

**Subject:** **Workforce Development Strategy**

**Purpose:** IJB to note the progress on developing Health and Social Care Partnership (HSCP) Workforce Development Strategy.

**Recommendation:** The IJB is asked to approve the Workforce development Strategy and supporting action plan.

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
WDS	Workforce Development Strategy

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	There was a requirement as part of the Scheme of Integration to develop an Integrated Workforce Development Strategy. The Partnership has tried several approaches to develop a workforce development strategy; recognising that this is a very complex issue, involving several different employer organisations, approaches and cultures.
1.2	<p>In 2013 the Scottish Government published the Everyone Matters: 2020 Workforce Vision and has now produced a 3 part Workforce Plan:</p> <ul style="list-style-type: none"> <li>• National Health and Social Care Workforce Plan - Part 1 a framework for improving workforce planning across NHS Scotland;</li> <li>• National Health and Social Care Workforce Plan Part 2 – a framework for improving workforce planning for social care in Scotland;</li> <li>• National Health and Social Care Workforce Plan Part 3 - improving workforce planning for primary care in Scotland.</li> </ul> <p>These plans have been reviewed to support the development of this strategy, and the Scottish Government continues work on an integrated workforce plan, which will be produced later in 2019.</p>
1.3	The IJB is asked to approve the implementation of the Workforce development Strategy and supporting action plan as attached at <b>Appendix 1</b> .
<b>2.</b>	<b>BACKGROUND</b>
2.1	There is a requirement as part of the Scheme of Integration to develop an Integrated Workforce Development Strategy (WDS).

2.2	In 2016 the partnership began work on its change programme and began to explore the issues around workforce planning. At that time the partnership was keen to drive an integrated approach, recognising the different employing organisations and the resulting differences in terms and conditions for staff across all sectors.
2.3	In exploring workforce issues it became clear that these were very complex as a result of difference employer organisations approaches, cultures and systems. There were also challenges both in terms the availability of data from employer organisations to create a baseline position and a lack of clarity of the key drivers in an integrated system. Work continues on creating a clear baseline position as there are currently 230 different role across the partnership.
2.4	<p>Stakeholders have identified the following key drivers:</p> <ul style="list-style-type: none"> <li>▪ <b>Changing Need</b> - resulting in a significant growth in demand, which traditional service models struggle to meet effectively,</li> <li>▪ <b>Public expectation</b> – growth in expectation for ease of access and speed of service response,</li> <li>▪ <b>Inequalities</b> - growing equalities gaps in and between our localities requiring a different public sector response,</li> <li>▪ <b>Workforce availability</b> – changing age profile of the current workforce and reducing numbers of working age people available in the future,</li> <li>▪ <b>Resources</b> - resourcing challenges in the public sector drive the pace for transformational change,</li> <li>▪ <b>Multidisciplinary Teams and Integrated workforce</b> - the partnership does not employ the staff directly but are responsible for the delivery of safe, sustainable health and social care services. There is a clear expectation that we will deliver an integrated and multidisciplinary locality based workforce across North Ayrshire in the future.</li> </ul>
2.5	The workforce agenda has been supported and taken forward by the Staff Partnership Forum which was established in 2016. This forum membership includes staff side and trade union representatives and advises on the re-design of service models and effective workforce options to support partnership sustainability moving forward.
2.6	In 2018 the change programme was reviewed and the creation of the Transformation Board created the appropriate governance structure for service change development. Any changes to the current workforce will be clearly detailed in the business case phase and engaged on with key stakeholders, including the Staff Partnership Forum.
2.7	This Workforce Development Strategy will be an iterative process reflecting that workforce planning processes are dynamic, flexible and evolving, to respond effectively to changing circumstances and demands.
3.	<b>PROPOSALS</b>
3.1	The IJB is asked to approve the Workforce Development Strategy and supporting action plan.

3.2	<b><u>Anticipated Outcomes</u></b>
	The workforce development strategy assists the partnership in delivering its strategic planning objectives by <i>'getting the right number of people with the right skills employed in the right place at the right time to deliver an organisation's short- and long-term objectives'</i> .
3.3	<b><u>Measuring Impact</u></b>
	The workforce development strategy action plan will be monitored through existing agreed partnership governance structures, including the Transformation Board, Strategic Planning Group and Integrated Joint Board. Progress will be monitored through regular review by the Staff Partnership Forum.

#### 4. **IMPLICATIONS**

<b>Financial:</b>	The Workforce Development Strategy and action plan supports financial sustainability through the development and implementation of new service models.
<b>Human Resources:</b>	There may be workforce implications from new service models and these will be discussed with the staff concerned and the Staff Partnership Forum.
<b>Legal:</b>	There are no legal implications and change is managed through existing employer organisation arrangements.
<b>Equality:</b>	Equality is a key partnership priority.
<b>Children and Young People</b>	N/A
<b>Environmental &amp; Sustainability:</b>	The Workforce Development Strategy and action plan supports sustainability through the development and implementation of new service models.
<b>Key Priorities:</b>	This strategy will enable delivery of the partnership Strategic Plan 2018-2021, ensuring that: 'All people who live in North Ayrshire are able to have a safe, healthy and active life'.
<b>Risk Implications:</b>	Risk implications are noted at section 8 of the workforce development strategy.
<b>Community Benefits:</b>	

<b>Direction Required to Council, Health Board or Both</b>	Direction to :-	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	x

5.	<b>CONSULTATION</b>
5.1	The Workforce Development Strategy has been consulted on with stakeholders including the Strategic Planning Group, Staff Partnership Forum and Transformation Board. There has also been engagement with the human Resource leads for NHS Ayrshire & Arran and North Ayrshire Council.

<b>6.</b>	<b>CONCLUSION</b>
6.1	This Workforce Development Strategy will be an iterative process reflecting that workforce planning processes are dynamic, flexible and evolving, to respond effectively to changing circumstances and demands. This strategy will enable delivery of the partnership Strategic Plan 2018-2021, ensuring that: 'All people who live in North Ayrshire are able to have a safe, healthy and active life'.

