



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 18 JUNE 2025

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2025-28

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB34-2025

1.0 PURPOSE OF REPORT

- 1.1 To seek approval of the Dundee Health and Social Care Partnership Plan 2025-2028.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the work undertaken to fully review and update the Dundee Health and Social Care Partnership Workforce Plan, including incorporating feedback and recommendations from national guidance and recent Audit work (sections 4.1 to 4.6).
- 2.2 Approve the Workforce Plan (attached as Appendix 1).
- 2.3 Instructs the Chief Officer to provide an update report to the IJB on a minimum of an annual basis, setting out progress towards achieving the actions set out within the plan.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None

4.0 MAIN TEXT

- 4.1 In June 2022 the Dundee IJB approved and published the first Dundee Health and Social Care Partnership Workforce Plan, following the publication of National Workforce Strategy for Health and Social Care in Scotland in March 2022 and Scottish Government issued DL (2022) 09 in April 2022 providing guidance on the completion of the 3 Year Workforce plan 2022-25. The plan set the framework within which a range of activity has been progressed to address the Scottish Government's Five Pillars for workforce planning and development: Plan, Attract, Train, Employ and Nurture. Further update reports were provided to the IJB in December 2023 and October 2024, setting out progress made as well as changes to the wider policy and workforce landscape that had informed any revision to the original action plan supporting the overall Workforce Plan (item X of the minute of the meeting of the Dundee Integration Joint Board held on 13 December 2023 and item XII of the minute of the meeting of the Dundee Integration Joint Board held on 23 October 2024 refer).
- 4.2 An Internal Audit review was completed in January 2025 that considered the design and operation of the controls relating to the development of the workforce plan (article X of the minute of the meeting of the Performance and Audit Committee held on 29 January 2025 refers). The audit opinion from the review was that limited assurance could be placed on

arrangements in place, with significant gaps, weaknesses and non-compliance identified. The main audit findings focused on: developing an approach to modelling service demand to a level that will support effective workforce planning; further developing the risk register and action plan elements of the workforce plan; and, formalising the terms of reference for the Workforce Planning Group.

- 4.3 In December 2024 the Scottish Government set out a requirement for further workforce plan submissions to be made to them in March 2025. Taking account of workload pressures across health and social care systems, a template was provided for submissions, with supporting guidance. Taken alongside the expiration of the original Workforce Plan and the recent audit findings this created an important opportunity to undertake a full review and replacement of the integrated Workforce Plan for the Partnership.
- 4.4 As workforce matters are not a delegated function, the Partnership does not have any dedicated resource or expertise in relation to workforce planning activity. Some support is provided from both NHS Tayside and Dundee City Council, primarily through their participation in the Workforce Planning Group and at the interface within their individual planning requirements. Workforce planning for the integrated health and social care workforce is a complex matter, covering a range of employers and professional groups; this is reflected in the fact that robust workforce planning remains a challenging area for many public sector bodies, including other Health and Social Care Partnership across Scotland. However, workforce planning is critical to ensuring that the IJB can progress and achieve the strategic priorities and shifts set out in the Strategic Commissioning Framework 2023-2033, which recognises that integrated workforce is the single greatest asset available to deliver the strategic plan and identifies Valuing the Workforce as one of the six strategic priorities within the plan.

Strategic Priority: Workforce Valuing the workforce



Supporting the health and social care workforce to keep well, learn and develop.

- 4.5 The process of fully reviewing and replacing the original Workforce Plan has included taking account of:
- Scottish Government guidance, including a self-assessment against the Indicative Content Checklist provided.
 - The findings of the Dundee IJB Workforce Audit and the agreed management response to those findings.
 - Feedback received from the Scottish Government with regards to the first workforce planning submission made in June 2022.
 - An analysis of available data from Dundee City Council and NHS Tayside as the primary employers of the workforce, with more limited analysis of data available from the third and independent sectors.
 - The commitments already made by the IJB within The Plan for Excellence in relation to valuing the workforce.
 - National and international data and research regarding health and social care workforce planning.

- The views and expertise of the workforce themselves, including through representation at Staff Partnership fora.

4.6 The primary routes through which the workforce has been engaged in the review of the plan have been:

- Use of data from the iMatters staff survey, administered to all members of the workforce on an annual basis, and of Dundee City Council Annual Employee Survey (administered to Dundee City Council employed staff only).
- Discussion of the plan at Staff Partnership fora.
- Discussion of the plan at service management teams.
- Participation in the implementation of workforce planning tools and use of data emerging from these exercises.
- Analysis of information gathered during staff engagement exercise relating to organisational change, absence, and workforce wellbeing.

4.7 The proposed Workforce Plan for 2025-2028 is attached as Appendix 1. The revised plan incorporates a number of significant changes in terms of content and format. Contextual information regarding the workforce planning landscape has been rationalised. Data supporting the workforce overview and analysis has been fully updated and has been summarised (with detail available in appendices) to ensure a clearer focus on the key workforce planning challenges. New data has been captured and analysed at service level regarding current workforce pressures, including in relation to gaps identified via the implementation of staffing tools. A new section has been added to incorporate what is currently known in terms of predicted changes to service demand, models of provision and anticipated workforce impacts. Finally, the supporting action plan and risk register have been fully revised to ensure clarity of information and to aid future reporting arrangements.

4.8 When considered against the Scottish Government's self-assessment indicative content checklist these changes have supported a shift from approximately 50% of recommended aspects being addressed in the 2022-25 plan to approximately 75% in the 2025-28 plan. Outstanding challenges that the Workforce Planning Group will continue to consider and seek to progress will require enhanced support from Dundee City Council, NHS Tayside, the Scottish Government and Professional Bodies. Key areas for consideration include:

- Access to workforce data across for Partnership analytical staff and capacity to undertake integrated analysis.
- Modelling of service demand and impact on workforce requirements.
- Improving interfaces with both NHS Tayside and Dundee City Council workforce plans, which at different stages of development and governed by different planning requirements.
- More detailed alignment between the workforce plan and financial plans.
- More precise calculation of future workforce requirements, and the gap between this and the current establishment.

4.9 In the meantime, the first priority of the Workforce Planning Group will be to implement routine reporting against the risk register and action plan associated within the Workforce Plan. This will include sharing summary reports with the Staff Partnership Forum as required and providing an annual update to the IJB, starting at the end of the 25/26 financial year.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to an Integrated Impact Assessment to identify impacts on Equality and Diversity, Fairness and Poverty, Environment and Corporate Risk. An impact, positive or negative, on one or more of these issues was identified. An appropriate senior manager has checked and agreed with this assessment. A copy of the Integrated Impact Assessment showing the impacts and accompanying benefits of / mitigating factors for them is included as an Appendix to this report.

6.0 RISK ASSESSMENT

Risk Description	<p>Workforce is an identified risk on the DHSCP Strategic Risk Register and details the consequences of not being able carry out strategic objectives and support the people of Dundee.</p> <p>There is a risk that the Partnership will not be able to further develop the content of the workforce plan to fully meet suggested content set out in the national self-assessment checklist due to limited resources and expertise for integrated planning within the partnership or available through NHS Tayside and Dundee City Council.</p>
Risk Category	Workforce
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> The Partnership will continue to utilise the support available from NHS Tayside and Dundee City Council. Incremental approach taken to developing the plan, prioritising areas for further improvement and development via the Workforce Planning Group. Workforce Planning Group will further explore any external capacity available to support workforce planning activity via national improvement bodies.
Residual Risk Level	Likelihood 3 x Impact 4 = 12 (High risk)
Planned Risk Level	Likelihood 3 x Impact 4 = 12 (High risk)
Approval recommendation	This strategic risk should continue to be monitored via the IJB Strategic Risk Register.

Risk Description	<p>Workforce is an identified risk on the DHSCP Strategic Risk Register and details the consequences of not being able carry out strategic objectives and support the people of Dundee.</p> <p>There is a risk that the Partnership will not be able fully address the risks and challenges outlined in the workforce plan through the planned actions, due to financial sustainability considerations. Whilst the workforce plan indicates that to meet rising demand an increased workforce will be required, budgets and financial plans indicate that workforce numbers must be stabilized or reduced to be able to set a balanced budget. Transformation activity is expected to address some of this gap but is unlikely to close it entirely due to the scale of demographic pressures and rising complexity of need.</p>
Risk Category	Workforce, Financial
Inherent Risk Level	Likelihood 5 x Impact 4 = 20 (Extreme risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> The Partnership will continue to deliver the 2025/26 transformation programme. The Partnership will continue to contribute to the national programme of health and social care reform. Through the forthcoming statutory review of the IJB's strategic plan and a focus on added value / clinical value of services recommendations will be made to the IJB regarding prioritisation of services.

	<ul style="list-style-type: none"> Officers will continue to participate in national and professional networks and advocate for increased investment in health and social care services.
Residual Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme risk)
Planned Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme risk)
Approval recommendation	This strategic risk should continue to be monitored via the IJB Strategic Risk Register.

7.0 CONSULTATIONS

- 7.1 The Chief Finance Officer, Heads of Service, Health and Community Care and the Clerk were consulted in the preparation of this report. Additionally, the Partnership's Senior Management Team and members of the DHSCP Workforce Planning Group, including staff side representatives, were invited to comment.

8.0 DIRECTIONS

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

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

- 9.1 None

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Dundee Health and Social Care Partnership Integrated Workforce Plan 2025-2028

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1. Introduction

The Dundee Health and Social Care Partnership (DHSCP) Integrated Workforce Plan 2025–2028 sets out a strategic vision for building and sustaining a skilled, resilient, and person-centred workforce across health and social care services. Developed in alignment with the Scottish Government’s National Workforce Strategy for Health and Social Care (2022), this plan reflects our commitment to delivering high-quality, integrated care that meets the evolving needs of Dundee’s population.

At the heart of this plan is a recognition that our workforce is our greatest asset. The plan is structured around five key pillars—Plan, Attract, Train, Employ, and Nurture—each designed to support the development of a sustainable and valued workforce.

An integrated approach to workforce planning is essential in a landscape shaped by demographic change, increasing complexity of care needs, and the ongoing transformation of services. It is also a complex endeavour, that requires specialist capabilities that are not commonly available across the health and social care system. Our workforce planning journey is therefore continuously evolving towards accepted best practice approaches.

The plan outlines our shared priorities and actions to ensure that the right people, with the right skills, are in the right place at the right time. It also highlights our commitment to collaborative planning, data-driven decision-making, and the continuous improvement of workforce practices to support better outcomes for the people of Dundee.

1.1 Aims

The Dundee IJB’s [Plan for Excellence in Health and Social Care in Dundee](#) (2023-2033) sets out six strategic priorities, including a commitment focused on valuing the workforce.

Strategic Priority: **Workforce** Valuing the workforce



Supporting the health and social care workforce to keep well, learn and develop.

The plan also includes a series of short, medium and long-term strategic shifts (or “big changes”) that are intended to provide a pathway towards achieving this strategic priority. Our workforce plan reflects these strategic commitments and aims to enable the Health and Social Care Partnership to:

- Meet future workforce requirements – identify the number and types of health and social care professionals needed to meet future service demands.
- Promote skill development and training – ensure that the workforce has the necessary skills and competencies through access to continuous professional development and training programmes.
- Support recruitment and retention – support strategies to attract and retain skilled professionals in the health and social care sector.
- Develop integrated workforce planning – promote collaboration between health and social care services to create a more cohesive and efficient workforce.
- Support workforce wellbeing – implement measures to support the physical and mental well-being of health and social care workers.
- Adapt to change – ensure the workforce is supported to adapt to changes in technology, policy and service user needs.

1.2 Who We Are

The Dundee Health and Social Care Partnership (‘Partnership’) is responsible for delivering person centred adult health and social care services to the people of Dundee in-line with the ambition and strategic priorities of Dundee Integration Joint Board. The IJB’s ambition for health and social care in Dundee is:

People in Dundee will have the best possible health and wellbeing. They will be supported by services that:

- *Help to reduce inequalities in health and wellbeing that exist between different groups of people.*
- *Are easy to find out about and get when they need them.*
- *Focus on helping people in the way that they need or want.*
- *Support people and communities to be healthy and stay healthy throughout their life through prevention and early intervention.*

The Partnership consists of Dundee City Council, NHS Tayside and providers of health and care services from across the third and independent sectors. This includes all adult social care, adult primary health care and unscheduled adult hospital care. Whilst adult social care and primary health care are within the scope of this plan, unscheduled adult hospital care is commissioned from NHS Tayside and is out with the scope of this

plan. Most of these services are provided within Dundee City however there are some lead partner arrangements across Tayside.

The Health and Social Care Partnership workforce is made up of people employed by Dundee City Council and NHS Tayside, as well as the workforce employed in the third and independent sectors. The combined workforce is the single biggest asset available to the Partnership to enable them to provide the services and supports that the IJB has commissioned from them.

1.3 Our Workforce Planning Journey

The first Partnership Workforce Plan was approved by the IJB in June 2022 in response to guidance from Scottish Government. The National Workforce Strategy for Health and Social Care (published March 2021), led to a requirement for Partnership's to develop and submit three-year workforce plans. After this the plan has been refreshed on an annual basis.

In December 2024 the Scottish Government set out the requirement for a further workforce plan submission to be made to them in March 2025. Taking account of workload pressures across health and social care systems, a template was provided for submissions with supporting guidance. In early 2025, an internal audit of [Dundee IJB Workforce](#) (see page 129) was completed and made recommendations for improvements to the approach used to deliver workforce planning in the Partnership. Taken together, these developments provided an important opportunity to undertake a full update of the Integrated Workforce Plan.

The process of review has taken account of:

- Scottish Government guidance, including a self-assessment against the Indicative Content Checklist provided.
- The findings of the Dundee IJB Workforce Audit and the agreed management response to those findings.
- Feedback received from the Scottish Government with regards to the first workforce planning submission made in June 2022.
- An analysis of available data from Dundee City Council and NHS Tayside as the primary employers of the workforce, with more limited analysis of data available from the third and independent sectors.
- The commitments already made by the IJB within The Plan for Excellence in relation to valuing the workforce.
- National and international data and research regarding health and social care workforce planning.

- The views and expertise of the workforce themselves, including through representation at Staff Partnership fora.
- Workforce planning information prepared at service level using the [Six Step Methodology to Integrated Workforce Planning](#).

1.3.1 Engagement

Engagement with the health and social care workforce is guided by Staff Partnership principles.



The primary routes through which the workforce have been engaged in developing the workforce plan are:

- Use of data from the iMatters staff survey, administered to all members of the workforce on an annual basis, and of Dundee City Council Annual Employee Survey (administered to Dundee City Council employed staff only).
- Discussion of the plan at Staff Partnership fora.
- Discussion of the plan at service management teams and completion of workforce planning templates.
- Participation in the implementation of workforce planning tools and use of data emerging from these exercises.
- Analysis of information gathered during staff engagement exercise relating to organisational change, absence, and workforce wellbeing.

2. Workforce Planning Landscape

2.1 Demography

Dundee is Scotland's fourth largest city, with a population of 149,000. The city has an ageing population, with a 9% increase in the 75+ age group expected by 2028, lower than Scotland's 25% average. The working-age population is projected to increase by 2%, slightly below Scotland's 3% projection. Dundee is the 5th most deprived local authority in Scotland, with 36.6% of its population living in the 20% most deprived areas, leading to significant health and social inequalities.

Dundee has the second lowest life expectancy in Scotland at 76.7 years, compared to the national average of 79.1 years. Life expectancy varies by deprivation level, with females in the least deprived areas living nearly eighteen years longer than males in the most deprived areas. Substance use, a major public health issue, disproportionately affects vulnerable and socio-economically deprived individuals, contributing to lower life expectancy.

Dundee has around 18,300 adult carers and 830 young carers among its 20,936 children aged 4-17. Unpaid care is more prevalent among women in their later working years, with 24% of carers reporting an impact on paid employment. This may lead to increased demand for flexible work arrangements to accommodate unpaid caring responsibilities.

You can read more about the demography of Dundee in our [Strategic Needs Assessment](#) ([summary version](#) also available).

2.2 Finance

The Integration Joint Board's 2024/25 budget is approximately £335m of which around £130m (approximately 39%) relates to directly employed staffing costs. Of the remaining budget, £106m (32%) is utilised to commission independent and voluntary sector organisations who also directly employ social care staff to deliver services on behalf of Dundee Health and Social Care Partnership. A further £57m (17%) is also utilised by NHS Independent Contractors who employ staff in GP practices, Dental practices, Opticians and Community Pharmacies.

During the last few years, the Cost-of-Living crisis has placed significant financial pressure on employees, with subsequent national pressure to uplift wages to ease this burden. NHS Agenda for Change staff have received an average of 5.5% increase in 2024/25, Local Authority staff have received an increase of between 3.6-5.8% across the same period, and private and voluntary sector staff providing direct adult social

care have seen their minimum hourly rate increasing from £10.90 (April 2023) to £12.00 (April 2024) (as part of the Scottish Government's National Policy).

