

Declaration

Name of local authority / integration authority: **East Ayrshire Health and Social Care Partnership**

Report authorised by:

Name: Craig McArthur

Designation: Director of East Ayrshire Health and Social Care Partnership

Date: 30 June 2025

Details of where the report will be published:

This report will be published on the East Ayrshire Health and Social care Partnership Website at <https://www.east-ayrshire.gov.uk/>

Information Required

1. Please detail the steps you have taken as an organisation to comply with section 3(2) of the Health and Care (Staffing) (Scotland) Act 2019:
3(2) In planning or securing the provision of a care service from another person under a contract, agreement or other arrangements, every local authority and every integration authority (within the meaning of section 59 of the Public Bodies (Joint Working) (Scotland) Act 2014) must have regard to—
(a) The guiding principles for health and care staffing, and
(b) The duties relating to staffing imposed on persons who provide care services—
 - (i) By virtue of subsection (1) and sections 7 to 10, and*
 - (ii) By virtue of Chapters 3 and 3A of Part 5 of the Public Services Reform (Scotland) Act 2010.*
2. Please detail any ongoing risks that may affect your ability to comply with the duty set out in section 3(2).

3(2) (a) Compliance with Guiding Principles for Health and Care (Staffing) Act in planning or securing the provision of a care service from another person under a contract, agreement or other arrangements

To ensure full compliance with the Health and Care (Staffing) Act, the East Ayrshire Health and Social Care Partnership (HSCP) follows a comprehensive procurement process when planning or securing the provision of a care service from independent providers. As part of this process, prospective care providers are required to submit written assurances describing the specific measures they will implement to meet the statutory requirements of the Act once under contract. This procurement approach is further reinforced by the HSCP's quality assurance framework, which involves a quarterly monitoring process to assess external providers against clearly defined criteria. This process is fully aligned with Section A9 of the National Care Home Contract, ensuring consistency, accountability, and high standards in service delivery for independent providers of care. The East Ayrshire HSCP also has a Commissioned Service Group in place, chaired by Heads of Service and comprising HSCP managers, procurement, finance, human resources, commissioning and contract officers, and an independent sector representative. This group plays a key role in reviewing risk registers, individual risk assessments, quality assurance, commissioning, outcome monitoring, and staffing levels for external providers of care services. The activity of the HSCP's commissioning, contracting, and monitoring officers covers a wide range of quality assurance and support considerations with all partner providers. As such, discussions on the sufficiency of staffing levels, as well as staff training and development form part of daily and quarterly meetings. These regular meetings are further supported by frequent data submission and analysis, through platforms such as TURAS. Further, external scrutiny by the Care Inspectorate and Health Improvement Scotland places additional focus on the workforce as a key factor, with findings from regulatory and scrutiny bodies reported to the Audit and Performance and the Health and Care Governance Committees of the Integration Joint Board.

For internally delivered care services, the HSCP operates a comprehensive Participation and Engagement Strategy that fosters inclusive decision-making. Rooted in the Principles of Engagement, this strategy promotes collaboration between staff, service users, and partner organisations to ensure transparency and accountability. It is operationalised through a wide range of targeted actions and community initiatives that promote dialogue, joint planning, and continuous improvement, monitored through Service Improvement Plans. One such initiative is the use of Local Conversations, which resumed in 2023 following a pause due to the COVID-19 pandemic. These events provide residents and service users with opportunities to engage directly with the Partnership, learn about available supports, and raise local concerns. Local conversations last year had a focus on dementia support to inform the National Strategy. The Wellbeing for All Participatory Budgeting initiative that was delivered between June and October 2022, allowed residents to decide how £250,000 in funding would be allocated to community groups and projects that promote wellbeing. More than 1,000 people participated in the in-person voting events, after which surveys were conducted to gather feedback and inform future budgeting cycles. Another round of Wellbeing for All Participatory Budgeting initiatives took place in 2023 for a lesser amount of £150,000. In line with the objectives of the Participation and Engagement strategy, HSCP employees have access to dedicated training opportunities to enhance their ability to plan, deliver, and evaluate engagement activities effectively.

