

EAST AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

INTEGRATION JOINT BOARD: 16th June 2021

WORKFORCE PLANNING UPDATE

Report by Danielle McManus, Workforce Planning Lead

Direction Required to Council, Health Board or Both	Direction to:	
	No Direction Required	✓
	East Ayrshire Council	
	NHS Ayrshire & Arran	

PURPOSE

1. To provide an update in relation to EAHSCP Workforce Plan development following recent Scottish Government guidance.

RECOMMENDATION

- (i) To note the draft Interim Workforce Plan 2021/22 submitted to Scottish Government.
- (ii) To note the Scottish Government Health and Social Care Workforce Planning Unit will review the draft plan and issue a feedback letter.
- (iii) To provide any additional comments/feedback for inclusion in the final submission.

SUMMARY

2. Our draft interim Workforce Plan was submitted to Scottish Government (SG) on 28th April 2021.
3. The draft interim plan is now presented to the IJB for noting and comment/feedback.
4. The SG Health and Social Care Workforce Planning Unit will review the draft plan and issue a feedback letter. The intention was to issue the letter by the end of May 2021, however at time of writing (1st June) this had not yet been received.
5. Feedback from both IJB members and SG will be considered and incorporated into the final submission of the plan.
6. The next plan, 22/25 will follow normal procedures for approval.

BACKGROUND

7. The Workforce Development and Support Plan is a commitment to support and develop our staff whilst ensuring there is a sustainable and flexible workforce to deliver services.

8. SG issued revised Workforce Planning Guidance on 15th October 2020 advising that all NHS Boards and IAs are required to develop a 3 year Workforce Plan to cover the period April 2022 until March 2025 which should be published on our website and forwarded to Scottish Government by 31st March 2022.
9. In the interim, SG issued a Workforce Plan template to cover the period April 2021 to March 2022 which was issued to IAs and NHS Boards in late February 2021 for completion and submission by 30th April 2021.
10. The intention was this interim Workforce Plan would be a short document (no more than a dozen pages) to describe our immediate workforce pressure points and signpost any medium term workforce challenges identified.
11. Due to the timescales it was not possible to bring the interim plan to the IJB prior to submission to SG, however, assurance is given that relevant stakeholders were invited to comment and contribute to this plan.

ASSESSMENT

12. Given the current Covid pandemic some services are still operating very differently on a temporary basis, many challenges have presented themselves in terms of workforce availability and also skills required to work in alternative ways. +It has also been a very stressful and challenging time for much of our workforce, coping with increased demands and reduced capacity but also the direct personal impact of Covid and all that brings either physically, mentally or both.
13. The landscape on which the existing workforce plans have been based has totally changed. But within this there is great opportunity. Our workforce has come together in these unprecedented times maintaining sustainability and flexibility to ensure critical services continue to be delivered. There has been innovation and real teamwork as everyone has pulled together which has created a massive opportunity to learn and develop moving forward and maximise these creative solutions to shape future delivery. Whether the learning is positive or negative, it is vital to take it forward and not slip back to the way things were.
14. Completing an interim workforce plan for 2021/22 and delaying the full plan until March 2022 provides an opportunity to use this learning to review and inform the workforce plan going forward, refocussing to support our workforce to be the best they can be ensuring sustainability and flexibility.
15. The key objectives (below) of our interim plan will also be the foundation of our next plan (2022-25):
 - Continue to invest in our Wellbeing agenda to promote and support positive health and wellbeing throughout our workforce including Independent and Third Sector services;
 - Succession plan to ensure our workforce is sustainable and has the right skills needed as we move forward;
 - Have a flexible and fluid workforce who are able to adapt to the needs of the services in a coherent way;
 - Further develop our multi-disciplinary teams to provide access to the right care at the earliest opportunity;

- Collaborate with our internal and external partners to ensure integrated working delivers a seamless journey for our communities and a sustainable workforce is available to do this;
- Become an employer of choice attracting and retaining the right people through training, development, support and providing career opportunities from all backgrounds and committing to the Fair Work principles;
- Improving our access opportunities for the younger workforce.

16. The changes in dates of development of the 3 yearly Workforce Plan means it will no longer be aligned with the suite of plans described above. However the Plan will be reviewed annually between cycles and an annual update provided.

