

south ayrshire
health & social care
partnership

SOUTH AYRSHIRE HSCP WORKFORCE PLAN 2022-25

SUMMARY VERSION



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Foreward



This report has major significance for the South Ayrshire Health and Social Care Partnership (SA HSCP) and the provision of services to the citizens of South Ayrshire.

The report highlights the challenge posed by the demography in South Ayrshire where many more citizens are likely to need care and support in older age at the same time as the population of working people is diminishing.

In addition, the data shows that our workforce is aging and that it is becoming increasingly difficult to attract younger people to work in health and social care in South Ayrshire. These trends are reflected in current challenges across the whole workforce to attract staff. The pressures are particularly acute in our social care and Allied Health Practitioner Services.

The SA HSCP aims to be an Ambitious and effective partnership and to achieve this we need a highly skilled workforce who can meet the needs of local people. In order to mitigate the challenges we face we have developed a detailed Action Plan which we hope will enable us to secure the right sized workforce for the future. This action plan will be a very significant focus for the SAHSCP and Integrated Joint Board over the coming years.

It is impossible for the SA HSCP to properly serve the needs of citizens without the efforts of the dedicated staff team. I remain exceptionally grateful for the work of our current staff group, and I am confident that with the right focus and energy that we can maintain a strong workforce into the future.

Tim Eltringham

Director of Health and Social Care

Background

The South Ayrshire Health and Social Care Partnership (SA HSCP) has a statutory duty to provide a workforce plan, and the Scottish Government requires all Partnerships and Health Boards to provide 3-year plans for the periods 2022-25 and thereafter.

The workforce plan primarily focuses on workforce requirements within South Ayrshire Council (SAC) and NHS Ayrshire & Arran (NHS A&A), but also considers the workforce within the Third and Independent Sector .

The SA HSCP requires an overarching plan to highlight and address the workforce themes that must be considered to meet its strategic objectives and the 'Wellbeing Pledge' contained within the 2021-31 Strategic Plan.



We nurture & are part of communities that care for each other



We focus on prevention & tackling inequality



We make a positive impact beyond the services we deliver



We are an ambitious & effective Partnership



We work together to give you the right care in the right place



We help build communities where people are safe



We are transparent & listen to you

Our Part

Support families to ensure their children have the best start in life.



Provide services around you and your family.



Help communities to connect and care for each other.



Ensure people have the information they need to support their health & wellbeing.



Listen to you and support you to take control of your own care.



Support people to age well by keeping them healthy and in their home for as long as possible.



Give you information on how you can keep active and well.

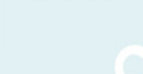


Be open, honest and friendly.

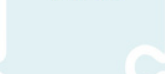


Your Part

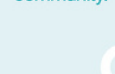
Help protect children and the vulnerable.



Take time to be supportive parents or carers.



Get involved in your local community.



Be informed about how best to address and manage your health and wellbeing.



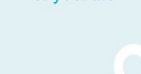
Make your own choices and have control over the support you need.



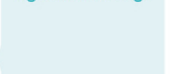
Support older relatives, friends & neighbours to be independent for as long as possible.



Keep active at whatever stage of your life



Have your say and tell us if we get it right and wrong.



South Ayrshire Wellbeing Pledge

Whilst both SAC and NHS A&A publish their own workforce plans, they take cognisance of, and inform and influence, each other. Workforce Leads across South, East and North Ayrshire Councils and NHS A&A collaborate to ensure plans are reflective of not only local plans, but pan-Ayrshire requirements.

SA HSCP's workforce will be impacted by a range of activities that are led by partner organisations, and these will be detailed further in their workforce plans. For example, the development of the National Treatment Centre in Ayr will impact on Allied Health Professionals and will be predominately driven by NHS A&A. Likewise, the North Ayrshire Partnership leads on Mental Health, and the East Ayrshire Partnership leads on the Primary Care Improvement Plan, and high-level summaries of these workstreams and related actions will be contained within their respective action plans.

The importance of workforce planning is recognised through the National Workforce Strategy for Health and Social Care in Scotland, and also Audit Scotland. The action plan contained within this document attempts to further embed the importance and effectiveness of workforce planning.