Efforts to empower care-experienced young people are reflected in initiatives such as the “Art Club?”, a co-curated group led by young people with an interest in visual art and activism. The group provides a creative

and supportive space for care-experienced individuals to explore the issues affecting their lives and shape their own narratives. Similarly, the annual “What Matters to You?” Day promotes person-centred care by encouraging better communication and shared understanding between those who provide and those who receive support. The East Ayrshire HSCP also joined the Care Opinion platform in 2022, enabling service users to share feedback confidentially in response to the stories shared, helping identify areas for improvement from a service user point of view. To complementing these initiatives, Best Value Service Reviews (BVSR) are conducted regularly across all HSCP services, inviting input from service users, carers, and staff, giving them a voice in how services should evolve to meet prevailing needs.

The Promise Participation Team, established in 2022, plays a key role in ensuring the voices of care-experienced children, young people, and their families are heard and acted upon. One of their notable initiatives includes the transformation of the “Pizza and Coke” forum into the “Care Experienced Cabinet,” co-developed with young people to foster more youth-led engagement and limit the presence of public officials in meetings. The Partnership’s involvement in the CELCIS Bright Spots survey further demonstrates its dedication to listening to care-experienced young people. Through “Your Life, Your Care” surveys, children and young people provided insights into what works well and what causes them concern within the services they use. Feedback has since been shared and acted upon through school-based sessions, ensuring that young people’s views are integrated into service improvements. Further to these initiatives, the HSCP continued to foster decision-making that’s informed by lived experience within recovery services. The Recovery Lived Experience Panel brings together individuals who have accessed Alcohol and Drug Partnership services and encourages them to contribute to service redesign and delivery. The panel is a central element of the East Ayrshire Recovery Network and is supported by a dedicated Development Officer, ensuring meaningful inclusion of those with direct service experience. These efforts reflect a deeper commitment to respect, empowerment, and co-production in service planning.

Technology-enabled innovation is evident in the TEC Pathfinder Programme, which began in 2019 when East Ayrshire was selected by the Scottish Government as one of four areas to adopt the Scottish Approach to Service Design (SAtdSD). This programme seeks to transform support for people with long-term conditions through digital solutions. Following extensive engagement with both residents and professionals in the Irvine Valley, the team has entered the delivery phase, including the recruitment of Digital Health and Care Support Workers to implement the identified solutions. The East Ayrshire HSCP has also played a pivotal role in shaping the national GIRFE (Getting It Right for Everyone) Framework. As an active Pathfinder site, the Partnership collaborated with the Scottish Government through multi-agency, co-designed activities using the SAtdSD. These efforts aimed to uncover service delivery challenges and identify practical improvements. As the national GIRFE Framework and toolkits are published, the HSCP will continue its engagement work to ensure their effective implementation across local services.

The Integration Joint Board (IJB) Stakeholder Forum provides a platform for service users, carers, and local organisations to contribute to governance processes. A review conducted in early 2022 explored ways to enhance representation and participation across the Partnership’s governance structures. Carers’ voices are also embedded in decision-making through the recruitment of two IJB Carers’ Representatives, identified in partnership with East Ayrshire Carers Centre. These representatives ensure that the perspectives of unpaid carers are incorporated into the strategic oversight of the Partnership.

The Health and Care Governance Group further ensures that services delivered are safe, effective, and person-centred. Public representation on this group allows for a broader community perspective to be included in

quality assurance processes. Additionally, the HSCP has introduced a pilot programme involving people with lived experience in recruitment panels for senior posts, particularly in Learning Disability and Mental Health services. Early feedback from both panel members and candidates has been overwhelmingly positive, and there are plans to expand the initiative further. In addition, Strategic Change Programmes have enabled the development of multidisciplinary teams (MDTs) while Communities of Practice (CoP) have focused on improving outcomes for service users. These communities bring together individuals with shared interests to regularly exchange knowledge, experiences, and practices. Their work ties closely with national initiatives such as GIRFE and HEART and supports the HSCP's broader goal of delivering the right care, in the right place, at the right time. Through a wide array of integrated, inclusive, and innovative initiatives, the East Ayrshire HSCP exemplifies its ongoing commitment to the Guiding Principles for Health and Care Staffing. Whether through community engagement, staff development, service co-production, or governance reform, the Partnership consistently prioritises service user dignity, staff wellbeing, as well as transparent and responsive decision-making to improve outcomes for all.