Dundee HSCP continue to support wellbeing of staff in all teams, which in turn is hoped will play a part in helping to improve morale, recruitment, retention and return to work after sickness absence. The financial implications to meet these increasing workforce costs, as well as support further growth in the workforce to meet the increasing demographic demands of Dundee's local population, are significant and challenging. The IJB's 5-year Financial Outlook indicates a gap of £45m during the next 5 financial years (take from report in August 2024 – due to be updated in June 2025).

2.3 Local Context

In June 2023 the IJB published their new Plan for Excellence in Health and Social Care in Dundee. This is a 10-year strategic commissioning framework focused on ensuring that people in Dundee have the best possible health and wellbeing. The plan identified 6 strategic priorities:



Inequalities

Support where and when it is needed most.

Targeting **resources** to people and communities who need it most, increase **life expectancy** and reduce differences in health and wellbeing.



Self Care

Supporting people to look after their wellbeing.

Helping everyone in Dundee look after their health and wellbeing, including through **early intervention** and **prevention**.



Open Door

Improving ways to access services and supports.

Making it easier for people to get the health and social care supports that they need.



Planning together

Planning services to meet local need.

Working with communities to design the health and social care supports that they need.



Workforce

Valuing the workforce.

Supporting the health and social care workforce to keep well, learn and develop.



Working together

Working together to support families.

Working with other organisations in Dundee to prevent poor health and wellbeing, create healthy environments, and support families, including **unpaid carers**.

The Workforce priority within the Plan for Excellence has a focus on wellbeing, learning and development. It sets out strategic shifts to be achieved over the short (2023-2026), medium (2026-2029) and long-term (2029-2033).

In December 2022 the IJB approved Dundee Health and Social Care Partnership's first Property Strategy. The strategy includes an objective "to ensure that health and social care services are provided from environments that ensure the wellbeing of our workforce".

In April 2023 the IJB agreed new Equality Outcomes for the next 4-year period. One of the new outcomes focuses on the IJB contributing to an *"improved culture within the workforce to actively challenge discrimination, through a focus on eliminating race discrimination in the workplace."* This follows a series of reports at a national (UK and Scotland level) since the pandemic focused on experiences of racism within the health and social care workforce.

2.4 National Context

The Scottish Government's National Workforce Strategy for Health and Social Care (2022) That outlines a comprehensive plan to ensure a sustainable, skilled, and valued workforce. The key components are:

1. **Vision and Values:** The strategy aims to create a workforce that is sustainable, skilled, and respected, with attractive career choices for all.
2. **Five Pillars of Workforce Journey:**
 - **Plan:** Strategic workforce planning to meet future demands.
 - **Attract:** Initiatives to attract new talent into the health and social care sectors.
 - **Train:** Continuous professional development and training programs to enhance skills.
 - **Employ:** Ensuring fair employment practices and conditions.
 - **Nurture:** Supporting the well-being and development of the workforce.
3. **Recovery, Growth, and Transformation:** The strategy supports the recovery from the COVID-19 pandemic, growth in workforce numbers, and transformation through new technologies and innovative practices.
4. **Integrated Workforce Planning:** Promoting collaboration between health and social care services to create a cohesive and efficient workforce.

5. **Fair Work:** Commitment to fair work principles, ensuring fair pay, job security, and a safe working environment.

This strategy is crucial for addressing current challenges and preparing for future needs in Scotland's health and social care sectors.

The National Strategy is underpinned by The Health and Care (Staffing) (Scotland) Act 2019, which aims to ensure safe and high-quality care by establishing a statutory framework for appropriate staffing levels in health and social care services. The Act focuses on: safe and effective staffing; improved outcomes; transparency and accountability; real-time assessment of staffing needs; and, support for staff. These aims are designed to create a more resilient and responsive health and social care system in Scotland.

In July 2024, the Scottish Government released "Improving Wellbeing and Working Cultures," a report aimed at enhancing the working environment in health, social care, and social work sectors. The report focuses on three main pillars: wellbeing, leadership, and equality. It emphasises the importance of mental and physical health, promotes compassionate and inclusive leadership, and ensures diversity and inclusion in the workplace.

3. Workforce Overview and Analysis

A comprehensive analysis of our workforce data is contained within [appendix 3](#). The key messages from this analysis and their implications for workforce planning are set out below.

3.1 Our Current workforce

3.1.1 Internal Workforce

- 67% of the total Council and NHS workforce aligned to the partnership are employed in roles that are focused on directly delivering care and support (nurses, social and home care workers and allied health professionals).
- Since 2022 the overall size of the aligned NHS Tayside workforce has increased by 12% - the areas with the highest levels of increase were nurses, other therapeutic roles and administrative services. However, over the same period the Dundee City Council workforce has seen a 6% reduction, with the biggest change being in social care / homecare posts.
- Overall, 43% of employees aligned to the Partnership are aged over 50. Approximately 60% of those over age 50 are delivering direct care and support within social care and nursing posts.
 - Retirement levels are expected to significantly impact workforce availability over the next 5 to 10 years (including the loss of expertise and experience). For example,
 - **General Practice:** 15 G.P.s over 55 years of age, with 8 due to retire in the next two years. Additionally, 15 General Practice Nurses are expected to retire within the same period.
 - **Royal Victoria Hospital:** Over one-third of the nursing workforce is expected to retire in the next 5-10 years.
- 87% of the health and social care workforce is female. This has a significant impact on “time-out” from work associated with maternity, childcare and other unpaid caring roles.
- The demographic profile of the workforce employed by Dundee City Council and NHS Tayside does not reflect the diversity of the community that it serves, particularly in relation to the under-representation of minority ethnic groups.

Key challenges:

Ageing workforce, including in key staffing groups delivering frontline care and support. Potential for loss of significant skills and experience over next 10-year period, and potential driver for absence rates (particularly for those people in frontline service delivery posts). Financial pressures and restrictions on recruitment mean that not all posts will be recruited to in the short, and potentially, longer-term.

Decreasing social care workforce set against ageing population, rise in demand for social care services and complexity of need. Risk of inadequate workforce capacity to meet rising demand for services.

The demographic profile of the workforce does not reflect the diversity of the community that it serves. Organisations are likely to perform better when their workforce reflects the population. Diverse teams are more innovative and more likely to meet the needs of a diverse user base. The lack of diversity within the workforce may also reflect discrimination in recruitment and retention practices.

3.1.2 Commissioned Services

- Although the greatest proportion of the health and social care workforce is employed in commissioned (external services)¹, the Partnership has only partial information about the profile of this group of staff.
- More than 70% of staff working in private and voluntary sector housing support, care at home and adult day care services are females.
- Across all services, the workforce in the private and voluntary sector was younger (always less than 30% aged 55+).

Key challenges:

Lack of comprehensive workforce data for commissioned external services. Limits the Partnership's ability to understand, analyse and plan for a fully integrated workforce.

3.1.3 Workforce Wellbeing

- Absence levels are high for both the NHS Tayside and Dundee City Council employed workforce.
- In both Dundee City Council and NHS Tayside the overall absence rate has been decreasing over the last year. The proportion of short-term absence has increased, whilst long-term absence has begun to decrease.
- The highest category of recorded reason for absence is mental health and wellbeing related absence (40% of total days lost in Dundee City Council absences), followed by musculo-skeletal (16%).

¹ 87% of care home staff in Dundee were employed in the voluntary (6%) or private sector (81%). 83% of housing support / care at home staff in Dundee were employed in the voluntary (50%) or private sector (33%). 67% of adult day care staff in Dundee were employed in the voluntary sector.

- There are particularly high levels of absence in locality social care teams, Brain Injury services, community mental health nursing teams, RVH wards, some community nursing teams and psychiatry of old age.

Key challenges:

High absence levels across both employers, with mental health and wellbeing as a specific driver of absence levels. This has implications in terms of continuity and quality of service delivery, as well as financial implications (direct and indirect) and reputational risks. Whilst absence levels have begun to decrease it is not yet clear that this is an established trend, and overall the level of absence still remains high.

Increasing levels of short-term absence as a proportion of all absences. This has implications in terms of continuity and quality of service delivery, as well as financial implications in terms of supplementary staffing costs required to maintain safe staffing levels.

Absence hot-spots in frontline service delivery teams. This has implications in terms of continuity and quality of service delivery, as well as financial implications in terms of supplementary staffing costs required to maintain safe staffing levels.

3.2 Workforce Feedback

- For 2024, the iMatters process identified 4 areas to further improve across the Partnership (based on 54% response rate across all Partnership aligned staff):
 - Performance management – I am confident performance is managed well within my organisation.
 - Confidence and trust in management – I have confidence and trust in Board members who are responsible for my organisation.
 - Partnership working – I am sufficiently involved in decisions relating to my organisation.
 - Visible and consistent leadership – I feel that board members who are responsible for my organisation are sufficiently visible.
- For 2024, the Dundee City Council Annual Employee Survey identified a number areas to further improve across the Partnership (based on a 14.3% response rate across all DCC employed staff aligned to the Partnership):
 - I am involved in decisions about my work – there had been a large decrease in agreement with this statement since the 2023 survey, and the HSCP had the lowest level of agreement across all Council services in 2024.

- I have enough time to do my job well – only 51.1% of Partnership respondents agreed with this statement.
- Day to day decisions demonstrate that quality and improvement are top priorities – just over 50% of Partnership respondents agreed with this statement, the second lowest level across the Council.

This is in addition to the three key areas for improvement identified for all Council services: communication; empowerment and wellbeing. In these areas results have declined since 2023.

- In 2025 the Care Inspectorate published a [Review of social work governance and assurance in Scotland](#). The methodology for the review included a staff survey. In Dundee, 137 staff responded of which 58% worked in adult services. The key themes that emerged from the staff survey element were (all responses):
 - Just under 40% of respondents did not feel valued as an employee.
 - The majority of staff had access professional supervision arrangements and reported they were confident this provided the support they need , however only 1/3 of respondents reported having opportunities for annual appraisals or learning and reflective practice sessions.
 - 1/4 of respondents did not feel supported to carry out their role in line with professional codes of conduct (further 21% were neutral).
 - 47% of respondents did not feel listened to by social work leaders and managers or involved in improving services.
 - 59% reported that their team does not have a full staffing complement.
- There is a range of research evidence that indicates that racism is a significant issue for the health and social care workforce in Scotland. This includes both direct and indirect discrimination from people who use health and social care services, as well as from employers and colleagues. NHS Tayside and the Health and Social Care Partnership are both undertaking work to better understand how racism impacts on the workforce in Dundee.
- Feedback gathered through services indicates key concerns for the workforce include:
 - Preference of nursing staff for inpatient rather than community settings due to higher financial reward and greater proportion of rest time whilst working shift patterns.
 - The high level of change and transformation activity across services has impacted workforce resilience and wellbeing.
 - The nature of health and social care work, including associated stigma and impacts on both physical and mental health, is contributing to the risk of burnout.

- A reduction in the level of available administrative and clerical support has led to the absorption of these duties across a wider range of posts (normally at a higher grade and without the relevant associated skill set), this is adding to workload pressures and contributing to wellbeing issues and risk of burnout.
- There is increased demand for flexible working patterns, including a 4-day working week, but this is challenging to align to service demand and models of delivery required across 7 days.
- Ongoing concerns regarding terms and conditions, including those for integrated posts.

Key challenges:

Communication and interface between the workforce, the IJB and organisational leaders requires to be strengthened.

Maintaining health and wellbeing set against workload pressures continues to be a challenge across the workforce.

Securing more active involvement of staff across all levels of the organisation in improvement work and decision making is a priority from a workforce perspective.

Acknowledging, understanding and responding appropriately to experiences of racism and racial discrimination.

All of these challenges have important implications in terms of organisational culture with an indirect impact on levels of absence and quality of services and supports. An engaged and motivated workforce is essential to both maintaining standards of care and transforming and improving services. Due to the challenging nature of health and social care work a trauma-informed approach to workforce wellbeing has potential strengths and benefits.

3.3 Workforce Availability

- Unlike many other Local Authorities, the working age population is projected to increase by 2% by 2028, although this increase is disproportionate to the increase in the aged 75+ population by 8.5%, many of whom will have health and social care needs
- Dundee has an unemployment rate of 5.0%, which is higher than the 3.3% reported for Scotland. Dundee has an economic inactivity rate of 27.1%. This is higher than the 23.4% reported for Scotland. A larger proportion of the Dundee population receives out of work benefits across all age groups, than Scotland as a whole.

- Staff turnover across both employers has decreased. The turnover rate for Dundee City Council employees was 9.5% at 31 December 2024 (10.4% in 2021/22). The turnover rate for NHS Tayside employees was 10.8% at 31 December 2024 (12.8% in 2021/22).
- Service report that a significant proportion of turnover is driven by career progression and, specifically within social care, staff leaving to secure better terms of and conditions in other employment sectors.
- It has been identified nationally that there is a high rate of turnover for both IJB Chief Officers and Chief Finance Officers. This has impacted Dundee in relation to the Chief Officer post in recent years.
- At 01 October 2024 there was a vacancy rate of 5.51% in care homes for adults (57% response rate) and a vacancy rate of 6.28% in care home for older people (68% response rate).
- There has been an overall MHO shortfall identified of 37.00 hours. Of the 10 employees who exclusively undertake MHO duties, 4 are aged 50+ and all 10 are aged 40+. A shortfall has been identified in terms of Adults with Incapacity (AWI) work.
- As at April 2025 there were 27.92 WTE in all nursing roles across Partnership services. These vacancies are either in the process of being recruited to or awaiting the newly graduate practitioners. Recent increases have been identified within Medicine for the Elderly and Community Mental Health Teams.
- There continues to be a reduction in the number of people undertaking training in key professional roles, including nursing, GPs, Pharmacists, Physiotherapists, Occupational Therapists and Mental Health Officers. This is a national challenge.
- International recruitment is a key route for securing workforce capacity across health and social care services, particularly within third party commissioned social care services. Planned changes to immigration rules and processes may interrupt or reduce the ability to recruit international colleagues from 2025 onwards.
- There have been significant challenges attracting staff to a range of social care roles since the COVID-19 pandemic. This includes a loss of staff to roles within the NHS where staff are attracted by better terms and conditions, including access to more flexible working patterns.
- Succession planning is critical to supporting internal progression and overall workforce supply. Almost all services have reported that this is an area where improvement is required, with important implications for learning and development capacity.
- Services report that specific aspects of recruitment processes need to change and improve:

- Unnecessarily complex processes, with multiple approval stages that delay progress.
- The timeline and complexity of process for establishing integrated posts within Dundee City Council and NHS Tayside.
- Modernisation of job descriptions and person specifications, including placing greater emphasis on transferable skills and attracting younger members of the workforce.
- More support is needed to navigate constantly changing processes for international recruitment, including sponsorship arrangements.
- Services report that HR processes such as those supporting ill health retiral and disciplinary processes are complex and take too long to complete, affecting workforce availability in the meantime.

Key challenges:

Workforce availability continues to be significantly impacted by unemployment and economic inactivity rates. There may be opportunities to attract people who are currently economically inactive to careers in health and social care.

Recruitment processes are lengthy and complex and could be modernised to attract a broader range of applicants. However, all employment and recruitment processes are provided by Dundee City Council and NHS Tayside and therefore the Partnership faces limitations on their ability to influence and modernise recruitment processes.

There is a risk of reduced workforce availability, particularly for social care services, due to planned changes to immigration rules. This places further emphasis on the need to enhance recruitment and retention of staff who have rights to live and work in the UK.

Although absence levels have started to reduce, they remain high and have a significant impact on workforce availability and the health and wellbeing of wider staff groups. There is a need to continue to focus on reducing absence levels whilst managing current absences.

Succession planning is not routine or robust. Maximising the value and potential of the existing workforce is critical in the context of the very challenging external workforce supply for health and social care. Some services have developed approaches that could be considered across the wider Partnership

3.3.1 Hard to Fill Posts and Long-term Vacancies

Services have identified the following posts which are currently hard to fill or are long-term vacancies:

Service	Post	Number of Posts
Community Care and Treatment Service	Administrative Assistant (Band 3)	1
Community Independent Living Service	Physiotherapist (Band 6, 26.5 hours)	1
	Physiotherapist – Community Rehab (Band 6, 70.75 hours)	3
	Occupational Therapist (Council)	1
	AHP Support Worker (Band 4, 13 hours)	1
	Occupational Therapist (Band 6)	1
Community Mental Health Services - AHPs	Occupational Therapist (Band 5)	0.5
Enablement Support / Care Management and Resource Matching Unit	Social Care Worker (25 hours)	15
	Social Care Worker (30 hours)	5
General Practice	G.P. Partners and salaried G.P.s	61 sessions (approximately 5 WTE posts)
Independent Living Review Team	Occupational Therapist (Band 6)	1
Learning Disability Allied Health Professionals	Band 8a	2
Mental Health and Learning Disability Allied Health Professionals	Associate AHP Director (shared costs)	1
Psychiatry of Old Age Inpatient Service	Occupational Therapist (Band 5)	1
	Registered Mental Health Nurse	1
	Health Care Support Worker	1
Strategic Services	Records Manager	1
Urgent and Unscheduled Care	Trainee Advanced Nurse Practitioner	1
	Advanced Nurse Practitioner (37 hours)	2
		1

	Lead Advanced Nurse Practitioner (37 hours)	2
	Social Worker	2
	Medicine Physiotherapist (Band 6)	1
	Occupational Therapist (Band 6)	
Weavers Burn	Social Care Worker (35 hours)	2
	Social Care Worker (30 hours)	1
Wellgate Day Support Service	Social Care Worker (35 hours)	2

More generally, many services identified that during recruitment they are experiencing lower numbers of applicants and a poorer quality of applicants when recruiting. Possible reasons for this included competition from other employers both regionally and nationally, including larger Health Boards in the Central Belt and employers with better terms and conditions.

