Workforce Plan
2022 – 2025

Aberdeen City
Health & Social Care
Partnership
A caring partnership

Who are we?

Our Vision

"We are a caring partnership working in and with our communities to enable all people to achieve fulfilling, healthy lives."

Our Values

Honesty
Empathy
Equity
Respect
Transparency

Our Enablers

Workforce
Technology
Finance
Relationships
Infrastructure

Introduction to ACHSCP

Aberdeen City Health and Social Care Partnership (ACHSCP) delivers community health and social care services. We formally came into existence on 6 February 2016 with the approval of our Integration Scheme by Scottish Ministers.

Since then our vision has remained core to our integration and progress in that “we are a caring partnership working in and with our communities to enable all people to achieve fulfilling, healthy lives”. Our values indicate what is important to us and set the standard for our behaviour to help us achieve our strategic aims set out in our strategic plan 2022 – 2025.

The partner organisations of the ACHSCP are Aberdeen City Council (ACC) and the Grampian Health Board (NHSG). The purpose of the partnership is to deliver positive and improved outcomes for the residents of Aberdeen, so that people live healthier, longer lives, are supported to be independent, and have choice and control – no matter who they are or where they live.

We deliver these outcomes by working closely together with our independent and third sector colleagues.

Staffing groups across ACHSCP including;

- **Community Nursing**
- **Allied Health Professionals**
- **Community Mental Health service**
- **Public Health services**
- **Substance Misuse and Alcohol services**
- **Sexual Health services**
- **Public Dental services**
- **Primary Care** (General Medical; General Dental, General Ophthalmic, Community Pharmacy)
- **Social Work services for adults and older people** (including Criminal Justice services and physical disabilities)
- **Support for people with learning disabilities and mental health conditions** (specialist older adults & rehabilitations services)
- **Granite Care Consortium**

Data summary & overview

Aberdeen is the third largest city in Scotland and provide Scotland with 15% of its Gross Added Value. However, Aberdeen's affluence is not uniformly distributed across the city – where you live has an impact on your health and wellbeing. 22 of Aberdeen City's 283 data zones are in the most deprived 20%. Collectively this means a population of 18,055 accounting for 7.9% of the City's total population.

Aberdeen City and Aberdeenshire is the most economically productive region in the UK, outside Inner London. It is, however, heavily reliant on the oil and gas sector, and as such the current downturn is having a significant impact. Aberdeen tends to score well for the social and economic factors that underpin good health, when compared to the Scottish national average. However, its rurality is a known issue that can cause people difficulty in accessing services, and despite high average employment and low overall income.

We know the population of Aberdeen City is changing, and we require to have a workforce that can mobilise to respond to this. Our population in 2020 was just under 300,000. By 2028, the make up of our population is expected to change, with expected increases in those aged 16-24 and substantial increases in those aged 65 and over. It is expected that by 2033, those aged over 75 will have increased by 28.2% compared to today's figures. This will have a direct impact upon our services, how they are delivered and our members of staff who provide care and support.

Aberdeen is a significant regional and national business centre and is a popular place for people to live, work and socialise. The city's geography, cultural activities, two universities and regional college combine to form a proud identity and a mostly positive and enduring quality of life.

