

EAST AYRSHIRE

Health & Social Care
Partnership

Workforce Plan 2022-2025

Our Workforce Delivering Our Future

‘Getting the right people with the right skills in the right place at the right time, to deliver sustainable and high quality health and social care services for the people of East Ayrshire’

Message from the Director

I am delighted to present our Workforce Plan 2022-25. The plan outlines the workforce challenges and opportunities as we move beyond our response to Covid, and the actions we will take to ensure we can support our workforce to continue to deliver high quality, responsive, people-centred Health and Social Care services across East Ayrshire.

Our workforce plan focusses on how we will deliver the Recovery, Growth and Transformation of our workforce over the next three years. This will mean caring for and supporting the wellbeing our workforce following the significant pressures of the last two years, attracting new people to work with us, retaining experience in the workforce, and continuing to invest in learning and development.

In order to ensure we have the right people in the right place at the right time, we will improve our workforce planning capacity and coordination. We will continue to support and drive service review and redesign, identifying emerging service delivery gaps and pressure points, while seeking to innovate and transform to maintain sustainable services into the future.

We will be an inclusive employer ensuring equal, fair and proportionate access to employment and representation in the workforce. We will develop career pathways, including routes into employment for excluded groups, and ensure we can provide opportunities for employees to grow and progress in their careers.

We will continue to invest in our workforce, building capacity and resilience to deliver our services safely, while ensuring employees have the knowledge and skills to deliver high quality and innovative Health and Social Care services across East Ayrshire.

Finally, on behalf of East Ayrshire Health and Social Care Partnership, I would like to express thanks to all our employees for their incredible and tireless contribution to keeping our communities safe throughout the pandemic. I am confident that with this dedication and resilience, we can continue to deliver the objectives of our Strategic Plan 2021-30, and our vision of working together with all of our communities to improve and sustain wellbeing, care and promote equity.



Craig McArthur
Director



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1 Introduction

1.1 Overview



This Workforce Plan 2022-25 sets out how we will achieve the ambition of Recovery, Growth and Transformation of the Health and Social Care workforce in East Ayrshire. It builds on the challenging and often innovative work carried out during the Covid-19 pandemic to ensure our workforce was able to deliver services to the most vulnerable in our communities.

The [Workforce Development and Support Plan 2018-21](#) set out a range of key workforce actions designed to support the improvement and transformation of Health and Social Care services in East Ayrshire. At the time of publication no-one could have anticipated the disruption that would be caused by the Covid-19 pandemic. The pandemic highlighted the resilience, skill and flexibility of our workforce and many workforce actions not anticipated in 2018 were developed and implemented, often at short-notice and under testing conditions.

The impact of the Covid-19 pandemic continues to be felt across the Health and Social Care Partnership including increases in demand for urgent and unscheduled care, workforce recruitment and retention difficulties and continued high levels of staff absence. Services continue to manage and respond to these challenges while maintaining a focus on the future.

This Workforce Plan 2022-25 outlines the actions we will take to build on the achievements and progress made since the Workforce Development and Support Plan 2018-21 in order to meet our ambitions of 'The right people with the right skills in the right place at the right time'. We now have an opportunity to build on the positive actions taken during the Covid-19 pandemic to focus on multi-disciplinary and flexible roles.

1.2 Stakeholder Engagement



To deliver fully integrated health and social care across East Ayrshire workforce planning needs to extend beyond the boundaries of NHS Ayrshire & Arran and East Ayrshire Council. Health and social care provision in East Ayrshire includes our independent sector colleagues such as Primary Care Service providers, Care Home Providers, Care at Home Providers and our many voluntary organisation partners who provide vital support within the community.

The views of stakeholders including Trade Unions, third and independent sector care providers and education providers have been sought during the development of this Workforce Plan. While there have been examples of strong collaborative working with external partners during the Covid-19 pandemic and close working relationships with third sector partners several of the issues highlighted in the Workforce Development and Support Plan 2018-21 are still apparent. Care Homes are reporting difficulties in recruiting nurses and we still limited access to information regarding the East Ayrshire health and social care workforce not employed by NHS Ayrshire & Arran or East Ayrshire Council. Recommended actions such as joint recruitment campaigns and integrated training and

development activities have still to be implemented. Disparities in pay between the Health and Social Care Partnership and third and independent sectors may also be impacting on the ability of our partner organisations to recruit and retain staff.

The views of internal stakeholders such as Human Resources, Organisational Development, Learning and Development, Equality Leads and established and short-life working parties have also informed that actions to be taken forward over the period of this plan. The four workforce planning leads across A&A health and social care system have worked collaboratively in order to avoid duplication, provide consistency of approach and to develop a cohesive pan-Ayrshire system wide approach. As the lead for Primary Care and Urgent Care Services across Ayrshire & Arran the Primary Care actions across Ayrshire have been included within this plan. Similarly, pan-Ayrshire Mental Health workforce actions led by North Ayrshire HSCP are included within their plan.

2. Progress since 2018-21 Workforce Plan.

Despite the impact of Covid-19 significant progress has been made in improving services and implementing actions from the Workforce Development and Support Plan 2018-21. Some of the key areas of progress and positive actions are highlighted below:

2.1 Children's Health, Care and Justice Services



Children's Health Care and Justice led on the successful first phase of Safe and Together implementation. The 'Core' delivery of Safe and Together has been facilitated and delivered to the majority of Children and Families, Justice and Early Years Health professionals by 2020/21.

The Fostering Service continued to operate and deliver key functions throughout the pandemic and the team expanded during 2020-21 with the Supported Care Service now sitting alongside the Fostering Service. This has allowed the two services to share resources and knowledge relating to recruitment, training, and support for carers. Nine foster carers were approved by the Service in 2020/21, which is a positive number considering the impact of Covid-19.

A new Kinship Support Team was developed during 2020/21 to offer enhanced support to kinship carers throughout East Ayrshire. The team comprises three experienced social workers who are available to provide dedicated support, advice and guidance to kinship carers looking after vulnerable children.

The Violence Against Women Strategic Plan for 2021-24 was launched in 2021. The plan sets out to identify key issues and themes surrounding violence against women and outlines the actions that have collectively been agreed to tackle them. The Strategic Plan sets out key national and local contexts and confirms the partnership's vision of: 'Working together to improve safety, wellbeing and equality for all women and girls in East Ayrshire.'

A pan-Ayrshire Joint Investigation Interview Team has been established to take forward the implementation of the new national Scottish Child Interview Model. The new team, hosted by East Ayrshire HSCP consists of a Social Work Team Manager, 4 Social Workers and 4 Police Officers from Police Scotland. The team, currently co-located at Kilmarnock Police Station, will begin work on 18 July 2022 to carry out sensitive trauma informed forensic interviews with vulnerable children who experience or witness harm.

2.2 Locality Health and Care Services



Following extensive engagement with service users, their families and carers the Care at Home Best Value Service Review was completed. Services have been redesigned with enhanced role of Community Care Officer being introduced alongside the CM2000 care management system. Operational benefits include real time monitoring, identifying staff capacity, timely delivery of key information to frontline staff, aiding continuity of care, setting timescale tolerances for visits and sending real time alerts to avoid missed visits.

A Social Care Learning Hub has been established to support the growth and transformation of Care at Home Services. The Social Care Learning Hub has 10 WTE staff including 4 WTE Learning and Development Officers. The Learning hub is supporting the recovery of Care at Home services from the impact of the Covid-19 pandemic while ensuring statutory requirements around qualification and registration are fully met. By investing in our current and future workforce the Learning Hub will ensure that East Ayrshire Health and Social Care Partnership can achieve its aim of being an employer of choice and retain a dedicated professional workforce.

Intermediate Care Team activity ensured a continued shift of the balance of care towards the community setting with more than 400 admissions prevented, almost 450 people being discharged early and 1,250 people supported to return home with care at home support throughout 2020/21.

2.3 Primary and Urgent Care Services



The General Medical Services Contract 2018 is being implemented through the Primary Care Improvement Plan (PCIP) with an aim to facilitate a refocusing of the General Practitioner role as Expert Medical Generalist. This refocusing of the GP role means that some tasks currently carried out by GPs, can be undertaken by additional members of a wider primary care multi-disciplinary team.

PCIP has supported an increase in the total number of pharmacotherapy staff, additional Advanced MSK Physiotherapists, Mental Health Practitioners and as planned, significant investment into the Community Treatment and Care Service. Remote working arrangements during the pandemic allowed both the MHP and MSK Services to provide an increased amount of support to their GP Practices as well as support more than one practice at a time. It is recognised that through the next stage of planning this will create opportunities to give patients better access to the right care by the right person at their GP practice.

