

Integration Joint Board
25th August 2022

Subject : **NAHSCP Draft Workforce Plan 2022-25**

Purpose :

- Awareness
- Discussion

Recommendation : IJB to note the content of the draft Workforce Plan 2022-25
IJB to provide comment and feedback to support further development.

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	✓
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
SPF	Staff Partnership Forum
PSMT	Partnership Senior Management Team
HR	Human Resource
FTE	Full Time Equivalent

1.	EXECUTIVE SUMMARY
1.1	All Health and Social Care Partnerships are obligated to produced three-year Workforce Plans. Plans must set out how an organisation intends to continue recovery from the Covid-19 pandemic and develop its future workforce.
1.2	<p>Scottish Government have set the following timescales for publication of Workforce Plans:</p> <ul style="list-style-type: none"> • End July 2022 – Draft Workforce Plans to be submitted to Scottish Government • End August 2022 – Scottish Government to provide comment and feedback to Partnerships • End October 2022 – Three Year Workforce Plans published

	<p>A first draft of the North Ayrshire Workforce Plan 2022-25 and associate supporting action plan has now been completed and submitted to Scottish Government. Copies of the submitted documents have been attached as appendices to this paper.</p>
1.3	<p>The plan represents the first stage of development. Over the next few months, the plan will be further refined ahead of final publication in October.</p> <p>This will include consultation and engagement with a range of stakeholders, including, IJB, PSMT, Staff Partnership Forum (including Trade Unions), Professional Leads in both Local Authority and NHS, HR and Workforce Planning Leads, Primary Care leads and Third and Independent Sector representatives.</p>
2.	BACKGROUND
2.1	<p>The Scottish Government published its National Workforce Strategy for Health and Social Care in Scotland in March this year. This strategy sets out the Governments intentions for growing the health and social care workforce across Scotland and achieving its vision of:</p> <ul style="list-style-type: none"> • ‘a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do.’ <p>Following this publication, guidance was provided to HSCPs to support them in the development of their individual Workforce Plans. In short summary, the guidance proposed that HSCPs should reflect current Workforce profiles and future implications and develop a workforce plan focused on the Scottish Governments five pillars.</p>
2.2	<p>1. Reflect the local workforce implications of the National Workforce Strategy (Recovery, Growth and Transformation) by describing:</p> <ul style="list-style-type: none"> • Short-term workforce drivers (12 months) with a focus on recovery and remobilisation • Medium Term drivers (12 to 36 months) focussing on longer term transformation and Growth • Look at the establishment gap between the future and required workforce • Profile new roles required to achieve the above
2.3	<p>2. Employ the 5 Pillars identified in the Workforce Strategy: <i>Plan, Attract, Train, Employ, Nurture</i></p> <p>The pillars should be used as a framework to:</p> <ul style="list-style-type: none"> • Detail the actions which organisations will take to recruit and train staff in sufficient numbers to deliver the future workforce. • Describe the current workforce and issues affecting the quality of staff experience, wellbeing and actions to support the retention of current staff. • Identify any short/medium-term risks to service delivery in meeting projected workforce requirements and outline actions in place to mitigate shortfalls.

3.	PROPOSALS
3.1	<p>In developing the Partnership’s Workforce Plan, we have sought to follow the guidance set out by the Scottish Government. The development of the draft was supported by a small working group of relevant stakeholders. Further, engagement has also taken place with other key stakeholders, including HSCP professional leads, Learning and Development leads, and Union representatives.</p> <p>To support the development of the plan, a survey was distributed to team managers for completion.</p> <p>A brief overview of the contents of the plan are highlighted below.</p>
	<p><u>Workforce Plan Framework</u></p> <p>Following the national guidance, it was clear North Ayrshire HSCP would adopt in some form the 5 pillars identified by the Scottish Government, to provide a workforce planning framework. However, we were keen to ensure any frameworks adopted also reflected the approaches of our NAC and NHS parental bodies. Following an alignment exercise, we identified 5 local priorities, that map to the 5 pillars and complement local workforce planning approaches. Our priorities are:</p> <ul style="list-style-type: none"> • Understanding our workforce (PLAN) • Promoting our organisation (ATTRACT) • Investing in our people (TRAIN) • Building our Workforce (EMPLOY) • Growing our people (NURTURE) <p>These 5 priorities will be used to shape the Workforce Action Plan.</p>
	<p><u>Our Workforce Now</u></p> <p>Provides key workforce data for the partnership (as of 1st April 2022), includes:</p> <ul style="list-style-type: none"> • Headcount and FTE • Workforce Profile (age, sex, protected characteristic) • Staff absence • Turnover • Workforce projections <p>Note, some workforce information gaps are outstanding. Including workforce projections, particularly for nursing professionals.</p>

	<p><u>Our Workforce Challenges</u> This section offers an overview of global and national challenges impacting the population and workforce. It also provides an overview of the demographic challenges of North Ayrshire and reflections from the HSCP Strategic Needs Assessment.</p> <p>Provides a summary of the workforce challenges, by service area, identified by HSCP stakeholders in the Workforce Plan Survey. In overall summary, the key workforce challenges identified include:</p> <ul style="list-style-type: none"> • Recruitment Difficulties • Staff retention • Dearth of appropriately qualified/experienced staff • High levels of staff absence • High levels of potential retirements, resulting in loss of workforce experience
	<p><u>Our Future Workforce</u> Provides an overview of HSCPs workforce and development ambitions over the relevant time periods (12months and 3years). Information on the future workforce was collected through the workforce planning survey distributed to senior managers.</p> <p>This section does not include reference to all HSCP teams or forthcoming developments and is likely to be enhanced in future versions.</p> <p>While information on future staff requirements (roles, headcount etc) was gathered, this information has not yet been included in the plan at this stage. This is to ensure the future required roles can be sustainably resourced.</p>
	<p><u>Third and Independent sector workforce</u> In recognising that workforce challenges also impact the local Third and Independent sector, a survey was also distributed to TSI colleagues.</p> <p>As such, a section reflecting on the challenges and ambitions of local Third and Independent sector colleagues has been included. Of the 26 responses received, 69% of the organisations are currently commissioned by the HSCP to deliver local services.</p>
	<p><u>Supporting Wellbeing</u> This section highlights feedback from the HSCP Workforce survey, highlighting what negatively impacts staff wellbeing, and what works well to support positive wellbeing.</p>
	<p><u>Our Workforce Action Plan</u> A draft action plan has been produced. It is structured by the identified Workforce Planning priorities. Draft actions have been drawn from the Strategic Plan Action Plan, HR Workforce Plans, and through conversations with appropriate services leads.</p> <p>The action plan will require further development and validation.</p>

3.2	<p><u>Anticipated Outcomes</u></p>
	<p>It is anticipated that the plan will help to address the Workforce Challenges as outlined in paragraph 3.1.3 above.</p> <p>Overall, the plan aims to help ensure that North Ayrshire HSCP is seen as great place to work and build a career. The plan will set out our commitment to growing and retaining our people by offering clear career pathway information for all staff, to encourage them to develop a life-long career with North HSCP.</p>
3.3	<p><u>Measuring Impact</u></p>
	<p>The Workforce plan will be supported by a Workforce Action Plan, that will set out key actions to help further develop our workforce and support the development and wellbeing of staff.</p> <p>This action plan will be structured around the Partnership’s identified workforce priorities, that map directly to the Scottish Government’s five pillars of workforce planning.</p>
4.	<p>IMPLICATIONS</p>
4.1	<p><u>Financial</u> The Workforce plan is aligned to the Partnership’s Medium-Term Financial Outlook (MTFO)</p>
4.2	<p><u>Human Resources</u> The Workforce plan will have significant implications for Human Resource as we seek to better understand our workforce, and implement actions to support its development, particularly in relation to growing the workforce, investing in developing staff, and supporting staff wellbeing.</p>
4.3	<p><u>Legal</u> In publishing this plan, Integration Joint Board are complying with the legal obligation to produce a new Workforce plan within set timescales.</p>
4.4	<p><u>Equality/Socio-Economic</u> An Equality Impact Assessment will be completed on the Workforce Plan prior to publication to ensure our intentions do not discriminate or adversely impact on any protected group.</p> <p>The plan aligns to the high-level equality outcomes set forth by the Ayrshire Equality Partnership.</p>

4.5	<p><u>Risk</u> Risk identified suggests that failure to adequately support workforce development – including failure to recruit or retain appropriate staff - will result in inadequate staffing levels. In turn this will negatively impact on the quantity and quality of care provision to local residents.</p>
4.6	<p><u>Community Wealth Building</u> None identified.</p>
4.7	<p><u>Key Priorities</u> Further development of the workforce will assist the partnership in working towards all five strategic priorities. It also directly contributes to the priority of 'Develop and Support our Workforce'.</p>
5.	CONSULTATION
	<p>In development of this workforce plan, engagement has been undertaken across all partnership service areas. Including the distribution and analysis of a Workforce Planning Survey completed by Service Managers and ongoing discussions service leads.</p>
	<p>Engagement has also been undertaken with providers from local Third and Independent Sector organisations with a focus on delivering services that support Health and Social Care.</p>
	<p>The plan will also be presented at other governance groups, including PSMT and the Staff Partnership Forum.</p>

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Appendices

- Appendix No 00, NA HSCP – DRAFT Workforce Plan 2022-25_v3 post submission
 - Appendix No 00a. Workforce Plan – Action Plan 2022-25_v2 – post submission



Workforce Plan 2022-25

INITIAL DRAFT

NORTH AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

NORTH AYRSHIRE

Health & Social Care Partnership



Governance Review

Group / Development	Date	Comments
1 st Draft submitted to Scottish Government Workforce Planning Office	02/08/2022	Initial submission. Comments due back by end August 2022
Partnership Senior Management Team (PSMT)	04/08/2022	Broad endorsement of approach, with offers of support to develop plan going forward. Highlighted data gaps to be considered.
North Ayrshire Integration Joint Board	25/08/2022	
Feedback received from Scottish Government Workforce Planning Office	TBC	
Staff Partnership Forum	27/09/2022	

Version Control

Detail	Version	Date	Changes
1 st Draft submitted to Scottish Government Workforce Planning Office	V2	02/08/2022	Initial submission. Comments due back by end August 2022
Changes following Scottish Government submission	V3	03/08/2022	Inclusion of NHS protected characteristic data.

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DRAFT

Introduction

In recent years, North Ayrshire Health and Social Care Partnership has endeavoured to meet the unique challenges presented to us through the Covid-19 Pandemic. All NAHSCP staff, including frontline care workers, administrative support staff, and senior leaders, have had to quickly adapt to new ways of working, often in very challenging circumstances. Through the pandemic, we truly learned how determined and hard-working our workforce is, and how vital it is to ensure our on-going recovery from Covid-19.

Now more than ever the importance and value of our workforce is prominent, their support in our Covid-19 recovery is and ability to meet the growing demand for health and social care services in North Ayrshire are critical. Further, we are also mindful of the wider economic and workforce challenges that are a result of other national and global factors. This focus on our staff is recognised in our new Strategic Commissioning Plan (2022-30) with 'Developing and Supporting our Workforce' being included as one of our five strategic priorities.

This plan sets out our ambitions for our workforce, how we intended to shape our services to ensure we provide the best health and social care to local people in need. We hope, through implementation of this plan, the HSCP workforce is ready to meet the future health and social care needs of local people, and a career in health and social care is celebrated for its value it brings to the lives of local people.

How we developed this plan

This plan is the product of many months of development, involving review of relevant national and local policies and publications, engagement with HR and workforce planning colleagues, consultation with HSCP leaders and senior managers and with local Third and Independent Sector organisations. To help guide and inform the development of the local plan, a working group was established that includes Strategic Planning Leads, Human Resource officers, Workforce information analysts, Partnership Planning Managers, and TSI representation. Engagement has also taken place with other key stakeholders, including HSCP professional leads, Learning and Development leads, and Union representatives.

The NAHSCP Workforce plan is strongly influenced by the Scottish Government's National Workforce Plan for Health and Social Care Service. We have created a local set of five workforce priorities, based of the Government's five pillars of workforce planning.

Workforce statistics have been provided for both Local Authority and NHS contracted staff and presented to provide an overview of the current Health and Social Care Workforce in North Ayrshire. This information provides key insights into the challenges facing the local workforce. To help identify our future workforce, we surveyed managers and senior leads across our service areas and local Third and Independent Sector organisations. The feedback received helped us to identify local workforce challenges as well as the aspirations over the short (12 to 18 month) and medium (3 year) term.

