

**South Ayrshire Health and Social Care
Partnership**

Interim Workforce Plan 2021/22

Section 1 – Background

Existing Workforce Plan / Reporting

South Ayrshire Health and Social Care Partnership (SAHSCP) published its first corporate [Workforce Plan](#) in 2019, which provided a range of data related to the SAHSCP workforce. As many of the themes and trends identified in 2019 are still relevant now (for example the over-arching FTE, organisational structure, and age demographics etc.), the Interim Plan will not repeat data already captured and published, although sections 2-6 below will highlight workforce data where additional focus is required.

The 2019 Workforce Plan detailed a range of actions, and a workforce planning implementation group was formed with representatives from South Ayrshire Council (SAC) and NHS Ayrshire and Arran (NHSAA). The group had input from, but not limited to, Organisational Development, HR, Registered Services, Contracts and Commissioning, AHP's, Children's Services, Social Work and Nursing. The actions were developed, updated and prioritised during 19/20 (see Appendix 1) and were due to be further progressed throughout the 3-year lifespan of the plan. The progression of COVID halted aspects of the action plan, as the focus of SAHSCP naturally moved to more immediate operational/remobilisation considerations.

Workforce planning updates are regularly provided to the SAHSCP Senior Management Team, as well to other forums such as the South Ayrshire Area Partnership Forum. In addition, a designated Pan-Ayrshire workforce group considering COVID-related recovery was established, of which SAHSCP plays an active part.

Workforce data and reports from both the SAC and NHSAA HR/Payroll systems are routinely made available to SACHSP managers to aid their service and workforce planning.

It is recognised that workforce planning is not a distinct process, but a process that links, informs, and impacts upon (and is impacted by) other strategic activity. Examples include –

- Development of the SAHSCP [Strategic Plan 2021](#) which takes cognisance of workforce planning.
- Development and progression of corporate digital strategies ([SAC](#) and [NHSAA](#)) and ensuring SAHSCP is represented on the forthcoming [SCVO Digital Champions](#) Programme.
- People Plans ([SAC](#) and [NHSAA](#)) that are developed with input from SAHSCP managers and employees. The aim is to develop a SAHSCP specific People Plan embedded in the next iteration (2022-25) of the workforce plan.
- A requirement to more closely link workforce planning to the [Caring for Ayrshire](#) transformation change programme.

We welcome the Scottish Government's requirement for an Interim Plan, as it is SAHSCP's intention to review the 2019 Workforce Plan (taking into account the direct impact of COVID), as well as the implementation group and action plan. Longer-term elements that were halted by COVID (but not necessarily COVID-related) will still need addressed (for example recruitment and training strategies) and there is recognition now is the time to get 'back on track'.

Wider Collaboration

There are good examples of 'system-wide' workforce planning involving the 3 Ayrshire HSCP's and the wider NHS to ensure a systematic, effective and equitable approach, with a particular focus on reducing the destabilisation of one part of the system where it may adversely affect another. The work within the programme linked to the Primary Care Improvement Plan is a good example of co-operation backed with a pragmatic approach so that the workforce demands of the GMS contract are met without materially affecting Acute Hospital staffing.

In addition, the whole system (HSCPs and wider NHS as well as GP Independent Contractors) co-operated in a campaign to incentivise Ayrshire as a positive place to be employed, for example in relation to the GMS contract. This campaign, which involved social media, links to training institutions and 'Fairs' was highly effective and was extended to include recruitment into wider HSCP activity such as Intermediate Care and Community Rehabilitation. A proactive campaign to recruit GPs also had a significant impact on the ability to staff GP Practices whereas, previously, there had been major gaps leading to GP Practices handing back contracts to Board.

Another good example is the establishment of 'pipeline' approaches where there are very limited existing staffing pools. For example, the ANP academy approach (working also with academic training bodies) is a positive mechanism to create the skilled ANP workforce that we will need in the next decades.

The above examples showcase strong joint-working working between professional bodies (such as LMC/GP Sub-Group), senior HSCP Managers, and Board Primary Care staff.

Designated workforce leads from across the 3 Ayrshire Councils and NHS A&A meet regularly to share information and updates, and they have developed their Interim Plans together to ensure a degree of consistency. Across Ayrshire, one organisation may be the 'lead' in service delivery, and where applicable this is highlighted.