CONCLUSION

17. EAHSCP draft Interim Workforce Plan 2021-22 is attached for comment/feedback from the IJB members.

18. We await additional feedback from SG which is expected presently.

19. All feedback will be incorporated into the final version of the plan.

20. The next Workforce Plan will cover 2022/25 and normal engagement and approval processes will be followed.

PEOPLE WHO USE SERVICES AND CARERS IMPLICATIONS

21. None

FINANCIAL IMPLICATIONS

22. None

HUMAN RESOURCE IMPLICATIONS

23. None

POLICY/LEGAL IMPLICATIONS

24. None

COMMUNITY PLANNING IMPLICATIONS

25. None

EQUALITY IMPLICATIONS

26. None

RISK IMPLICATIONS

27. None

COMMUNICATION IMPLICATIONS

28. None

RECOMMENDATIONS

29. IJB Members are asked to:

- (i) To note the draft Interim Workforce Plan 2021/22 submitted to Scottish Government.
- (ii) To note the Scottish Government Health and Social Care Workforce Planning Unit will review the draft plan and issue a feedback letter.
- (iii) To provide any additional comments/feedback for inclusion in the final version.

Danielle McManus
Workforce Planning Lead
1st June 2021
Implementation Officer

East Ayrshire Health & Social Care Partnership

Interim Workforce Plan 2021/22

**The right people with the right skills in the right place at the right time to
deliver sustainable and high quality health and social care services for
the people of East Ayrshire**

Our Workforce Delivering Our Future

Section 1 – Background

Our Workforce Plan belongs to a suite of plans including Property & Asset Management, Finance Plan, Community Plan supporting delivery of East Ayrshire Health and Social Care Partnership's (EAHSCP) Strategic Plan, which sets out the framework for delivering the vision of **'Working together with all of our communities to improve and sustain wellbeing, care and promote equity'**. Delivery activity for 2021-30 will fall across six core strategic areas; Starting Well and Living Well, People at the Heart of All We Do, Caring for East Ayrshire, **Caring for Our Workforce**, Safe & Protected and Digital Connections.

The existing [Workforce Plan 2018-21](#) ambitions of 'the right people with the right skills in the right place at the right time' remain relevant and our workforce continues to be our single most valuable resource. As we move into 2021-22 to progress recovery and renewal, they continue to be instrumental in the transformation and delivery of our services following the pandemic. Since our last plan, our services have grown and developed resulting in a workforce increase of 15%, however our demographic challenges remain the same particularly in relation to an ageing workforce where 44% are aged 50 years or more. This is significant within Care at Home (57%) and Community Nursing (42%). In addition our workforce continues to be mainly female particularly in our Care at Home and Community Nursing services.

The Workforce Planning Lead is responsible for promoting and supporting workforce planning as well as delivery of the EAHSCP Workforce Plan. To ensure successful delivery of services workforce planning is threaded through all programmes of work to ensure it remains prevalent and live. To be effective it requires to be robust, adaptable, affordable and reviewed regularly from daily workforce planning to transformational change.

Existing service workforce plans require updating to reflect the new landscape and challenges, this will be completed over the coming months and support development of our next full plan. Workforce planning is actively discussed at senior level e.g. Care Home Oversight Group, NMAHP Workforce Group, EAC Workforce Planning Board, NHS Workforce Planning & Improvement Group and management meetings. Other resources which support workforce planning include management information data, People Plans (NHS A&A and East Ayrshire Council), EAHSCP Strategic Plan, programmes of work e.g. Caring for Ayrshire and Ayrshire Growth Deal, Best Value Service Reviews and feedback from staff through pulse/iMatter surveys, personal development reviews, supervision etc. Specific workforce planning updates are reported to the Partnership Management Team, Partnership Forum and IJB as appropriate. All of these resources have helped inform this interim plan.

Developing the Plan

Given Covid-19 is still very much active and the full extent of its impact on some services within our communities and workforce is still unknown, it is difficult to specify future needs. Workforce pressures have been considered as part of recovery planning through the Remobilisation Plan 3 (RMP3). This position will be reviewed regularly and addressed as part of local workforce planning and help inform our next workforce plan, 2022-25.

This interim plan provides more detail to support the RMP3, focusing on immediate and short-medium term workforce challenges/needs and how these may be addressed whilst ensuring the positive health and wellbeing of our workforce.

Wider Collaboration

During the pandemic, our communities and partners (NHS, LA, HSCP, Independent & Third Sector, Volunteers, Education Providers etc) have come together at the most local level to deliver the support needed; new ways of working have evolved and our relationships strengthened as a result. Where possible a joined up approach is taken to maximise the resource available, develop new ideas of how to attract resource and invest in the available workforce by sharing access to training and development across our partners.