North Ayrshire Health and Social Care Partnership

North Ayrshire Health and Social Care Partnership (the Partnership) provides locality-based health and social care services for people throughout their life: from birth through childhood, teenage years, adulthood and end of life.

Our service areas and key partners include:

- **Delivery Services**
 - Children, Families and Justice Services
 - Adult Health and Community Care Services
 - Mental Health, Addictions and Learning Disability Services
- **Support Services**
 - Business Support Services
 - Finance and Transformation
- **Key Partners**
 - Citizens of North Ayrshire
 - North Ayrshire Third Sector Interface
 - Independent Sector
 - Wider Community Planning Partners (Ayrshire Justice Partnership, Scottish Fire and Rescue, Police Scotland)

Partnership Services

Most of our services are delivered in collaboration between North Ayrshire Council and NHS Ayrshire and Arran. Our service delivery teams include Allied Health Professionals (dietitians, physiotherapists, occupational therapists, speech and language therapists), addictions workers, care at home, care homes, child immunisation, community alarm and digital health, community link workers, welfare rights officers, nurses (including specialist nurses), paid carers, psychologists and psychiatrists, social workers (across all age groups) and social work assistants, residential adult and childcare staff and volunteers in a range of teams. In many services, we also have peer support workers, who are staff members with lived experience of services.

In addition, dentists, GPs, optometrists, and pharmacists (primary care professionals) work together with us. We also work closely with the Third sector, the Independent Sector, Housing Services, NHS acute hospitals, Alcohol and Drug Partnerships, the other Ayrshire Health and Social Care Partnerships, Police Scotland, local councillors and many others.

To ensure our service delivery and frontline services are able to do their job as best they can, our Business Support Services work to provide essential clerical, administration and technical support. Business Support plays a key role in supporting the wellbeing of all Partnership staff, providing guidance on health and safety, wellbeing at work and supporting staff attendance.

Our Finance and Transformation service provides key strategic support for the Partnership. The service oversees the Partnership's funding allocation, manages how we commission and procure services, undertakes our planning and performance function, and leads on our key transformation and change projects.

In delivering effective health and social care services, we appreciate many things are out with the scope of either the NHS or North Ayrshire Council to achieve. That is why our partnership includes representation from the Third Sector Interface and from the local independent sector.

North Ayrshire Third Sector Interface

Third Sector Interface (TSI) North Ayrshire provides a single point of reference for all third sector organisations and community groups. TSI North Ayrshire is best placed to support the development and growth of local voluntary services that can provide invaluable health, care and wellbeing support for local people. The TSI North Ayrshire's vision is of improved quality of life for the people and communities of North Ayrshire by building a strong, effective, and sustainable Third Sector.

In North Ayrshire, the TSI is a partnership made up of Arran Community and Voluntary Service (Arran CVS) and The Ayrshire Community Trust (TACT). Both organisations have a long history of engaging with the local community, volunteers, community organisations and service providers.

Independent Care Sector

The independent sector in Scotland provides a wide range of care services for older people, those with long term conditions, learning disabilities, physical disabilities, dementia or mental health problems.

Working together, we endeavour to meet the increasing local demand for community based social care services. This includes:

- Independent Care Home Provision
- Delivery of Care at Home Services

Our independent care colleagues work closely with HSCP staff to meet our health and social care vision for the people of North Ayrshire and there is independent sector representation on the Integration Joint Board.

Policy Drivers

The plan had been developed in alignment and recognition of a number national and local strategic and operational plans and strategies. The demand and pressures facing the health and social care workforce in Scotland is widely recognised and can only be addressed by a national and collaborative approach.

Set out below are a number of the relevant local and national policy drivers that have influenced the development of this workforce plan.

Local policies

Our local policies and plans are informed by close engagement with local people and reflect the needs and priorities of North Ayrshire.

Caring Together – NAHSCP Strategic Commissioning Plan 2022-30

In April 2022 we published our longer-term strategy, Caring Together, which provides strategic direction for the North Ayrshire Health and Social Care Partnership for the eight year period up to 2030.

The plan identifies our vision for the people of North Ayrshire, which is that:

"People who live in North Ayrshire are able to have a safe, healthy and active life"

To help achieve this vision, we have identified 5 strategic priorities to work towards, these are:

- *Enable Communities*
- *Develop and Support our Workforce*
- *Provide Early and Effective Support*
- *Improve Mental & Physical Health and Wellbeing*
- *Tackle Inequalities*

We see these priorities as interlinked and expect that where we see success against one priority, it's effect will positively impact against others.

Caring Together represents the first time that a strategic priority around the development of our staff has been identified for action. The priority to, '**Develop and Support our Workforce**' reflects the HSCPs recognition of the value have on ensuring we can achieve our vision. Our workforce is one of our most valuable assets and it is essential that is developed appropriately to meet the health and social care needs of local people. We will endeavour to ensure that our workforce is fully supported to undertake their roles while also offering clear career pathways for those who wish to develop further and progress within the partnership.

Workforce Planning approaches by parental bodies

In developing this workforce plan we were mindful to recognise the approaches to workforce planning set out by our parent bodies in North Ayrshire Council and NHS Ayrshire and Arran.

North Ayrshire Council Approach to Workforce Planning

North Ayrshire Council have set out an agreed approach to workforce planning. The approach recognises the need to both ensure a workforce that meets current demands, but one that is also mindful of future requirements over the medium to long-term.

It highlights the key factors that must be considered when developing a workforce plan, and offers clear advice on workforce management and designing a future workforce as well as providing a six step approach to workforce planning. These six steps are:

1. Define the plan
2. Map the service change
3. Define the required workforce
4. Understand workforce availability
5. Develop and Action plan
6. Implement monitor and revise

As part of this workforce plan, we will ensure we adopt the advice and guidance in the NAC approach.

NHS Ayrshire and Arran Workforce Plan (2019-2022)

The NHS Ayrshire and Arran Workforce Plan sets out the vision for the organisation as it continues to review and improve its workforce and service delivery.

The plan sets out clear workforce objectives for NHS Ayrshire and Arran which are:

1. Deliver a robust, quantifiable and iterative workforce plan that sets out how it will achieve its future workforce.
2. Implement improved business process to improve the utilisation and deployment of the workforce
3. Deliver an effective people strategy to improve the image of NHS A&A as an attractive employer
4. Support the health and wellbeing of staff

In addition, the workforce plan aims to implement a culture of workforce planning across the organisation, ensuring that it is everyone's business. It hopes to embed the idea that workforce planning is not a standalone activity but should be considered by all teams and services on a regular basis.

National Policies

Scottish Government National Workforce Plan for Health and Social Care

The National Workforce Plan for Health and Social Care was published in early 2022 and set out the Scottish Government's vision for health and social care in Scotland:

- *People are able to live more years in good health, and that we reduce the inequalities in health life expectancy*

This compliments the overall vision for the national health and social care workforce:

- *A sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do*

The national strategy sets out a tri-partite ambition to:

- **Recover:** Create the conditions through which our workforce, and by extension our Health and Social Care services, can successfully Recover from the pandemic
- **Grow:** Grow the Health and Social Care workforce sustainably, in line with Scotland's population demographics, and the demands on our Health and Social Care services
- **Transform:** Transform the ways in which our workforce is trained, equipped and organised to deliver Health and Social Care services, in order to achieve long-term sustainability through increased effectiveness and improved population health outcomes.

To support the future development of the national health and social care workforce, the Scottish Government has identified five national pillars for action. These are:

- Plan
- Attract
- Train
- Employ, and
- Nurture

It is advised that these five pillars are employed by health and social care organisations across SCOTLAND in the development of their own workforce plans. More information on these five pillars can be found in the methodology section of this plan (page 9)

Methodology

To support the development of this workforce plan, it was important to employ an appropriate methodology. This methodology would help inform and guide the development of the plan through its various stages. As identified, there are many key policy drivers informing the NAHSCP workforce plan. As an integrated partnership, it is important that we offer a blended approach to workforce planning, ensuring that the methods used by our parent bodies, and national organisations are reflected.

To support this, we have developed a set of local workforce planning priorities to help shape and guide our approach to workforce planning. These priorities were developed through a mapping exercise with other local and national approaches.

In delivering our workforce plan, we will work towards the following priorities (a definition of each of these priorities can be found in Appendix A):

- **Understanding our workforce**
- **Promoting our organisation**
- **Investing in our people**
- **Building our Workforce**
- **Growing our people**

How these priorities align with the five national pillars and other local approaches is set out in the table below.

<i>National Workforce Strategy Pillars</i>	<i>NAC Skills Pipeline</i>	<i>NHS Ayrshire & Arran (From vision p6)</i>	<i>HSCP Workforce Priorities (Draft/TBC)</i>	<i>Notes</i>
PLAN	6 Steps Approach (Define, Map, Identify, Understand, Develop, Implement)	Ensure workforce is affordable and sustainable	Understanding our workforce	Date Driven, making best use of workforce metrics (Analytics & Performance) and local data
ATTRACT	Attracting our future Workforce	Improve the image of NHS A&A as an attractive employer	Promoting our organisation	Engagement, communication and promotion. Sharing information
TRAIN	Developing our Talent*	Deliver an effective people strategy	Investing in our people	Training courses provided, registrations/qualifications achieved, etc)
EMPLOY	Recruiting Employees	Implement improved businesses process to improve the utilisation and deployment of the workforce	Building our workforce	Recruiting people through a variety of methods (Myjobscotland, MA programmes, Internships). Equality focus, ensuring we are inclusive employers.

<p><i>NURTURE</i></p>	<p>Developing our Talent* Succession Planning</p>	<p>Support the health and wellbeing of staff</p>	<p>Growing our people</p>	<p>Supporting career development and succession planning. Ensuring knowledge and experience is retained in the organisation. Supporting the wellbeing of employees (wellbeing focus, friendly employment policies (.e.g. real living wage).</p>
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Our Workforce Now

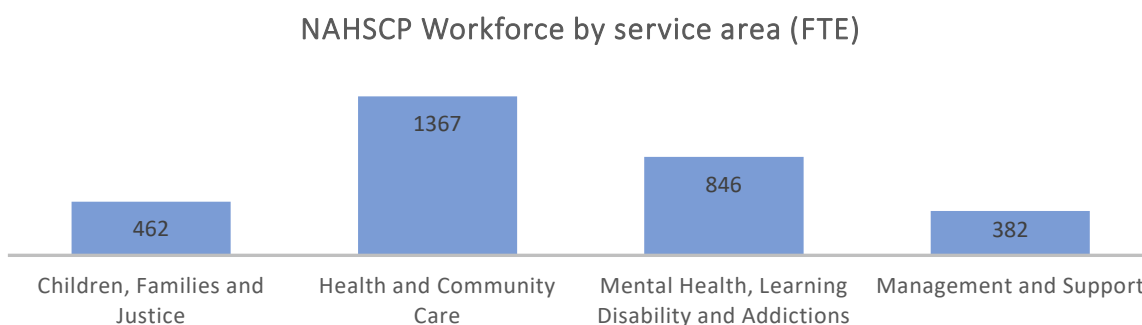
A snapshot of the HSCP workforce was collected on 1st April 2022. Information provided has been aggregated for both the North Ayrshire Council and NHS Ayrshire and Arran Workforce.

As at April 2022, North Ayrshire Health and Social Care Partnership had a total workforce of **3,622** people (FTE 3059) across all our delivery areas. In terms of headcount 52% (1869) of our Workforce are contracted by North Ayrshire Council, with the remaining 48% (1753) contracted by NHS Ayrshire and Arran. In terms of FTE, 49.5% (1514) are NAC contracted, with 50.5% (1544) NHS A&A contracted.

