

EAST AYRSHIRE

Health & Social Care
Partnership

Workforce Plan 2025-2028

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’

A message from the Director

I am delighted to present our Workforce Plan 2025-28. The plan outlines the workforce challenges and opportunities, 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 respond to the challenges of increased service demand, demographic changes, and significant financial challenges over the next three years. This will mean caring for and supporting the wellbeing of our workforce, 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 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 future focused, financially sustainable services.

East Ayrshire Health and Social Care Partnership employs in excess of 3,000 people across a wide range of disciplines in both the Council and NHS. 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.

Finally, on behalf of East Ayrshire Health and Social Care Partnership, I would like to express my thanks to all our employees for their incredible and tireless hard work. I remain extremely proud of everything all of our employees achieve and the services they deliver to our most vulnerable residents. 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 our communities to improve and sustain



wellbeing, care and promote equity.

Craig McArthur

Director



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1. Overview

The East Ayrshire Health and Social Care Partnership (HSCP) is committed to delivering high-quality, person-centred care that adapts to the evolving needs of our population while addressing demographic, technological, and financial challenges. The 2025-2028 Workforce Plan is guided by the Caring for Ayrshire transformation program and East Ayrshire's Strategic Plan 2021-2030, both of which prioritise fostering independence within communities through a sustainable and skilled workforce. This plan reinforces the integration of health and social care services by promoting multi-disciplinary collaboration, strategic recruitment, continuous skills development, strong leadership, and workforce wellbeing. By aligning with national priorities and the 2025 Workforce Planning Guidelines outlined in DL33, the strategy ensures a proactive approach to meeting both current and future demands. The 2024-2027 Service Improvement Plans (SIPs) provide a robust foundation for implementing these workforce initiatives, ensuring they are responsive, innovative, and aligned with best practices in health and social care.

2. Stakeholder Engagement

To ensure that our workforce plan fully aligns with the needs and expectations of our staff, service users, partner organisations, and the wider community, relevant stakeholders have been consulted and their input taken into consideration, as much as possible, with plans in place to ensure continuous stakeholder engagement throughout the life span of this plan. This will promote transparency, inclusivity, and collaborative working, ensuring that the workforce plan is fully integrated into broader health and social care delivery efforts.

3. Our Progress since the 2022 – 2025 Workforce Plan

Since 2022, significant strides have been made across all our services to enhance workforce capabilities, address recruitment challenges, and foster a supportive work environment. These efforts aimed to ensure high-quality care while equipping staff with the skills and resources necessary to thrive in a dynamic health and social care landscape. There was a consistent emphasis on promoting staff well-being and fostering a compassionate workplace culture, across all service areas. Flexible working, initiatives to prevent burnout, and opportunities for professional growth have been integral components of our workforce strategy since 2022. Digital readiness was also prioritised, with platforms such as Attend Anywhere and eConsult enabling staff to meet modern healthcare demands more effectively. Recruitment efforts targeted underrepresented groups, career changers, and recent graduates to promote diversity and ensure workforce sustainability. Collectively, these initiatives demonstrate a commitment to building a resilient, skilled, and motivated workforce, capable of responding to evolving health and social care sector demands.

3.1. Children's Health, Care, and Justice Services (CHCJ)

Within CHCJ services, the introduction of trauma-informed practice has transformed staff training and supervision, fostering a more nurturing and empathetic workforce. Newly qualified practitioners benefited from having access to structured resources and oversight, ensuring that they are well-equipped to meet service demands. On the delivery front, the innovative *Art Club* initiative empowered care-experienced children and young people to express their creativity and share their stories, culminating in a widely acclaimed art exhibition. The fostering service also excelled, achieving high inspection ratings due to its focus on trauma-informed and relationship-centred care. In addition, multidisciplinary collaboration enabled quicker and more effective responses to child protection cases, aligning with the goals of "The Promise."

To improve access to community mental health services, the capacity of Mental Health Officers was increased by 3 WTE in 2024, following a review of the MHO workforce in 2023. Furthermore, in line with the Violence against Women Strategic Plan for 2021-2024, the Safe and Together Lead post was established in 2022 to support the development of domestic abuse-informed practice within Children and Families Social Work. These initiatives have led to improved service delivery and helped streamline referral processes by reducing waiting lists.

3.2. Locality Health and Care Services

Locality Health and Care Services have demonstrated a strong commitment to workforce empowerment and service improvement. Multi-Disciplinary Teams (MDTs) were strengthened to enhance care coordination and build resilience among staff. By embracing the revised Health and Social Care Standards, the workforce actively engaged in ongoing self-evaluation and training, drawing on lived experiences to enhance the quality of care. On the service delivery front, the Intermediate Care Team (ICT) played a vital role in ensuring smooth hospital-to-home transitions for complex cases through timely interventions. In 2022-2023 alone, over one million hours of care were provided, with 85% of these hours being delivered by East Ayrshire's internal Care at Home team. These achievements were supported by innovative practice development tools and sustainable service delivery approaches.

The adoption of the Electronic Logistics Management System (ELMS) has significantly improved the efficiency of Community Equipment Services, Wheelchair Services, and various NHS and Social Care supply provisions. By streamlining equipment and adaptation orders, scheduling, delivery, and maintenance, ELMS ensures seamless service operations. With a well-established user base and an active user group, the system continues to evolve, further enhancing service effectiveness. In terms of workforce expansion, more than 263 carers and several Social Workers were recruited between April 2022 and December 2024, increasing service accessibility and expanding options for service users.