In a number of service areas, the existence of hard to fill posts and long-term vacancies has led to redesign of service models and associated staffing requirements, creating alternative roles than have been recruited to more easily. Some posts have also been covered by temporary staffing hours or arrangements, however this often does not fill the whole staffing gap and can lead to instability within the service. Some services are not able to use supplementary staffing due to the highly specialised nature of the service they provide. A number of services highlighted that maternity leave cover is not routinely available and anticipated future challenges to fill posts that will become vacant over the next 6 to 12 months.

Key challenges:

There are specific workforce availability challenges relating to Occupational Therapists, Social Care Workers and G.P.s. Challenges are also experienced, to a lesser extent in relation to, Advanced Nurse Practitioners and Physiotherapists. Services have used a range of approaches to support recruitment and manage vacancies, however the local position reflects national workforce supply challenges.

There is a need to promote the Partnership as an employer of choice to attract greater numbers of suitably skilled and experienced applicants. This includes considerations in terms of geographic location, terms and conditions and reputation.

3.3.2 Staffing Tools

Some services have staffing tools available to support them to assess the required workforce level and identify gaps between that level and current staffing arrangements. Data for service areas that have a staffing tool available to them is summarised below:

Service	Identified Gap
Specialist Community Nursing - COPD	20 hours administrative support
Community Nursing – District Nursing Teams	4.9 WTE Band 5 Nurses
Pan-Tayside Learning Disability Dietetics Service	Band 6 Clinical post
RVH In-Patient and Day Hospital Services	3.5 WTE Registered Nurse 5.74 WTE Health Care Support Workers
Nutrition and Dietetics	0.9 WTE Dietetics Staff High clinical case loads for Dieticians supporting surgical beds
Psychiatry of Old Age Inpatient Service	37 hour Registered Mental Health Nurse
Urgent and Unscheduled Care – OT / PT	All Inpatient teams required 2-3 WTE (Band 4)

A number of other services continue to implement available tools at regular intervals and have found no gaps. Where gaps have been identified there is commonly a reliance on supplementary staffing as an interim solution, with associated additional financial costs. Risks associated with gaps are recorded and monitored via Clinical and Care Governance arrangements.

For the majority of services, that do not have access to a common staffing method or other staffing tool, gaps have been identified through a range of approaches (including service reviews, workload reviews and application of professional judgement):

Service	Identified Gap
Dundee Drug and Alcohol Recovery Service - Nursing	Non-medical prescribing specialist nurses to support implementation of MAT standards and Buvidal administration.
RVH Inpatient and Day Hospital Services	Senior Medical staff providing baseline cover
Nutrition and Dietetics Service	Dietetics workforce to support optimal oncology pathways and meeting key performance indicators, specialist mental health dietetics service for Angus and dedicated weight management pathway for Learning Disability and Mental Health Services.

Community Independent Living Service	Clerical and administrative staff
Strategic Services	12 posts identified via service restructure to meet basic statutory and governance requirements
Adult Care Management	Senior Practitioner
Learning Disability Social Work	Team Manager

Key challenges:

Not all Partnership services have access to a common staffing method or staffing tool to assess staffing levels.

There is not yet a common methodology or reporting format to collate, analyse and report data for hard to fill posts, long-term vacancies and other identified staffing gaps.

These limitations restrict the Partnerships ability to integrate and analyse the relevant data in order to inform accurate workforce planning. The Partnership does not have the specialist workforce planning expertise or the analytical capacity to address these gaps from within current resources.

Staffing tools are helping some services to identify gaps and are supporting the maintenance of safe staffing levels. However, due to the overall pressures on workforce capacity short-term solutions often rely on supplementary staffing which incurs additional costs. This is not a sustainable position given the IJB's budget for 2025/26 includes significant reductions to supplementary staffing costs. This approach can also lead to instability for the wider staff group within services and for service continuity.

3.3.3 Retention and Development

- An increasing reliance on international workers, trainees and newly qualified staff in some services has a significant impact on the required induction period. A longer induction period (up to 12 months), requiring greater levels of support throughout can reduce the overall output associated with the post and, sometimes, the wider service.
- Capacity to support succession planning is limited and there is therefore not a systemic approach to managing talent and supporting progression across Partnership services.
- As workload demands and services pressures increase there is less capacity to effectively support student placements, the creation of entry level posts and to release existing staff to undertake learning and development activity (other than that directly related to professional registration requirements)

- In some services, the financial necessity to reduce the scale of management structures has reduced progression pathways for existing staff.

Key challenges:

There is not yet an agreed and resourced framework for supporting effective succession planning across Partnership services. This will require support from and integrated working between NHS Tayside and Dundee City Council, and is an important gap given the age profile of the current workforce and potential for retirement levels to impact service continuity over the next 5-year period.

There is a risk that financial and workload pressures associated with rising demand will limit opportunities for learning, development and progression for both existing and new staff. This is likely to have a negative impact on retention, with staff seeking out progression opportunities in alternative services / employers.

4. Future Workforce Requirements

4.1 Future Demand and Service Models

Services across the Partnership have identified the key factors driving increased demand. Detailed information is provided in [Appendix 4](#), with common themes being:

- **Extension of services/New Pathways of Care:** There's a need to expand services to meet the requirements of a range of national strategies, standards, guidance and performance requirements. This is also driven by a focus on continuous improvement, service user feedback and public and political expectations.
- **Long-term effects of COVID-19:** anticipated long-term effects of COVID-19 on population health, with an assumed increased demand in some service areas.
- **Prevention of admission and discharge without delay:** impact of national, regional and local policy objectives across the whole system.
- **Whole systems pathways:** impact of pathway and model of care redesigns on other areas of service (intended and unintended consequences).
- **Chronic disease management:** There's a notable rise in demand for services supporting chronic disease management 3.
- **Palliative care:** An increase in the number of palliative care patients, driven by an ageing population and higher rates of long-term conditions.
- **Complex needs:** More service users with multiple and complex needs, including at end-of-life. This is associated with the ageing population and higher rates of long-term conditions, co-morbidities and frailty.
- **Early and prevention intervention:** Increased focus on early intervention and prevention models of care, as well as focus on proactive management of conditions.
- **Transitions:** higher numbers of young people, with increased complexity of need, transitioning from children's to adult services.
- **Learning disabilities:** Year-on-year increase in the population with learning disabilities and transitions from children and young people's services with increased complexity of need.
- **Neurodiverse individuals:** Increased awareness, diagnosis and referral levels.
- **Health inequalities:** Challenges in diagnosis and access to services due to health inequalities.

- **Mental health:** Rising prevalence of mental health conditions and co-morbidities, impacted by deprivation, isolation, and cost of living.
- **Reporting and regulation:** more complex landscape of legislation, guidance and service standards and increased demand for scrutiny and assurance information, particularly from Scottish Government.
- **Service transformation:** Need for service transformation, financial planning, and digital transitions.

These themes highlight the multifaceted nature of the rising demand for health and social care services, driven by demographic changes, evolving health needs, and systemic challenges.

Key challenges:

A variety of factors driving increased demand for health and social care services cannot be directly influenced or reduced at a local level, including by the IJB and Health and Social Care Partnership. Many factors related to structural inequalities that require a whole system, national response. They also indicate that wider reform of the health and social care system is required, to more closely align need, demand, resources and expectations.

Although factors driving demand are known, there is not yet a consistent and sustainable approach to quantifying their impact and modelling future implications. In some service areas modelling of small-scale impacts has been undertaken (for examples as part of service reviews) and some larger scale modelling tools are available (for example for social care). There is a lack of capacity and capability to undertake the required level of modelling to inform accurate workforce planning.

In response to increasing demand services have identified the key improvement and transformation activity they will undertake over the next 3-year period. Details are provided in [Appendix 4](#) and broadly fall into 9 categories:

- Redesign of services to meet increasing demands whilst also ensuring efficient use of resources.
- Development of new service models and pathways to address unmet needs or new requirements in national legislation, guidance and strategies.
- Enhanced investment in workforce wellbeing, learning and development to support existing teams and services to meet rising demand.

- Digital transformation to improve the efficiency and effectiveness of pathways of care, support hybrid working and contribute to improved workforce wellbeing.
- Capacity building with wider services to enable a more effective system wide response to health and social care needs, allowing a greater focus on complex cases within specialist functions.
- Improved interfaces within and between community services, with acute services and with children and young people's services.
- Reviews of staffing models and roles to maximise efficient use of skills, knowledge and experience.
- Enhanced focus and redesign of services to support prevention, early intervention and self-management.
- Enhanced strategic and finance support for transformation activity.

Key challenges:

The scale and complexity of improvement and transformation required to keep pace with demand is significant and must be delivered within a reducing level of financial resources. This activity also requires co-ordination both within the Partnership and at the interface with Dundee City Council, NHS Tayside and other partner organisations.

There is not sufficient capacity in terms of programme and project management support to consistently implement a best practice approach to transformation, including anticipated impact on workforce requirement. Some Partnership services have access to dedicated resources, and this has supported an increased pace of change and improvement, for example in Urgent and Unscheduled care.

4.2 Future Workforce

[Appendix 4](#) contains information provided by services regarding their predicted future workforce needs. There is not yet a consistent methodology or capacity across services to report this information in a robust and standardised way and therefore the information should be treated as being indicative or broad patterns of likely changes in demand for specific roles.

It is anticipated that there will be a need for significantly more:

Social Care Officers	Social Workers	Social Care Workers	(Senior) Support Workers
Administrative and Clerical roles	Health Care Support Workers	Support Worker roles at Band 4	Nursing roles at Band 6
Occupational Therapists	Physiotherapists	GPs	Advanced Practice Roles at Band 7
Telecare Controllers, Responders and Assessors	Data, quality and intelligence roles	Strategic and business planning roles	Programme and Project Managers

Through the redesign of services and modernisation of other roles it is anticipated that there will be a need for fewer:

Registered Nurse roles at Band 5

Senior Management roles

Further work is required to further develop, analyse and cost information regarding future workforce requirements.

Key challenges:

There are a range of professional roles where it is anticipated that increased numbers of staff will be required in the future, however a number of these professions also face workforce supply challenges. Reduced numbers of people training within these professions / roles and competition for available trained staff is likely to disrupt the Partnerships ability to secure required staffing in the future.

Many services report the need for increased staffing across a range of roles, few have been available to identify roles where there will be reduced staffing in the future.

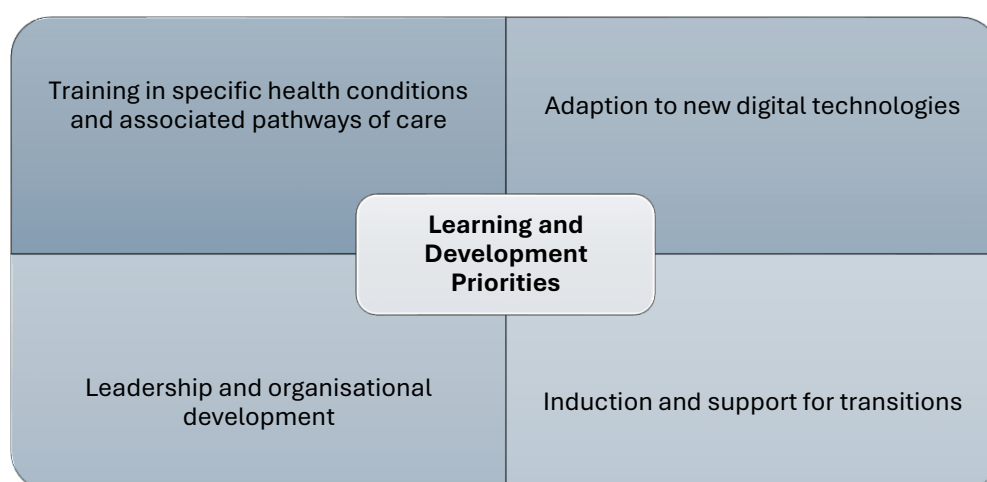
Workforce costs are a high proportion of the IJB's budget and financial pressures and sustainability require greater cost control in the future. There is a need to align workforce projections to reducing financial resources.

Information on future workforce needs is not yet being captured in a standardised format. Services are at different positions in terms of their capacity to analyse and report future workforce needs and therefore the Partnership can report only broad expected trends at this time. This impacts the Partnerships ability to both cost and plan for future workforce models.

4.2.1 Workforce Learning and Development

The anticipated nature of future demand on health and social care services, and the transformation and improvement of services in response to this both have important implications in terms of the future learning and development needs of the workforce. Access to learning and development opportunities will be vital to support the workforce to enhance their skills, knowledge and experience to both support transformation and improvement and to respond effectively to the changing health and social care needs of the population.

Services have identified four key areas for learning and development over the next three-year period:



Training in specific health conditions: the focus of this training varies by service area, however the majority of services identified specific health conditions and treatments where enhanced learning and development would be required to respond to future needs and demands. Many services also highlighted the need for enhanced understanding of pathways of care, including the interfaces between services areas

both within and outwith the Partnership. Many service areas also linked these aspects of learning and development to the creation of Advanced Practice roles.

Adaptation to new digital technologies: This includes learning and development to enhance knowledge and skills of technology enabled care that is used in the direct delivery of care, as well as digital devices and systems used across the Partnership to indirectly support care, maintain records, undertake administrative process etc.

Leadership and organisational development: This includes: leadership and management development to support succession planning; improvement of the induction programme for new workforce members; the development and implementation of competency frameworks, including encouraging and supporting staff to undertake appropriate qualifications to meet the needs of their role; enhancing knowledge and skills in service development, service design, co-production, improvement, change management, and data modelling and projection.

Induction and support for transitions: This includes improved induction planning and process for new workforce members, particularly those roles that require an enhanced induction process (such as international workers, newly qualified workers and those in highly specialised roles). Services also identified the need for enhanced support for internal transitions, particularly for staff moving into management and leadership roles for the first time.

The financial implications of supporting this level of learning and development require to be further developed, including consideration of the cost of accessing training and time-out for staff to participate. Creation of capacity to support student placements and newly qualified practitioners also requires to be considered as a priority to help to address challenges in relation to workforce supply.

Key challenges:

There is a need to understand how well the learning and development offers from both Dundee City Council and NHS Tayside are aligned to there three priority areas. This will require mapping of current opportunities against service needs to identify areas of strength and gaps to be addressed.

The cost of meeting workforce learning and development needs is significant, both in terms of access and time-out, but must be supported within a reduced financial resource. Competency frameworks can provide a consistent structure for prioritising access but are not yet available or consistently implemented across all Partnership services.

The scale of training required in relation to digital developments is significant and workforce feedback indicates that whilst initiatives such as Digital Champions are valued, they are not sufficient in terms of pace of upskilling. The workforce continue to

report being frustrated by not being able to access and / or fully utilise available digital capacities.

5. Workforce Action Plan and Risk Register

The Partnership's Workforce Planning Group is responsible for leading a strategic approach to workforce planning across the Partnership. The Workforce Planning Group lead the following aspects of workforce planning activity:

- **Assessment of workforce needs** – ensure that regular assessment of current and future workforce requirements are conducted for the workforce delivering delegated health and social care functions and for finance and strategic support services. This will take account of demographic changes, policy developments and service delivery models.
- **Data collection** – oversee the gathering, analysis and reporting of relevant data to inform workforce planning and monitoring of its effectiveness and impact.
- **Strategic risk assessment** – develop and maintain a strategic risk register for workforce planning and provide advice to other strategic risk forums regarding workforce planning matters.
- **Development of strategies** – develop, maintain and review workforce strategies and plans as required by national guidance and to meet local needs/preferences. This will include ensuring alignment with national, regional and local health and social care priorities.
- **Monitoring of implementation** – oversee the implementation of workforce plans and initiatives, including seeking and reviewing evidence of impact of these plans and initiatives.
- **Promotion of best practice** – identify, share and promote best practice approaches to workforce planning, management and support.
- **Continuous improvement** – review and refine workforce planning processes for the integrated health and social care workforce to ensure that they remain effective and relevant.
- **Stakeholder engagement** – engage with key stakeholders, including the corporate bodies, the workforce, trade unions and professional bodies to inform and support a comprehensive approach to workforce planning and related actions.
- **Reporting** – provide reports as required on workforce planning matters, including to the Integration Joint Board.