Section 2 – Stakeholder Engagement

Given the tight timescale and very focussed and concise nature of this workforce plan, compounded by the existing pressures and restrictions on services and workforce, traditional engagement opportunities haven't been possible. However engagement and input has been sought from our stakeholders through various means. The detail in this plan includes feedback from stakeholders, as well as multi-disciplinary workforce planning groups which are widely represented across all partners, the RMP3, Workforce Wellbeing Group and importantly staff surveys and consultation exercises throughout the past 12 months.

Our HR, OD, TU, Finance and Planning colleagues are all key contributors and influencers who provide input and assurance to ensure planning and delivery within the parameters of organisational policies and procedures to provide consistency, equity and transparency to our workforce and that planning is aligned to the strategic plan and affordable.

The four workforce planning leads across A&A health and social care system have worked collaboratively in order to avoid duplication, provide consistency of approach and a cohesive pan-Ayrshire system wide view. As the lead for Primary Care and Urgent Care Services across A&A, these are included within this plan. Similarly, pan-Ayrshire Mental Health services led by North Ayrshire HSCP are included within their plan.

Section 3 – Supporting Staff Physical & Psychological Wellbeing

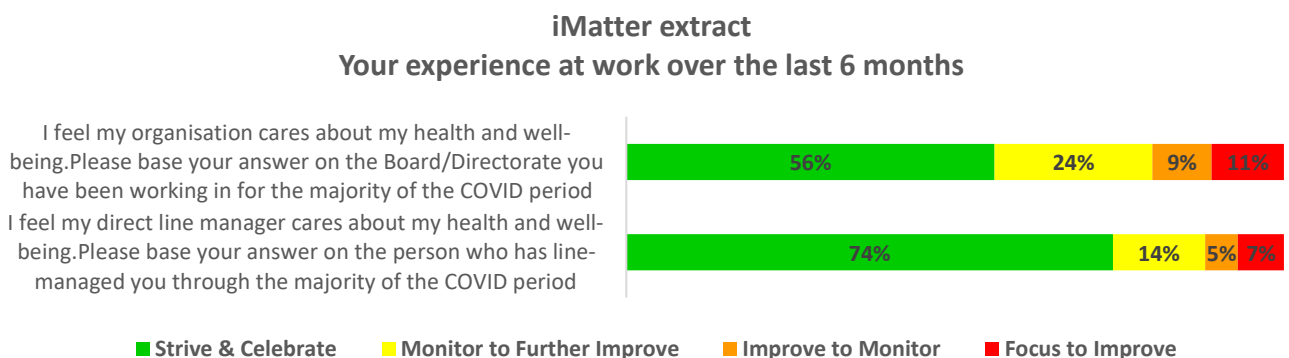
As mentioned, our workforce is our single most valuable resource and their health and wellbeing remains a priority, particularly in these challenging times and is one of the six key aims within our Strategic Plan 2021-30: 'Caring for Our Workforce'.

The pandemic has had a huge impact on many staff member's work and personal lives which may have impacted their mental health and wellbeing. Current demand for health and wellbeing support is on the increase and there is a significant rise in anxiety and stress as well as a real decline in staff's mental and physical health and resilience. This highlights the importance of robust supports being available to reduce the levels of stress, anxiety and negativity and for our workforce to be mentally well.

During Covid-19 a collaborative Workforce Wellbeing Working Group has been established utilising a matrix approach to remove barriers to progress, with a key focus on inclusive partnership working led by our newly appointed Wellbeing Co-ordinator and the Scottish Government Wellbeing Workforce Champion. To provide on-going support for both physical and psychological wellbeing the group utilised a layered approach with the focus on sustainability to complement national support already established. Where possible this is extended to our Third and Independent colleagues - examples include:

- An online Wellbeing Website bringing together supports, practical guidance and signposts into a centralised location;
- A range of wellbeing resources e.g pocket cards, a support directory, a manager's guide/toolkit and practical guides on managing your own wellbeing;
- Practical guides such as a Personal Wellbeing Plan and Wellbeing Action Plans will be embedded within supervision templates, one to ones, yearly reviews and inductions;
- A wellbeing communication programme to issue frequent 'bulletins' to the workforce, including a mix of national and local initiatives (will continue throughout this year);
- A variety of online wellbeing training provisions such as Supporting Wellbeing, Resilience Coaching, Psychological First Aid and Coaching.
- Procured a bespoke Wellbeing Package including Managing Anxiety programmes, individual sessions, weekly group sessions and a bespoke YouTube channel hosting a variety of self-help videos and tutorials.
- Managing anxiety programmes, mindfulness, hypnotherapy and EFT sessions together with physical activity classes such as yoga and health walks;
- We are currently providing 'Spaces for Listening' sessions for staff giving them the opportunity to connect and share how they are feeling.