3.3. Wellbeing and Recovery Services

The Wellbeing and Recovery team prioritised workforce flexibility and resilience, ensuring continued excellence in care. Digital Health and Care Support Workers played a key role in integrating technology-enabled solutions, while training initiatives provided staff with career progression opportunities. In terms of delivery, the service exceeded a 90% success rate in initiating drug and alcohol treatments within three weeks, demonstrating exceptional efficiency. The Financial Inclusion Team also achieved nearly £9 million in financial gains for residents in 2023, alleviating financial hardship for many. The Community Alarm service transitioned from analogue to digital systems, enhancing safety and independence for service users.

To support employee wellbeing, a Health and Wellbeing Coordinator post was established and recruited to in March 2024 to deliver a range of wellbeing supports to employees. Support offered included face-to-face telephone or virtual appointments and home visits to support staff who were absent from work due to anxiety, stress, bereavement, neurodiversity and diet/exercise, among other causes. Additional wellbeing sessions were delivered through the Leadership Development Programmes with emphasis on Vicarious Trauma targeted work.

3.4. Allied Health Professionals (AHP)

Allied Health Professional services focused on bolstering their workforce and expanding delivery capabilities. Staff benefited from the reinstatement of face-to-face training programs, such as early year's nutrition workshops. Other achievements included the resumption of in-person Diabetes Prevention Programs, which improved accessibility for service users. Despite challenges with waiting times, the Musculoskeletal (MSK) service maintained its broad range of offerings, ensuring patients received comprehensive care. Across all service areas, AHP staff continued to prioritise innovative, community-focused solutions to meet evolving needs.

3.5. Primary and Urgent Care Services

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 were able to optimise patient appointments, ensuring that those with urgent needs received priority care. Within Pharmacotherapy, a workload review was conducted, and the delivery was refined, leading to 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 better efficiency.

Within the Public Dental Service, a comprehensive role review was completed leading to the creation of multi-functional roles that provide hands-on support to teams. As part of

role diversification, Band 5 Dental Nurses have been given greater autonomy, supporting Team Leaders in overseeing daily clinic operations. This shift enabled Team Leaders to concentrate on staff management and broader operational priorities, improving overall service efficiency. The AUCS (Out-of-Hours and Urgent Care Service) developed a specialist operational workforce capable of filling diverse roles, ensuring minimal skills gaps. When required, staff from the wider Primary and Urgent Care Service provided essential support to AUCS, thus strengthening service resilience. Beyond clinical settings, Multi-Disciplinary Team (MDT) services under the GMS 2018 Contract continued to collaborate with local schools and colleges to develop career pathways in support of recruitment to specialised roles. These structural changes have been observed to improve flexibility, service resilience and responsiveness.

3.6. Equality and Diversity

Since 2022, three employee networks have been established to support diversity and inclusion. These networks include LGBT, BAME and Disability employee networks. Through these forums, employees have a safe space to come together for various diversity discussions and support, where needed. Through equality champions, all aspects of equality are promoted. The role of the Council's Equality Champions is to actively promote all aspects of Equality and Diversity within their Service areas and to lead on the completion of Equality Impact Assessments (EQIA) within their service. Equality Champions also functioned as an information resource, providing guidance and dealing with topics on equality matters. They were also responsible for flagging any behaviour that breaches Equality and Diversity policies.

4. Key Drivers of Success

The Workforce successes achieved by the East Ayrshire Health and Social Care Partnership (HSCP) are underpinned by several key drivers. A strategic focus on workforce empowerment, multi-disciplinary collaboration, and innovation has strengthened our capacity to meet evolving health and social care sector demands. By fostering a skilled and adaptable workforce, the partnership has been able to navigate challenging demographic, financial, and technological issues, while maintaining high standards of care. Our commitment to the delivery of Best Value Services played a crucial role in enhancing professional development and the wellbeing of our employees, in line with our objective of being an employer of choice. In addition, the use of innovative systems and data-driven approaches has enhanced service coordination, ensuring that workforce efforts align with both national priorities and the needs of the local population. The following key drivers collectively contributed to a strong foundation for ongoing workforce development.

4.1. Reduced Dependency on Supplementary Staffing

To mitigate high expenditure on agency staff and overtime, several measures have been implemented to optimise our workforce utilisation. Contract hours for Community Care Officers were increased, thereby reducing the reliance on overtime and external agency staffing. Within Primary and Urgent Care Services, workforce rotas were continually reviewed to ensure an appropriate skill mix, particularly during peak periods. Additionally, staff workloads were regularly assessed against capacity and managers provided guidance on task prioritisation where necessary.

4.2. A National Shortage of General Practitioners (GP)

A national shortage of General Practitioners (GP) has posed a significant challenge in filling GP vacancies, particularly in rural areas such as the Isle of Arran and the Isle of Cumbrae. In response, the Primary Care team has implemented targeted recruitment campaigns, including rolling media programs and local recruitment events, to promote the benefits of living and working in Ayrshire and Arran. These efforts have proven effective, with the number of vacant GP positions across 53 GP practices decreasing from 15 to 9 as of December 2024.

Further support for GP recruitment and workload management has been provided through the implementation of the General Medical Services (GMS) Contract 2018, under the Primary Care Improvement Plan (PCIP). This initiative aims to redefine the GP role as an Expert Medical Generalist, enabling certain tasks to be delegated to a broader multidisciplinary team. By integrating additional healthcare professionals into primary care settings, GP practices experiencing staff shortages were able to provide high-quality patient care while optimising the use of available resources.

4.3. Strategies to Fill Vacancies within the Ayrshire Urgent Care Service (AUCS)

The Ayrshire Urgent Care Service (AUCS) has historically relied on a combination of contracted staff with substantive posts elsewhere and bank staff to cover roster gaps. To create a more stable and sustainable workforce, a strategic transition has been undertaken to shift from a predominantly bank-staffed model to a full-time workforce. This has been achieved through careful planning, including consolidating available roster hours following staff resignations, retirements, and reductions in contracted hours. As a result, whole-time equivalent positions have been created and successfully filled, reducing reliance on temporary staffing solutions. The AUCS workforce currently consists of a skills-mixed model, comprising Advanced Nurse Practitioners (ANPs) and sessional General Practitioners (GPs). This approach ensured cost-effectiveness while maintaining a high standard of clinical care.