The Workforce Action Plan for the Partnership for 2025/26 can be found in [Appendix 1](#). This plan will be reviewed and updated at the end of each financial year.

The Workforce Planning Group has identified a number of risks to the delivery of the Workforce Action Plan, these are set out in [Appendix 2](#).

Appendix 1 – Action Plan 2025/26

The Workforce Action Plan has been aligned to the strategic shifts within the IJB's Strategic Commissioning Framework, with a focus on the short-term shifts scheduled to the end of 2025/26. The Action Plan is a live document that will continue to evolve as new information becomes available.

IJB Strategic Commissioning Plan - Short-term Shifts (2023-2026)

Action	Pillar	Lead	Timescale	Financial resource	Relevant risks (see Appendix 2)
The workforce is benefitting from having a wider range of more accessible mental health and wellbeing supports available to the workforce, including supports for bereaved staff members.					
Expand the number of Wellbeing Champions and Ambassadors across the Partnership workforce.	NURTURE	Extended Management Team / People Services	October 2025	No direct financial implication but are costs in relation to 'time out' from substantive duties.	11
Provide targeted wellbeing interventions and inputs to teams on a needs-led basis.	NURTURE	Extended Management Team / People Services	Ongoing throughout 2025/26	No direct financial implications but costs in terms of demand on People Services colleagues and managers within impacted services.	11
Implement revised Dundee City Council	NURTURE	All managers	June 2025	No direct financial implications but will	11

Action	Pillar	Lead	Timescale	Financial resource	Relevant risks (see Appendix 2)
bereavement leave policy.				result in increased 'time out'.	
There are clear local routes for the young workforce to enter a career in health and social care.					
Strengthen the Partnership's interface with Dundee and Angus College.	ATTRACT / TRAIN	Workforce Planning Group	October 2025	None identified at this time.	3, 9, 10
Recruitment and retention has improved in key areas, including Primary Care, Social Care, Mental Health and Drug and Alcohol Services.					
Analysis of GP Sustainability Survey (2) and agreement of actions in response.	PLAN / ATTRACT	Primary Care Team	October 2025	None at this time, however financial implications may arise in relation to agreed actions.	3, 9, 10, 12
Review recruitment adverts, information packs and advertising routes with a view to targeting under-represented groups.	ATTRACT	Recruiting managers with People Services	Ongoing throughout 2025/26 as opportunities arise	None identified at this time.	1, 9, 12
Promote equality and diversity learning opportunities to recruiting managers.	ATTRACT	Workforce Planning Group	August 2025	No direct financial implication but are costs in relation to working time undertake learning.	11

Action	Pillar	Lead	Timescale	Financial resource	Relevant risks (see Appendix 2)
Work with Dundee City Council and NHS Tayside to access and understand equalities data from recruitment processes.	PLAN / ATTRACT	Workforce Data Group	December 2025	None identified at this time.	1, 6, 7, 8, 9
Implement the new care at home contract, incorporating Fair Work practices.	ATTRACT / EMPLOY	Social Care Contracts	August 2025	No direct financial implications, however Fair Work practices are reflected in overall cost of commissioning services.	9, 12
Support the planning and implementation of the Chief Social Work Officer Conference.	EMPLOY	Heads of Service / Chief Social Work Officer	September 2025	None identified at this time.	1, 11
Enhanced workforce wellbeing supports have helped to reduce the overall levels of staff absence and turnover.					
Focus groups in areas with high levels of absence	NURTURE	Operational Managers with support from People Services	Ongoing throughout 2025/26 as need arises	None identified at this time.	3, 11, 12

Action	Pillar	Lead	Timescale	Financial resource	Relevant risks (see Appendix 2)
Focus on resolution of HR processes impacting attendance at work.	NURTURE	All line managers, supported via Management Teams	Ongoing throughout 2025/26	No direct financial implications, although some individual resolutions may have associated financial implications.	10
Continue to promote all available wellbeing supports across the Partnership workforce.	NURTURE	Extended Management Team / People Services	Ongoing throughout 2025/26	None identified at this time.	1, 9, 11
Develop and launch a Partnership Anti-Racist Practice policy statement.	EMPLOY / NURTURE	Senior Officer, Strategic Planning / Independent Sector Lead	December 2025	None identified at this time.	1, 3, 9, 10, 11, 12
Complete review of social work team caseloads.	PLAN / NURTURE	Heads of Service, Health and Community Care	October 2025	None at this time, however financial implications may arise in relation to agreed actions.	2, 3, 4, 12
People working within the health and social care workforce receive clear and understandable information about the work of the IJB and the Partnership					
Further development of Extended	EMPLOY	Heads of Service	Ongoing throughout 2025/26	None identified at this time.	3, 11

Action	Pillar	Lead	Timescale	Financial resource	Relevant risks (see Appendix 2)
Management Team model.					
Continue to implement service visits for IJB members and Senior Managers.	EMPLOY	Head of Service, Strategic Services	Ongoing throughout 2025/26	None identified at this time.	3, 11
Review induction arrangements for Partnership Services.	TRAIN	Workforce Planning Group / People Services	March 2026	None at this time, however financial implications may arise in relation to agreed actions.	1, 9
The IJB has a fuller understanding of health and social care workforce needs and has agreed a plan to address gaps and challenges.					
Analysis of GP Sustainability Survey (2) and agreement of actions in response.	PLAN	Primary Care Team	October 2025	None at this time, however financial implications may arise in relation to agreed actions.	3, 9, 10, 12
Survey and analysis of third and independent sector workforce	PLAN	Lead Officer, Quality, Data and Intelligence / Senior Officer, Social Care Contracts	December 2025	None identified at this time.	1, 6, 7, 8, 11
Develop standardised approach to capturing information from	PLAN	Workforce Data Group	March 2026	None identified at this time.	1, 6, 7, 8

Action	Pillar	Lead	Timescale	Financial resource	Relevant risks (see Appendix 2)
services for: hard-to-fill posts, long-term vacancies and other staffing gaps.					
Hold workforce planning discussion at each of the social care provider forums.	PLAN	Independent Sector Lead	December 2025	None identified at this time.	9, 11
Complete the ongoing review of clerical and administrative support within the Partnership.	PLAN	Admin Review Group	October 2025	None at this time, however financial implications may arise in relation to agreed actions.	1, 6, 7, 9, 11, 12
Explore sources of national support and expertise for demand and workforce modelling and projection.	PLAN	Workforce Data Group	October 2025	None identified at this time.	4, 5
People working within the health and social care workforce have benefitted from opportunities to develop their leadership skills and confidence.					
Further development of Extended	TRAIN	Heads of Service	Ongoing throughout 2025/26	None identified at this time.	3, 11

Action	Pillar	Lead	Timescale	Financial resource	Relevant risks (see Appendix 2)
Management Team model.					
Encourage and support increased uptake of existing leadership development opportunities within both NHS Tayside and Dundee City Council.	TRAIN	Extended Management Team	Ongoing throughout 2025/26	None identified at this time.	3, 11
Contribute to the Dundee City Council review of the Quality Conversations model.	TRAIN / EMPLOY	Workforce Planning Group	October 2025	None identified at this time.	11
Develop a consistent, integrated framework for succession planning within the Partnership.	TRAIN / EMPLOY / PLAN	Workforce Planning Group	March 2026	None identified at this time.	1, 3, 4, 9, 10
Map current learning and development offers against priorities	TRAIN	Workforce Planning Group / People Services	December 2025	None identified at this time.	1

Action	Pillar	Lead	Timescale	Financial resource	Relevant risks (see Appendix 2)
identified by service areas: including for digital skills.					
People working within the health and social care workforce have better opportunities to influence the work of the IJB.					
Continue to deliver IJB development sessions.	EMPLOY	Head of Service, Strategic Services	Ongoing throughout 2025/26	None identified at this time.	1, 3, 9, 10
Continue to implement service visits for IJB members and Senior Managers.	EMPLOY	Head of Service, Strategic Services	Ongoing throughout 2025/26	None identified at this time.	3, 11
Further development of Extended Management Team model.	EMPLOY	Heads of Service	Ongoing throughout 2025/26	None identified at this time.	3, 11
Continue to develop the Social Work Practitioner Forum model.	EMPLOY	Extended Management Team / People Services	Ongoing throughout 2025/26	None identified at this time.	3, 11

Appendix 2 – Workforce Strategic Risk Register

Description	Owner	Current Assessment			Control Factors
		L	C	Exp	
<p>1.Complex governance arrangements for the health and social care workforce undermines clarity of leadership and accountability.</p> <p><i>Workforce is not a delegated function and therefore oversight and decision-making for workforce matters takes place within single agency governance structures. However, workforce is a critical resource supporting the implementation of IJB functions and performance. National guidance and requirements for workforce planning do not always fully reflect take account of these governance arrangements.</i></p>	Chief Officer	3	4	12	<ul style="list-style-type: none"> • Health and Social Care Integration Scheme • Representation from the IJB and Partnership within single agency governance structures • Representation from NHS Tayside and Dundee City Council in IJB governance structures • Legal, HR and other professional advice available to officers
<p>2.Inadequate financial resource to support required actions.</p> <p><i>Public sector financial pressures are impacting on NHS Tayside, Dundee City Council, other health and social care employers and the IJB. The IJB has agreed a budget for 2025/26 that includes £17 million of savings. Savings of this scale will significantly impact the Partnership's ability to deliver the actions required to address</i></p>	Chief Officer / Chief Finance Officer	4	5	20	<ul style="list-style-type: none"> • 2025/26 transformation and savings plan • Revision of workforce plan to focus on priority action areas • Strategic framework for prioritisation within IJB Strategic Commissioning Plan

Description	Owner	Current Assessment			Control Factors
		L	C	Exp	
<i>identified workforce challenges and priorities.</i>					
<p>3.Inadequate capacity within senior leadership structure to effectively support workforce planning.</p> <p><i>Due to vacancies and temporary deployments within the senior leadership team there is not adequate capacity to fully lead and support workforce planning activity. This includes supporting the strategic interface with NHS Tayside, Dundee City Council and the third and independent sector.</i></p>	Chief Officer and wider Senior Management Team	5	4	20	<ul style="list-style-type: none"> • Ongoing recruitment to Chief Officer post • Review of Senior Management Team structure • Sharing of management duties
<p>4.Inadequate specialist workforce planning capability and capacity.</p> <p><i>As workforce is not a delegated function the Partnership does not have any dedicated specialist workforce planning support. Given the complexities of integrated workforce planning this is required to be able to fully achieve the best practice approach set out in national guidance.</i></p>	Chief Officer and wider Senior Management Team	5	4	20	<ul style="list-style-type: none"> • Some access to specialist capability via NHS Tayside and Dundee City Council • Use of other transferable skills available within Partnership workforce • Use of national resources where available
5.Inadequate specialist modelling and projection capability and capacity (service demand and workforce).	Acting Head of Service, Strategic Services	5	4	20	<ul style="list-style-type: none"> • Use of national resources and capacity where available

Description	Owner	Current Assessment			Control Factors
		L	C	Exp	
<i>There is not sufficient internal expertise and capacity for data modelling and projection in relation to anticipate future population needs and demand. This baseline information is required to then allow further modelling of workforce requirements, which is also not available within existing resources.</i>					<ul style="list-style-type: none"> • Use of other transferable skills available within Partnership workforce
<p>6.Inability to access workforce data from individual employers.</p> <p><i>Partnership data and information officers and not able to directly access workforce data to enable collation, analysis and reporting. This is particularly acute in relation to NHS Tayside data and data within the third and independent sector.</i></p>	Acting Head of Service, Strategic Services	4	4	16	<ul style="list-style-type: none"> • Health and Social Care Integration Scheme • Data sharing agreements • Dual systems access for officers • Use of contract monitoring systems and returns • Workforce Data Group
<p>7.Inability to collate, analyse and report integrated workforce data (from NHS Tayside, Dundee City Council and commissioned services).</p> <p><i>Data provided by the different employers is not in compatible formats due to difference in recording and reporting practices and standards. Data therefore can not be integrated for reporting or analysis.</i></p>	Acting Head of Service, Strategic Services	5	4	20	<ul style="list-style-type: none"> • Workforce Data Group

Description	Owner	Current Assessment			Control Factors
		L	C	Exp	
<p>8.Incompatible IT systems to support integrated data collection, analysis and reporting.</p> <p><i>There is no single, integrated digital platform available that meets the information governance and security requirements of all stakeholders to support reporting of integrated workforce data. This prevents data being shared effectively with relevant stakeholders.</i></p>	Chief Officer / Acting Head of Service, Strategic Services	4	3	12	<ul style="list-style-type: none"> • Workforce Data Group • Exploration of nationally supported data platforms
<p>9.Misalignment between health and social care priorities and those of employing organisations (NHS Tayside, Dundee City Council and third and independent sector).</p> <p><i>Workforce is not a delegated function and therefore oversight and decision-making for workforce matters takes place within single agency governance structures. Each employer will plan and take decisions aligned to their own policy commitments, financial plans and strategic priorities, which may not be fully aligned to those of the IJB.</i></p>	Chief Officer / Acting Head of Service, Strategic Services	3	3	9	<ul style="list-style-type: none"> • Representation from the IJB and Partnership within single agency planning structures • Representation from NHS Tayside and Dundee City Council in IJB planning structures • Leadership of Senior Management Teams (including IJB Chief Officer within NHS Tayside and Dundee City Council Teams)

Description	Owner	Current Assessment			Control Factors
		L	C	Exp	
<p>10. Policy and regulatory changes across multiple stakeholders (national, regional and local).</p> <p><i>Due to the multi-agency and multi-professional nature of integrated workforce planning for health and social care there is a significant amount of legislative, regulatory, policy and guidance requirements that impact both directly and indirectly on workforce requirements. This includes immigration policy that remains a reserved UK Government function.</i></p>	Acting Head of Service, Strategic Services	4	4	16	<ul style="list-style-type: none"> Tracking of relevant information via Corporate Bodies and national representative bodies Legal advice available to officers Officer membership of national representative bodies
<p>11. Poor communication with stakeholders, including members of the workforce.</p> <p><i>Effective workforce planning requires good communication and engagement from a wide range of stakeholders (both on an organisational and professional basis). This includes good communication with the workforce themselves regarding priorities, actions and outcomes.</i></p>	Chief Officer and wider Senior Management Team	3	4	12	<ul style="list-style-type: none"> Staff Partnership arrangements Extended Management Team arrangements Workforce feedback mechanisms Workforce Planning Group
<p>12. Resistance to change from stakeholders, including members of the workforce.</p>	Chief Officer and wider Senior Management Team	3	4	12	<ul style="list-style-type: none"> Staff Partnership arrangements Extended Management Team arrangements

Description	Owner	Current Assessment			Control Factors
		L	C	Exp	
<i>Due to wider pressures across the public, third and independent sector, including on workforce members themselves, there might be resistance to the scale and complexity of the change required to deliver a sustainable workforce within the available financial resources. The co-operation and participation of all stakeholders is essential to developing realistic and achievable plans and to supporting implementation.</i>					<ul style="list-style-type: none"> • Workforce feedback mechanisms • Workforce Planning Group

Appendix 3 – Workforce Data

1. Internal Workforce

The Partnership has 936 (813 FTE) staff who are employed by Dundee City Council and 1,753 (1482 WTE) staff who are employed by NHS Tayside. Collectively, 86% are female.

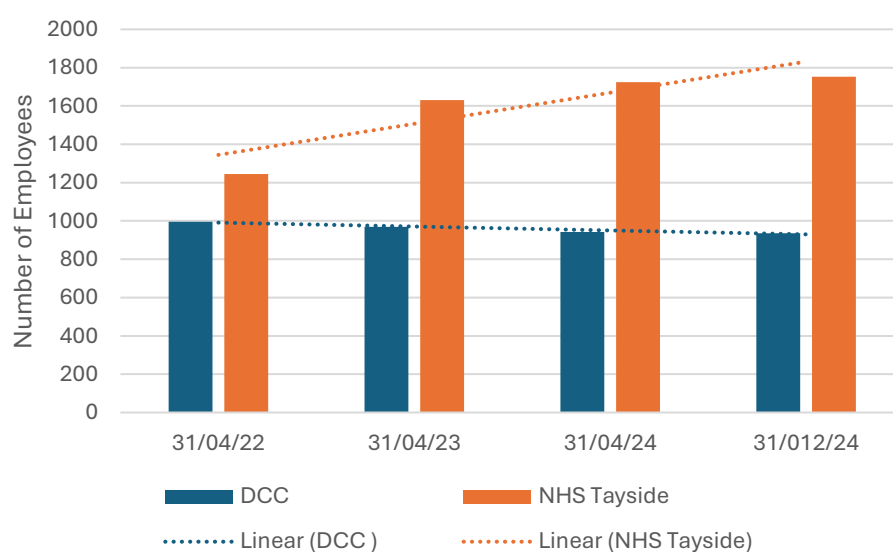
The largest staff groups are nurses 952 in Nursing and Midwifery family group, social and home care workers 534 people with job title ‘home care organiser’, ‘home care worker’, ‘modern apprentice social care worker’, ‘social care officer’, ‘social care organiser’, ‘social care worker’, ‘senior social care officer’, ‘senior social care worker’ and allied health professionals 323. These posts collectively account for 67% of the total Council and NHS workforce aligned to the Partnership.

