

North Ayrshire

Health and Social Care Partnership



Workforce Plan 2022-25

NORTH AYRSHIRE

Health & Social Care Partnership



Governance Review

Group / Development	Date	Comments
1 st Draft submitted to Scottish Government Workforce Planning Office	02/08/2022	Initial submission. Comments due back by end August 2022.
Partnership Senior Management Team (PSMT)	04/08/2022	Broad endorsement of approach, with offers of support to develop plan going forward. Highlighted data gaps to be considered.
North Ayrshire Integration Joint Board	25/08/2022	Draft presented to IJB for discussion and feedback. Comments provided have been considered and included in later draft.
Feedback received from Scottish Government Workforce Planning Office	11/10/2022	
Extended Partnership Senior Management Team Meeting (EPSMT)	07/09/2022	Feedback collected from HSCP Leaders and Senior Managers on the draft plan and suggested actions for inclusion.
Staff Partnership Forum	27/09/2022	Meeting Cancelled
Strategic Planning Group	18/10/2022	Plan endorsed by SPG
Integration Joint Board	20/10/2022	Plan approved for publication

Version Control

Detail	Version	Date	Changes
1 st Draft submitted to Scottish Government Workforce Planning Office	V2	02/08/2022	Initial submission. Comments due back by end August 2022.
Changes following Scottish Government submission	V3	03/08/2022	Inclusion of NHS protected characteristic data.
Version updated post EPSMT	V4	03/10/2022	Inclusion of additional actions and reference to service developments. Additional Workforce Data Included.
Version updated post IJB	V5	25/10/2022	Updated text elements. Accessible amendments made.

Contents

1. Introduction.....	5
2. Workforce Plan Summary.....	6
3. North Ayrshire Health and Social Care Partnership.....	10
4. Policy Drivers.....	11
5. Our Workforce Priorities.....	13
6. Our Workforce Now.....	14
7. Workforce Challenges.....	21
8. Workforce Projections and Future Requirements.....	28
9. Our Workforce in 12 Months.....	30
10. Our Workforce in 3 Years.....	36
11. Third and Independent sector workforce.....	39
12. Supporting Wellbeing.....	44
13. Our Workforce Action Plan.....	47
14. Appendices.....	56
Appendix A - NAHSCP.....	57
Appendix B - Aligning and Defining our priorities.....	59
Appendix C Workforce Planning Approaches.....	61
Appendix D - Policy Drivers.....	62
Appendix E - Additional Workforce Requirements.....	66

1. Introduction

In recent years, North Ayrshire Health and Social Care Partnership has endeavoured to meet the unique challenges presented to us through the Covid-19 Pandemic. All NAHSCP staff, including frontline care workers, administrative support staff, and senior leaders, have had to quickly adapt to new ways of working, often in very challenging circumstances. Through the pandemic, we truly learned how determined and hard-working our workforce is, and how vital it is to ensure our on-going recovery from Covid-19.

Now more than ever the importance and value of our workforce is prominent, their support in our Covid-19 recovery is and ability to meet the growing demand for health and social care services in North Ayrshire are critical. Further, we are also mindful of the wider economic and workforce challenges that are a result of other national and global factors. This focus on our staff is recognised in our new Strategic Commissioning Plan (2022-30) with 'Developing and Supporting our Workforce' being included as one of our five strategic priorities.

This plan sets out our ambitions for our workforce, how we intended to shape our services to ensure we provide the best health and social care to local people in line with our strategic, operational, and financial plans. We expect, through implementation of this plan, the HSCP workforce is ready to meet the future health and social care needs of local people, and a career with NAHSCP in health and social care is celebrated for the value it brings to our staff and the lives of local people.

How We Developed This Plan

This plan is the product of months of development, involving review of relevant national and local policies and publications, engagement with HR and workforce planning colleagues, consultation with HSCP leaders and senior managers and with local Third and Independent Sector organisations. To help guide and inform the development of the local plan, a working group was established that includes Strategic Planning Leads, Human Resource officers, Workforce information analysts, Partnership Planning Managers, and TSI representation. Engagement has also taken place with other key stakeholders, including HSCP professional leads, Learning and Development leads, and Union representatives.

The NAHSCP Workforce plan is strongly influenced by the Scottish Government's National Workforce Plan for Health and Social Care Service. We have created a local set of five workforce priorities, based on the Government's five pillars of workforce planning.

Workforce statistics have been provided for both Local Authority and NHS contracted staff and presented to provide an overview of the current Health and Social Care Workforce in North Ayrshire. This information provides key insights into the challenges facing the local workforce. To help identify our future workforce, we surveyed managers and senior leads across our service areas and local Third and Independent Sector organisations. The feedback received helped us to identify local workforce challenges as well as the aspirations over the short (12 to 18 month) and medium (3 year) term.

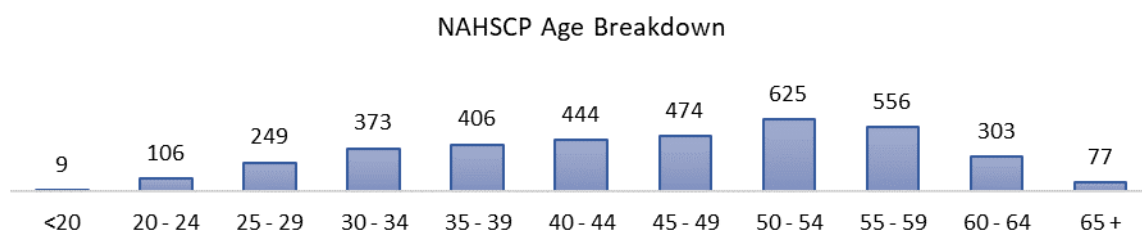
2. Workforce Plan Summary

The health and social care landscape across Scotland is changing. In North Ayrshire we are seeing demand for support increasing across all age groups and service areas. To effectively meet this demand and support local people to live safe, health and active lives, we must ensure the social care workforce is appropriately prepared. This include ensuring we employ people with the right skills, and ensure we retain our already skilled and experienced workforce.

Our Current Workforce

As of April 2022, the North Ayrshire Health and Social Care Partnership had a workforce of 3,622 people, with a compliment of 3,059 Full Time Equivalent (FTE) posts. Of this, 1,869 people (52%) were employed by North Ayrshire Council (NAC), and 1,783 (48%) employed by NHS Ayrshire and Arran.

The HSCP workforce is predominately female, with 85% of staff being made up of women. The Chart below shows the age breakdown of all partnership staff. Of note, is that 43% of the workforce is made up of people over the age of 50.



More details on the partnership’s workforce, including breakdown by service, employment type, absence and turnover and protected characteristic profiles can be found in [section 6](#).

Workforce Projections and Future Requirements

[Section 8](#) provides further information on the future workforce of NAHSCP. Building on historical staffing data, we have projected the change in our Social Work and Nursing Workforce over the next three years. As the table below indicates, both the Social Work and NHS Nursing workforce are expected to grow over the three years of this plan.

Staffing Group	2021 Workforce (FTE)	2025 Projected Workforce (FTE)
Social Work	191.3	212.3
Social Work Assistants	76.8	86.8
Nurse	1011	1112

While increases are expected across most service areas for both Social Work and Nursing posts, trend data has highlighted challenges in Mental Health Nursing. This service area has seen a decrease in its workforce over the past few years. Numbers have fallen from 614 (FTE) Nurses in 2018, to 567.6 (FTE) in 2022. Forecasts suggest this number to decrease to 532.8 (FTE) by 2025.

Section 8, also provides information on future roles required by service area. Feedback from HSCP management identified a number of key roles that will be required over the next three years to ensure services can deliver effective care and help improve the health and wellbeing of service users and local people.

However, it is stated that both workforce projections and the identified future roles are aspirational and will be subject to the financial resources available to the HSCP.

Key Workforce Challenges

An overview of the key workforce challenges facing the Partnership can be found in [section 7](#). While the key focus is on challenges with North Ayrshire, it is mindful of the wider social and economic challenges that are being experienced across the Country. This section also reflects some of the key demographic and health and social care challenges that are increasing demands for local health and social care services. This includes the rising older population, the high levels of poverty and deprivation in North Ayrshire, and a rising demand in mental health services.

From a service perspective, the key challenges identified include:

- Widespread challenges in recruiting to vacant posts, experienced across all service and professional areas.
- Staff retention – likely because of the high level of vacancies and competition across the health and social care market.
- A lack of appropriately trained/qualified workers – particularly for professional roles (e.g. shortage of trained Mental Health Officers).
- High levels of staff absence, exacerbated by the high pressure of working through the pandemic.
- High levels of staff turnover in specific services.
- A high proportion of older workers heading towards retirement age.

Workforce Priorities

Our local workforce priorities are identified in [section 5](#). Building on the five pillars outlined on the National Workforce Strategy for Health and Social Care, we identified five local priorities that also reflect the workforce planning approaches by our parent organisations. Our five priorities for Workforce Planning are:



These priorities have been used in producing our local workforce action plan.

Priority 1. Understanding our Workforce

Actions aligned to this priority will seek to improve workforce planning functions to demands and needs on our services. Actions will look at improving provision of and access to workforce intelligence information to support effective planning and embed effective workforce planning processes.

Priority 2. Promoting our Organisation

Our goal against this priority is to deliver a clear message that North Ayrshire HSCP is a great employer that offers real job satisfaction and development opportunities. Actions will focus on promoting career development in health and social care and promoting the benefits of working with the HSCP.

Priority 3. Investing in our People

Actions identified against this priority will seek to provide effective training and upskilling opportunities for our workforce. Actions will cover supporting staff to access formal health and social care qualifications and degrees, as well as additional training opportunities.

Priority 4. Building our Workforce

In recognising the current challenges in recruitment in the HSCP, actions aligned to this priority will seek to improve our recruitment processes. Building on the actions identified in previous priorities, we will promote the benefits of working in the HSCP through our recruitment processes. We also hope that promoting these benefits will support us in retaining our existing skilled workforce.

In addition, we will work closely with NAC and NHS colleagues to improve how we share and promote our employment opportunities, ensuring our vacancies are shared widely on multiple platforms and advertised through a variety of methods.

Priority 5. Growing our People

Actions aligned to this priority will seek to support members of staff in their daily roles, as well as further their development and career progression. Actions here will deliver wellbeing supports to staff members, ensuring they are supported to continue fulfilling their roles.

Actions will also be implemented to support the ongoing development of staff by providing guidance on succession planning and creation of career pathway guidance for all staff.

Workforce of the Third and Independent Sector

We recognise that many health and social care support services are provided through Third and Independent sector organisations. As such, we engaged with representatives across North Ayrshire to identify the workforce challenges facing the sector and their aspirations over the next three years.

In total, 26 Third or Independent sector organisations that deliver health and social care services across North Ayrshire responded to a local workforce survey. More detail on the feedback provided can be found in [Section 11](#).

Some of the key challenges facing the sector include:

- Recruitment and retention, with organisations reflecting the high level of competition in the social care market and a general inability to pay the same rates workers can expect in statutory services.
- Staff training and development, with training being limited to only statutory requirements and challenges over accessing training subsidies.
- Delivery of rural care packages, with many services delivered in the more rural parts of North Ayrshire unable to pay worker travel costs.
- Access to ongoing funding, with many funding streams only awarded for one year, making long-term planning difficult in the sector.

Over the course of the life of this plan, aspirations in the sector are to be supported to be able to provide more sustainable services and care to the people of North Ayrshire. The sector hopes to deliver more person-centred care services, working closer with families and carers to deliver better care services and support for local people across North Ayrshire.

Actions within the action plan identify need to work closer with the third and independent sector and improving processes for how local organisations can access funding and be commissioned by the HSCP.

Staff Wellbeing

We recognise the importance of maintaining the positive wellbeing of our workforce. If wellbeing in the workforce is low, it presents a real risk to individuals themselves, their colleagues and the people they support. As such, it is essential that we recognise the factors that can lead to low wellbeing and support staff to remain rested, healthy and able to carry out their roles.

[Section 12](#) of this plan identifies the key factors that can impact the wellbeing of HSCP staff. These include:

- Concerns over health and safety in the workforce, particularly in relation to Covid-19.
- Lack of peer support that has been lost during the pandemic, with many staff feeling isolated.
- Impact of long-term absences on individuals and colleagues.
- High workload levels.

To support staff wellbeing, a number of initiatives and supports have been put into place, including:

- Staff wellbeing support hubs.
- Provision of safe spaces for staff members.
- Informal team social interactions during the day, 'team blethers'.
- Wellbeing grants available to all staff.

3. North Ayrshire Health and Social Care Partnership

North Ayrshire Health and Social Care Partnership (the Partnership) provides locality-based health and social care services for people throughout their life: from birth through childhood, teenage years, adulthood and end of life.

Our service areas and key partners include:

Delivery Services

- Children, Families and Justice Services.
- Adult Health and Community Care Services.
- Mental Health, Addictions and Learning Disability Services.

Support Services

- Business Support Services.
- Finance and Transformation.

Key Partners

- Citizens of North Ayrshire.
- North Ayrshire Third Sector Interface.
- Independent Sector.
- Wider Community Planning Partners (Ayrshire Justice Partnership, Scottish Fire and Rescue, Police Scotland).



More information on the range of services delivered by North Ayrshire Health and Social Care Partnership can be found in [Appendix A](#).

4. Policy Drivers

The plan had been developed in alignment and recognition of a number national and local strategic and operational plans and strategies. Highlighted below are several relevant local and national policy drivers that have influenced the development of this workforce plan. Further information and details in relation to these policies and strategies can be found in [Appendix D](#).

Local Strategies

Caring Together – NAHSCP Strategic Commissioning Plan 2022-30

Published in April 2022, the Partnership’s Strategic Plan sets out our commitment to achieving our vision that, “People who live in North Ayrshire are able to have a safe, health and active life”. To help achieve this vision, we have identified five strategic:



Caring Together represents the first time that a strategic priority around the development of our staff has been identified for action. The priority to, ‘Develop and Support our Workforce’ reflects the HSCPs recognition of the value our staff have on ensuring we can achieve our vision.

Our workforce is one of our most valuable assets and it is essential that it is developed appropriately to meet the health and social care needs of local people. We will endeavour to ensure that our workforce is fully supported to undertake their roles while also offering clear career pathways for those who wish to develop further and progress within the Partnership. We hope that both potential and existing staff members view NAHSCP as an organisation to build a meaningful and rewarding, life-long career.

Primary Care Improvement Plan – ‘Ambitious for Ayrshire’

Ambitious for Ayrshire was initiated following the implementation of the Scottish General Medical Services Contract in 2018. This contract changes how local GP and Medical practices operate, with a change in the role of GPs. Instead of being predominately GP led, medical practices are moving towards multi-disciplinary team models, where each practice will have a range of medical professionals available.

The development of multi-disciplinary teams across the Primary Care sector will mean a greater diversity in the skill set of staff. However, this also brings the challenge of ensuring appropriate supply is available to ensure MDTs can operate at capacity.

The Promise

The Partnership will work closely with our national and local partners as we help to deliver 'The Promise' for Children, Young People and Families. The Promise seeks to improve the experience of all children, young people and their families if they require additional support, creating a more compassionate care system for young people and families.

The implementation of The Promise will have a significant impact on the Children and Families Workforce. [The Promise Plan for 2021-24](#) can be accessed online.

Scottish Living Wage

As a large local employer, it is essential that people who work for the partnership receive a fair wage that affords them a decent standard of living. To support this approach, the Partnership is dedicated to ensuring each of our employees receive the 'Real Living Wage'. This wage is independently calculated by the Resolution Foundation, who undertake regular analysis on the cost of living (including, housing costs, childcare, food costs and transport). In November 2021, the Real Living Wage was increased to £10.90. This has been implemented by North Ayrshire Council and will be received, as a minimum hourly rate, by all NAC contracted Partnership employees. Conversations are currently ongoing regarding implementation for NHS staff and it is anticipated these will be concluded soon.

The Real Living Wage goes beyond the National Living Wage and the National Minimum Wage. By providing the living wage, we help to tackle local poverty and inequalities and ensure all partnership employees are valued for the work they do.

National Strategies

National Workforce Plan for Health and Social Care

The National Workforce Plan for Health and Social Care was published in early 2022 and set out the Scottish Government's vision for Scotland's health and social care workforce. The vision is that Scotland has: "A sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do."

In setting out its approach, the national strategy sets out three key ambitions for the health and social care workforce, which is to support its 'Recovery' from the impact of the Covid 19 pandemic, support the 'Growth' of a sustainable workforce, and 'transform' how our health and social care services operate.

To support the future development of the national health and social care workforce, the Scottish Government has identified five national pillars for action. These are:

- Plan
- Attract
- Train
- Employ
- Nurture

It is advised that these five pillars are employed by health and social care organisations across Scotland in the development of their own workforce plans.

Development of a National Care Service

Following the publication of the Independent Review of Adult Social Care (2021) the Scottish Government has agreed to progress legislation to develop a National Care Service. The Scottish Government will continue to develop legislation and prepare for the creation of this new national service, which is expected to be implemented by the end of the current parliamentary period in 2026.

The move to a National Care Service will have a significant impact on the Health and Social Care Workforce. As of October 2022, the full details of what service delegated to IJBs will be transferred to the NCS is unclear. There is concern that the close integrated and partnership working relationships formed under IJBs may be at risk as the NCS is created. Integrated teams may be separated as Council employed social work and social care staff are transferred to the new national body, with health contracted colleagues remaining with the NHS.

As the legislation and plans develop, North Ayrshire IJB and HSCP will continue to engage and provide constructive feedback to ensure the wellbeing of staff and people who access our services is maintained.

5. Our Workforce Priorities

As identified, there are many key policy drivers informing the NAHSCP workforce plan. As an integrated partnership, it is important that we offer a blended approach to workforce planning, ensuring that the methods used by our parent bodies, and national organisations are reflected. More information on the approaches used by our parent bodies can be found in [Appendix C](#).