4.4. Strategies to address Allied Health Professional (AHP) Vacancies

Within Allied Health Professional (AHP) job families, certain vacancies have not been progressed due to ongoing financial constraints. Funding for AHP positions is distributed between HSCP and acute specialties, limiting direct control over recruitment decisions in some areas. Despite these challenges, the AHP service continued to identify sustainable solutions for filling essential AHP roles while adhering to financial limitations. A multifaceted approach was used, combining proactive recruitment efforts, workforce development programs, and strategic staffing adjustments to promote internal career progression, reduce reliance on agency staff, and enhancing recruitment efforts. While financial constraints continue to impact certain areas, ongoing evaluation and adaptation of staffing strategies will ensure that services remain resilient, cost-effective, and capable of meeting the evolving needs of the community.

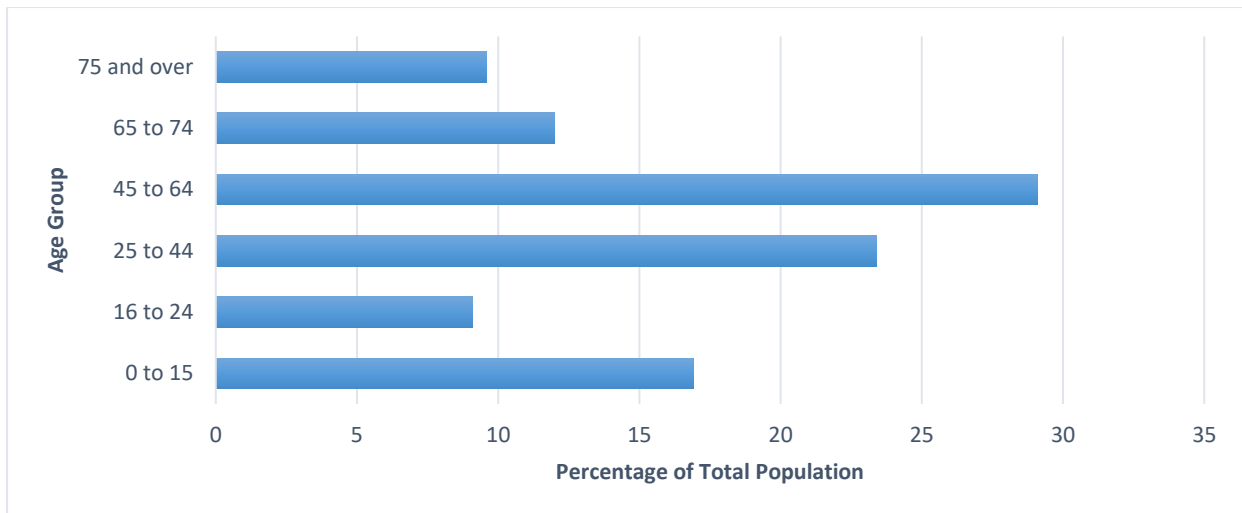
5. East Ayrshire's Population

The population of East Ayrshire is approximately 120,390 people and is projected to decline by 1.7% by 2028 owing to natural causes¹. At least 21.4% of this population is aged 65 years and older, with a significant portion of the remaining population being within the range of 50 -65 years. This age demographic is also reflected in our workforce where 43% of the workforce is aged 50 years or older. This demographic shift is associated with an increase in the complexity of care, with conditions such as dementia becoming more prevalent. As a result, the demand for specialised care and support services continues to grow, placing further strain on an already stretched workforce.

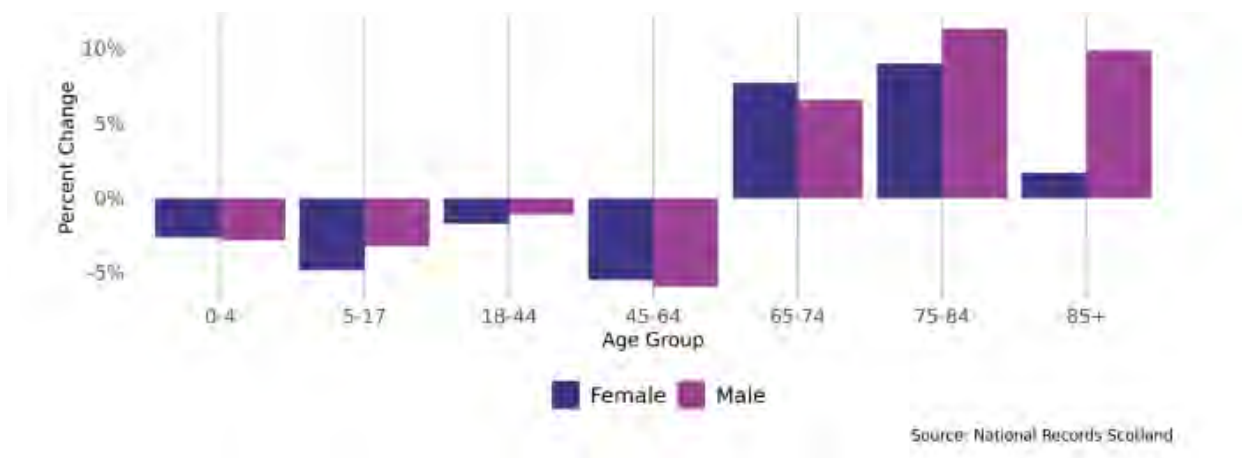
5.1. East Ayrshire's Population by age

The population distribution across different age groups reveals some key trends. The most recent national census shows that East Ayrshire's age demographic is shifting towards an older age demographic, with a growing proportion of residents in older age groups. Specifically, the population of those aged 65 and over accounts for about 23% of the total population, a figure higher than the national average of 19% for Scotland³.