Since 2022, there was an increase in posts employed by NHS Tayside by 197 (12%). There were increases in the following posts

- of nurses by 127 (15%)
- posts categorised as ‘other therapeutic’ by 28 (19%) and
- admin services by 22 (11%)
- Allied Health 11 (3%)

Since 2022, there was a decrease in posts employed by Dundee City Council by 59 (6% reduction). There was a decrease in social care / homecare posts by 82 (13% reduction)

Figure 1: Total number of employees aligned to the Health and Social Care Partnership by employer 2022 to 2024



38% of all NHST employees are age 50+ and 49% of all DCC employees are age 50+

Figure 2: % of each age groups employed by DCC and NHS Tayside who worked in the DHSCP at 31 December 2024

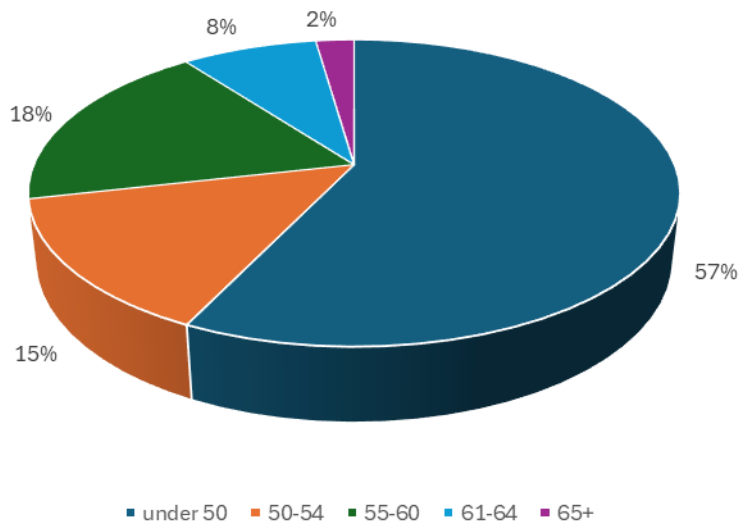


Figure 3: Number of employees in each age group employed by DCC and NHS Tayside who worked in the DHSCP at 31 December 2024

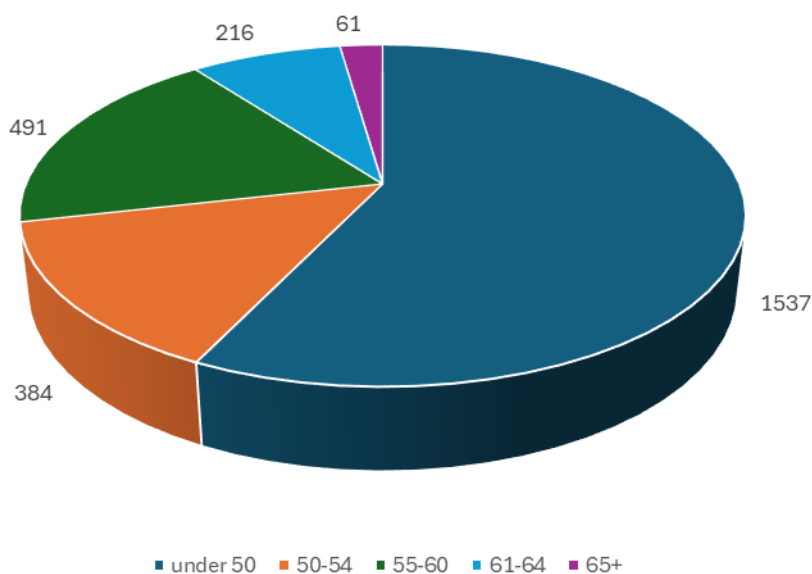


Figure 3 shows the number of employees who are in each age group. 384 people (15% of the total workforce) are age 50-54, 491 people (18% of the total workforce) are age 55-60, 216 people (8% of the total workforce) are age 61-65 and 61 people (2% of the total workforce) are age 65+.

Looking at the DCC employees, across each of these 50+ age groups the majority of employees are in the lower, pay grades. 76% are in grades 7 of less and of these, 61% (224 people) are social care or homecare workers.

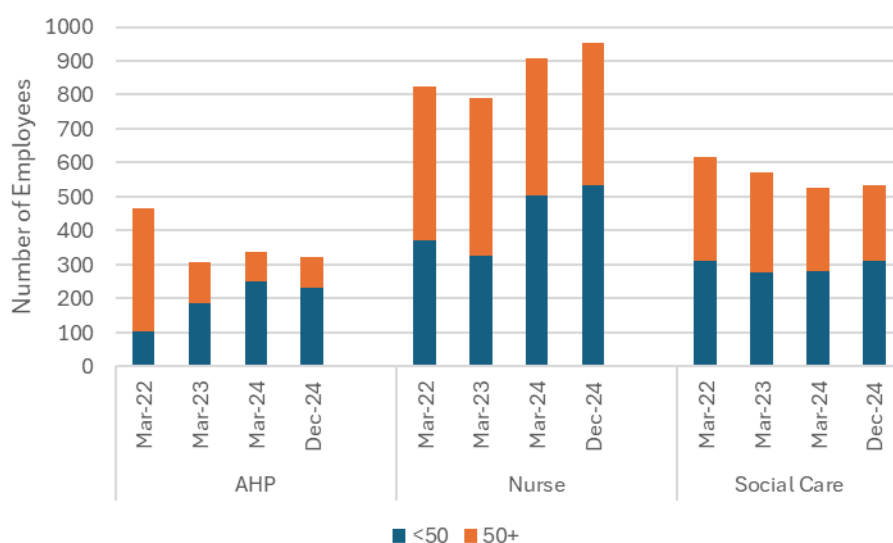
Looking at the employees who are aged over 60 and in grades 7 of less, 58 people (59% of those aged 60+) are social care or homecare workers.

Looking at the NHS employees across each of these 50+ age groups, 418 employees aged 50+ (62%) are in the nursing and midwifery family group. 100 employees aged 60+ (61%) are in the nursing and midwifery family group.

More in-depth analysis continues to be completed, which looks at a range of parameters including area of work and division, however due to small numbers in some areas these cannot be published so that individuals cannot be identified.

The chart below looks at the proportion of staff aged 50+ in each of the 3 largest staff groups.

Figure 4: Proportion of staff over and under age 50



Within the 3 largest staff groups, there is a high proportion of the workforce who are aged 50+; 50% (42 %) of social care workers, 44% of nurses and 28% of allied health professionals. The number of AHPS, nurses and social care staff aged 50+ has decreased since 2022.

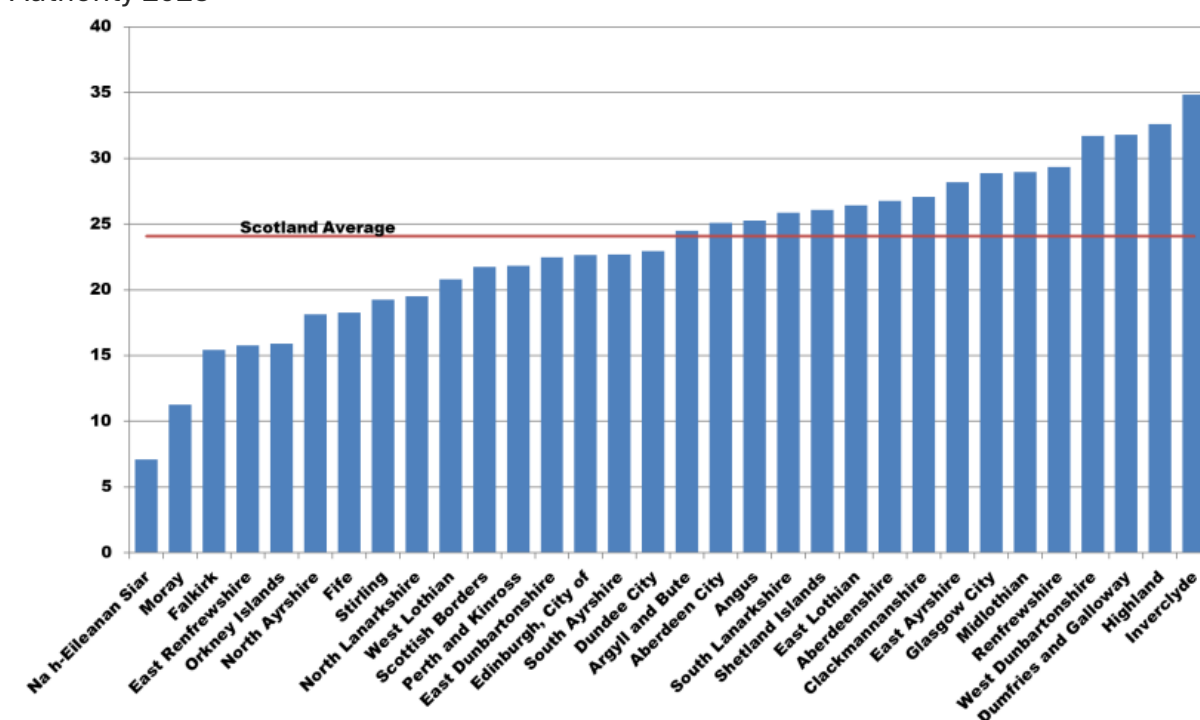
More in-depth analysis continues to be completed, which looks at the many roles within these categories, such as physiotherapists and occupational therapists which are categorised as Allied Health Professionals (AHPs). Due to small numbers in some

areas this level of detail cannot be published so that individuals cannot be identified, however generally the Occupational Therapy professionals have a higher proportion of the older age groups than other allied health professions.

Mental Health Officers (MHOs) are social workers with a minimum 2 years post qualifying experience who have gained the Mental Health Officer Award. There are currently 16 MHOs, 10 have exclusive MHO duties and 6 work as a social worker and have a satellite MHO role.

There was an estimated 37 hours per week shortfall in MHO hours reported for 2024. Of the 10 MHOs with exclusive MHO duties, 4 of the 10 are aged 50+ and all 10 are aged 40+. 9 of the 10 are female.

Figure 5: Hours per week spent on MHO duties per 10,000 population by Local Authority 2023



Source: SSSC Mental Health Officers (Scotland) Report 2023 (August 2024)

4% of the Dundee population reported in the 2022 Census that they have a 'disability'. The % of employees of NHS Tayside who reported having a disability is less than this at 2% and the % of employees of Dundee City Council who reported having a disability is higher at 6%. Taking the collective HSCP workforce aligned to NHS Tayside and Dundee City Council the % is similar to the Census data. It should also be considered that some employees do not like to declare disabilities to their employer so it's likely that the actual rate of employees with a disability may be higher than reported in Figure 6.

Figure 6: Disability

	Total number of Employees	Number (%) with disability	Number (%) with NO disability	No (%) don't know or prefer not to say
NHS Tayside	1753	38 (2%)	1318 (75%)	397 (4%)
Dundee City Council	942	57 (6%)	738 (78%)	147 (16%)
Dundee Population Economically Active*	60,754*	2,281* (4%)	58,473 (96%)*	

*the number of people who reported in the 2022 Census that they were economically active and had a condition which limited their day to day activities a little and a lot.

72 NHS employees and 46 DCC employees stated they were from a minority ethnic background, which is 4% and 5% of employees respectively. This is lower than the 16% of Economically Active and Employed Dundee residents ages 16+ who stated they were from a minority ethnic group in the 2022 Census.

Figure 7: Ethnicity

	NHS Tayside	Dundee City Council	HSCP Total	Dundee Economically Active Employed Population*
African	19 (1.1%)	6 (0.6%)	25 (0.9%)	856 (1.4%)
Asian	35 (2.0%)	6 (0.6%)	41 (1.5%)	3,026 (5.0%)
Caribbean or Black	1 (0.1%)	1 (0.1%)	2 (0.1%)	90 (0.1%)
Mixed or Multiple Ethnic Groups	14 (0.8%)	1 (0.1%)	15 (0.6%)	594 (1.0%)
White British / Scottish	1445 (82.4%)	707 (75.1%)	2,152 (79.9%)	50,965 (83.9%)
White Irish	37 (2.1%)	4 (0.4%)	41 (1.5%)	661 (1.1%)
White Polish	6 (0.3%)	5 (0.5%)	11 (0.4%)	1,559 (2.6%)
White Other	42 (2.4%)	17 (1.8%)	59 (2.2%)	2,520 (4.1%)
Other Ethnic Group	3 (0.2%)	32 (3.4%)	35 (1.3%)	487 (0.8%)
Prefer not to Say	73 (4.2%)	49 (5.2%)	122 (4.5%)	

Don't Know	78 (4.4%)	114 (12.1%)	192 (7.1%)	
Total	1753 (100%)	942 (100%)	2,695 (100%)	60,754 (100%)

*Scotland Census 2022

51 (5.4%) of the 1,630 NHS employees defined themselves as LGBTQ, 174 (11%) reported that they 'did not know', 158 (10%) reported that they would 'prefer not to say' and 1,232 (76%) reported that they were heterosexual.

2. Commissioned Services

Our biggest workforce is in our commissioned services and we require to do more detailed profiling of this workforce. We are not currently able to see this as WTE rather than a headcount.

The Workforce Data Group has been looking at how data from commission services can be collected in a way that minimises further burden on these services and utilises data already collected for other purposes. A mapping exercise has been conducted which has identified relevant information from existing contract monitoring and the group is currently investigating how this can be processed in an efficient way to allow the information to be aggregated and analysed.

Figure 8: Care Home Staff in Dundee

	No. Staff	% Female	% age 55+
Public	180	83%	20%
Private	1140	73%	28%
Voluntary	80	88%	25%

Source: [SSSC Workforce Data December 2023](#)

Figure 9: Housing Support / Care at Home Staff in Dundee

	No. Staff	% Female	% age 55+
Public	470	85%	36%
Private	880	77%	14%
Voluntary	1340	72%	21%

Source: [SSSC Workforce Data December 2023](#)

Figure 10: Adult Day Care Staff in Dundee

	No. Staff	% Female	% age 55+
Public	80	75%	25%
Private	0	0%	0%
Voluntary	160	75%	19%

Source: [SSSC Workforce Data December 2023](#)

Staffing levels are monitored via contractual arrangements to ensure services can operate effectively.

3. Workforce Wellbeing

The impact of the pandemic and current pressure on staff has been profound. We do not have good information regarding absence levels in the private and voluntary sector, but we know they have been badly impacted by the pandemic. While COVID-19 related absences have stabilised, staff are tired and there is a high level of sickness absence across all areas of staffing.

Figure 11: Absence Rates

Employer	19/20	20/21	21/22	22/23	23/24	2024
NHS Tayside	5.9%	5.1%	5.5%	6.2%	6.6%	7.4%
Dundee City Council	7.8%	9.5%	14.2%	10.6%	11.7%	10.9%

DCC calculates as % days lost and NHS Tayside calculates as % hours lost

3.1 Dundee City Council employees

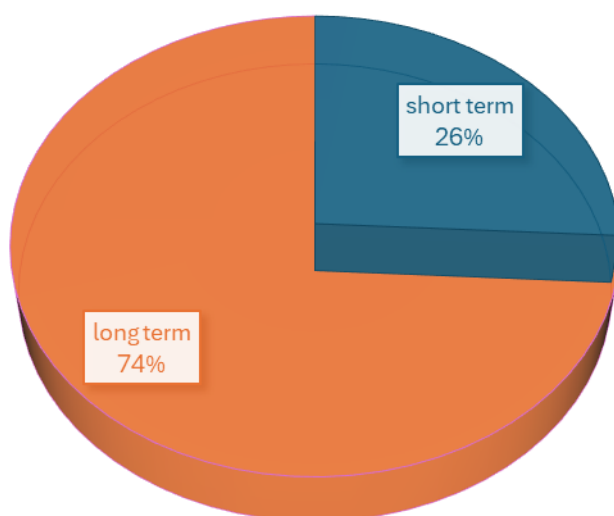
The % working days lost for the 12 months to 31 December 2024 was 10.9%. This was a reduction compared with the % working days lost for the 12 months to 31 March 2024 when it was 11.7%. The number of days lost to absence per FTE decreased from 26.73% for the 12 Months to 31 March 2024 to 25.29 for the 12 months to 31 December 2024.