To support this, we have developed a set of local workforce planning priorities to help shape and guide our approach to workforce planning. These priorities were developed through a mapping exercise with other local and national approaches.

In delivering our workforce plan, we will work towards the following priorities. A definition of each of these priorities and how they align to our parental bodies can be found in [Appendix B](#).

1. **Understanding our Workforce (Plan).**
We make full use of our workforce data to help plan for the future.
2. **Promoting our Organisation (Attract).**
NAHSCP is viewed as an excellent organisation and considered a great place to work.
3. **Investing in our People (Train).**
Our staff have access to the training and development they need to ensure they have the right skills for their roles.
4. **Building our Workforce (Employ).**
We recruit the right people using a variety of methods and approaches, and we retain our existing experienced and skilled workforce.
5. **Growing our People (Nurture).**
We support career development, building knowledge and experience.
We maintain the positive wellbeing of staff.

6. Our Workforce Now

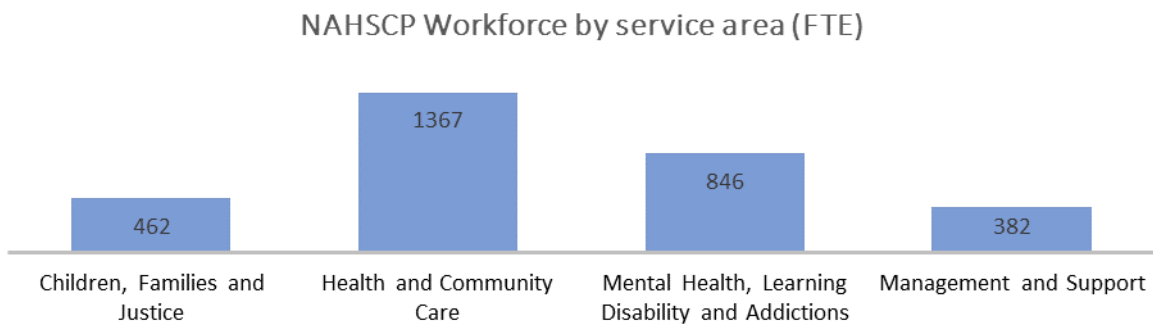
A snapshot of the HSCP workforce was collected on 1st April 2022. Information provided has been aggregated for both the North Ayrshire Council and NHS Ayrshire and Arran Workforce.

As at April 2022, North Ayrshire Health and Social Care Partnership had a total workforce of **3,622** people (FTE 3059) across all our delivery areas. In terms of headcount, 52% (1869) of our Workforce are contracted by North Ayrshire Council, with the remaining 48% (1753) contracted by NHS Ayrshire and Arran. In terms of FTE, 49.5% (1514) are NAC contracted, with 50.5% (1544) NHS A&A contracted.

Most of our workforce, **86.4%**, are under a permanent employment contract, with only 13.4% of staff under temporary conditions. Overall, 51.9% of staff are employed full-time, with 48.1% working part-time. There is a greater proportion of part-time workers contracted by NAC (55.2%), compared with NHS A&A (40.6%)

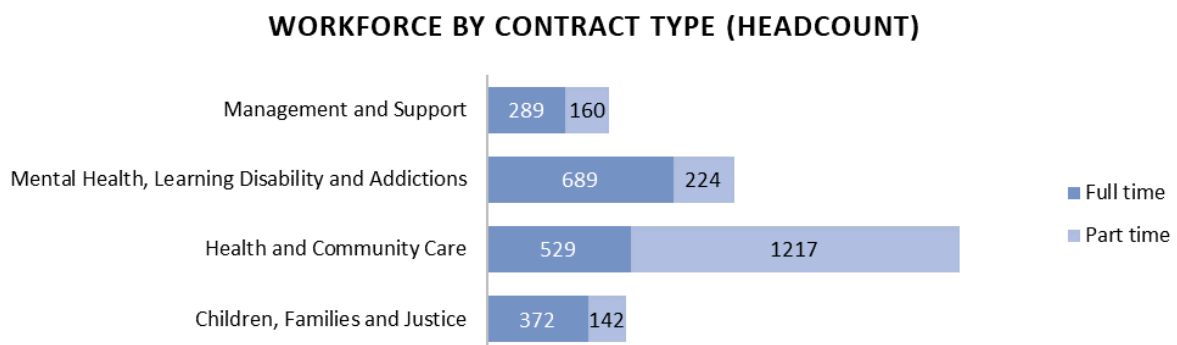
Workforce by service area

The chart below shows our workforce by our key service areas.



As demonstrated, Health and Community care is the largest service in terms of workforce, accounting for approximately 45% of NAHSCP.

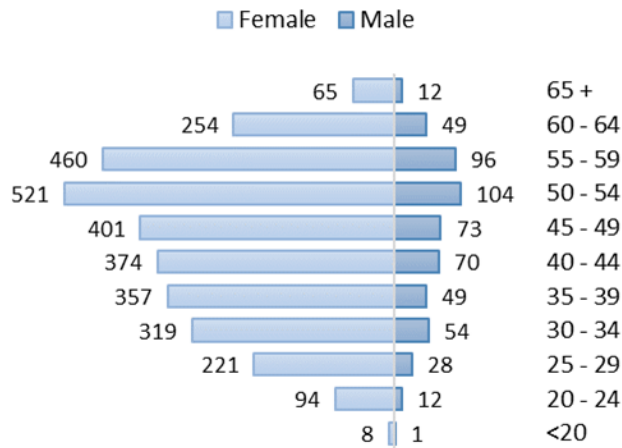
The Health and Community Care workforce also accounts for the highest proportion of part-time staff, with 89% of staff under a part-time contract.



Workforce profile

The chart to the right provides an overview of the age and sex profile of the NAHSCP workforce.

NAHSCP Workforce by Age and Sex



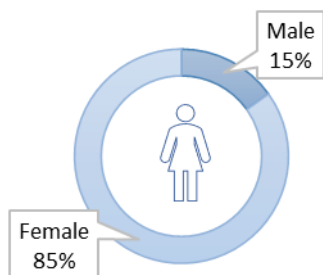
As is demonstrated the workforce of NAHSCP is predominately female. In addition, the workforce also has a high number of older employees of 50 plus.

Workforce by Sex

As indicated above, the NAHSCP workforce is predominately female, with women accounting for 85% (3,074) of all employees.

A breakdown by contract type highlights that 52% of the female workforce are part-time. This compares to only 26% for males.

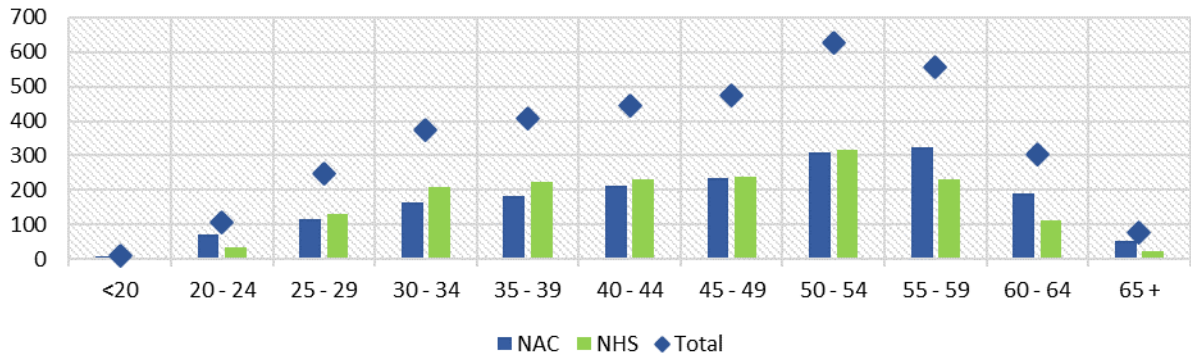
NAHSCP Workforce by Sex



Workforce by Age

Again, as indicated, NAHSCP has an aging workforce. As demonstrated in the chart below, there are high volumes of staff in older age brackets.

North HSCP Age Profile



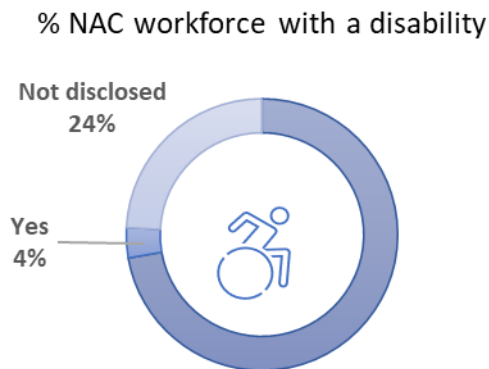
Overall, 43.1% of the NAHSCP workforce are 50 years old or over. This presents a particular risk due to staff retirement ages. NHS employees are eligible to retire at 55, and currently 20.1% of the NHS contracted staff in NAHSCP fall in this age bracket. The minimum retirement age for NAC employees in the local government pension scheme is 60 years, currently there are 13.2% of NAC contracted staff in this age bracket.

Workforce Equality Information

In addition to collecting information on gender and age, the Partnership also produces workforce statistics on other protected characteristics. Providing information on protected characteristics is voluntary by members of staff. As such, the information often contains data gaps.

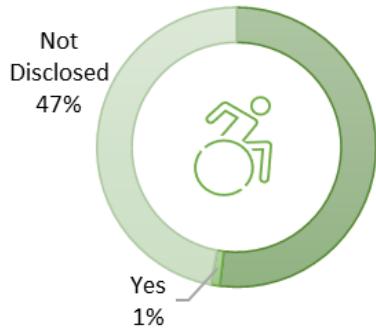
Disability

Of the 1,869 NAC this information was reported on, 67 (4%) identified as living with some form of disability. The types of disability are not disclosed. In addition, information was not available for a further 24% of staff members (452).



For the NHS Workforce, 19 (1%) of staff reported as living with a disability or long-term condition. 844 members of staff (47%) did not disclose this information.

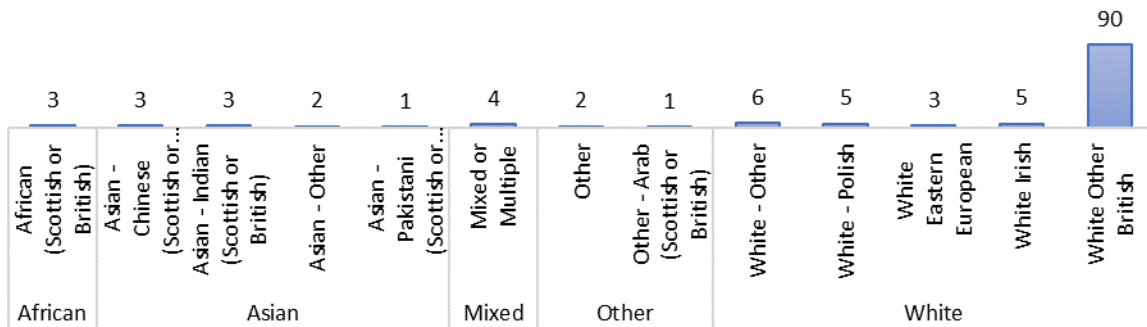
% NHS Workforce with a disability



Ethnicity

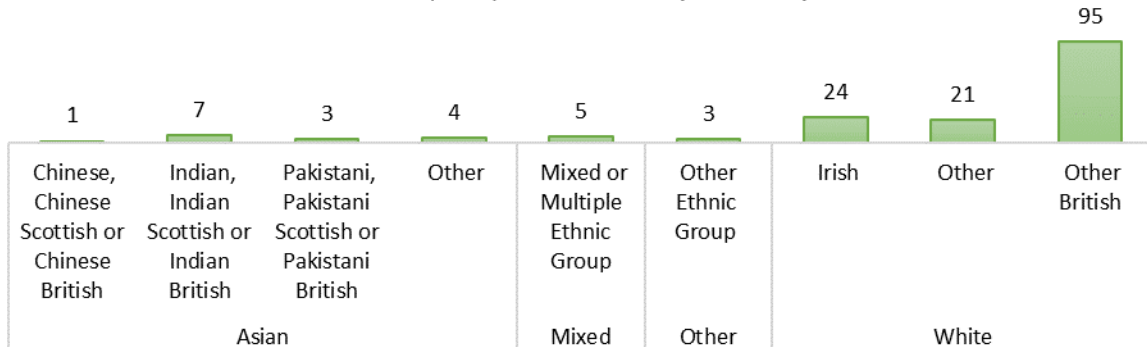
Of the 1,869 NAC employees this information was reported on, the majority of the workforce identify as 'White Scottish' (1,320, 70.63%). A further 421 staff members (22.53%) have not provided any ethnicity information. The chart below shows the ethnicity of all other staff members.

HSCP (NAC) Workforce by Ethnicity



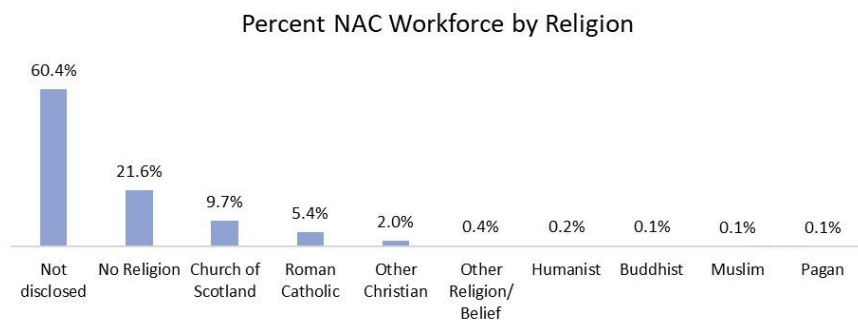
The NHS workforce has similar profile to the NAC. Overall, 73.76% (1,324) of NHS employed staff identified their ethnicity as 'White Scottish'. A further 17.16% (3080) of staff did not disclose an ethnicity. The reported ethnicities of the remaining 9% of staff is highlighted below.

HSCP (NHS) Workforce by Ethnicity

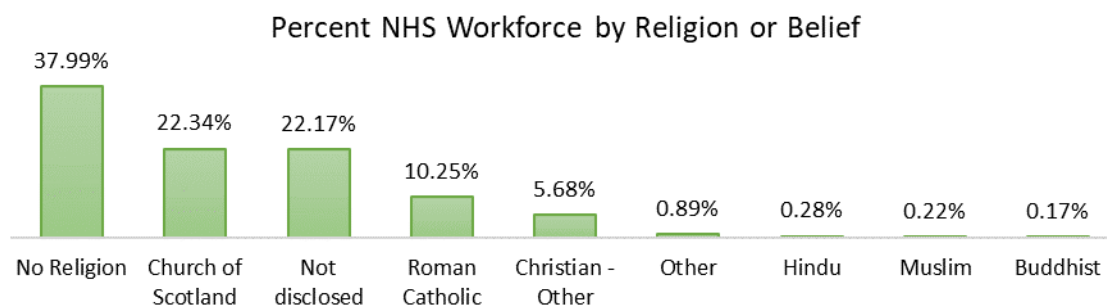


Religion and Belief

In terms of reporting on religion and belief, over 60.4% (1,129) of the NAC workforce did not disclose any information in relation to this characteristic. 21.6% (404) of the workforce identified as having No religion. The chart below shows the identified religion of all other staff members:



Within the NHS Workforce, the majority of staff (682, 37.99%) identified as having no religion or belief. 22.34% of staff (401) identified as members of the Church of Scotland. A further 22.17% of staff (398) chose not to disclose this information. All responses by percent of the NHS workforce is highlighted in the chart below.

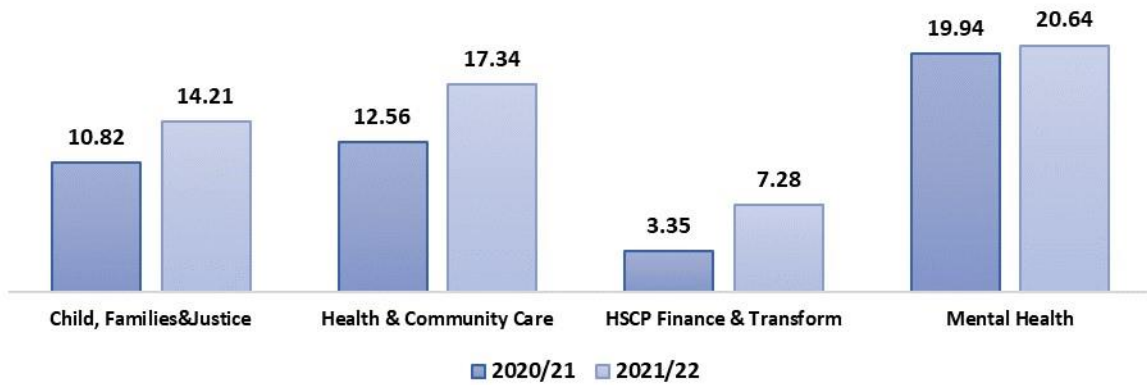


Staff Absence

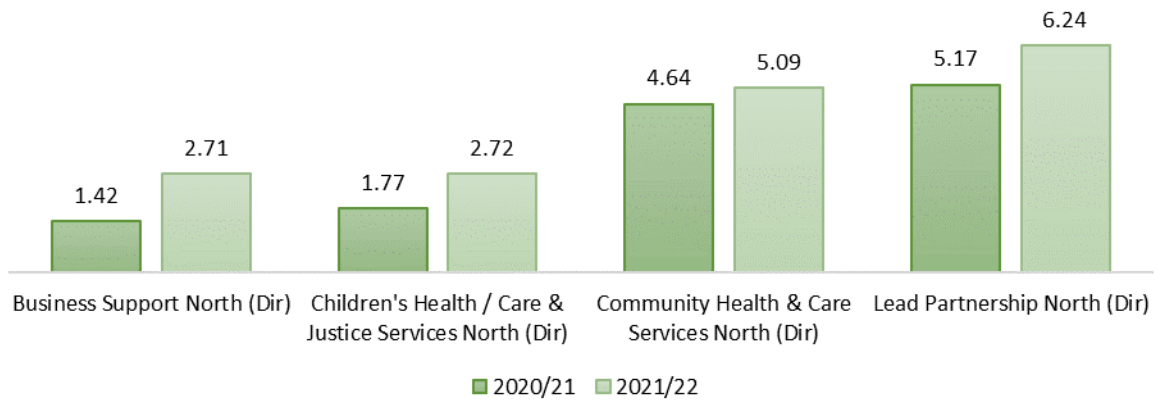
NAC and NHS Ayrshire and Arran use different methodologies to reports staff absence with NHS reporting a percentage figure, and the Local Authority report Average Working Days Lost. Both Local Authority and NHS reported increased absence figures in 2021/22 compared with the previous year with NHS returning a rate of 5.35% absence (up 0.83%), and Local Authority at 15.29 Workdays Lost per Employee (up 3.82 workdays). All main service areas, without exception, reported an increase in sickness absence in 2021/22.