This age demographic reflects broader trends across Scotland, where the population is gradually getting older due to increased life expectancy and lower birth rates. Individuals aged 0-15 years make up 17% of the population in East Ayrshire, which is slightly lower than the Scottish average of 18%. Meanwhile, those in the working-age group (16-64 years) represent 60% of the population, which is consistent with national trends³.



5.2. Projected change in population structure from 2023 to 2028



6. East Ayrshire Population Health Indicators

Based on the latest available population health data, East Ayrshire's population exhibits higher-than-average rates of chronic conditions such as cardiovascular diseases, respiratory illnesses, and mental health conditions. The region has also been identified as experiencing higher levels of social deprivation, which correlate strongly with poor health outcomes (Public Health Scotland, 2023). The Scottish Index of Multiple Deprivation (SIMD), which measures relative poverty across Scotland, indicates that several areas within East Ayrshire are among the most deprived in Scotland (Scottish Government, 2023). However, it is also worth noting that the region has seen improvements in smoking

cessation programs, increased physical activity, and other public health initiatives aimed at improving overall life expectancy and reducing health disparities.

6.1. Life Expectancy

Health data pertaining to East Ayrshire reveals both positive and declining trends. According to Public Health Scotland's latest data, life expectancy in East Ayrshire for men is 75.2 years, and 79.8 years for women¹. While these figures are slightly lower than the Scottish national averages of 76.8 years for men and 80.8 years for women, they reflect broader trends of health inequalities between rural and industrial regions of Scotland².

6.2. Long-Term Physical Health Conditions and Multi-morbidity

In East Ayrshire, it is estimated that 26.7% of the population possesses at least one physical long-term condition (LTC). These include cardiovascular, neurodegenerative, and respiratory conditions, as well as other conditions such as liver disease and renal failure, arthritis, cancer, diabetes, and epilepsy⁵.



1.7 in 10 people aged under 65 have at least 1 LTC



5.3 in 10 people aged 65 to 74 have at least 1 LTC



7.2 in 10 people aged 75 to 84 have at least 1 LTC



8.6 in 10 people aged over 85 have at least 1 LTC

Please note that estimates for this section are based on people who had contact with NHS services - see footnotes for further information and caveats on identifying LTCs.

The co-occurrence of two or more conditions, known as multi-morbidity, is broken down in table 6, distinguishing between age groups. Overall, 3.8% of those under the age of 65 have more than one LTC, compared to 37.6% of those aged over 65. Table 6.3: Multi-morbidity of physical long-term conditions by age group in 2020/21. Proportion over 65 (%).

6.3. Breakdown of multi-morbidity

Conditions	Proportion over 65%	Proportion under 65(%)
1 LTC	26.0	12.8
2 LTCs	15.9	2.7
3 LTCs	10.3	0.7
4 or more LTCs	11.4	0.4

7. Our Current Workforce

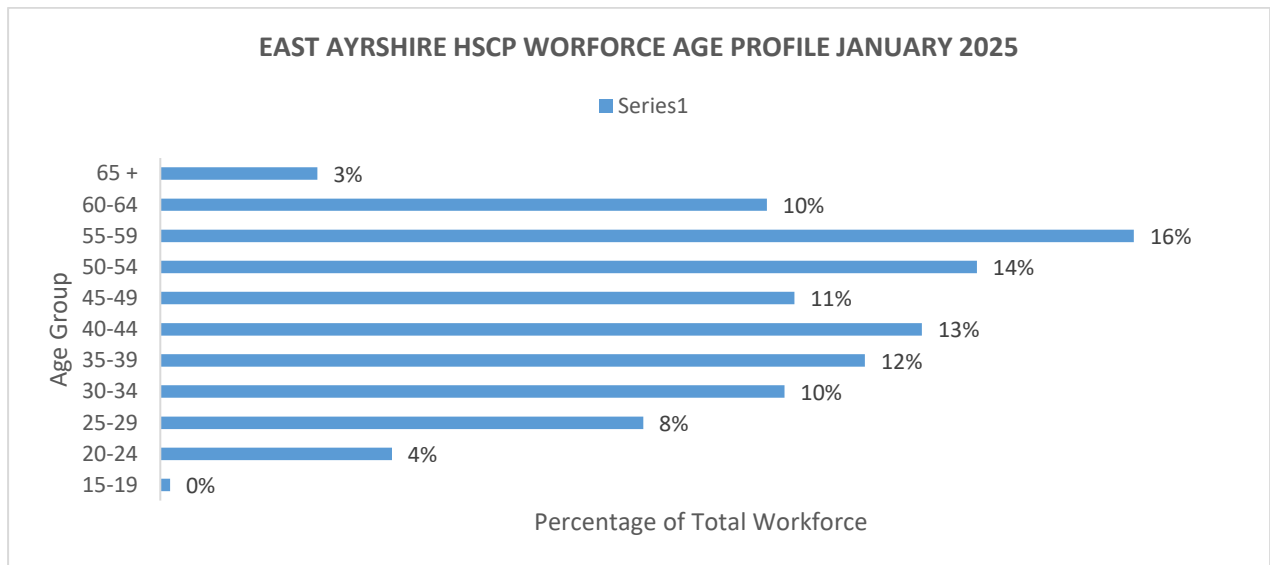
The East Ayrshire Health and Social care Partnership employs 3058 staff across several disciplines as depicted in table 7.0. This equates to a whole time equivalent of 2413.6, with community care Officers and Social Workers forming the larger portion of the workforce.