Work was carried out with GP Practices to support them with delivery arrangements for the flu vaccine for all over 65's and at risk groups as well as the COVID-19 vaccine to over 80's, housebound patients, and all shielding cohorts. Delivery of all adult vaccines now fall under the responsibility of the NHS Board which should support increased clinical capacity for GP practice staff going forward.

In July 2020 Pharmacy First Plus launched, which is an extension of the previous Pharmacy First service. During the pandemic the public utilised pharmacy services for a wide range of conditions and it is hoped this will continue to expand.

Throughout the pandemic, use of technology has expanded new ways of remote working to allow clinical assessment of patients through Near Me and the use of e-consult and adopting a blended approach to patient care. The increased use of Near Me has provided improved patient experience as it has reduced waiting times and the need to travel to a PCTC for assessment. The Redesign of Urgent Care provides a cohesive approach for urgent care needs 24/7 with improved patient pathways for remote advice/assessment or appointing straight to the local Emergency Departments (ED) and Minor Injury Units (MIU).

Additional ANP roles have been recruited into the Ayrshire Urgent Care Service (AUCS) which now provides an increased skill mix of clinical staff providing direct patient care. Two GPs with Extended Roles (GPwER) were also recruited in 2021. These roles split their sessional commitment between an allocated GP practice and the local urgent care pathway including working within AUCS and the ED. These workforce improvements has helped to ensure fulfilment of clinical sessions within AUCS and, combined with revised business models, has resulted in more efficient workforce rostering and service provision.

A new COVID-19 Therapeutic pathway was introduced in December 2021 which treats symptoms of COVID-19 in the most vulnerable patients who meet eligibility criteria. A plan is in place to fund a small team of staff for 12 months to deliver a sustainable service over 7 days incorporating admin, a mix of clinical staff and pharmacy input.

Additional national investment has allowed a review of the Public Dental Service workforce to identify additional capacity required to maximise available resources to ensure patients can access timely dental services.

Occupational Therapists in the Community Mental Health Team developed a comprehensive range of resources to support people during COVID19. Everyone who was an open case to Occupational Therapy received a wellbeing pack: 'Coping with anxiety during a Pandemic' and 'Things to do during lockdown'.

Dietetics developed a Jumpstart Tots healthy lifestyle programme to support families with children aged two to five years of age who were above a healthy weight to make positive lifestyle changes to improve their health and wellbeing.

2.4 Allied Health Professionals



Allied Health Professionals continued to deliver services throughout the COVID19 pandemic, developing new ways of working using NHS 'Near Me' technology and virtual appointments as well as working flexibly across the Acute Hospitals, Community Rehabilitation, East Ayrshire Community Hospital, GP Practices/Community Clinics, HMP Kilmarnock, Schools and Nurseries.

Community Mental Health Occupational Therapists have taken a quality improvement approach to reduce waiting times. Investment in additional staff has been a key factor in supporting a sustainable model to support people living with mental health issues. During the pandemic the team developed activity resources to help to support people to maintain their wellbeing.

Speech and Language Therapy have continued to support communication friendly schools.

Podiatry services worked in partnership with district nursing teams to support individuals in the community and supported nursing teams in various acute hospital settings resulting in an increased awareness of the importance of good foot health which aids patient re-mobilisation and early discharge.

2.5 Wellbeing and Recovery Services



Significant improvements were achieved in reducing Nurse waiting list and waiting times within the Primary Care Mental Health Team allowing the service to consistently achieve the Scottish Government 18 Week Referral to Treatment Standard.

In April 2020 the Protection Team established an extensive framework for assurance and oversight of all public protection activity through six multi-agency oversight groups with reporting and governance directly through the East Ayrshire Chief Officer Group. The groups identified and shared information on new or emerging risks faced by services and people who may be vulnerable to harm due to the impact of isolation, unemployment or poverty.

The Thinking Differently Team have led on the development of the Transforming Local Systems Pathfinder Programme in the Irvine Valley. The programme was tasked with identifying ways to use Technology Enabled Care (TEC) as a key enabler to fully transform health and social care provision for people with long term health conditions living in the Irvine Valley. Between April 2022 and September 2022 the Thinking Differently Team will implementing the outcomes of the Programme in the Irvine Valley locality. It is anticipated that options for implementing new technology solutions will ultimately be replicated for across other localities within East Ayrshire and will support the transformation of service delivery

2.6 Systems Pressures Investment Plan



On 05 October 2021 the Cabinet Secretary for Health and Social Care announced a multi-year investment of £300M for health and social care. The underpinning principles of this whole system investment are maximising capacity – through investment in new staffing, resources and facilities; caring for staff wellbeing; ensuring system flow through improved discharge planning and access to the range of community-based care and supports, and; improving outcomes in terms of care and support in the right place and right time.

The Systems Pressure Investment Plan proposes a workforce increase of 155.1 WTE focussed on the following areas of investment:

- Home First / Discharge Without Delay (14 WTE);
- Care at Home and Rehabilitation and Enablement (38 WTE);
- Enhancing Locality MDT Working (36.4 WTE);
- Community AHP Workforce (17.4 WTE);

- Enhanced Front Door Service in the Community (13.5 WTE);
- Social Work and MHO Capacity (5 WTE);
- Health Improvement in Mental Health (2 WTE);
- Developing Transitions across settings (3 WTE);
- Enablers, Programme Management, Implementation Support and Evaluation; Integrated Finance Support; Developing Integrated Care Records; HR and OD support. (26 WTE).

East Ayrshire has a confirmed allocation of £2.832M in 2021/22 for Interim Care, Care at Home Capacity and Multi-disciplinary Teams. Based on typical resource allocation assumptions the total financial implications of the report are £7.361M. Investment proposals include one-off set-up costs for IT equipment of £0.047M and recurring licensing and data costs of £0.011M.

2.7 Remobilisation Plan

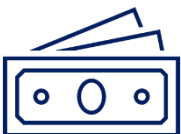


The Remobilisation Plan was developed and presented to NHS Ayrshire & Arran Board on 29 November 2021. The plan demonstrated actions to safely resume paused services while safeguarding robust Covid-19 resilience and support for health and social care. The remobilisation plan sits alongside our 10 year strategic ambition, Caring for Ayrshire, which is our whole system health and care redesign and reform ambition.

A key workforce priority of the Remobilisation Plan was to ensure safe staffing levels to provide Workforce - Recruitment difficulties attributed to the temporary nature of posts and availability of staff were reported across Health and Community Care. This meant at times there were insufficient staff for service delivery and to meet the demands for hospital discharges.

During the summer of 2021 steps were taken to bulk recruit undergraduate nursing and midwifery students with successful candidates commencing their substantive roles at the end of September 2021. Challenges were identified with Care at Home recruitment leading to patients being delayed in acute hospital settings. Recruitment for Care at Home positions remains ongoing.

2.7 East Ayrshire Council Pay and Grading Review



As part of a commitment to embed the Scottish Local Government Living Wage East Ayrshire Council has implemented a revised Pay and Grading Structure up to Grade 5. In excess of 900 hundred employees and bank workers will benefit from the change to the pay and Grading Structure. From 01 April 2022 the minimum starting salary for employees on the East Ayrshire Council Pay & Grading Structure will be £10.18 per hour.

3. Drivers of Change

As we take stock on impacts of the Covid-19 pandemic and enter into a period of recovery, growth and transformation the internal and external drivers that will shape services during and beyond the timeframe of this workforce plan are coming into sharper focus. We are entering into a period of economic uncertainty with a looming cost of living crisis likely to have a significant impact on the welfare of the most vulnerable in our communities. National policy and legislative changes including proposals for a National Care Service. Recruitment challenges, financial constraints and demographic change including an ageing population is maintaining a focus on whole system change including embedding technology into service delivery and changed forms of service delivery including multi-disciplinary teams.