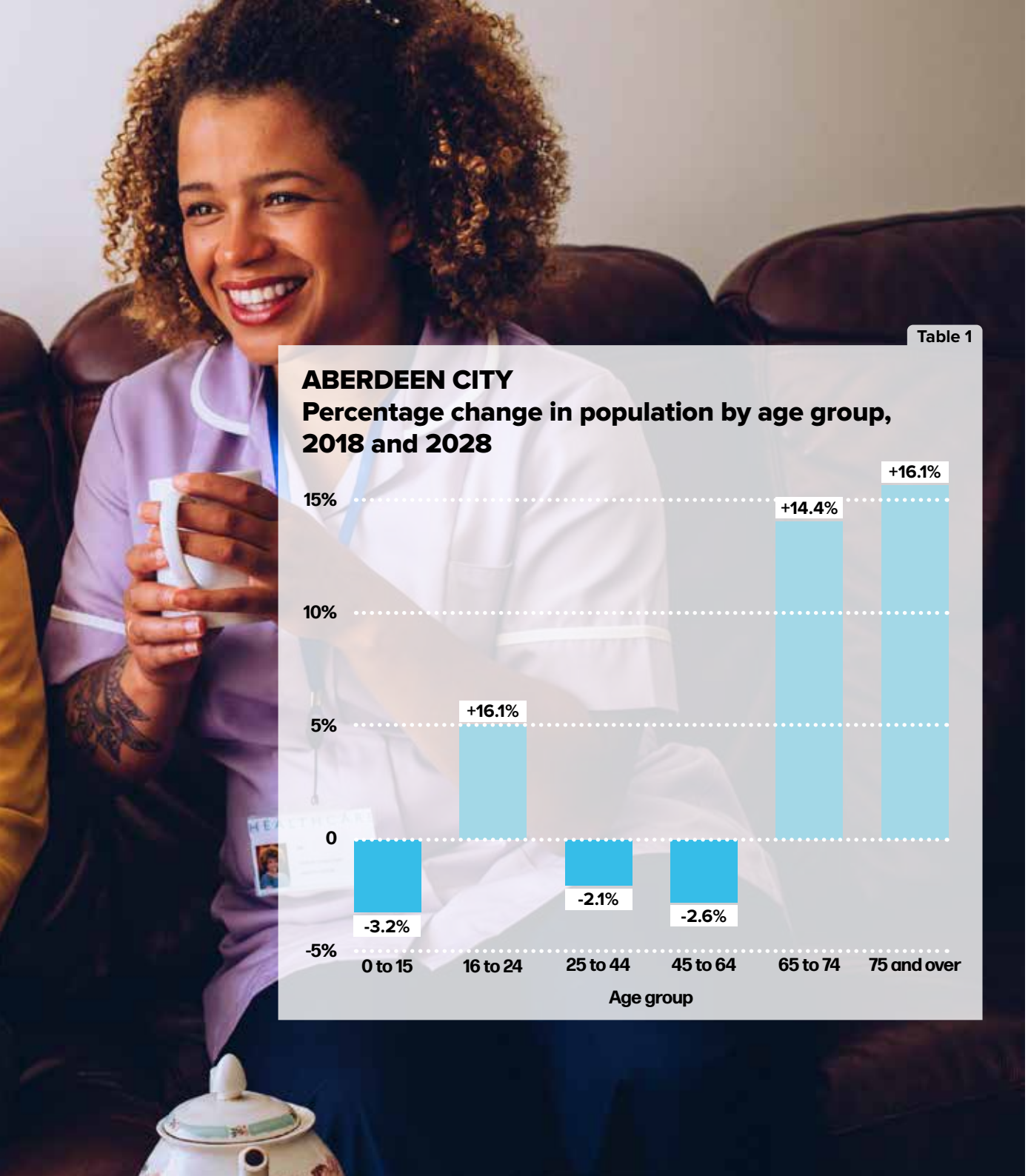


Table 1

ABERDEEN CITY
Percentage change in population by age group, 2018 and 2028

The life expectancy for those born as males within Aberdeen City is 76.9 with a health life expectancy of 58.3. Those born as females have a life expectancy of 81.3 with a healthy life expectancy of 61.3. This means that we are potentially looking at an average of 18-20 years of someone's life where they may need additional health and social care support. There has been a 25% increase in people with long term conditions, and by 2035 it is estimated that 66% of adults over 65 will be living with multi-morbidity.

The leading causes of death within Aberdeen City in 2020 include Heart Disease, Lung Cancer, Dementia and Alzheimer's, Cerebrovascular Disease and Chronic Respiratory Diseases. Many of these conditions exist alongside other conditions and can deteriorate over a period of time and require careful management.