Finally, SAHSCP plays an active part in the wider workforce planning agenda, being a member of the Society Personnel and Development Scotland (SPDS) workforce planning group, liaising with Improvement Scotland on a national workforce planning toolkit, and contributing to the Scottish Government short-live working group that developed the Interim Plan template.

Engagement/Ownership

In the development of the Interim Plan, cognisance was taken of recent [employee engagement](#), a range of specific workforce planning sessions with key managers in Q1 2020, and existing workforce-focused meetings that senior leaders already deliver (an example being the Community Health and Care Services Workforce Group focusing on a review of Social Work, District Nursing, Community Rehabilitation Team, Care at Home and Reablement and Enhanced Intermediate Care – see section 5).

Workforce planning is a key focus in SAHSCP COVID recovery/ remobilisation plans, associated risk assessments, and within and across related SAC and NHS activities.

John Wood (Senior Manager – Planning and Performance) has lead responsibility for both the Interim Plan and the development of SAHSCP's next 3-year plan from 2022. The Interim Plan was submitted to the South Ayrshire Integrated Joint Board on the 28th April.

Section 2 – Stakeholder Engagement

Third and Independent Sector

The 2019 Workforce Plan highlighted the importance of engaging the Third and Independent Sector (3&IS), but there was recognition it focused too narrowly on workforce data. The recent successful Strategic Plan consultation will inform the model of engagement going forward, with a more holistic view of the workforce required.

Workforce planning conversations with 3&IS take place through established 'Care at Home'/'CareHome' forums, and these informed vital elements of service delivery during COVID. Recent consultation with stakeholders such Scottish Care and Voluntary Action South Ayrshire has confirmed a requirement by SAHSCP and partners to focus on elements such as-

- The impact on the workforce where new care homes enter the market.
- How best to support providers into 'recovery'.
- Utilise and further develop 'one source' of meaningful and consistent workforce data to avoid duplication (such as the daily TURAS Care Management Safety Huddle).
- Establish the latent workforce and migration opportunities from industries more permanently affected by COVID (such as hospitality).
- Exploring the potential for shared workforce, particularly in social care, where there can be a high use of expensive agency staff and inefficient use of multiple banks of relief staff, with the same people registered on them. A collaborative approach could be more effective and more efficient.
- Further consideration to the funding of running costs of 3&IS rather than funding that is solely tied to the delivery of a project or new service.
- Inform and drive engagement and communication – for example ensuring local children and families are fully aware of local respite services.

The proposed focus from the Scottish Government (via the National Workforce Plan) in strengthening workforce planning within and across the 3&IS is welcome and will assist greatly.

Employees

SAHSCP views engagement with employees as vital. Recent [engagement](#) has confirmed overall communication and engagement is rated as 'very good' by employees, but there is a demand for more tailored 'service-specific' information through a wider range of channels, development and promotion of more local and 'agile' initiatives/success stories, and activities that will reinforce public/ partner appreciation. Recent workforce planning and horizon scanning sessions with over 50 managers has confirmed key themes withing training/CPD, information/autonomy, and systems/processes.

The above elements will be considered and progressed during 2021/22 and will inform the proposed SAHSCP People Plan.

HR and Trade Unions

Workforce development and transformation requires HR and Trade Union support, and both are represented on key governance groups and provide a vital 'critical friend' role from a strategic viewpoint – this is mostly done through the South Ayrshire Area Partnership Forum.

From an HR perspective, as highlighted in the 2019 Workforce Plan, there are limitations and complexities when attempting to deliver an integrated model of delivery where Council and NHS Boards operate different pay-scales, contracts, policies and systems.

Trade Unions were consulted in the development of the 2019 Workforce Plan, and ongoing engagement is mainly through the established Partnership Forum, and opportunities to further strengthen input will form part of the 2022 Workforce Plan development.

Financial Planning Leads

Remobilisation Phase 3 has been submitted to the Scottish Government and provides detail on resources required in the response to COVID.

Financial planning impacts on fundamental aspects of workforce planning (and vice-versa), and the various governance mechanisms, especially the Integrated Joint Board, ensure SAHSCP Finance Teams contribute to service delivery. The budget for 2021/22 will support current known demand (and the anticipated increase in demand/referrals as a result of COVID) by investing in areas such as older people, OT, physiotherapy and mental health.