3.1 Economic Environment



East Ayrshire has the 7th highest level of deprivation amongst Scottish Local Authorities. 17.6% of East Ayrshire households are estimated to be workless and 19.9% of children within East Ayrshire are living within low income families. Potential economic challenges which are likely to impact on our workforce and the communities we serve include the impact of the cost of living crisis. Increases in food and fuel prices will have a potential impact on those reliant on fixed incomes such as state benefits or pensions. Inflation is predicted to increase above 8% in 2022 with domestic fuel prices particularly impacted. In April 2022 there was a 54% increase in the energy price cap¹ with a further increase of around 40% predicted from October 2022.²

Concern has been raised that NHS employees based in community services are looking to move to acute services due to increases in the cost of using personal cars to travel on duty. Other potential health impact of the cost of living crisis may not be apparent for some time but potential impacts may include an increase in demand for mental health services due to stress and anxiety, increased demand for welfare support and advice and older people being at particular risk of health conditions if unable to heat their homes adequately.³

3.2 Policy and Legislation



Policy and legislative drivers impacting on how we deliver our services include the Health and Care (Staffing) (Scotland) Act 2019, 'the promise' and the Feeley report; the "Independent Review of Adult Social Care in Scotland". When enacted the Health and Care (Staffing) (Scotland) Act 2019 will require additional workforce planning consideration to ensure compliance. Among the requirements of the Act are the need for staffing for health care and care services to be arranged in a way that takes into account of the views of staff and service users, ensures the wellbeing of staff; allocating staff

¹ Price cap to increase by £693 from April | Ofgem.

² Overview of the March 2022 Economic and fiscal outlook - Office for Budget Responsibility (obr.uk)

³ http://www.healthscotland.scot/media/1365/inequalities-briefing-8_income-wealth-and-poverty_apr17_english.pdf

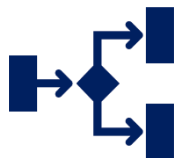
efficiently and effectively, and promoting multi-disciplinary services as appropriate. The Act received Royal Assent in June 2019 but is yet to be enacted.

On 01 September 2020 the First Minister announced an independent review of Adult Social Care in Scotland ([the Feeley Review](#)). The independent review was published on 03 February 2021 and made a number of recommendations for immediate improvements in Adult Social Care and for the creation of a National Care Service. The proposals outlined in the Feeley Review would potentially mean greater oversight of the work of Integration Joint Boards by Scottish ministers. Reformed Integration Joint Boards would retain responsibility for delivery of social care including implementation of the national vision for social care and delivering planning, commissioning/procurement and local planning and engagement. It is proposed that social care support functions such as workforce planning and development, data and research and IT would fall under the governance arrangements of the National Care Service. The review also recommended that consideration be given to supporting social care in prisons and other custodial settings as part of the national service rather than through local arrangements. Consultation on the proposals for a national care service including scope is ongoing.

East Ayrshire HSCP has pledged to [#KeepThePromise](#) to ensure that our children and young people grow up loved, safe and respected, and realise their full potential. The ambitions of The Promise cannot be delivered without the support and commitment of all of our staff and partners. The Promise has implications for how we recruit and support our workforce including ensuring we implement recommendations around workforce values, embedding trauma informed practice, supporting maintenance of relationships between young people and those who care for them and high quality supervision and environmental conditions.

The SSSC are consulting on changes to registration and qualification requirements within personal care with the potential that qualification requirements for care staff will increase to SCQF level 7 potentially from 2023. Changes will impact more widely on staff groups supporting recruitment and learning and development. Additional pressures from qualification and registration changes may require additional capacity to focus on key priorities such as focusing on staff development, prevention of illness and promotion of wellbeing which have been paused or delayed as a result of the Covid-19 pandemic.

3.3 The Health and Social Care System



There is a continued focus on Prevention and Early Intervention across the Health and Social Care system and changes to service delivery will continue to be developed and rolled out. New, integrated ways of working such as Multi-Disciplinary Teams will cut across traditional service boundaries to streamline service delivery. Health and social care professionals will support and empower service users and their families to be involved in decisions about their own health and social care journey. Our workforce will be equipped to support this way of delivering care and have the appropriate skills and knowledge to ensure informed decisions are made inclusive of and to the benefit of the user.

We continue to strive to deliver better care, better health and better value. Traditional ways of delivering care will be challenged and redesigned to include new technologies and prevention techniques and to consider the whole system across all sectors. Any changes made, including changes to the workforce will require to deliver improved outcomes and be financially viable.

3.4 Financial Context



The Medium Term Financial Plan (MTFP) 2017/18 to 2021/22 was approved by IJB on 30 November 2017 set out the extremely challenging financial environment facing the Health and Social Care Partnership over the duration of the Workforce Development and Support Plan 2018-21. Real terms reductions in funding, increased demographic pressures and the cost of implementing new legislation and policies required services to be delivered in a more streamlined and effective manner. High level updates to the initial MTFP were approved by the IJB on 25 March 2020 and 23 March 2022, as part of the approval of Annual Budgets for 2020/21 and 2022/23 respectively.

Despite significant additional funding being made available to fully offset attributable costs during the Covid-19 pandemic in 2020/21 and 2021/22, and through additional funding for programmes such as Multi-Disciplinary Teams and the Systems Pressures Investment Plan, pressures continue from both increased demand and cost of living increases. There is presently a great deal of uncertainty and volatility in the external economic environment that is likely to impact on financial planning over the lifetime of the Workforce Plan 2022/25.

An updated (detailed) Medium Term Financial Plan will be constructed following publication of the Scottish Government's updated Health and Social Care Medium Term Financial Framework (MTFF), taking account of National Care Service for Scotland proposals and other legislation. It is anticipated that the updated MTFF will be published by the Scottish Government in the second half of 2022.

3.4 Service Delivery Changes



Significant changes to service delivery and demand are anticipated over the life of this workforce plan. Some of the changes impact on prison healthcare provision, Allied Health Profession and Dental Services. NHS Ayrshire and Arran assumed responsibility for the delivery of health services in HMP Kilmarnock in November 2011. The Scottish Prison Service are anticipating an increase in prisoner numbers with a potential increase in prison population from 500 to 692. Health needs are complex and diverse across all health services within the prison compounded by an aging population with an increased demand for Mental Health, Primary Care and Addiction services. High demand for acute AHP services has been identified with the addition of 120 inpatient beds in University Hospital Crosshouse and a need for a shift from reactive to proactive services that can support people back into community quickly. Allied Health Professional services will be reviewed to provide a 'front door' service at the emergency department in order to help improve patient flow and outcomes for individuals. Dental services priorities are to reduce waiting times and weekday volume with support from GDS. An ongoing Test of Change for a redesign of emergency dental service is ongoing. An additional £1m recurring has been allocated to recruit dentists. National recruitment difficulties in dental nurses have been reported.

4. East Ayrshire's Population

4.1 Demographic Change



The population of East Ayrshire is ageing with resulting increased complexity of conditions including dementia and frailty within our elderly population. The changing needs of our population is driving changes in the way services are delivered with a move towards multi-disciplinary teams and the rollout of new technologies and prevention techniques. We will move away from traditional 'done to' methods and train and support our workforce to promote self-management, prevention and early intervention to keep our population well.

Our workforce is also ageing which may present future implications on the ability of employees to carry out their roles in future. ONS National Workforce data shows a correlation between gender, age and absence with higher absence rates being evident in older female workers. (ONS).⁴ We will need to maintain an environment in which employees are supported to manage long-term health conditions including chronic conditions and co-morbidities while remaining in the workforce. Redesign of services and roles will need to take account of adjustments required to support our ageing workforce and minimise absence rates.⁵

POPULATION 2018-28



4.2 Population Numbers



In contrast to a wider trend across Scotland towards an increase in population driven by net migration the population of East Ayrshire has been falling for a number of years and is predicted to continue falling through and beyond the period of this Workforce Plan. By 2028 the population of East Ayrshire is predicted to fall by 1.7% below 2018 levels. While East Ayrshire will benefit from net migration, natural change (births minus deaths) appears likely to continue to exceed net migration.

⁴ Sickness absence in the UK labour market

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/sicknessabsenceinthelabourmarket>

⁵ https://www.cipd.co.uk/Images/managing-long-term%20health-conditions-hr-guide_tcm18-105213.pdf



4.3 Age

The population of East Ayrshire and the wider NHS Ayrshire and Arran health board area is ageing. Until 2028 the working age population in East Ayrshire and in the wider NHS Ayrshire & Arran areas is predicted to fall while the population at pensionable age and over will increase. Most notably there are predicted to be increases in excess of 25% in the population over the age of 75 across East Ayrshire and the wider NHS Ayrshire & Arran area. Increases in the size of the post-retirement population and declines in the working age population are likely to add pressure on services.

The ageing population will exert pressure on both health and social care services. The effect of the ageing population is twofold, there is likely to be increased demand for services, and the complexity of conditions related to age but also as our workforce ages employees are likely to increasingly suffer from health conditions that may limit their ability to carry out the full range of their duties or require absence from work. Health and social care interventions focussed on prevention and early intervention at a population level will both reduce demand for services and ensure our workforce is able to deliver those services effectively.