Employment within Aberdeen City has suffered as a result of the COVID-19 pandemic with an estimated 2,680 individuals having lost employment over the past 2 years. Coupled with the cost-of-living crisis, the lifestyles of many residents in Aberdeen is changing drastically. Unmet need for social care has increased by 75% between April 2021 and April 2022, with population increases and a decrease in lifestyle and wellbeing across many of the sectors of the population, this is likely to continue to rise.

Table 1: **Aberdeen percentage change in projected population.** ***Source, NRS Scotland***

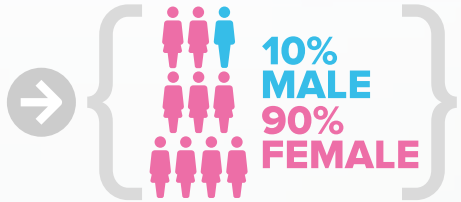
The following table shows the make up of the ACHSCP workforce*

	2020		2021		2022	
	Actual WTE	Head Count	Actual WTE	Head Count	Actual WTE	Head Count
Total	**1744.212**	**2164**	**1741.31**	**2122**	**1830.54**	**2197**

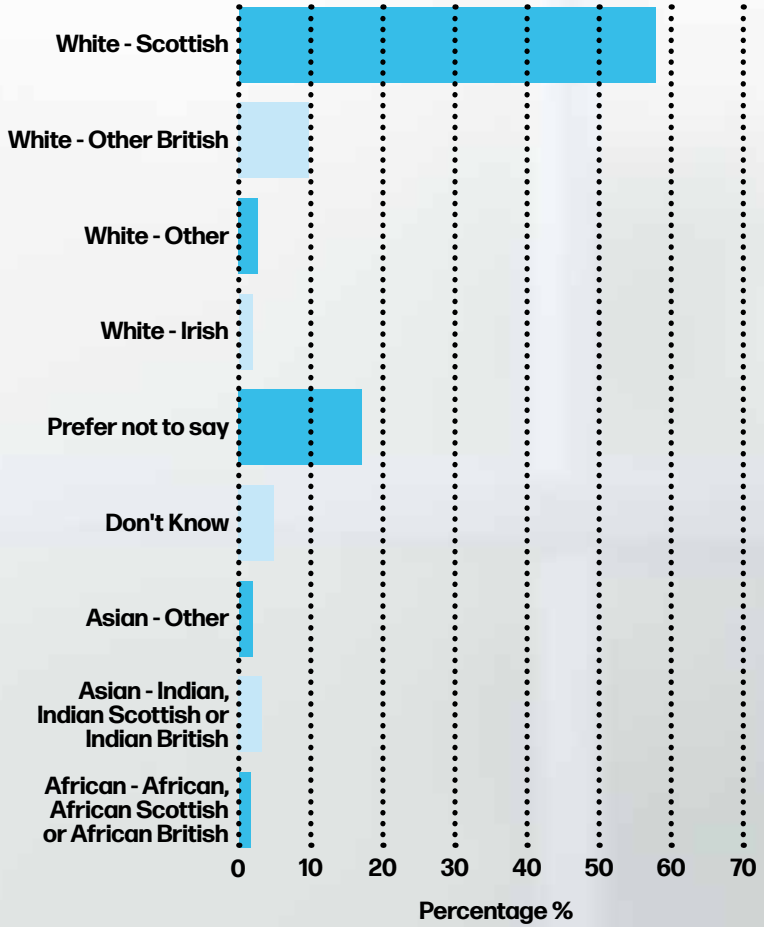
** measures used in this section are as accurate as possible, however the HR systems used to calculate staffing figures reside in the originating organisation. These figures are calculated dependent upon each organisations needs e.g. NHSG calculates on a yearly basis while ACC calculate using the financial year. Therefore, some discrepancies may exist.*

It is estimated that NHSG employs three quarters of the workforce for ACHSCP

	2020	2021	2022
NHSG	75.4%	73.7%	78.9%
ACC	24.60%	26.3%	21.1%



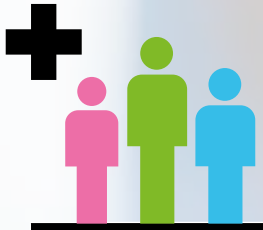
Aberdeen City Health & Social Care Partnership **Headcount by Ethnicity** (as at 31st March 2022)