Feedback is continually sought on all wellbeing initiatives measuring effectiveness and listening to the workforce needs. Moving forward, measurement techniques together with staff surveys will be strengthened to improve and adapt wellbeing provisions. A iMatter pulse survey in September 2020 (with a 46% response rate) gives an indication of how the workforce believed their health and wellbeing is considered:



An EAHSCP wellbeing website is currently being developed which will signpost health and wellbeing support and guidance for our communities as well as our combined workforce.

Many local areas have explored initiatives tailored to their workforce including:

- Closed Facebook Page to provide support and share positive stories/news
- Offering other support such as debt advice
- Protected wellbeing time either weekly or monthly if needed
- Drop in wellbeing hubs/wellbeing rooms
- Buddy system for staff who live on their own
- Safety huddle daily video calls
- Self-care rules to help reduce stress and anxiety

It is important wellbeing support is inclusive across all sectors and this support is available to our third and independent sector colleagues, particularly where it can be more challenging to release time away for support, so alternative methods need to be identified. The listening service and mindfulness courses have proven beneficial and some less formal gestures to

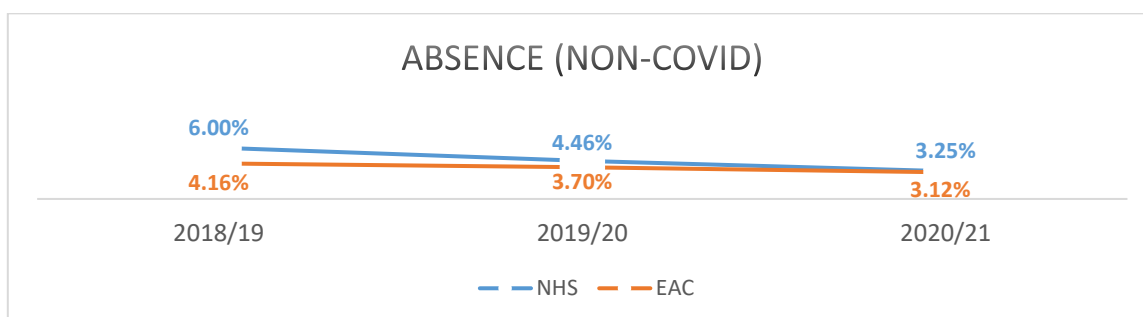
raise spirits during Christmas such as gift bags, treat bags and even a concert from our Vibrant Communities team have been welcomed. Imaginative ways of supporting our colleagues will continue.

Management Information Tools

The tools that would traditionally help us understand and plan workforce projections do not reflect a normal situation over the last year which makes it very difficult to use this data to workforce plan.

Turnover is slightly lower than in previous years, however this could be due to uncertainty and circumstances of this year. It is difficult to predict future turnover in the short term as there are many unknowns: those bringing forward retirement plans, leaving the sector or wishing to reduce hours because of the challenges faced over the year or any long-Covid implications.

Whilst our levels of non Covid-19 sickness absence may look notably improved, again this past year does not accurately reflect the true picture. Absence that would normally have been recorded is not included for obvious reasons, for example: those shielding, those working flexibly from home which meant less absence as work picked up at later time; those isolating who may have simultaneously been unwell. Equally, agile and smarter working may have supported individual's health and wellbeing and has a positive impact on absence levels, all of which will have inadvertently impacted our sickness absence figures. As the situation stabilises and Covid-19 related absence is recorded within our normal sickness absence, it is possible the figure will increase, particularly around long-Covid, although it is likely to differ amongst services.



After Covid-19 the main reasons for absence continues to be Stress/Anxiety/ Depression (30%) and Musculoskeletal (10%). Stress/Anxiety/Depression is understandably higher this year given the circumstances. Our Managers, HR, OH and wellbeing colleagues continue to provide support to our employees and focus on prevention and early intervention.