Most of our workforce, **86.4%** are under a permanent employment contract, with only 13.4% of staff under temporary conditions. Overall, 51.9% of staff are employed full-time, with 48.1% working part-time. There is a greater proportion of part-time workers contract by NAC (55.2%), compared to NHS A&A (40.6%)

Workforce by service area

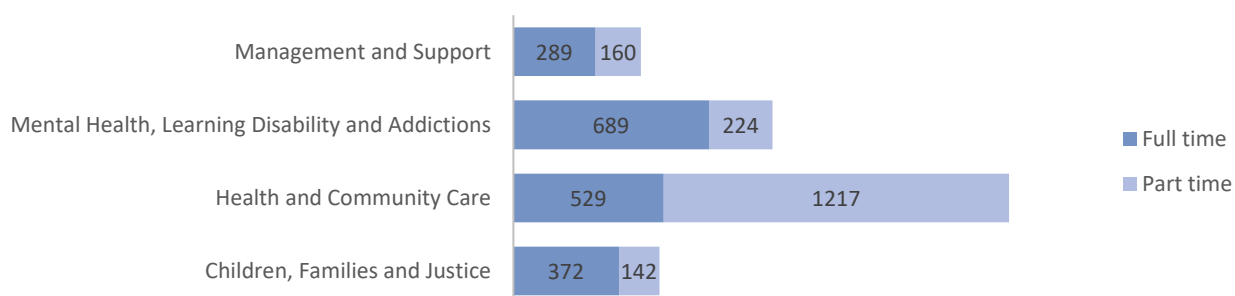
The chart below shows our workforce by our key service areas.



As demonstrated, Health and Community care is the largest service in terms of workforce, accounting for approximately 45% of NAHSCP.

The Health and Community Care workforce also accounts for the highest proportion of part-time staff, with **89%** of staff under a part-time contract.

WORKFORCE BY CONTRACT TYPE (HEADCOUNT)



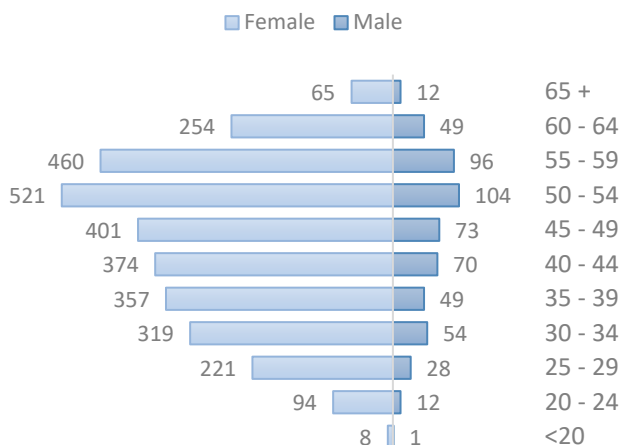
Workforce profile

The chart to the right provides an overview of the age and sex profile of the NAHSCP workforce.

As is demonstrated the workforce of NAHSCP is predominately female.

In addition, the workforce also has a high number of older employees of 50 plus.

NAHSCP Workforce by Age and Sex

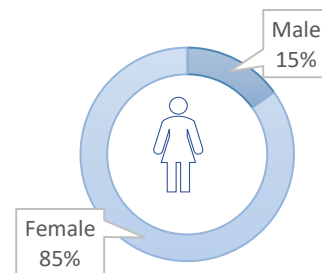


Workforce by Sex

As indicated above, the NAHSCP workforce is predominately female, with women accounting for 85% (3,074) of all employees.

A breakdown by contract type highlights that 52% of the female workforce are part-time. This compares to only 26% for males.

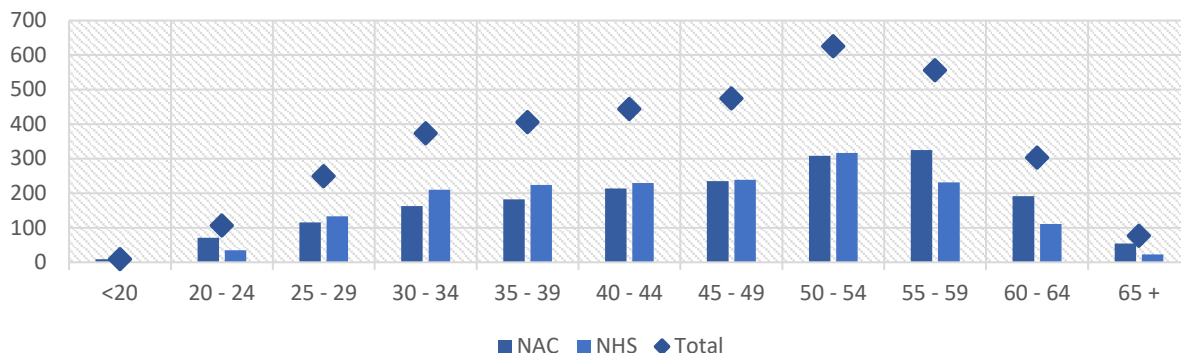
NAHSCP Workforce by Sex



Workforce by Age

Again, as indicated, NAHSCP has an aging workforce. As demonstrated in the chart below, there are high volumes of staff in older age brackets.

North HSCP Age Profile



Overall, **43.1%** of the NAHSCP workforce are 50 years old or over. This presents a particular risk due to staff retirement ages. NHS employees are eligible to retire at 55, and currently **20.1%** of the NHS contracted staff in NAHSCP fall in this age bracket. The minimum retirement age for NAC employees in the local government pension scheme is 60 years, currently there are **13.2%** of NAC contracted staff in this age bracket.

Workforce Equality Information

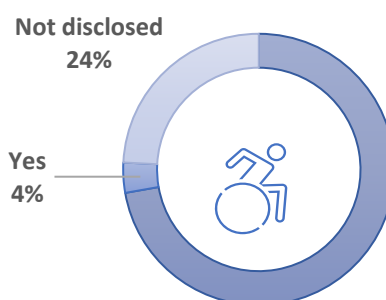
In addition to collecting information on gender and age, the Partnership also produces workforce statistics on other protected characteristics. Providing information on protected characteristics is voluntary by members of staff. As such, the information often contains data gaps.

Disability

Of the 1,869 NAC this information was reported on, 67 (4%) identified as living with some form of disability.

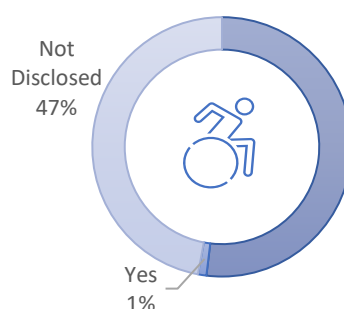
The types of disability are not disclosed. In addition, information was not available for a further 24% of staff members (452).

% NAC workforce with a disability



For the NHS Workforce, 19 (1%) of staff reported as living with a disability or long-term condition. 844 members of staff (47%) did not disclose this information.

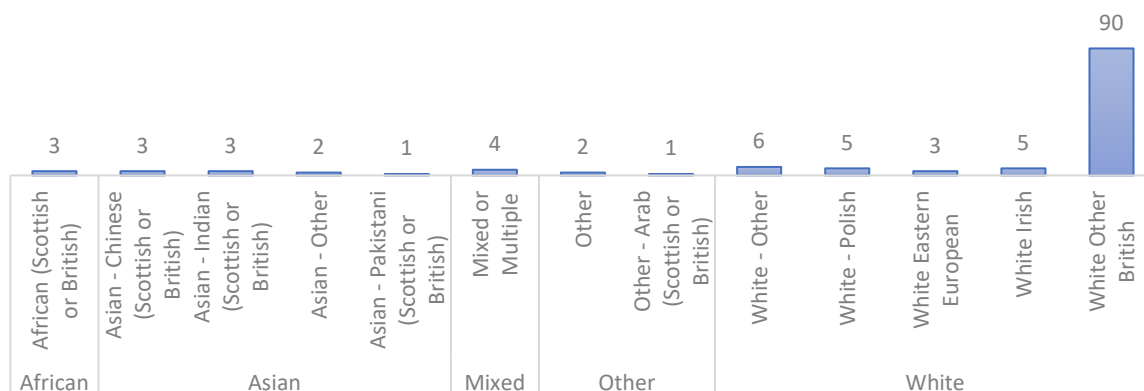
% NHS Workforce with a disability



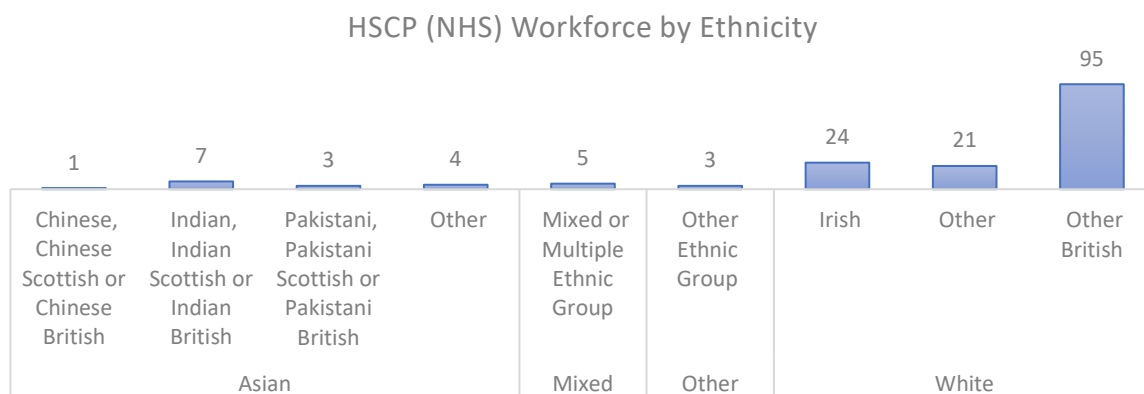
Ethnicity

Of the 1,869 NAC employees this information was reported on, the majority of the workforce identify as 'White Scottish' (1,320, 70.63%). A further 421 staff members (22.53%) have not provided any ethnicity information. The chart below shows the ethnicity of all other staff members.

HSCP (NAC) Workforce by Ethnicity



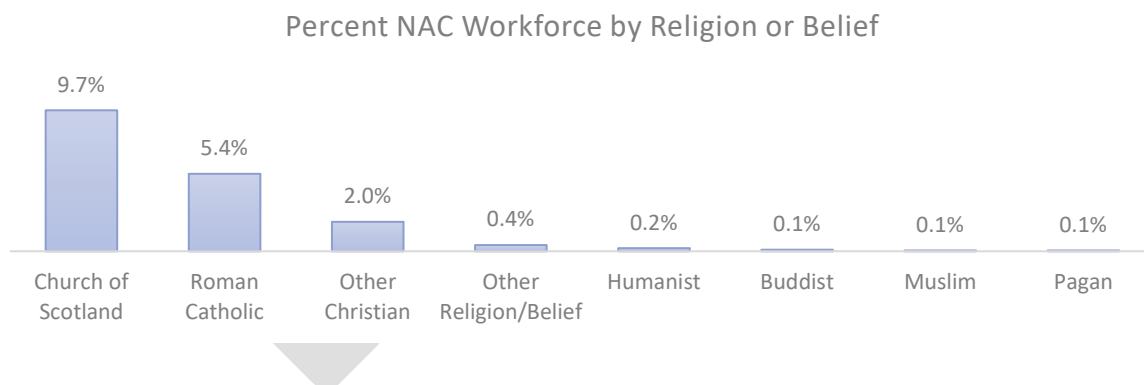
The NHS workforce has similar profile to the NAC. Overall, 73.76% (1,324) of NHS employed staff identified their ethnicity as ‘White Scottish’. A further 17.16% (3080) of staff did not disclose an ethnicity. The reported ethnicities of the remaining 9% of staff is highlighted below.



Religion and Belief

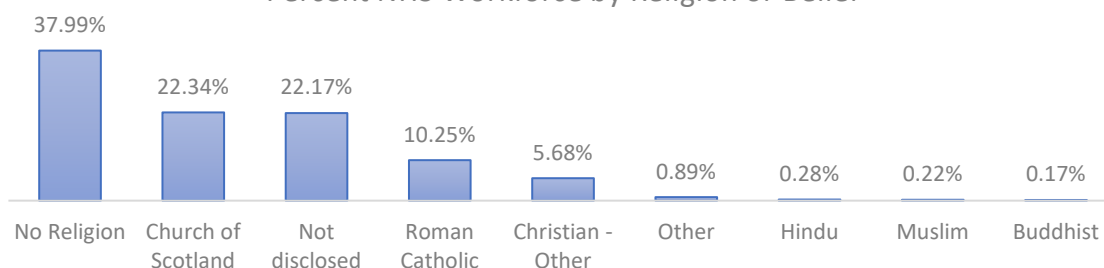
In terms of reporting on religion and belief, over 60.4% (1,129) of the NAC workforce did not disclose any information in relation to this characteristic. 21.6% (404) of the workforce identified as having **No** religion.

The chart below shows the identified religion of all other staff members



Within the NHS Workforce, the majority of staff (682, 37.99%) identified as having **No** religion or belief. 22.34% of staff (401) identified as members of the Church of Scotland. A further 22.17% of staff (398) chose not to disclose this information. All responses by percent of the NHS workforce is highlighted in the chart below.