Aberdeen City Health & Social Care Partnership
Age Profile (substantive posts)

Staff turnover

The following shows the leavers from ACHSCP employed from both partner organisations and the turnover levels. The turnover levels for NHSG and ACC have also been displayed in order to provide comparison. As can be seen the turnover levels for ACHSCP are higher in both 2020/21 and 2021/22 than their partner organisations.



	2020 / 2021	2021 / 2022
	Turnover	Turnover
ACHSCP (NHSG)	11.63%	15.12%
NHSG	11.42%	13.26%
ACHSCP (ACC)	7.60%	10.50%
ACC	7.19%	8.80%

2020/2021		2021/2022	
Medical and Dental	21.53	Medical Support	52.63
Senior Managers	20.24	Healthcare Sciences	37.8
Medical Support	16.24	Personal and Social Care	26.84
Personal and Social Care	16.22	Administrative Services	24.19
Nursing and Midwifery	14.64	Medical and Dental	21.24

ACHSCP have higher staff turnover compared to their partnership organisations

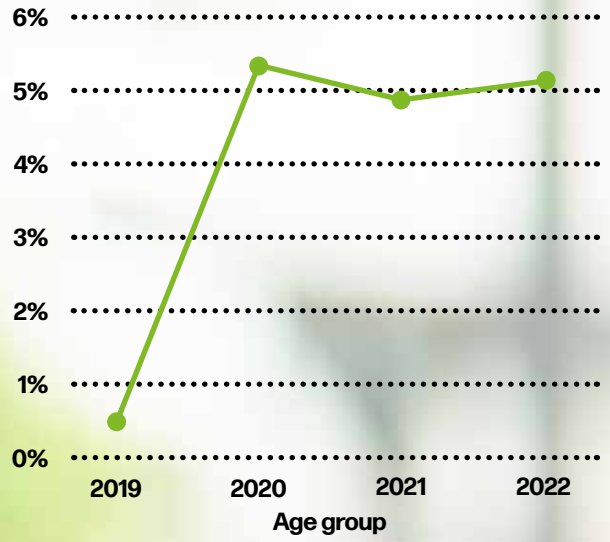
While there is a steady increase in staff aged 20 - 29, a large proportion of staff are in the 50+ age bracket.

	2020/21			2021/22		
	ACC	NHSG	Average	ACC	NHSG	Average
under 20	0.00%	0.00%	0.00%	10.20%	36.45%	23.33%
20 - 29	16.67%	33.08%	24.88%	14.29%	9.72%	12.01%
30 - 39	20.56%	13.17%	16.87%	20.41%	10.63%	15.52%
40 - 49	16.67%	9.86%	13.27%	26.53%	7.82%	17.18%
50 - 59	13.89%	14.44%	14.17%	16.33%	10.86%	13.60%
60+	22.22%	29.45%	25.84%	12.24%	24.53%	18.39%

Looking at the age profile of those leaving across NHSG and ACC who were employed by the ACHSCP, that in 2021/22, half of those leaving the partnership were under 40 years old.

Absences

SICKNESS ABSENCE RATES
(as at 31st March 2019 - 2022)



A day in the life of the ACHSCP

During the pandemic, the ACHSCP produced a Situation Report (Sit Rep) of staffing levels across the Partnership. The table below gives an average daily representation of the staffing across ACHSCP:

Measure	Estimated average
Total Team established WTE	**1830**
Total head count	**2197**
Average number of meetings per day	**6**

** Available staff figure based on those who are not on maternity, special leave or annual leave on that day. The number of meetings per day is an average across many staffing groups from different organisations, for some this figure will be much higher and for others it will be much lower.*