Longer waiting list for appointments, consultations and operations have an impact on our workforce's ability to recover from existing health issues. This may extend absence periods and place additional pressure on our workforce. Again this emphasises the importance of supporting the health and wellbeing of our workforce, not just those physically at work but also those away from work for any reason.

Annual leave is essential for recuperation from work and whilst this couldn't be more relevant in the last year, unfortunately taking leave has proven a challenge, especially in frontline services. The negative impact this may have on the health and wellbeing of staff is a concern. Arrangements are in place to accommodate leave within the leave year, only carrying over in exceptional circumstances, due to the additional pressures this adds in the

forthcoming leave year. It is key to ensure all staff take their allocated leave in the coming year and the importance of rest from work is emphasised as part of wellbeing.

New ways of working

As discussions progress with employees regarding return to “normal” working practice it is clear there are mixed views, concerns and anxieties with some staff keen to maintain the work-life balance they have achieved or worried about returning to a working environment, whilst others long for a return to a work location to mitigate feelings of isolation or separate work and personal life. Our Smarter Working roll out has recommenced and will take into consideration our learning during Covid-19 and the varying ways employees are now able to work (fixed, flexible, mobile or home working) as discussed and agreed with their line manager. Offices will be altered to support these new ways including the introduction of an electronic desk booking system. EAHSCP are also part of a working group led by NHS A&A to take forward Distributed Working within NHS A&A.

Of course many of our third and independent sector colleagues don't have the option of working from home however technology can be embraced to improve our connectedness e.g. through meetings, saving time, travel and expenses.

Equality Data

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

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

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

Covid-19 continues to challenge our health and social care services and workforce. At least for the immediate – short term, service delivery must continue to take cognisance of social distancing and infection control procedures which brings challenges in terms of capacity. An increased workforce won't always be the solution as accommodation, facilities, equipment and funding challenges still exist. Equally where increased workforce is necessary, availability is a challenge, particularly within registered roles. Thinking differently about how services are delivered with the resources available has to be considered as well as proactive recruitment for essential roles. Some immediate workforce requirements/risks are identified below, detail of roles and numbers is available within the RMP3:

Care Homes

- A Professional Care Home Assurance and Support Team to work alongside and support Independent Care Homes Managers with assurance, training & development identification and creation of a Peripatetic Care Home Support team to provide additional workforce support if required.

Mental Health Services

- The Scottish Government has committed to invest in primary and community mental health services in the next parliament if elected, ensuring the right support, by the right person, as early as possible. On a non-recurrent basis investment is taking place through tests of change (Local Distressed Brief Intervention service, Family Support to those affected by suicide and additional third sector counselling services). Funding has been sought from RMP3 for an additional nurse, occupational therapist, counselling, Self-Help Workers and administration support;
- Work to improve access to Mental Health services is ongoing, including working with the third sector as well as encouraging and supporting self-management. This builds on the success of introducing MHPs into GP Practices and a test of change relocating the Self-Help worker role to provide brief interventions directed by these MHPs;
- MHO recruitment has historically been challenging and as workload increases, additional workforce is required. A different approach to achieving this will need to be considered. Additional capacity has been sought through the Remobilisation Plan 3.
- The drug and alcohol pressures already existing in EA, with an unacceptably high number of death related to drugs each year, have been exacerbated by Covid-19 restrictions. The Alcohol and Drug Partnership had previously committed resources to test improved access to services and in April 2021, the Rapid Access Drugs and Alcohol Recovery Service (RADAR) commenced. The HSCP has also committed two year funding to test Peer Outreach Workers. In addition to these investments, new Scottish Government Drug Death Taskforce funding will support additional posts to improve access, assessment and treatment services, provide follow up for individuals who have a non-fatal overdose and allow scoping to commission residential drugs rehabilitation. Further funding through CORRA and the Drug Death Taskforce has also been achieved to establish a Recovery Hub in Kilmarnock with outreach to other East Ayrshire Communities.

Adult Care

- Community Care Officers (previously Personal Carers) are an ageing workforce and demand on the Care at Home service is increasing. Following a Best Value Service Review (BVSR) there will be an increased emphasis on providing day opportunities in the community and a new structure will be implemented which includes improved salaries, new enhanced roles, defined career pathways and the introduction of a Learning Academy which should support recruitment and retention of a sustainable workforce. The exact workforce requirements will be progressed as a priority;
- Social Work and Out of Hours are finding challenges in predicting service need as people avoid the service due to the pandemic resulting instead in a rise in crises. Work will be undertaken to identify demand and capacity needed to manage this, it is anticipated increased capacity will be required as well as filling existing vacancies.