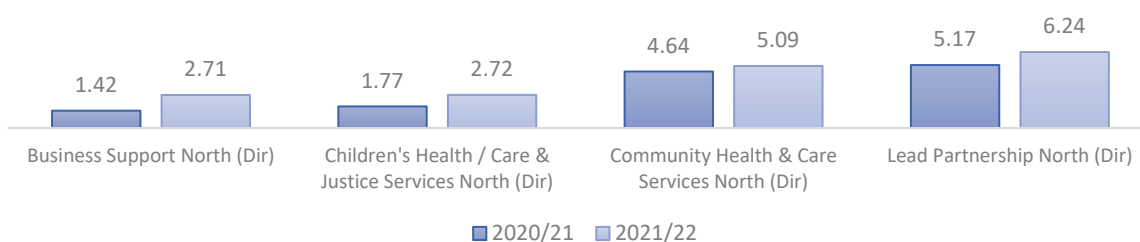
Percent NHS Workforce by Religion or Belief



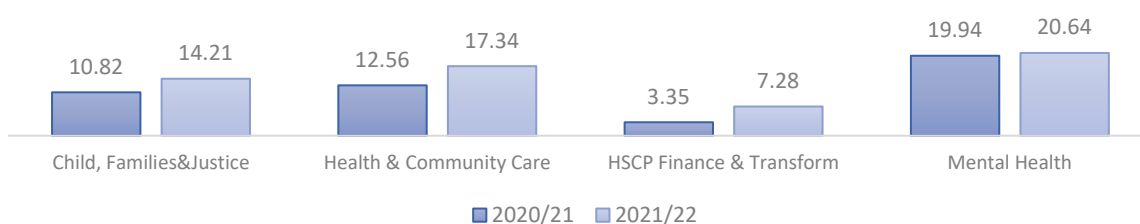
Staff Absence

NAC and NHS Ayrshire and Arran use different methodologies to reports staff absence with NHS reporting a percentage figure, and the Local Authority report Average Working Days Lost. Both Local Authority and NHS reported increased absence figures in 2021/22 compared to the previous year with NHS returning a rate of 5.35% absence (up 0.83%), and Local

NHS Absence Rates (Percentage)



NAC Absence Rate (Avg Days Lost)



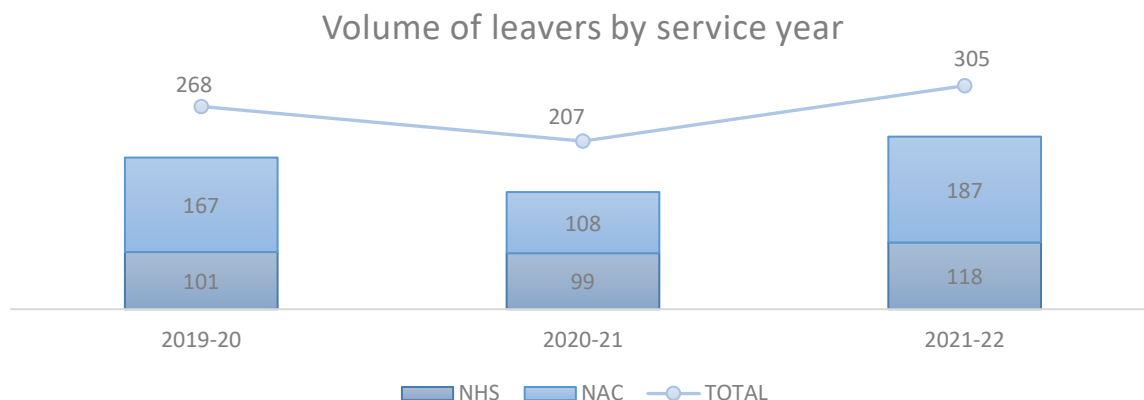
Authority at 15.29 Workdays Lost per Employee (up 3.82 workdays). All main service areas, without exception, reported an increase in sickness absence in 2021/22.

In both years, it appears the greatest reason for absence was related to Anxiety, stress, depression, or other psychiatric illness. The second most common reason has been identified as Musculoskeletal problems.

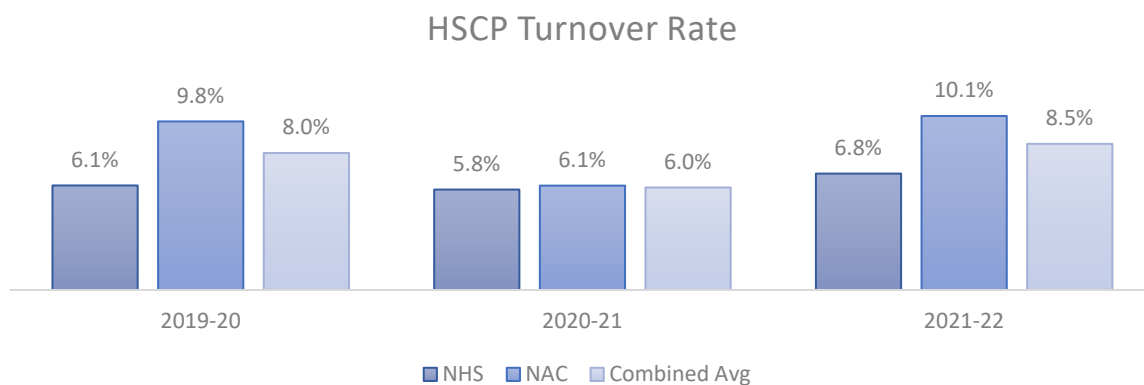
Staff Turnover

The Employee Turnover rate for 2021/22 is 8.5%, an overall increase, compared to the previous year, of more than 40%. Figures indicate that whilst employee turnover has increased across both NHS and Council settings, numbers of employees leaving are

significantly higher within the Local Authority in each of the last 3 years, with most recent 187 leavers (NAC) compared to 118 (NHS), in 2021/22.



As the chart above indicates, and the chart below underlines, the staff turnover rate in North HSCP has increased in 2021-22. It is likely that the turnover rate in 2020-21 was abnormally low due to the ongoing pandemic, making the 2019-20 information a more meaningful comparator. Even so, turnover in 2021-22, is still higher than in 2019-20.

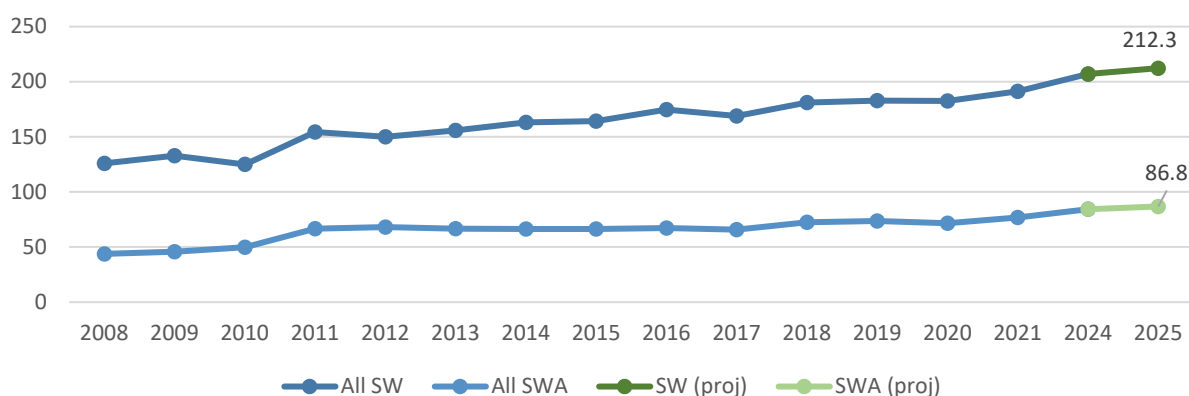


Workforce Projections

For the purposes of this plan, a long-term analysis of staffing trends was undertaken. This analysis also offered workforce projections over the medium term.

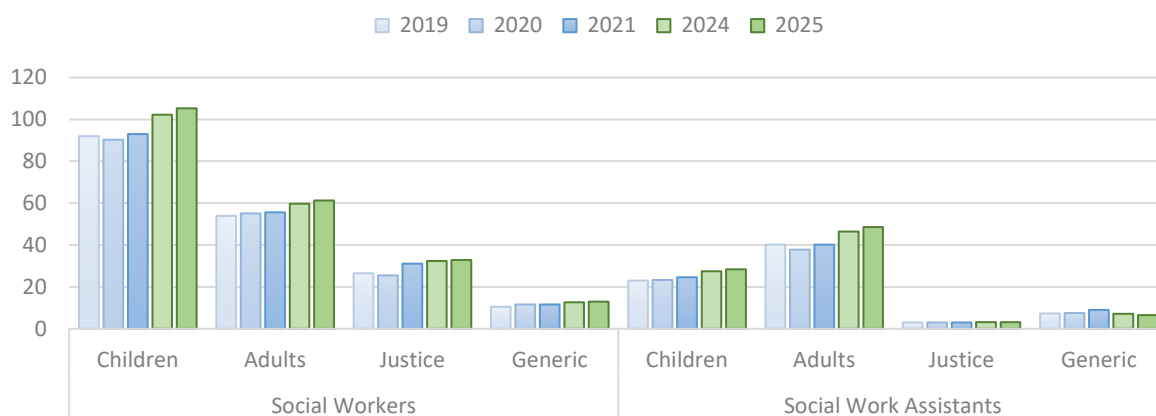
For North Ayrshire Council staff, information was provided on the Social Work and Social Work Assistant Workforce. Data provided covered the long-term period from 2008 to 2021. Based on workforce analysis, the 3-year average workforce change was identified as 15.7 FTE posts for Social Workers and 7.5 FTE posts for Social Work Assistants. Applying these figures to the most recent workforce information, we are able to offer a projection of the local workforce. For Social Workers, based on the 2021 workforce of 191.3 (FTE), this will increase to 212.4 (FTE) by 2025. Likewise for, Social Work Assistants, we project the workforce to consist of 86.8 (FTE), by 2025 based on the 2021 workforce of 76.8 (FTE)

SW and SWA Workforce Trend and Projections



Projections by broad service area are identified in the chart below.

SW and SWA FTE projections



GAP – NHS Staff information

Workforce Challenges

The Health and Social Care Workforce currently faces several challenges, which could result in the ability to deliver effective services is at risk. Some of the key risks to our workforce are set out below.

Global and National Challenges

Following the negative impact of the COVID-19 pandemic and its subsequent restrictions, it appears that overall, the Scottish economy is in recovery. Employment levels in Scotland are exceeding those recorded in 2019 pre-pandemic, and rates of unemployment and economic inactivity are also lower. However, the Scottish workforce is still subject to many challenges.

- **Cost of living crisis:** Due to rising inflation, increases in the cost of living are placing additional pressures on individuals and families. In 2022 Scotland has rising levels of employment, coupled with real wage increases. However, wages are being exceeded by inflation, meaning employees are becoming more and more worse off.
- **Recruitment challenges:** Despite high levels of employment, there are still a high volume of vacant posts across Scotland as employers struggle to recruit new staff. This is particularly noticeable in the Health and Care Sector.
- **Staff retention:** Due to workforce supply issues, there appears to be increased levels of competition between business; to secure suitable staff. Including improved wages or 'golden hello' incentives.

In summary, despite high levels of employment, there remains a high level of vacancies across many key sectors in Scotland. Due to the cost-of-living crisis, workers pay is effectively decreasing, as such they are likely to be more open to moving to better paying work. This means employers are finding it more difficult to recruit and retain staff, and therefore negatively impacting on service delivery.

Demographics of North Ayrshire

Most information projections suggest that the population of North Ayrshire is changing. As such, the health and social care workforce must adapt to ensure it continues to meet the demands of local health and care need.

Population projections continue to suggest two population changes which will have an impact on health and social care in the future:

- a) The North Ayrshire population continues to decrease and is expected to shrink by 3.9% between 2018 and 2030, falling to 129,987.
- b) Within this falling population, we will continue to see a growing older people population, with those 65+ accounting for 25% of the population by 2025, and almost 27% by 2030. This correlates with a shrinking younger (0-15) and working age (16-64) population.
 - Of further concern is the growth in those over 75 years. From 2018 and 2030, the 65-74 age group will increase by 12% (from 17,093 in 2018 to 19,207 in 2030. However, over the same period, the population who are 75 or over will increase 30% (12,981 in

2018 to 16,905 in 2030. Considering the complexity of health concerns increase as we age (see paragraph 3 below) this increase in this population implies a greater demand on Health and social care services in the future.