SA HSCP's approach to workforce planning is to ensure flexibility and adaptability to changing requirements, and that is evidenced by the internal working group created to consider immediate workforce pressures, and since early 2022 the group has been focusing intently on key service areas such as Biggart and Girvan community hospitals, community teams and mainstream Care at Home.

A range of workforce pressures, risks, and opportunities have been highlighted in the SA HSCP 2021 Interim Workforce Plan, and also in a specific workforce pressures report submitted to the South Ayrshire Integrated Joint Board. The SA HSCP has taken cognisance of feedback received from the Scottish Government in relation to workforce planning, which included ongoing evaluation of turnover / absence / vacancies, and more concise reference to WTE / FTE with regards to increased capacity.



In developing the workforce plan the following engagement activities took place:

- A survey of all Service Managers, with a focus on pipeline/future workforce and recruitment and retention.
- Sessions with SA HSCP leadership to establish key workforce theme and actions.
- A survey of Third and Independent service providers to establish their recruitment priorities and how SA HSCP can assist sector-wide recruitment, alongside a range of partner engagement forums.
- Liaison with Scottish Care and Voluntary Action South Ayrshire.
- A survey of employees who have joined SA HSCP in the last 12 months, with a focus on their on-boarding experience.
- Benchmarking with workforce planning colleagues within a Pan-Ayrshire context.
- Input and guidance from the SA HSCP's Workforce Planning Implementation Group.
- Consultation with the SA HSCP's Strategic Planning Advisory Group, Partnership Forum, and Integrated Joint Board.