AHP Services

- Within AHP services a full workforce review is underway incorporating Acute and the 3 HSCP to develop roles to accommodate need. The consequences of lockdown and people suffering from Covid-19 and long-Covid will significantly impact demand for AHP services. Waiting times in some areas such as Speech and Language Therapy and CMHT Occupational Therapy are already substantially higher. Additional capacity in ICU and Stroke within acute has impacted AHP resourcing.

Community Nursing & Hospital

- As demand for the District Nursing service continues to increase, work is underway to attract a sustainable workforce by designing a career pathway based on clear definition of roles and responsibilities and introduction of AP DN roles;
- East Ayrshire Community Hospital will develop and implement a new Clinical Model of Care which is centred on a nurse led multi-disciplinary service and includes a review of future staffing requirements;
- As Community Nurses support the vaccine programme this puts increased pressure on their substantive departments. Longer term arrangements require to be established to create stability.

Primary Care

- As GP services remobilise to full capacity a de-escalation committee are supporting a programme of work to map service provision across GP practices and establish support mechanisms and additional resource needed;
- A review of MDT roles in general practice is ongoing to ensure optimum provision across practices;
- Development and implementation of the Community Treatment and Care model is underway which should alleviate some pressure on GP services, there are still vacancies within the model however some of these may be filled by GP practice staff under TUPE;
- As Dental (GDS & PDS) and Optometry services remobilise fully there will be challenges in terms of capacity due to infection control procedures and extended waiting lists. The PDS and GDS will need to work closely together to address referral rates and where appropriate referral back to Independent Contractors for alternative management techniques. Independent contractors manage their own workforce but may require additional support due to graduation delays of dentist/optometrists;
- Dental students will be deferred one year, not only placing strain on the workforce pipeline but an SDO will be needed to support these students with more concentrated learning;
- A review of urgent care services is in progress which will determine any additional need to deliver these services effectively;
- Where locums may have opted to support the Covid-19 or flu vaccination program it may be difficult to return to field of expertise due to disparity of payment for vaccination work.

Key areas

- Some areas noted a drop in demand for services, it is not known if this was due to people not reaching out for help or if people were actively self-managing with the resources available. It will take time to determine this and the impact it has on our workforce although some of these areas are now seeing a return to 'normal' levels if not an increase;
- Whilst agile/flexible working has its benefits, where it will continue cognisance must be given to maintain contact, facilitate a teamwork ethos and connectedness, encourage support, ensure staff feel valued and also supervision/1:1/team meetings continue. It is vital to consider the impact for new people joining teams who need to experience job shadowing, mentoring, induction etc to ensure they are given the best opportunity to do their role and feel part of the team, balancing these will be a challenge;
- Several Best Value service reviews are currently under way or due to start and will be fully implemented to improve service delivery aligned to the changing landscape;
- Maternity leave volume is a live noted pressure, particularly where individuals can't be front facing due to Covid-19
- The risk of Covid-19 is still a concern for our workforce particularly those who continue to deliver frontline services. Steps to mitigate this are regularly reviewed but should a member of staff contract Covid-19, have long Covid-19, be shielding or self-isolating it

can massively impact a service, particularly smaller services. Positive encouragement of Vaccination uptake and use of LFT where appropriate is key;

- The impact Covid-19 has had on some of our more vulnerable children, young people and adults will be significant and the consequences of lockdown for some will be intense; our workforce requires to be trauma based trained to be able to support this;
- The complexity of people requiring assessment and rehabilitation from AHP services has increased due to lockdown and COVID restrictions. This has impacted on the length of rehabilitation and individual outcomes. Scoping opportunities to try and build resilience at a population level will be part of the AHP workforce review as well as how we can incorporate early intervention support from our Third and Independent Services such as Feet 1st.

Section 5 – Medium Term Workforce Drivers

As services are still operating within the pandemic it is challenging to effectively workforce plan for medium term in many areas as the full impact of Covid-19 on our communities and our workforce is not fully understood. The immediate priority for many services is to resume to some sort of normality either by release of pressures or restarting services. The horizon has changed significantly and all our innovation and learning from the last year needs to form part of our future workforce planning. Our learning, positive or negative, is what will shape our future, and must be used to support development of future services.