In both years, it appears the greatest reason for absence was related to Anxiety, stress, depression, or other psychiatric illness. The second most common reason has been identified as Musculoskeletal problems. The charts below show the absence levels by parent organisation and service area.

NAC Absence Rate (Avg Days Lost)



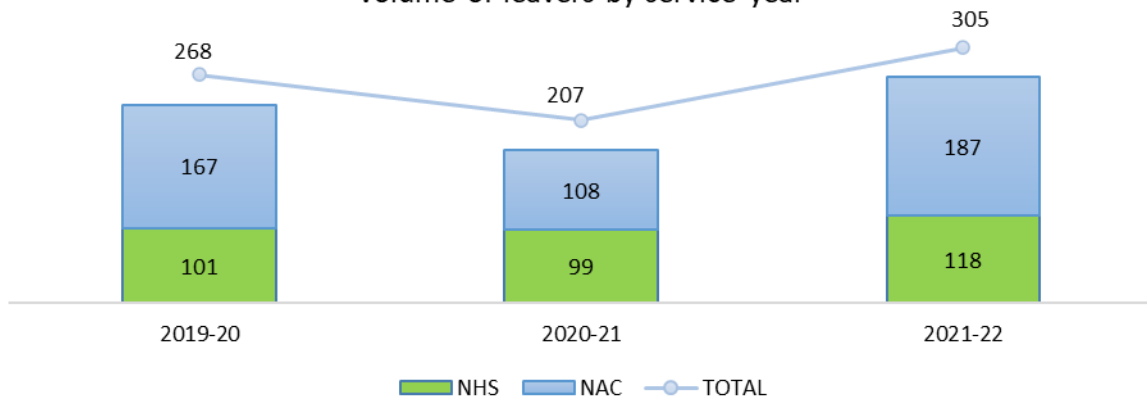
NHS Absence Rates (Percentage)



Staff Turnover

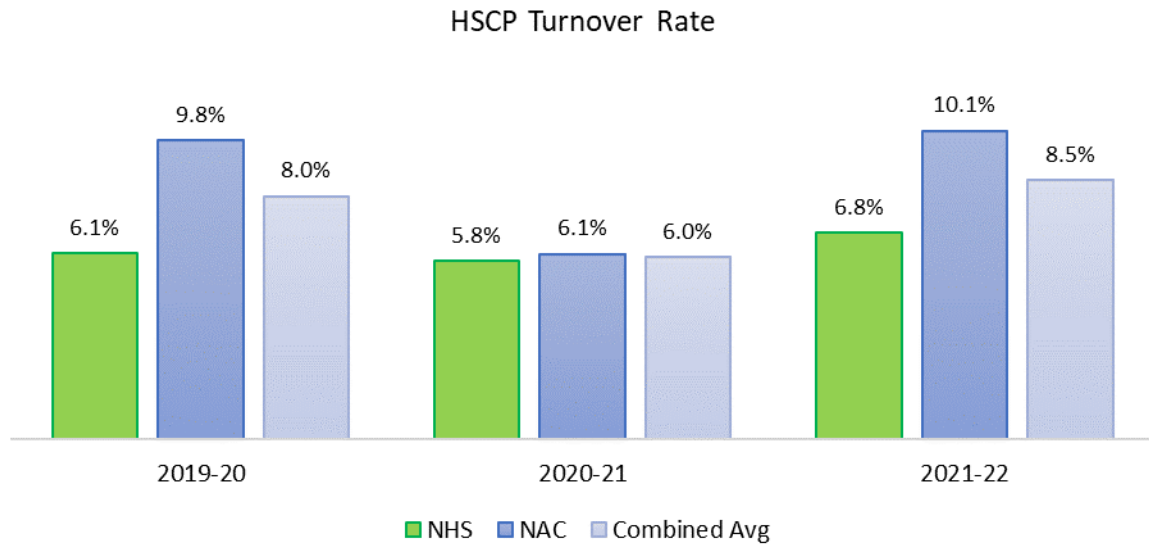
The Employee Turnover rate for 2021/22 is 8.5%, an overall increase, compared with the previous year, of more than 40%. Figures indicate that whilst employee turnover has increased across both NHS and Council settings, numbers of employees leaving are significantly higher within the Local Authority in each of the last 3 years, with most recent 187 leavers (NAC) compared to 118 (NHS), in 2021/22.

Volume of leavers by service year



As the chart above indicates, and the chart below underlines, the staff turnover rate in North HSCP has increased in 2021-22. It is likely that the turnover rate in 2020-21 was lower due to the pandemic, making the 2019-20 information a more meaningful comparator. Even so, turnover in 2021-22, is still higher than in 2019-20.

The high turnover rates highlighted in the information above have been identified as a challenge by senior leaders in the Partnership and are discussed in later sections.



7. Workforce Challenges

The Health and Social Care Workforce currently faces several challenges. In each case, the identified challenges can impact on the Partnership's ability to deliver safe and effective health and social care services. In addition, some of the wider global challenges identified may negatively impact the overall health and wellbeing of the local population, driving demand for more health and social care services. Some of the key risks to our workforce are set out below.

Global and National Challenges

Following the negative impact of the COVID-19 pandemic and its subsequent restrictions, it appears that overall the Scottish economy is in recovery. Employment levels in Scotland are exceeding those recorded in 2019, and rates of unemployment and economic inactivity are also lower. However, the Scottish workforce is still subject to many challenges:

Cost of living crisis

Due to rising inflation, increases in the cost of living are placing additional pressures on individuals and families. In 2022 Scotland has rising levels of employment, coupled with real wage increases. However, wages are being exceeded by inflation, meaning employees are becoming worse off.

Recruitment challenges

Despite high levels of employment, there are still a high volume of vacant posts across Scotland as employers struggle to recruit new staff. This is particularly noticeable in the Health and Care Sector.

Staff retention

Due to workforce supply issues, there appears to be increased levels of competition between employers; to secure suitable staff. Including improved wages or 'golden hello' incentives.

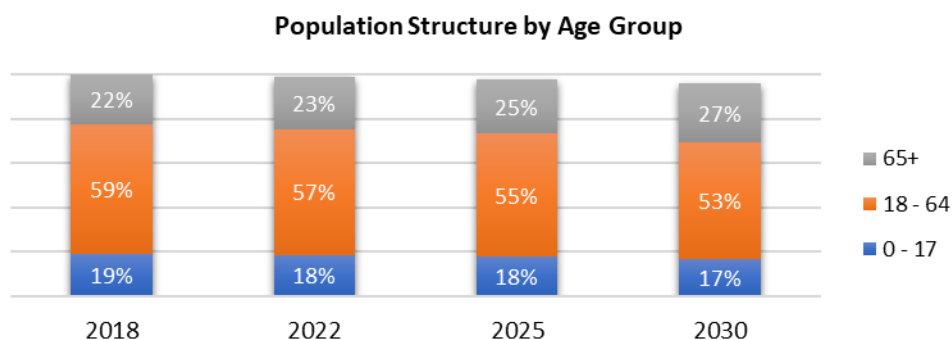
In summary, despite high levels of employment, there remains a high level of vacancies across many key sectors in Scotland. Due to the cost-of-living crisis, worker pay is effectively decreasing, as such employees are likely to be more open to moving to better paying work. This means employers are finding it more difficult to recruit and retain staff, and therefore negatively impacting on service delivery.

Demographics of North Ayrshire

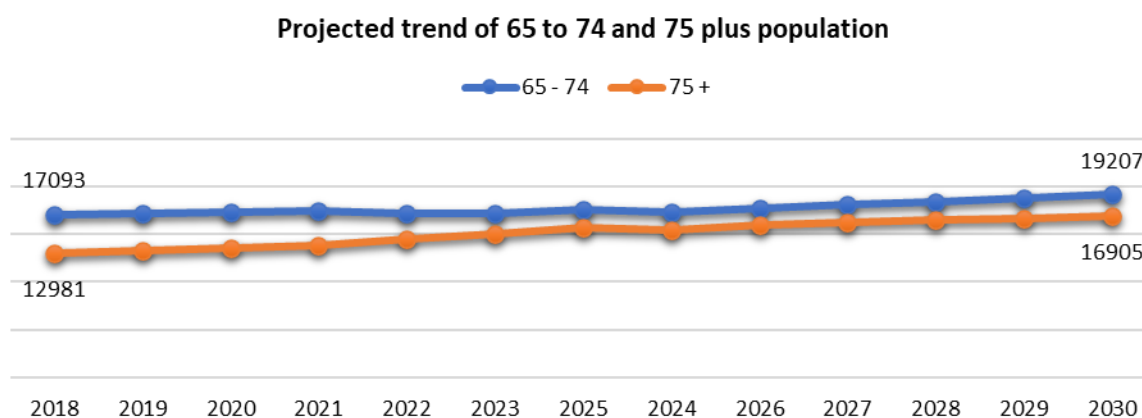
In addition to wider social and economic challenges, and the direct challenges facing our local workforce, the changing demographic profile of North Ayrshire also presents a particular challenge. Local information suggests that the changing local population and high levels of poverty and deprivation indicate a growing demand for health and social care services in the long term.

Most information projections suggest that the population of North Ayrshire is changing. As such, the health and social care workforce must adapt to ensure it continues to meet the demands of local health and care need. Overall, the total population of North Ayrshire continues to decrease, and is expected to shrink by 3.9% between 2018 and 2030, falling to 129,987.

Within this falling population, we see a growing older people population. By 2025, those 65+ will account for 25% of the population, and almost 27% by 2030. This correlates with a shrinking younger (0-15) and working age (16-64) population.



In addition, there will be a more significant growth in those over 75 years. From 2018 to 2030, the 65-74 age group is forecast to increase by 12% (from 17,093 in 2018 to 19,207 in 2030). However, over the same period, the population who are 75 or over will increase 30% (12,981 in 2018 to 16,905 in 2030).



Considering the complexity of health concerns increase as we age, the increase in older people population implies a greater demand on Health and social care services in the future. For example, it is likely that both the Care at Home and District Nursing Service workforce will need to increase to meet greater demands of people require health and social care support in their own homes and communities.

North Ayrshire continues to have areas of high deprivation contributing to social and health inequalities across the population. The most recently published Scottish Index of Multiple

Deprivation figures suggest as much as 41% of North Ayrshire's population live within areas that are considered among the most deprived areas in Scotland.

In addition, information published by the charity End Poverty Now also suggests that more than 1 in 4 children (28.3%) in North Ayrshire live in poverty.

Health & Care Strategic Needs Assessment

Since 2012, the life expectancy for both men and women in North Ayrshire has seen a decrease. In the reporting period 2012/14, life expectancy in North Ayrshire was 80.8 years for women and 76.1 years for men. In 2018/20, this has dropped to 80.1 years for women, and 75.3 years for men. However, Healthy life expectancy for men in North Ayrshire has increased in recent years. However, we see a decreasing trend for women. In the latest time period available (2018-2020 3-year aggregate), the average healthy life expectancy in North Ayrshire was 58.5 years for men and 56.3 years for women in 2017-2019.

Currently, 27% of local people are living with a Long-Term Condition (LTC) which could include Arthritis, Asthma, Diabetes, or COPD). Projected prevalence up to 2025/26 shows there is to be a gradual increase in the population living with an LTC. Long-term conditions are more common in older age groups, with the proportion of people living with one or more LTC increasing with age.

By 2026, only 2 in every 10 people in North Ayrshire under the age of 65 will have a long-term condition. For those 85 and over, 8.2 in every 10 people will live with an LTC.

Further, the proportion of people living with more than one long-term condition (multi-morbidity) increases with age, with approximately 15% of over 65s with multi-morbidities, compared with less than 5% of under 65s for 3 LTCs.

There is also strong evidence for a rise in the prevalence of those affected by poor mental health. For example, in North Ayrshire, the percentage of local people being prescribed medication for Anxiety, Depression or Psychosis increased each year, and was reported at 22% in 2020. This is higher than the Scottish average.

Service Challenges

In developing this plan, a survey was completed by senior managers and service leads. This survey afforded managers the opportunity to specify the key challenges facing their services. Some of the key challenges experienced are detailed below. Overall, the key workforce challenges that were highlighted across all services included:

- Recruitment difficulties - despite high levels of job vacancies.
- Staff retention – as a possible result of the high level of competition in the job market at present.
- Lack of appropriately qualified/experienced staff – particularly for more enhanced/professional roles.
- High levels of staff absence.
- High levels of potential retirements, resulting in a loss of workforce experience.

Children, Families and Justice Services

Overall, the Children, Families and Justice Service is managing with all essential business requirements. However, there remains a considerable amount of pressure on the service due to high levels of vacancies and staff absence. The service is also reporting high volumes of staff preparing for absence to undergo medical procedures that were delayed due to Covid-19 restrictions.

The service recognises the challenge of recruitment for Social Workers across locality teams and in Service Access. This is also being compounded with an increase in service referrals, meaning that demand on the service is greater than current capacity.

In our early years' service, and number of additional challenges have been identified, including high retiral levels. The service also has an aging workforce that brings with it the risk of further retirals and increased chance of periods of ill health. The service is already experiencing the impact of long-term absence on caseloads.

In addition to recruitment challenges for both clinical positions and seasonal roles, the service is seeing an increase in staff wishing to move to part-time working for better work/life balance.

Health and Community Care

Across our Health and Community Care services, we are experiencing challenges of recruitment and high levels of turn-over, particularly in our Care at Home Service. Care at Home traditionally has high levels of vacancies but are now finding it harder to recruit to and retain staff. This is attributed to both retirement due to ill health or opportunities in other job sectors. The role of Care at Home worker is often viewed negatively.

In our Long-term conditions service, we are seeing low level of applications for Registered General Nurses (RGN), with number of applications having fallen over the past 4 years. There are also low numbers of Registered Mental Health Nurses (RMN) applying for community posts, presenting an on-going challenge. The service is also noting challenges in recruiting Senior Charge Nurses and Clinical Team Leaders, which could indicate a lack of experienced leaders in teams. The absence levels, mostly as a result of Covid-19, have continued to provide challenges to the service.

There continues to be recruitment challenges for Adult Social Workers, highlighting a low number of applicants for vacant posts, issues of retention and ongoing staff absence levels.

Island Services on Arran currently have a high level of vacancies in Care at Home and Montrose House Care Home, with additional vacancies in primary care posts, including GPs, nursing and physiotherapy.

Arran faces additional demands to recruitment due to it being an island, these include housing costs, cost of living on the island and a reliable ferry service for an effective commute.

Allied Health Professional services identify ongoing support to other services as a current challenge. Following support to other services during the pandemic, the service is now facing the challenge of returning to normal service delivery in providing moderate AHP consultations to local people. This is further exacerbated by a public perception that all services should be back to 'normal'. The service also reports low levels of administration support, requiring professionals and clinicians to be redirected to undertake admin functions. These challenges are in the face of rising demand for the AHP service from both the community and primary care services.

In our Primary Care services, a number of challenges have been identified:

Mental Health Practitioners

The service has not been able to recruit to the island of Arran and remote sessions are now being delivered. The service is under pressure as there is currently no in-built resilience cover and the service has requested additional posts via new Primary Care Mental Health monies. The team are challenged by a lack of space in some GP practices and some staff deliver sessions remotely.

Community Link Workers

The growth in digital supports requires the digital navigator post to be made permanent and it is hoped that new Primary Care Mental Health monies can support this ambition. The team are challenged by a lack of space in some GP practices and some staff deliver sessions remotely.

Pharmacotherapy

The service has not been able to recruit to the island of Arran and the island team is exploring the expansion of skills across technical grades with GP training support. There is a lack of resilience in the team and team is exploring a 10% growth across teams. There is a limit of senior pharmacotherapy staff across Scotland and the Ayrshire team have very successfully skill mixed. The team are challenged by a lack of space in some GP practices and some deliver sessions remotely.

MSK physiotherapists

The service is currently under pressure as there is no built-in absence resource and a lack of availability of senior MSK professionals to recruit due to marketplace shortages across Scotland. The service is currently exploring skill mix to build a wider career path in primary care.

CTAC

The service continues to refine and develop its clinical specification to enhance the interventions and patients supports available. The team are challenged by a lack of space in GP practices and work continues to resolve this issue.

All of the service above requires the support of GPs to ensure clinical training, supervision and support. Due to a lack of GPs across the Ayrshire system, this can be a challenge. However, Ayrshire & Arran are now exploring a 'Primary care Training Academy' to support this training need.

Mental Health, Learning Disability and Addictions

As in other service areas, there are significant challenges facing our Mental Health, Learning Disability and Addictions Service. As Lead Partner for Mental Health Services across the Ayrshire and Arran Health board areas, many challenges faced by the service also impact in the two other partnership areas in Ayrshire.