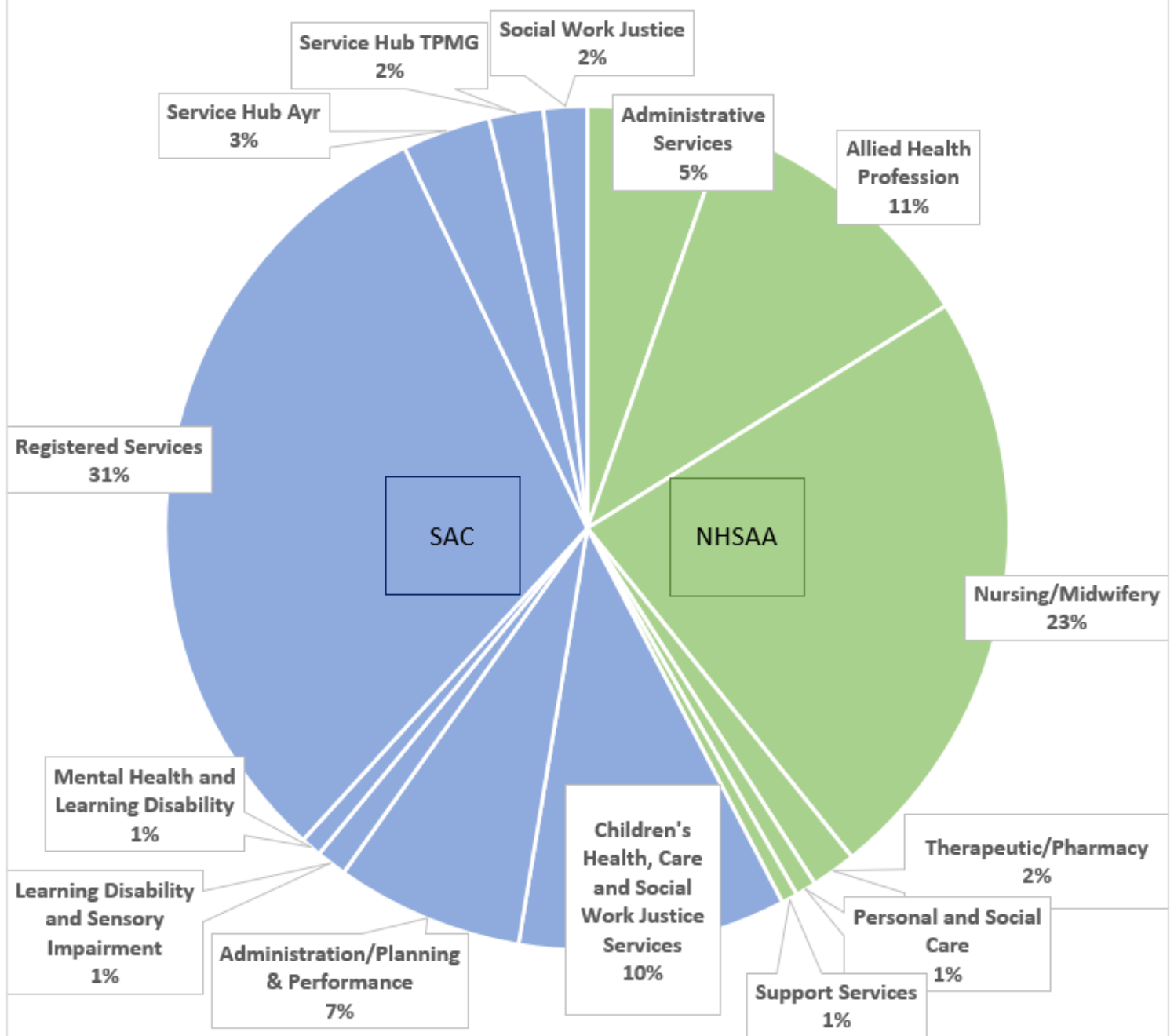


Workforce

The SA HSCP has a paid workforce of 672 whole-time equivalent (WTE) within NHS A&A, and 756 FTE within South Ayrshire, with the vast majority of the SA HSCP workforce living in South Ayrshire. The Partnership commissions approximately 70% of its care at home service to a range of private providers.

[FTE and WTE is the terminology used by SAC and NHS A&A to indicate workload carried by an employed person. The main distinction concerns standard corporate working hours (for example 35 hrs or 37.5hrs) and will be the total equivalent of the workforce against those hours. It is not the number of people employed (known as 'headcount'). For consistency the Scottish Government has requested workforce plans focus on FTE and WTE where feasible.

SA HSCP Workforce - Combined NHS A&A / SAC



With regards to the Third and Independent Sector, no definitive FTE / WTE numbers can be sourced, although headcount numbers indicate 2000+ across all elements of health and social care delivery.

Short-term

SA HSCP's investment plan for adult and older people community health and care services during 22-23 is detailed in the Winter 2021-22 Investment Plan. It details the proposed use of the additional Scottish Government 'winter pressures' funding but also describes ongoing, budgeted-for investment contained within existing HSCP plans.

Key workforce investment includes –

- Expansion of the mobile responder service to provide swift response to alerts and enable transfer of care from hospital to home.
- Additional mental health nurses in the community to support elderly referrals, an expansion of their capacity to increase support to adult concerns.
- Additional self-help workers and mental health practitioners to support GP practices to provide early intervention support.
- Extra capacity within speech and language therapy, dietetics, physiotherapy, and occupational therapy to meet an increased demand and people with complex needs.
- Expansion of the reablement team to reduce hospital pressures.
- Investment in district nursing capacity to meet community need.

The additional capacity generated from the SA HSCP's workforce investment strategy is significant, and is summarised in the table below.

Service/Team Area	Job roles and FTE	Total FTE
Children's Nursing/Health	Breast Feeding Nurse (1) and Team Leader (1)	2
Allied Health Professionals	Physiotherapists (6), Dieticians (1.5), Healthcare Support Workers related (11), Occupational Therapists (1.5), Admin Support (1.4), Speech and Language Therapists (1)	22.4
Multi-Disciplinary Teams	Social Workers (2), Healthcare Practitioners (5), District Nurses (2.7) and Team Leads (3), Nurse (1) and Clinical Nurse (2)	15.7
Care at Home	Digital Planning Officer (1), Physiotherapists (2.4), Speech and Language Therapist (1), Healthcare Support Workers (2) and Assistant Practitioners (2), Occupational Therapists (4.5) and Assistants (5), Care at Home Workers (10.8) and Supervisors (8), Mobile Attendants (6), Admin Support (2) Supervisors (2), Dieticians (1), Contracts and Commissioning Officers (1)	48.7
Other	Digital Programme Manager (1), Attendance Improvement Project Officer (1)	2

Total - 90.8

Medium and Long-term

The requirements over the next 3 years and beyond will in part be based on the success and impact of the funded roles identified in the short-term, as well as a range of regular service reviews and redesign activities.