Key assumptions are factored into workforce planning – examples include the percentage uplift on the contracted rate for purchased care at home in rural areas (in recognition of local supply/demand), and anticipated pay uplifts.

NHS/HSCP Workforce Planning Leads

Nominated 'workforce leads' from the 3 Ayrshire Partnerships and NHSAA meet on a regular basis to share information and updates. It was agreed by all leads to work in conjunction when completing the Interim Plan, and this collaborative approach will inform the development of each organisation's respective 2022 workforce plans.

However, there are clear and fundamental differences in approach to workforce planning oversight/ownership from each organisation in relation to resource, remit, roles and responsibilities (reflected nationally and evident from the SPDS workforce planning survey in 2020 which all 32 Councils completed) and it is hoped further workforce planning positioning and training (as promised from the Scottish Government as part of the National Workforce Plan) will help introduce a degree of consistency.

Section 3 - Supporting Staff Physical and Psychological Wellbeing

Wellbeing Activity

SAHSCP will continue to undertake a range of activity to support employee wellbeing (all promoted via corporate communication, team briefs, and blogs/vlogs from senior managers) and recent examples include-

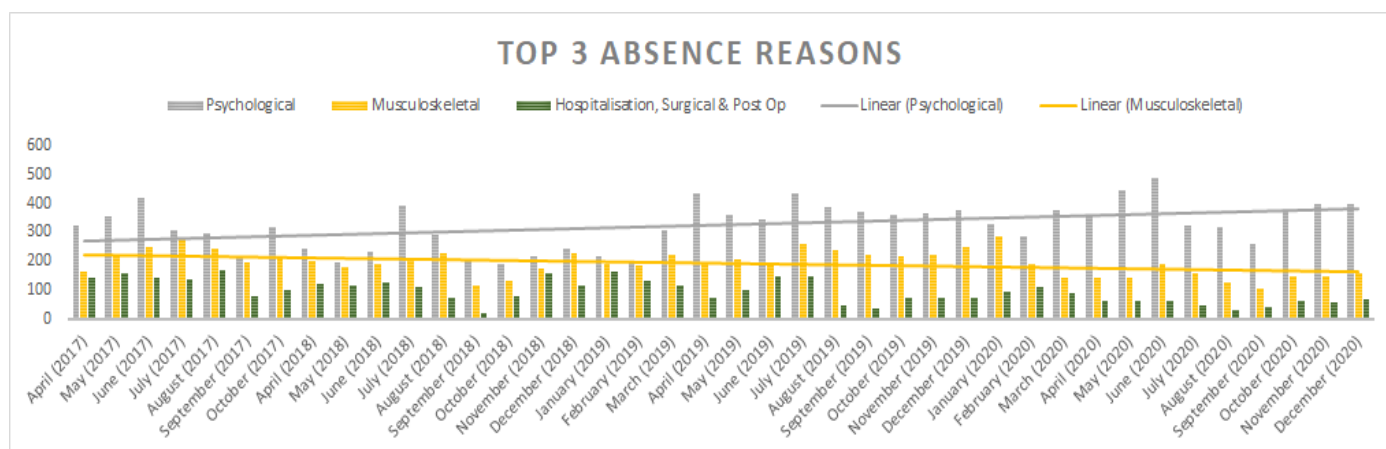
- An award winning 'Healthy Working Lives' programme, offering employees lifestyle checks, and promotion of campaigns such as Healthier Scotland's 'Clear Your Head' and MIND's focus on mental health during the festive period (alongside virtual winter health-checks via Occupational Health provision).
- Promotion of the Staff Wellbeing Programme from PROMIS and a webinar programme developed for all health and social care staff and unpaid carers, to support and empower all H&SC staff to enhance personal resilience during these challenging times.
- Promotion of the Listening Service (providing a 'listening ear' and a chance to talk, as well as signposting to appropriate alternative support mechanisms) open to all NHS, health and social care partnership staff, third sector providers, commissioned services, care home staff, NHS 24, Scottish Ambulance Service and volunteers working within the sector across Ayrshire and Arran.
- Creation and provision of Staff Wellbeing Hubs across 3 key geographical areas, allowing SAHSCP staff a vital 'quiet' space.
- Introduction of telephone and video consultations for a range of OH support, replacing traditional f-2-f delivery in areas such as physiotherapy.
- The formation of a SAHSCP wellbeing focus group, that will identify and take forward a range of actions, with specific reference to issues raised within the Pulse Surveys and Employee/Manager surveys (which generated over 1000 responses). Areas of focus include isolation and home/work life balance, and benefits and challenges related to longer-term homeworking.