Where it is possible to determine what changes are likely, the following medium term workforce challenges are noted:

Local Drivers

- In an aim to manage drug and alcohol abuse, a major focus will be implementing the Medical Assisted Treatment (MAT) standards including access to rehabilitation, person centred prescribing elements, trauma support, CBT and self-management;
- District Nursing trainee courses span over two years requiring robust workforce planning. There are plans to support Band 5 to undertake the ICCN (integrate graduate programme) course and to introduce the competency framework. New ways of working are being explored, in-line with the transforming nursing agenda, increasing the use of TEC such as attend anywhere, remote prescribing, EMIS and review services with a view to increase those that can be undertaken remotely. Workforce need will be supported by adopting a caseload complexity tool to demonstrate workload and workforce required to meet the needs of the caseload;
- Implementation of the 2018 GP contract and subsequent reassignment of services through PCIP is due by 2023/24 with staffing models aligned accordingly. National implementation creates increased demand for limited supply of readily available skills so role creativity and growing our own will be key.
- The new pension rules impacting our GP workforce emphasises the importance of the multi-disciplinary approach;
- Within Primary Care, services have extensive waiting lists due to the pausing of services and limitations that Covid-19 brings. Independent contractors will require support to ensure viability as demand increases but capacity is restricted. There has been widespread activity to redirect patients to these service providers over the last few years and this must continue. The opportunity to maximise the use of technology such as Near Me & Attend Anywhere requires to be explored across all specialities;
- Pharmacy Initiatives which could release pressures on the workforce include: support Care Homes and Care at Home services with access to medicines and advice about both

medicines and services available including Pharmacy First, Palliative Care, MAR chart service; work with community pharmacy colleagues and GP clusters to support and enable shared learning and approaches to local pathways which best meet the needs of the local population; develop new pathways to deliver pharmacy services closer to home and accelerate transformation and re-design e.g. provision of new biologic treatments dispensed at the Community Pharmacy instead of an acute setting; engage Care at Home Pharmacy Technician Service as part of home care assessment, to ensure medicine review is completed and cost efficiencies are realised for both Care at Home services and the prescribing budget;

National Drivers

- The Chief Finance Officer (Section 95 Officer) is currently filled on an interim basis whilst consideration is given of how this role can be delivered on a substantive basis in cognisance of issues set out within the Ministerial Strategic Group for Health and Community Care Review of Progress with Integration of Health and Social Care (February 2019), as well as the recently published Independent Review of Adult Social Care (February 2021);
- Following the launch of **The Promise** by The Independent Care Review a Children and Young Peoples Wellbeing Model and a Community Cluster Wellbeing model of family support are being developed. Some key considerations include; promoting trauma-informed approaches may require to extend the skills and time of practitioners; recruitment of care experienced young people participation posts as well as modern apprentices in this area will be vital; Social work recruitment will primarily be values driven;
- The introduction of The Health and Care (Staffing) (Scotland) Act will support proactive and evidence based workforce planning within our community services as it supports a wider range of professions including AHP's and may support MDT modelling;
- The Independent Review of Adult Social Care in Scotland is transformational in some of its recommendations which will need investment. At this early stage there are many unknowns however, with an opportunity to develop new models of care with more integrated roles the importance of a flexible, skilled and motivated workforce to support the choices of our population accessing these services is critical. Our unpaid carers are equally important and work continues with key partners such as East Ayrshire Carers Centre. As more detail is finalised proactive planning will be required to ensure timescales are met to deliver a workforce which is fit for purpose

Technology

- Embracing a blended approach of online and face to face training to ensure the workforce continues to be skilled and appropriately trained;
- The adoption of smart technology will support a shift in service delivery with further focus towards enablement, which, in turn, will determine the mid to long-term workforce plan and the sustainability of services;
- As agile working and technology develops and expands within the workplace, ensuring the workforce are trained and supported is key to maximising potential whilst remaining aware of unintended consequences such as isolation, devolved practice and home working pressures e.g. not switching off.