Department	East Ayrshire Council		NHS Ayrshire and Arran		Total HSCP	
	Head count	WTE	Head count	WTE	Head Count	WTE
Allied Health Professionals			271	224.8	271	224.8
Business Support	125	114.3	42	33.1	167	147.4
Children's Health, Care and Justice	352	351.1	127	110.7	479	461.8
Directorate	5	5			5	5
IJB Finance	34	32.5			34	32.5
Locality Health and Care Services	1029	652.9	425	361.2	1454	1014.1
Primary and Urgent Care			256	183.5	256	183.5
Wellbeing and Recovery	308	268.2	84	76.3	392	344.5
Total	1853	1424	1205	989.6	3058	2413.6

Table 7.0

7.1. Age Profile

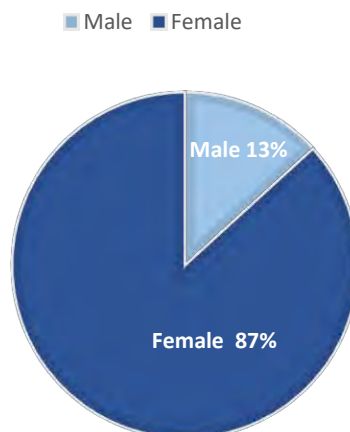
Table 2.0 shows a breakdown of our workforce by age. Evidently, our workforce is aging with a greater portion of the workforce gradually shifting towards the 50 years and over age group. Currently, 43% of our workforce is aged 50 years and over with only 34% of the workforce being below the age of 40. This highlights the need to attract young people into the health and social care sector to ensure adequate supply of labour to meet future service delivery needs



7.2. Gender Profile

The East Ayrshire Health and Social care partnership workforce has a gender distribution of 13% male and 87% female. In comparison to the 2022 distribution, there's been a 1 % shift in gender distribution with 1% more males and 1% fewer females in 2025.

East Ayrshire HSCP Workforce Gender Profile



8. Key Workforce Challenges

The East Ayrshire Health and Social Care Partnership (HSCP) faces a range of workforce challenges that are shaped by geographical, demographic, and infrastructural factors that impact the ability to attract, recruit, and retain staff across health and social care services. One of the most significant obstacles in social care is transport accessibility, particularly in rural areas where public transport links are limited. This issue is especially prominent among staff who do not drive, making their commute challenging. The impact of this challenge is prominent in services such as the Community Alarm and Care at Home (CAH), where employees must travel frequently between patients' homes. The lower population base in rural areas of Ayrshire also reduces the local recruitment pool, making it harder to attract workers from within the region. As a result, workforce sustainability is significantly affected, particularly in community-based roles that rely on consistent and timely travel.

8.1. Demographic Shift – An Aging Workforce

East Ayrshire has experienced a shift in age demographics with more people transitioning into the older age population segment. This has resulted in an increase in demand for health and social care services, particularly in domiciliary and residential care settings. This surge in demand has placed additional pressure on our workforce, necessitating continuous efforts to maintain a sufficient supply of skilled professionals to meet service needs. Without proactive measures to address this issue, the gap between service demand and workforce availability may continue to widen, potentially compromising the quality and accessibility of care.

Recruitment and retention issues are particularly pronounced in rural and island communities, 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 their remoteness and limited 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. Additionally, a broader trend has emerged in which many healthcare 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 since adopted a "grow your

own" approach, in which the recruited individual is trained to progress from a Clinical Support Worker to a qualified Dental Nurse through an accredited training programme. This model of professional development and career progression has proven to be a promising strategy for addressing workforce shortages in remote areas by creating local opportunities for career growth.

Another notable workforce challenge exists within the Ayrshire Urgent Care Service (AUCS), which operates across three bases: University Hospital Ayr, University Hospital Crosshouse, and Ayrshire Central Hospital in Irvine. Although staff have not raised direct concerns regarding transport, the lack of public transport availability at certain shift start and finish times during out-of-hours periods remains a factor in recruitment and retention. Services that operate 24/7 face additional barriers in attracting workers who rely on public transportation, as inconsistent or unavailable transport options may deter potential applicants from considering these roles.

Addressing workforce challenges in East Ayrshire requires a comprehensive and multi-faceted approach. Improving transport accessibility, implementing targeted recruitment strategies, and developing professional training initiatives are essential components of a long-term solution. By adopting innovative approaches such as community-based hiring and structured career progression pathways, the HSCP can work towards enhancing workforce sustainability and ensuring continued high-quality care for the population it serves.

8.2. Agenda for Change Pay Reform

The implementation of the Agenda for Change Pay Reform terms and conditions presented several challenges. The reduction in the work week, the Band 5 to band 6 nurse review and the establishment of protected learning time have had an impact on workforce capacity to meet demand, as well as recurring financial pressures that may not be fully addressed by the £14 million non-recurring allocation provided to cover all work streams. With the first 30 minute work week reduction now fully implemented in accordance with the prescribed deadline of 30th November 2024, it is anticipated that implementation of the remaining 1 hour reduction in the work week will present significant challenges to our system and will most likely amplify the existing capacity and supply issues being faced across all Agenda for Change job families. In preparation for the next 1 hour work week reduction, we have undertaken an exercise to assess the impact of further reduction in the work week, in terms of meeting our legal obligations, as well as the impact on service provision and safety of staff and service users.