Measure	Estimated average
Total number of vacancies	**240**
Total number of vacancies, as a %	**8%**
Number of staff on Maternity or Special Leave	**101**
Total number of staff on Annual Leave	**160**
Total number of staff on annual leave, as a %*	**6%**
Total number of staff absent (non covid related)	**115**
Total number of staff absent as a %*	**4%**
Total number of staff absent due to Covid 19	**95**
Total number of staff absent due to Covid 19, as a % *	**3%**

** percentages based on available staff i.e. after the number of vacancies and those on annual leave and special or maternity leave.*

Service demands and the impact of COVID-19

The number of people **aged 75 and over** living in Aberdeen City will increase by **28.2%** by **2033**.	**Emergency Attendances** at Aberdeen Royal Infirmary increased by **39%** between **January 2021** and **January 2022.**
Unmet need for social care has increased by **75%** between **April 2021** and **April 2022**.	**Healthy life expectancy** is **reducing** for both **males** and **females** in Aberdeen.
There has been a **25%** increase in people living with **Long Term Conditions**, by **2035** it is estimated that **66%** of adults over **65** will be living with **multi-morbidity**.	In the period **2016-19** it was estimated that **70%** of adult's **physical activity** met the **recommended guidelines.**
It is estimated that somewhere between **0.7%** and **2%** of the population are projected to experience **Long Covid** (symptoms for 12 weeks or more after their first suspected COVID-19 infection). These figures equate to between **1,603** and **4,581** people in Aberdeen City.	**Smoking** prevalence in the **16** to **64** age group **increased** by **9%** between **2018** and **2019** and **smoking** during **pregnancy** was almost **ten times higher** for **expectant mothers** living in the most **deprived areas** than those in the **least deprived** between 2**018/19** and **2020/21.**
In 2019/20 **16.6%** of Aberdeen's population were prescribed drugs for **anxiety**, **depression**, or **psychosis**.	In **2016** Aberdeen City's local **share** of data zones in the **20% most deprived** was **8%**. In **2020** that had risen to **10.25%.**
Referrals of Aberdeen City residents to **Mental Health Services** in Grampian increased by **43%** from **2019** to **2022**.	It is estimated that **800,000** people in Scotland **lost employment** as a result of the **pandemic** (as of April 21). Using a rough extrapolation from population **estimates** this could **equate** to **2,680 people** in **Aberdeen.**
Complex care needs are increasing, current residential and supported living providers claim that **12% of services** were **not currently suitable** and that **40%** of services would **not be suitable** in **5 years'** time.	

Covid has left a legacy of impacts on all services. Firstly, the pandemic has left health debt due to treatment or care requiring to be paused or significantly adapted. The new demand coming into some services is also increasing both in volume but also acuity and/or complexity which puts additional pressure on constrained service capacity. The combination of both older and new demand for some services creates an overall increase of demand that will take some time to work through. While we continue to see urgent and priority cases, waiting times for many of our services have increased including; community clinics, mental health services, diagnostic services and cancer treatments. This has an overall impact on the services we are able to deliver to people. There is also a potential impact on workforce wellbeing and moral injury within an already tired and stretched workforce who are also having to manage public expectations around access and waiting times.

Secondly, Long Covid poses new challenges with the impact of this on patients not always manifesting in a way that can be directly linked. Our understanding of this continues to develop however there is currently very little reliable data to help plan for additional demand. Thirdly, there is the ongoing need for some level of vaccination programme and lastly there is the potential for a resurgence of the virus in either a known or variant form. Living with Covid will have an ongoing impact on our workforce with continuing unplanned absences related to this which have an impact on services already dealing with workforce shortages and gaps created through maternity leave and other absences. These impacts require us to work as a whole system to achieve shared goals, to enable agile and flexible responses and plan for the unknown as well as increasing access to community resources which support good health and wellbeing.

We have identified five enablers to help support the delivery of our strategic plan. These are: -

WORKFORCE
FINANCE
RELATIONSHIPS
TECHNOLOGY
INFRASTRUCTURE

WORKFORCE – our staff, and those of our partners are our biggest asset without whom we could not deliver. We need to overcome our recruitment and retention challenges, nurture skills and expertise and maintain staff health and wellbeing.