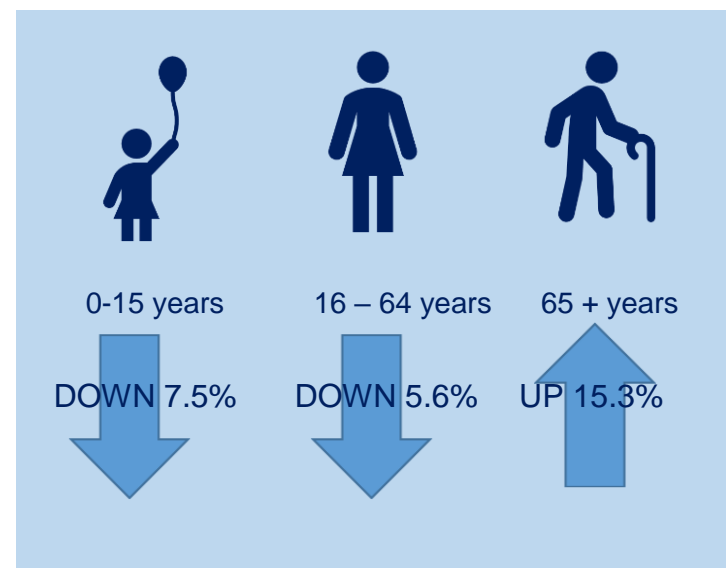
4.4 Health Indicators



There are significant health indicators associated with the population of East Ayrshire particularly in the South Locality. Across East Ayrshire the percentage of the population reporting general health as bad or very bad is above the Scottish average. In Southern Locality a higher percentage of the population age 50+ report their general health as poor or very poor. Some 14% of the population age 50 - 64 in the Southern Locality report their health as poor or very poor increasing to 20% in the 65+ population. Particularly Cumnock and Doon Valley. Southern Locality shows the highest rates of emergency hospital admissions per 100,000 population and the lowest healthy child weight in P1. Cumnock has the highest percentage of adult smokers.⁶

⁶ <https://eabn.east-ayrshire.gov.uk/sas-wellbeing-hospital-admissions.php>

POPULATION CHANGE 2018-28



Life expectancy in East Ayrshire is lower than for Scotland as a whole. Males living in East Ayrshire have a life expectancy of 75.2 year against a Scottish Male life expectancy of 76.8 years. Females living in East Ayrshire have a life expectancy of 79.8 year against a Scottish Male life expectancy of 81.0 years.

Health Conditions: 26% of the population of East Ayrshire live with at least one long-term health condition. The 5 most common long-term health conditions within East Ayrshire are asthma, arthritis, coronary heart disease, cancer and diabetes.

Mental Health: 20.9% of East Ayrshire residents are prescribed medication for anxiety/depression/psychosis against a Scottish average of 19.3%. Within East Ayrshire, the rate of deaths by suicide is 16.8 per 100,000 against a Scottish rate of 14.1. The number of mental health unscheduled bed days for people living in East Ayrshire aged 18 and over is projected to increase by 2.3% between 2022/23 and 2030/31.

Life Expectancy



Female, 79.8 years

(Scotland, 81.0 years)



Male, 75.2 years

(Scotland 76.8 years)

5. Our Workforce

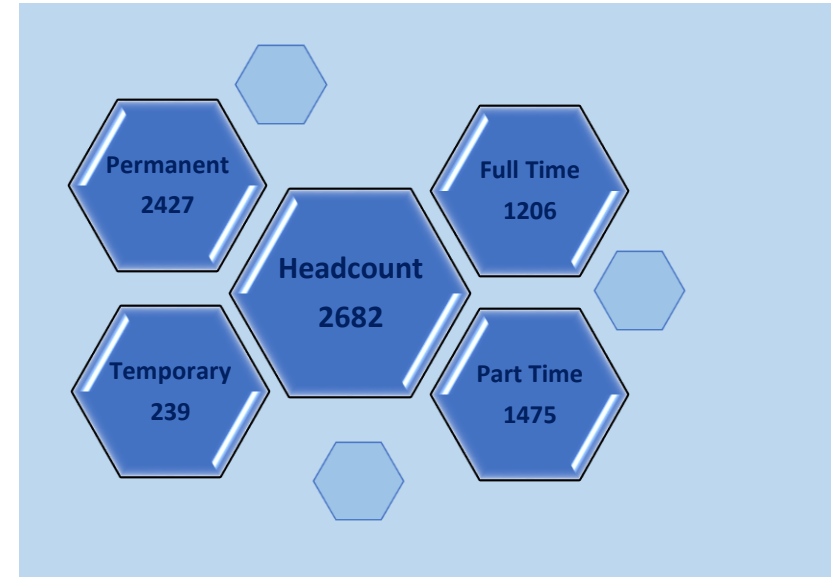
At April 2022 the Health and Social Care Partnership workforce totalled 2682 headcount (2072 WTE) across 8 service delivery areas; Business Support, Children's Health Care and Justice Services, Directorate, IJB Finance, Wellbeing & Recovery and Primary Care, Locality Health & Care Services and Allied Health Professionals.

Locality, Health Care and Justice is the largest service delivery area with 1214 employees (909.5 WTE).

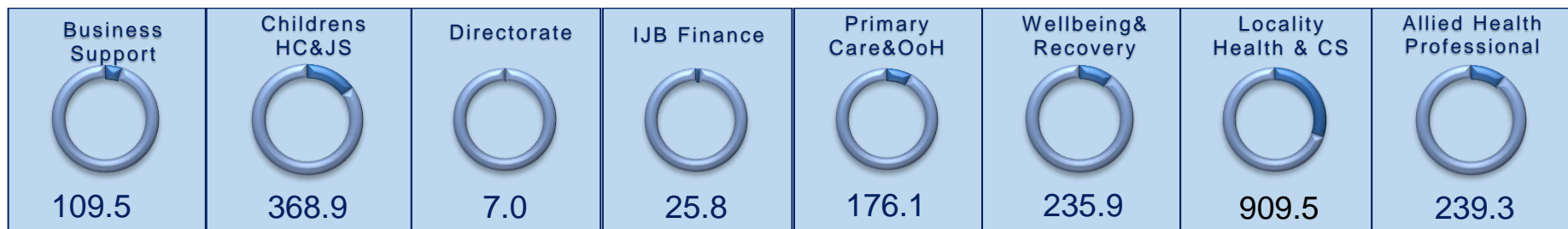
At 26% of headcount Community Care Officers comprise the largest grouping of employees with Social Workers and Staff Nurses the next largest groupings at 5% and 3% respectively.

The majority of our employees (55%) are Part-Time with the highest proportion of part-time workers found in the lower pay grades. 43% of employees in East Ayrshire Council Grade B and 87.5% of employees in Grade C are employed on part-time contracts. The majority of part-time employees are employed as Community Care Officers in Locality Health & Care Services and Wellbeing and Recovery. 84.7% of NHS Band 2 employees and 52.9% of NHS Band 3 employees are employed on Part-Time contracts.

Whenever possible we are supporting our employees by providing stable and secure employment. 92.3% of our employees on permanent contracts.



Workforce by Service (WTE):



5.1 Workforce Projections

The internal and external drivers noted in Section 3 'Drivers of Change' and demographic pressures are increasing demand for our services. The table opposite shows the anticipated workforce changes by Job Family between 2022 and 2025. Overall there is an anticipated increase in the East Ayrshire Health and Social Care partnership workforce of 356.8 WTE (17.2% increase).

The largest increases can be found in Other Therapeutic which includes Pharmacy staff; Personal and Social Care (25.3%), Nursing & Midwifery (23.0%) and Social Work (18.0%).

Table 1: Workforce Projections 2022 - 2025

Job Family	WTE 2022	Projected WTE 2025	WTE Change 2022-25
Administrative & Finance	294.9	296.9	2.0
Allied Health Professionals	239.3	259.6	20.3
Dental Support	43.7	43.7	0.0
Medical & Dental	20.2	20.2	0.0
Nursing & Midwifery	405.8	507.0	101.2
Other Therapeutic	31.4	40.1	8.7
Personal & Social Care	733.4	918.7	185.3
Social Work	262.1	309.3	47.2
Support Services	41.4	41.4	0.0
Total	2072.1	2428.9	356.8

The Systems Pressures Investment Plan (see section 2.6) provides targeted investment across a number of priority areas including building additional care at home capacity, enhancing multi-disciplinary working and recruitment of Health Care Support Workers.