Section 6 – Supporting the workforce through transformational change

As we support this transformational change it is vital we have a sustainable and skilled workforce available to make the change. Certain roles can be particularly challenging to fill

due to location (rural), volume, or availability of skills, examples include but are not limited to Social Workers in the south of the area, Community Care Officers (previously Personal Carers), Health Visitors, District Nurses, AHP's, and also independent Pharmacy staff as they move to MDT roles. Initiatives to support recruitment challenges and improve retention include:

- The new Wellbeing Website will host a recruitment page enabling active promotion of the Partnership and opportunities;
- Collaborative approaches to recruitment to tackle issues of competition between HSCPs to prevent constant movement between areas;
- In rural areas explore improved ways to maximise technology where appropriate reducing the pressures on the workforce;
- A recruitment and retention lead within a service to enhance recruitment drives;
- Build on existing relationships with college and university partners to ensure the right skills are being delivered to meet future need and continue to support and increase student placements to make connections and developing blended learning models;
- As the labour market is impacted in different ways e.g. professional and registered roles in demand and other areas such as support roles and non-registered roles more readily available, there is an opportunity to design new roles to meet the needs of services;
- Build on existing recruitment events held twice yearly and prove very successful;
- Continue to develop robust succession planning within services to ensure proactive recruitment including design of future roles and introduce more shadowing opportunities to support this;
- 'Grow our own', more investment to support training and development of our existing workforce to enable them to progress within the organisation e.g. investment in CPD of Pharmacotherapy staff through advanced training and education for career development;
- Continue to support our partners to ensure workforce availability e.g. 3 Optometrists undertaking the NESGAT (NES Glaucoma Advanced Training) require support and mentoring within the Hospital Eye Service to attain accreditation;
- Ongoing support of the social work/social care workforce to meet its service registration requirements in respect of the Scottish Social Services Council and the Care Inspectorate and Continuous Professional Learning;
- Adopting the Fair Work dimensions into our practice and culture;
- Investment in learning and development to support our workforce to be the best they can and feel valued, maximising retention e.g. a dedicated Learning Academy for Care at Home service;
- Develop clear career pathways to support career progression within the HSCP and with our partners;
- New/enhanced roles currently being considered include Implementation Manager to support delivery of the Promise, posts that have qualifications in therapeutic approaches, Advanced Practice in District Nursing, Wellbeing Connectors/Pathfinders and supporting development of Trauma informed approaches within roles;
- Explore opportunities with our Third and Independent colleagues to enhance the skills and performance of our whole workforce and developing transferrable skills to support sustainability

Attracting a younger workforce whilst retaining the skills and experience of our existing workforce requires:

- Strengthening relationships with Higher and Further Education partners to ensure our young people have the skills, qualifications and support needed to pursue careers within health and social care;

- Supporting young people to gain employment through initiatives such as apprenticeships, work experience, student placements, KickStart and initiatives such as the Young Person's Guarantee;
- Continue to provide flexible working options;
- Develop opportunities for experienced staff to mentor, train and develop newer staff.

As digital initiatives are rolled out and improved it is important to:

- Support continued and improved use of technology to support flexible and agile working, ensuring availability and appropriate training to use it to its potential;
- Maximise existing systems to full potential to streamline services and release time to care for professionals;
- Maximise learning from our Technology Enabled Care pathway programme, rolling out effective innovations supporting self-management;
- Increase use of eConsult, Near me or Attend Anywhere across wider services.

Throughout the plan it is clear that it is inevitable moving forward will require change to transform. However change can be stressful and cognisance must be given to the workforce which in part is exhausted, is perhaps struggling to deal with what COVID-19 has brought and already has anxiety about the future. This must be recognised and supported as change programmes are progressed in line with our values, ensuring ongoing engagement and support of our workforce and continue the next stage of the health and social care journey together.

In summary our key objectives to enable transformation will be:

- Continue to invest in our Wellbeing agenda to promote and support positive health and wellbeing throughout our workforce including Independent and Third Sector services;
- Succession plan to ensure our workforce is sustainable and has the right skills needed as we move forward;
- Have a flexible and fluid workforce who are able to adapt to the needs of the services in a coherent way;
- Further develop our multi-disciplinary teams to provide access to the right care at the earliest opportunity;
- Collaborate with our internal and external partners to ensure integrated working delivers a seamless journey for our communities and a sustainable workforce is available to do this;
- Become an employer of choice attracting and retaining the right people through training, development, support and providing career opportunities from all backgrounds and committing to the Fair Work principles;
- Improving our access opportunities for the younger workforce.

As stated previously, it is slightly premature to know what the future workforce will look like however it is acknowledged this is an important piece of work to inform not just local planning but also national planning. This work has started and should be scoped out in more detail for the next plan, 2022-25. What is clear is that all partners need to continue to work together in true integration to ensure Health and Social Care is viewed as a valued profession and career attracting the next generation of workforce.