



WORKFORCE PLAN



Aberdeen City
Health & Social Care
Partnership
A caring partnership

Workforce Plan 2022-2025

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, commissioned, and third sector colleagues.

Staffing groups and services across ACHSCP include;

- ▶ **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**
- ▶ **Bon Accord Care**
- ▶ **Strategy & Transformation Team**



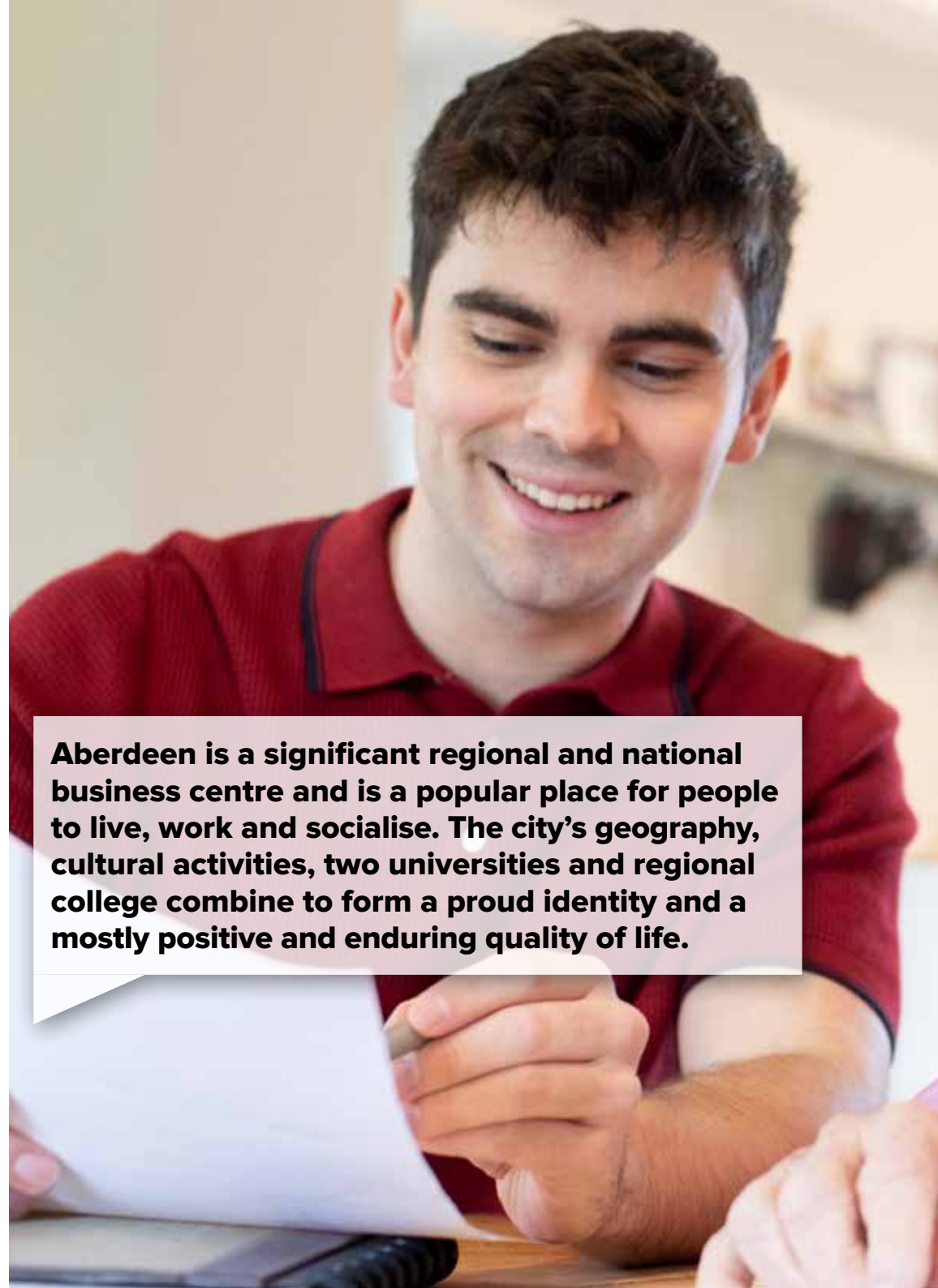
Data summary & overview

Aberdeen is the third largest city in Scotland and provides 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.