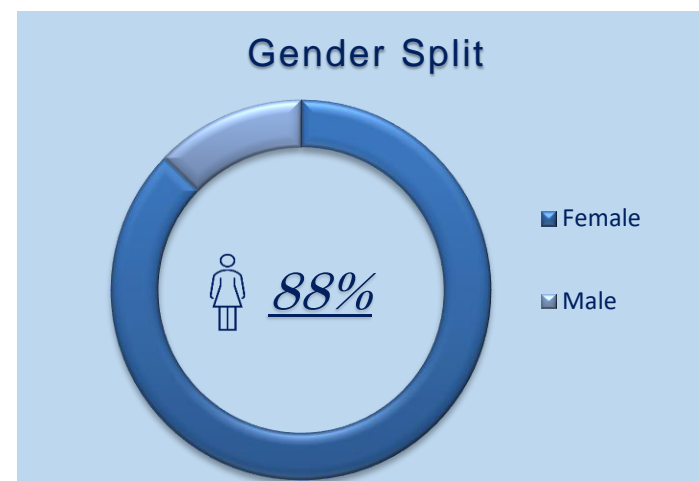
Recruitment under the Systems Pressures Investment Plan will contribute significantly to the growth of our health and social care workforce. Recruitment commenced in October 2021 with the recruitment of 10.4 WTE Health Care Support Workers. Further recruitment to all positions will be ongoing throughout 2022.

To meet increased demand significant increases are anticipated in the Community Carer, Healthcare Support Worker and Social Worker workforces. Recruitment and retention difficulties identified in Section 7 Workforce Challenges will make achieving growth aspirations challenging. An aging workforce and specific challenges around Social Work, Nursing and Community Care recruitment present significant risks to achieving growth targets. Work will be ongoing over the period of this workforce plan to develop new pathways into the health and social care roles, to review and redesign roles where appropriate and to maximise staff retention.

5.2 Gender Distribution

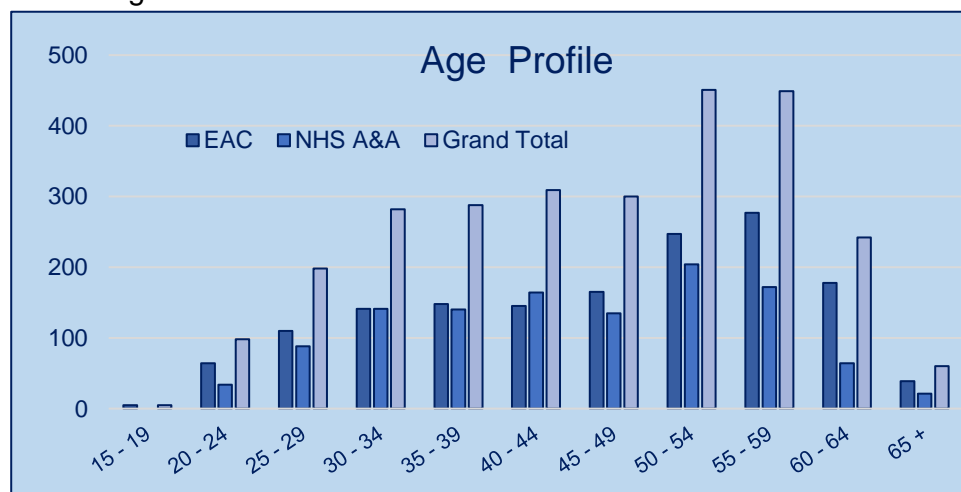
Since the Workforce Development and Support Plan 2018-21 was published there has been little change in the make-up of the Health and Social Care Partnership. Our workforce is Female dominated with 88% of the workforce Female and 12% of the workforce Male. The percentages are relatively stable, in 2018 87% of the workforce were Female and 13% male.

Male employees are more likely than Female employees to be employed on full-time contracts. Around 70% of male employees are employed on full-time contracts in comparison to around 35% of female employees. The rates of full-time employees vary by service with a high of 82% of employees in IJB Finance on full-time contracts and a low of 20% of employees in Locality Health and Care Services on full-time contracts.



5.3 Age Distribution

It is recognised that we have an ageing workforce with a significant percentage of employees at or approaching minimum pension age. This places services with recruitment and retention difficulties at particular risk. Age distribution is weighted towards older employees with 28% of the Health and Social Care partnership workforce are age 55 or over. The 2 largest age groups in the partnership are ages 50 - 54 and ages 55 - 59.



The NHS Minimum Pension Age is currently 55 for employees, there is some evidence that NHS employees are taking advantage of 'Retire and Return' in order to reduce their working hours. 22% of the NHS Ayrshire and Arran employee cohort are over the minimum retirement age. A further 17.5% of the workforce will reach minimum retirement age within the next 5 years.

Members of the Local Government Pension Scheme can chose to retire from age 60 without their employer's consent or to retire between age 55 and 59 if employers consent is given. 14.3% of the East Ayrshire Council workforce are over the age of 60 and a further 18.2% are between the ages of 55 and 59.

Over the three years 2019/20 – 2021/22 the NHS workforce had an average of 26 retirements per annum, c. 2% of the workforce. Over the same period EAC have reported an average of 51 retirements per annum, c. 3.4% of the workforce. As expected retirements increase significantly in the 60+ years age bands with 70% of retirements taking place in this age group against 24% of retirements in the 50-59 years age bands. Average annual retirements in the 60+ years age bands over the three years 2019/20 – 2021/22 equate to 18% of the current over 60 workforce retiring each year. Further direct comparison of retirements by age between EAC and NHS A&A are not possible due to different data methodologies.

Roles with high retirement rates compared to current workforce include Senior Podiatrist, Staff Nurse, Nursing Assistant and Community Care Officer. It should be noted that the average age of select roles with higher rates of retirements are all below 60 years (see table below).

Table 2: Retirements by staff group 2019/20 - 2021/22

Designation	Headcount	Retirements 2019/20 - 2021/2022	Retirements 2019/20 - 2021/2022 as % of current workforce	Average age of current workforce
Community Care Officer	694	66	9.5%	47.7
Day Care Officer	28	5	17.9%	54.5
GP Appraiser	13	2	15.4%	54.4
Family Support Worker	19	4	21.1%	49.9
Financial Inclusion Officer	14	3	21.4%	44.9
Nursing Assistant	52	5	9.6%	53.5
Senior Driver	20	2	10.0%	59.9
Senior Podiatrist	3	6	200.0%	51.3
Staff Nurse	75	12	16.0%	44.6
Support Worker	14	2	14.3%	49.6

Some of our roles at particular risk are the Health Visitor Workforce where 47.3% of the workforce are either over Minimum Retirement Age or will reach Minimum Retirement Age within the next 5 years. Our Community Care Officer workforce 17.4% of the workforce are 60 or over and a further 37.9% or between 50 and 59 years of age. In addition to risks associated with the loss of a substantial percentage of experienced employees who may be difficult to replace in a short period of time an ageing workforce comes with the potential for increased absence levels.

6. Staff Wellbeing

East Ayrshire Health and Social Care Partnership has faced unprecedented challenges since the beginning of the Covid-19 pandemic in March 2020. Our understanding of the long-term impact of the pandemic on the physical and psychological wellbeing of our employees is still developing, particularly around conditions such as Long Covid. Physical and psychological supports are firmly focussed on proactive preventative action to support employees deal with the pressures in their personal and working lives.

6.1 Wellbeing Support



As employees continue to return to the workplace wellbeing issues are becoming more apparent. A wide range of wellbeing support are available to employees on the Health and Social Care Partnership. Our dedicated Health and Wellbeing Co-ordinator has developed and launched a 'Finding Inner Calm' Programme aimed at helping employees understand and manage anxiety and stress. The programme is delivered on-line over 4 weeks via MS Teams. Specifically dates have been set aside for our Community Care workforce which has been identified as an area of particular concern with difficulties engaging with a dispersed lone-working employees.

Individualised 1-2-1 wellbeing sessions are also being delivered, a new Emotional Freedom Therapy (EFT) programme and 4 week mindfulness programmes being rolled out. A range of supports focussing on the mental wellbeing of our workers have been developed and implemented. Links have been made to partner organisations including Fire and Rescue Scotland, independently operated Care Homes and Kilmarnock College. Foster Carers have been offered supports. In order to develop our workforce capacity around Mental Health the Supervising for Mental Health First Aid and Mental Health First Aid courses are being run. All Health and Social Care Employees also have access to the NHS Better Health Hub

In additional the Financial Inclusion Team provide support for financial wellbeing and are available to provide advice to any employee who has financial needs. The Financial Inclusion Team have developed a new Financial Wellbeing intranet page to bring together a range of financial supports, advice and tips.