The Community Mental Health Team (CMHT) have not seen the same levels of investment as other services in recent years (for example unscheduled care and perinatal mental health services). This has led to a significant gap in service demand and capacity. While reviewing the current CMHT workforce, it has been identified that there are gaps in both staff volume and experience. With the expected retirement of a number of CMHT staff in the near future, the skill/experience level in the service will significantly shift. With high levels of inexperienced staff, the service has the challenge of skills development.

North Ayrshire Drug and Alcohol Recovery Service (NADARS) identified the challenges of both recruitment to vacant posts and the retention of staff members. It was highlighted that there is a high level of competition in the market at present, making recruitment additionally challenging. In addition, due to recent changes in pension legislation, more experienced staff are now considering retirement at some point in the future.

In Psychological Services (Pan-Ayrshire Service), there are challenges in recruiting to specific priority posts, including Child (CAMHS and neurodevelopmental) and Adult Mental Health in the Community. In the past year, SG has provided additional dedicated funding to all Boards to increase specialist Psychology provision to clear long waits and support Boards to achieve the waiting times standard by March 2023. Although training places are increasing year on year, there is currently an insufficient specialist workforce to fill all vacant posts across Scotland so there is currently a competitive workforce context and an increase in staff movement between Boards as high numbers of new posts are being developed.

The greatest challenge in Psychological Services has been recruiting to the established larger services of CAMHS and AMH Community as staff have opportunities to take posts in smaller, new, developed specialist services.

In AHP services several challenges have been identified. As in other areas, recruitment to specialist posts is proving challenging. As a result, staff are spread thinly across the large geographic area of Ayrshire and Arran. In addition, the current cost of fuel is an additional concern for members of staff. The service is also impacted by high levels of staff absence and special leave. This is also in conjunction with an increase in demand for AHP services with inward migration to Ayrshire causing particular difficulties.

Concern was also raised by the service over adequate investment/ provision of training and development opportunities.

Management and Support Services

NAHSCP has several support services, working to ensure our operational delivery services can carry out their functions effectively. These are covered across our Business Support and Finance and Transformation services.

In our Business Support Services, we are experiencing a high level of staff turnover as employees move onto more promoted posts in other areas, particularly to other council services. Further, while additional staffing funding is often proved to operational service areas across the HSCP, Business Administration is often overlooked.

Our Money Matters service also reports recruitment difficulties for experienced welfare rights and income advisor posts.

Across AHP and Independent Living Services, there is a lack of appropriate administration support, meaning clinical and professional staff often have to undertake admin tasks, leading to a detrimental impact on workloads.

Financial Context

North Ayrshire IJB agreed its Medium-Term Financial Outlook (MTFO) covering the period from 2022-2025 in March 2022. This is a critical part of the strategic planning process as it sets out the resources which the Partnership expects to have available to deliver services.

It assists with ensuring that these resources are aligned to the strategic priorities as well as with annual financial planning. The financial context for the public sector remains extremely challenging and so it is vital that our strategic ambitions are set against the financial resources which are anticipated to be available.

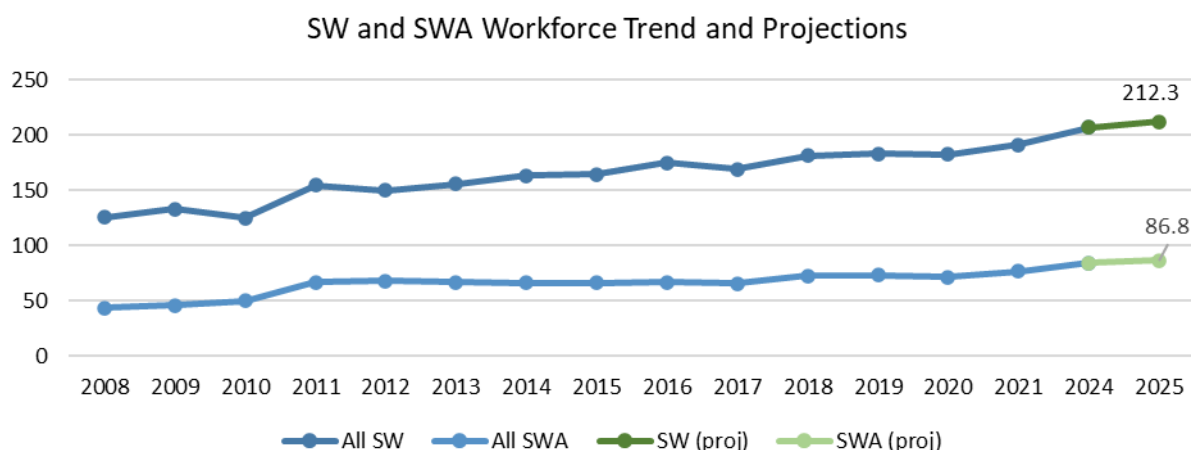
The MTFO looks at the economy, the fiscal outlook and the resource spending outlook in the context of national policies and demand pressures and local priorities. It projects the financial gap which will need to be addressed through service transformation and financial savings to deliver the services which will help us achieve our strategic priorities. The Scottish Government has published a one-year budget for 2022-23 and so the financial position for 2023-24 and 2024-25 is projected through three different scenarios – best, medium, and worst case. The Government published its Resource Spending Review in Summer 2022; whilst this is not a detailed budget it will facilitate future refresh of the MTFO.

8. Workforce Projections and Future Requirements

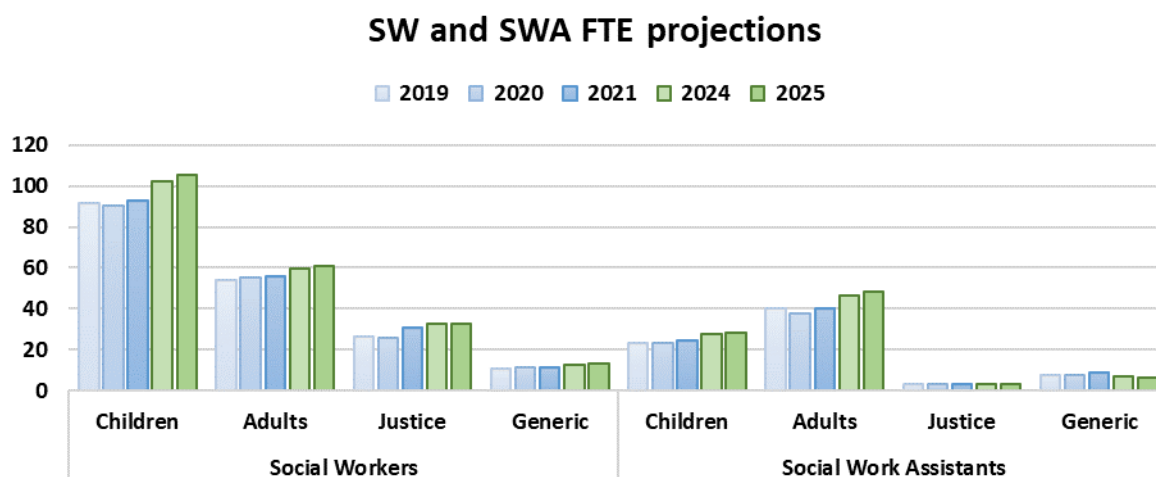
For the purposes of this plan, a long-term analysis of staffing trends was undertaken. This analysis also offered workforce projections over the medium term.

NAC – Social Work Workforce

For North Ayrshire Council staff, information was provided on the Social Work and Social Work Assistant Workforce. Data provided covered the long-term period from 2008 to 2021. Based on workforce analysis, the 3-year average workforce change was identified as 15.7 FTE posts for Social Workers and 7.5 FTE posts for Social Work Assistants. Applying these figures to the most recent workforce information, we are able to offer a projection of the local workforce. For Social Workers, based on the 2021 workforce of 191.3 (FTE), this will increase to 212.4 (FTE) by 2025. Likewise for, Social Work Assistants, we project the workforce to consist of 86.8 (FTE) by 2025, based on the 2021 workforce of 76.8 (FTE).

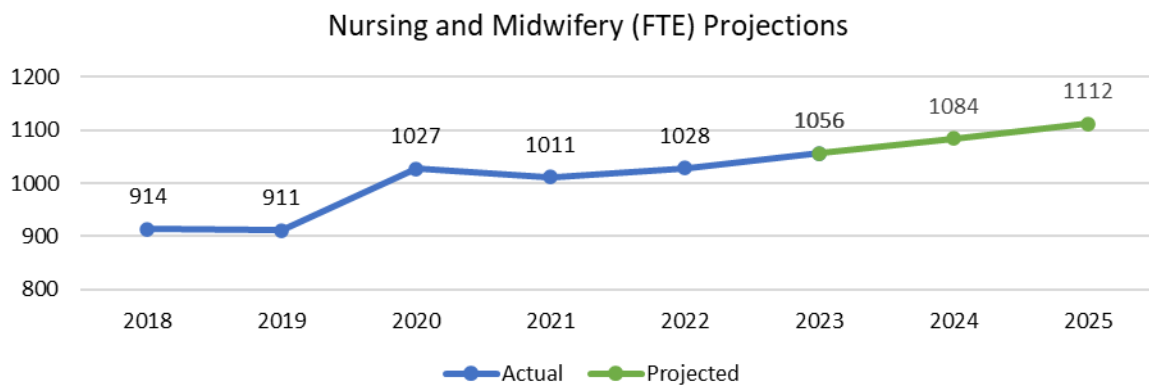


Projections by broad service area are identified in the chart below.

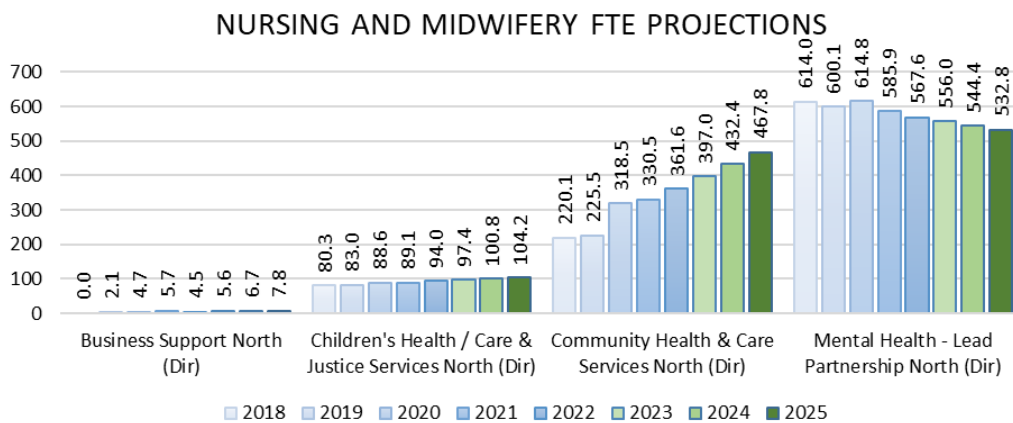


NHS - Nursing Workforce

Further information provided also highlighted the numbers of nursing staff employed with the Health and Social Care Partnership over the past few years. In 2022, 1,128 (FTE) nursing staff were working across the Partnership. While historical information for the nursing and midwifery workforce is limited (only being available since 2018), we have provided basic forecasts calculations up to 2025. This was carried out by taking an average of the annual workforce variance across the previous five years of data and using that average figure to calculate a forward projection. Using this method, we anticipate the nursing workforce to increase by approximately 29 FTE nurses each year.



Information on the nursing workforce was also provided broken down to service area level. While the overall demand for nurses has increased over recent years, we are seeing a decrease in the number of nurses within the Mental Health Service. Considering the prevalence of Mental Health concerns, and demand on service, this trend presents a particular challenge for the Partnership, as while the number of MH nurses decreases, the prevalence of complex mental health concerns is increasing.



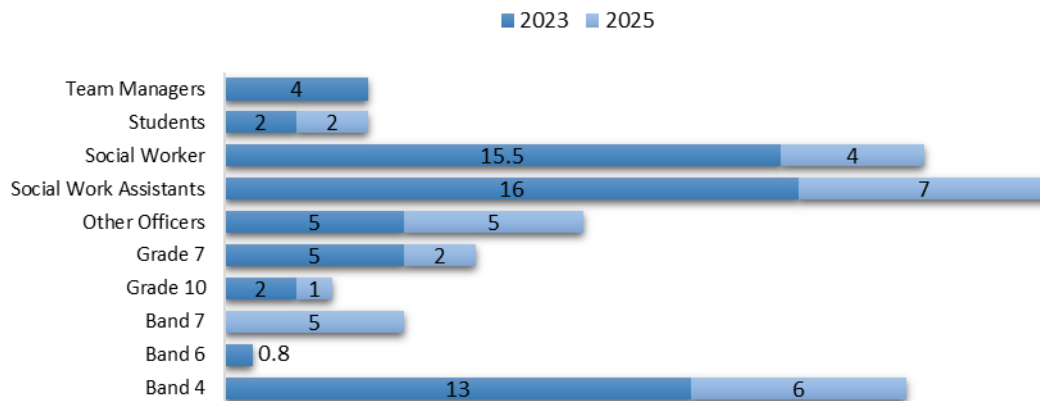
Future Requirements

In addition to the professional workforce projections outlined above, we also engaged with HSCP Senior Management to identify the future additional workforce required for each service team. It should be highlighted that these are aspirational requirements that managers have identified to be able to effectively deliver future health and social care services, however, it is unclear at present if these requirements can be effectively resourced. Summary charts highlighting the required workforce are set out below. All figures are Full

Time Equivalent (FTE). The detailed requirements by service area can be found at [Appendix E](#). Note, that for some services, medium term workforce requirements are yet to be identified and are subject to both internal and external review factors, such as the AHP National Rehabilitation Commission.

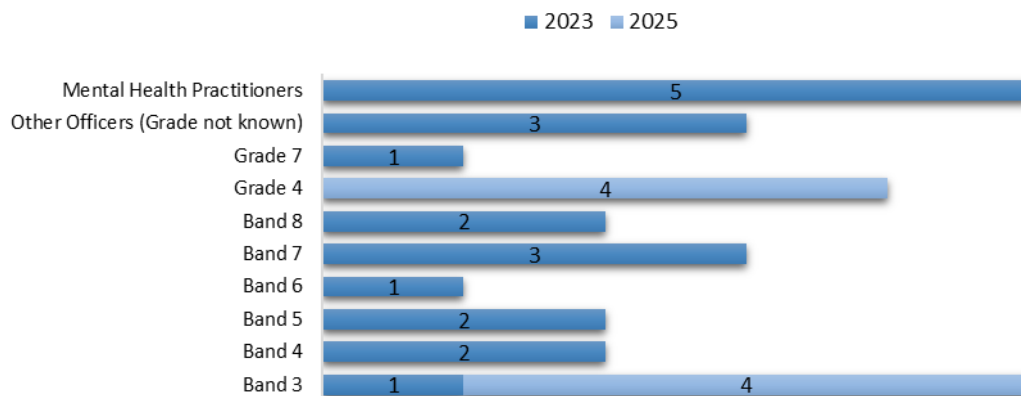
In Children, Families and Justice Services, a further 63.3 WTE posts have been identified as required in 2023, with a further 32 required by 2025.

Children, Families and Justice - Additional Workforce Requirements



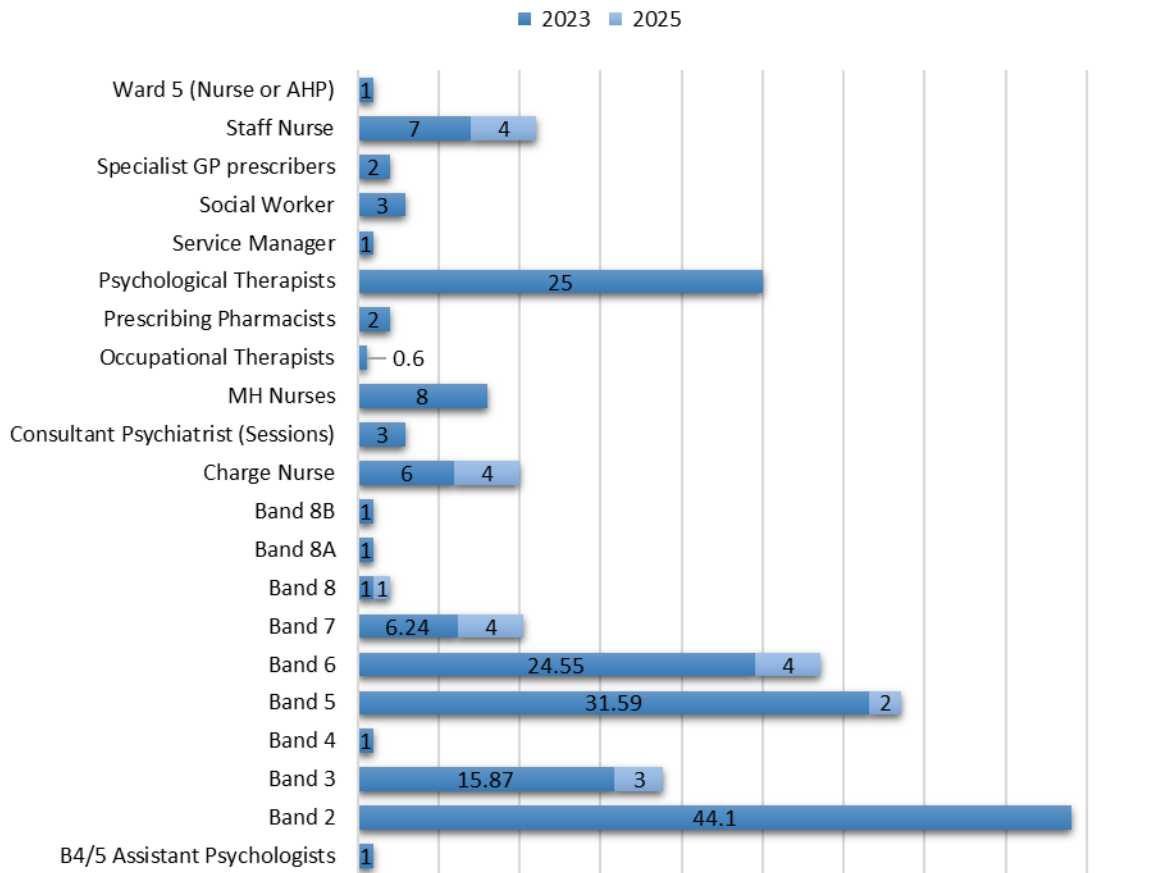
In addition to on-going Care at Home recruitment, Health and Community Care Services have identified 20 additional WTE posts, required in 2023, with an additional 8 anticipated so far for 2025.