North Ayrshire continues to have areas of high deprivation contributing to social and health inequalities across the population. The most recently published Scottish Index of Multiple Deprivation figures suggest as much as 41% of North Ayrshire's population live with areas that are considered among the most deprived areas in Scotland.

In addition, information published by the charity EndPovertyNow also suggests that more than 1 in 4 children (28.3%) in North Ayrshire live in poverty.

Health & Care Strategic Needs Assessment

Since 2012, the life expectancy for both men and women in North Ayrshire has seen a decrease. In the reporting period 2012/214, life expectancy in North Ayrshire was 80.8 years for women and 76.1 years for men. In 2018/20, this has dropped to 80.1 years for women, and 75.3 years for men.

However, Healthy life expectancy for men North Ayrshire has increased in recent years. However, we see a decreasing trend for women. In the latest time period available (2018-2020 3-year aggregate), the average healthy life expectancy in North Ayrshire was 58.5 years for men and 56.3 years for women in 2017-2019.

Currently, 27% of local people are living with a Long-Term Condition (LTC) which could include; Arthritis, Asthma, Diabetes, COPD). Projected prevalence up to 2025/26 shows there is to be a gradual increase in the population living with an LTC. Long-term conditions are more common in older age groups, with the proportion of people living with one or more LTC increasing with age.

By 2026, only 2 in every 10 people in North Ayrshire under the age of 65 will have a long-term condition. For those 85 and over, 8.2 in every 10 people will live with an LTC.

Further, the proportion of people living with more than one long-term condition (multi-morbidity) increases with age, with approximately 15% of over 65s with multi-morbidities, compared with less than 5% of under 65s for 3 LTCs.

Our Workforce Challenges

In developing this plan, a survey was completed by senior managers and service leads. This survey afforded managers the opportunity to identify the key challenges facing their services. Some of the key challenges experienced are detailed below. Overall, the key workforce challenges that were highlighted across all services included:

- Recruitment difficulties - despite high levels of job vacancies
- Staff retention – as a possible result of the high level of competition in the job market at present.
- Lack of appropriately qualified/experience staff – particularly for more enhanced/professional roles

- High levels of staff absence
- High levels of potential retirements, resulting in a loss of workforce experience

Children, Families and Justice Services

Overall, the Children, Families and Justice Service is managing with all essential business requirements. However, there remains a considerable amount of pressure on the service due to high levels of vacancies and staff absence. The service is also reporting high volumes of staff preparing for absence to undergo medical procedures that were delayed due to Covid-19 restrictions.

The service recognises the challenge of recruitment for Social Workers across locality teams and in Service Access. This is also being compounded with an increase in service referrals, meaning that demand on the service is greater than current capacity.

In our early years' service, a number of additional challenges have been identified, including high retiral levels. The service also has an aging workforce that brings with it the risk of further retirements and increased chance of periods of ill health. The service is already experiencing the impact of long-term absence on caseloads.

In addition to recruitment challenges for both clinical positions and seasonal roles, the service is seeing an increase in staff wishing to move to part-time working for better work/life balance.

Health and Community Care

Across our Health and Community Care services, we are experiencing challenges of recruitment and high levels of turn-over, particularly in our Care at Home Service. Care at Home traditionally has high levels of vacancies but are now finding it harder to recruit to and retain staff. This is attributed to both retirement due to ill health or opportunities in other job sectors. The role of Care at Home worker is often viewed negatively.

In our Long-term conditions service, we are seeing low level of applications for Registered General Nurses (RGN), with number of applications having fallen over the past 4 years. There are also low numbers of Registered Mental Health Nurses (RMN) applying for community posts, presenting an on-going challenge. The service is also noting challenges in recruiting Senior Charge Nurses and Clinical Team Leaders, which could indicate a lack of experienced leaders in teams. The absence levels, mostly as a result of Covid-19 have continued to provide challenges to the service.

There continues to be recruitment challenges for Adult Social Workers, highlighting a low number of applicants for vacant posts, issues of retention and ongoing staff absence levels.

Island Services on Arran currently have a high level of vacancies in Care at Home and Montrose House Care Home. With additional vacancies in primary care posts, including GPs, nursing and physiotherapy.

Arran faces additional demands to recruitment due to it being an island, these include housing costs, cost of living on the island and a reliable ferry service for an effective commute.

Allied Health Professional services identify ongoing support to other services as a current challenge. Following support to other services during the pandemic, the service is now facing the challenge of returning to normal service delivery in providing moderate AHP consults to local people. This is further exacerbated by a public perception that all services should be back to 'normal'. The service also reports low levels of administration support, requiring professionals and clinicians to be redirected to undertake admin functions. These challenges are in the face of rising demand for the AHP service from both the community and primary care services.

In our primary care services, a number of challenges have been identified.

- Mental Health Practitioners - the service has not been able to recruit to the island of Arran and remote sessions are now being delivered. The service is under pressure as there is currently no in-built resilience cover and the service has requested via new Primary Care Mental Health monies additional posts. The team are challenged by a lack of space in some GP practices and some staff deliver sessions remotely.
- Community Link Workers - the growth in digital supports requires the digital navigator post to be made permanent and it is hoped that new Primary Care Mental Health monies can support this ambition. The team are challenged by a lack of space in some GP practices and some staff deliver sessions remotely.
- Pharmacotherapy - the service has not been able to recruit to the island of Arran and the island team is exploring the expansion of skills across technical grades with GP training support. There is a lack of resilience in the team and team is exploring a 10% growth across teams. There is a limit of senior pharmacotherapy staff across Scotland and the Ayrshire team have very successfully skill mixed. The team are challenged by a lack of space in some GP practices and some deliver sessions remotely.
- MSK physiotherapists - The service is currently under pressure as there is no built-in absence resource and a lack of availability of senior MSK professionals to recruit due to marketplace shortages across Scotland. The service is currently exploring skill mix to build a wider career path in primary care.
- CATC the service continues to refine and develop its clinical specification to enhance the interventions and patients supports available. The team are challenged by a lack of space in GP practices and work continues to resolve this issue.

All of the service above require the support of GPs to ensure clinical training, supervision and support. Due to a lack of GPs across the Ayrshire system, this can be a challenge. However Ayrshire & Arran are now exploring a 'Primary care Training Academy' to support this training need.

Mental Health, Learning Disability and Addictions

As in other service areas, there are significant challenges facing our Mental Health, Learning Disability and Addictions Service. As Lead Partner for Mental Health Services across the

Ayrshire and Arran Health board areas, many challenges face by the service also impact in the two other partnership areas in Ayrshire.

The Community Mental Health Team (CMHT) have not seen the same levels of investment as other services in recent years (for example unscheduled care and perinatal mental health services). This has led to a significant gap in service demand and capacity. While reviewing the current CMHT workforce, it has been identified that there are gaps in both staff volume and experience. With the expected retirement of a number of CMHT staff in the near future, the skill/experience level in the service will significantly shift. With high levels of inexperienced staff, the service has the challenge of skills development.

North Ayrshire Drug and Alcohol Recovery Service (NADARS) identified the challenges of both recruitment to vacant posts and the retention of staff members. It was highlighted that there is a high level of competition in the market at present, making recruitment additionally challenging. In addition, due to recent changes in pension legislation, more experienced staff are now considering retirement at some point in the future.

In Psychological Services (Pan-Ayrshire Service), there are challenges in recruiting to specific priority posts, including Child (CAMHS and neurodevelopmental) and Adult Mental Health in the Community. In the past year, SG has provided additional dedicated funding to all Boards to increase specialist Psychology provision to clear long waits and support Boards to achieve the waiting times standard by March 2023. Although training places are increasing year on year, there is currently an insufficient specialist workforce to fill all vacant posts across Scotland so there is currently a competitive workforce context and an increase in staff movement between Boards as high numbers of new posts are being developed.

The greatest challenge in Psychological Services has been recruiting to the established larger services of CAMHS and AMH Community as staff have opportunities to take posts in smaller new developed specialist services.

In AHP services several challenges have been identified. As in other areas, recruitment to specialist posts is proving challenging. As a result, staff are spread thinly across the large geographic area of Ayrshire and Arran. In addition, the current cost of fuel is an additional concern for members of staff. The service is also impacted by high levels of staff absence and special leave. This is also in conjunction with an increase in demand for AHP services with inward migration to Ayrshire causing particular difficulties.

Concern was also raised by the service over adequate investment/ provision of training and development opportunities.

Management and Support Services

NAHSCP has several support services, working to ensure our operational delivery services can carry out their functions effectively. These are covered across our Business Support and Finance and Transformation services.

In our Business Support Services, we are experiencing a high level of staff turnover as employees move onto more promoted posts in other areas, particularly to other council

services. Further, while additional staffing funding is often proved to operational service areas across the HSCP, Business Administration is often overlooked.

Our Money Matters service also reports recruitment difficulties for experience welfare rights and income advisor posts.

Across AHP and Independent Living Services, there is a lack of appropriate administration support, meaning clinical and professional staff often have to undertake admin tasks, leading to a detrimental impact on workloads.

In our Finance Services, we are seeing an aging workforce, with little opportunities to appoint trainee accountants to develop.

Financial Context

North Ayrshire IJB agreed its Medium-Term Financial Outlook (MTFO) covering the period from 2022-2025 in March 2022. This is a critical part of the strategic planning process as it sets out the resources which the Partnership expects to have available to deliver services.

It assists with ensuring that these resources are aligned to the strategic priorities as well as with annual financial planning. The financial context for the public sector remains extremely challenging and so it is vital that our strategic ambitions are set against the financial resources which are anticipated to be available.

The MTFO looks at the economy, the fiscal outlook and the resource spending outlook in the context of national policies and demand pressures and local priorities. It projects the financial gap which will need to be addressed through service transformation and financial savings to deliver the services which will help us achieve our strategic priorities. The Scottish Government has published a one-year budget for 2022-23 and so the financial position for 2023-24 and 2024-25 is projected through three different scenarios – best, medium, and worst case. The Government has committed to publishing medium-term financial settlements in Summer 2022, and this will facilitate future refresh of the MTFO.

Our Workforce in 12 Months

To support our on-going recovery from COVID it is essential that our workforce has the appropriate capacity and skill set to continue to deliver effective health and social care services to the people of North Ayrshire. Over the next 12 months, we will seek to address many of the immediate and pressing challenges on our workforce while also implementing procedures to improve our overall approaches to workforce planning.

As restrictions ease and confidence increases, we will expect to see a full role out of Agile working for staff across the partnership. This will mean much of our workforce will have a flexible approach to their work location, with more people expected to return to office-based working while still balancing working from home.

In summary, over the next 12 months we will seek to build greater capacity across all our services. This will include continuing to develop an experienced and skilled workforce, ensuring we attract motivated and skilled staff to the HSCP and ensure the experience held within our organisation is maintained and passed on. To do this we will develop clear pathway for skills development.

We will have developed a Succession Plan for our workforce, to ensure we are identifying future leaders and supporting them with appropriate skills development opportunities. In addition to Succession Planning, we will provide clear Career pathways to support all staff members and effective career route plan. To support both career development pathways and succession planning, our leadership will consider the overall management structure of the HSCP to ensure there are clear manageable career steps for progression.

How the workforce of each of our services will look in 12 months is highlighted below..

Children, Families and Justice Services

Overall, in Children, Families and Justice Services, we will seek to build our workforce and processes to ensure delivery of the Promise. This will include further developments in:

- Early help and intervention approaches
- Whole Family Wellbeing
- Co-located, multi-disciplinary team working
- Supporting local families address poverty
- Child protection procedures (Signs of Safety and Safer and Together)
- Trauma informed practice

To support these developments the service will need a full complement of staff within existing resources plus further lead posts in areas such as Trauma informed work, additional social workers and social work assistants (across each NA locality) to reduce caseloads. This will also require additional more team managers to provide leadership and oversight.

In our Early Years' Service, the increased complexity and vulnerabilities in families has been noted following the Pandemic. This means an additional amount of time is now required to support families and children in the early years. As such, additional capacity is required across a range of early years teams to improve service delivery, reduce waiting lists and reduce

dependency on costly bank staff approaches to plug workforce gaps. The service will seek to enhance capacity across the following services:

- Health Visiting
- Children's immunisations
- School Nursing Staff
- Support worker capacity for school age children
- Peri-natal mental health services
- Creation of a 'Dad', support worker

The service will also develop a workforce development programme to support the retention of a staff, support staff to develop additional skills and experience that would support their career development within the Partnership.