The EAHSCP wellbeing website '[livingwellea](#)' was launched in March 2022. The website provides a 'go-to place' for wellbeing advice and to signpost health and wellbeing support and guidance for our communities as well as our combined workforce. Information is available on a range of subjects including working well, mental health and financial wellbeing.

6.2 Absence



Sickness absence rates are recorded differently within NHS Ayrshire & Arran and East Ayrshire Council. NHS Ayrshire and Arran reported an absence rate of 4.2% YTD 2021-22 while EAC reported an absence rate of 1.39 WDL per period (18.2 WDL per annum) which equates to an absence rate around 6.9%.

Among East Ayrshire Council employee the top 3 reasons for absence in 2021/22 are Personal Stress, Musculoskeletal conditions and

Operations/Recovery. While overall absence rates among East Ayrshire Council employees are 95% higher than before the Covid-19 pandemic. Work Related stress has fallen by 23%. Although making up a relatively small overall proportion of absence Injury related absences have shown large increases with reported work-related injury and non-work related injury increasing. Absence rates for long-term conditions such as Chronic Fatigue Syndrome and Cancers has also increased. Increases in absence have not been evenly distributed across all staff groups. There have been above average increases in absence in Community Care and Family Support.

Among NHS Ayrshire and Arran employees in East Ayrshire Health and Social Care Partnership the top 3 reasons for absence in 2021/22 are 'Anxiety/stress/depression/other psychiatric illnesses', 'Injury/fracture' and 'Other known causes – not otherwise classified'. 'Anxiety/stress/depression/other psychiatric illnesses' account for almost 30% of absence hours. NHS Ayrshire & Arran absence as fallen since 2016/17 when the absence rate was 5.35%.

ABSENCE 2021/22

NHS: 4.2%

EAC: 6.9%



7. Workforce Challenges

All services within the Health and Social Care Partnership have reported recruitment and retention difficulties. Combined with our ageing workforce and increases in turnover and absence levels since the beginning of the Covid-19 pandemic these present a significant risk to our ability to deliver the objectives of the East Ayrshire Health and Social Care Partnership [Strategic Plan 2021-30](#).

Some of the key workforce challenges are outlined below:

7.1 Children's Health, Care and Justice Services



Authority Wide Services: There are ongoing recruitment difficulties, high levels of sickness absence and consequent high levels of overtime within the Residential Worker and Senior Residential Worker positions. The Residential Worker workforce has an average age of 47 years with 25% of the workforce over the age of 55. Absence levels are high with a pro rate average of 30.3 working days lost per employee over the first 9 reporting periods 2021/22. Within the Corporate Parenting Service there are no obvious roles that allow for career progression into Residential Worker positions. The service is committed to a review of structure and working patterns.

Prison Healthcare: There are national recruitment issues in prison healthcare provision including in Staff Nurse, Charge Nurse, and Clinical Team Leader and in Pharmacy. Increased capacity at HMP Kilmarnock and greater complexity of cases due to an ageing prison population will add pressure to ensure prison healthcare staffing is sufficient to meet demand.

Early Years: Due to changes in GP contracts Early Years teams now have to absorb the delivery of the pre 5 flu immunisation programme by the staff nursing workforce over and above the routine pre 5 clinics. This impacts on the routine delivery of East Ayrshire's children's immunisation programme and also impacts on the school nursing service as limited capacity to support the school nursing service during these winter months.

Health Visitors: There are challenges around the delivery of National Health Visiting Pathway. All visits need to be completed by a Health Visitor and can't be supported by an alternative skill mix. Health Visitors must be Registered Nurses and complete an SCQF11 course in Health Visiting before appointment. A number of current Health Visitors have given notice of retirement in 2022 and 4 others will reach minimum retirement age by 2024. 5 Health Visitors have utilised 'retire and return' to retire and return to service on reduced hours. Reliance on 'retire and return' places the service at risk due to notice periods being significantly shorter than recruitment timescales. From 2022 a rolling programme of recruitment and training will be introduced to support 3 employees gain a recognised Health Visitor qualification each year.

A Multi-Disciplinary Team Review Programme is in progress in Authority Wide Services. It is likely that managerial and operational leadership may change in response to outcomes and recommendations from the review.

7.2 Locality Health and Care Services:



Locality Services are under pressure with high levels of staff absence and turnover. At the same time increased demand is resulting in a projected need for an additional 150 WTE Community Care Officers in 2022. WTE staff numbers are predicted to increase to over 800 by 2025.

Management: There has been increased turnover in management positions with vacancies requiring to be covered for longer periods due to recruitment delays. Additional management capacity is likely to be needed going forward.

Social Work: Difficulties in recruiting and retaining Social Work Team Managers and Qualified Social Workers has been reported. Issues that might explain Team Manager Recruitment issues include historical lack of succession planning and lack of acting-up opportunities. There is potential interest among employees currently in Support Assistant roles however due to qualification bar no current career pathway exists for career progression.

There is currently a shortage of Practice Educators. Additional Social Workers will need to be trained to support Student Social Workers complete placements. There is also a potential future shortage of student Social Worker due to low uptake of university places. This may lead to difficulties recruiting into vacancies.

IJB have agreed to proceed to recruit for a Nurse Consultant to provide required professional and strategic leadership and development capacity to support the advanced nurse practice workforce. Advanced Nurse Practitioners are experienced and highly educated Registered Nurses who manage the complete clinical care of their patient. As a clinical leader they have the freedom and authority to act and accept the responsibility and accountability for those actions. The Advanced Nurse Practitioners operate across our locality health and social care teams supporting the delivery of care at a high threshold. This contributes to more care being delivered at home and improved personal outcomes for our residents.

7.3 Primary Care & Out of Hours



Ayrshire Urgent Care Service: The core workforce has been increased with the employment of GPs with Extended Roles to work within AUCS / General Practice / ED which will also support the 24/7 model for Redesign of Urgent Care. There is an ongoing Out of Hours District Nursing review due to conclude in 2022. On completion the review will identify additional resource requirements for the duration of the Workforce Plan 2022-25.

Primary Care Improvement Plan (PCIP): Priority is to ensure core fundamental of the GMS Contract allowing GPs to fulfil the Expert Medical Generalist role by recruiting sufficient specialist staff for Multi-Disciplinary Teams model.

Pharmacotherapy. There are national challenges in recruiting Band 7 Clinical Pharmacists due to demand and volume of staff required to fulfil Pharmacotherapy in each NHS Board. The recruitment challenges are likely to be compounded by Community Pharmacy Contractors receiving additional funding for having a Pharmacist Prescriber on site. It is possible that there may be NHS employed Clinical Pharmacist staff returning to private practice if they are offered remuneration incentives.

7.4 Allied Health Professionals



Allied Health Professionals include Dietetics, Occupational Therapy, Physiotherapy, Podiatry, Speech & Language Therapy and MSK services. Demand for all of the services delivered by Allied Health Professionals have increased over the course of the Covid-19 pandemic. In addition, the conditions presented are more complex and require more intensive support placing additional demands on services.

A test of change is planned with Dietetics and Speech and Language Therapy in the combined assessment unit (CAU). Further investment is required to be secured on a recurring basis to develop a multidisciplinary approach including Occupational Therapy and Physiotherapy in the emergency department and CAU. An Advanced Practice Physiotherapist model is having a positive impact supporting Orthopaedic patients at the emergency department.

As part of Caring for Ayrshire Rehabilitation Commission workforce was reviewed in 6 key priority areas; Acute, Community Hospitals, Primary Care Dietetics, Community Mental Health, Adult Community Rehabilitation and CYP Speech and Language Therapy. The review identified staffing variance of 51.25 WTE. The missed care survey identified the need to develop Healthcare Support Worked and administration roles to support registered staff. Recent investment has secured additional posts for EACH and Community Rehabilitation. A full AHP workforce review is planned for 2022/23.

Earlier intervention and prevention approaches are required, particularly given the significance of lockdown and the impact on Children and Young People. Benefits could be achieved through an Allied Health Professional response to the wellbeing of children and young people at a universal and targeted level and not only in direct response to a request for assistance.

Orthotics are delivered through a service level agreement and current resource has not been reviewed since 2010. This service delivers value for money and there has been a significant increase in demand during the pandemic.

A review of AHP staff turnover and failure to recruit to certain posts has identified that fixed term funding is not attractive to posts in Ayrshire and Arran. Staff travelling from other board areas find permanent posts closer to home. Where posts have been permanent

staff living outwith the board area are much more likely to be retained. Retirals within podiatry will provide an opportunity for succession planning through podiatry leadership development opportunities.