**For more information please contact Caroline Whyte on 01294 324954 or [carolinewhyte@north-ayrshire.gov.uk](mailto:carolinewhyte@north-ayrshire.gov.uk)**

# Workforce Development Strategy 2018–2021

*The right people in the right place, at the right time and at the right cost,  
to deliver sustainable and high quality health and social care services  
for the people of North Ayrshire*

**Control**

Version	Date issued	Author	Review	Other documents referenced
V1.7	01/07/2018	Neil Archibald		
V1.8	15/09/2018	Michelle Sutherland	August 2018	Strategic Plan 2018–2021
V0.2	23/11/2018	Michelle Sutherland	November 2018	Feedback from North Ayrshire Council
V0.3	21/02/2019	Michelle Sutherland	February 2019	Feedback from Staff Partnership Forum
V0.4	05/03/2019	Scott Bryan	March 2019	Addition of SIMD data

# Contents

1	Introduction	4
2	Drivers for change	5
3	What is workforce planning?	6
4	Purpose and scope	8
5	Mapping service change	10
6	Defining the future workforce	15
7	Taking a partnership approach	20
8	Risk and mitigation	23
9	Implementing, monitoring and refreshing	24
	Appendix 1: Workforce methodology	25
	Appendix 2: Workforce development strategy action plan	26



# Introduction

This Workforce Development Strategy (WDS) describes our ambition for a future sustainable health and social care workforce. This requires North Ayrshire Health and Social Care Partnership (we / the Partnership) to work collaboratively with employing organisations, including North Ayrshire Council, NHS Ayrshire & Arran, the third and independent sectors, to co-design a workforce which meets future demands for health and social care services effectively across North Ayrshire.

Health and social care needs have changed substantially due to demographic changes and growing inequalities in and between our localities. Demand for health and social care and resourcing challenges in the public sector are driving the need for transformational change. This requires new workforce approaches to be developed and implemented. Collaborative leadership to develop these approaches with employing organisations and partner agencies, will be crucial for our success. We do not directly employ our staff but we are responsible for the delivery of safe, sustainable health and social care services delivered by an integrated workforce across North Ayrshire.

We also need to understand the nature of workforce pressures on clinical, care and support services to allow us to address these and achieve sustainable future service models.

It is vital that we make best use of the existing workforce to ensure we can be flexible and adaptable to meet increasingly complex needs and the current demand placed on services. There is an expectation that we will operate in a multidisciplinary locality based environment in the future. Uncertainty around predicting long-term workforce needs, alongside a transformational change agenda, presents challenges. This strategy is the first step towards capturing these challenges and the actions that can be taken to prepare the workforce for service model change and to operate as an integrated partnership workforce.

We also recognise the need to have succession planning arrangements for key professional and leadership roles to drive forward the delivery of improved outcomes for the people of North Ayrshire.

The implementation of the WDS will be an iterative process reflecting that workforce planning processes are dynamic, flexible and evolving, to respond effectively to changing circumstances and demands.



# Drivers for change

In 2013, the Scottish Government published [Everyone Matters: 2020 Workforce Vision](#) and has now produced a three part workforce plan:

- [National Health and Social Care Workforce Plan: Part 1 - a framework for improving workforce planning across NHS Scotland](#)
- [National Health and Social Care Workforce Plan: Part 2 - a framework for improving workforce planning for social care in Scotland](#)
- [National Health and Social Care Workforce Plan: Part 3 - improving workforce planning for primary care in Scotland.](#)

The Scottish Government continues work on an integrated work plan and this will be produced during 2019.

These national health and social care workforce plans have been considered and have informed the development of this strategy.

The key drivers for change identified in North Ayrshire are:

- **Changing need** resulting in significant growth in demand, which traditional service models struggle to meet effectively
- **Public expectation** for ease of access and responsiveness of services
- **Increasing inequalities gaps** in and between our localities requiring a different public sector response
- **Workforce availability** and the changing age profile of the current workforce resulting in reducing future numbers of working age people, which is particularly challenging for health and social care services as dependency ratio increases
- **Resources** and the continuing financial constraints, along with the need for and pace of change in the public sector
- **Multidisciplinary teams and integrated workforce** and that we do not directly employ staff, nonetheless are responsible for the delivery of safe, sustainable health and social care services.

# What is workforce planning?

Workforce planning is a continual process used to align the workforce to the needs and priorities of the organization to ensure it can meet its legislative, regulatory and organisational objectives. It is defined by The Chartered Institute for Personnel and Development (CIPD) as:

*Getting the right number of people with the right skills employed in the right place at the right time to deliver an organisation's short- and long-term objectives.*

The workforce methodology is attached at Appendix 1 (see page 25).

A workforce strategy is shaped by the following:

- The needs of service users and potential users
- The organisation's current and future strategic objectives
- The amount and sources of funding available
- The policy and legislative environment the organisation operates within.

## Maximising value from workforce planning

We have developed this WDS to underpin our strategic plan, *Let's Deliver Care Together 2018-2021*. For workforce planning to gain maximum value it requires collaborative leadership, enabling staff, employing organisations and partners to explore, co-design and deliver effective workforce change. Workforce planning processes are dynamic, flexible and evolving, to respond to changing circumstances and demands.

The workforce planning process is split into three areas of focus:

- **Co-designing the future workforce:** Not just understanding, but influencing by ensuring workforce considerations combine with service and financial planning across the Partnership, employing organisations

and partner agencies. This also requires identification and embracing of new technologies and digital solutions.

- **Developing the future workforce:** Including recruitment, retention, education, training and staff development, working with employers. There is a requirement for professional and leadership succession planning.
- **Delivering the workforce:** Management action to ensure plans are delivered, processes are efficient and effective, staff are engaged and best practice is shared and negative experiences are used as learning experiences.

Workforce changes will be captured as part of the transformational change programme, using robust, option appraised, prioritisation framework and business cases processes. This will include partner and employer consultations, to ensure ongoing financial and service sustainability across the organisation.

# Purpose and scope

This strategy will support delivery of our strategic plan, *Let's deliver care together 2018-2021*, with a vision that:

*All people who live in North Ayrshire are able to have a safe, healthy and active life.*

We have five strategic priorities:



## Purpose

The overall aim of this WDS is:



*Ensuring we have the right people in the right place, at the right time and at the right cost, to deliver sustainable and high quality health and social care services for the people of North Ayrshire.*

The strategy will make practical sense within complex working environments and apply across different employers, cultures, values, systems and professions, while supporting the full range of activities and service delivery.

- WDS is relevant to all people, partners and employer organisations who work across the breadth of health and social care services in North Ayrshire
- WDS describes the type of planning required at a Partnership, service, integrated multidisciplinary team and locality level
- WDS provides the focal point for existing (and potential future) staff to develop their skills and to continuously improve within the context of reform and transformational change.