Progress since 2019 and the challenges we face

Our workforce is our biggest asset. During the COVID-19 pandemic we asked a lot of ourselves and everyone delivered. A priority for us is to continue to support all staff's health and wellbeing, whether they are working directly for the partnership or in one of our commissioned services or partner organisations. Recruitment and retention of staff is challenging across all sectors. We need to support training to improve skillsets (particularly in the areas of Trauma Informed Care, Complex Care and Self-directed Support) and improve the career structure, ensuring there are clear development opportunities. There is a shortage of clinical staff which is a significant risk for sustainable service delivery. We need to attract more clinicians to work locally through innovative new roles, developing a new workforce, working with NHS Grampian and nationally to improve the pipeline of trainees coming to Grampian. Social Care is a priority and we need to ensure training is standardised and that training with one organisation is portable to another.

We want to see carers being paid an appropriate wage for the jobs that they do and their terms and conditions being equivalent to employees in the public sector. Not only should this reduce turnover, improve the consistency of care, and reduce absence rates but also make social work and community health and social care a more rewarding career.

We also recognise that members of our workforce are unpaid carers themselves and the support and advice required should form part of our working culture. The National Care Workforce Strategy seeks a workforce that is well-trained and developed, healthy and supported, and sustainable and recognised. During the pandemic we recognised the contribution of unpaid volunteers to the health and social care system, and this is something we would seek to embed as an integral part of the overall workforce.

Some of our priorities remain from our previous workforce plan but this was understandably impacted by COVID-19. Moving forward, and considering what we have learned, we have re-shaped our priorities into three key areas of **staff mental health & wellbeing**, **recruitment and retention**, and **growth & development opportunities**. These are explored in more detail in the outcome section of this plan.

During the pandemic we were able to break the normal rules and avoid the usual bureaucracy, ***empowering our staff*** to just get on and do the job in hand. Digital technologies provided both positives and negatives with ability to meet digitally and quickly without the need for travel but this also has a tendency to increase the number of meetings staff attend consuming more time and increasing expectation. In addition, many staff whose normal roles were paused, undertook training, and supported our care homes and other areas who were struggling to maintain service delivery due to staff shortages. The dedication and flexibility of our staff was invaluable and going forward we plan to have a pool of fully trained volunteers to be able to step in during times of high demand to support and assist the existing workforce.

Public perception of social care began to change during the pandemic. Initially only the NHS was the focus of respect and gratitude for the work they were doing during the pandemic.

Gradually, however, the public became more and more aware of the part that social care and carers were playing and social care staff received similar respect and gratitude with the weekly clap for carers and positive articles in the press and media. The momentum created needs to be built on, to ensure our social care staff gain ***parity of esteem*** with NHS colleagues. Pandemic restrictions also accelerated the citywide adoption of ***new technology*** which helped us adapt and change the way we work. Many staff have reflected how different the working pattern and routine is now compared to pre-pandemic working. This is something ACHSCP have embraced and we will continue to engage in opportunities to help staff achieve the work/life balance which suits them. It is important that this both allows the improved delivery of our services across the City and also allows staff the opportunity to grow and develop.

How this plan was developed

Our workforce plan has been developed against the backdrop of the Scottish Government and CoSLA statement of Intent in relation to the Independent Review of Adult Social Care (Feeley report). Taking cognisance of the National Workforce Strategy for Health and Social Care we have focussed on the key elements within *recovery, transformation, and growth* that the national strategy sets out. Together with robust quality assurance measures our aims and outcomes are aligned under the five pillars of the workforce journey.