Health and Community Care - Additional Workforce Requirements



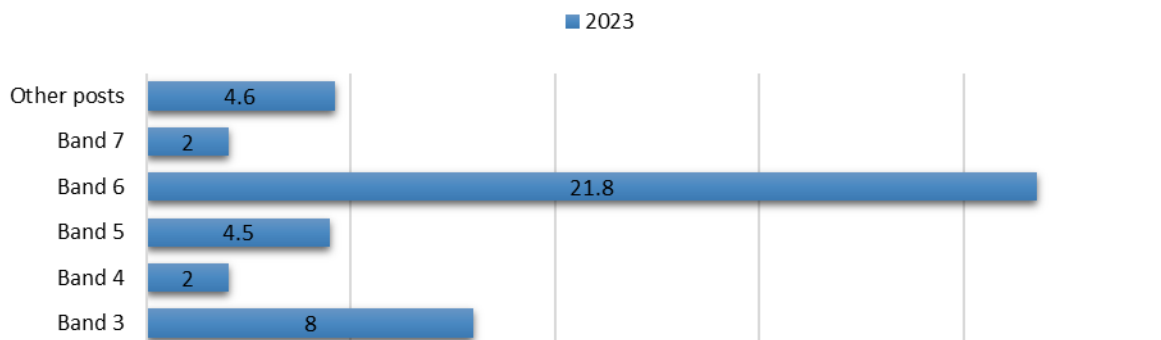
In Mental Health, Learning Disability and Addiction Services, 185.95 WTE posts have been identified as required across all services, including lead partnership. A further 29 WTE posts have been identified as required by 2025.

Mental Health - Additional Workforce Requirements



Due to Allied Health Professional national review, the service is unable to identify requirements over the longer term at present. However, the service has identified an additional 42.9 WTE posts as required in 2023.

AHP - Additional Workforce Requirements



9. Our Workforce in 12 Months

To support our on-going recovery from COVID it is essential that our workforce has the appropriate capacity and skill set to continue to deliver effective health and social care services to the people of North Ayrshire. Over the next 12 months, we will seek to address many of the immediate and pressing challenges on our workforce while also implementing procedures to improve our overall approaches to workforce planning.

As restrictions ease and confidence increases, we will expect to see a full roll out of agile working for staff across the partnership. This will mean much of our workforce will have a flexible approach to their work location, with more people expected to return to office-based working while still balancing working from home.

In summary, over the next 12 months we will seek to build greater capacity across all our services. This will include continuing to develop an experienced and skilled workforce, ensuring we attract motivated and skilled staff to the HSCP, and ensure the experience within our organisation is retained, maintained and passed on. To do this we will develop clear pathways for skills development.

We will have developed a Succession Plan approach for our workforce, to ensure we are identifying future leaders and supporting them with appropriate skills development and opportunities. In addition to Succession Planning, we will provide clear career pathways to support all staff members and effective career route plan. To support both career development pathways and succession planning, our leadership will consider the overall management structure of the HSCP to ensure there are clear manageable career steps for progression.

How the workforce of each of our services will look in 12 months is highlighted below.

Children, Families and Justice Services

Overall, in Children, Families and Justice Services, we will seek to build our workforce and processes to ensure delivery of the Promise. This will include further developments in:

- Early help and intervention approaches.
- Whole Family Wellbeing.
- Co-located, multi-disciplinary team working.
- Supporting local families address poverty.
- Child protection procedures (Signs of Safety and Safer and Together).
- Trauma informed practice.

To support these developments the service will need a full complement of staff within existing resources plus further lead posts in areas such as Trauma informed work, additional social workers and social work assistants (across each NA locality) to reduce caseloads. This will also require additional more team managers to provide leadership and oversight.

In our Early Years' Service, the increased complexity and vulnerabilities in families has been noted following the Pandemic. This means an additional amount of time is now required to

support families and children in the early years. As such, additional capacity is required across a range of early years teams to improve service delivery, reduce waiting lists and reduce dependency on costly bank staff approaches to plug workforce gaps. The service will seek to enhance capacity across the following services:

- Health Visiting.
- Children's immunisations.
- School Nursing Staff.
- Support worker capacity for school age children.
- Peri-natal mental health services.
- Creation of a 'Dad', support worker.

The service will also develop a workforce development programme to support the retention of a staff, support staff to develop additional skills and experience that would support their career development within the Partnership.

In our Justice Services we will seek to enhance our Making a Difference Programme to improve engagement with Service Users and supporting community sustainability. This development would see the team allocated additional Project Workers and Social Work Assistants.

Health and Community Care

To support our developments in primary care, over the next 12 months we hope to see the successful transfer of PCIF services (including CTAC, Pharmacotherapy and MSK Physiotherapy) to the HSCP. This help ensure primary care services are at appropriate capacity and resilient to demand.

To support the effective delivery of primary care services, we would also seek to enhance the following capacity in local GP practices:

- Mental Health Practitioners.
- Community Link Workers (digital navigator).
- Occupational Therapists.

Recognising the shortage of local GPs to oversee and support those within the multi-disciplinary Teams, the service – along with NHS Ayrshire and Arran – are exploring the potential for a 'Primary Care Training Academy' to support training need.

In Community Care Assessment and Review, the newly appointed posts created from additional Scottish Government Funding will be used to help to reduce waiting times for social care assessments.

In our Care at Home Services, we will continue our recruitment drives, succeeding in recruiting to all community care positions. This will be further supported by a review of the Care at Home assistant role profile. We will roll out our new models of day services for older people in North Ayrshire. To support improvements in our registered services, we will

consolidate recent inspection reports, and work with local providers to deliver improvement plans.

In our Island Services, we will complete the work on an integrated hub for Arran including a workforce plan that will be developed to support the new model of care we will deliver in the hub which will include modelling of future demand based on an home first model utilising overnight care on Arran (which we don't currently provide). By completing the project plan and business case for the hub we will look at a single 24/7 rota for our bed-based services.

In our Long-Term Conditions service, we will consider the best approaches for the District Nurse weekend workforce, to ensure safe and efficient staffing levels. We will continue to increase our community district nursing resource in order to develop pathways and new models of care. In the ward environment, we aim to increase the number of Band 3 HCWS as part of band 2 review. We will also develop dedicated CNM support for community services.

The service will also build in 22.5% contingency within community nursing, to support Annual Leave, Sickness Absence and study leave.

Mental Health, Learning Disability and Addictions

In North Ayrshire, Drug and Alcohol Recovery Services will respond to both local and national priorities including delivering on the Medicated Assisted Treatment Standards, non-fatal overdose, developments in Housing First approaches, and enhanced Dual Diagnosis support. The workforce will adopt a hybrid approach to working, including at home, base and community venues. The NADARS workforce will be fully flexible and adaptable to changing priorities. The service will also be supported by a robust Information Management and Technology (IM&T) in place to support them.

The Community Mental Health Team (CMHT) will develop the appropriate capacity to meet growing local demand. It is anticipated that a portion of demand on the CMHT will be addressed through the effective resourcing of Mental Health supports in primary care MDTs across North Ayrshire. Despite this positive development, on review of current caseloads, current capacity within the team will still not meet growing demand for service. As such, additional capacity is required. In recognising recruitment challenges for qualified Mental Health workers (with many posts expected to take up to a year to fill), the service will consider new advanced/ enhanced roles and different ways of working.

In Psychological Therapies, the service will recruit to established vacancies and utilise all new dedicated Scottish Government funding. Recruitment to these posts will help to reduce waiting lists across mental health services, particularly in areas with the longest waits, such as CAMHS, Community Paediatrics and AMH Community. The service will use new Scottish Government funding to expand Psychology services in established clinical areas where there is recognised unmet need (for example, Addictions, Older Adults, Acute services).

The service will seek to increase the capacity of the senior Psychology Leads team to ensure appropriate leadership of our expanding service, including, Perinatal, Infant MH, Eating Disorders, In-patient, Children and Young People Medium Secure/Foxgrove, provision to Acute - ICU/post-Covid.

Allied Health Professionals

Our AHP service will seek to enhance the support it provides across all service areas.

Over the next twelve months, the services priority will be to recruit to vacant posts, and to work with partners across the system to maximise the capacity and impact of AHPs.

We will seek to improve access to those services where waiting times are currently most challenging, and to resume any services that remain paused post pandemic, and still have relevance in our new context.

We will continue to make greatest use of additional funding opportunities.

We will progress work to ensure efficient pathways and processes, to maximise registrant time and capacity.

We will continue work to better understand how the current AHP workforce aligns to the delivery of safe, quality care.

The service will continue to place focus on staff wellbeing and development, with increased focus on ensuring all AHP staff have access to regular supervision.

Management and Support Services

While embracing our new ways of working, our Business Support Services will consolidate our support services to ensure a more consistent approach to service provision across all partnership services. In addition, Business Support will also develop and implement a Personal At-Risk Distribution System (PARD). This system will improve our workforce's ability to identify and respond to the most vulnerable local people in the event of local or national emergencies. A review of the function of Moving and Handling/CALM Team will also be undertaken to increase capacity to better support training to frontline staff members.

In our Finance Section, we will require to monitor the workload demand of the Financial Intervention Team. While there are currently no plans to increase staff numbers, this may be reviewed in caseload increases to a point where there is a potential risk to service users and families in terms of not being able to access services. Due to the current profile of the Finance Section, in terms of team members close to retirement age, the section would seek to benefit from a succession planning approach.

Across AHP Services and Multi-Disciplinary Teams, we will seek to enhance administrative support capacity to services. This will include, generic administration support, IT system support and production of monthly management reports. This support will free the capacity of service managers and team leads to focus on clinical duties and leadership.

10. Our Workforce in 3 Years

By 2025 we anticipate our North Ayrshire Workforce to have developed appropriately to face the local health and social care demands of local people. Our teams will be appropriately staffed and resourced and have a clear understanding of their purpose.

North Ayrshire HSCP will be recognised as a great place to work as we demonstrate our commitment to investing in our people, enhancing their skills, and supporting them to build long and meaningful careers within the Partnership. We will be an attractive place for new employees and are effectively retaining a greater volume of existing staff members.

We will continue to prioritise the wellbeing of our workforce and provide a range of options to ensure our staff are supported and motivated to thrive in their roles.

What our workforce will look like across each of our service areas is highlighted below.

Children, Families and Justice Services

Across Children and Families Services we will effectively deliver on the Promise for children and young people. We will have developed a workforce that is able to respond effectively to the needs of local children and families at the earliest possible stage and provide more intensive support to those who need it.

In our Early Years' Service, we will have additional Health Visiting capacity in our most vulnerable communities in-line with wealth of robust evidence around the impact high quality health visiting services has on children's outcomes.

We will have secured recurring SLA funding for student Health Visitor placements, supporting students in their learning and supporting them to choose a career in North Ayrshire. We will have developed an improved skill mix within the School Nursing team to meet the needs of the school nursing pathway and to support models of whole family support.

We anticipate our Child Immunisation Team may undergo further developments as a result of the Current Public Health Immunisation review.

By 2025, in Justice and Intervention Services we will have realised the following workforce developments:

- Consolidated a robust process for the electronic monitoring of Bail and will have developed a staffing group to support this.
- Developed, consolidated, and enhanced our Making a Difference Project to improve Service Users engagement, support community sustainability and reduce the length of time involved in statutory services. Increase in referrals to Making a Difference.
- Consolidated and enhanced our early intervention and preventative approaches through development of the Family Centred Wellbeing Team.
- Restructured and appropriately staffed the Service Access Team, responding faster, robustly, and proportionately to high numbers of referrals and complex cases. This will reduce referrals onto other statutory services.

- Established a robust team of Recovery Development Workers/staff with lived experience complimenting the work across our services and developing strong links with community resources and services.

Health and Community Care

By 2025, we will continue to develop and enhance our Primary Care Services, attracting the required workforce across all MDT in our localities. This work will complement the development of the Caring for Ayrshire programme and its associated property improvement programme.

On Arran, we will have established a Single point of contact for all people on the island to access Health and Social Care Services. Our Home First Model will be in place with enhanced overnight care provision, supporting vulnerable people to be cared for at home or in a community setting. The established Multi-Disciplinary Team will be supported by an additional Advanced Nurse Practitioner in complex care/frailty cases.

There will also be a full Business case completed to support the build of an integrated hub on Arran.

In Community Care, our registered services have improved on Care Inspectorate Gradings following support and joint working with HSCP services. To support staff, we will have in place an online training portal and learning and development opportunities for the Community Care workforce to support staff development and career progression.

Over the next three years, we will provide a specific focus on the development of the Partnership's Reablement service, ensuring capacity and skillset is within the service to support our strategic commitment to care for people back to health at home or at least in a local community setting.

By 2025, our Long-term Conditions service we will deliver our service and any operational changes in line with the recommendations from the forthcoming Community Nursing Review.

The service will also be prepared for the handover of the Community Treatment and Care Service.

Over the next three years, the service will also consider the feasibility of the development of an outreach service for stroke and general rehabilitation.

Mental Health, Learning Disability and Addictions

In our Drug and Alcohol Recovery Service, we will have the capacity in service to respond quickly to the needs of local service users, meeting all established local and national standards and targets. The workload and capacity of the service will be closely monitored, and any additional resources will be identified and allocated quickly.

By 2025, we will have developed a new Primary Care Mental Health Service and are able to attract qualified and experienced individuals into these roles. This service will work closely

with other Community Mental Health Teams and acute mental health services, to address the demand on local mental health services.

In our Psychological Therapy service, we will continue to build on the developments as identified over the next 12 months. However, in addition, we also endeavour to consolidate the service areas that are currently being developed over the next 18 months. This also includes a further expansion into new Scottish Government clinical areas such as Neurodevelopmental across the lifespan, MHS in Primary Care, and Early Intervention in Psychosis.

Allied Health Professionals

Over the next three years the service will undertake an AHP workforce review and Rehabilitation Commission exercise, to better understand service capacity against demand. This work will help the service identify appropriate actions to improve, which may include re-modelling AHP service provision.

We will continue to have a strong contribution to practice based learning, offering placements to pre-registration students, and influencing the national agenda around AHP workforce and education for the future.

The direction of travel for AHPs over the next three years will be increasingly to provide universal and targeted interventions; taking a population health, consultative approach to ensure earlier access to support when required, with a focus on prevention and self-management. In parallel, we will progress plans to support timely access to specialist services when this is indicated and continue to work as part of multi-disciplinary teams in progressing the wider partnership agendas – for example concerning the review of the eating disorders service, the commencement of the national Foxgrove services, the enhancement of community rehabilitation and primary care, and our contribution to early years services.

In this way, and over the lifetime of this plan, our Allied Health Professional Services will continue to work collaboratively with partners, to embed improvements across all service areas of the Partnership, and to maximise the reach and impact of AHPs.

Management and Support Services

In our Finance Section, there is a stable workforce with effective skills development and succession planning in place to ensure the team is always at capacity and skills and experience are maintained within the team.

In Business Support services, we will have function centralised support service that provides effective administration and clerical support across the Partnership. Following a feasibility investigation, the service will also consider creating a centralised Minute Taking team for provision across the HSCP.

We will have created a Community Hub for Occupational Therapy Services, which will manage all service referrals and administrative support for the service.

11. Third and Independent sector workforce

To gather a better understanding of the workforce of Third and Independent organisations in North Ayrshire, a survey was distributed by our TSI partners. A total of 26 surveys were completed from across Independent, Voluntary and Third Sector organisations. Of those who responded, 23% were from the independent sector, with the remaining 77% from third and voluntary sector organisations. 69% of respondents are commissioned to provide services for North Ayrshire Health & Social Care Partnership, with 58% of all respondents having their own workforce plan in place.

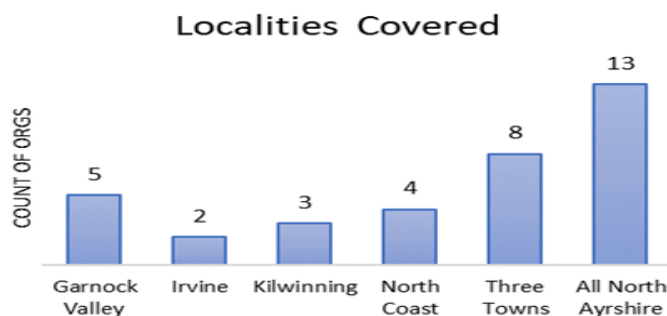
Services Provided

The respondents provide a range of services as outlined below, with the majority (54%) offering care services, either in a residential setting or within the home and community. The balance of respondents offers community-based support services, either in a more specialised and formal way, often with a focus on early intervention, or through informal activities and community groups.