Absence

Daily data is brought together from SAC and NHSAA to allow an overarching view of COVID-related sickness and absence to inform operational delivery, although sickness directly related to COVID has ultimately had minimal impact on absence levels (contributing to an average of 0.25% of total sickness).

Absence causes across SAHSCP predominately remain psychological and musculoskeletal.

There is a distinct difference in absence levels between Partnership employees within SAC (6.3%) and NHSAA (3.8%). The chart below focuses on the SAC element, which is recognised as the immediate priority in reducing absence.



Within SAC, despite some dips, psychological absence has been steadily increasing since 2017. Whilst musculoskeletal absence has dropped in the last 12 months, there is recognition the drop will be affected by the reduction in front-line service delivery (as evidenced in its recent rise as recovery commences). Prior to COVID, musculoskeletal absence was increasing and is likely reflective of an ageing workforce in physical roles such as care at home (and reflective of the wider ageing South Ayrshire population which constitutes the labour market). Both elements result in significant days lost (within SAC an average of 15 days per employee per annum) and there is recognition these problems will not disappear and must a key consideration in Occupational Health and wellbeing models going forward. The reality is that were the SAC element of the Partnership to reduce its absence levels by one-quarter, that would equate to over 2,500 working days being made available and create a vital 'bounce' in service delivery.

Retention/Turnover

Turnover for 2020/21 reduced by approximately one-third, and it is clear COVID was a defining factor. What is not clear is to what extent post-COVID recovery will have on longer-term staffing levels. The Pulse survey results indicate a 'sense of worth' for SAHSCP employees, which has been reinforced during the pandemic and may strengthen retention. However, the reality is that the reduction in turnover will also be impacted by the slow-down of the overall job market (in effect, for some now is not the time to 'jump ship'). The challenge for SAHSCP will be to develop and retain the positive elements employees encountered in the last 12 months over the long-term, and that will be a focus for the wellbeing focus group.

New ways of working

Discussions with employees regarding any return to "normal" working practice has confirmed varying degrees of anticipation and anxieties. Some staff express the concern of losing what they have gained in terms of a work-life balance, whilst others desire a return to a work location to mitigate feelings of isolation. In effect, what works for some does not work for all. In addition, where home working may apply longer-term there are key considerations around the provision of appropriate hardware, software and furniture.

Strategic activities are taking place within SAC and NHSAA, including short-term working groups which will work with services across the SAHSCP to develop 'Future Operating Models', and feedback from employees and Trade Unions will play a key part in their recommendations.

Equality Data

With regards to equality data, SAC is considering a small working group with a focus on equality data in general (in which SAHSCP will be represented), with a particular focus on race/ethnicity and increasing response rates within diversity elements of survey and recruitment procedures.

SAHSCP will consider in more detail the actions, recommendations and key themes contained within the [‘Scottish Parliament Equalities and Human Rights Committee: Race Equality, Employment and Skills: Making Progress?’](#) report, as well as the [Scottish Government Minority Ethnic Toolkit](#) around embedding capability and capacity, advertising and outreach, awareness and training and general recruitment practices.

Equality Officers within both SAC and NHSAA will continue to review and scrutinise employee data, as it is recognised there are gaps in data (similar to many organisations in the public sector) and will endeavour to improve data collection of employees’ protected characteristics. In addition, socio-economic disadvantage also impacts on health and is now included in relevant Equality Impact Assessments linked to the Fairer Scotland Duty.

Finally, collaboration between Equality Officers within the 3 Ayrshire Councils/NHSAA shows the value of exploring equality data collection Pan-Ayrshire, and this will be guided by proposals for four shared over-arching Equality Outcomes as part of the Ayrshire Equality Partnership, with reference to health and social care.

Annual Leave

It is recognised that there is no single overview of annual leave across SAHSCP due to the different HR systems and processes within SAC/NHSAA. However, in liaison with managers and HR, arrangements have been put in place to accommodate deferred leave, for example within SAC employees have been advised they can carry 25% of untaken leave into 2022, and this will be managed locally by managers.