In our Justice Services we will seek to enhance our Making a Difference Programme to improve engagement with Service Users and supporting community sustainability. This development would see the team allocated additional Project Workers and Social Work Assistants.

Health and Community Care

To support our developments in primary care, over the next 12 months we hope to see the successful transfer of PCIF services (including CTAC, Pharmacotherapy and MSK Physiotherapy) to the HSCP. This help ensure primary care services are at appropriate capacity and resilient to demand.

To support the effective delivery of primary care services, we would also seek to enhance the following capacity in local GP practices:

- Mental Health Practitioners
- Community Link Workers (digital navigator)
- Occupational Therapists

Recognising the shortage of local GPs to oversee and support those within the multi-disciplinary Teams, the service – along with NHS Ayrshire and Arran – are exploring the potential for a 'Primary Care Training Academy' to support training need.

In Community Care Assessment and Review, the newly appointed posts created from additional Scottish Government Funding will be used to help to reduce waiting times for social care assessments.

In our Care at Home Services, we will continue our recruitment drives, succeeding in recruiting to all community care positions. This will be further supported by a review of the Care at Home assistant role profile. We will roll out our new models of day services for older people in North Ayrshire. To support improvements in our registered services, we will consolidate recent inspection reports, and work with local providers to deliver improvement plans.

In our Island Services, we will complete the work on an integrated hub for Arran including a workforce plan that will be developed to support the new model of care we will deliver in the hub which will include modelling of future demand based on an home first model utilising overnight care on Arran (which we don't currently provide). By completing the project plan and business case for the hub we will look at a single 24/7 rota for our bed-based services.

In our Long-Term Conditions service, we will consider the best approaches for the District Nurse weekend workforce, to ensure safe and efficient staffing levels. We will continue to increase our community district nursing resource in order to develop pathways and new models of care. In the ward environment, we aim to increase the number of Band 3 HCWS as part of band 2 review. We will also develop dedicated CNM support for community services.

The service will also build in 22.5% contingency within community nursing, to support Annual Leave, Sickness Absence and study leave.

Mental Health, Learning Disability and Addictions

In North Ayrshire Drug and Alcohol Recovery Services will respond to both local and national priorities including delivering on the Medicated Assisted Treatment Standards, non-fatal overdose, developments in Housing First approaches, and enhanced Dual Diagnosis support. The workforce will adopt a hybrid approach to working, including at home, base and community venues. The NADARS workforce will be fully flexible and adaptable to changing priorities. The service will also be supported by a robust Information Management and Technology (IM&T) in place to support them

The Community Mental Health Team (CMHT) will develop the appropriate capacity to meet growing local demand. It is anticipated that a portion of demand on the CMHT will be addressed through the effective resourcing of Mental Health supports in primary care MDTs across North Ayrshire. Despite this positive development, on review of current caseloads, current capacity within the team will still not meet growing demand for service. As such, additional capacity is required. In recognising recruitment challenges for qualified Mental Health workers (with many posts expected to take up to a year to fill), the service will consider new advanced/ enhanced roles and different ways of working.

In Psychological Therapies, the service will recruit to established vacancies and utilise all new dedicated Scottish Government funding. Recruitment to these posts will help to reduce waiting lists across mental health services, particularly in areas with the longest waits, such as CAMHS, Community Paediatrics and AMH Community. The service will use new Scottish Government funding to expand Psychology services in established clinical areas where there is recognised unmet need (for example, Addictions, Older Adults, Acute services).

The service will seek to increase the capacity of the senior Psychology Leads team to ensure appropriate leadership of our expanding service, including, Perinatal, Infant MH, Eating Disorders, In-patient, Children and Young People Medium Secure/Foxgrove, provision to Acute - ICU/post-Covid.

Allied Health Professionals

Our AHP service will seek to enhance the support it provides across all service areas.

In Children, Families and Justice Services there will be an appointed Physio-Specialist post to cover in and outpatient complex respiratory patients and increased complexity in inpatient Children to address an existing skills gap. In primary care, there will be a test of a Paediatric post. A Support worker for screening for normal variants to visit schools, nurseries and other relevant child service provision to ensure early intervention. The AHP service will also provide increased interaction with hard-to-reach families.

Across Health and Community Care we will support an implementation of organisational change, this will include developing job role pathways and criteria and improve electronic recording and improving ease of input. This programme of change will also include:

- Improved and developed MDT communication protocols the support joint working.
- Ensuring training and competence is up to date. Embedding regular CPD, PDP and Turas time along with IST.
- Introducing objective measurements of impact/effectiveness.
- An Equitable service for Neuro out-patients.
- Improved links and pathways with Acute, Out-patient, HSCP, Primary care and 3rd sector services in the best care for the patient.

The service will review community roles and input to GP surgeries in-line with Caring for Ayrshire developments.

AHP services will seek to enhance a range of supports to the Mental Health, Learning disability and Addictions. In Mental Health and Learning Disabilities, AHP services will provide seamless transitional support to patients moving from inpatient to community care. This will include staff following patients across services where appropriate.

Other development across the AHP workforce for mental health service will include:

- Scope and develop liaison roles to improve linkage/liaison with acute and other community services to reduce duplicate working and enhance patient journey
- Develop an exercise intervention pathway through both acute and community services.
- Embed the national postural care strategy in practice, including full postural care assessments for all who need them across MH and LD services
- Enhance leadership capacity and development at all levels including support workers
- Develop Quality Improvement (QI) knowledge, and embed QI in practice at all levels
- Recovery from Covid - restarting all relevant services that have stopped due to the pandemic, and reducing waiting lists
- Expand and further develop the physio led group anxiety management program
- Increase the visibility and role of MH physiotherapy in dementia post diagnostic support and early intervention MH services.

- Provide regular, enhanced input to the inpatient addictions programme, and enhanced follow up on discharge to embed recovery health and wellbeing interventions
- Provide regular, increased interventions to forensic inpatients to meet service demand for activity and exercise
- Develop roles in the community eating disorders service, to meet the RC Psych guidelines.
- Agree and create a CAMHS clinical specialist role for physio and Dietetics inputting to Foxgrove
- Completion of the REHAB commission in AMH inpatients

A further scoping exercise will be undertaken to review the needs and demands of Dietetics input to Child and Adolescent Mental Health Services and Community Eating Disorder Service.

Management and Support Services

While embracing our new ways of working, our Business Support Services will consolidate our support services to ensure a more consistent approach to service provision across all partnership services. In addition, Business Support will also develop and implement a Personal At-Risk Distribution System (PARD). This system will improve our workforce's ability to identify and respond to the most vulnerable local people in the event of local or national emergencies. A review of the function of Moving and Handling/CALM Team will also be undertaken to increase capacity to better support training to frontline staff members.

In our Finance Section, we will require to monitor the workload demand of the Financial Intervention Team. While there are currently no plans to increase staff numbers, this may be reviewed in caseload increases to a point where there is a potential risk to service users and families in terms of not being able to access services. Due to the current profile of the Finance Section, in terms of team members close to retirement age, the section would seek to benefit from a succession planning approach.

Across AHP Services and Multi-Disciplinary Teams, we will seek to enhance administrative support capacity to services. This will include, generic admin support, IT system support and production of monthly management reports. This support will free the capacity of service managers and team leads to focus on clinical duties and leadership.

Our Workforce in 3 Years

By 2025 we anticipate our North Ayrshire Workforce to have developed appropriately to face the local health and social care demands of local people. Our teams will be appropriately staffed and resourced and have a clear understanding of their purpose.

North Ayrshire HSCP will be recognised as a great place to work, as we demonstrate our commitment to investing in our people, enhancing their skills, and supporting them to build long and meaningful careers within the Partnership.

We will continue to prioritise the wellbeing of our workforce and provide a range of options to ensure our staff are supported and motivated to thrive in their roles.

An indication of what our workforce will look like across each of our service areas is highlighted below.

Children, Families and Justice Services

Across Children and Families Services we will effectively delivering on the Promise for children and young people. We will have developed a workforce that is able to respond effectively to the needs of local children and families at the earliest possible stage, and providing more intensive support to those who need it.

In our Early Years' Service, we will have additional Health Visiting capacity in our most vulnerable communities in-line with wealth of robust evidence around the impact high quality health visiting services has on children's outcomes.

Recurring SLA funding for student Health Visitor placements and end of consolidation recruitment into the service. We will have developed an Improved skill mix within the School Nursing team to meet the needs of the school nursing pathway and to support models of whole family support.

We anticipate our Child Immunisation Team may undergo further developments as a result of the Current Public Health Immunisation review.

By 2025, in Justice and Intervention Services we will have realised the following workforce developments:

- Consolidated a robust process for the electronic monitoring of Bail and will have developed a staffing group to support this.
- Developed, consolidated, and enhanced our Making a Difference Project to improve Service Users engagement, support community sustainability and reduce the length of time involved in statutory services. Increase in referrals to Making a Difference.
- Consolidated and enhanced our early intervention and preventative approaches through development of the Family Centred Wellbeing Team.
- Restructured and appropriately staffed the Service Access Team, responding faster, robustly, and proportionately to high numbers of referrals and complex cases. This will reduce referrals onto other statutory services.

- Established a robust team of Recovery Development Workers/ staff with lived experience complimenting the work across our services and developing strong links with community resources and services.

Health and Community Care

By 2025, we will continue to develop and enhance our Primary Care Services, attracting the required workforce across all MDT in our localities. This work will compliment the development of the Caring for Ayrshire programme and it's associated property improvement programme.

On Arran, we will have established a Single point of contact for all people on the island to access Health and Social Care Services. Our Home First Model will be in place with enhanced overnight care provision in place, supporting vulnerable people to be cared for at home or in a community setting. The established Multi-Disciplinary Team will be supported by an additional Advanced Nurse Practitioner in complex care/frailty cases.

There will also be a full Business case completed to support the build of an integrated hub on Arran.

In Community Care, our registered services have improved on Care Inspectorate Gradings following support and joint working with HSCP services. To support staff, we will have in place an online training portal and learning and development opportunities for the Community Care workforce to support staff development and career progression.

Over the next three years, we will provide a specific focus on the development of the Partnership's Reablement service, ensuring capacity and skillset is within the service to support our strategic commitment to care for people back to health at home or at least in a local community setting.

By 2025, our Long-term Conditions service we will deliver our service and any operational changes in line with the recommendations from the forthcoming Community Nursing Review.

The service will also be prepared for the handover of the Community Treatment and Care Service.

Over the next three years, the service will also consider the feasibility of the development of an outreach service for stroke and general rehabilitation

Mental Health, Learning Disability and Addictions

In our Drug and Alcohol Recovery Service, we will have the capacity in service to respond quickly to the needs of local service users, meeting all established local and national standards and targets. The workload and capacity of the service will be closely monitored, and any additional resources will be identified and allocate quickly.

By 2025, we will have developed a new Primary Care Mental Health Service and are able to attract qualified and experienced individuals into these roles. This service will work closely with other Community Mental Health Teams and acute mental health services, to address the demand on local mental health services.

In our Psychological Therapy service, we will continue to build on the developments as identified over the next 12 months. However, in addition, we also endeavour to consolidate the service areas that are currently being developed over the next 18 months. This also includes a further expansion into new Scottish Government clinical areas such as Neurodevelopmental across the lifespan, MHS in Primary Care, and Early Intervention in Psychosis.

Allied Health Professionals

Over the next three years the service will undertake an AHP workforce review and a National Rehabilitation Commission exercise, to better understand service capacity against demand. This work will help the service identify appropriate actions to improve, which may include re-modelling AHP service provision.

Over the lifetime of this plan, our Allied Health Professional Services will seek to embed several workforce improvements across all service areas of the Partnership as highlighted below.

In Children, Families and Justice Services, the AHP service will develop a Develop Paediatric Spasticity Service to provide physio and other related supports to young children diagnosed with Spasticity

For Health and Community Care services, AHP development will ensure there is no waiting list between differing disciplines for assessment and rehabilitation. In addition to developing better care pathways and communication procedures for patients and service users, developments will also progress service skills and knowledge to best level with links to specialist training by investing in skills for staff.