The % of the workforce who had an episode of sickness absence decreased from 30.88% for the 12 Months to 31 March 2024 to 29.34% for the 12 months to 31 December 2024.

For the 12-month period 1 January 2024 – 31 December 2024 the proportion of short-term absence was 25.8% and the proportion of long-term absence was 74.11%. These

proportions have changed over time with the proportion of long-term absence decreasing and the proportion of short-term absence increasing.

Figure 12: Proportion of short and long-term absence, Dundee City Council 2024



The 4 absence categories with the highest % of days lost for DCC employees are

1. Anxiety / stress / depression / other psychiatric illness (8,225 working days lost and 40% of total days lost)
2. Other Musculo-Skeletal (3,359 working days lost and 16% of total days lost)
3. Other Known Causes (2,405 working days lost and 12% of total days lost)
3. Infectious Diseases (1,471 working days lost and 7% of total days lost)
4. Chest and Respiratory (1,162 working days lost and 6% of total days lost)
5. Gastrointestinal (939 working days lost and 5% of total days lost)

3.2 NHS Tayside employees

The overall absence for NHS Tayside in February 2025 was 5.92%, improving from January 2025 (7.49%) and December 2024 (7.36%). The overall absence for NHS staff working in Dundee HSCP in February 2025 was 6.25%, improving from January 2025 (7.49%) and December 2024 (7.46%).

As of February 2025, the three NHS staff groups with the highest % of sickness absence within Dundee HSCP for the year 2024/25 were:

- Nursing and Midwifery – 8.92%
- Administrative Services – 8.42%
- Allied Health Professions – 5.25%

For the 12-month period 1 January 2024 – 31 December 2024 the proportion of short-term absence was 25.8% and the proportion of long-term absence was 74.1%. These proportions have changed over time with the proportion of long-term absence decreasing and the proportion of short-term absence increasing:

Figure 13: NHS employees within Dundee HSCP – short-term sickness absence 2024/25

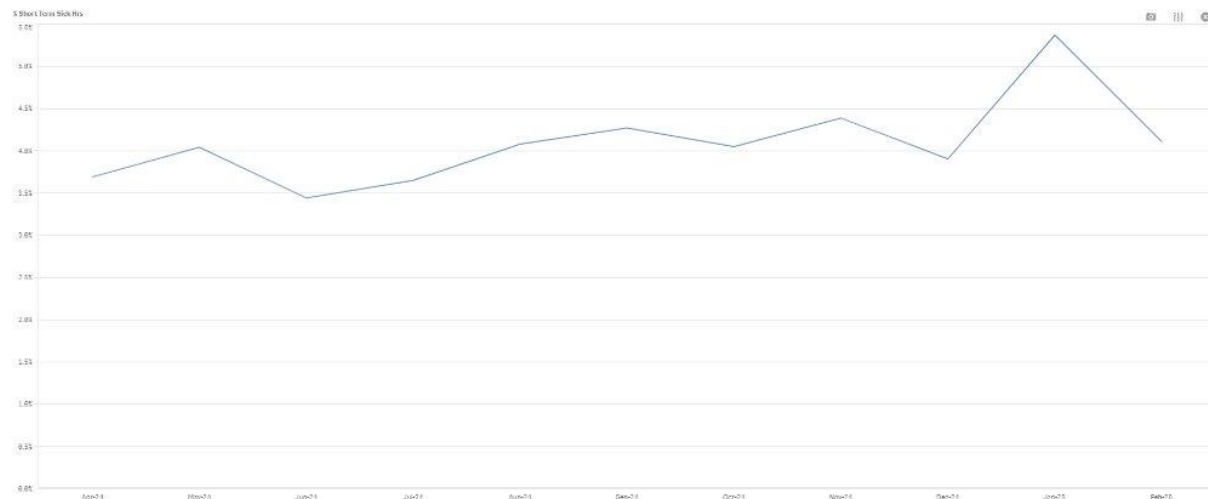
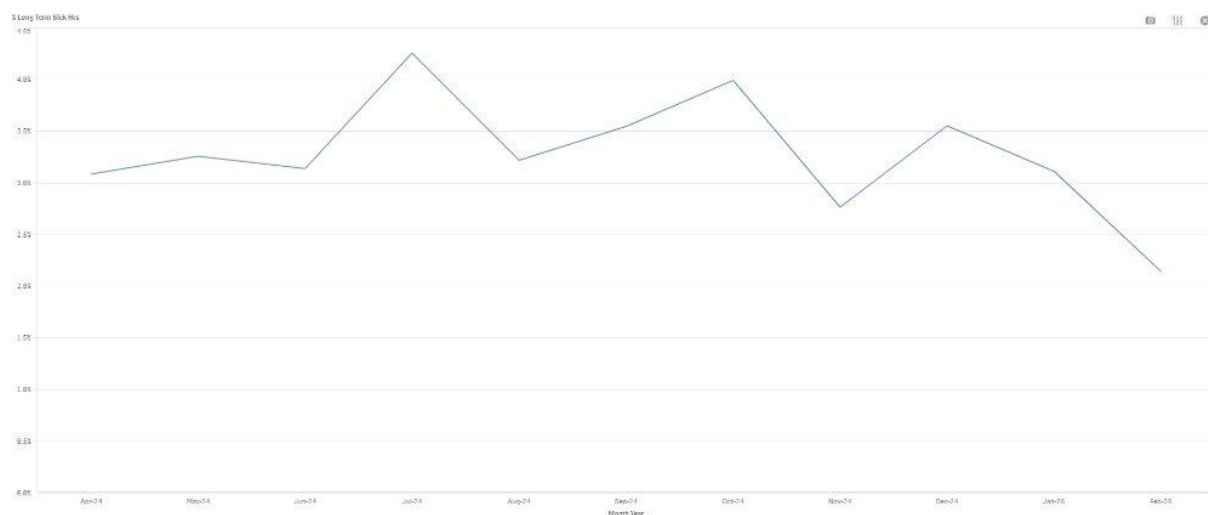


Figure 14: NHS employees within Dundee HSCP – long-term sickness absence 2024/25



3.3 Industrial Injury

For DCC employees 30 working days were lost to Industrial Injury and the top sickness categories in the 12 months to December 2024 were ‘Other Known Cause, ‘Injury / Fracture’ and ‘Anxiety / Stress / Depression’.

4. Workforce Feedback

Both employers have in place processes through which they formally capture feedback from the workforce on an annual basis. In NHS Tayside the iMatters process is used, and this is extended to all employees aligned to the Partnership regardless of their employer. In Dundee City Council an Annual Employee Survey is undertaken – only Dundee City Council employees are invited to participate.

Key results from the Dundee City Council Survey for 2024 were:

- Across the Council as a whole three key areas for improvement were identified:

Communication

- 60.5% of people said that they know what is going on in their service, and this has decreased by 2.2% since last year.
- 63.8% said that they have the information they need to do their job well, and this has decreased by 3.2% since last year.
- People state that they have good relationships with their line managers, but that there is a lack of communication from their senior management and they hear about changes through informal channels.

Empowerment

- 67.2% agreed that they are involved in decisions about their work, but this has decreased by 5.2% since last year.
- 56.4% said that they feel empowered in their work, also a decrease of 5.2%.
- 69% said that they are encouraged to give feedback, but this has decreased 4%.

Employee Wellbeing

- People report feeling overworked and understaffed, leading to high stress and burnout. There is also a perception that workload is unfairly distributed between services.
- 52% said that they have enough time to do their work well and this has not improved since last year, when 53.5% agreed with this statement.

For the Health and Social Care Partnership specifically (based on a response rate of 16.5%):

Theme	Quantitative Questions	Council	Dundee Health & Social Care
Team Effort and Culture	01. I am involved in decisions about my work	67.2%	59.3%
Team Effort and Culture	02. I am satisfied with my current work life balance	67.1%	62.2%
Team Effort and Culture	03. I feel empowered in my work	56.4%	54.1%
Team Effort and Culture	04. I am encouraged to give feedback	69.0%	71.1%
Team Effort and Culture	05. I receive praise and recognition for my work	65.3%	73.3%
Team Effort and Culture	06. I feel that my physical and mental wellbeing are supported	61.2%	65.2%
Team Effort and Culture	07. I have enough time to do my job well	52.0%	51.1%
Team Effort and Culture	08. I feel part of a team that is making a difference	74.8%	75.6%
Team Effort and Culture	09. I get regular feedback on my work	58.7%	60.7%
Engagement and Connection	11. I am proud of the work I do	94.4%	93.3%
Engagement and Connection	12. I feel valued	60.8%	62.2%
Engagement and Connection	13. I am listened to by my manager	78.5%	80.0%
Engagement and Connection	14. I enjoy my work	83.0%	85.2%
Engagement and Connection	15. I know what's going on in my service	60.5%	56.3%
Engagement and Connection	16. I feel that I am treated fairly	76.1%	68.1%
Innovation, Performance and Skills	18. Day to day decisions demonstrate that quality and improvement are top priorities	55.5%	50.4%
Innovation, Performance and Skills	19. I have the opportunity to make full use of my skills and abilities	65.7%	59.3%

Innovation, Performance and Skills	20. I have what I need to do my job well	61.3%	63.0%
Innovation, Performance and Skills	21. I receive the information I need to do my job well	63.8%	59.3%
Innovation, Performance and Skills	22. I am encouraged to contribute to improvements	72.1%	64.4%
Innovation, Performance and Skills	23. I have the opportunity to discuss my training and development with my line manager	80.0%	83.7%

Results from the 2024 iMatters process for the whole Health and Social Care Partnership are shown below. Areas for improvement relate to visibility, trust and confidence in Board members, performance management and involvement in decision making.

iMatter Questions	Staff Experience Employee Engagement Components	Average Response			
		2021	2022	2023	2024
My direct line manager is sufficiently approachable	Visible & Consistent Leadership	88	89	89	90
I feel my direct line manager cares about my health and well-being	Assessing risk & monitoring work stress and workload	85	88	88	89
I have confidence and trust in my direct line manager	Confidence & trust in management	85	87	87	88
I am clear about my duties and responsibilities	Role Clarity	86	87	88	88
I am treated with dignity and respect as an individual	Valued as an Individual	84	87	88	88
I would recommend my team as a good one to be a part of	Additional Question	84	86	86	87
I am treated fairly and consistently	Consistent application of employment policies and procedures	82	85	86	86
My team works well together	Effective team working	82	84	85	85
My work gives me a sense of achievement	Job Satisfaction	81	84	84	85
I have sufficient support to do my job well	Access to time and resources	78	81	82	83
I get the information I need to do my job well	Clear, appropriate and timeously communication	79	82	83	83
I understand how my role contributes to the goals of my organisation	Sense of Vision, Purpose & Values	82	83	84	83
I am confident performance is managed well within my team	Performance management	78	80	81	81
I feel involved in decisions relating to my team	Empowered to Influence	76	79	79	80
I am confident my ideas and suggestions are listened to	Listened to & acted upon	76	79	80	80
I get enough helpful feedback on how well I do my work	Performance development & review	75	78	80	80
I feel appreciated for the work I do	Recognition & Reward	75	78	80	80
I would be happy for a friend or relative to access services within my organisation	Additional Question	77	78	79	79
I am given the time and resources to support my learning growth	Learning & Growth	71	75	77	77
I would recommend my organisation as a Good place to work	Additional Question	73	75	76	76
I feel involved in decisions relating to my job	Empowered to Influence	72	76	75	76
I am confident my ideas and suggestion are acted upon	Listened to & acted upon	72	76	76	76
I get the help and support I need from other teams and services within the organisation to do my job	Appropriate behaviours & supportive relationships	71	72	73	73
I feel my organisation cares about my health and wellbeing	Health & Wellbeing Support	70	72	74	72
I am confident performance is managed well within my organisation	Performance management	63	64	65	64
I have confidence and trust in Board members who are responsible for my organisation	Confidence & trust in management	59	60	60	60
I feel sufficiently involved in decisions relating to my organisation	Partnership Working	54	56	56	55
I feel that board members who are responsible for my organisation are sufficiently visible	Visible & Consistent Leadership	53	54	54	54

5. Workforce Availability

Figure 15: Number of new starts

Employer	19/20	20/21	21/22	22/23	23/24	2024
NHS Tayside	152	234	186	335	330	262
Dundee City Council	42	42	79	84	92	87

Figure 16: Number of new leavers

Employer	19/20	20/21	21/22	22/23	23/24	2024
NHS Tayside	208	234	243	283	242	190
Dundee City Council	73	45	103	97	103	90

We are looking at reasons for leaving posts, however due to small numbers by reason we cannot publish this information.

Staff turnover across both employers decreased between 2021/22 and 2024 from 10.4% to 9.5% for Dundee City Council employees and from 12.8% to 10.8% for NHS Tayside employees.

The Care Inspectorate collects a weekly snapshot of vacancy rates for care homes for adults and older people. The response rate fluctuates each week from around 30-80%. At 01 October 2024 there was a vacancy rate of 5.51% in care homes for adults (57% response rate) and a vacancy rate of 6.28% in care home for older people (68% response rate).

The total Mental Health Officer (MHO) available hours are 388.82 hours per week. There has been an overall MHO shortfall identified of 37.00 hours, which relates to the current vacancy. A shortfall has been identified in terms of Adults with Incapacity (AWI) work.

6. The Future Workforce

Staff are our key resource and changing models and changing pressures will require significant remodelling of the workforce. This comes at a time when staff resilience is low and change can seem overwhelming. In order to design the workforce of the future we require to profile the workforce, redesign job roles, undertake a skills analysis and work in a much more integrated way. The focus will continue throughout this to be on increasing the wellbeing of staff.

6.1 Employment Rates

Figure 17: Employment and Unemployment (October 23 – September 24)

All People	Dundee City (No.)	Dundee City %	Scotland %	Great Britain %
Economically Active	71,900	72.9%	76.6%	78.4%
In Employment	65,800	66.6%	74.0%	75.5%
Employees	59,600	60.3%	65.5%	66.0%
Self Employed	6,300	6.3%	8.2%	9.2%
Unemployed	3,500	5%	3.3%	3.7%

Source ONS Annual Population Survey

[Labour Market Profile - Nomis - Official Census and Labour Market Statistics](#)

Dundee has an employment rate of 66.6%, with a slightly higher employment rate for men (67.7%) than women (65.4%). This is less than the rate of 74.0% reported for Scotland.

- The largest proportion of the working population in Dundee are employed in Professional or Associate Professional Occupations (35.3%%) which is lower than the 49.1% of the Scottish population in these occupations.
- The second highest proportion of the working population in Dundee are employed in administration and skilled trade occupations at 25.5% and this is higher than the 19.6% reported for Scotland.
- The third highest proportion of the working population in Dundee are employed in caring, leisure and customer service occupations at 22.2% and this is higher than the 16% reported for Scotland. This reflects the City nature on Dundee where retail premises are clustered within the city centre and in retail parks. This indicates a higher competition for workers and a potential pull from the social care sector to work in retail.
- The fourth highest proportion of the working population in Dundee are employed in process plant and machine operating occupations at 17.4% and this is higher than the 15.3% reported for Scotland.

This reflects the City nature of Dundee, where many professional companies are based and also the 2 Universities and Ninewells teaching hospital.

Dundee has an unemployment rate of 5.0%, which is higher than the 3.3% reported for Scotland. Dundee has an economic inactivity rate of 27.1%. This is higher than the 23.4% reported for Scotland.

6.2 Out of Work Benefits

Figure 18: Out of Work Benefits Claimant Count December 2024

All People	Dundee City (No.)	Dundee City %	Scotland %	Great Britain %
Age 16+	3,865	4.0%	3.1%	4.1%
Age 16-17	30	1.1%	0.7%	0.2%
Age 18-24	760	4.6%	4.2%	5.4%
Age 25-49	2,250	4.4%	3.5%	4.7%
Age 50+	825	3.0%	2.2%	3.1%

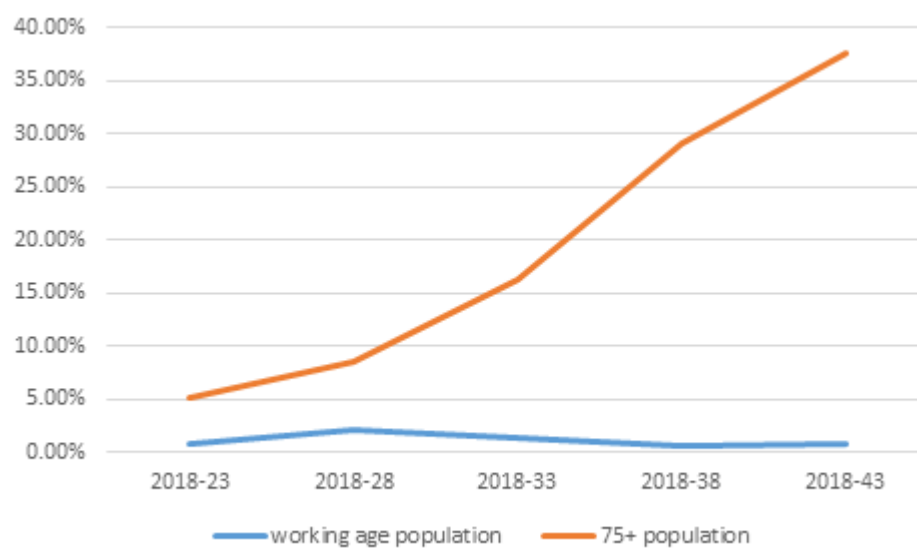
[Labour Market Profile - Nomis - Official Census and Labour Market Statistics](#)

A larger proportion of the Dundee population receives out of work benefits across all age groups, than Scotland as a whole.