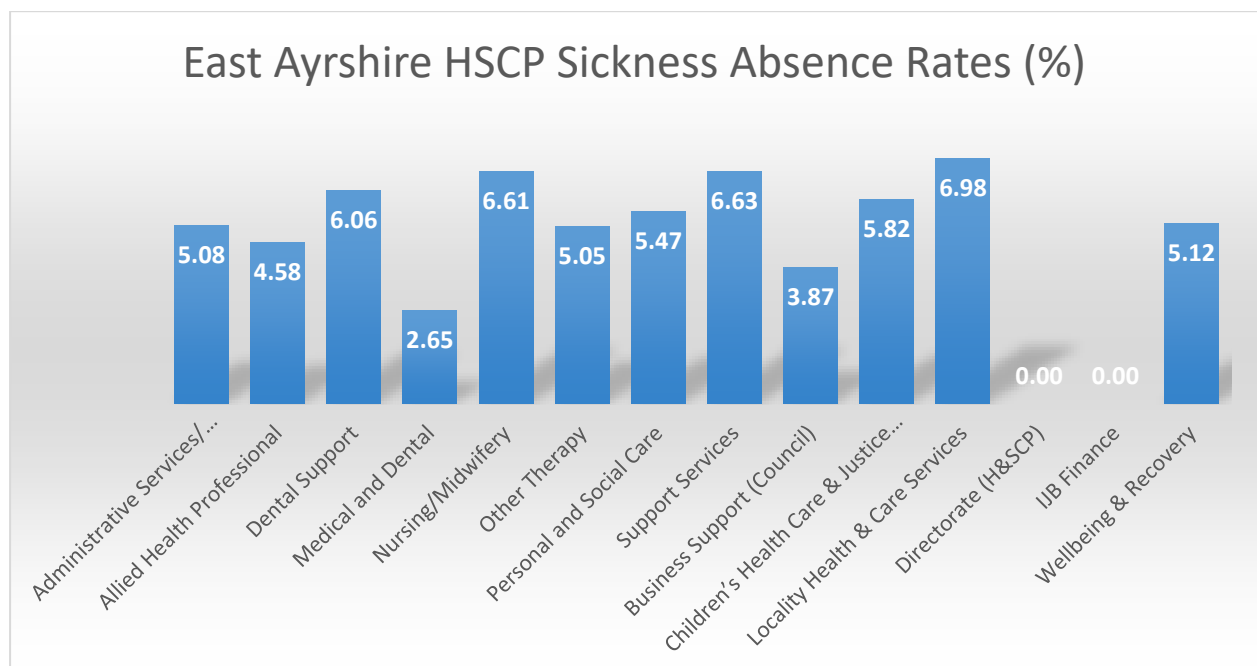
Beyond the agenda for change, our workforce is significantly impacted by shifting demographic trends across Ayrshire. East Ayrshire's population is aging, with about 21.4% of the total population currently aged 65 years, a figure higher than the national average of 19% for Scotland (National Records of Scotland, 2023). This demographic shift has led to an increase in the complexity of care being delivered where conditions such as dementia have become more prevalent. The resulting increase in service demand

pressures coupled with regulations, such as the Health and Care (staffing) (Scotland) Act and the Self-Directed Support Framework of Standards require significant investment in staff training and upskilling to ensure adaptability, yet financial limitations often hinder comprehensive staff training and development programs, creating gaps in workforce capability. This demographic trend is also reflected in our workforce, where a significant portion of our workforce is approaching retirement age. This presents challenges in ensuring workforce sustainability, particularly in rural areas where the HSCP continues to face difficulty attracting and retaining qualified professionals.

8.3. Difficulty Ensuring Staff Wellbeing

The pressures of delivering services during and after the COVID-19 pandemic have left many staff members fatigued, affecting morale and increasing sickness absences. Ensuring that employees are supported, motivated, and equipped with appropriate skills is crucial for long-term sustainability. Several initiatives have been put in place to support attendance at work, including effective supervision, personal development reviews (PDRs), and the FACE framework, however, the percentage of staff achieving FACE sign-off remains below the 95% target, underlining systemic barriers to training and evaluation.

The impact of national policies such as the NHS 'Agenda for Change' framework adds another layer of complexity. While well-intentioned, these policies often lead to reduced operational hours or other constraints that affect workforce planning and service delivery. The following tables provide a breakdown of the current sickness absence rates broken down by HNS and council Job Families.



8.4. Workforce Recruitment and Retention Challenges

Recruitment and retention issues are particularly pronounced in rural and island communities, 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 their remoteness and limited 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. Additionally, a broader trend has emerged in which many 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.