Response to 3(2) (b) (i) and (i) Compliance with duties relating to staffing imposed on persons who provide care services by virtue of subsection (1) and sections 7 to 10 and by virtue of Chapters 3 and 3A of Part 5 of the Public Services Reform (Scotland) Act 2010.

To ensure compliance by independent providers of commissioned care, the East Ayrshire HSCP has updated all contracting and commissioning processes to include a compliance questionnaire that prospective external providers of care are now required to complete, providing assurance on how they will ensure compliance with the duties under the Act, once contracted. Current independent providers of care are required to submit quarterly Quality Assurance reports containing information on the number of service users, turnover rates, recruitment activity and a plan for managing risks. These reports provide assurance that independent care providers have an appropriate staffing tool in place as well as a process for escalating workforce risks to prevent service disruption. These quality assurance reports also include reporting on SVQ qualifications for the workforce employed by the independent providers and assurance on how the providers are ensuring appropriate staffing levels and staff training.

The East Ayrshire HSCP are currently developing an Annual Quality Assurance Framework which sets out both the framework and the evidence-based approach we will implement to ensure that our commissioned services are providing high quality care and support on a consistent basis. It is anticipated that this will commence later in 2025 with each commissioned service provider receiving one annual visit where compliance in relation to specific contract delivery will be reviewed.

Robust Workforce Planning

Across the HSCP's internally delivered services, staffing rotas are planned up to six weeks in advance and reviewed on a regular basis through multi-disciplinary meetings to assess staff skill mix and identify potential gaps ahead of time. In addition, staffing risks are escalated during daily safety huddles, where unsafe staffing is reported and appropriate actions are taken. The huddles also allow for a joint review of demand, capacity, staffing status and identification of any need for mutual support based on a Red, Amber, Green ('RAG Rating') assessment. The East Ayrshire Community Care Collaborative (EACCC) takes an overview of this process and maintains the status of community services as a standing agenda item.

Within Mental Health, Primary care, Community Nursing, Health visitor, School nursing, Immunisation, HMP Kilmarnock and Allied Health Professional services, the Scottish Standard Time System (SSTS) is used to allocate and manage staffing resources in real time. In addition to the use of SSTS, the East Ayrshire Community Hospital (EACH) has adopted an e-roster system for real-time allocation of staffing resources. Similarly, locality services have adopted the Total Mobile System to ensure robust coordination of carers within the Care at Home setting, with plans to scale to other applicable service areas. To always ensure appropriate staffing, the East Ayrshire HSCP operates an on-call rota that ensures senior leadership oversight to support workforce risk management and decision making out of hours.

Role Diversification to Increase Capacity

The General Medical Services (GMS) Contract 2018 is being implemented through the Primary Care Improvement Plan (PCIP) to redefine the role of General Practitioners (GPs) as Expert Medical Generalists. This shift allows GPs to focus on complex patient care while delegating specific tasks to a broader multi-disciplinary primary care team. By redistributing responsibilities, GP practices can optimise patient appointments, ensuring that patients with urgent needs are prioritised. Within Pharmacotherapy, a workload review was conducted, and the delivery has been refined, with the introduction of the Pharmacy Support Worker Role, as an addition to a team of Clinical Pharmacists and Pharmacy Technicians. This adjustment has been instrumental in ensuring appropriate workload distribution among staff, resulting in more appropriate staff workloads.