6.3 Working Age Population

Unlike many other Local Authorities, the working age population is projected to increase by 2% by 2028, although this increase is disproportionate to the increase in the aged 75+ population by 8.5%, many of whom will have health and social care needs

Figure 19: Projected % change in Population (2018-based)



Source: NRS, 2018-based Sub-National Population Projections Scotland.

Appendix 4 – Service Demand and Developments

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
AHPs within Community Learning Disability and Mental Health Services	<p>Year-on-year 1% increase in population who have a learning disability</p> <p>Transitions from children and young people's services, with increased complexity of need</p> <p>Increased referral levels for ADHD and Autism</p>	<p>Mental Health OT model within Primary Care</p> <p>Redesign of Tayside Art Therapy Services</p> <p>Development of weight management services for people with a learning disability</p>	Dietician (Band 6) – 1WTE		<p>Learning Disability Dietetic Weight Management Lead (Band 6)</p> <p>Dietetic Support Staff (Band 4)</p>
Care Homes and Oaklands	Increased complexity of need and related requirement for closer (including 1:1) supervision and support		Social Care Officers		Depute Manager

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
Care Management	<p>Increased demand and complexity of need, including number of adult support and protection cases</p> <p>Ageing population</p> <p>Transitions from children and young people's services, with increased complexity of need</p>	<p>Support for professional development</p> <p>Review of allocations management and review processes</p> <p>Redesign of delivery model for statutory functions</p> <p>Digital transformation, including support for hybrid working</p> <p>Collaborative working with external providers</p> <p>Enhanced delivery and management of Self-Directed Support</p>	<p>Social Workers</p> <p>Team Mangers</p> <p>Administration roles</p>	<p>Senior Management roles</p>	<p>Senior Social Worker</p> <p>SDS Practice Officers</p>

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
Community Care and Treatment	<p>Increased GP demand for phlebotomy / chronic disease management</p> <p>New diabetes pathway</p> <p>Children and young people workstream for wound care and phlebotomy</p>	<p>Implementation of children and young people's pathway</p> <p>Complete roll out of Chronic Disease Management model</p> <p>Implement diabetes pathway</p> <p>Redesign of service to meet increased phlebotomy demand</p>	Health Care Support Workers (Band 3)	Band 5 roles	Assistant Practitioners (Band 4) to support learning and development of new Band 3 staff
Community Independent Living Service		<p>Enhanced Moving and Handling capacity</p> <p>Enhanced interface with Primary Care and DECAHT</p> <p>Review of community referral pathway</p>	<p>Therapy posts (Band 6)</p> <p>Band 5 posts</p> <p>AHP Support Workers (Band 4) – with physio and OT competencies</p>		<p>AHP Team Leads for NHS OT and Physio rehabilitation teams (Band 7)</p> <p>Lead Specialist Moving and Handling role (Band 7)</p>

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
		<p>Review and streamlining of OT and physio input</p> <p>Capacity building with acute hospital teams regarding service role and remit</p>			
Community Mental Health	<p>Increased referral levels</p> <p>Complexity of acute mental health and dementia diagnosis</p> <p>Impact of deprivation, isolation and cost of living on mental health needs</p>	<p>Focus on staff wellbeing and resilience</p> <p>Review of procedures and guidance</p> <p>Patient / carer feedback mechanisms to inform service improvement</p>	<p>Nurses</p> <p>Social Workers</p>	Support Workers	Advanced Nurse Practitioner
Community Nursing – District Nursing Teams	New diabetes pathway and other long-term conditions pathways	Locality working model and move to proactive care	Health Care Support Workers (Band 3)	Band 5 roles	Assistant Practitioners (Band 4)

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
	<p>Increase number of palliative care patients, ageing population and long-term condition rates</p> <p>More proactive management of conditions and frailty</p>	<p>Caseload management</p> <p>Electronic patient working and agile working</p> <p>Collaboration with secondary care for discharge planning and assessments</p>	<p>Advanced Practice Roles (Band 7) and senior clinical leadership – 4 WTE</p> <p>Clinical Nurse Educator – 0.8WTE</p>		
Complex Care Team	Transitions from children and young people's services, with increased complexity of need	<p>Digital developments to support learning and digital working</p> <p>Development of interfaces to strengthen transitions for young people within the community</p> <p>Service review</p>	1 WTE Registered Charge Nurse (Band 6)	Registered Nurses (Band 5)	<p>Advanced Practitioners</p> <p>Health Care Support Workers (Band 3) or Social Care Officers</p>

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
DHSCP Social Care	Ageing population	Review of staffing models Workforce learning and development Digital efficiencies	Apprenticeship roles Social Care Workers Administrative roles		Uptake of digital champion role by existing staff Part-time social care roles
Dundee Drug and Alcohol Recovery Service - Nursing	Increased complexity of need and frailty Increased non-fatal overdoses year-on-year	Review of nursing roles to respond to complex needs Implementation of national standards and guidance (MAT and others)	Non-medical Prescribers Advanced Nurse Practitioners		
Enablement Support, Care Management and Resource Matching Unit	Increased number of service users with multiple and complex needs Increased number of service users wishing to receive end of life care at home	Flexible staffing deployment across locality teams to match demand profile RMU home visit and assessment model Implementation of single-handed care	Social Care Officers – 2FTE Social Care Workers – 7FTE Support Workers – 2FTE		

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
	Prevention of admissions models				
Finance	<p>Support for service transformation, financial pressures and digital transformation</p> <p>Demand to support whole system working and manage flow of resources</p>	<p>Review of workload and core functions</p> <p>Streamlining financial reporting</p> <p>Alignemnt of financial and performance reporting</p>			
Independent Living Review Team	Early intervention / prevention models of care	Review of referral pathways to support early intervention, prevention and self-management	Occupational Therapists		
Learning Disabilities, Social Work	<p>Transitions from children and young people's services, with increased complexity of need</p> <p>High proportion of cases subject to</p>	<p>Realignment of staffing model to support professional and operational accountability, person-centred and safe care</p>	<p>Social Workers</p> <p>Support Workers</p>		

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
	adult support and protection measures				
Learning Disability – Wellgate Day Support Service	Transitions from children and young people’s services	7-day working model	Social Care Workers Senior Support Workers		
Mental Health Officer Team	Increase population needs Increased travel time associated with Tayside redesign of Mental Health and Learning Disability Services	Adults with Incapacity Learning and Development of Partnership Services and review of relevant operational guidance Review of services subsequent to completion of Tayside redesign of Mental Health and Learning	Clerical Assistant – 1FTE Mental Health Officer – 1FTE		
Nutrition and Dietetics	Oncology diagnostics and	Enhanced focus on preventative care,	1 WTE Clinical Psychologist (Band 8a)		

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
	<p>treatment pathway developments</p> <p>Expansion of beds in critical care</p> <p>Increased complex surgery with associated increase in nutritional complications</p> <p>Clinical demand and expectation to support optimal diagnostic and treatment pathways / models of care</p> <p>Ageing population, including proportion living in remote and rural areas</p> <p>Complexity of need</p>	<p>self-care and early intervention</p> <p>Redesign of input to multi-modal prehabilitation</p> <p>Explore support to frailty at front door focused on prevention of admission and support for hospital discharge</p> <p>Enhanced support into Primary Care</p> <p>Development of digital working and pathways</p> <p>Redesign of weight management services</p>	<p>3 WTE Advanced Nurse Practitioner (Band 7)</p> <p>13 WTE Band 6 posts</p> <p>1.4 WTE Physio (Band 6)</p> <p>2 WTE Band 5 posts</p> <p>4 WTE Dietetic Support worker (Band 4)</p> <p>2 WTE Admin and Clerical (Band 3)</p>		

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
	<p>Increased focus on early intervention</p> <p>Increased level of complex eating disorders</p> <p>Implications of new treatment options for obesity</p> <p>Demand for support in relation to Cow's Milk Protein Allergy</p>	<p>Explore models of complex cases in disordered eating in paediatrics</p> <p>Spend to save proposal to support Cow's Milk Protein Allergy model</p>			
Primary Care	<p>Increased demand for primary prevention health assessments and health promotion</p> <p>Health inequalities in diagnosis of conditions and access to services</p> <p>Support for Asylum seeking population</p>	<p>Improving responses to reduce health inequalities</p> <p>Enhanced focus on preventative care, self-care and early intervention</p> <p>Enhanced focus on hidden / hard to reach populations</p>	<p>Nursing roles</p> <p>Link Workers</p> <p>GPs</p> <p>GP Nurses</p> <p>Advanced Nurse Practitioners</p> <p>Pharmacists</p>		<p>Possibility of need to introduce other professional roles into Primary Care (such as Occupational Therapy and Dieticians)</p>

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
	<p>Increased referral levels to Sources of Support</p> <p>Ageing population and co-morbidity</p>		Programme / Project Managers		
Psychiatry of Old Age	<p>Ageing population</p> <p>Increased prevalence of mental health conditions and co-morbidities</p> <p>Requirement for integrated approach to diagnosis and treatment</p>	<p>Enhanced delivery of evidence-based therapies and treatments</p> <p>Quality improvement to enhance safety and effectiveness</p> <p>Enhanced workforce development programme</p>	<p>RMN's</p> <p>Band 4 roles</p>		<p>Health Care Support Workers re-shaped to meet growing complexity of need</p> <p>Advanced roles to lead complex case co-ordination</p>
Psychotherapy Services	<p>Increased referral levels</p> <p>Compliance with national standards and waiting times</p>	<p>Improvement of service delivery environments</p>	2 WTE Clinical posts		1 WTE Assistant Psychologist

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
		V1P regional hub and spoke model development			
RVH Inpatient and Day Hospital	<p>Rates of diagnosis of serious health conditions</p> <p>Increased demand for rehabilitation support for people with neurological diseases and younger frail adults</p> <p>Increased patient acuity</p> <p>Transitions from children and young people's services, with increased complexity of need</p> <p>Increase in bariatric patients</p>	<p>Review of administrative services</p> <p>Transforming nursing roles to support future care delivery</p> <p>Service review to align to projected population needs</p> <p>Implementation of ageing and frailty standards, stroke / neurological frameworks and National Palliative Care Strategy</p> <p>Implementation of Realistic Medicine.</p>	<p>Dual trained nurses and AHPs with mental health training</p> <p>Advanced Nurse Practitioners – 1 WTE per Orthogeriatric pathway</p> <p>Middle grade medical cover</p> <p>Medical senior decision-maker with dual accreditation</p>		<p>Band 4 Practitioner roles straddling nursing and rehabilitation - 7WTE</p> <p>Reciprocal Clinical Fellowships</p>

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
	<p>Increased demand for palliative care</p> <p>Changing models within Primary and community-based care</p>	<p>Safer Staffing legislation and Clinical and Care Governance Frameworks</p>			
Senior Management Team	<p>Increased demand from Scottish Government and corporate bodies for scrutiny and assurance</p> <p>Service transformation and financial planning requirements</p> <p>Workforce planning, health and wellbeing and organisational culture demand</p> <p>Interface with third sector – financial</p>	<p>Development of implementation of permanent senior management team structure</p> <p>Revised approach to transformation planning and reporting</p> <p>Revision of workforce plan</p> <p>Development of digital and property strategy</p>			

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
	<p>sustainability and governance oversight</p> <p>Management of public expectations and political interfaces</p>				
Social Care Response	Digital switchover and subsequent broadening of equipment options to support independent living	Implementation of new telecare / digital equipment	<p>Control and responders</p> <p>Telecare Assessors</p>		
Specialist Community Nursing	<p>Extension of service from COPD to Respiratory Care (aligned to Scottish Government National Respiratory Care Plan)</p> <p>Unknown long-term effects of COVID-19 on population health</p>	New model of respiratory service provision for Dundee	Clinical Nurse Specialists (Band 6 and Band 7)		<p>Clinical Nurse Specialist role will develop from COPD to wider Respiratory Specialism</p> <p>Test of Band 5 role to support Pulmonary Rehabilitation Programme and housebound support</p>

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
Strategic Services	Reduction in levels of support from other corporate services	Focus on workforce health and wellbeing and workload management	2 FTE Data and Intelligence Officer		Property Strategy support role
	Provider sustainability risk and challenges	Digital efficiencies	1 FTE Graduate Trainee Data and Intelligence		
	Increased bureaucracy and reporting requirements	Implementation of staffing models developed via service reviews	1 FTE Data and Intelligence Assistant		
	National Care Reform Bill and associated developments	Focus on core functions supporting strategic commissioning cycle	1 FTE Senior Officer, Quality and Governance		
	Requirement for greater focus on outcome evidence and co-production	Transformation programme support	1 FTE Quality Assurance Officer		
	Support for service transformation, financial planning	Digital transformation support	2 FTE Strategic Planning Officers		
			1 FTE Integration Co-ordinator		
			2 FTE Business Support Officers		

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
	and digital transitions		1 FTE Information Governance Officer		
Tayside Sexual and Reproductive Health Services (TSRHS)	<p>Introduction of new vaccinations during 2025</p> <p>Increased STI rates, significant levels of teenage pregnancy and demand for LARC (Long Acting Reversible Contraception)</p> <p>Rising demand returning to pre-pandemic levels</p>	<p>Redesign of models of care to support enhanced access to services</p> <p>Transfer of some elements of Sexual Health care for young people to The Corner and expansion of walk-in services for young people in Angus and Perth</p> <p>Expansion of opening hours in response to patient feedback</p>			Development of Advanced Clinical Nurse Specialist (Band 7) or Nurse Consultant role
The Corner	Transfer of some elements of Sexual Health care from TSRHS	Implementation of Bairnshoose assessment and aftercare model for			

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
	<p>Rise in demand for emotional wellbeing support</p> <p>Increased demand for support appropriate to the need of neurodiverse people</p> <p>Increased STI rates, significant levels of teenage pregnancy and demand for LARC (Long Acting Reversible Contraception)</p>	<p>young people aged over 12</p> <p>Transfer of some elements of Sexual Health care from TSRHS and development of new models of care to support this</p> <p>Redesign of models of care to support enhanced access to services</p>			
Urgent and Unscheduled Care	<p>Implementation of National Standards</p> <p>Capacity and flow demand</p>	<p>DECAHT Excellence in Care Review</p> <p>DEACHT working hours expansion</p>	<p>Advanced Nurse Practitioners (Band 7)</p> <p>Clinical Nurse Specialists (Band 6)</p>	Social Workers	Expanded scope role across most OT and Physio pathways to allow clinical staff to assess, diagnose and refer

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
	<p>Secondary care waiting lists contributing to patient deconditioning</p> <p>Increase in population frailty and co-morbidities</p> <p>Increased demand for early discharge and preventative care</p>	<p>HDT management structure review</p> <p>Expansion of Discharge to Assess resource</p> <p>Implementation of competency frameworks and associated learning and development</p> <p>Review and improvement in OT and Physio integrated services</p> <p>OT and Physio preventative focus, including through digital and third sector partnerships</p> <p>7 day OT and Physio service to acute</p>	<p>Clinical Support Workers (Band 3)</p> <p>OT and Physio roles (Band 6)</p> <p>Non-qualified support roles (Band 4)</p>		

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
Weavers Burn	<p>Year-on-year 1% increase in population who have a learning disability</p> <p>Increased diagnosis of Autism</p> <p>Increased life expectancy of people who have a learning disability</p>	<p>Embedding person-centred planning and reducing risk adversity</p> <p>Review of staffing models to align to needs of service users</p>	<p>Social Care Workers</p> <p>Senior Social Care Workers</p>		<p>Exploration of development of Depute Manager role</p>
White Top Centre	<p>Increased life expectancy of young people with profound and multiple learning disabilities</p> <p>Increased complexity of need, including needs for specialised nursing care</p>	<p>Embedding person-centred planning and support</p> <p>Expansion of rebound therapy offer</p>	<p>Social Care Workers</p> <p>Nursing roles</p>		<p>Exploration of possibility of specialised nursing roles</p>

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Step 1-Essential Information and Pre- Impact Assessment Screening Tool