This workforce plan is aligned to our recently approved medium term financial framework and our Strategic Plan 2022 – 2025 which is now published. We continue to engage and support our ACC and NHSG colleagues on the development of their workforce plans to ensure these work in parallel and compliment each other avoiding duplication where possible. An important part of the development of our workforce plan was workforce engagement and this will continue. We have engaged using various methods including:

- **ACHCP staff survey**
- **Strategic Plan engagement and feedback sessions**
- **1 to 1 sessions with specific staffing groups across the workforce**
- **iMatter** (Staff Experience continuous improvement tool)
- **Consultation on draft workforce plan**

A short life working group comprised of the leads for the staffing groups across ACHSCP was set up to analyse the information gathered and support the development of our workforce pan. This group initially met monthly then weekly as our final version was pulled together. Staff feedback on improvements and suggested changes moving forward is summarised, as follows.

Staff felt supported during the pandemic and want to continue to explore flexible working patterns moving forward.

Collaboration with Schools and Universities to create more pathways into Health & Social Care.

Rotation around services so we get exposure to other areas and have a good understanding of all our collective roles & responsibilities.

Keep us informed.

Exhaustion - Unmanageable workload at times.

Technology barriers between NHSG & ACC continue to frustrate.

Competency training frameworks.

Access to international recruits.

1 to 1 structures for support & wellbeing.

Hard to achieve a good work life balance.

Feedback highlighted that staff felt involved in decision making and are treated fairly, with respect, and are confident in the workplace where diversity is valued.

Support for higher education & further training (without having to fight for the time off to do it).

Flexible working patterns.

Realistic workloads with the resources we have.

The majority of staff who provided feedback indicated that they would recommend ACHSCP as a good place to work.

Limit the number of meetings required across the week.

Lack of frontline staff.

Paperwork should be simplified with the use of technology.

Ensuring fair rotas and that annual leave is taken.

Aims and measuring the impact of our plan

Our workforce plan will be delivered in accordance with our strategic plan. This plan sets out our aims over the next few years and crucially, how we are going to measure the impact of what we develop and deliver. We are confident about the remobilisation of our services as we all learn to live with COVID-19 and we recognise our plan is ambitious for the years ahead but it will equip our workforce with the support, knowledge, and confidence to tackle the challenges that lay ahead.

Recruitment and Retention				
Aim	**What we want to achieve**	**How will we know**	**Lead & Timescale**	**Link to the Five Pillars**
Develop a recruitment schedule which includes: Specific ACHSCP recruitment days which are delivered twice a year at suitable locations in the City. This will be supported and aligned with an increased social media presence to support the recruitment of staff. A programme is developed to regularly attend recruitment days within Education settings and continue to support & develop projects such as Career Ready and Project Search.	Raise awareness of the employment and progression opportunities within ACHSCP to support the recruitment of staff. This will be achieved working alongside our partner organisations. Raise awareness and engage with the next generation of the workforce and explore the opportunities available within ACHSCP.	Number of staff recruited where the initial point of contact was from a recruitment day or through social media.	People and Organisation. From 2023 onward.	Plan, Attract, Employ.
Support the development of the 'grow our own' approach and ensure future career pathways are available within ACHSCP.	Investment in training & development for staff to ensure opportunities for development and progression are available and equally that sufficient time is given for staff to gain experience following any training & development opportunities. Develop a 'mentoring passport' that is available for staff in ACHSCP to allow opportunity to explore & engage with different areas of services and have access to shadow/mentor colleagues when available.	% of staff staying with ACHSCP who received training and development for their future development. % of staff increase in accessing and completing Further Education and training opportunities to aide future professional development. Feedback from staff on these opportunities being available and evidence of greater understanding of the wider service roles & responsibilities.	Senior Leadership Team. 2022 - 2025.	Plan, Train, Nurture.
Develop and introduce an induction for all new ACHSPC staff.	Staff feel welcomed into the organisation, are able to ask any questions, and key messages are shared from senior leaders about our direction, values, principles, and trauma informed practice.	Induction evaluations and summary feedback from staff who attended.	People and Organisation. From 2022 onward.	Plan, Train, Nurture.