Within the Public Dental Service, a comprehensive role review was completed leading to the enhancement of specific job descriptions to create multi-functional roles that provide hands-on support to teams. As part of role diversification, Band 5 Dental Nurses have been awarded greater autonomy, supporting Team Leaders in overseeing daily clinic operations. This shift allows Team Leaders to concentrate on staff management and broader operational priorities, improving overall service efficiency. The AUCS (Out-of-Hours and Urgent Care Service) is developing a specialist operational workforce capable of filling diverse roles, ensuring minimal skills gaps. At times, staff from the wider Primary and Urgent Care Service have provided essential support to AUCS, thus strengthening service resilience. Beyond clinical settings, Multi-Disciplinary Team (MDT) services under the GMS 2018 Contract have been collaborating with local schools and colleges to develop career pathways to address recruitment challenges in specialised roles. These structural changes have been observed to increase staffing availability, service resilience and better responsiveness to patients' needs.

Within Primary care, workforce enhancements to ensure appropriate staffing have focused on expanding multidisciplinary team (MDT) roles and improving accessibility. Universal access to Pharmacotherapy staff has been achieved, alongside significant recruitment of Mental Health Practitioners, CTAC nurses, and MSK Physiotherapists across nearly all GP practices in East Ayrshire. The integration of Community Link Workers into practices has further strengthened the multi-disciplinary approach to patient care, ensuring appropriate staffing.

Staff Training and upskilling (Duty to ensure Staff training/suitably qualified staff)

East Ayrshire Health and Social Care Partnership (HSCP) places a strong emphasis on workforce development to ensure high-quality, person-centred care. In line with the Health and Care (Staffing) (Scotland) Act 2019, the HSCP is committed to ensuring that all staff across health, social care, and integrated services—receive

the necessary training, support, and supervision to carry out their roles safely and effectively. This legislation sets out clear statutory duties on care providers to ensure appropriate staffing levels, skill mix, and continuous professional development. In response, the East Ayrshire HSCP has developed a strategic and multi-layered approach to staff training, combining mandatory learning, specialist modules, and leadership development, all embedded within a culture of continuous improvement and reflective practice. In addition to supporting compliance with the Act, this also ensures the ongoing delivery of compassionate, responsive, and integrated care services across the region. Staff across all HSCP service areas are afforded “protected learning time” to proactively participate in:

Mandatory and Statutory Training. The East Ayrshire HSCP mandates a comprehensive training programme for all staff, covering core training in areas such as Health and Safety legislation, Adult and Child protection, Infection Prevention and Control, Manual handling, First Aid, as well as Equality and Diversity, delivered through in-person courses at the learning Hub or online through LearnPro.

Role-Specific and Specialist Training. To ensure that staff are equipped with knowledge that’s relevant to their specific duties, the HSCP provides: Dementia training (Promoting Excellence Framework), Trauma-informed care education, Autism awareness and communication skills. Work is underway to develop specialised training for the segment of our workforce supporting neural – divergent service users.

Learning and Development Strategy. The HSCP’s Learning and Development Strategy integrates national care standards with local workforce planning. This strategy has led to workstreams that support: Tiered learning opportunities for staff based on their roles and experience levels, Protected time for training and reflection, access to multi-agency learning, promoting inter-professional collaboration with NHS Ayrshire & Arran, Police Scotland, and the Scottish Fire and Rescue Service, Co-designed learning programmes involving people with lived experience and carers, *as well as* Palliative and end-of-life care competencies tailored to community and care home contexts.

Monitoring, Supervision, and Quality Assurance. To ensure training is embedded into practice and remains compliant with statutory duties, the HSCP has implemented a supervision and appraisal process to assess staff training needs and professional growth. As part of this process, regular audits are in place along with assurance mechanisms to evaluate training effectiveness. Digital dashboards and reporting tools are used to track training compliance across teams and services *with appropriate* feedback systems that allow staff to identify gaps and request additional support.

Measures Taken to Ensure Staff Wellbeing

The East Ayrshire Health and Social Care Partnership is deeply committed to fostering a positive and resilient workplace culture by offering a comprehensive range of wellbeing training courses, resources, and initiatives designed to promote employees’ wellbeing. As part of this commitment, a robust Workplace Wellbeing Action Plan has been implemented to proactively address staff absences related to stress, integrating a range of targeted processes to mitigate the impact of anxiety, stress, and behavioural challenges in the workplace. Recognising the importance of strong policies and sustained wellbeing initiatives, the HSCP successfully achieved and maintained the prestigious Gold Award for Healthy Working Lives for six consecutive years until the award's discontinuation. Building upon this solid foundation, the organisation continues to prioritise employee wellbeing through a range of dedicated support mechanisms, including personal wellbeing plans, the "Here to Listen" suicide prevention strategy, and a well-established network of suicide prevention and

mental health first aiders embedded throughout the workforce. These initiatives ensure that employees have access to immediate and meaningful support whenever needed.