In Mental Health, Learning Disability and Addiction Services, AHP developments will deliver transitional support to patients - seamless inpatient to community care in LD/MH specialisms including staff following patients across services where appropriate. Also, across Mental Health Service, AHP will aim undertake the following developments:

- Enhance leadership capacity and development at all levels including support workers
- Continue our recovery from covid - restarting all relevant services that have stopped due to the pandemic, and reducing waiting lists
- Improve linkage/liaison with acute and other community services to reduce duplicate working and enhance patient journey
- Review and develop the exercise intervention pathway through both acute and community MH services, and link to 3rd sector organisations for transitional ongoing care.
- Share key service developments from Quality Improvement work across local and national platforms
- Expand and further develop the physio led group anxiety management program
- Increase the visibility and role of MH physiotherapy in dementia post diagnostic support and early intervention MH services.

- Enhance and further develop regular, increased interventions to forensic patients across multiple services.
- Progress the Community eating disorders physio role to include inpatient liaison and embed the physiotherapy eating disorders network framework across inpatient and community care, and to meet the Royal College of Psychiatrists guidelines.
- Develop a CAMHS community role, led by the Foxgrove CAMHS specialist physiotherapist to enhance early intervention opportunities and reduce barriers to exercise and activity.

Management and Support Services

In our Finance Section, there is a stable workforce with effective skills development and succession planning in place to ensure the team is always at capacity and skills and experience are maintained within the team.

In Business Support services, we will have function centralised support service that provides effective administration and clerical support across the Partnership. Following a feasibility investigation, the service will also consider creating a centralised Minute Taking team for provision across the HSCP.

We will have created a Community Hub for Occupational Therapy Services, which will manage all service referrals and administrative support for the service.

Third and Independent sector workforce

To gather a better understanding of the workforce of Third and Independent organisations in North Ayrshire, a survey was distributed by our TSI partners. A total of 26 surveys were completed from across Independent, Voluntary and Third Sector organisations. Of those who responded, 23% were from the independent sector, with the remaining 77% from third and voluntary sector organisations. 69% of respondents are commissioned to provide services for North Ayrshire Health & Social Care Partnership, with 58% of all respondents having their own workforce plan in place.

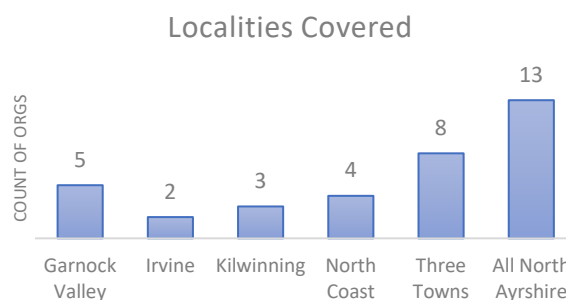
Services provided

The respondents provide a range of services as outlined below, with the majority (54%) offering care services, either in a residential setting or within the home and community. The balance of respondents offers community-based support services, either in a more specialised and formal way, often with a focus on early intervention, or through informal activities and community groups.

Services Provided	% Respondents
Care Sector (including Care at Home / in the community & residential)	54%
Specialist Community Support Services (offering for example counselling, training, or more formal mental health inputs etc)	19%
Community Support Services offering activities to support wellbeing and mental health (such as befriending, group activities etc)	27%

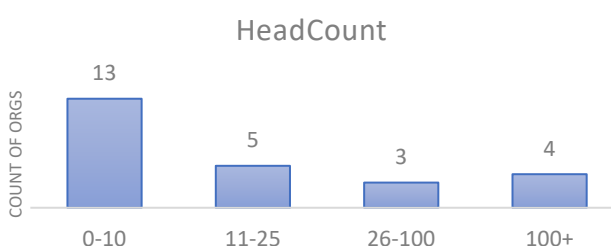
Localities covered

50% of the respondents operate in all localities in North Ayrshire, with 35% only operating in 1 locality, 8% in two localities, the remaining 8% operating in 3 or more localities. Of those not operating across all localities, the Three Towns has the biggest representation at 23%, with the Garnock Valley and North Coast and Cumbrae following.



Respondent organisation headcount

Of the organisations and groups who responded, 52% have fewer than 10 staff, with 1 having no paid staff at all and only 16% have more than 100 staff. 27% of the respondents are heavily reliant on volunteers to allow their service to operate, as well as funding for their paid posts.



Due to the variety of organisations and the type of support services offered, the findings have been split between Independent Sector (mostly offering Care at Home, in the Community or residential) and the Third / Voluntary Sector, mostly offering more targeted support and activities linked to early intervention, reducing social isolation, and improving mental health and wellbeing.

Key Workforce Challenges

Care Sector

Staff retention and recruitment

The pandemic has had a massive impact on the care sector nationally, with staff experiencing burnout and stress due to the undue pressure they have been under. Staff sickness rates are high, and some have gone without annual leave for lengthy periods, as well as having to work overtime to cover rotas due to vacancies and absence. This results in frequent rota changes and operational pressures in trying to manage capacity and demand.

Social care jobs nationally are not being recognised as a profession but should be, and remunerated accordingly. Independent sector organisations have highlighted that there is a lack of parity on rates of pay and terms and conditions, causing many staff to migrate to work with statutory services or other providers. Organisations have reported that the commissioned rates for services make it very difficult to operate on a level playing field.

Recruitment is in crisis and extremely labour intensive for many organisations who are seeing increased numbers of no shows at interview and when at final offer stage, due to being offered other opportunities. Some organisations are bypassing the usual pre offer protocols, not taking up references etc to get offers out faster, this has impact on others.

Part time work is in much less demand due to the current economic climate. This is making it more difficult for organisations to service packages of care efficiently.

There is also an ageing workforce in social care, many of whom were deemed to be at risk during the pandemic themselves and as such, were leaving the profession or choosing to retire early. Attracting nurses to nursing care roles is also particularly challenging which is leaving service gaps in more specialised care packages.

Staff training and development

Staff training and development opportunities have been restricted only to statutory requirements. Government employment schemes that are available to subsidise employers to take on and train staff cannot be accessed by most of the care providers. There is a minimum requirement of 35 hours per week, which is not necessarily feasible when someone is being recruited, as they are usually linked to packages of support and their hours may only increase over time. There are also barriers from the Care Inspectorate about taking on trainees.

Rural care packages

Staffing care packages in the Garnock Valley and other more rural locations is exceptionally challenging due to travel time and associated costs, which are not funded, as well as the efficiency challenges this causes at a time when resources are under immense pressure.

It has been reported that there has been an increase in Social Work requests for organisations to take over packages of support that are deemed to be in Crisis, often where another provider has given notice to end their service provision due to staffing or feasibility issues. This can result in service users potentially being left without any support for extended periods.

Providers that are not part of the HSCP commissioning framework are only able to offer support under an Option 2 agreement, which requires the carer to have guardianship in place to make this decision and sign the agreement on their behalf, slowing down the process of putting care packages in place.

Community Groups / Third Sector

Accessing ongoing funding for more than one year to allow sustainability of projects is a key challenge for the majority of third sector organisations and directly links to their capacity to support people. Short term funding impacts on recruitment and retention of staff. More opportunities to be commissioned to provide their service via the local authority would be welcomed.

Recruitment of volunteers is also difficult. Most of these groups and organisations were not able to operate fully throughout the pandemic and regular volunteers fell away. Encouraging people back to volunteering, following a return to more normal post-pandemic service, has proved difficult.

With the current economic climate and rising cost of living and petrol especially, people are more reluctant to volunteer, even if they are being reimbursed some of their travel costs. The mileage allowance for volunteers and staff has not been reviewed in line with the rise in petrol costs.

Current Service Gaps

The recruitment and retention crisis within the social care sector has led to a significant gap in capacity for existing clients and new referrals requiring service provision. Many organisations are still operating below core headcount requirements, limiting availability for new contracted care packages.

Community and Third Sector organisations are highlighting the gap in provision for people, especially older people, and whole families, requiring support. Often where they are not in receipt of statutory services, even though they might previously have been entitled to it. Some organisations feel it may be due to the pressure on social work teams managing their referral pipeline or the increase in eligibility criteria restricting access.

Community groups also reported challenges in finding suitable venues for activities that they can afford, in addition to challenges around promoting services and targeting the right people most in need. Many of these groups lack the administration and social media knowledge or personnel to optimise awareness.

Short Term Ambitions

Care Sector

Ultimately, the aim of the independent care sector is to provide good quality care, with sustainable high service standards.

The short-term ambitions are centred around stabilising the workforce and promoting a better work-life balance. This will be achieved by increasing management capacity, improving staff retention, building an adequate compliment of relief workers, and removing reliance on overtime and cancelling annual leave to meet capacity demands. Innovation is seen as key, as is engaging with supported people to help review and develop more creative approaches to services, staff development and training opportunities, which will allow expansion to meet the capacity demand for new referrals.

Some are keen to identify and explore opportunities for more partnership working with community support services to enhance the service offering and one is looking to become an accredited SQA centre.

Community Groups / Third Sector

For community groups and the third sector, short-term ambitions centre around the sustainability of existing projects and developing new initiatives, with securing funding to enable the employment of more paid workers, thereby reducing the reliance on volunteers, being a priority.

Other priorities include:

Creating lasting connections for people within their communities and continuing to expand the services offered, responding to challenges people are facing, ensuring they are offered support and advice as needed.

Looking at ways to increase the number of trained volunteers in the sector, as well as identifying ways to help volunteers progress to paid employment, should they wish.

Looking at new ways to promote the services and connect with people needing help, increasing the visibility of projects within community settings.

Headcount Impact of Short-Term Ambitions

Of the 26 respondents, although the majority indicated that additional staff would be needed, only 12 were able to provide an estimate of the potential short-term headcount

implications. Many organisations said that it was too soon to tell. Of those who responded, the average headcount increase was 3.5 FTE, in addition to an increase in volunteer numbers.

Primary Risks of Failing to Develop the Services Offered

Within the care sector it was identified that existing capacity may not be sustainable, let alone growth to meet increased demands. If there is no opportunity to focus on strategic planning and innovation, this could further exacerbate staff attrition and gaps in service provision.

Within the Voluntary and Third sector it was clear that if longer-term funding cannot be sourced, organisations and services would disappear completely. This would result in an increase in loneliness and isolation within communities in North Ayrshire and would undoubtedly put statutory services under greater pressure at a time when they are already stretched.

Key Developments in next 3 years

Within the care sector there is an ambition to work towards developing a more person-centred approach, increasing involvement of service users and families in the service design process. Building robust and collaborative relationships with the HSCP, especially commissioning and social work, looking at opportunities to expand the supported accommodation model, as well as creating a hub for meaningful opportunities to be experienced out with the traditional day service model, is also a priority. A further increase in contract rates from the HSCP to allow for greater wage parity, improved conditions and training has also been identified as fundamental.

Within the Voluntary and Third Sector many have identified that they struggle to plan 3 years out due to the short-term nature of funding, resulting in a reactive approach. There is a desire to increase visibility and the service provision within the Garnock Valley and Island Communities, as well as looking at ways to focus more on early intervention and new referral pathways.

Headcount Impact of 3-year goals

Most respondents commented that they were not able to determine headcount implications at this time.

Risks of failing to deliver 3-year goals

The risks are very similar to those highlighted already. It is very evident to see the significant impact and value that the Third and Voluntary Sector offers to the communities they operate in. There is a real risk of these organisations disappearing entirely, leaving significant gaps in the communities of North Ayrshire, that will result in an increase in social isolation, loneliness, and mental health problems and reduce the amount of choice available for people in need. All of this will put severe and undue pressure on statutory services that are already struggling to cope with the demands on them.

Supporting Wellbeing

The maintaining the positive wellbeing of our staff is a priority for the Partnership. When people have high levels of wellbeing at work, they are happier, more motivated, and more likely to thrive in their daily role. Alternately, when wellbeing is low, people may become more anxious about work that may negatively impact their ability to undertake their duties. As highlighted previously, staff wellbeing is currently a key challenge for our workforce, particularly following on from the impact and uncertainty of the Covid-19 pandemic.

What affects our wellbeing

Feedback from HSCP managers indicated several factors they recognised that has negative impact on the wellbeing of staff. Many of the negative factors identified can be seen as a direct result of the pandemic, with senior managers highlighted that staff members are still concerned over the health risks of returning to the workplace. Alternately to that, the impact of continued home working has also had a negative impact on staff, who have reported feelings of isolation and alienation from the workplace. There is also a concern that staff groups have lost some measure of their resilience due to uncertainty created during the pandemic, this may be in part due to the lack of peer support in agile working conditions.