Workforce planning is a dynamic and evolving work programme that requires to be adaptable over time. This document is the first step in an ongoing process of workforce planning and plans need to be monitored, reviewed and refreshed.

## Scope

This strategy covers the workforce engaged in providing all health and social care services in North Ayrshire including public sector, third and independent sectors.

## Ownership

This WDS is a key responsibility of North Ayrshire Integration Joint Board.

This document has been influenced by key stakeholders and should be relevant to all employer organisations, partners and staff.

Recent national policy developments have highlighted the importance of workforce planning and provide more support for the overall process:

- **National** - Scottish Government policy and the development of national workforce planning frameworks for health and social care. Councils have standardised pay and conditions (although job evaluation systems are different across Scotland) and COSLA is working closely with the Scottish Government on national workforce planning in health and social care
- **Regional** - NHS Ayrshire & Arran is the only health board to employ dedicated workforce planning resource
- **Local** - WDS will be embedded in the strategic plan, *Let's deliver care together 2018-2021*, and managers will be provided with support for workforce planning at various levels. This will include the process of service re-design and change as part of the transformational change programme ensuring the current workforce is fit for purpose and forward planning to mitigate against workforce gaps and fragility.

## Development of WDS

Engagement around the development of the WDS takes place through transformational change processes linked to pan Ayrshire, directorate, service, integrated multidisciplinary team and locality based ambitions. Consultation has also taken place with our Staff Partnership Forum and employer organisations from North Ayrshire Council, NHS Ayrshire & Arran, the third and independent sectors.



# Mapping service change

It is important to understand the current and future context of ways services will be delivered, and subsequently how the workforce will be structured. This work continues and a baseline position will be available by September 2019.

## Changing need

Resulting in continuing growth in demand for health and social care services from:

- Impact of deprivation and inequalities in our localities
- Care and support in the community
- Management of long-term conditions
- Mental health awareness and support
- Specialist elderly and dementia care
- Service user and community expectations.

## North Ayrshire population and deprivation

It is important to consider the wider demographics and local context.

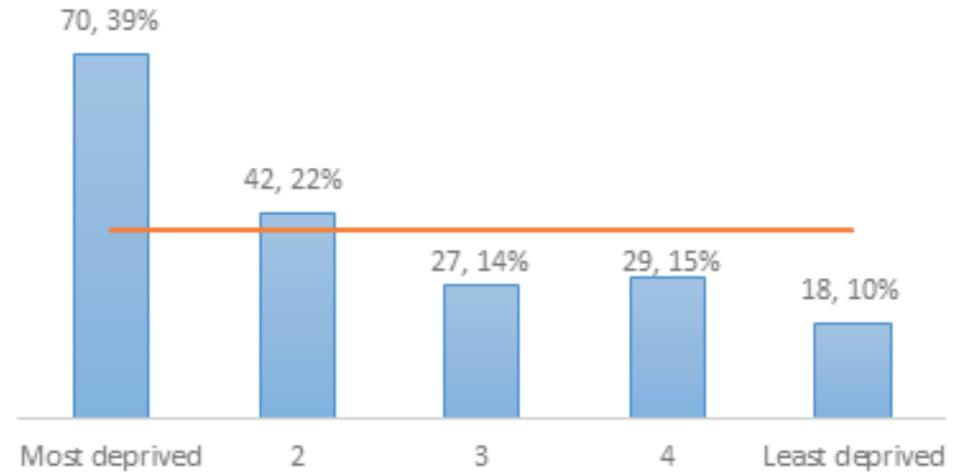
North Ayrshire is located in southwest Scotland. Inverclyde is to the north, Renfrewshire to the northeast and East Ayrshire and South Ayrshire to the east and south respectively.

In 2017, the population of North Ayrshire was approximately 136,000 people, of this the working age group accounted for 61%, with the dependent population accounting for the remaining 39%. Over the course of the next decade, the overall population of North Ayrshire is expected to decrease and change in composition, with the population of older people expected to increase. In 2017, the older people dependency ratio in North Ayrshire was 35%, yet this is expected to rise to 48% by 2027.

Over the next decade, North Ayrshire’s population is expected to drop by 3%, from 135,950 in 2017, to 132,092 in 2027, with a predicted shift in composition of a 5% decrease in the working age population, and a 5% increase in the population of older people 65+ expected. This will directly impact on the availability of the numbers of people entering a caring role, whilst needs for support continues to grow.

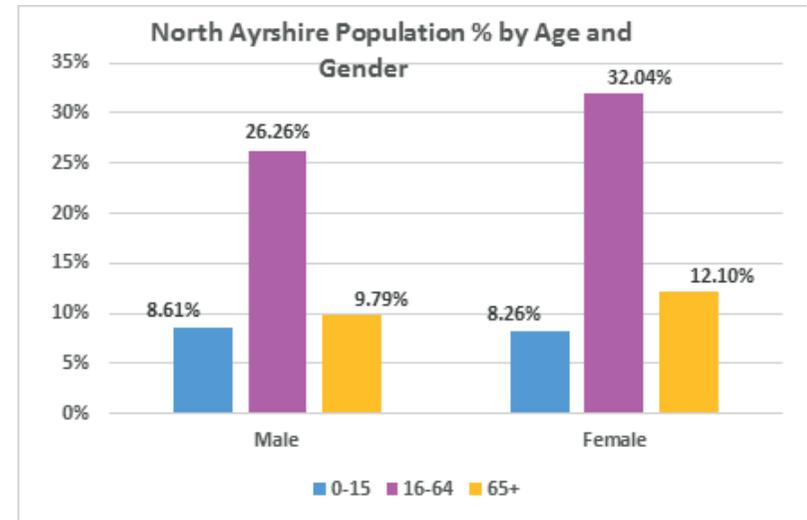
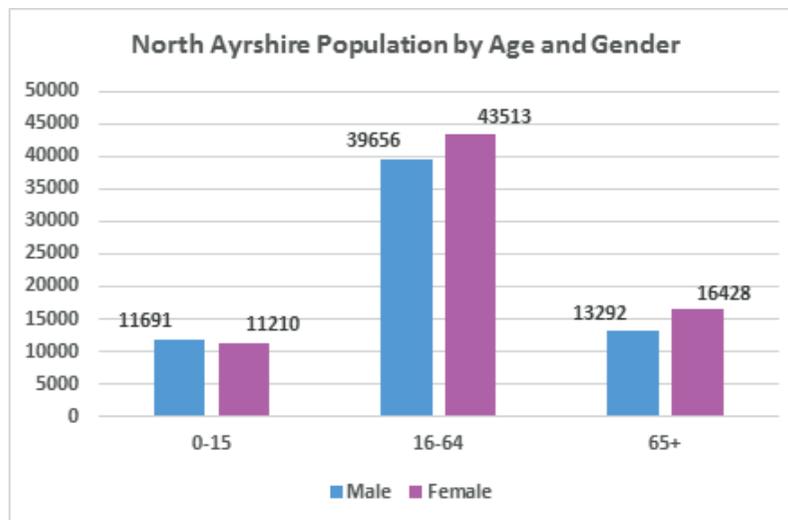
The Scottish Index of Multiple Deprivation (SIMD) 2016 allocates 186 data zones to North Ayrshire. As shown, 70 data zones (39%) are ranked as being among the 20% most deprived areas in Scotland. This accounts for almost 53,000 people and represents an over representation of deprivation in North Ayrshire. This is further illustrated in the chart by deviation from the red line, which represents 20% portions of the North Ayrshire population. In summary, there is an overrepresentation of people in the most deprived 20% and in the lesser deprived.