7.5 Wellbeing and Recovery Services



There has been an increase in the number of people requiring support for adult services with a higher degree of complexity than previously. There has been a 124% increase in Adult with Incapacity guardianships over recent years. This situation has been further compounded by a reduction in access to face to face supports from some external providers during the earlier phases of the pandemic. Additionally there have been some challenges with supply of equipment in support of remote assessment and around commonality or access to shared digital platforms.

The Wellbeing and Recovery service are requesting an additional 10 WTE MHO's however retention issues have been reported in the Mental Health Officer (MHO) workforce with on average 3 MHO's leaving council service each year. Internal HR processes have been highlighted as an issue in delaying recruitment further increasing pressure on service delivery. A review of MHO payment is in progress.

7.6 IJB Finance Services



The IJB Finance Service supports the work of the Health and Social Care Partnership on a range of areas including Access to Funds/DWP Appointeeship, Financial Assessments, Compliance & Support, Billing & Payments and Self-Directed Support.

The IJB Finance Service has reported difficulties in attracting suitable candidates and currently have difficult to fill vacancies. Service Management have suggested that a lack of awareness of the role of IJB Finance among potential candidates. Retention rates among current employees is high.

The IJB Finance Service will need to increase workforce capacity in order to meet the demands of growth in service delivery. 2 additional WTE G7 Finance Assistant posts have been allocated through the Systems Pressure Investment Plan on a fixed-term basis. The service will look to fund these on a permanent basis through not filling vacancies elsewhere in the service.

7.7 Business Support



The Business Support team deliver administration support to services across the Partnership. Business Support were able to respond quickly and effectively to the challenges of the Covid-19 pandemic supporting the continued delivery of front-line services as well as co-ordinating the distribution of PPE and Lateral Flow Testing across the Partnership and external partners.

Increased patient referral rates in Community Phlebotomy Clinics has increased demand for the Business Support Phlebotomy Team. The Phlebotomy Team is a Pan Ayrshire Service, with the Business Support team managed by East Ayrshire HSCP. The team has found itself under resourced and as a result a request has been made to increase the current establishment of 2.9 WTE Band 2 posts to 6 WTE Band 2 posts and 1 WTE Band 4 post to support the increased workload

Business Support are currently in progress with a Best Value Service Review. The Review has noted the considerable number and complexity of management information systems and processes (including manual and electronic systems as well as areas of duplication). The Review has recognised the need to amend the service structure to improve current and predicted demand, equitably share workload and line management to support service user and patient outcomes. The outcome of the BVSR will inform further workforce planning actions over the course of this plan.

8. Actions

In order to ensure that we are delivering the objectives of the East Ayrshire Health and Social Care Partnership [Strategic Plan 2021-30](#) and meeting the key challenges of recovery, growth and transformation we will continue to increase staffing capacity, develop the skills of our workforce and provide opportunities for career entry and progression. In doing so we will have a workforce capable of supporting the achievement of the Strategic Plan priorities of Starting Well and Living Well; Caring for East Ayrshire; Safe and Protected; People at the Heart of What We Do; Caring for Our Workforce and Digital Connections.

The following outline the actions we will take for recovery over short-term (2022-23) and growth and transformation over the medium-term (2023-25) within each of the 5 pillars of workforce identified by the National Health and Social Care workforce Strategy.

8.1 Plan

Short-term actions 2022-23:



- Review the prison service workforce in light of increase in predicted prison population, increasing complexity of issues and recruitment issues including in Staff Nurse, Charge Nurse, and Clinical Team Leader and in Pharmacy.
- Improve workforce planning coordination across the Partnership through the introduction of an East Ayrshire Workforce Planning Board.
- Enhance workforce planning data to support service review and redesign and use workforce planning to more readily spot emerging gaps and pressure points.
- Assess workforce equalities data to ensure future recruitment activities provide opportunities to have a workforce representative of the demographic profile of the East Ayrshire community.

Medium-term actions 2023-25:

- Implement the outcomes of service Best Value Services Reviews across the partnership to ensure workforce is aligned to the needs of service users.
- Deliver the outcomes and recommendations from the Multi-Disciplinary Team Review Programme in Authority Wide Services.
- Continuing place-based redesign work in Cumnock, the Irvine Valley and Doon Valley.
- Develop our aligned redesign work in local areas by implementing place-based models of care in Stewarton and Kilmarnock.
- Review Residential Worker roles to address ongoing recruitment issues, high levels of sickness absence and consequent high levels of overtime.

8.2 Attract

Short-term actions 2022-23:



- Map out comprehensive Career pathways for services to improve awareness of career development options (through web page dedicated to career pathways to engage potential and current employees; managers to use career pathways as engagement tool through FACETIME/TURAS).
 - Engage with education providers e.g. Ayrshire College and University of West of Scotland to promote graduate opportunities through our Graduate Intern programme.
- Promote Modern Apprenticeship opportunities in 2022 and 2023 through East Ayrshire Council Jobs and Training Fund.

Medium-term actions 2023-25:

- Promote employment opportunities for young people, career changers and those from minority and excluded groups including care experienced, alcohol and drug experienced.
- Investigate career development opportunities through 'grow our own' programmes for Social Work and Health Visitors. Support Social Work candidates through Open University degree programmes from 2023 to 2025. Support employees gain a recognised Health Visitor qualification each year from 2022-23 to 2024-25.
- Investigate opportunities for shared recruitment days with representation from all services.

8.3 Train

Short-term actions 2022-23:



- Support employee development and career progression through knowledge transfer routes including mentoring programme – Leader as Coach; New and Aspiring Leadership Programme.
- Improve understanding of the barriers to employment and/or career progression among young people, members of ethnic minorities and excluded groups.
- Support our employees develop the skills to effectively use technology through the roll out of Digital Champions across the HSCP.

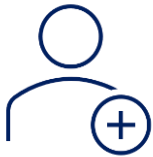
Medium-term actions 2023-25:

- Develop and Deliver the Learning & Development Strategy for Protecting People and Social Care 2022-24
- Develop and deliver the Social Care Learning Hub learning & development framework for the social care workforce ensuring that all staff meet registration requirements and develop individual learning plans

- Deliver the Social Work learning & development framework for the social work workforce supporting trainees and qualified social workers to fulfil their roles
- Continue to invest in the delivery of trauma informed approaches through the roll out of a trauma informed training plan.
- Develop management capacity among the workforce to support succession planning and career development through Leadership Programmes, mentoring and development opportunities.

8.4 Employ

Short-term actions 2022-23:



- Recruit to the 'Safe and Together' team to support the development, delivery and review of Safe & Together and the wider Violence against Woman strategy across East, North and South Ayrshire HSCP.
- Continue the implementation of Primary Care Improvement Plan (PCIP): Priority is to ensure core fundamental of the GMS Contract allowing GPs to fulfil the Expert Medical Generalist role by recruiting sufficient specialist staff for Multi-Disciplinary Teams model.
- Recruit to the Covid-19 Therapeutic workforce to sustain delivery of services over 7 days for a 12 month period.

Medium-term actions 2023-25:

- Invest in our Care at Home Workforce to support our communities and allow people to stay in their own homes as long as possible with an additional 185 WTE Community Care Officers employed by 2025.
- Increase our Social Work capacity by increasing our Qualified Social Worker workforce by 47 WTE from 2021 levels by 2025.
- Increase the Social Worker/Mental Health Officer workforce by 10 WTE from 2021 levels by 2025. Review MHO role and structure to improve resilience.
- Increase the Staff nursing complement at HMP Kilmarnock by 4 WTE Staff Nurses; 2 WTE Charge Nurses; 1 WTE Mental Health Practitioner; 2 WTE Addiction Staff Nurses; 1 WTE Advanced Nurse Practitioner (Mental Health) and 2 WTE Pharmacy/Healthcare Assistants.
- Recruit 3 WTE Custody Nurses for the Police Custody Team.
- Increase the Early Years workforce by 1.0 WTE Staff Nurse, 2 WTE Health Visitor and 4 WTE Health Care Support Worker from 2021 levels by 2025.
- Review of Pharmacotherapy skill mix and recruitment. Due to demand and volume of staff required to fulfil Pharmacotherapy in each NHS Board there are national challenges in recruiting Band 7 Clinical Pharmacists.

- Review of Public Dental Service workforce and recruit into clinical roles to sustain service delivery.