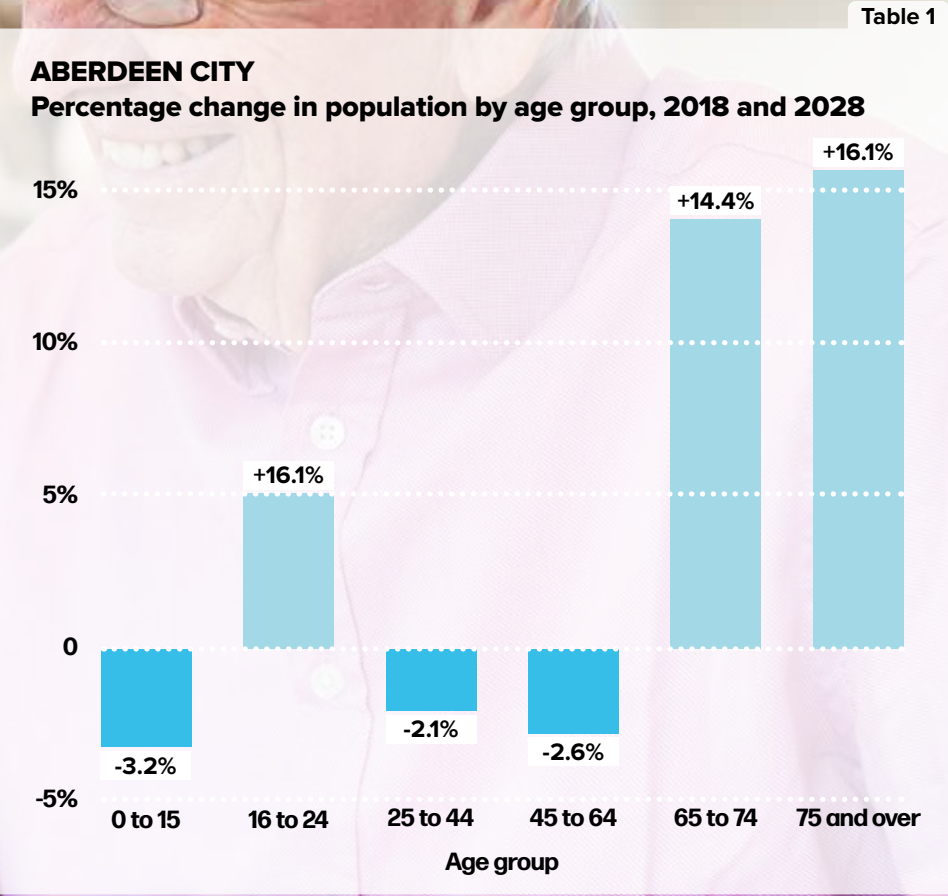
Aberdeen City and Aberdeenshire is the most economically productive region in the UK, outside Inner London. It is, however, heavily reliant on the oil and gas sector, and as such the current downturn is having a significant impact. Aberdeen tends to score well for the social and economic factors that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

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.

The following data and information is provided from a range of workforces within ACHSCP. Where possible this data and information is presented as averages due to the variation of services involved.



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.



The life expectancy for those born as males within Aberdeen City is 76.9 with a healthy 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 are 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



Our Workforce: Overview

Our workforce is incredibly important to how we deliver services and their effectiveness at helping people fulfil their healthy lives potential and caring for them during periods of ill health.

Table 2 demonstrates that our workforce over the 2020-2022 period has grown by 1.5%. While Table 3 shows that over the past three years, approximately three quarters of our workforce have been employed by NHSG Grampian and that our workforce is predominantly female.

The following tables shows the make up of the ACHSCP workforce

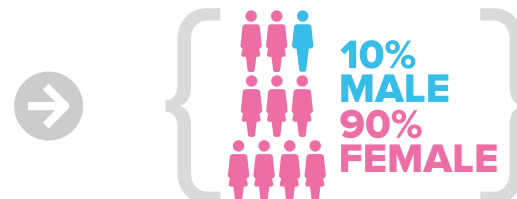
Table 2
Whole Time Equivalent (WTE) and Headcount of the ACHSCP Workforce

	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

Table 3
Make up of Workforce by Employing Organisation and Gender

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

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



Make up of our Workforce

Table 4 demonstrates the age profile of our staff. This shows that around half of our staff are over the age of 50 and therefore likely to retire within the next 15 years.

