#) that this has had a detrimental impact on staff mental health and wellbeing across the sector. Key challenges reported during the pandemic included:

- Stress of social distancing and wearing PPE with barriers to face to face delivery
- Risk of COVID-19 to themselves and their families
- Impact of staff self isolating and shielding
- Impact of home working, home schooling and / or care responsibilities
- Uncertainty about future and long term impact of the pandemic
- Impact on primary care services and public expectation
- High demand for mental health services and higher levels of care needs
- Dealing with members of the public who were more anxious than normal
- Anxiety of delivering community services with non adherence to social distancing
- Considerable impact of the pandemic on care homes
- Quantity of information and guidance issued and difficulty navigating it

Taking time 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.

The partnership responded to the Scottish Government's request to strengthen existing local arrangements for staff wellbeing and to provide support and practical advice through establishment of a working group involving key stakeholders including, NHS Lothian, Midlothian Council, Trade Unions, Human Resources, Third and Independent Sectors, and Chaplaincy Services. A delivery plan has been agreed which aims to implement innovative solutions to improve and support staff wellbeing during COVID-19 and beyond. The plan is framed around six key dimensions

1. **Communication** – Provide clear and informative communication to simplify access and drive engagement.
2. **Programme of Support** – Establish a programme of support to strengthen and where possible extend existing local arrangements for staff wellbeing.
3. **Leadership** – Management training to enable the facilitation of change in staff wellbeing.
4. **Mental Wellbeing** – Increase access to mental health support which enables psychological wellbeing.
5. **Environment** – Utilise and improve local facilities that enhance the working environment.
6. **Engagement** – Create an environment to ensue engaged, informed, and empowered staff.

The staff wellbeing programme outlines a range of actions being progressed including:

- Linking with NHS Lothian “Work Well” strategy
- Delivering trauma informed training to develop Midlothian as a trauma informed community
- Peer support groups and 1:1 support
- Wellbeing hubs to rest, refresh and refuel throughout Midlothian
- Staff wellbeing updates and delivering training in line with [“The Midway”](#)

The Midway is a system wide approach to achieving better health and wellbeing outcomes for people, rebalancing power from services to the person. This is modelled in the way that staff work with each other as well as the way in which they work with the people they see.

Good Conversations training is being delivered to all staff and the extended management team. This supports wellbeing and maintenance of values that align to the organisation.

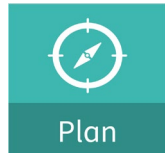
When working with people, staff are supported to design services, work in a way that understands trauma and meets people in the context of people's lives to address health inequalities.

It supports supervision of staff who are prepared to work as equals focusing on what is strong, what is already working and building towards better outcomes. It recognises the work they do and ensures that they have the knowledge, confidence, and skills to carry their work out effectively.

This supports staff to feel nurtured at a time when the pandemic has had an impact on physical and emotional wellbeing. It is recognised that the physical, emotional, and mental health impact of the pandemic will have significant and potentially lasting consequences for many individuals. The impact and extent have still to be fully identified.

Giving our workforce the tools to do the job is critical to protecting staff operationally and mentally. The HSCP will continue to roll out training to ensure we are developing a sustainable and trauma informed workforce that can manage and deal with the adversity and challenges a role in Health and Social Care presents.

End of Year 1 Reviewed Action Plan

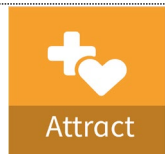


Deliver a MHSCP Integrated Workforce Plan.

Improve our workforce planning governance structure, skills and competencies.

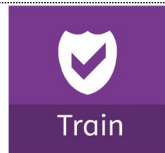
Ensure appropriate escalation routes.

Invest in our Senior Team workforce planning capacity.



Promote MHSCP as an attractive place to work.

Work with partners to develop targeted recruitment.

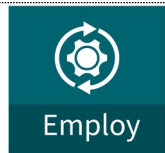


Develop a trauma-informed workforce.

Support effective management & leadership.

Develop a career development toolkit.

Ensure Learning & Development plan in place.



Support local people into meaningful employment.

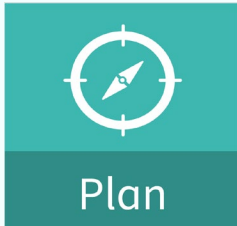


Support staff to stay in work.

Focus on staff wellbeing.

Develop relationships with independent and third sector partners, unpaid carers, trade union & staff partnerships.

Summary Plan



Deliver an HSCP Integrated Workforce Plan

- **Develop and deliver a Workforce Plan** every 3 years and review it annually
- **Support the delivery of the Workforce Plan**
- **Align the plan with other Strategic plans** – e.g. Directions, Financial plans

Improve our workforce planning governance structure, skills and competencies

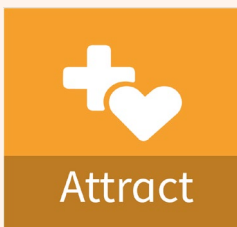
- **Plan a workforce planning governance process**
- **Review reporting and updating processes**
- **Establish a Governance Model**
- Support MHSCP to **establish Group Service, Service and Team Workforce plans**

Ensure appropriate escalation routes from local service Governance and Assurance Framework to Subgroups and Workforce Governance Board

- Support MHSCP with **implementation of new Workforce Governance Structure, Escalation Routes and risk management**
- **Develop relationships** with independent and third sector partners, unpaid carers, trade union & staff partnership colleagues

Invest in our Senior Team workforce planning capacity

- **Identify gaps and strengths** to create a Workforce Planning Skills and Competencies Development Plan



Promote MHSCP as an attractive place to work

- **Develop relationships with Schools, local employers, the Third Sector, and the Employability Partnership**
- **Attract and develop a more sustainable workforce demographic** e.g. recruitment fairs / School career events / Job centre / HEIs / Campaigns.
- **Consult on a local employability strategy**

Work with partners to develop targeted

recruitment: Nursing, Carers, Mental Health & Substance Abuse, Primary Care, Advanced Practitioner & Assistant Practitioner roles

- Ensure a **joined-up approach to workforce supply, recruitment, and retention**
- Influence and support the MHSCP to reach a **diverse workforce with recruitment campaigns**



Develop a trauma-informed workforce

- Support MHSCP with **developing a trauma-informed workforce**

Support effective management & leadership.

- Develop **training and support to improve application** of Quality Management Systems
- **Embed the Midlothian Quality Management approach** within planning, transformation, and engagement

Develop a career development toolkit

- Support succession planning through line management
- Support MHSCP to create appropriate roles
- Support staff to achieve learning objectives

Ensure Learning & Development plans in place

- Work with MLC and NHSL on **L&D Plans**
- Work with NHS Lothian on the development of the **Lothian Care Academy**



Support local people into meaningful employment

- **Develop our understanding and use** of Employability Programmes, Modern Apprenticeship & Kick Start programmes
- **Develop workforce supply pipelines** including volunteering and the Third Sector



Support staff to stay in work:

- Provide a **platform for collaborative working** between MLC and NHSL

Focus on staff wellbeing

- Support the MHSCP **Staff Communication Engagement and Experience Plan.**
- Support the MHSCP **Staff Wellbeing Plan**
- Support **Good Conversation training**

Develop collaborative relationships with independent and third sector partners, unpaid carers, trade union & staff partnerships

- Continue **Third Sector Summits**