SIMD Datazones by population



North Ayrshire continues to have the highest unemployment claimant rate in Scotland (March 2017) at 4.1%, almost twice the national average of 2.1%. The higher levels of inequality as a result of deprivation and poverty impact directly of the need and demand for services.

Mid 2017 estimates are that North Ayrshire’s population is made up of 52.4% (71,141) females and 47.6% (64,639) males. The greater proportion of the 0-15 age group is male, but in both the 16-64 and 65+ age groups, the population has a greater proportion of females.



## Current workforce profile

Developing the baseline for our workforce is challenging, because:

- Access to all the necessary data and information systems comes from a range of different employer organisations
- Engagement is needed with all partners to source accurate workforce information
- Employing organisations and partners use different terminology and definitions for key parts of workforce data.

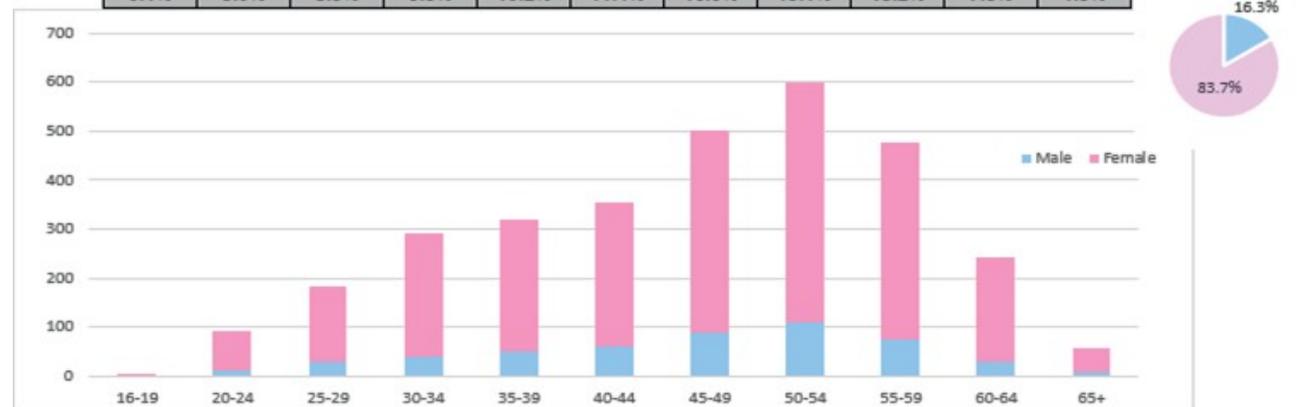
These issues require to be further progressed to support effective workforce planning.

A detailed analysis of the current workforce profile is being developed. At this time the workforce data available is from NHS Ayrshire & Arran, North Ayrshire Council and registered staff within third and independent sectors. More information on voluntary third and independent sectors may follow where appropriate, recognising market drivers.

### AGE ANALYSIS - HSCP NORTH (NHS + NAC COMBINED) - DECEMBER 2018

#### FULL SERVICE (NHS + NAC)

	16-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	TOTAL	
Male	0	14	30	41	51	61	89	110	75	29	9	509	16.3%
Female	4	79	154	250	269	294	411	488	401	215	49	2614	83.7%
<b>TOTAL</b>	<b>4</b>	<b>93</b>	<b>184</b>	<b>291</b>	<b>320</b>	<b>355</b>	<b>500</b>	<b>598</b>	<b>476</b>	<b>244</b>	<b>58</b>	<b>3123</b>	
	0.1%	3.0%	5.9%	9.3%	10.2%	11.4%	16.0%	19.1%	15.2%	7.8%	1.9%		



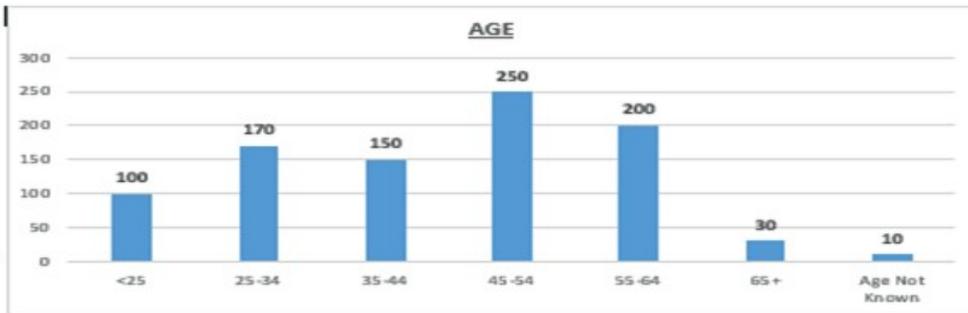
*Just 9.0% of employees are aged under 30 years, 44.1% of the workforce are aged over 50 years. The average age is 46.38 years (NAC 46.69 years, NHS 46.06 years). Currently 58 employees are aged over 65 years with 14 employees being over 70 years. The gender ratio is 5.1:1 females to males. (NAC 5.6:1, NHS 4.7:1)*