8.5 Nurture

Short-term actions 2022-23:



- Work with EAC and NHS equality forums to understand the experience of BAME employees and assess any potential structural barriers to ensure equal, fair and proportionate access to employment and representation in the workforce.
- Ensure 'The Promise' recommendations around workforce values, embedding trauma informed practice, supporting maintenance of relationships between young people and those who care for them and high quality supervision and environmental conditions are met.
- Implement 'The Promise' change programme by delivering values based recruitment and workforce development to improve outcomes for care experienced children, young people and their families.

Medium-term actions 2023-25:

- Enhance the resilience of our workforce through the delivery of targeted wellbeing intervention and support for individuals and workforce groups as required.

Appendix 1: Action Plan

East Ayrshire Health and Social Care Partnership

Workforce Plan 2022-2025 - Action Plan

Our Workforce Delivering Our Future

Ensuring the health and social care workforce is well and we have the right people with the right skills in the right place at the right time, to support people, families and communities to achieve their goals.

Pillar	Priority	Objectives	Actions	Lead	Date
Plan	Ensure workforce planning is evidence-based	Improve workforce planning capacity across the Partnership.	1. Improve workforce planning coordination across the Partnership through the introduction of an East Ayrshire Workforce Planning Board.	Service Management	2022/23
			2. Enhance workforce planning data to support service review and redesign and promote workforce planning to more readily spot emerging gaps and pressure points.	WPL	2022/23

Pillar	Priority	Objectives	Actions	Lead	Date
			3. Assess workforce equalities data to ensure future recruitment activities provide opportunities to have a workforce representative of the demographic profile of the East Ayrshire community.	WPL/Equalities and Diversity Officers	2022/23
	Implement workforce element of service reviews.	Ensure services are delivering for our community.	4. Review the prison service workforce in light of increase in predicted prison population, increasing complexity of issues and recruitment issues including in Staff Nurse, Charge Nurse, Clinical Team Leader and in Pharmacy.	HoS/Service Managers	2022/23
			5. Implement the outcomes of service Best Value Services Reviews across the partnership to ensure workforce is aligned to the needs of service users.	HoS/Service Managers	2023/5
			6. Deliver the outcomes and recommendations from the Multi-Disciplinary Team Review Programme in Authority Wide Services.	HoS/Service Managers	2023/5

Pillar	Priority	Objectives	Actions	Lead	Date
			7. Continuing place-based redesign work in Cumnock, the Irvine Valley and Doon Valley.	HoS/Service Managers	2023/5
			8. Develop our aligned redesign work in local areas by implementing place-based models of care in Stewarton and Kilmarnock.	HoS/Service Managers	2023/5
			9. Review Residential Worker roles to address ongoing recruitment issues, high levels of sickness absence and consequent high levels of overtime	HoS/Service Managers	2023/5
Attract	Invest in a talent pipeline to meet future recruitment needs.	Ensure opportunities for career progression throughout the HSCP.	10. Develop comprehensive Career pathways for services and improve awareness of career development options and promote a Career Pathways page on EAHSCP website.	WPL	2022/23
			11. Embed career development conversations into employee discussions (FACETime/TURAS).	OD/ Service Managers	2022/23

Pillar	Priority	Objectives	Actions	Lead	Date
		Create employment opportunities for young people, career changers and those from minority and excluded groups e.g. care experienced, alcohol and drug experienced.	12. Engage with education providers e.g. Ayrshire College and University of West of Scotland to promote graduate opportunities through our Graduate Intern programme.	WPL/Service Managers	2022/23
			13. Promote employment opportunities for young people, career changers and those from minority and excluded groups including care experienced, alcohol and drug experienced.	WPL/HR/Service Managers	2023/25
			14. Promote Modern Apprenticeship opportunities in 2022 and 2023 through East Ayrshire Council Jobs and Training Fund.	WPL/HR/Service Managers	2023/25
			15. Investigate opportunities for shared recruitment days with representation from all services.	WPL/HoS	2023/25

Pillar	Priority	Objectives	Actions	Lead	Date
Train	Support our workforce with the knowledge and skills to deliver high quality Health and Social Care services.	Support employee development and career progression.	16. Promote and utilise knowledge transfer routes including mentoring programme – Leader as Coach; New and Aspiring Leadership Programme.	OD/ Service Managers	2023/25
		Support employees with the skills to carry out their job.	17. Develop and deliver the Social Care Learning Hub learning & development framework for the social care workforce ensuring that all staff meet registration requirements and develop individual learning plans.	L&D	2023/25
			18. Investigate career development opportunities through 'grow our own' programmes for Social Work and Health Visitors. Support Social Work candidates through Open University degree programmes from 2023 to 2025. Support employees gain a recognised Health Visitor qualification each year from 2022-23 to 2024-25.	WPL/Service Managers	2023/25
			19. Support our employees develop the skills to effectively use technology through the roll out of	OD	2023/25

Pillar	Priority	Objectives	Actions	Lead	Date
			Digital Champions across the HSCP.		
			20. Develop and Deliver the Learning & Development Strategy for Protecting People and Social Care 2022-24.	L&D	2023/25
			21. Deliver the Social Work learning & development framework for the social work workforce supporting trainees and qualified social workers to fulfil their roles.	L&D	2023/25
			22. Continue to invest in the delivery of trauma informed approaches through the roll out of a trauma informed training plan.	L&D	2023/25
Employ	Grow our Workforce	Invest in our Care at Home Workforce to support our communities and allow people to stay in their own homes as long as possible.	23. Recruit an additional 250 WTE Community Care Officers employed by 2025.	HR/Service Managers	2023/25
		Grow the Social Worker/Mental Health Officer workforce.	24. Increase our Social Work capacity by employing an additional 47 WTE Qualified Social Workers above 2021 levels by 2025.	HR/Service Managers	2023/25

Pillar	Priority	Objectives	Actions	Lead	Date
			25. Increase the MHO workforce by 6 WTE from 2021 levels by 2025. Review MHO role and structure to improve resilience.	HR/Service Managers	2023/25
		Increase the Staff nursing complement at HMP Kilmarnock	26. Recruit and additional 4 WTE Staff Nurses; 2 WTE Charge Nurses; 1 WTE Mental Health Practitioner; 2 WTE Addiction Staff Nurses; 1 WTE Advanced Nurse Practitioner (Mental Health) and 2 WTE Pharmacy/Healthcare Assistants.	HR/Service Managers	2023/25
		Improve Health and Care provision in police custody.	27. Recruit 3 WTE Custody Nurses for the Police Custody Team	HR/Service Managers	2023/25
		Increase Early Years workforce capacity	28. Recruit an additional 1.0 WTE Staff Nurse, 2 WTE Health Visitor and 4 WTE Health Care Support Worker from 2021 levels by 2025	HR/Service Managers	2023/25
		Ensure recruitment pathways are in place to ensure Pharmacotherapy services are delivered.	29. Review of Pharmacotherapy recruitment and skill mix. Due to demand and volume of staff required to fulfil Pharmacotherapy in each NHS Board there are national challenges in recruiting Band 7 Clinical Pharmacists	HR/Service Managers	2023/25

Pillar	Priority	Objectives	Actions	Lead	Date
		Recruit staff to deliver the COVID-19 Therapeutics pathway.	30. Recruit an additional 1 WTE admin, 4 WTE HCSW/Nursing staff and 0.5 WTE Pharmacist to deliver the C-19 Therapeutics pathway within AUCS.	HR / Service Managers	2022/23
		Grow the PDS workforce to maximise available resources.	31. Review workforce skill mix and recruit to ensure sustainable service delivery.	HR / Service Managers	2023/25
Nurture	Be an inclusive employer.	Assess organisational understanding of racism and any structural barriers to ensure equal, fair and proportionate access to employment and representation in the workforce	32. Work with EAC and NHS equality forums to understand the experience of BAME employees and assess any potential structural barriers to ensure equal, fair and proportionate access to employment and representation in the workforce	WPL	2022/23
	Ensure our culture, leadership and values empower our workforce.	Promote the values of EACSHIP at every opportunity.	33. Ensure 'The Promise' recommendations around workforce values, embedding trauma informed practice, supporting maintenance of relationships between young people and those who care for them and high quality supervision and environmental conditions are met.	Promise Implementation Group.	2022/23

Pillar	Priority	Objectives	Actions	Lead	Date
			34. Implement 'The Promise' change programme by delivering values based recruitment and workforce development to improve outcomes for care experienced children, young people and their families.	Promise Implementation Group.	2022/23
	Support the mental health and wellbeing of our workforce	Ensure the wellbeing of our workforce.	35. Enhance the resilience of our workforce through the delivery of targeted wellbeing intervention and support for individuals and workforce groups as required.	Wellbeing Co-ordinator/ Service Managers	2023/25