Table 4
ACHSCP Age Profile of Workforce 2018-2022 (substantive posts)

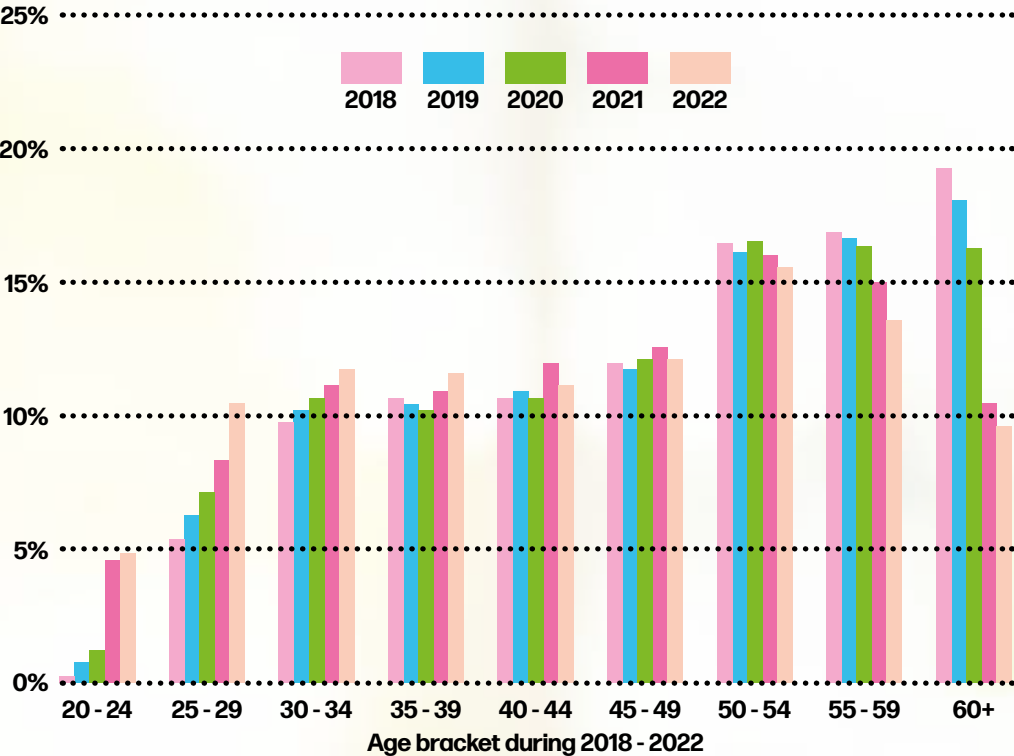
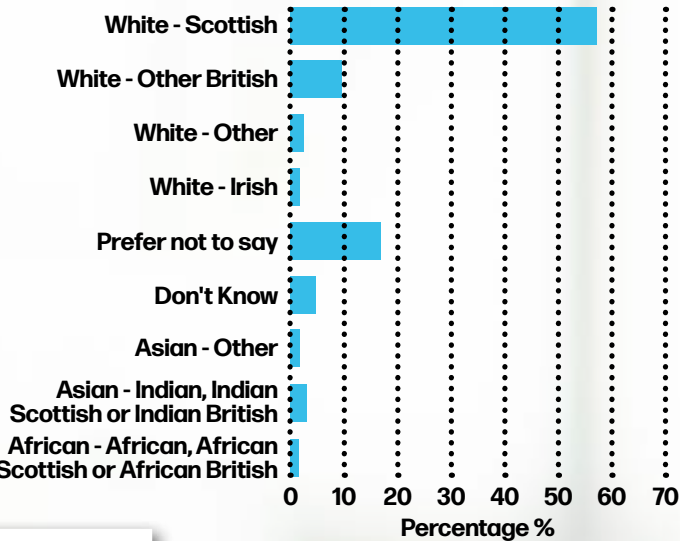
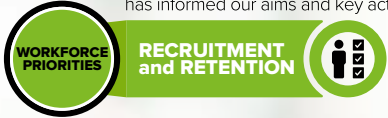


Table 5
Headcount by Ethnicity of ACHSCP Workforce
(as at 31st March 2022)




11% of the ACHSCP workforce are due to retire between 2023 and 2027

[Click on this link to see how this data has informed our aims and key actions](#)



Staff Turnover and Staff Absence

Table 6
Overall percentage of ACHSCP leavers compared with employing organisation



	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%

Table 7
Percentage age profile of ACHSCP leavers by employing organisations

	2020/21			2021/22		
	ACC Employed	NHSG Employed	Average	ACC Employed	NHSG Employed	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%

Staff turnover

Tables 6 and 7 show the leavers from ACHSCP employed from both partner organisations and the turnover levels over 2020-2022. The turnover levels for NHSG and ACC have also been displayed in order to provide comparison.