Services Provided	% Respondents
Care Sector (including Care at Home / in the community & residential).	54%
Specialist Community Support Services (offering for example counselling, training, or more formal mental health inputs etc).	19%
Community Support Services offering activities to support wellbeing and mental health (such as befriending, group activities etc).	27%

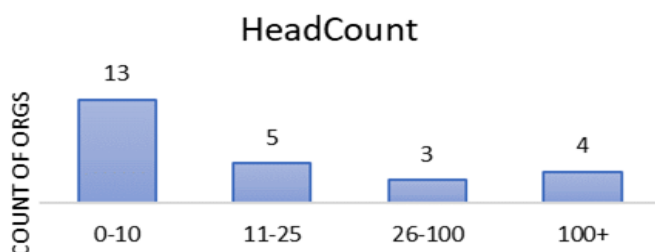
Localities Covered

50% of the respondents operate in all localities in North Ayrshire, with 35% only operating in 1 locality, 8% in two localities, the remaining 8% operating in 3 or more localities. Of those not operating across all localities, the Three Towns has the biggest representation at 23%, with the Garnock Valley and North Coast and Cumbrae following.



Respondent organisation headcount

Of the organisations and groups who responded, 52% have fewer than 10 staff, with 1 having no paid staff at all and only 16% have more than 100 staff. 27% of the respondents are heavily reliant on volunteers to allow their service to operate, as well as funding for their paid posts.



Due to the variety of organisations and the type of support services offered, the findings have been split between Independent Sector (mostly offering Care at Home, in the Community or residential) and the Third / Voluntary Sector, mostly offering more targeted support and activities linked to early intervention, reducing social isolation, and improving mental health and wellbeing.

Key Workforce Challenges

Care Sector

Staff Retention and Recruitment

The pandemic has had a massive impact on the care sector nationally, with staff experiencing burnout and stress due to the undue pressure they have been under. Staff sickness rates are high, and some have gone without annual leave for lengthy periods, as well as having to work overtime to cover rotas due to vacancies and absence. This results in frequent rota changes and operational pressures in trying to manage capacity and demand.

Social care jobs nationally are not being recognised as a profession but should be, and they should remunerated accordingly. Independent sector organisations have highlighted that there is a lack of parity on rates of pay and terms and conditions, causing many staff to migrate to work with statutory services or other providers. Organisations have reported that the commissioned rates for services make it very difficult to operate on a level playing field.

Recruitment is in crisis and extremely labour intensive for many organisations who are seeing increased numbers of no shows at interview and when at final offer stage, due to being offered other opportunities. Some organisations are bypassing the usual pre offer protocols, such as taking up references, to get offers out faster. This may present risks to service delivery and service users in the future if appropriate employment checks are not carried out.

Part time work is in much less demand due to the current economic climate. This is making it more difficult for organisations to service packages of care efficiently.

There is also an ageing workforce in social care, many of whom were deemed to be at risk during the pandemic themselves and as such, were leaving the profession or choosing to retire early. Attracting nurses to nursing care roles is also particularly challenging which is leaving service gaps in more specialised care packages.

Staff Training and Development

Staff training and development opportunities have been restricted only to statutory requirements. Government employment schemes that are available to subsidise employers to take on and train staff cannot be accessed by most of the care providers. There is a minimum requirement of 35 hours per week, which is not necessarily feasible when someone is being recruited, as they are usually linked to packages of support and their hours may only increase over time. There are also barriers from the Care Inspectorate about taking on trainees.

Rural Care Packages

Staffing care packages in the Garnock Valley and other more rural locations is exceptionally challenging due to travel time and associated costs, which are not funded, as well as the efficiency challenges this causes at a time when resources are under immense pressure.

It has been reported that there has been an increase in Social Work requests for organisations to take over packages of support that are deemed to be in Crisis, often where another provider has given notice to end their service provision due to staffing or feasibility issues. This can result in service users potentially being left without any support for extended periods.

Providers that are not part of the HSCP commissioning framework are only able to offer support under an Option 2 agreement, which requires the carer to have guardianship in place to make this decision and sign the agreement on their behalf, slowing down the process of putting care packages in place.

Community Groups / Third Sector

Accessing ongoing funding for more than one year to allow sustainability of projects is a key challenge for the majority of third sector organisations and directly links to their capacity to support people. Short term funding impacts on recruitment and retention of staff. More opportunities to be commissioned to provide their service via the local authority would be welcomed.

Recruitment of volunteers is also difficult. Most of these groups and organisations were not able to operate fully throughout the pandemic and regular volunteers fell away. Encouraging people back to volunteering, following a return to a more normal service, has proved difficult.

With the current economic climate and rising cost of living and petrol especially, people are more reluctant to volunteer, even if they are being reimbursed some of their travel costs. The mileage allowance for volunteers and staff has not been reviewed in line with the rise in petrol costs.

Current Service Gaps

The recruitment and retention crisis within the social care sector has led to a significant gap in capacity for existing clients and new referrals requiring service provision. Many organisations are still operating below core headcount requirements, limiting availability for new contracted care packages.

Community and Third Sector organisations are highlighting the gap in provision for people, especially older people, and whole families, requiring support. Often where they are not in receipt of statutory services, even though they might previously have been entitled to it. Some organisations feel it may be due to the pressure on social work teams managing their referral pipeline or the increase in eligibility criteria restricting access.

Community groups also reported challenges in finding suitable venues for activities that they can afford, in addition to challenges around promoting services and targeting the right people most in need. Many of these groups lack the administration and social media knowledge or personnel to optimise awareness.

Short Term Ambitions

Care Sector

Ultimately, the aim of the independent care sector is to provide good quality care, with sustainable high service standards.

The short-term ambitions are centred around stabilising the workforce and promoting a better work-life balance. This will be achieved by increasing management capacity, improving staff retention, building an adequate compliment of relief workers, and removing reliance on overtime and cancelling annual leave to meet capacity demands. Innovation is seen as key, as is engaging with supported people to help review and develop more creative approaches to services, staff development and training opportunities, which will allow expansion to meet the capacity demand for new referrals.

Some respondents are keen to identify and explore opportunities for more partnership working with community support services to enhance the service offering and one respondent is looking to become an accredited SQA centre.

Community Groups / Third Sector

For community groups and the third sector, short-term ambitions centre around the sustainability of existing projects and developing new initiatives, with securing funding to enable the employment of more paid workers, thereby reducing the reliance on volunteers, being a priority.

Other priorities include:

Creating lasting connections for people within their communities and continuing to expand the services offered, responding to challenges people are facing, ensuring they are offered support and advice as needed.

Looking at ways to increase the number of trained volunteers in the sector, as well as identifying ways to help volunteers progress to paid employment, should they wish.

Looking at new ways to promote the services and connect with people needing help, increasing the visibility of projects within community settings.

Headcount Impact of Short-Term Ambitions

Of the 26 respondents, although the majority indicated that additional staff would be needed, only 12 were able to provide an estimate of the potential short-term headcount implications. Many organisations said that it was too soon to tell. Of those who responded, the average headcount increase was 3.5 FTE, in addition to an increase in volunteer numbers.

Primary Risks of Failing to Develop the Services Offered

Within the care sector it was identified that existing capacity may not be sustainable, let alone growth to meet increased demands. If there is no opportunity to focus on strategic planning and innovation, this could further exacerbate staff attrition and gaps in service provision.

Within the Voluntary and Third sector it was clear that if longer-term funding cannot be sourced, organisations and services would disappear completely. This would result in an increase in loneliness and isolation within communities in North Ayrshire and would undoubtedly put statutory services under greater pressure at a time when they are already stretched.

Key Developments in next 3 years

Within the care sector there is an ambition to work towards developing a more person-centred approach, increasing involvement of service users and families in the service design process. Building robust and collaborative relationships with the HSCP, especially commissioning and social work, looking at opportunities to expand the supported accommodation model, as well as creating a hub for meaningful opportunities to be experienced out with the traditional day service model, is also a priority. A further increase in contract rates from the HSCP to allow for greater wage parity, improved conditions and training has also been identified as fundamental.

Within the Voluntary and Third Sector, many have identified that they struggle to plan 3 years out due to the short-term nature of funding, resulting in a reactive approach. There is a desire to increase visibility and the service provision within the Garnock Valley and Island Communities, as well as looking at ways to focus more on early intervention and new referral pathways.

Headcount Impact of 3-year goals

Most respondents commented that they were not able to determine headcount implications at this time.

Risks of failing to deliver 3-year goals

The risks are very similar to those highlighted already. It is very evident to see the significant impact and value that the Third and Voluntary Sector offers to the communities they operate in. There is a real risk of these organisations disappearing entirely, leaving significant gaps in the communities of North Ayrshire, which will result in an increase in social isolation, loneliness, and mental health problems - and reduce the amount of choice available for people in need. All of this will put severe and undue pressure on statutory services that are already struggling to cope with the demands on them.

12. Supporting Wellbeing

Maintaining the positive wellbeing of our staff is a priority for the Partnership. When people have high levels of wellbeing at work, they are happier, more motivated, and more likely to thrive in their daily role. Alternately, when wellbeing is low, people may become more anxious about work that may negatively impact their ability to undertake their duties. As highlighted previously, staff wellbeing is currently a key challenge for our workforce, particularly following on from the impact and uncertainty of the Covid-19 pandemic.

By supporting and maintaining positive wellbeing in our workforce, we can increase staff retention and engagement, and improve services to local people.

What Affects Our Wellbeing

Feedback from HSCP managers indicated several factors they recognised that has negative impact on the wellbeing of staff. Many of the negative factors identified can be seen as a direct result of the pandemic, with senior managers highlighting that staff members are still concerned over the health risks of returning to the workplace. Alternately to that, the impact of continued home working has also had a negative impact on staff, who have reported feelings of isolation and alienation from the workplace. There is also a concern that staff groups have lost some measure of their resilience due to uncertainty created during the pandemic, and this may be in part due to the lack of peer support in agile working conditions.

Other negative factors which have been exacerbated by the pandemic include the impact of long-term absences on the workforce, and the subsequent increase in workloads for the remaining workforce. It is widely recognised that our workforce has risen to the challenge of the pandemic, however staff are now facing the prospect of unmanageable workloads. In addition to being unsustainable in terms of service delivery, the high workload levels lead to staff not prioritising their own wellbeing, with many thinking they simply do not have the time to take care of themselves.

In some areas, due to shortages of relevant staff resources (e.g. admin and clerical), officers and practitioners often have to divert their time away from service delivery to undertake administrative tasks. This can lead to anxiety in staff as they feel they are not doing their 'day job' effectively.

Other factors identified that negatively impact on staff wellbeing include:

- A lack of adequate rest areas for staff in the workplace. No areas for staff to take effective time out from their day to focus on their rest and wellbeing.

- It was also suggested that many staff groups feel that their hard work over the past few years has been unrecognised by management and senior leaders.
- Concern was also highlighted about the continued separate terms and conditions for staff within the partnership, depending on the employing body.

Improving Our Wellbeing

To address concerns over wellbeing and to support a positive working group, the HSCP has several programmes, services and approaches in place for our workforce. These supports are both formal services available to staff, and informal approaches used at the team and individual level.

During the pandemic, the HSCP quickly established Staff Wellbeing Support hubs across several sites in North Ayrshire. These hubs provided a place of respite for staff members, where they could access wellbeing advice and support from trained colleagues.

Learning from this staff hub approach, other services have also provided spaces for staff members to participate in listening and reflection sessions. Senior Managers have underlined the need for staff interaction and peer support, staff being encouraged to have informal catch ups and “team blethers”. Some teams have prioritised 10 minutes in each day to take time-out for brief well-being activities. Other members of staff enjoyed organised wellbeing and fitness challenges, such as the ‘step-challenge’, held regularly in North Ayrshire.

Making best use of available funding, the Partnership have made wellbeing grants available to staff groups, affording colleagues the opportunity take time away from the workplace on much needed wellbeing activities. Teams can identify their own activities, with some choosing to access wellbeing retreats, mindfulness sessions and spa days, while others have chosen more traditional team exercises such as fun days out, escape rooms, or going for a meal together.

Feedback from managers and team leads has also identified the fantastic support provided from Human Resource, Occupational Health, and Trade Union as a strong element to help improve and maintain staff wellbeing.

In terms of Work/Life balance, several new policies and working practices are supporting the wellbeing of our workforce. The roll out of agile working and greater flexible working approaches have benefitted many staff members. The opportunity to work from home on a more regular basis has had a positive impact on many members of staff. A positive side effect of the agile and flexible working arrangements is that staff feel more trusted by HSCP management. What has also been reported as useful is automatic prompts from email systems for those working at home, reminding them not to send emails out of hours, support staff to retain that work / home split.

The special leave policies of both the NHS and NAC provide additional support to many members of staff in the advent adverse events (such as needing to take emergency or parental leave). More staff are also taking the opportunity to compress their working week to be provided with an extra day off. This is a recent development within the NHS (but has been available in NAC for many years).

Staff are also being encouraged to make full use of their annual leave and to try to plan their leave well in advance to make sure it is taken.

Going forward, North Ayrshire HSCP will learn from the good practice of the past in supporting staff wellbeing and continue to ensure the wellbeing of our workforce is prioritised over the lifetime of this plan.

13. Our Workforce Action Plan

To build the workforce that is needed to meet our identified current and future demands we have identified several key actions that we will progress over the next 3 years. These actions will help us to create the workforce necessary to provide effective care and support to all those in North Ayrshire who need it.

We have aligned our actions to our five workforce priorities.

Understanding our Workforce (NWS Pillar – PLAN)

No#	Action	Desired Outcome	Completion Date	Service Area
01.01	Service leads will meet with HR representatives on a quarterly basis to review and inform workforce plans	Heads of Service and Service leads have a clear overview of the current workforce, service demands and future planning requirements.	March 2023 (on-going)	All
01.02	Review the suite of workforce information available to partnership leaders and managers.	The workforce information we have is up to date and accurate and contains all relevant workforce metrics to support decision making.	March 2025	Finance and Transformation
01.03	Develop an enhanced suite of workforce reports to be cascaded to all Team Managers.	Workforce planning is embedded in teams across the partnership, supported by meaningful workforce reports containing team specific workforce information.	March 2025	Finance and Transformation
01.04	Develop a focused workforce plan for the integrated hub on Arran supporting the new models of care.	Workforce plan will set out the future needs and staffing requirement for the Integrated Hub on Arran.	March 2023	Health and Community Care

No#	Action	Desired Outcome	Completion Date	Service Area
01.05	Participate in the Allied Health Professional (AHP) Workforce Commission	The Commission provides clear recommendations for the future development of the AHP workforce.	March 2025	AHP
01.06	Work closer with third and independent sector organisations to plan and develop effective service commissioning solutions to identified local need.	<p>We have a strong understanding of the workforce of the third and independent sector in North Ayrshire, and work together to deliver sustainable services.</p> <p>Third and Independent sector organisations are clear about how to access and bid for Commissioning Opportunities with the HSCP.</p> <p>We have strengthened the collective workforce and leadership capacity through inclusion in training and combined leadership opportunities.</p> <p>Organisations are actively included in whole system training and available non-financial support.</p>	March 2025	Contracts and Commissioning

Promoting our Organisation (NWS Pillar – Attract)

No#	Action	Desired Outcome	Completion Date	Service Area
02.01	Engage with education colleagues (LA, FE and HE) to support the promotion of the wide range of careers available in Health and Social Care in North Ayrshire HSCP.	The HSCP is well promoted across all educational institutions in North Ayrshire and the benefits and opportunities of a career in Health and Social Care are widely recognised.	March 2025	All
02.02	Engage with education colleagues (LA, FE and HE) to support the promotion of Health and Social Care courses.	Seeing a career in Health and Social Care as a meaningful opportunity, people are encouraged to uptake relevant health and social care related courses and will see NAHSCP as an employer of choice when they graduate.	March 2025	
02.03	Continue the delivery of locality-based recruitment events for Health and Community Care.	We actively attract people to available vacancies in the HSCP, offering meaningful employment in people's own communities.	March 2025	Health and Community Care
02.04	We will create/identify a calendar of wider job fairs and recruitment events ensuring HSCP representation.	HSCP services are aware of all local promotional events and actively promote the partnership as a fantastic place to work.	March 2025	

No#	Action	Desired Outcome	Completion Date	Service Area
02.05	We will create clear career pathways for potential and existing staff to highlight possible career progression routes and promotion possibilities.	All staff within the HSCP will be aware of their career development and progression prospects. North Ayrshire HSCP will be known as an organisation that offers excellent career development opportunities for potential staff.	March 2025	All
02.06	All posts created and advertised, will be highlighted for their professional and career development opportunity and for their value in supporting the HSCP.	Future applicants for HSCP vacancies will be aware of the development and career potential the post will bring.	March 2025	All

Investing in our People (NWS Pillar – Train)

No#	Action	Desired Outcome	Completion Date	Service Area
03.01	Publish and Implement Learning and Development Strategy for all Health and Social Care Partnership Staff.	The HSCP has in place a clear Learning and Development Strategy that supports the skills development of the workforce.	Apr 2023	Social Work, Standards, Practice and Governance

No#	Action	Desired Outcome	Completion Date	Service Area
03.02	Explore feasibility of developing a 'Primary Care Training Academy'.	Staff within primary care multi-disciplinary teams have all their training needs support in the absence of the traditional GP-led approach.	Oct 2023	Health and Community Care
03.03	Develop and implement a Universal Early Years (UEY) Staff Development Programme.	<p>Universal Early Years staff have a designated development programme that builds experience and upskills team members effectively.</p> <p>The knowledge base with the UEY team is retained and passed on to newer team members.</p>	Oct 2023	Children, Families and Justice Services
03.04	Support staff members: encourage and support to access Social Work degree courses and SVQs.	<p>We have invested in the development of our staff, and created 'home-grown' social workers.</p> <p>Beneficiaries will consider NAHSCP their employer to continue their career.</p>	March 2025	Social Work, Standards, Practice and Governance
03.05	Actively promote the completion of Personal Development Reviews/ Our	All staff have a clear understanding of their role and responsibilities and have their	Oct 2023	All