On that basis, the below provides selected examples of proposed requirements, which will be subject to budget constraints and service deliver models as they develop. However, the examples below confirm a range of approaches to create new posts and redesign existing roles to ensure service delivery is more closely linked to locality planning and unmet community need.

Mental Health

- Further Social Worker capacity that supports development of the Mental Health plan, increasing participation in a range of development/consultation activities.
- Additional Senior Practitioner posts which will offer senior social work experience to support Team Leaders.
- Development of a Service Manager for Community Mental Health Services to support the expansion of service delivery and staffing options.
- Development of a Care Pathway Co-ordinator role and a multiagency Suicide Prevention Training team which will enhance training across the system and work with local communities.
- Additional Lead nurses to increase capacity for professional leadership support and governance to support service expansion.

Learning Disability

- Consideration of permanent Senior Practitioner (Transitions) resource in line with an increasing number of corporate appointees.
- Dedicated support for social workers and senior practitioners to allow their focus on the professional role.
- Additional Community Care Assistant resource that supports reviews and assessments.

Planning and Performance

- Additional Policy Officer support to develop and drive forward National Care Service implementation.
- Additional Quality Assurance/ Commissioning Officers to support increased related to quality assurance, contract compliance, workforce sustainability challenges, and National Care Service aspirations.
- A review of the Administration service, with recommendations to enhance Business Support functions.

Nursing and Midwifery

- Additional District Nurse Specialists.
- Increased staff ratio to practice population.
- Improved agile working and remote clinical recording, and a holistic approach to managing complex and advanced clinical assessment and independent prescribing.
- Expansion of Health Care Support Worker role and development of accredited training.
- Integration of some key roles and adopt best practice 'hub' models.

Service Hubs

- Additional Social Worker and Team Leader resource to manage growing demand in line with frailty stats and current capacity issues.

Allied Health Professionals

- Redesign of community AHP services to support alignment to Multi-Disciplinary Teams (MDT).
- Redesign of clinical services to align more closely with primary care teams.
- Introduction of Dietetic Assistant Practitioner roles in community and increased use of admin roles to relieve pressure on clinicians.
- Additional Assistant Practitioner roles in Speech Language Therapy.
- Development of clinical leadership roles to support workforce development and clinical services transformation.
- Approximately Physiotherapy posts to meet workforce and service pressures.
- Additional registered Occupational Therapists to support early intervention work for people with mild to moderate frailty.
- Additional non-medical prescribers, and increased input for nail surgery.

Allied Health Professionals (Clinical Admin)

- Additional Medical Record and Reception posts to support governance of clinical records and remobilising clinics.
- Additional resource dedicated to supporting District Nurses on key systems.
- A review of admin management and related processes.

Reablement

- Develop a 'Test of Change' and use vacant Homecare posts in establishing additional Occupational Therapy Assistant posts.
- Progress opportunities to transform the Emergency Response Team and to design an Out-of-Hours service which will cover and support wider service needs.

Action Plan

Targets and Measurements

The following action plan details the broad range of activities which will be undertaken and is based on the 5 Pillars of the Workforce Journey contained within the National Workforce Strategy. All activities link to the SA HSCP strategic objective – ‘*We are an ambitious and effective Partnership*’. An annual update on progress will be reported to the Integrated Joint Board, with a range of actions incorporated within the HSCP’s corporate performance reporting systems. As confirmed in the Plan section, work is currently underway to allocate actions and align oversight to existing strategic steering groups.