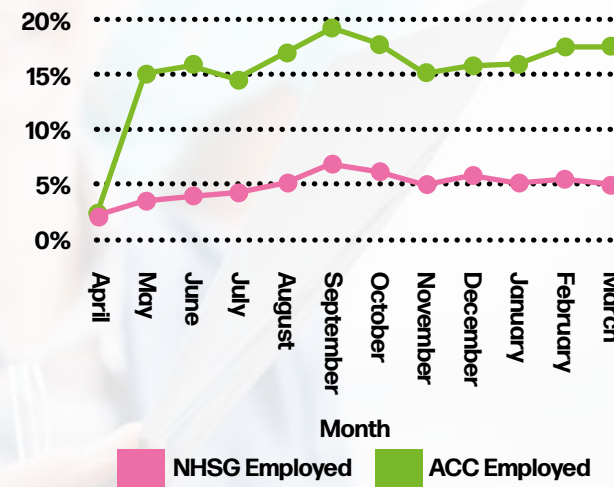
The turnover levels for ACHSCP are higher in both 2020/21 and 2021/22 than in the employing organisations. Looking at the age profile in Table 7 of those leaving the ACHSCP across NHSG and ACC, in 2021/22, half of those leaving the partnership were under 40 years old.

Table 8 displays the absence levels from ACC and NHSG employed staff members. NHSG aims for a 4% target for staff absences which ACHSCP staff have been frequently been above over the past financial year.




Table 8
Recorded Sickness Absences from NHSG and ACC Employed ACHSCP Partnership Staff.


*Please note, no data available April 2021 from ACC and therefore data point appears disproportionately low.)



Click on this link to see how this data has informed our aims and key actions

WORKFORCE PRIORITIES RECRUITMENT and RETENTION 


Click on this link to see how this data has informed our aims and key actions

WORKFORCE PRIORITIES STAFF MENTAL HEALTH and WELLBEING 

Health and Social Care Services

ACHSCP recognises that many of our services are provided by commissioned, independent, or Third Sector organisations. We value these relationships and continue to develop our approach to ensure we deliver high quality services. As the [Scottish Social Care Services report](#) published on 30 August 2022 highlights, we have just over 78% of the Social Care workforce coming from commissioned, independent or Third Sector organisations. The Social Work Workforce is largely held within ACC and It is very important these staffing groups are represented and reflected in this plan. Whilst organisations gather and analyse data using various methods and at different levels this plan has tried to bring as much of this together as possible under the wider umbrella of ACHSCP. Our approach to gathering and analysing data together across our services will continue to develop.

GRANITE CITY CONSORTIUM employs more than **600 staff**. The average **sickness levels** over the consortium are **9.1%**, however some providers have levels of **20-30%**. **Staff turnover** is approximately **1.7 posts per month** and there are on average **4 vacant posts per month** demonstrating that **not all posts** are being successfully recruited to.



BON ACCORD CARE

The following displays the staffing levels in Bon Accord Care from 2020-2022. Over this period, the staffing headcount has risen.

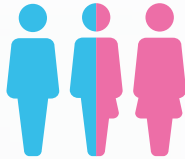
Table 11
Staffing Numbers in Bon Accord Care, Whole time equivalent and Headcount 2020-2022

	2020	2021	2022
Actual WTE	589	604	595
Headcount	1128	1092	1154

The **gender ratio** has remained **stable** through the **2020-2022 period** at approximately **86% Female, 14% Male**. In 2018, **47% of staff** were over **50 years** of age. This has **fallen to 40%** in **2022**. With a corresponding **increase** of those **employees aged under 30** increasing from **10%** in **2018** to **16%** in **2022**.