No#	Action	Desired Outcome	Completion Date	Service Area
	Time To Talk on an annual basis to support staff development.	training needs identified and reviewed on a regular basis.		
03.06	Develop an online training portal for Community Care Staff.	Community Care Staff have an easy to access training and advice portal to support their skills and professional development.	March 2025	Health and Community Care
03.07	Offer GP trainees, GP WSI opportunities to remain in North Ayrshire	Increase GP/ Specialist Support in Primary Care.	March 2024	Primary Care
03.08	Continue Wellbeing programme for Staff	All staff across sectors can attend wellbeing activities to enhance their wellbeing.	March 2024	Business Support

Build our Workforce (NWS Pillar – Employ)

No#	Action	Desired Outcome	Completion Date	Service Area
04.01	Continue all recruitment drives for Care at Home Services.	The Care at Home service is maximised with little to no vacancies across all localities.	On-going	Health and Community Care

No#	Action	Desired Outcome	Completion Date	Service Area
04.02	Review the role of Care at Home Assistant.	A revised role profile will attract a greater volume of applicants to care at home vacancies.	Oct 2023	Health and Community Care
04.03	Utilise the NAC Modern Apprenticeship Scheme, offering young people (under 20) the opportunity to start a career in Health and Social Care with NAHSCP.	<p>We provide meaningful career and learning opportunities for school leavers and young people in North Ayrshire.</p> <p>Through these opportunities, young people will build a long-term career within health and social care in North Ayrshire .</p>	March 2025	All
04.04	Utilise the NAC Graduate Scheme, offering recent local college and university graduates the opportunity to start a career in Health and Social Care with NAHSCP.	<p>We provide meaningful career opportunities for recent graduates from North Ayrshire.</p> <p>We will achieve the mutual benefit of employing fully qualified individuals into appropriate roles and encouraging new graduates to build a career within health and social care in North Ayrshire.</p>	March 2025	All
04.05	Contribute to on-going review work by NAC HR Resources to improve the scope	North Ayrshire Council and the HSCP has an enhanced range of methods and platforms	Mar 2025	NAC Human Resources

No#	Action	Desired Outcome	Completion Date	Service Area
	of platforms/methods to advertise vacant posts.	to advertise vacant posts to ensure maximum distribution.		
04.06	Continue to expand Primary Care MDT Teams	Support for GP practices and communities from MDT Teams.	March 2023	Primary Care

Developing our People (NWS Pillar – Nurture)

No#	Action	Desired Outcome	Completion Date	Service Area
05.01	Develop a staff Health and Wellbeing Programme to include: Online mindfulness training Opportunities to access a range of activities Commission psychological wellbeing workshops	We have improved the wellbeing of our staff and our staff are active in maintaining and improving their own mental and physical well-being.	Oct 2023	Business Support
05.02	Develop a 'Succession Planning' guidance/toolkit for the Partnership.	Potential future managers and leaders are identified and provided key development	Oct 2023	Finance and Transformational Change

No#	Action	Desired Outcome	Completion Date	Service Area
		opportunities to prepare them for future roles in leadership positions.		
05.03	Monitor the roll out of 'Agile Working' across impacted work groups to ensure positive wellbeing benefits are realised.	Staff have fully adopted agile working procedures and are confident in balancing their work from home with location-based working.	TBC	Business Support
05.04	Develop a 'career pathway' guidance for all staff, to highlight possible career progression routes for the NAHSCP workforce.	All staff will have the information available to make informed choices about their future career development.	TBC	All
05.05	Review the management and governance structure within the partnership, considering all levels of management.	The Partnership's management structure offers a stepped pathway as people progress in their careers.	March 2025	PSMT/Heads of Service

**North Ayrshire
Health and Social Care Partnership
Workforce Plan 2022-25**



Appendices

Appendix A - NAHSCP

North Ayrshire Health and Social Care Partnership Services

The information below highlights the range of services delivered by the North Ayrshire Health and Social Care Partnership.

Partnership Services

Most of our services are delivered in collaboration between North Ayrshire Council and NHS Ayrshire and Arran. Our service delivery teams include Allied Health Professionals (dietitians, physiotherapists, occupational therapists, speech and language therapists), addictions workers, care at home, care homes, child immunisation, community alarm and digital health, community link workers, welfare rights officers, nurses (including specialist nurses), paid carers, psychologists and psychiatrists, social workers (across all age groups) and social work assistants, residential adult and childcare staff and volunteers in a range of teams. In many services, we also have peer support workers, who are staff members with lived experience of services.

In addition, dentists, GPs, optometrists, and pharmacists (primary care professionals) work together with us. We also work closely with the Third sector, the Independent Sector, Housing Services, NHS acute hospitals, Alcohol and Drug Partnerships, the other Ayrshire Health and Social Care Partnerships, Police Scotland, local councillors, and many others.

To ensure our service delivery and frontline services can do their job as best they can, our Business Support Services work to provide essential clerical, administration and technical support. Business Support plays a key role in supporting the wellbeing of all Partnership staff, providing guidance on health and safety, wellbeing at work and supporting staff attendance.

Our Finance and Transformation service provides key strategic support for the Partnership. The service oversees the Partnership's funding allocation, manages how we commission and procure services, undertakes our planning and performance function, and leads on our key transformation and change projects.

In delivering effective health and social care services, we appreciate many things are out with the scope of either the NHS or North Ayrshire Council to achieve. That is why our partnership includes representation from the Third Sector Interface and from the local independent sector.

North Ayrshire Third Sector Interface

Third Sector Interface (TSI) North Ayrshire provides a single point of reference for all third sector organisations and community groups. TSI North Ayrshire is best placed to support the development and growth of local voluntary services that can provide invaluable health, care and wellbeing support for local people. The TSI North Ayrshire's vision is of improved quality of life for the people and communities of North Ayrshire by building a

strong, effective, and sustainable Third Sector.

In North Ayrshire, the TSI is a partnership made up of Arran Community and Voluntary Service (Arran CVS) and The Ayrshire Community Trust (TACT). Both organisations have a long history of engaging with the local community, volunteers, community organisations and service providers.

Independent Care Sector

The independent sector in Scotland provides a wide range of care services for older people, those with long term conditions, learning disabilities, physical disabilities, dementia or mental health problems.

Working together, we endeavour to meet the increasing local demand for community based social care services. This includes:

- Independent Care Home Provision.
- Delivery of Care at Home Services.

Our independent care colleagues work closely with HSCP staff to meet our health and social care vision for the people of North Ayrshire and there is independent sector representation on the Integration Joint Board.

Appendix B - Aligning and Defining our Priorities.

In defining the workforce priorities for NAHSCP we reviewed the approaches of our parent organisations, North Ayrshire Council and NHS Ayrshire and Arran. In aligning these approaches, while still considering the five pillars of workforce planning, we identified five local priorities.

How our Priorities Align to NAC and NHS Approaches

HSCP Workforce Priorities	National Workforce Strategy Pillars	NAC Skills Pipeline	NHS Ayrshire and Arran Workforce Plan
Understanding our workforce	PLAN	6 Steps Approach (Define, Map, Identify, Understand, Develop, Implement).	Ensure workforce is affordable and sustainable.
Promoting our organisation	ATTRACT	Attracting our future Workforce.	Improve the image of NHS A&A as an attractive employer.
Investing in our people	TRAIN	Developing our Talent*.	Deliver an effective people strategy.
Building our workforce	EMPLOY	Recruiting Employees.	Implement improved businesses process to improve the utilisation and deployment of the workforce.
Growing our people	NURTURE	6 Steps Approach (Define, Map, Identify, Understand, Develop, Implement).	Support the health and wellbeing of staff.
Understanding our workforce	PLAN	Attracting our future Workforce.	Ensure workforce is affordable and sustainable.

Defining our Priorities

Understanding our Workforce

To effectively develop our workforce to meet the current and future health and social care needs in North Ayrshire, it is vital that we have a high level of insight into our current staffing structures and both current and future demands of our service. We will make best use of our workforce and staffing information, ensuring it is available at all levels of the partnership. Through aligning our understanding of our workforce to our performance information and strategic needs assessment, we can better scope future need and plan our future workforce more effectively.

This maps to the Scottish Government pillar of Plan.

Promoting Our Organisation

We hope to promote the positive image of working in North Ayrshire Health and Social Care Partnership. The HSCP can offer a range of employment options and has need for range of skills, specialities and qualifications. We will promote our organisation as a great place to work, a place that will value its staff, providing excellent opportunities for development and enhancement. This promotion will focus on:

- Existing health and social care professionals, who will see North Ayrshire HSCP as a place to build or further their career.
- School pupils and college/university students, encouraging them to consider a career in health and social care.
- Local people, through our various recruitment drives.

This maps to the Scottish Government pillar of Attract.

Investing in Our People

To ensure we continue to deliver the highest levels of health and Social Care Services, we will ensure our staff have the skills and experience needed to undertake their roles. We will ensure that all professional qualification and accreditation is in place and that staff are provided with appropriate training and development opportunities.

This maps to the Scottish Government pillar of Train.

Building Our Workforce

We have recognised that, in the face of both the local and national health and social care landscape, our workforce will need to change and adapt to ensure that we can achieve our vision for the people of North Ayrshire. We will use appropriate methods to grow our workforce. We will seek to employ a variety of methods and mechanisms to promote our vacancies to ensure as wide a distribution as possible. We will consider our application and interview processes to ensure they are accessible to all, and those who require additional supports to work within the HSCP are provided with them.

This maps to the Scottish Government pillar of Employ.

Growing Our People

In aligning with our other ambitions for our workforce, we hope to be a caring workplace that helps to support and maintain the positive wellbeing of our staff. By providing a supportive and nurturing working environment, we hope our staff will be happier in their day to day roles and motivated to deliver the best services they can.

We will provide our workforce with greater career planning options, highlighting how each individual can progress in their chosen field. In addition, we will also put in place a Succession Planning tool, to help identify and grow the HSCP leaders of the future.

This maps to the Scottish Government pillar of Nurture.

Appendix C Workforce Planning Approaches

Workforce Planning - Approaches by parental bodies

In developing this workforce plan we were mindful to recognise the approaches to workforce planning set out by our parent bodies in North Ayrshire Council and NHS Ayrshire and Arran.

North Ayrshire Council Approach to Workforce Planning

North Ayrshire Council have set out an agreed approach to workforce planning. The approach recognises the need to both ensure a workforce that meets current demands, but one that is also mindful of future requirements over the medium to long-term.

It highlights the key factors that must be considered when developing a workforce plan, and offers clear advice on workforce management and designing a future workforce as well as providing a six-step approach to workforce planning. These six steps are:

1. Define the plan.
2. Map the service change.
3. Define the required workforce.
4. Understand workforce availability.
5. Develop and Action plan.
6. Implement monitor and revise.

As part of this workforce plan, we will ensure we adopt the advice and guidance in the NAC approach.

NHS Ayrshire and Arran Workforce Plan (2019-2022)

The NHS Ayrshire and Arran Workforce Plan sets of the vision for the organisation as it continues to review and improve its workforce and service delivery.

The plan sets our clear workforce objectives for NHS Ayrshire and Arran which are:

- Deliver a robust, quantifiable and iterative workforce plan that sets out how it will achieve its future workforce.

- Implement improved businesses process to improve the utilisation and deployment of the workforce.
- Deliver an effective people strategy to improve the image of NHS A&A as an attractive employer.
- Support the health and wellbeing of staff .

In addition, the workforce plan aims to implement a culture of workforce planning across the organisation, ensuring that it is everyone’s business. It hopes to embed the idea that workforce planning is not a standalone activity but should be considered by all teams and services on a regular basis.

Appendix D - Policy Drivers

Local Strategies

Our local policies and plans are informed by close engagement with local people and reflect the needs and priorities of North Ayrshire.

Caring Together – NAHSCP Strategic Commissioning Plan 2022-30

In April 2022 we published our longer-term strategy, Caring Together, which provides strategic direction for the North Ayrshire Health and Social Care Partnership for the eight-year period up to 2030.

The plan identifies our vision for the people of North Ayrshire, which is that:

“People who live in North Ayrshire are able to have a safe, healthy and active life”.

To help achieve this vision, we have identified 5 strategic priorities to work towards, these are:



We see these priorities as interlinked and expect that where we see success against one priority, it’s effect will positively impact against others.

Caring Together represents the first time that a strategic priority around the development of our staff has been identified for action. The priority to, ‘Develop and Support our Workforce’ reflects the HSCPs recognition of the value our staff have on ensuring we can achieve our vision.

Our workforce is one of our most valuable assets and it is essential that is developed appropriately to meet the health and social care needs of local people. We will endeavour to

ensure that our workforce is fully supported to undertake their roles while also offering clear career pathways for those who wish to develop further and progress within the partnership.

Primary Care Improvement Plan - Ambitious for Ayrshire

In April 2018, the new Scottish General Medical Services (GMS) Contract came into effect. This contract changed the way how local GP and Medical Practices operate, and effectively changes the role of GPs. The contract aims to build on the strengths and values of traditional general practice by building multi-disciplinary teams. These teams contain a range of health professionals, including Advance Nurse Practitioners, Mental Health workers, Community Link Workers and Allied Health Professionals. The aim of this approach is to ensure you get the right care you need at the right time. By redirecting many tasks traditionally done by GPs to more appropriate health professionals, local people will receive better care - and freeing up GP capacity to focus on more complex health cases.

Locally, the three Ayrshire Health and Social Care Partnerships have worked together to deliver the local Primary Care Improvement Plan (PCIP), 'Ambitious for Ayrshire' and have agreed the following vision for primary care:

To deliver safe, effective, person centred, sustainable Primary Care Services at the heart of the healthcare system for the people of Ayrshire and Arran.

Through the implementation of the PCIP we shall remodel how we deliver primary care locally, ensuring that multi-disciplinary teams are available in each medical practice across North Ayrshire. This will help ensure that when needed local people will get the right care and support, they need.

The development of multi-disciplinary teams across the Primary Care sector will mean a greater diversity in the skill set of staff. However, this also brings the challenge of ensuring appropriate supply is available to ensure MDTs can operate at capacity.

The PCIP will link closely to the Caring for Ayrshire programme of work. Caring for Ayrshire is a 10-year programme in partnership with NHS Ayrshire and Arran and the three Ayrshire HSCPs to redesign how we provide local health and care services in the future. The programme understands the many demands on health and care services nationally and the need to do things differently.

This strategic transformation programme that will build on developing an integrated health and care service model. This model will look at all aspects of health and care from birth, to end of life, with people being at the heart of the proposals ensuring our future services consider the changing population demographics (e.g. ageing population and increasing inequalities, particularly as a result of poverty).

The Promise

The Partnership will work closely with our national and local partners as we help to deliver 'The Promise' for Children, Young People and Families. The promise is responsible for driving the work of change demanded by the findings of the Independent Care Review. Made on 5th February 2020, the Promise seeks to improve the experience of all children, young people

and their families if they require additional support. The promise will create a more compassionate care system for young people and families.

In keeping the promise, five key foundations have been outlined against which all change must be grounded.

Voice

All children must be listened to and respected and appropriately involved in decisions about their care. Our decision-making culture must be compassionate and caring.

Family

Children must remain with their families when they feel safe and loved. Families will be supported to overcome challenges, and to continue to love and nurture their children.

Care

When remaining with their family is not possible, siblings will not be separated and placed together in a nurturing, loving home.

People

Those who deliver care services to children and families will be supported to develop compassionate working relationships with those they support. These closer working relationships will lead to more compassionate decisions making and care.

Scaffolding

Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsive when it is required.

The implementation of The Promise will have a significant impact on the Children and Families Workforce. The [Promise Plan for 2021-24](#) can be viewed online.

National Policies

Scottish Government National Workforce Plan for Health and Social Care

The National Workforce Plan for Health and Social Care was published in early 2022 and set out the Scottish Governments vision for health and social care in Scotland:

- People are able to live more years in good health, and that we reduce the inequalities in health life expectancy.

This compliments the overall vision for the national health and social care workforce:

- A sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do.

The national strategy sets out a tri-partite ambition to:

1. Recover. Create the conditions through which our workforce, and by extension our Health and Social Care services, can successfully Recover from the pandemic.
2. Grow. Grow the Health and Social Care workforce sustainably, in line with Scotland's population demographics, and the demands on our Health and Social Care services.
3. Transform. Transform the ways in which our workforce is trained, equipped and organised to deliver Health and Social Care services, in order to achieve long-term sustainability through increased effectiveness and improved population health outcomes.

To support the future development of the national health and social care workforce, the Scottish Government has identified five national pillars for action. These are:

- Plan, Attract, Train, Employ, and Nurture.

It is advised that these five pillars are employed by health and social care organisations across Scotland in the development of their own workforce plans. More information on these five pillars can be found in the methodology section of this plan (page 9).

Development of a National Care Service

Following the publication of the Independent Review of Adult Social Care (2021) the Scottish Government has agreed to progress legislation to develop a National Care Service. The Scottish Government will continue to develop legislation and make preparations for the creation of this new national service, which is expected to be implemented by the end of the current parliamentary period in 2026.

In originally considering the proposals of a National Care Service, North Ayrshire Health and Social Care Partnership identified several positive opportunities that this new national service will bring, but also several challenges that must be addressed. These considerations were submitted to the Scottish Government in October 2021 in consultation response.

In September 2022, the North Ayrshire Integration Joint Board submitted a response to a the Scottish Parliament's Health, Social Care and Sport Committee consultation on the publication of the National Care Service (Scotland) Bill. The Bill highlighted a number of key concern areas for the IJB and the Health and Social Care Partnership, including how the future health and social care workforce will be structured, how services will be aligned and integrated, and the possible negative impact the development of a National Care Service could have on local people, service users and patients.

The move to a National Care Service will have a significant impact on the Health and Social Care Workforce. As the legislation and plans develop, North Ayrshire IJB and HSCP will continue to engage and provide constructive feedback to ensure the wellbeing of staff and people who access our services is maintained.

Appendix E - Additional Workforce Requirements

The tables below highlights the additional workforce requirements identified by HSCP service delivery teams. It identifies current gaps, short-term requirements needed over the next 12 months and future staffing required by 2025.