**North Ayrshire Registered Care Services 2017 - Voluntary Organisations - Workforce Information**

<b>No of Services</b>
<b>47</b>

<b>Employee Head Count</b>
<b>900</b>

<b>Age</b>						
<25	25-34	35-44	45-54	55-64	65+	Age Not Known
100	170	150	250	200	30	10
11.1%	18.9%	16.7%	27.8%	22.2%	3.3%	1.1%

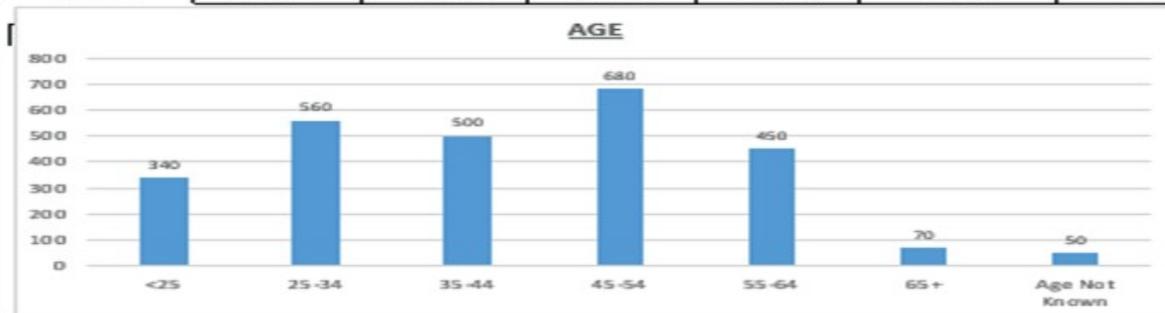


**North Ayrshire Registered Care Services 2017 - Private employers - Workforce Information**

<b>No of Services</b>
<b>247</b>

<b>Employee Head Count</b>
<b>2650</b>

<b>Age</b>						
<25	25-34	35-44	45-54	55-64	65+	Age Not Known
340	560	500	680	450	70	50
12.8%	21.1%	18.9%	25.7%	17.0%	2.6%	1.9%



As the profile of the workforce changes, so too are patterns of retirement. Revisions to pension schemes and changes in working patterns make it more difficult to predict when staff will retire, and to effectively succession plan. While there is considerable knowledge and experience in the current workforce, with some staff expert in their respective fields, this also brings challenges as an older workforce may potentially have health conditions or carer roles that impact their ability to deliver their employee role.

We have over 230 job roles and profiles. This limits flexibility and resilience across the Partnership and causes job role confusion. Some of the teams and services struggle to fill vacancies for key roles such as GPs, care at home, and independent and third sectors roles. The region has also experienced a net out-migration of working age adults, but a net in-migration of over 65s in the last ten years, with the potential impact of the geographical location of North Ayrshire with accessible linkstone neighbouring areas.

Sickness absence rates are high:

- Over 15.4 days lost per North Ayrshire Council employee last financial year 2018-19 (up from just over 12 the year before)
- 6.2% (equating to 22,300 days lost) of NHS Ayrshire & Arran staff.

NHS Ayrshire & Arran has the lowest staff turnover of all the health boards in Scotland (6.3%) and North Ayrshire Council's staff in the Partnership is just below 9.75%. While high staff retention can lead to an experienced, long-service workforce, it can also stifle fresh thinking and new approaches may not develop as quickly.

Within the Partnership, different cultures have developed as a result of different legislative, professional, employment and historical

ways of working. Culture helps us to develop our values and beliefs. The Partnership provides an opportunity to offer new and different approaches, and a more rounded view of what we are trying to achieve. However, embedded cultures can bring significant challenges in terms of integration, developing new ways of working, respecting the role and place of others, and developing leadership across organisational and professional boundaries.

## Transformational change

Our transformational change programme is designed to deliver new and innovative approaches to the delivery of health and social care, and subsequently deliver safe and sustainable services within a challenging financial environment. It will also deliver health and social care service improvements designed to meet the local population needs with an expert, sustainable workforce that addresses the current workforce challenges. Opportunities also arise from the development of digital support and new technologies, which will impact on traditional roles.



# Defining the future workforce

This section of the strategy outlines the key areas to be progressed, in terms of workforce planning, in the short to medium term.

We will continue to deliver our core statutory role, however new roles will emerge as service models change, and this will mean building (and enhancing) existing skills, as well as developing new skills to enable us to build upon our current workforce. The future characteristics of the Partnership workforce is designed to meet the needs of service users now and in the future, and deliver the transformational change programme.

## Partnership strategic ambitions

Our overarching strategic objective is to shift the balance of care with an expectation of a reduction in care provided in institutional settings with more care in the community, ideally in people's own homes.

Care is provided by Partnership staff, as well as third and independent sector providers.

Split of provision will be managed through the commissioning process to ensure financial and operational sustainability of services.

We will incorporate workforce planning into existing pan Ayrshire, directorate, service, integrated multidisciplinary team and locality plans to deliver the transformational change programme. The work will continue to be supported by the Staff Partnership Forum.

The Partnership has a scrutiny panel in place to review all vacancies to ensure a system wide approach to workforce management. This approach also ensures that staff affected by workforce planning changes are visible for matching to available posts as quickly as possible.

The service led work below captures the Partnership journey in the last three years and key areas of focus moving forward.

## Health and community care

Care at home services offer a foundation for people to receive care in their own homes, reducing hospital admissions and supporting faster hospital discharge. This service model enhances people's independence and reduces the need for specialised health and care inputs. We continue to develop the care at home model to include reablement approaches, medicines management, technology based solutions and rehabilitation supports.

As part of intermediate care and rehabilitation transformation, day hospitals have developed into community based health and therapy teams, and now flexibly wrap around people's needs. As part of this redesign the team became multidisciplinary and was no longer consultant led. Care was provided by the whole team supported by a GP session. The nursing assistants within the team changed roles to become community rehabilitation assistants. These changes were in line with the vision of multidisciplinary teams in localities. This collaborative way of working was employed to maximise the efficiency and effectiveness of community rehabilitation services and reduce waiting times and delays when people no longer need support from the Intermediate Care Team (ICT).

ICT has expanded in the last year to include enhanced roles such as a general practitioner with a special interest in intermediate and anticipatory care (GPWSI), advanced nurse practitioner (ANP) and mental health nurse. Recent investment in enhanced ICT enabled further developments and a single point of contact and support for all intermediate care and rehabilitation services. In addition, the service operates over 7 days to increase support to people at home and prevent unnecessary hospital admission. Work has now begun on the remodelling of palliative and end of life support (pan Ayrshire).