Occupational Health

OH provision differs within the SAHSCP, with SAC outsourcing to a private provider (on a Pan-Ayrshire 3-Councils contract which can be reviewed in 2022) and NHS providing in-house services. However, the range of services across the SAHSCP is significant, including physiotherapy, counselling, cognitive therapy, as well as reports related to management referrals and ill-health retirement. Within NHSAA, short-term funding supporting cardio-rehab has a specific focus on long-COVID strategies.

Section 4 – Short Term Workforce Drivers (Living with COVID)

The impact of COVID on the workforce over the next 12 months will be significant and service areas within the SAHSCP have identified a range of issues that need to be considered. Examples include -

Community Health and Care Services

- Budgeting for an increase in Care at Home hours (15% increase or 1,150 hours per week - £1.05m).
- Identifying an additional requirement of approximately 200 hours per week to provide care and support to service users from 1st of April 2021 (based on current COVID-related absence levels at 8% within Care at Home).
- Increasing reablement capacity by 60% to support delayed discharges and optimise service user independence to stay at home as independently as possible.

- Progressing CM2000 within in-house Care at Home to optimise scheduling and monitoring of care delivered (see section 6).
- Increasing MHO capacity alongside process mapping to determine and plan a flexible Mental Health response that delivers across a wider range of needs.
- Working with North Ayrshire HSCP in developing a MHO workforce plan early 2022.

Professional Services

- Development of a more formal 'Emergency Response' function (based on the Forth Valley model) that will respond on a local and Pan-Ayrshire basis to significant outbreak /service disruption within care homes (using lessons learned from instances in 2020).
- Strengthening links within, and between, front-line services (Community Health) and partners (such as GP's and District Nurses) which has been affected by an increase in home/remote working.
- Working with East Ayrshire HSCP (lead partner) in the co-ordination of forthcoming investment for district nurses, leading to an expected 3 FTE rise year on year.
- Development and provision of vaccination skills/support via AHP's within acute services and hospitals.
- Development and introduction of workforce tools within AHP service models.

Corporate and Business Support

- Development and improvement of CareFirst, ensuring that the system fully meets the needs of employees, especially SAHSCP Administration and Children's Services where benefits have not been fully realised.
- Communication of the Strategic Plan across all SAHSCP employees, partners and stakeholders.
- Development of a specific 'Carers' forum.
- The Review of Admin/Business Support services for the HSCP has recommenced and will produce recommendations in 2021. This will tie in with work to determine the council's Future Operating Model.

Children's Health, Care and Justice Services

- Further consideration of the impact of poverty as a direct result of COVID, especially unemployment and the impact on vulnerable children, and the associated implications for the workforce.
- Planning for an anticipated increase in workload (and consideration of agency staff) from Q2/3 2021 when Children's Hearing Reports, Court Reports and Unpaid Work Orders resume. SAHSCP is actively liaising with agencies to ensure advance notice of requests whenever available.
- Revision and development of rotas within Children's Houses to maximise deployment.
- An anticipated (although currently undefined locally and nationally) increase in both poor mental health and addiction (alcohol specifically) resulting in an increase in referrals in domestic violence, child protection cases, and addiction services.
- Learning from, and further developing, successful new ways of working/engagement using online tools with foster carers and adopters.
- Consideration of the challenges on service delivery as a result of an increase in temporary contracts due to COVID-related funding, and the ability this has on making effective workforce changes (and what will happen when the funding ceases).

Social Work

- Disruption to predicted placement for Social Work over next 12 months and the requirement to streamline recruitment (and ongoing liaison and input into the Social Work Education Partnership 's wider response).
- Review of historic/legacy maternity cover arrangements within Social Work.
- Consideration of the risks of telephone reviews within Social Work, on the basis face-to-face assessment is recognised as being most effective within home environment.
- Prioritisation of the Independent Care Review (the 'Promise') and 'Sign of Safety', and the associated training requirements (with a specific focus on recruitment and retention of foster carers.)

Section 5 – Medium Term Workforce Drivers

The distinction between Sections 4 and 5 can be unclear, as the longer-term impact on COVID is still unknown. Also, elements of Sections, 2,3 and 6 can be categorised as medium-term workforce drivers.

The following are further examples of longer-term/more substantive elements of work from a strategic perspective where COVID is not the driving factor (although it will still have an influence) and will likely impact 2022 and beyond.