Document Title	Dundee Health and Social Care Partnership Workforce Plan 2025-28					
Type of document	Policy		Plan	X	Other- describe	
Date of this Pre-Integrated Impact Assessment Screening	30 May 2025					
Date of last IIA (if this is an update)						
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates						
The Dundee Health and Social Care Partnership (DHSCP) Integrated Workforce Plan 2025–2028 sets out a strategic vision for building and sustaining a skilled, resilient, and person-centred workforce across health and social care services.						
Lead Officer/Document Author (Name, Job Title/Role, Email)						
Kathryn Sharp, Acting Head of Service, Strategic Services, kathryn.sharp@dundeecity.gov.uk						
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)						
Kathryn Sharp, Acting Head of Service, Strategic Services, kathryn.sharp@dundeecity.gov.uk						
Job Title of colleagues or name of groups who contributed to pre-screening and IIA						
<p><u>Note</u>- some reports to IJB might not require an IIA. Completing screening will help identify when an IIA is needed. Common documents and reports that <u>may not</u> require this can include: report or progress report on an existing plan / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / Ongoing Revenue expenditure monitoring. When the purpose is the noting of information or decisions made by another body or agency (e.g. Council, NHS), including noting of strategy, policies and plans approved elsewhere, reference should be made in the IJB report to the Impact Assessment (or Screening) which accompanied the original report to the decision makers and where this can be found.</p>						
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.					Yes	No
A document or proposal that requires the IJB to take a decision					X	
A major Strategy/Plan, Policy or Action Plan					X	
An area or partnership-wide Plan						X
A Plan/Programme/Strategy that sets the framework for future development consents						X
The setting up of a body such as a Commission or Working Group						X
An update to an existing Plan (when additional actions are described and planned)						X

Will the recommendations in the report impact on the people/areas described below? When the answer is <u>yes</u> to any of the following an <u>IIA must</u> be completed	Y	N
Individuals who have Equality Act Protected Characteristics i.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation	X	
Human Rights. For more information visit: https://www.scottishhumanrights.com Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn		X
Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.		X

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People who are part of households that have individuals who are more at risk of negative impacts? Including Care Experienced children and young people; Carers (Kinship carers and unpaid carers who support a family member or friend); Lone Parent Families/ Single Female Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).		X	
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues		X	
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services		X	
Offenders and former offenders			X
Effects of Climate Change or Resource Use		X	
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.			X
Transport, Accessible transport provision; sustainable modes of transport.			X
Natural Environment			X
Air, land or water quality; biodiversity; open and green spaces.			X
Built Environment. Built heritage; housing.			X
<p>An IIA is required when YES is indicated at any question in the screening section above.</p> <p>The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>			
From information provided in Step 1 (Pre-screening) Is an IIA needed?		Y	X
In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)		N	
Anticipated Date of IJB	18 June 2025	IJB Report Number	DIJB34-2025
Date IIA completed	30 May 2025		

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STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment

*(complete this **after** considering the Equality and Fairness impacts through completing questions on next pages)*

The Integrated Workforce Plan 2025-2028 has a focus on identifying and addressing key workforce challenges, including in partnership with Dundee City Council, NHS Tayside and third and independent sector employers. As well as planning for the future scale and skill mix of the workforce, the scope of the plan also covers aspects such as wellbeing (including absence), employee communication and engagement, flexible working, access to learning and development and succession planning. These aspects have direct impacts on the workforce experience of all employees. It is therefore anticipated that the plan will have an overall positive impact across the workforce – however, particularly positive impacts are expected in relation to employees aged over 50 years (age), female employees (sex / pregnancy and maternity) and employees (both current and future) from minority ethnic groups (race and ethnicity).

The workforce plan has also been assessed as being likely to have positive impacts on a number of fairness issues. This includes enhancing support for members of the workforce who are unpaid carers and / or who have their own health and social care needs by improving arrangements for absence and wellbeing supports. It also includes providing opportunities to enhance digital skills amongst the workforce and enhancing pathways into employment and employment opportunities within health and social care services.

Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.

Date	Activity/Activities	People/groups	By whom
30/05/2025	Review of evidence regarding demographic profile of the health and social care workforce, including local and national data.	Workforce Planning Group	Acting Head of Service, Strategic Services
May 2025	Review and analysis of service level returns including information regarding workplace challenges, concerns and impacts.	Workforce Planning Group	Acting Head of Service, Strategic Services
April / May 2025	Review and analysis of information from staff feedback mechanisms, including staff surveys.	Workforce Planning Group	Acting Head of Service, Strategic Services
May 2025	Review of national reports related to experiences of racial discrimination within the health and social care sector.	n/a	Acting Head of Service, Strategic Services

Equality, Diversity & Human Rights – Mark **X** in all relevant boxes where there are possible / likely impacts. When assessing impacts throughout this record a brief explanation is required for all boxes marked (including summary of evidence gathered and analysis) and any planned mitigating actions should be described. It is possible that both positive and negative impacts can be identified for the circumstances described.

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Not known – this option should be used where the report is of relevance to the particular group but there is no data/evidence or incomplete data/evidence available to assess the likely/probable impact. Comment should be made on any further steps that are planned to obtain further information; if this is not possible then it should be explained why not.

No impact – this option should be used where the report is of no relevance to the particular group OR where data/evidence is available and when assessed demonstrates neither a positive or negative impact for the particular group. A brief explanation should be included.

Age		Explanation, assessment and potential mitigations
Positive	X	<p>43% of partnership staff are aged over 50 years. The Workforce Plan has potentially positive impacts on this group in terms of improvements planned in relation to improved health and wellbeing supports and workforce communication and engagement mechanisms. Aspects relating to Fair Work practices at the interface with the third and independent sector are also likely to have positive impacts for staff employed within these sectors.</p> <p>For younger people the workforce plan includes actions relating to recruitment and opportunities for the younger workforce, as well as a commitment to improving arrangements for succession planning (potentially enhancing career pathways and opportunities) for younger workforce members.</p> <p>Elements of the workforce plan, particularly those focused on future staffing arrangements (including safe staffing levels) and access to learning and development, are ultimately intended to have a positive impact of the availability and quality of care and support available to service users and wider communities. Given that a significant proportion of users of Partnership services are older people it is expected there will be an indirect positive impact of this protected group.</p>
No Impact		
Negative		
Not Known		
Disability		Explanation, assessment and potential mitigations
Positive	X	<p>Aspects of the workforce plan that focus on enhanced arrangements for managing absence, workforce wellbeing and flexible working (including digital aspects) are likely to have a positive impact on those members of the workforce who have a disability. These improvements will support the Partnership to be able to make further reasonable adjustments to support colleagues more effectively in the future.</p> <p>Elements of the workforce plan, particularly those focused on future staffing arrangements (including safe staffing levels) and access to learning and development, are ultimately intended to have a positive impact of the availability and quality of care and support available to service users and wider communities. Given that a significant proportion of users of Partnership services have a disability it is expected there will be an indirect positive impact of this protected group.</p>
No Impact		
Negative		
Not Known		
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		<p>87% of the workforce is female. Around 50% of the workforce is aged under 50 years. There is therefore a significant proportion of the workforce who may experience pregnancy or maternity during their employment. Aspects of the workforce plan that focus on enhanced arrangements for managing absence, workforce wellbeing and flexible working (including digital aspects) are likely to have a positive impact on these members of the workforce. Aspects relating to Fair Work practices at the interface with the third and independent sector are also likely to have positive impacts for female staff employed within these sectors.</p>
No Impact		
Negative		
Not Known		

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Sex		Explanation, assessment and potential mitigations
Positive	X	<p>As 87% of the workforce is female the full range of actions and planned improvements is likely to have a greater impact for them than for males. Given the association between sex and unpaid carer (females providing a significantly greater proportion of childcare and other unpaid care) aspects that relate to wellbeing and flexible working are particularly likely to benefit female employees to a greater extent than males.</p> <p>Elements of the workforce plan, particularly those focused on future staffing arrangements (including safe staffing levels) and access to learning and development, are ultimately intended to have a positive impact of the availability and quality of care and support available to service users and wider communities. Due to difference in life expectancy the majority of older people receiving Partnership services are female and it is therefore expected there will be an indirect positive impact on females.</p>
No impact		
Negative		
Not known		
Religion & Belief		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Race & Ethnicity		Explanation, assessment and potential mitigations
Positive	X	<p>There is recognition within the plan of three specific areas of work where improvement is required to enhance equality of opportunity and workforce experiences for this protected group: processes for carrying out international recruitment and supporting the induction of international workers; tackling experiences of racial discrimination; and, enhancing the overall diversity of the workforce to better reflect local demographics. Actions planned within these areas are likely to have a positive impact on members of the workforce from minority ethnic groups. Any progress made towards enhancing workforce diversity is also likely to have a longer-term positive impact on service users from minority ethnic groups as services are likely to be more responsive to their specific needs and preferences.</p>
No Impact		
Negative		
Not Known		
Sexual Orientation		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above. Describe any Children's Rights impacts not covered elsewhere in this record.		
None identified at this time.		

Fairness & Poverty Geography – Describe how individuals, families and communities might be impacted in each geographical area. Across Dundee City it is recognised that targeted work is needed to support the most disadvantaged communities. These communities are identified as Community Regeneration Areas (CRA) and are within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.

Mark X in all relevant boxes. X must be placed in at least one box

Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known
Strathmartine (Ardler, St. Mary's & Kirkton)				X
North East (Whitfield, Fintry & Mill O'Mains)				X
Lochee (Lochee Beechwood, Charleston & Menzieshill)				X

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Coldside (Hilltown, Fairmuir & Coldside)				X
East End (Mid Craigie, Linlathen & Douglas)				X
Maryfield (Stobswell & City Centre)				X
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End				X
The Ferry				X
Description of impacts on Fairness- Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				
The Partnership does not have data regarding the place of residence of employees and therefore has not been able to analyse impacts based on this aspect of workforce demographics. This will be considered further in future versions of the plan and / or when employers are able to provide the relevant information for analysis.				

Household circumstances have considerable long-term impacts on Fairness and Poverty.

Child Poverty (Scotland) Act 2017 addresses the impact on child poverty and some local improvement activity can influence this including activity that affects: **Income from employment, Costs of living, Income from social security and benefits in kind.**

Household and Family Group- consider the impact on households with people with the following circumstances

Explanation, assessment and any potential mitigations		
Care Experienced Children and Young People		
Positive	X	Aspects of the plan the focus on developing and recruiting the young workforce might have some positive impact on this group of people. Collaborative working with Dundee City Council and commitments made under the Our Promise plan support approaches that include enhancing employment opportunities for care experienced young people. The Partnership will continue to work to those commitments in implementing relevant actions on the workforce plan.
No Impact		
Negative		
Not Known		
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)		
Positive	X	A high proportion of employees across the workforce will also provide unpaid care (including childcare). The age and sex profile of the workforce enhances the likelihood that employees will be providing unpaid care, including people providing significant numbers of hours of care per week. Aspects of the workforce plan that focus on enhanced arrangements for managing absence, workforce wellbeing and flexible working (including digital aspects) are likely to have a positive impact on those members of the workforce.
No Impact		
Negative		
Not Known		
Elements of the workforce plan, particularly those focused on future staffing arrangements (including safe staffing levels) and access to learning and development, are ultimately intended to have a positive impact of the availability and quality of care and support available to service users and wider communities. It is therefore expected the plan will have an indirect positive impact on unpaid carers, both in terms of services they access directly and in terms of the care and support received by the cared for person.		
Lone Parent Families/Single Female Parent Household with Children		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Households including Young Children and/or more than 3 children		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact		
Negative		
Not Known		
Retirement Pensioner (s)		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness

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No Impact		group.
Negative		
Not Known		
Serious & Enduring Mental Health Conditions		
Positive	X	Developments within the workforce plan relating to improve wellbeing responses and addressing absence levels may have indirect benefits for members of the workforce who have a serious and enduring mental health condition.
No Impact		
Negative		
Not Known		Elements of the workforce plan, particularly those focused on future staffing arrangements (including safe staffing levels) and access to learning and development, are ultimately intended to have a positive impact of the availability and quality of care and support available to service users and wider communities. Given that a proportion of users of Partnership services have a severe and enduring mental health condition it is expected there will be an indirect positive impact for this group of people.
Homeless (risks of Homelessness)		
Positive	X	None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact		
Negative		
Not Known		Elements of the workforce plan, particularly those focused on future staffing arrangements (including safe staffing levels) and access to learning and development, are ultimately intended to have a positive impact of the availability and quality of care and support available to service users and wider communities. Given that a significant proportion of users of Partnership services are homeless or at risk of homelessness it is expected there will be an indirect positive impact for this group of people.
Drug and/or Alcohol issues		
Positive	X	Developments within the workforce plan relating to improve wellbeing responses and addressing absence levels may have indirect benefits for members of the workforce who use drugs and alcohol.
No Impact		
Negative		
Not Known		Elements of the workforce plan, particularly those focused on future staffing arrangements (including safe staffing levels) and access to learning and development, are ultimately intended to have a positive impact of the availability and quality of care and support available to service users and wider communities. Given that a significant proportion of users of Partnership services use drugs and alcohol it is expected there will be an indirect positive impact for this group of people.
Offenders and Former Offenders		
Positive	X	None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact		
Negative		
Not Known		Elements of the workforce plan, particularly those focused on future staffing arrangements (including safe staffing levels) and access to learning and development, are ultimately intended to have a positive impact of the availability and quality of care and support available to service users and wider communities. Given that a proportion of users of Partnership services are also involved in community justice processes it is expected there will be an indirect positive impact for this group of people.

Socio-Economic Disadvantage and Inequalities of outcome – consider if the following circumstances may be impacted for individuals in the following conditions/areas.

Explanation, assessment and any potential mitigations

Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)

Positive	X	Aspects relating to Fair Work practices at the interface with the third and independent sector are likely to have positive impacts on income for staff employed within these sectors.
No Impact		
Negative		
Not Known		
Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness

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No Impact	<input checked="" type="checkbox"/>	issue.
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Earnings & employment -including opportunities, education, training & skills, security of employment, under employment & unemployment		
Positive	<input checked="" type="checkbox"/>	The workforce plan has a significant focus on future workforce planning, including recruitment, retention and succession planning. There is also a focus on learning and development, including routes into employment. Actions include a focus on attracting people to the health and social care workforce and creation of employment opportunities. It is therefore anticipated the plan will have a direct positive impact issues of employment and earnings.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Connectivity / Internet Access/ Digital Skills		
Positive	<input checked="" type="checkbox"/>	The workforce plan, reflecting feedback from the workforce around learning and development needs, includes some focus on enhancing workforce digital skills and wider digital developments to support flexible working. It is therefore anticipated the plan will have some positive impact on this fairness issue.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Health (including Mental Health) Specifically consider any impacts to Child Health		
Positive	<input checked="" type="checkbox"/>	Elements of the workforce plan, particularly those focused on future staffing arrangements (including safe staffing levels) and access to learning and development, are ultimately intended to have a positive impact of the availability and quality of care and support available to service users and wider communities. Given that a significant proportion of users of Partnership services have mental health needs it is expected there will be an indirect positive impact for this group of people.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Life expectancy		
Positive	<input checked="" type="checkbox"/>	Elements of the workforce plan, particularly those focused on future staffing arrangements (including safe staffing levels) and access to learning and development, are ultimately intended to have a positive impact of the availability and quality of care and support available to service users and wider communities. It is therefore expected there will be an indirect positive impact on overall health and wellbeing outcomes, including over the long-term on life expectancy.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Healthy Weight/Weight Management/Overweight / Obesity		
Positive	<input checked="" type="checkbox"/>	Elements of the workforce plan, particularly those focused on future staffing arrangements (including safe staffing levels) and access to learning and development, are ultimately intended to have a positive impact of the availability and quality of care and support available to service users and wider communities. It is therefore expected there will be an indirect positive impact on overall health and wellbeing outcomes, including weight management.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Neighbourhood Satisfaction -Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this fairness issue.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Transport (including accessible transport provision and sustainable modes of transport)		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this fairness issue.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
NOW COMPLETE THE <u>CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT</u> AT THE START OF STEP 2		

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this issue.

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No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not	<input type="checkbox"/>	
Known	<input type="checkbox"/>	
Resource Use		
Energy Efficiency and Consumption		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this issue.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this issue.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Sustainable Procurement		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this issue.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this issue.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Built Environment - Housing and Built Heritage		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this issue.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

Strategic Environmental Assessment provides economic, social and environmental benefits to current and future generations. Visit <https://www.gov.scot/policies/environmental-assessment/strategic-environmental-assessment-sea/>

Strategic Environmental Assessment				
Statement 1				
No further action is required as this does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005.				
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Statement 2				
Further action is required as this is a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005				
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Use the SEA flowchart to determine whether this plan or proposal requires SEA.
If Statement 2 applies Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)				
Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)				
Next action will depend on the SEA Pre-Screening Determination. A copy of the Pre-Screening information, when completed, should be attached to the IIA record. Include an explanation of how the determination was made that the Plan will have no or minimal negative environmental effect or and/or 'Summary of Environmental Effects' from the SEA screening report, the Environmental Implications of the proposal on the characteristics identified and				