Other negative factors which have been exacerbated by the pandemic include the impact of long-term absences on the workforce, and the subsequent increase in workloads for the remaining workforce. It is widely recognised that our workforce has risen to the challenge of the pandemic, however staff are now facing the prospect of unmanageable workloads. In addition to being unsustainable in terms of service delivery, the high workload levels lead to staff not prioritising, or thinking they have time to take care of, their own wellbeing.

In some areas, due to shortages of relevant staff resources (e.g. admin and clerical), officers and practitioners often have to divert their time away from service delivery to undertake administrative tasks. This can lead to anxiety in staff as they feel they are not doing their 'day job' effectively.

Other factors identified that negatively impact on staff wellbeing include:

- A lack of adequate rest areas for staff in the workplace. No areas for staff to take effective time out from their day to focus on their rest and wellbeing.
- It was also suggested that many staff groups feel that their hard work over the past few years has been unrecognised by management and senior leaders.
- Concern was also highlighted about the continued separate terms and conditions for staff within the partnership, depending on the employing body.

What has worked well to improve our wellbeing

To address concerns over wellbeing and to support a positive working group, the HSCP has several programmes, services and approaches in place for our workforce. These supports are

both formal services available to staff, and informal approaches used at the team and individual level.

In the early days of the pandemic, the HSCP quickly established Staff Wellbeing Support hubs across several sites in North Ayrshire, these hubs provided a place for respite for staff members, and they could access much needed wellbeing advice and support from colleagues hosting the hubs.

Learning from this staff hub approach, other services have also provided spaces for staff members to participate in listening and reflection sessions. A strong part of the feedback from senior managers underlines the need for staff interaction and peer support. Managers are actively supporting colleagues to have informal catch ups and team blethers. Some teams have also prioritised 10 minutes in each day to take time-out for brief well-being activities. Staff also have responded well to overall wellbeing and fitness challenges, such as the 'step-challenge', held regularly in North Ayrshire.

Making best use of available funding, the Partnership have made wellbeing grants available to staff groups, affording colleagues the opportunity take time away from the workplace on much needed wellbeing activities. Teams can identify their own activities, with some choosing to access wellbeing retreats, mindfulness sessions and spa days, while others have chosen more traditional team exercises such as fun days out, escape rooms, or going for a meal together.

Feedback from managers and team leads has also identified the fantastic support provided from Human Resource, Occupational Health, and Trade Union as a strong element to help improve and maintain staff wellbeing.

In terms of Work/Life balance, a number of new policies and working practices are supporting the wellbeing of our workforce. The role out of agile working and greater flexible working approaches have benefitted many staff members. The opportunity to work from home on a more regular basis has had a positive impact on many members of staff. A positive side effect of the agile and flexible working arrangements is that staff feel more trusted by HSCP management. What has also been reported as useful is automatic prompts from email systems for those working at home, reminding them not to send emails out of hours, support staff to retain that work / home split.

The special leave policies of both the NHS and NAC provide additional support to many members of staff in the advent adverse events (such as needing to take emergency or parental leave). More staff are also taking the opportunity to compress their working week to be provided with an extra day off, this is a recent development within the NHS (but has been available in NAC for many years).

Staff are also being encouraged to make full use of their annual leave and to try and plan their leave well in advance to make sure it is taken.

Our Workforce Action Plan

To build the workforce that is needed to meet our identified current and future demands we have identified a number of key actions that we will complete over the next 3 years. These actions will help us to create the workforce necessary to provide effective care and support to all those in North Ayrshire who need it.

We have aligned our actions to our five workforce priorities, which closely reflect the Scottish Governments pillars. A copy of the Action Plan is available as a companion to this Workforce Plan.

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Appendix

Appendix A

Defining our priorities

Understanding our Workforce: To effectively develop our workforce to meet the current and future health and social care needs in North Ayrshire, it is vital that we have a high level of insight into our current staffing structures and both current and future demands of our service. We will make best use of our workforce and staffing information, ensuring it is available at all levels of the partnership. Through aligning our understanding of our workforce to our performance information and strategic needs assessment, we can better scope future need and plan our future workforce more effectively.

This maps to the Scottish Government pillar of **PLAN**

Promoting our Organisation: We hope to promote the positive image of working in North Ayrshire Health and Social Care Partnership. The HSCP can offer a range of employment options and has need for range of skills, specialities and qualifications. We will promote our organisation as a great place to work, a place that will value its staff, providing excellent opportunities for development and enhancement. This promotion will focus on:

- Existing health and social care professionals, who will see North Ayrshire HSCP as a place to build or further their career
- School pupils and college/university students, encouraging them to consider a career in health and social care
- Local people, through our various recruitment drives

This maps to the Scottish Government pillar of **ATTRACT**

Investing in our people: To ensure we continue to deliver the highest levels of health and Social Care Services, we will ensure our staff have the skills and experience needed to undertake their roles. We will ensure that all professional qualification and accreditation is in place and that staff are provided with appropriate training and development opportunities.

This maps to the Scottish Government pillar of **TRAIN**

Building our workforce: We have recognised that, in the face of both the local and national health and social care landscape, our workforce will need to change and adapt to ensure that we can achieve our vision for the people of North Ayrshire. We will use appropriate methods to grow our workforce. We will seek to employ a variety of methods and mechanisms to promote our vacancies to ensure as wide a distribution as possible. We will consider our application and interview processes to ensure they are accessible to all, and those who require additional supports to work within the HSCP are provided with them.

This maps to the Scottish Government pillar of **EMPLOY**

Growing our people: In aligning with our other ambitions for our workforce, we hope to be a caring workplace that helps to support and maintain the positive wellbeing of our staff. By providing a supportive and nurturing working environment, we hope our staff will be happier in their day to day roles and motivated to deliver the best services they can.

We will provide our workforce with greater career planning options, highlighting how each individual can progress in their chosen field. In addition, we will also put in place a Succession Planning tool, to help identify and grow the HSCP leaders of the future

This maps to the Scottish Government pillar of **NURTURE**

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Workforce Plan 2022-25

Action Plan

To build the local workforce that is needed to meet our identified current and future demands we have identified a number of actions that we will complete over the next 3 years. These actions will help us to create the workforce necessary to provide effective care and support to all those in North Ayrshire who need it.

We have aligned our actions to our workforce priorities.

Understanding our Workforce (NWS Pillar – PLAN)

No#	Action	Desired Outcome	Completion Date	Service Area
01.01	Service leads will meet with HR representatives on a quarterly basis to review and inform workforce plans	Heads of Service and Service leads have a clear overview of the current workforce, service demands and future planning requirements	Mar 2023 (on-going)	All
01.02	Review the suite of workforce information available to partnership leaders and managers.	The workforce information we have is up to date and accurate and contains all relevant workforce metrics to support decision making.	Mar 2025	Finance and Transformation
01.03	Developed an enhanced suite of workforce reports to be cascaded to all Team Managers.	Workforce planning is embedded in teams across the partnership, supported by meaningful workforce reports containing team specific workforce information.	Mar 2025	Finance and Transformation

01.04	Develop a focused workforce plan for the integrated hub on Arran supporting the new models of care.	Workforce plan will set out the future needs and staffing requirement for the Integrated Hub on Arran	March 2023	Health and Community Care
01.05	Participate in the Allied Health Professional (AHP) Workforce Commission	The Commission provides clear recommendations for the future development of the AHP workforce	Mar 2025	AHP

Promoting our Organisation (NWS Pillar – Attract)

No#	Action	Desired Outcome	Completion Date	Service Area
02.01	Engage with education colleagues (LA, FE and HE) to support the promotion of the wide range of careers available in Health and Social Care.	The HSCP is well promoted across all educational institutions in North Ayrshire and the benefits and opportunities of a career in Health and Social Care are widely recognised	TBC	All
02.02	Engage with education colleagues (LA, FE and HE) to support the promotion of Health and Social Care courses.	Seeing a career in Health and Social Care as a meaningful opportunity, people are encouraged to uptake relevant health and social care related courses.	TBC	
02.03	Continue the delivery of locality-based recruitment events for Health and Community Care.	We actively attract people to available vacancies in the HSCP, offering meaningful employment in people's own communities.	TBC	Health and Community Care
02.04	We will create/identify a calendar of wider job fairs and recruitment events ensuring HSCP representation.	HSCP services are aware of all local promotional events and actively promote the partnership is a fantastic place to work.	Mar 2025	

02.05	We will create clear career pathways for potential and existing staff to highlight possible career progression routes and promotion possibilities.	All staff within the HSCP will be aware of their career development and progression prospects. North Ayrshire HSCP will be known as an organisation that offers excellent career development opportunities for potential staff.	Mar 2025	All
02.06	All posts created and advertised, will be highlighted for their professional and career development opportunity and for their value in supporting the HSCP.	Future applicants for HSCP vacancies will be aware of the development and career potential the post will bring.	Mar 2025	All

Investing in our People (NWS Pillar – Train)

No#	Action	Desired Outcome	Completion Date	Service Area
03.01	Publish and Implement an HSCP Learning and Development Strategy.	The HSCP has in place a clear Learning and Development Strategy that supports the skills development of the workforce.	Apr 2023	Social Work, Standards, Practice and Governance
03.02	Explore feasibility of developing a 'Primary Care Training Academy'	Staff within primary care multi-disciplinary teams have all their training needs support in the absence of the tradition GP lead approach.	Oct 2023	Health and Community Care
03.03	Develop and implement an Early Years, Staff Development Programme	Programme aims to support, staff retention and identification and development of additional skills and experience.	Oct 2023	Children, Families and Justice Services
03.04	Support staff members encouraged and supported to access Social Work degree courses and SVQs	We have invested in the development of our staff, and created 'home-grown' social workers.	Mar 2025	Social Work, Standards, Practice and Governance

		Beneficiaries will consider NAHS CP their employer to continue their career.		
03.05	Actively promote the completion of PDR/PPD on an annual basis to support staff development.	All staff have a clear understanding of their role and responsibilities and have their training needs identified and reviewed on a regular basis.	Oct 2023	All
03.06	Develop an online training portal for Community Care Staff	Community Care Staff have an easy to access training and advice portal to support their skills and professional development.	Mar 2025	Health and Community Care

Build our Workforce (NWS Pillar – Employ)

No#	Action	Desired Outcome	Completion Date	Service Area
04.01	Continue all recruitment drives for Care at Home Services	The Care at Home service is maximised with little to no vacancies across all localities	On-going	Health and Community Care
04.02	Review the role profile of Care at Home Assistant	A revised role profile will attract a greater volume of applicants to care at home vacancies.	Oct 2023	Health and Community Care
04.03	Utilise the NAC Modern Apprenticeship Scheme, offering young people (under 20) the opportunity to start a career in Health and Social Care	We provide meaningful career and learning opportunities for school leavers and young people in North Ayrshire. Through these opportunities, young people will build a long-term career within health and social care in North Ayrshire	March 2025	All
04.04	Utilise the NAC Graduate Scheme, offering recent local college and	We provide meaningful career opportunities for recent graduates from North Ayrshire.	March 2025	All

	university graduates the opportunity to start a career in Health and Social Care	We will achieve the mutual benefit of employing fully qualified individuals into appropriate roles and encouraging new graduates to build a career within health and social care in North Ayrshire		
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Developing our People (NWS Pillar – Nurture)

No#	Action	Desired Outcome	Completion Date	Service Area
05.01	Develop a staff Health and Wellbeing Programme to include: <ul style="list-style-type: none"> ▪ Online mindfulness training ▪ Opportunities to access a range of activities ▪ Commission psychological wellbeing workshops 	We have improved the wellbeing of our staff and our staff are active in maintaining and improving their own mental and physical well-being.	Oct 2023	Business Support
05.02	Develop a 'Succession Planning' guidance/toolkit for the Partnership.	Potential future managers and leaders are identified and provided key development opportunities to prepare them for future roles in senior positions	Oct 2023	Finance and Transformational Change
05.03	Monitor the roll out of 'Agile Working' across impacted work groups to ensure positive wellbeing benefits are realised.	Staff have fully adopted agile working procedures and are confident in balancing their work from home with location-based working.	TBC	Business Support
05.04	Develop a 'career pathway' guidance for all staff, to highlight the career progression routes for the NAHSCP workforce.	All staff will have the information available to make informed choices about their future career development	TBC	All
05.05	Review the management and governance structure within the partnership, considering all levels of management.	The Partnership's management structure offers a stepped pathway as people progress in their careers.	Mar 2025	PSMT