CARE HOME STAFF

There are **1153 STAFF** currently **employed** by **care homes** in **Aberdeen**. In the majority of care homes, there is a high ratio of **FEMALE WORKERS**, generally between **1 in 7** and **1 in 8**, while **MALES** account for **20-30%** of the workforce with a small percentage identifying as **NON-BINARY**.



Click on this link to see how this data has informed our aims and key actions

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A day in the life of the ACHSCP












During the pandemic, 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	Measure	Estimated average
Total Team established WTE	1830	Total number of vacancies	240 (8%)
Total head count	2197	Number of staff on Maternity or Special Leave	101
		Total number of staff on Annual Leave*	160 (6%)
		Total number of staff absent (non covid related)	115 (4%)
		Total number of staff absent due to Covid 19	95 (3%)

** 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.*

** 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

	<p>The number of people aged 75 and over living in Aberdeen City will increase by 28.2% by 2033.</p>		<p>Emergency Attendances at Aberdeen Royal Infirmary increased by 39% between January 2021 and January 2022.</p>
	<p>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.</p>		<p>Healthy life expectancy is reducing for both males and females in Aberdeen.</p> <p>In the period 2016-19 it was estimated that 70% of adult's physical activity met the recommended guidelines.</p>
	<p>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.</p>		<p>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 2018/19 and 2020/21.</p>
	<p>In 2019/20 16.6% of Aberdeen's population were prescribed drugs for anxiety, depression, or psychosis.</p>		<p>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%.</p>
	<p>Referrals of Aberdeen City residents to Mental Health Services in Grampian increased by 43% from 2019 to 2022.</p>		<p>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.</p>
	<p>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.</p>		

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.

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.



PLAN

ATTRACT

EMPLOY

TRAIN

NURTURE

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 complement 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 including Trade Unions and Staff Side representation, was set up to analyse the information gathered and support the development of our workforce plan. 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 Feedback 2022

Flexible working patterns.

Hard to achieve a good work life balance.

Ensuring fair rotas and that annual leave is taken.

Realistic workloads with the resources we have.

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

Access to international recruits.

Exhaustion - Unmanageable workload at times.

Paperwork should be simplified with the use of technology.

Keep us informed.

Technology barriers between NHSG & ACC continue to frustrate.

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

More frontline staff.

1 to 1 structures for support & wellbeing.

Competency training frameworks.

Limit the number of meetings required across the week.

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

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.

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

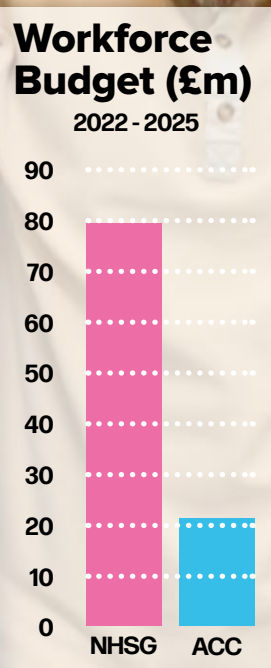
The majority of staff who provided feedback indicated that they would recommend ACHSCP as a good place to work.

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 for Self-directed Support, Complex Care, and align with the vision for Scotland to, **“have trauma-informed services and workforces that are capable of recognising where people are affected by trauma and adversity, that are able to respond in ways that prevent further harm and support recovery, and can address inequalities and improve life chances.”**

General Practice (GP) in Aberdeen City remains under extreme pressure. The GP workload has increased in size and complexity due to an ageing and increasing population. In addition, Primary Care has been supporting the overall health debt as a result of the COVID-19 pandemic by looking after patients who have had treatment or operations delayed. Although GP Practices have been able to do some limited recruitment to a wider pool of staff and professions, the overall reduction in whole time equivalent GPs means there is decreasing capacity. Practices have noted a natural movement of the GP workforce toward more part time working to support work and life balance which has in-turn resulted in partners picking up the additionality of tasks as well as overall accountability. In Aberdeen City the GP headcount has reduced by 9% in the last decade despite national policy to increase this figure and this shows the difficulty experienced in the North East to recruit to clinical positions.

Work to address these areas is ongoing and is highlighted in our **‘aims and measuring the impact of our plan’** section as 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 the North East.