- Social Work review, including consideration of locality adult Social Work Practice Teams, Hospital Social Work Team, Provision of Mental Health Officers, the role and function of the Care Home Review Team, and Management and Leadership.
- District Nursing review, including consideration of systematic training, professional leadership, roles and responsibilities from HSCW to advanced practitioner, competency frameworks and education standards, and NMC Practice for mentorship standards.
- Care and Rehabilitation Team review, including a 'test of change' of a Mental Health practitioner working to support the team with complex psychological and cognitive issues (as well as assessment/intervention/supervision), and a Support Worker to follow through treatment plans as directed from registered clinicians.
- Reablement and Responder review, including consideration of continuous improvement, increased efficiency in rota management, defining the wide and complex spectrums of need that will require multi-skilled staff.
- Transition to Digital Telecare (see section 6).
- Re-developing roles within the Young People's Support and Transition Team, with progression of a Contracts and Commissioning Officer who will specifically support Children's Services, and a Drugs and Alcohol Worker.
- Ongoing development and benefits realisation of CareFirst, via creation of an enhanced Business Support function.
- Recruitment of 25 additional foster carers by 2023-24.
- Progression of the Champion Board, working closely with the Head of Children's Health, Care and Justice services, and a range of Council services to raise awareness of The Promise. Building on the 55 local calls to action as part of community planning activity to make a difference to care experienced children, young people and their families in South Ayrshire.

Workforce drivers will be dependent on the Future Operating Models determined by SAC and NHSAA, which will cover key staffing aspects including –

- Workstyle definitions (for example – home, office, agile, hybrid, frontline).
- Associated ICT requirements and supply (hardware and software).
- Employee engagement (and the need to embed 're-connection' so staff feel supported and part of a team) and performance management where remote working increases.
- Office accommodation and building access.

- Alternative service delivery models to clients/customers which may include enhanced phone and online options, video conferencing, telephone appointments, and webchat.

Section 6 – Supporting the workforce through transformational change

Transformation

SAHSCP has various workstreams which consider transformation, including -

- Digital Telecare - SAHSCP recognises the transformational opportunities digital telecare service can bring to clients and staff. Utilising grant funding from the Digital Office, a project manager is now in post to oversee the analogue to digital process. Vitally, the digital telecare project will form part of a review of the overall responder service, looking at a revised end-to-end service delivery model. (SAHSCP was also part of the short-life working group that developed the Digital Telecare National Briefing Document).
- CM2000 - Implementation and development of CM2000 (which was key during COVID), gives care staff access to a range of 'real-time' client and service information, reducing the number of missed visits. CM2000 back-office users are now starting to analyze and understand the data to enhance service delivery. Social Work teams can also use the 'actual care delivery time' function to update visit durations. Opportunities (for 400+ employees) to make the overtime claims process electronic and system-driven and ease the administration burden on employees will be explored.
- Microsoft 365 - The new ways of working generated by M365 from an individual, team, community and organisational perspective are significant. Work will progress throughout the next 12-18 months in developing M365 and associated Apps to enable, grow and perform. This links in with both the SAHSCP digital strategy and related digital skills strategies.
- Attend Anywhere/Near Me – Ongoing development and implementation of online services (where suitable) for client-based meetings and consultations.

The above, and other key aspects such as new HR and Learning Development systems (which will also inform important elements of workforce planning, especially data) and assets and estates strategies (that anticipate and reflect new ways of working) are part of wider and established transformational agendas across SAC and NHSAA that will reflect the needs of the SAHSCP.

Recruitment

SAHSCP is committed to making itself distinct as an employer of choice (as the talent-pool can be subsumed by being geographically close to the central belt), and to ensure new employees share our organisational values. Within the IJB budget approved in March 2021, investment of over £1m will be invested in 25FTE to enhance service delivery. Newly created roles include Carers Act Coordinator, self-help workers (Mental Health), and Community Link Workers.

A new SAHSCP specific recruitment site will be developed, that not only lists jobs but importantly highlights career paths across key roles and 'sets the scene' for prospective employees. A dedicated site will also take advantage of national campaigns such as the Adult Social Care campaign where the focus will be on the sense of worth health and social care roles bring. Work is currently underway to explore how such campaigns can also be embedded within the application process for candidates.

Locally, recruitment in the Girvan area has historically been an issue, and SAHSCP continues to target that specifically.

Improving the on-boarding process remains a priority, and Team Leaders work closely with HR and ICT to influence and streamline recruitment timescales and hardware/software for new starts.