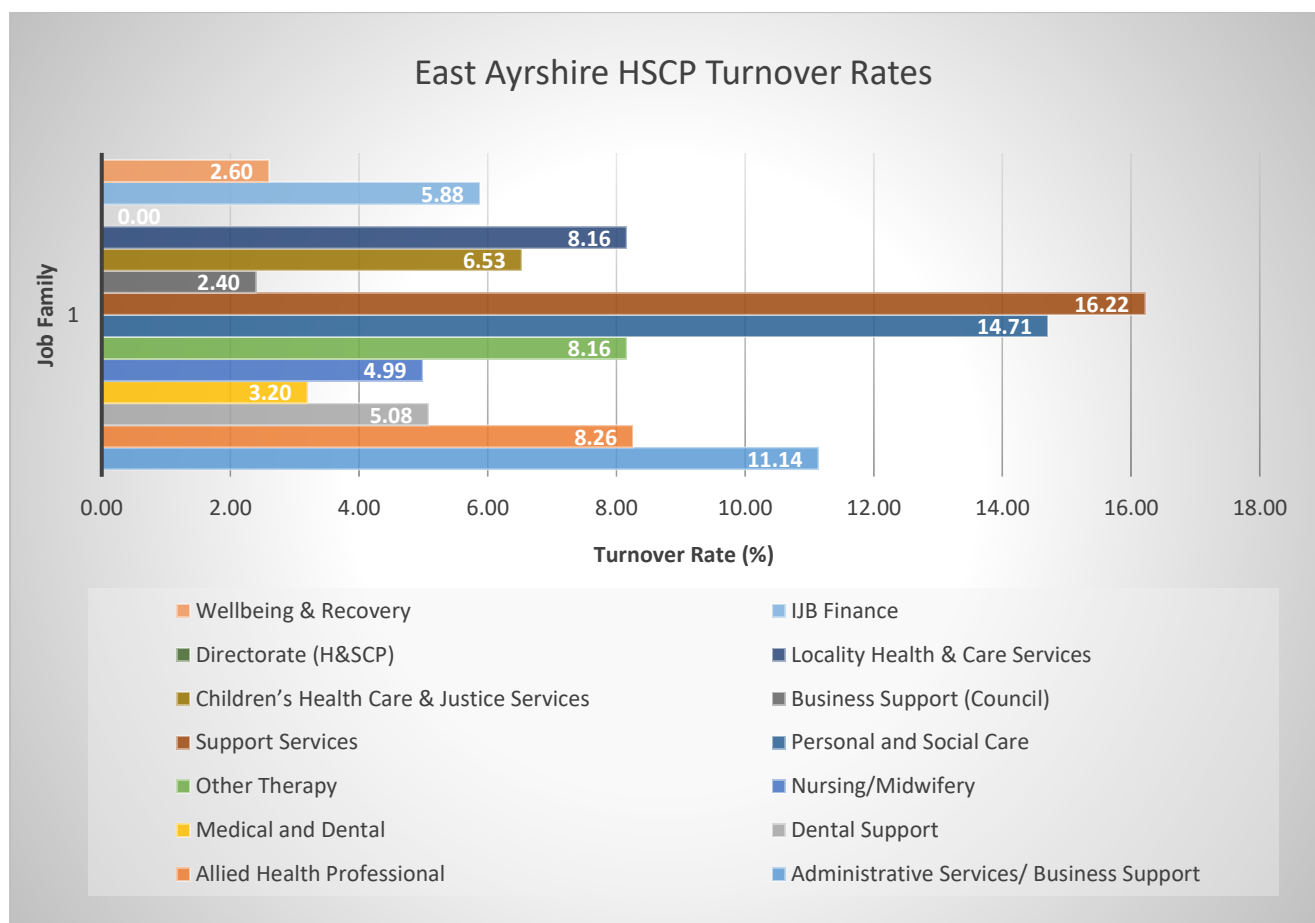
Despite these challenges, some targeted efforts to improve recruitment and retention have yielded positive results. For instance, the Public Dental Service on Arran faced ongoing difficulties in recruiting a permanent Clinical Support Worker, with multiple unsuccessful attempts using traditional job 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 since adopted a "grow your own" approach, in which the recruited individual is trained to progress from a Clinical Support Worker to a qualified Dental Nurse through an accredited training programme. This model of professional development and career progression has proven to be a promising strategy for addressing workforce shortages in remote areas by creating local opportunities for career growth. The table below provides a breakdown of all the roles within the East Ayrshire HSCP which have proven to be hard to fill.

Hard to fill Roles	Services affected
Primary Care APP	Musculoskeletal Service (MSK)
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
Community Care Officers	Care at Home
Finance Assistant	HSCP wide
Clerical Assistants	HSCP wide
Practice Development Coordinator	HSCP wide
Assistant Technicians	HSCP wide
Nursing Posts	Community drug and alcohol services in East Ayrshire
What we have done about it	<ul style="list-style-type: none"> > Role redesign including upskilling > Positive advertising through social media > Developing career entry pathways through "Grow your own" initiatives, such as modern and graduated including apprenticeships. > Promoted succession planning to support career progression to leadership roles.

8.5. Turnover Rates by Job Family

A broader trend has emerged in which many healthcare professionals prefer to live and work in the more densely populated central belt, making it increasingly difficult to attract and retain staff in some parts of East Ayrshire, especially in the rural locality areas. The table below depicts HSCP turnover rates by job family, highlighting higher turnover trends with in administrative and orthotics NHS job families.

Job Family	HSCP Turnover Rates (%)
Administrative Services/ Business Support	11.14
Allied Health Professional	8.26
Dental Support	5.08
Medical and Dental	3.20
Nursing/Midwifery	4.99
Other Therapy	8.16
Personal and Social Care	14.71
Support Services	16.22
Business Support (Council)	2.40
Children's Health Care & Justice Services	6.53
Locality Health & Care Services	8.16
Directorate (H&SCP)	0.00
IJB Finance	5.88
Wellbeing & Recovery	2.60



9. The Workforce Plan 2025 – 2028

Pillar	Priority	Objectives	How we will achieve this	Lead	Date
Plan	Ensure evidence based workforce Planning	Ensure our workforce is of the right size, shape, and capability, to deliver safe, sustainable and accessible care.	Adopt modern workforce planning tools to support real time monitoring, evaluation and deployment of the workforce.	HR, WP Lead	March 2027
			Improve access to workforce data across the HSCP for timely identification of emerging gaps.	HR, WP Lead	March 2026
		Effectively evaluate, monitor and manage workforce risks and impact on service delivery.	Develop and embed a HSCP workforce risk management Framework	HoS, Senior Managers, WP Lead,	June 2025
		Support collaborative workforce planning across the HSCP to ensure that workforce planning considers national pressures and accurately reflects the needs of our population	Strengthen links with the local employability partnership, local recruitment agencies, and education institutions to promote HSCP vacancies.	WP Lead	March 2026
			Complete Best Value Service Reviews for Day Centres and Adult Services to identify opportunities for workforce enhancement.	Senior managers, Service Managers, WP Lead,	March 2026
			Incorporate HSCP workforce discussion in broader NHS AA workforce planning through appropriate	HoS, WP Lead	June 2025