Primary care transformation, through the pan Ayrshire implementation plan and the creation of a core team with highly skilled and motivated pharmacists, MSK workers, AHPs, mental health workers and community and practice nurses, is ongoing. Along with development of multidisciplinary locality teams, which support wider GP practice core team including community link workers, care at home and social care staff. This work has also been taking place with reviews of island services on Arran and Cumbrae.

## Allied health professionals

The pan Ayrshire AHP workforce group is working towards self-management and enablement approaches to keep people out of hospital, by working across traditional boundaries. This identified the need for advanced practitioners, to support comprehensive assessment, decision making and advanced interventions. The roles are emerging in primary care (MSK physios as first point of contact) and acute settings (ACE practitioners in combined assessment unit).

The links to multidisciplinary teams in the community has resulted in the use of support workers to shift towards generic workers, less focussed on individual professions and developing assistant practitioner roles. This work also requires the use of non-medical clinical leads, where appropriate, to expand these roles, which exist in neurorehab and older peoples services, with such opportunities likely to increase further given challenges around medical workforce.

We are working with third sector and partners to share skills and promote positive experiences, including transfer of simple foot care to the third sector, and joint working with physiotherapy and KA Leisure at Woodland View to support people's mental health recovery.

We are working with universities to try to support continued supply of new graduates into each of the professions. We are considering how we facilitate continuing professional development to fill advanced roles, as they emerge, to support recruitment.

## Children, families and justice

Our services have been building on locality based approach and recognising the importance of early intervention and prevention.

We created a child protection team and rationalised the available number of residential units by building supports in the community. Four identified workstreams are providing earlier access to appropriate interventions for children and families where needs have been identified and supporting a collaborative, joined up approach.

**i) Workstream one** is enhancing current Universal Early Years Team to introduce three new roles; speech and language therapist, mental health nurse (perinatal) and family nurturers. The posts were identified to enable children and families to have positive relationships within the family, community and wider society by improving the emotional and mental health and wellbeing of women during the perinatal and post-natal period (until 1 years of age) and supporting children and families with communication and language (delays in this area can impact significantly on a child's development, attainment and subsequently on their ability to achieve as an adult). These positions enhance the will of health visitors, social workers, assistant nurse practitioners and health care support workers, supported by employability officers and welfare rights advisers.

**ii) Workstream two** is funded through Care Experienced Children and Young People funding, which is part of the Attainment Scotland Fund. This funding was made available to provide additional support for care experienced children and young

people, to ultimately improve their educational outcomes.

This workstream is currently based across two schools, Greenwood Academy (school roll approx. 1290) and Elderbank Primary (school roll approx. 473), moving to a third school, Kilwinning Academy in August 2019. Working with children and families from those schools, who are at the greatest risk of becoming accommodated away from home or are subject to child protection registration or other statutory measures. Children and families are identified mainly by named persons within education and social work.

**iii) Workstream three** is providing enhanced support to children and young people within residential placements by providing dedicated staff and a more streamlined process focused on the individual's need. Working collaboratively with children / young people and residential staff, we are identifying children ready to be supported back home to an extended family member or to their own (or supported) tenancy outwith their residential placement. For some children and young people this transition may not be possible - our staff will work with these children and young people, together with residential staff and other support services, to ensure they are supported to stay in their placement and to gain the necessary life skills to support them to move onto a positive destination at the right time. Our goal is to provide services locally to enable children currently placed outwith North Ayrshire to be cared for closer to home.

**iv) Workstream four** will enhance the already established MAASH team (in Kilmarnock Police Station) and process child concerns identified by Police Scotland. We have recruited an additional social worker to include the processing of adult concerns.

We continue our joint work with education to deliver a new respite and residential facility within the grounds of the ASN school (opening 2020). The workforce model requires to be developed.

## Mental health

North Ayrshire Health and Social Care Partnership leads acute mental health services across Ayrshire, on behalf of East and South partnerships, and is responsible for the entire workforce. There have been a range of significant developments across the workforce:

The creation of the first integrated team, North Ayrshire Drug and Alcohol Recovery Service (NADARS), also enabled the Opiate Replacement Programme in primary care. Woodland View and the supporting business case enabled staff permanency, development of addictions beds and of a low secure model on site. This work also highlighted the need to develop a robust crisis resolution and psychiatric liaison service out of hours. Secured the national CAMHS unit for Woodland View site and the workforce implications are currently being explored, construction will begin in 2019-20.

Implementation of Veterans First Point for armed forces veterans and their families.

Review of psychological services and the implementation of electronic CBT for GP practices which is supporting the redirection of demand from GPs and primary care mental health services.

Developed a new vision for primary and community mental health teams in partnership with service users. The development of a low level mental health service commissioned using the third sector for 'Mind and Be Active' programme and the role out of the recovery college model, which enables those with lived experience to deliver support.

Further reconfiguration of mental health acute wards with plans underway for significant change to elderly mental health wards.

## Learning disabilities

As outlined in North Ayrshire Partnership Learning Disabilities Strategy 2017-19 we are reviewing the existing workforce to ensure we have the right staff, with the right skills, working in the right ways and location. This work builds on learning from the review of respite services to generate additional capacity for new service users transitioning into the service and the review of sleepover provision.

Aspects of this workforce activity are still in a development phase, however significant workforce review activity has already been undertaken in relation to moving day service facilities from Fergushill and Hazeldene Day Centres, to a new facility at Trindlemoss. Complete refurbishment and extension work at Trindlemoss and Warrix Avenue developments will provide community based learning disability and mental health services, including a move away from inpatient rehabilitation services towards rehabilitation in the community.

A significant proportion of learning disabilities services are provided by commissioned service providers, therefore will impact on the wider workforce of partner organisations.

## Support services

Considerable change has taken place across support services:

- Creation of a business administration service
- Refocus of the change team to support transformation
- Integration of the Council's Social Services finance team.

This work to enhance, streamline and refine support services is successful in creating efficient single teams.