There is recognition that for some roles it can be difficult to recruit experienced staff as those straight out of university may need significant mentoring. Approaches to flexible retirement, succession planning and minimising 'brain drain' will continue to inform discussions, but again it should be noted that SAHSCP is formally not an employer and therefore is required to adopt approaches consistent with SAC and NHSAA policies.

Skills Gaps

SAHSCP has recently undertaken a comprehensive training needs analysis, detailing the full range of statutory, mandatory and developmental requirements across 20+ elements of SAHSCP delivery, alongside indicative costs and delivery methods. From a registration perspective, this confirmed the number of staff to be enrolled over the next 4 years, with the largest requirement within Care at Home for SVQ level 11, and highlights anticipated additional requirements for Day Care services. Regards mandatory training, the breadth of requirements is significant with approximately 65 training needs identified, ranging from moving and handling, to cyber awareness, to trauma training. To mitigate risk, a revised training and development strategy will be developed, considering key aspects such as outsourcing costs, providers, succession planning, and partnership/joint working.

SAHSCP's workforce planning will also take cognisance of current research within the L&D field, for example the [5-year longitudinal study for Newly Qualified Social Workers](#) which highlights concerns where service delivery relies overly on agile working.

To support leadership skills development, SAHSCP has utilised the Scotland Excel PDA in Project Management, with 3 senior managers completing their qualification in 2020 and further spaces being explored in 2021. It is recognised that these types of skills will be key in ensuring benefits realisation of SAHSCP projects and work streams.

To support recording and planning learning activity, (from both a user and manager perspective) new applications such as 'Managers' Scorecard' will be embedded during 2021/22, and exploratory work will commence around 3rd part apps such as the 'MySSSC' App.

SAHSCP continues to have strong links with University West of Scotland (UWS) across many courses, and actively works with UWS to ensure a 'pipeline' of qualified staff and improve development opportunities for SAHSCP employees in fields such as the MSc Advanced Clinical Practitioner (Adult/Mental Health).

Demand/Supply Initiatives

Employability and Skills teams provide a range of support from both a service delivery and workforce planning perspective. In terms of workforce planning, the teams support work placements across a range of SAHSCP workplaces through the Workout and Modern Apprenticeship programmes. Within South Ayrshire Council, they are contracted to deliver the Social Services and Healthcare SVQ and have supported 14 apprentices within the partnership from 2019. The teams also deliver an adult employability programme targeted at people with barriers to employment and can provide support to the SAHSCP to progress participants into employment opportunities through pre-employment training programmes.

Programmes also exist for Modern Apprenticeships, Kickstart Schemes, and work experience and supported placements, but all have been impacted in some form by COVID and will recommence fully in line with recovery. However, even during COVID five modern apprentices have been placed across the SAHCP Champions Board and Community, Health and Care services.

It is recognised there is a need to provide a more co-ordinated approach that ensures parity of opportunities for people with additional support needs. In 2019/20 the teams established a new [Tailored](#)

Jobs Programme and discussions have taken place within SAHSCP to create opportunities through this initiative.

Building upon existing local working there is a need to consider pathways and pipelines in order to create future workforce needs. Examples of this include:

- Work in relation to Primary Care Pharmacy – broadening the skills mix to include Pharmacy Technicians and lower banded posts, that with training and support, will be a pathway to becoming a Technician, and, if then followed by a degree, into clinical pharmacy posts.
- Consideration of other routes into AHP posts such as OT Assistants/Technicians and the pathways to qualification and registration
- Ensuring a wider range of MDT professionals have access to Non-medical prescribing training and qualification (ANPs, Pharmacists, Physiotherapists, Mental Health staff, AHPs etc)
- Widening graduate opportunities within Primary Care settings building on the existing employment of graduate nurses into Primary Care
- Working at local, Ayrshire and contributing to national initiatives to consider sustainable careers pathways for ‘carer’ workforce within institutional settings and within ‘care at home’. This will need to link to School and Further Education work to champion and better showcase work as a ‘carer’ as a legitimate career.
- Data Science – This will be key to understanding and influencing a range of service delivery. SAHSCP has been engaging with Stirling University and plans to support two key SAHSCP employees through a 4-year graduate apprenticeship course. Starting in September 2021, this will allow SAHSCP to ‘grow our own’ in a specialist field and be ahead of the curve.