			channels such as the Workforce Improvement Group		
	Develop an Implementation plan for the Agenda for Change	Comply with Scottish government directive and deadline for implementation of the Phase 2 of AFC	Conduct an impact analysis for the additional 1-hour reduction in the work week	Senior Managers, WPL,	June 2025
			Develop a plan of implementation for the additional 1-hour RWW	WPL, Nurse Director, Senior Managers	Sept 2025
Attract	Use domestic and international recruitment channels to attract the suitable staff into health and social care employment in Scotland	Develop HSCP Career pathways for young people, care experienced, young people, graduates and minority groups to encourage careers in health and social care.	Increase the number of apprenticeship and graduate intern posts, ring fencing posts for graduates along with developing an Ayrshire and Arran wide international graduate support plan.	HoS, WP Lead, OD, LD	March 2026
			Support the development of the Social Work apprenticeship program		
			Promote collaboration with Local Employability, Workforce & Future Skills team and other recruitment agencies to attract applicants to our training programmes to support high turnover areas within the EA HSCP.	WP Lead	March 2027
			Develop comprehensive	WP Lead,	March 2027

			Career promotion materials to increase awareness of health and social care career options and promote a Career Pathways page on the EAHSCP website	HR, Comms Team	
			Support training and work experience opportunities for education leavers, career changers and (CHCJ SIP)	Learning and Development (LD)	March 2026
			Develop links with universities and local Colleges to promote HSCP career development for HSCP employees.	WP Lead	March 2026
Train	Impart in our workforce the knowledge and skills required to deliver high quality Health and Social Care Services	Provide social work practitioners with the training and skills required to carry out their job. Areas with gaps include resilience training, learning disability and mental health training, among others.		Learning and Development (LD)	March 2026
		Provide relevant development opportunities for the social work workforce	Design and deliver an annual core training calendar for the social work workforce	Learning and Development (LD)	March 2026
		Support the implementation of the Scottish Social Services Council (SSSC) Newly Qualified Social Worker (NQSW) Continuing Professional Learning (CPL) Programme	Design and deliver a development programme for NQSW and their Line Managers to support the evidencing of SSSC CPL requirements	Learning and Development (LD)	March 2026

		Develop and extend training support to staff working with children with neurodiversity	Conduct a training needs assessment with relevant staff within Children's Service to explore skills, practice requirements, as well as confidence and training needs to inform the development of training offered to frontline staff	WP Lead, Learning and Development (LD)	March 2026
			Ensure the workforce is supported to develop the skills to effectively use technology.	Learning and Development (LD)	March 2027
			Develop and deliver a Trauma Informed training.	Learning and Development (LD)	March 2026
			Develop the Liquid logic Lead officer role, deliver training and user manuals for improved reporting, recording and performance management	Business Support Senior Managers, Comms, IT	March 2026
Employ	Become an "employer of choice" by ensuring staff are valued and rewarded.	To promote staff recruitment and retention to sector by co-producing a national promotional campaign on the positive and essential nature of community health, social work and social care in supporting people to lead fulfilling lives, to attract people to the	Create and promote pathways into hard to fill Roles	HR, WP Lead	March 2027

		sector especially younger people.			
			Explore options for role diversification and role reform to meet supply challenges for hard to fill roles	WP Lead, HR, Senior Managers	March 2027
			Identify options for increasing flexibility of the workforce including functional flexibility i.e. multi-skilling, job rotation or temporal flexibility	WP Lead, HR, Senior Managers	March 2027
			Explore Volunteering options for health and social care roles.	WP Lead, HR, Senior Managers	March 2027
			Increase workforce engagement to understand key drivers for turnover and absence, using forums such as surveys and live employee sessions.	WP Lead, HR, Senior Managers	March 2027
			Reduce workforce overtime spend by 10%, and sickness absence rates by 3%	Heads of Service , Senior Managers	March 2027
			Grow HMP Kilmarnock Prison based social work team by 3 additional WTE to enhance service delivery	Prison service Senior/ Service Managers, WP Lead	June 2025
Nurture	Ensure a workforce and leadership culture focusing on the health		Develop, implement and support a consistent approach to staff induction at all levels across the HSCP, with links to Flying Start NHS	WP Lead, HR, Senior Managers	March 2026

	and wellbeing of all staff		resources offered by Health Improvement Scotland.		
			Develop and implement an annual training and development plan for all staff in line with the Health and Care Act 2019	LD, OD, WP Lead, Service Managers	March 2026
			Collaborate with key stakeholders to obtain a Pan- Ayrshire agreement to develop a core competency framework for each staff group across Health and Social care.	Heads of Service	March 2027
			Explore and develop programs to improve staff resilience when experiencing vicarious trauma	Wellbeing Coordinator, LD	March 2026
			Implement a model of improvement of restorative practice and principles, building trusting relationships	OD, LD	March 2026
			Establish and promote referral pathways through Communities of Practice and other agencies/services in the community to support staff with self-management of their health and wellbeing	Wellbeing Coordinator,	March 2026
			Promote mental health referral pathways through links with GP based Mental Health Support Practitioners.	Wellbeing Coordinator,	March 2026

			Improve access to comprehensive wellbeing and self-management information, resources and supports.	Wellbeing Coordinator, Service Managers	March 2026
			Continue our place-based redesign work across East Ayrshire; and building a flexible workforce of people with transferrable skills that recognises and makes best use of expertise.	HoS, Senior Managers, WP Lead, HR	March 2027
			Develop Multidisciplinary Teams that meet regularly and follow processes which have robust clinical and care governance arrangements to enable issue identification, escalation and resolution	Heads of Service, Senior Managers, WP Lead	March 2027
			Succession planning to ensure our workforce is sustainable and has the right skills as we move forward.	WP Lead, OD, HR, Service Managers	

10. References

1. National Records of Scotland (2023). *East Ayrshire Population Estimates*. Retrieved from [Life Expectancy in Scotland 2021-2023 - National Records of Scotland \(NRS\)](#)
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