Social Care is a priority and challenges include the unfairly poor perception of the role, the relatively low wages compared to the NHS, strong competition from other areas in the North East economy, and a perceived lack of career pathway. Work is ongoing to address these issues and is highlighted in our **‘aims and measuring the impact of our plan’** section. As highlighted, this 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 and the support and advice required to support them in this important role should form part of our working culture. The National Workforce Strategy for Health & Social Care seeks a workforce that is well-trained and developed, healthy and supported, and sustainable and recognised. We recognised the contribution of unpaid carers pre-pandemic and continue to take steps to value their role as part of the wider health and social care system. The pandemic, and the absence of the usual supports of the people they care for, shone a brighter light on the challenges they face on a daily basis, and we are absolutely committed to delivering better support for them.

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 benefits and some challenges 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 this time.

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 the information we have connects to our workforce priorities

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:



We are informed by many sources and a crucial part of this process is our data gathering and analysis. We have reviewed our Risk Register alongside the development of this plan to ensure it is reflective of our Risk Appetite Statement and the Risk Register has also been updated with the actions highlighted in this plan which help mitigate against the risks identified.

The identification of our priorities has been supported by our data and when we reflect on the information we have, for example, around the turnover of staff, the characteristics that make up our workforce, and the need to retain staff and focus on staff wellbeing it is important that our priorities are reflective of this. These are explored in more detail in the aims and actions section of this plan.

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	Key Actions	How will we know	Link to the Five Pillars
<p>Raise awareness of the employment and career progression opportunities within ACHSCP to support the recruitment of staff. This will be achieved working alongside our partner organisations</p> <p>Raise awareness and engage with the next generation of the workforce to encourage them to explore the opportunities available within ACHSCP ensuring our workforce is reflective of our population diversity</p> <p>Develop employability pathways from Schools, Higher Education, and work closely with services to build on our opportunities to access national and international recruits which will support the development and the diversity of our workforce</p>	<p>Develop a specific ACHSCP recruitment schedule which includes:</p> <ul style="list-style-type: none"> -Specific ACHSCP recruitment events 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 promote our job & career opportunities to as wide an audience as possible -A programme is developed to regularly attend recruitment days within Education settings to promote work experience opportunities and continue to support and develop projects such as Career Ready and Project Search -Specific focus on recruitment to social care and clinical positions to ensure the sustainability of the overall workforce 	<p>Number of staff recruited where the initial point of contact was from a recruitment day or through social media</p> <p>Workforce Plan Delivery Group will develop these approaches and gather and present this information in line with agreed IJB reporting processes</p>	Plan, Attract, Employ
<p>Support the development of the 'grow our own' approach and ensure future career pathways are available within ACHSCP</p>	<p>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</p> <p>Develop mentoring opportunities that are available for staff in ACHSCP to allow opportunity to explore and engage with different areas of services</p>	<p>% of staff staying with ACHSCP who received training and development for their future development</p> <p>% of staff increase in accessing and completing Further Education and training opportunities to aide future professional development</p> <p>Feedback from staff on these opportunities being available and evidence of greater understanding of the wider service roles & responsibilities</p> <p>Workforce Plan Delivery Group will develop our approaches as to how we gather this information and provide updates in line with agreed IJB reporting processes</p>	Plan, Train, Nurture
<p>Develop and introduce an induction programme for all new ACHSCP staff</p>	<p>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</p>	<p>Induction evaluations and summary feedback from staff who attended</p>	Plan, Train, Nurture