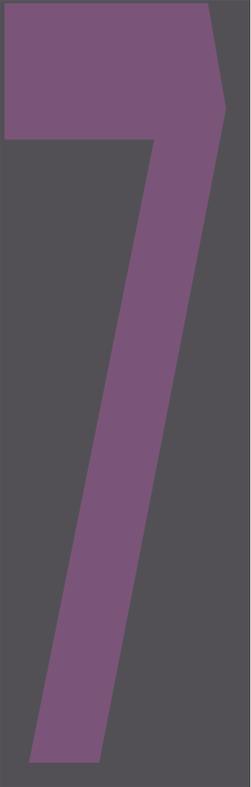
## Enabling delivery

Moving forward the Partnership workforce will be:

- **Caring and competent** with a focus on delivering Partnership values, asset based approaches with service users which deliver outcomes
- **Integrated** and embody a culture that values and trusts the skills and roles of others, not just in their immediate job family or organisation but across the Partnership, Council and NHS services recognising unique pan Ayrshire arrangements
- **Flexible and resilient** and able to adapt to changing circumstances
- **Confident, well-informed** and **value-driven** with the ability to make decisions and address inequalities where possible
- **Creative and innovative** in service design and service delivery to ensure the best experience for people who use service
- Able to have a clear picture of **career progression, succession planning** and **development**, taking mutual accountability for their future.

An action plan to support the WDS has been developed and is available at Appendix 2 (see page 26). The focus of the action plan is to drive forward our ambition while recognising the challenges and constraints of the workforce employer terms and conditions. There are actions the Partnership can take to support a cultural shift and support service developments and change without impacting on our staff terms and conditions.





# Taking a partnership approach

The Partnership employs staff from partner organisations, but all the partners are working together to ensure unintended negative consequences do not emerge as a result of workforce decision-making. This proactive approach and open dialogue across all employing organisations and partners, and the development of Partnership-wide solutions, will support the delivery of health and social care services across North Ayrshire.

## Workforce principles

We're delivering a wide range of transformational change over the next three years at various levels: pan Ayrshire, directorate, service, integrated multidisciplinary team and locality. A number of principles can be deployed, individually or in combination, to assist with delivering the required transition.

To ensure a partnership approach is taken and deployed, further development will be through engagement across the employing organisations and with stakeholders.

As the outputs of the transformational change programmes develop, workforce planning plays a key role in identifying and developing new approaches and ways of working, and the number and types of roles required in the future.

Principles	Rationale
Roll out of six step workforce strategy model	Consistency of approach at all levels Consistency of output and management information All services/teams working within standard framework Staff engagement and support Delivery of service specific workforce plans detailed in business cases
Early and consistent engagement with employers, staff side, trade unions and professional bodies	Additional support for change Opportunity to test proposals and approaches earlier in process Value added to process from additional engagement Delivery of key messages through employee relations route
Joined up approach to recruitment, where appropriate	Better value for money Improved campaigns Attract more applications and higher calibre of applicants – reinforces integration agenda Avoids duplication of effort
Ongoing and consistent staff engagement	Staff buy-in Improved solutions and workforce strategy and design
Joined up learning and development opportunities bringing teams of staff together	Improved training provision with equality of access Improved networking and opportunities to learn about other services and teams Improved staff engagement Integration of teams and shared learning across professional groups Value for money

## Aligning the workforce

Workforce planning is important because of the complex skill-mix required to deliver both statutory requirements and the broad range of health and social care activities. We need a workforce that is fit for purpose, able to adapt to changing need and demands and one that is able to deliver new models of care, the transformational change programme and the strategic plan outcomes.



*...a workforce aligned to the work and models of care, not the other way round. It is not possible to separate workforce redesign from work redesign.<sup>1</sup>*

## Embedding and refining the strategy

As new work processes are developed and services are redesigned to meet the needs of service users in the future, staff will need to be engaged to co-design, develop, implement and refine the job roles, skills and competencies required within the Partnership workforce. Organisations in the Partnership need to work closely together on aligning management information, definitions and terminology, where possible.

---

<sup>1</sup> *The Kings Fund - Workforce Planning in the NHS - April 2015*

# Risks and mitigation

There are a number of risks associated with workforce planning, at this time.

Identified risk	Proposed mitigation
Lack of support across the employers for workforce strategy and actions to enable sustainability	Engagement and consultation with all partners Discussions and decisions on specific actions are documented and communicated
Currently a lack of baseline information and future workforce projections	Engagement with services and the leadership teams to develop clear workforce plans and succession plans
Unable to develop common definitions, terminologies and comparators for data	Work with partner bodies to support greater synergy between approaches to develop a shared language
Transformational change programmes do not follow six step process or engage effectively with staff and stakeholders	Effective engagement to ensure benefits are explained and process is followed – strategic planning lead will facilitate process with planning managers
The Partnership is unable to fully resource all the actions in this plan due to the requirement to deliver financial efficiencies	Workforce planning lead will co-ordinate delivery of the action plan and leads will be identified, updates on progress reported to Partnership Senior Management Team and Staff Partnership Forum
Unable to fully realise integrated workforce strategy as Partnership is not an employing body	Engagement with trade unions and professional bodies, staff and management to find solutions to address challenges and barriers to integrated workforce planning solutions with recognition that some issues may require national resolution



# Implementing, monitoring and refreshing

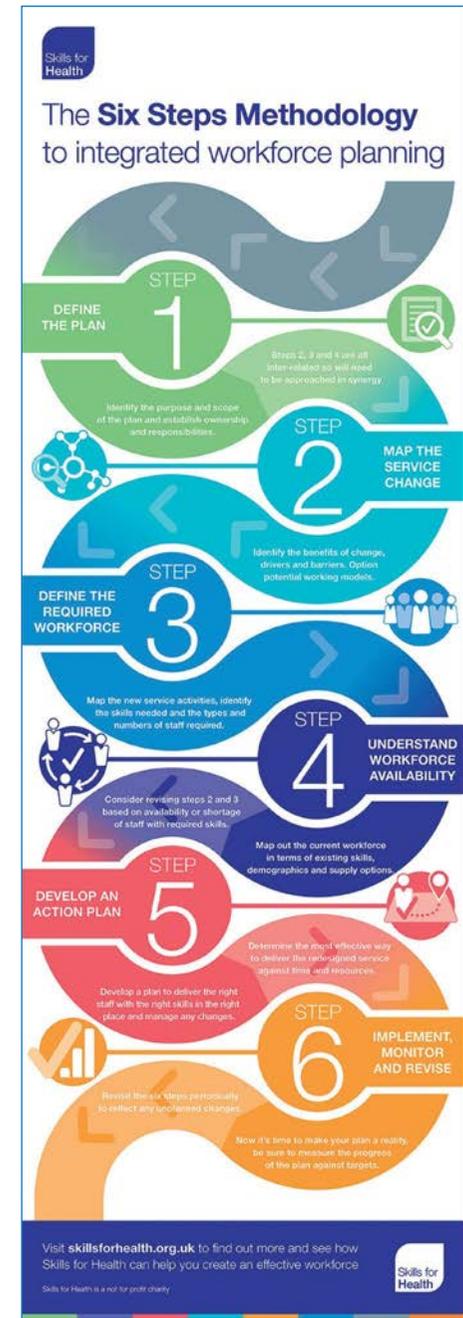
This Workforce Development Strategy is an iterative plan and the actions will be delivered over a three-year period. As transformational change progresses, the action plan will need to be refreshed in line with the programme, and all progress monitored through existing agreed Partnership governance structures, including the Integration Joint Board and the Staff Partnership Forum.