The requirements set out below are aspirational as it is currently unknown if there is resource capacity to create and appoint to all these roles.

CHILDREN FAMILIES AND JUSTICE SERVICES

Team	Current Requirements	Additional Posts by 2023	Additional Post by 2025
Universal Early Years	Band 7 Team Manager - Children's Services Band 7 Health Visitors: 3.0 WTE Band 6 School Nurses: 3.8 WTE Band 4 Health Visiting Support Worker: 0.8 WTE Band 6 Perinatal Mental Health Nurse Band 7 Community Infant Feeding Nurse – (interim until Nov 22) Band 5 Immunisation Staff nurse	Band 4 support worker roles – ideally 2 per locality. Band 6 Perinatal Mental Health Nurse (Early Intervention) – 0.6-0.8 WTE Band 4 Health Visiting Support Worker/ Dad's Worker 1.0 WTE HV students – aim for 2 students on an annual basis	As a minimum: Health Visitors x 5 (locality based) Student Health Visitors x 2 per annum Band 4 Support Workers x 6

Team	Current Requirements	Additional Posts by 2023	Additional Post by 2025
Justice and Intervention Services	Electronic Monitoring Officer (Bail) – 1 x 1WTE (temp)	<p>Family Centred Wellbeing Team – x 5 full time grade 7 staff.</p> <p>Rosemount Team - 2 x grade10 Project Worker Posts with irregular hours and 2 x Social Work Assistant grade 8 posts with irregular hours.</p> <p>Justice Locality Team - 2 x staff for EM Bail, 1 x Social Work Assistant for Making a Difference Projects, 1 x Court Social Worker, 1 x court Social Work Assistant.</p> <p>Partnership Delivery Team - 2 desistence Officers</p> <p>Unpaid Work – 1 x Employability Mentor</p> <p>Service Access Teams - 4 x Social Workers and 4 x Social Work Assistants</p>	<p>Family Centred Wellbeing Team - 2 full time grade 7 staff.</p> <p>Rosemount Team - 1 grade 10 Project Worker Posts with irregular hours and 1 Social Work Assistant grade 8 post with irregular hours.</p> <p>Justice Locality Team - 1 staff for EM Bail, 1 Court Social Worker, 1 court Social Work Assistant.</p> <p>Partnership Delivery Team - 1 Desistence Officers</p> <p>Unpaid Work - 1 Employability Mentor</p> <p>Service Access Teams - 2 Social Workers and 3 Social Work Assistants</p> <p>MAASH - 1 Social Worker and 2 Social Work Assistants</p> <p>Unpaid Work Team - 1 Community Payback Officers, 1 Supervisors</p>

Team	Current Requirements	Additional Posts by 2023	Additional Post by 2025
		MAASH - 1.5 x Social Workers and 2 x Social Work Assistants	
Children Families & Justice Services		<p>We need a full complement of staff within existing resources (eg Team Manager Residential Care & 3 SW posts which are vacant) plus further lead posts eg Trauma informed lead officer</p> <p>Additional Social Workers (x6; one per locality)</p> <p>Additional Social Work Assistants (x6)</p> <p>Team Managers (x3)</p>	As before

HEALTH AND COMMUNITY CARE SERVICES

Team	Current Requirements	Additional Posts by Oct 2023	Additional Post by March 2025
Long term Conditions and Locality Services	No outstanding vacancies	Band 8a Clinical Nurse Manager 1x 1WTE	Band 3 HCSWs – x4
Arran Services	11 x Care Home Workers (Montrose House) 10 x Care at Home Posts (including 4 overnight posts) 2 x Emergency Nurse Practitioner 1 x GP post 1 x Band 6 Physio post 1 x ANP for complex care/frailty 2 x Band 5 Nurse vacancies 1 x Admin Officer 1 x HCSW	No future workforce need identified. Focus is on current recruitment to ongoing vacancies	NA
Intermediate Care & Community Rehabilitation Hub	Referral management/AHP administration Admin support to service managers/team leads limited due to reduced workforce for AHP services.	2 x Band 4 WTE 1 x Band 3 WTE	Likely 2x Grade 4 Administration Staff
Older people and physical disability locality services/ hospital SW/ care home review team/ sensory impairment/ senior officers	1 x Social Worker WTE 2.5 Social Work Assistants	None anticipated	None Anticipated
Primary Care		5 x WTE Mental Health Practitioners	Subject to consultation and AHP Rehab commission

Team	Current Requirements	Additional Posts by Oct 2023	Additional Post by March 2025
		1 x Community Link Worker 1 x 8a Pharmacotherapy post (Pan Ayrshire) 2 x Band 7 MSK Physio 2 x Band 5 MSK Physio 3 x CTAC posts (grades being determined) 1 x Band 7 OT 2 x Band 6 OT	
Community Care	Gaps across all community Care Services <ul style="list-style-type: none"> • Care at Home • Day Services • OT Reablement • Anam Cara 	No Additional workforce identified as required.	NA

MENTAL HEALTH LEARNING DISABILITY AND ADDICTIONS SERVICES

Team	Current Requirements	Additional Posts by 2023	Additional Post by 2025
Alcohol and Drug Services	Challenges in recruiting to the following posts: <ul style="list-style-type: none"> • Recovery Development Workers (3 posts). • RMN (2 posts). 	NADARS (core service): <ul style="list-style-type: none"> • Social Worker x 2 (short term ADP funding identified). • Occupational Therapist x 0.6 (ADP funding identified). 	Additional post for Ward 5 (nurse or AHP) following review of core programme and impact of new additional residential rehabilitation pathways. Identify other staff through monitoring of service.

Team	Current Requirements	Additional Posts by 2023	Additional Post by 2025
		NADARS – Essential for Medication Assisted Treatment Delivery (MAT) <ul style="list-style-type: none"> • 2 x Pharmacist Prescribing sessions. • 2 x GP Specialist Prescribing sessions. No funding identified. A Business Case is being prepared.	
Community Mental Health Services	Service experiencing gaps in: <ul style="list-style-type: none"> • Psychology (two rounds of failed interviews) • Psychiatry • 6 x Social Work/MHO • 8 x MH Nursing Staff 	8 WTE MH Nursing Staff	In Primary Care Mental health, additional posts will be required: <ul style="list-style-type: none"> • Mental Health Practitioners • Enhanced Psychological Practitioners Details on volume of staff required is still to be identified. In Community MH/Disorder Team Consideration of expanding workforce beyond 8 WTE identified for the short-term.
Psychological Services	Continue to face challenges in recruiting to CAMHS and AMH Community posts. Made more challenging due to competitive context.	B4/5 Assistant Psychologists B7 Clinical Associates in Applied Psychology B8a Clinical Psychologists Additional 25 WTE Psychological Therapists (for deployment across several services)	Resourcing of Multi-Disciplinary Teams including B7 Psychology Posts B8a Psychology posts

Team	Current Requirements	Additional Posts by 2023	Additional Post by 2025
Learning Disability Service	<p>Social Work Team</p> <p>Team Manager (Social Work – just gone out to advert for 3rd time in 2 years)</p> <p>2 x social workers (at interview stage but poor response)</p> <p>1 x social work assistant</p> <p>Intensive Support Service</p> <p>2 x Band 6 charge nurses</p> <p>1 x Band 3 support worker</p> <p>1 x social worker</p>	<p>Band 3 Occupational Therapy Assistant (or similar)</p> <p>Additional Service Manager</p>	<p>Identify through monitoring service development requirements.</p>
Rehabilitation and Forensic Service	<p>0.6 WTE Psychologist</p> <p>1.0 WTE Occupational Therapist</p>	<p>3.0 WTE Band 3 RISE</p> <p>2.4 WTE Band 5 Ward 8</p> <p>4.8 WTE Band 2 Ward 8</p> <p>4.8 WTE Band 5 Warrix Ave</p> <p>4.8 WTE Band 3 Warrix Ave</p> <p>1.0 WTE Band 3 ACORN</p> <p>1.0 WTE Band 4 ACORN</p>	
Elderly Mental Health Inpatients		<p>1.0 WTE Band 7</p> <p>1.0 WTE Band 6</p> <p>1.0 WTE Social Worker</p> <p>1.0 WTE Band 6 (Ward 4)</p> <p>If required for Fullarton Care Home unit:</p>	

Team	Current Requirements	Additional Posts by 2023	Additional Post by 2025
		1.0 WTE Band 7 2.0 WTE Band 6 10.08 WTE Band 5 26.68 WTE Band 2	
Adult Acute and ECT		1.0 WTE Band 7 0.86 WTE Band 5 0.86 WTE Band 2 4.0 WTE Band 6	

CAMHS	Current Requirements	Additional Posts by 2023	Additional Post by 2025
Nursing	Presently there is: Vacant WTE 2.0 Charge Nurse 2.0 Staff Nurse	Additionality for 2023 will be an increase of another: 2.0 WTE Charge Nurses 2.0 WTE Staff Nurses	Working Towards 2025 and based upon current demand we can consider there being a need for a further: 2.0 WTE Charge Nurses 2.0 WTE Staff Nurses
AHP	Presently there is required to go to advert: 1.0 WTE Band 6 SLT 1.0 WTE Band 6 OT 1.0 WTE Dietician Band 6	Additionality referred to in 2022 is likely to take until 2023 to recruit to.	Hard to predict but the need for SLT may very well increase by another 1.0 WTE.
Admin		1.0 WTE Band 3	1.0 WTE Band 3
Other	Play therapy 1.0 WTE Band 7 New Post – Vacant – At advert		Potential for another 1.0 WTE

CAMHS	Current Requirements	Additional Posts by 2023	Additional Post by 2025
	Data Analyst – Band 5 1.0 WTE		
Psychiatry		10 Session Post for Consultant Psychiatrist in Community CAMHS	

Neuro	Current Requirements	Additional Posts by 2023	Additional Post by 2025
Nursing		<p>Additionality for 2023 will be an increase of additional</p> <p>1.0 WTE Band 8a Nurse Consultant ADHD</p> <p>2.0 WTE Charge Nurses</p> <p>2.0 WTE Staff Nurses</p>	<p>Working Towards 2025 and based upon current demand we can consider there being a need for a further:</p> <p>2.0 WTE Charge Nurses</p> <p>2.0 WTE Staff Nurses</p> <p>2.0 WTE Band 7 Clinical Nurse Specialists</p>
AHP	<p>Currently at interviewing for:</p> <p>2.0 WTE Band 6 OT</p>	<p>Additionality for 2023 will be an increase of:</p> <p>1.0 WTE Band 6 SLT</p> <p>1.0 WTE Band</p>	Hard to predict at present.
Other	<p>Play therapy 1.0 WTE Band 7</p> <p>New Post – Vacant – At advert</p>	<p>Engagement & Participation Officer:</p> <p>1.0 WTE Band 6</p>	Potential for another 1.0 WTE
Psychiatry		Hopeful recruitment to a 10 session (Full –time) Consultant Psychiatrist in Neuro.	

Neuro	Current Requirements	Additional Posts by 2023	Additional Post by 2025
Neuro	Current Requirements	Additional Posts by 2023	Additional Post by 2025
Admin		With West Road coming on-line in Autumn 2023 it is highly likely that some increase in Admin will be required. 1.0 WTE Band 3 Admin	Hard to predict to this point.

CUAIT	Current Requirements	Additional Posts by 2023	Additional Post by 2025
Nursing	At Advert for: 3 WTE Band 6 Charge Nurse Going to Advert for: 4 WTE Band 5 Staff Nurse 3 WTE Band 3 HCA's	Additionality referred to in 2022 is likely to take until 2023 to recruit to.	Hard to predict to this point but I would envisage the service needing to move to 24hrs per day, on that basis: 2.0 WTE Band 6 Charge Nurse 2.0 WTE Band 5 Staff Nurse 2.0 WTE Band 3 HCA's
AHP	N/A	Unclear at this time.	Unclear at this time.
Psychology	N/A	Unclear at this time.	Unclear at this time.
Other	N/A	Unclear at this time.	Unclear at this time.
Admin	N/A	Unclear at this time.	If 24 Hr model adopted there may be a need for admin to be present to support clinical model around the

CUAIT	Current Requirements	Additional Posts by 2023	Additional Post by 2025
			clock, this however may be a shared role with another service?

CEDS	Current Requirements	Additional Posts by 2023	Additional Post by 2025
Nursing	Band 7 Team Leader post is an Interim placement at moment and we need to take this to substantive in the near future.	2.0 WTE Charge Nurses 2.0 WTE Staff Nurses	Unclear at this time.
AHP		1.0 WTE Dietician Band 6 1.0 WTE SLT 1.0 WTE OT 1.0 WTE Physio (Possibly split post)	Unclear at this time.
Admin	N/A	Unclear at this time.	Unclear at this time.
Psychology	N/A	1.0 WTE Band 8B – Child and young person focused.	

CEDS	Current Requirements	Additional Posts by 2023	Additional Post by 2025
Psychiatry	4 sessions for Adult	1.0 (10 Sessions) for Children/ Young People and possibly ward at Woodland View.	Possibly 10 Session job for Adults.
In Patient Services – Projected Workforce Model Would Hope to be on-line by early 2024		Projected Time Scales 2023 – 2024	

Nursing	Current Requirements	Additional Posts by 2023	Additional Post by 2025
Band 7 Senior Charge Nurse		1.0 WTE	
Band 6 Deputy Charge Nurse		5.88 WTE	
Band 5 Staff Nurse		9.45 WTE	
Band 2 HCA		11.76 WTE	
Band 7 CNS		1.24	

AHP *	Current Requirements	Additional Posts by 2023	Additional Post by 2025
Band 6 OT		0.49 WTE	
Band 6 SLT		0.49 WTE	
Band 6 Dietetics		0.49 WTE	
Band 6 Physiotherapy		0.20 WTE	

Psychology	Current Requirements	Additional Posts by 2023	Additional Post by 2025
Band 8A **		0.49 WTE	

Psychiatry	Current Requirements	Additional Posts by 2023	Additional Post by 2025
Consultant ***		5 Sessions	

Administration	Current Requirements	Additional Posts by 2023	Additional Post by 2025
Band 3		1.07 WTE	

*Note – AHP roles are highly likely to be split across already substantive roles in CAMHS, these will be additionality built into recruitment within posts outlined in the wider services.

** Note - Psychology roles are highly likely to be split across already substantive roles in CAMHS, these will be additionality built into recruitment within posts outlined in the wider services, and this may result in some sessions from a Band 8B and Band 8A.

*** Note – Associated with CEDS Recruitment for Psychiatrist with focus upon children and young people.

ALLIED HEALTH PROFESSIONAL SERVICES

Team	Current Requirements	Additional Posts by 2023	Additional Post by 2025
AHP - Occupational therapy and Physiotherapy (Children and Families)	1 x Physiotherapy Team Lead 1 x Skilled Practitioner	3 x Band7 Specialist Physio 4 x Physio Support Workers 3 x WTE Band 5 Occupational Therapists	Review of Workforce to be undertaken Will await outcome of AHP Commission.

Team	Current Requirements	Additional Posts by 2023	Additional Post by 2025
<p>AHP - Occupational therapy, Physiotherapy, Dietetics (Mental Health)</p>	<p>2.1 WTE Physiotherapists 4 WTE Occupational Therapists</p>	<p>1 x Band 7 Physiotherapist (Foxgrove) 3 x B6 Physiotherapist (Forensic) 0.5 x Band 5 Physiotherapist 1 x Band 4 Exercise Practitioner 1 x Band 3 Physio Support Worker 4 x Band 6 Physiotherapist 1.5 x Band 6 Physiotherapist 3 x Band 3 Exercise Practitioners 1 x Band 3 Physio Support Worker</p> <p>North Learning Disability: 1 x Band 6 Physiotherapist 2 x Band 5 rotational Physiotherapist 3.3 x Band 6 Physiotherapist 3 x Band 4 Physiotherapist 1 x Band 2 Physio Assistant</p> <p>2 x Occupational Therapy integrated support worker 1 x WTE Perinatal Worker (increase from 0.6 WTE) Review OT skill mix</p> <p>2 WTE x Band 6 Dietician (CMHT)</p>	<p>Undertake AHP national rehab commission exercise to examine demand</p>

Team	Current Requirements	Additional Posts by 2023	Additional Post by 2025
		2 x Band 6 Dietician (CAMHS & CEDS) 1 x Band 3 Dietician 1 x Band 3 Support worker 1 x Band 6 Dietician (LD)	
AHP - Dietetics, OT, Physio and Podiatry (Health and Community Care)	1 WTE Occupational Therapist 2 x Band 6 Physiotherapist 1 x Band 7 Physiotherapist 1 x Podiatry Manager (across North/East HSCPs) 1 x Band 7 Advanced Podiatrist 0.6 WTE x Dietetics Service Manager 1 x Band 6 Dietetics Worker 0.6 WTE x Dietetics Support worker	1 x Physio Team Service Lead 1 x Band 6 Physio (Arran) 1 x Band 6 Physio (Mainland) Band 3/ 4 Staff to support admin. Possibility to include a Band 5 rotation post 1 x Band 5 Occupational Therapist 2 x Neuro Support Worker 1 x Band 6 Stroke Specialist 1 x Band 6 Dietician 1 x Band 5 Dietician 1 x Dietetics Support Worker 1 x Band 7 Advanced Podiatrist	Undertake AHP national rehab commission exercise to examine demand

FINANCE AND TRANSFORMATION & BUSINESS SUPPORT SERVICES

Team	Current Requirements	Additional Posts by 2023	Additional Post by 2025
Finance	Admin Assistants (Grade 5): 1x 1WTE, 1x 0.4 WTE and 1x 0.3 WTE (temp) Finance assistant (Grade 7) 1x 1WTE Finance Officer (Grade 12) 1x1WTE	No planned increases	No planned increases
Business Support	Additional admin support to service delivery teams required.	2 x WTE Staff to Moving Handling/CALM Team	Future requirement subject to feasibility study.