PLAN - ‘Supporting evidence-based workforce planning’

Aims	Actions
Reduction in unmet need	<ul style="list-style-type: none"> Continued analysis of daily and weekly workforce performance (across a range of measures that confirm unmet need within care homes, care at homes, and community hospitals) and related mitigation actions. Progression of ‘efficiency rates’ data across key services, including Care at Home paid usage, to minimise unused hours.
Strategic workforce planning that addresses medium and long-term requirements	<ul style="list-style-type: none"> Embed workforce planning into strategic and service planning activities, with stronger links to the Strategic Plan targets and outcomes, including senior DMT sign-off of all workforce plans. Ensure that all service-reviews focus on available workforce data and workforce planning tools, and reference corporate workforce planning templates. Develop requirements to meet the Health and Care (Staffing) (Scotland) Act 2019 legislation, ensuring staff are provided with information on the application of common staffing methods, measures for monitoring and measuring quality of health care, real time staffing assessment, risk identification, mitigation, and escalation. Incorporate workforce planning into leadership training and development programmes. Progression of the Micro-Enterprise pilot in 3 rural locations, gathering evidence of both need and the Micro- provider route as a significant future way of providing HSC support. Align actions with existing Partnership and Pan-Ayrshire steering groups for strategic oversight, and record progress via corporate performance reporting platforms.
Location and workstyles that meet current and future demand	<ul style="list-style-type: none"> Incorporate evaluation tools and methods to determine impact of short-term funding, to assist modelling assumptions longer-term. Active input into the SAC ‘Future Operating Model’ and NHS ‘Distribution Model’ with specific focus on progressing suitable work locations and buildings.
A more comprehensive understanding of the workforce across SA HSCP and the wider sector	<ul style="list-style-type: none"> Increase Third and Independent Sector representation on the workforce planning implementation group. Explore how more meaningful workforce information/data can be gathered from the Third and Independent Sector. Explore greater sharing of employee data between NHS A&A and SAC (and where possible SSSC), utilising tools such as M365 Power BI to identify themes and trends from a range of workforce and service delivery data.
Becoming ‘future-proofed’ in developing areas	<ul style="list-style-type: none"> Development of digital telecare implementation in line with Digital Office recommendations, including consideration of short-term project support and installers to meet deadlines. Progression of Digital Development Officer role embedded within the Planning and Performance Team. Consideration of a defined SA HSCP data management and strategy, working with SAC/NHS A&A ICT and Information Governance colleagues. Development of dedicated and specific Information Governance resource within SA HSCP. Review current workforce planning resource within SAC and NHS A&A to ensure all workforce planning actions are supported on a permanent basis.

ATTRACT - 'Using domestic and ethical international recruitment to attract the best staff into health and care employment in Scotland'

Aims	Actions
A comprehensive pipeline of future employees	<ul style="list-style-type: none"> • An annual schools and further education engagement programme. • Expand and increase employability opportunities (young and older people) with the SAC Thriving Communities and NHS A&A Employability teams (including employment opportunities as highlighted in the Adult Learning Disability Strategy.) • Assist in the development of the NHS A&A Employability Steering Group and supporting agreed intake of Modern Apprenticeships. • Development of career pathways into professional services, including development of distance learning, graduate apprenticeships, and internships. • Progression of the recruitment/retention action plan between SA HSCP and Ayrshire College.
Improved/streamlined recruitment and onboarding processes	<ul style="list-style-type: none"> • Implementation of a SA HSCP-specific induction programme. • Collaboration with HR/recruitment colleagues to reduce the length of time between vacancy notification and contract issue. • Ongoing development and enhancement of Partnership recruitment portals.
Successful promotion of SA HSCP vacancies and career opportunities	<ul style="list-style-type: none"> • A thematic and locality-based programme of online and f-2-f recruitment events and vacancy/job promotion.
A move away from reliance on 'traditional' recruitment methods and historic talent pool	<ul style="list-style-type: none"> • A short life working group (multi-agency) exploring the international Health and Social Care Visa and refugee talent pool. • Work with strategic partners to more fully understand the motivations of those looking for work and see it 'through their eyes'.
Closer working with the Third and Independent Sector and other key partners	<ul style="list-style-type: none"> • Development of sector-wide approaches to the actions above, supporting recruitment activities at a sector-wide and pan-Ayrshire level.
A co-ordinated and dedicated approach	<ul style="list-style-type: none"> • Exploration of dedicated/permanent SA HSCP 'talent management' resource to support recruitment activities and processes. • Recruitment considerations brought under the remit of the SA HSCP workforce implementation group.