Mental Health & Wellbeing				
Aim	**What we want to achieve**	**How will we know**	**Lead & Timescale**	**Link to the Five Pillars**
Support staff to achieve a healthy work/ life balance by exploring what works best in relation to flexible working whilst meeting the needs of services.	Staff feel comfortable with their working pattern and expectations from managers. Staff are involved in decision making and are aware of service demands. Staff are encouraged to self-manage where appropriate.	Feedback from staff directly.	Operational Leads. 2022 - 2025.	Nurture.
Build on our 'We Care' approach to develop & implement a framework for our values which contains a programme of mental health & wellbeing and a range of QI approaches/ Champions to support the mental health & wellbeing of staff.	Staff are supported to embed our values & have a dedicated opportunity on a regular basis to engage their line manager and colleagues in relation to mental health & wellbeing. Consider development of individual staff wellbeing days. This will form part of monthly/routine 1 to 1 engagement with line managers. Staff have access to support outside of their workplace, to seek advice discuss mental health & wellbeing matters. Champions will facilitate regular sessions with staff groups to help maximise health & wellbeing.	This will become a cultural norm within ACHSCP & the programme forms part of 1 to 1/supervision/ team meeting structures. The 'We Care' approach is embedded and the evaluation of our health & wellbeing approaches.	People and Organisation. From 2023 onward.	Nurture.
Develop & implement a 'keeping us informed' forum for all staff within ACHSCP and recognise & celebrate the achievements of staff.	Staff will be kept up to date on the recent developments within ACHSCP, receive regular updates from senior leaders, engage in discussion/ support with colleagues. Introduce annual staff recognition & achievement functions and include quarterly updates as part of the 'keeping us informed' forum.	Feedback from staff directly. Quarterly updates on the 'keeping us informed' forum and feedback from the annual recognition and achievement functions.	Senior Leadership Team. From 2023 onward.	Nurture
Reduce the number of meetings that staff are required to attend by 20%.	Staff are given more authority and time to focus on core responsibilities and less time is focussed on attending meetings that may not be required	Feedback from staff directly. % of average meetings reduced by 20%.	Senior Leadership Team. 2022 - 2025.	Nurture

Transformation & Opportunities				
Aim	**What we want to achieve**	**How will we know**	**Lead & Timescale**	**Link to the Five Pillars**
Embrace the use of digital technologies to develop and support the ACHSCP infrastructure & develop a road map with a focus on enablement for staff.	To break down the barriers which cause staff frustration in information sharing and collaborative working between ACC, NHSG, and all ACHSCP partners.	Joint systems developed and introduced which are easy to use.	Senior Leadership Team. 2022 - 2025.	Attract, Train, Nurture.
Reduce the volume of administrative documentation required.	To help reduce the burden of paperwork that comes with busy workloads allowing staff to have more time to focus on core roles & responsibilities.	Staffing groups feedback via evaluations & team meetings.	Operational Leads 2022 - 2025.	Attract, Nurture.
Staff are supported in the roll out of the National Care Service and any new working practices that this may bring.	To reduce staff anxiety regarding the introduction of the National Care Service and that all staff are supported through this transition.	Evaluation and feedback from staff.	Senior Leadership Team. From 2023 onward.	Plan, Nurture.
Develop & implement smarter working policies which support staff to adjust and adapt as required.	Staff feel supported & confident to adapt and adjust working practices as & when required.	Implementation and review of the policies.	Operational Leads. 2022 - 2025.	Plan, Attract, Nurture.
Overhaul the current ACHSCP recruitment process and introduce a new streamlined, collaborative, and combined process which is easy to understand and navigate.	One streamlined recruitment process for all partners within ACHSCP to use which will reduce the bureaucracy and paperwork of the previous system for staff.	Implementation & feedback on the use of the new process.	Senior Leadership Team. From 2024 onward.	Plan, Employ, Train.
Re-design and adapt services where required.	Services are designed to deliver the best possible outcomes and support frontline staff to carry out roles & responsibilities effectively.	Service re-design and feedback from staff as part of the process.	Senior Leadership Team. 2022 - 2025.	Plan, Nurture.

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ABERDEEN CITY COUNCIL

NHS Grampian