# Appendix 1: Workforce methodology

The Partnership is following a recognised public sector six-step workforce planning process<sup>2</sup>, which is currently used by NHS Ayrshire & Arran and North Ayrshire Council. This ensures a systematic, joined-up practical approach supports the delivery of Partnership services and helps to identify key learning and skills needs of the existing and future Partnership workforce.

The six steps are:

- **Step 1: Defining the plan**
- **Step 2: Mapping service change**
- **Step 3: Defining the required workforce**
- **Step 4: Understanding workforce availability**
- **Step 5: Planning to deliver the required workforce**
- **Step 6: Implement, monitoring and refresh**



2 <http://www.skillsforhealth.org.uk/resources/guidance-documents/120-six-steps-methodology-to-integrated-workforce-planning>

# Appendix 2: Workforce development strategy action plan

## Flexibility

Action	Impact	Lead	Timescale
Create a full and accessible list of all job roles across the Partnership	Detail of full workforce available to the Partnership including partner agencies	Partnership Performance Team	June 2019
Develop a suitable methodology with partner agencies and partnership work-arounds to standardise workforce reporting requirements to link with quarterly performance reports	Standardised reporting	Partnership Performance Team	June 2019
Develop suitable analysis of the available workforce and development of partnership work-arounds to link workforce to demand, absence and impact of service re-design in the future, including detailed workforce data gathering with third and independent sectors	Development of management level workforce planning information  Ability to identify short-term pressures and trends	Partnership Performance Team	June 2019
Engagement and joint working with staff side / unions through Staff Partnership Forum and key stakeholders (eg IJB members, elected members) to meet service demand by effectively re-designing the future workforce	System wide support for workforce changes	Heads of service and senior managers	Ongoing
Create and provide shadowing opportunities for staff to work in health, social care and primary care	Awareness of breadth of Partnership roles available and the range of opportunities available	Senior managers and staff	Ongoing
Work with senior managers and teams to develop new roles and where appropriate, to ensure services are fit for purpose, responding to future demands, eg digital developments	Partnership is fit for purpose moving forward	Partnership Senior Management Team/ senior managers/HR	Ongoing
Pilot new approaches, ensuring all positive and lessons learnt are captured and shared, eg roll-out of MDT approach in localities	Lessons shared	Partnership Senior Management Team	March 2020

## Confident, well-informed

Action	Impact	Lead	Timescale
Staff to attend employer induction to ensure awareness of all responsibilities	Well informed workforce	NHS/NAC	Ongoing
Partnership to develop a partnership induction programme tailored to the complexity of the Partnership	Well informed workforce	Partnership Learning and Development Team	September 2019
Staff to attend employer organisational development and leadership programmes	Well developed workforce	NAC/NHS	Ongoing
Partnership to deliver 'Thinking Differently, Doing Better' organisational development programme	Well developed and engaged workforce	Partnership Organisational Development Team	July–December 2019
Partnership teams to contribute to employer and inspection agency survey arrangements and engage in taking forward actions	Well developed and engaged workforce	Partnership Senior Management Team/ inspection agencies	Ongoing

## Creative, innovative

Action	Impact	Lead	Timescale
Embed the six step workforce planning process across all services within the Partnership and as part of the transformational change programme	Well informed workforce	Partnership Senior Management Team Strategic planning	Ongoing
Engage with partners to improve access to data and information systems, ensuring organisational boundaries are not a barrier to information sharing	High quality data	Partnership Performance team	March 2020
Develop digital and technological solutions to enable the workforce to focus on supporting higher levels of complex care	Effective use of workforce	Partnership Senior Management Team	Ongoing

## Integrated

Action	Impact	Lead	Timescale
Further integration of team structures with an integrated approach using strengths based assessments and solutions	Single point of contact for people using services Staff aware of each other's roles Financial efficiency	Partnership Senior Management Team	March 2021
Continue to link team integration to joint property planning processes to progress colocation	Improved joint working and financial efficiency	Partnership Senior Management Team	March 2021
Work with partners to enhance the current medical bank model and mental health officer support to work across professional and organisational boundaries	Responsive services	Partnership Senior Management Team	March 2020

## Progression and development

Action	Impact	Lead	Timescale
Engage with NAC Education Service on potential for development and delivery of a work experience programme between NAC schools and the Partnership	Entry posts developed for local young people	Partnership Senior Management Team/ NAC Education Service	March 2020
Work with Ayr College and University of the West of Scotland to develop courses which meet the future need	Dynamic workforce available in the future	Partnership Senior Management Team	Ongoing
Continued use of entry-level posts (modern apprentices, trainees, graduates etc.) to be shared across the partnership	Dynamic workforce options developed	Partnership Senior Management Team	Ongoing
Implement a joined up approach to recruitment campaigns for key posts with partner bodies	High impact recruitment	NAC/NHS Partnership Senior Management Team	Ongoing
All partnership services continue to use annual performance framework to support staff skills development	Skilled workforce	Partnership Senior Management Team	Ongoing
Enable and support staff to develop their careers by having clear career progress paths available across all service areas	Dynamic workforce options developed for existing staff group	Partnership Senior Management Team	March 2021
Support staff to develop into new roles successfully, wherever possible, as traditional service models are decommissioned and new job roles emerge	Dynamic workforce options developed for existing staff group	Partnership Senior Management Team	March 2021
Develop succession planning arrangements for key posts	Sustainable leadership	Heads of service	March 2020