TRAIN - 'Supporting staff through education and training to equip them with the skills required to deliver the best quality of care'

Aims	Actions
All mandatory and statutory training completed regularly and timeously	<ul style="list-style-type: none"> • Develop and evolve current/future training and registration solutions working with internal and external partners.
All managers become leaders and advocates for change	<ul style="list-style-type: none"> • Develop a programme of training focused on supportive and effective leadership and management skills. • Further consideration of national agendas for change, such as Service Redesign, PDA programmes via Scotland Excel, Digital Health and Care Directorate, National Leadership Development Programme.
Employees at all levels have the necessary digital skills and confidence	<ul style="list-style-type: none"> • Completion of a digital skills competency framework, gap analysis and associated action plan. • Development of a digital champions network, supporting a range of corporate activities including M365, digital telecare, and Oracle Fusion.
Reduce risk/impact of critical post holders leaving the organisation	<ul style="list-style-type: none"> • Development of a corporate succession planning programme, focusing on future leadership and statutory posts, and skills/knowledge/experience gaps in service critical roles.
Career progression routes and employee development that becomes SA HSCP's 'USP'	<ul style="list-style-type: none"> • Incorporating the above actions into a corporate/branded 'best-in-class' training, development and career pathway programme, with additional focus on new entrants within professional services. • Increase opportunities to assist the Thirds and Independent sector in training/practice development

EMPLOY - 'Making health and social care organisations "employers of choice" by ensuring staff are, and feel, valued and rewarded'

Aims	Actions
Increase iMatter response rates and scores	<ul style="list-style-type: none"> Progression of iMatter action plan, focusing on the themes of engagement, performance and teamworking.
An increase in PDR completion rates	<ul style="list-style-type: none"> Further training for managers on PDR and greater awareness across the SA HSCP that PDR is <i>the</i> key tool to capture and review corporate and personal objectives. Increased PDR reporting to leadership team, and random sampling of PDRs to ensure content reflective of requirements.
More effective communication and collaboration	<ul style="list-style-type: none"> Increased level of 'pulse' surveys and interactive/transparent engagement tools such as M365 and Yammer.
Employees feel rewarded and recognised	<ul style="list-style-type: none"> Further recognition for innovation and 'best practice' via existing award schemes including COSLA, APSE, SAC Outstanding People Awards etc. Utilise the SA HSCP newsletter and develop other methods to increase corporate 'praise'.

NURTURE - 'Creating a workforce and leadership culture focusing on the health and wellbeing of all staff.'

Aims	Actions
Effective occupational health services and absence mitigations that reflect the current and future needs of the SA HSCP workforce	<ul style="list-style-type: none"> Ongoing review and evaluation of OH services, including input into re-tender of SAC OH contract in 2024/5 and the NHS A&A wellbeing strategy. Further consideration of support specific to psychological and musculoskeletal absence, menopause, and long-Covid.
Supporting employees through Trauma Informed Practice	<ul style="list-style-type: none"> Ensuring the 5 principles of trauma informed practice; safety, choice, collaboration, trust, and empowerment, are embedded across SA HSCP.
Improved understanding of absence themes and trends	<ul style="list-style-type: none"> Improved reporting and tracking related to absence management, and re-training and awareness of SAC/NHS A&A maximising attendance frameworks. Further input into national wellbeing groups (such as the SPDS Wellbeing Group), benchmarking, and exploration/adoption of national wellbeing tools and solutions.
Enhanced employee wellbeing	<ul style="list-style-type: none"> Using internal and external funding such as the 'Scottish Government Wellbeing Fund to support HSC' to ensure a regular programme of physical and mental wellbeing activities. Support specific to financial wellbeing and the Cost of Living/fuel poverty crisis, working with key partners such as the South Ayrshire Information and Advice Hub.