To further enhance accessibility to wellbeing resources, the HSCP has developed a dedicated intranet platform that provides employees with a wealth of tools and services, including counselling, occupational health services, interactive wellbeing LearnPro modules, bespoke training courses, and personalised one-to-one wellbeing support sessions. These comprehensive measures reinforce the HSCP's unwavering commitment to creating a supportive, inclusive, and resilient workforce, ensuring that all employees feel valued, supported, and empowered in both their professional and personal lives.

Please detail any ongoing risks that may affect your ability to comply with the duty set out in section 3(2).

The East Ayrshire Health and Social Care Partnership (EA HSCP) follows an integrated approach to workforce planning, supported by a comprehensive Workforce Plan (2022-2025) designed to support workforce recovery, growth, and sustainability. Despite the effectiveness of this framework, the HSCP continues to face a range of workforce risks that are likely to affect the HSCP's ability to comply with the duties set out in section 3(2) of the Health and Care Act.

Agenda For Change Reduced Work Week

One of the most prominent risks stems from the Agenda for Change Pay Reform where an upcoming reduction in the work week is expected to notably reduce staffing levels. The first 30-minute work-week reduction was successfully implemented in accordance with the deadline of 30th November 2024. However, the upcoming 1-hour reduction is anticipated to present further difficulties, particularly in maintaining workforce capacity to meet rising service demands. Given the current staff shortages already experienced across various Agenda for Change job families, a further reduction in working hours is expected to exacerbate workforce supply issues, inadvertently limiting the ability to sustain appropriate staffing levels across HSCP services. In response, the HSCP has undertaken an impact assessment to evaluate the legal, operational, and safety implications of this change, particularly in relation to patient care and staff wellbeing.

Beyond work-week reductions, the Band 5 to Band 6 nursing review and the introduction of protected learning time have also affected workforce capacity and financial stability. The transition of nurses from Band 5 to Band 6 provides career progression opportunities and acknowledges the increasing complexity of nursing roles. However, this transition comes at a substantial financial cost. Financial projections indicate that for every 10% of Band 5 nurses who successfully transition to Band 6, the system incurs a recurring cost of £0.4 million. Given the scale of these changes, our HSCP faces considerable financial risk, particularly as the £14 million non-recurring allocation provided to globally support these reforms is unlikely to fully cover the long-term costs associated with workforce expansion and capacity building. These financial limitations could potentially restrict the ability to implement comprehensive training programs, creating gaps in workforce capability. Addressing these challenges requires a sustainable approach to workforce development, ensuring that staff receive the necessary training to adapt to evolving service demands.

Increasing need for Specialised Training

In addition to financial and capacity-related pressures, workforce planning within the East Ayrshire HSCP is further affected by demographic trends across the region. According to National Records Scotland, East

Ayrshire's population is aging, with 23% of residents being aged 65 years and over, compared to the national average 19%. This demographic shift is associated with an increase in the complexity of care being delivered, with conditions such as dementia becoming more prevalent. As a result, the demand for specialised care and support services continues to grow, requiring further investment in staff training and upskilling. Financial limitations may have an impact on the HSCP's ability to implement comprehensive training programs, potentially creating gaps in workforce capability.

Recruitment and Retention Challenges

Recruitment and retention issues are particularly pronounced in rural and island communities of Ayrshire and Arran, where the geographical isolation of certain areas presents additional challenges. Within NHS Ayrshire & Arran's Primary Care remit, North Ayrshire includes island populations such as Arran, where recruiting permanent staff has been persistently difficult. Many professionals are reluctant to relocate to these areas due to the areas' remoteness and limited access to certain amenities. Furthermore, transport reliability, especially during winter months, can be inconsistent, making commuting from the mainland unpredictable. These factors discourage potential applicants and contribute to ongoing staffing shortages. Further, a broader trend has emerged where most health and social care professionals prefer to live and work in the more densely populated central belt, making it increasingly difficult to attract staff to Ayrshire and other rural localities.

Despite these challenges, some targeted efforts to improve recruitment and retention have yielded positive results. For instance, the Public Dental Service on Arran faced ongoing difficulties in recruiting a permanent Clinical Support Worker, with multiple unsuccessful attempts using traditional job advertising platforms such as SHOW (Scotland's job portal for healthcare roles), local newspapers, and social media. However, a revised recruitment strategy that included advertising through a local Facebook community group proved highly effective, leading to multiple applications from residents. To ensure long-term workforce sustainability, the service has adopted a "grow your own" approach, where recruited individuals are trained to progress from a Clinical Support Worker to a qualified Dental Nurse role through an accredited training programme. This model of professional development and career progression has proven viable for addressing workforce shortages in remote areas by creating local opportunities for career growth. The table below provides a breakdown of hard to fill roles within the East Ayrshire HSCP.

Hard to fill Roles	Services affected	What we've done about it
Primary Care APP	Musculoskeletal Service (MSK)	<ol style="list-style-type: none"> 1. Role redesign including upskilling. 2. Positive advertising through social media 3. Developing career entry pathways through "Grow your own" initiatives, such as modern and graduated including apprenticeships.
Occupational Therapist (OT)	Reablement, ICT, community OT	
Social Workers (SW)	Locality, Front door, SW services	
Band 7 Clinical Pharmacist	Pharmacotherapy	
MSK Advanced Physiotherapist	Musculoskeletal Service (MSK)	
General Practitioner	General Practice (GP)	

Social Work Team Managers	Locality Health and Social Care, Children's Services	4. Promoted succession planning to support career progression to leadership roles.
Community Care Officers	Care at Home	
Practice Development Coordinator	HSCP wide	
Assistant Technicians	HSCP wide	
Nursing Posts	Community drug and alcohol services in East Ayrshire	
Registered General Nurses (RGN)	HMP Kilmarnock (Prison Health services)	

Limited Implementation Guidance and Resources for HSCP

Although statutory guidance and quick-reference materials have been published to support the implementation of the Health and Care Act 2019, most of the available resources remain heavily focused on NHS acute areas such as hospital wards. While some guidance does address the needs of integration authorities, it falls short in capturing the full complexity of delivering integrated services, particularly the coordination required between health and social care sectors. NHS Education for Scotland (NES) and Healthcare Improvement Scotland (HIS) have developed a suite of Real Time Staffing (RTS) tools that include specialty-specific resources for critical care, mental health, maternity, and adult inpatient nursing. However, these tools are primarily tailored for NHS contexts and do not fully meet the needs of certain HSCP, community-based or integrated health and social care environments. This limitation may hinder consistency in monitoring and reporting of staffing data across integrated services, which may hinder effective compliance.

Financial Risks

Financial limitations present significant risks for the East Ayrshire Health and Social Care Partnership (HSCP) with regards to compliance with the Health and Care (Staffing) (Scotland) Act 2019. The Act requires that health and social care services are appropriately staffed to ensure safe and high-quality care, but ongoing budgetary constraints are increasingly undermining the HSCP's ability to meet these obligations. For instance, a recent strike by an external care provider highlighted the impact of these limitations. The industrial action, triggered by the provider's inability to pay the Real Living Wage due to funding shortfalls, presented risks to service continuity and underscored the vulnerability of the care workforce when fair pay cannot be guaranteed.

In community-based services such as Care at Home, demand continues to grow yet the resources available to fund the required staffing levels have not kept pace. This widening gap between demand and available capacity threatens the HSCP's ability to maintain safe staffing levels that are necessary to ensure responsive, person-centred care. In this context, the Partnership is facing an increasing mismatch between statutory expectations for staffing and the actual resources available to deliver services. Despite these challenges, the East Ayrshire HSCP remains committed to ensuring alignment of resources with legislative staffing requirements, through ongoing workforce planning and service redesign.