MENTAL HEALTH & WELLBEING

Aim	What we want to achieve	How will we know	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	<p>Staff feel comfortable with their working patterns, take regular breaks they are entitled to, and regularly meet with their manager(s)</p> <p>Staff are involved in decision making and are aware of service demands</p> <p>Staff are encouraged and supported to plan annual leave and holidays across the year</p> <p>Staff are empowered and supported in different ways; individual line manager and pastoral support; team support and recover; leadership and management support; access to training and support to live a healthy lifestyle.</p>	<p>Number of leave days carried over into the next year</p> <p>This will be monitored by the delivery group and become a cultural norm within ACHSCP forming part of routine 1 to 1/supervision/team meeting structures</p>	Nurture
Build on our 'We Care' approach, empowering staff and to develop and implement a framework for our values which contains a programme of mental health & wellbeing approaches	<p>Staff are supported to embed our values and have a dedicated opportunity on a regular basis to engage their line manager and colleagues in relation to mental health & wellbeing</p> <p>This will form part of monthly/routine 1 to 1 engagement with line managers</p> <p>Staff have access to support outside of their workplace, to seek advice discuss mental health & wellbeing matters. Consider the development of Champion roles that can facilitate regular sessions with staff groups to help maximise health & wellbeing</p>	<p>This will become a cultural norm within ACHSCP & the programme forms part of 1 to 1/supervision/team meeting structures</p> <p>The 'We Care' approach is embedded and the evaluation of our health & wellbeing approaches</p> <p>Workforce Plan Delivery Group will develop our approaches as to how we gather this information and provide updates in line with agreed IJB reporting processes</p>	Nurture
Develop & implement a 'keeping us informed' forum for all staff within ACHSCP. This will include areas where there is the opportunity to recognise & celebrate the achievements of staff throughout the year	<p>Staff will be kept up to date on the recent developments within ACHSCP, receive regular updates from senior leaders, and be given opportunities to engage with senior leaders</p> <p>Introduce annual staff recognition and achievement functions (similar to those held within ACC/NHSG) and include quarterly updates as part of the 'keeping us informed' forum</p>	<p>Feedback from staff directly via team meetings and 1 to 1 discussions</p> <p>Quarterly updates on the 'keeping us informed' forum</p> <p>Workforce Plan Delivery Group will explore opportunities to recognise the achievements of staff and provide updates in line with agreed IJB reporting processes</p>	Nurture
Develop an ACHSCP meeting protocol for all ACHSCP staff in line with values and principles set out in the ACHSCP 2022-2025 strategic plan	<p>Reduce the burden on staff attending meetings to allow for more time to focus on core responsibilities</p> <p>Clarity for all staff attending meetings with the principles of adhering to the purpose, length, actions and outcomes of these meetings</p>	<p>Workforce Plan Delivery Group to implement and monitor of the effectiveness of the meeting protocol when developed and provide updates in line with agreed IJB reporting processes</p> <p>Feedback from staff directly on the % of meetings adhering to the meeting protocol</p>	Nurture

GROWTH & DEVELOPMENT OPPORTUNITIES			
Aim	What we want to achieve	How will we know	Link to the Five Pillars
Explore available and emerging technologies in order to support ACHSCP infrastructure and development to reduce demand on the system and ensure our resources are focused on where they are required	<p>To break down the barriers which cause staff frustration in information sharing and collaborative working between ACC, NHSG, and all ACHSCP partners</p> <p>To embrace the use of digital technologies to develop and support the ACHSCP infrastructure. Also, develop a road map for this with a focus on enablement for staff</p> <p>To support our strategic enabler in effectively using data and technologies to connect people; to understand and meet their needs; to build on the strengths of individuals and communities; and support their independence and resilience</p>	<p>Joint systems developed and introduced where possible. These should be easy to access and easy to use</p> <p>Roadmap developed by the delivery group which encompasses the support for staff</p> <p>Developing and reporting on projection data in relation to the workforce, as it becomes available, to help articulate the sustainability of the workforce and identify any gaps that can be addressed</p>	Attract, Train, Nurture
Reduce the volume of administrative documentation required	<p>To help reduce the burden of paperwork that comes with busy workloads allowing staff to have more time to focus on core roles & responsibilities</p> <p>Streamline systems to ensure efficient use of staff time</p> <p>Engage and support the development of streamlined multi-agency documents which help reduce the burden on staff i.e. single documents that can be used for multi-agency teams</p>	<p>Staffing groups feedback via evaluations & team meetings</p> <p>Workforce Plan Delivery Group to explore opportunities across services and provide updates in line with agreed IJB reporting processes</p>	Attract, Nurture
Staff are kept informed and updated as information about the National Care Service emerges and are supported with any new practices that this may bring	<p>To reduce any staff concerns regarding the introduction of the National Care Service and that all staff are supported through this transition</p> <p>To include staff in local and national groups to help shape the future direction where possible</p> <p>Key documents and updates are shared widely across ACHSCP as the NCS may offer opportunities for staff who should be informed of any changes</p>	Evaluation and feedback from staff	Plan, Nurture
Develop & implement smarter working policies which support staff to adjust and adapt as required	Across services in ACHSCP staff feel supported & confident to adapt and adjust working practices as & when required	Implementation and review of the policies	Plan, Attract, Nurture
Review the current ACHSCP recruitment process	Endeavour to create one streamlined recruitment process for all partners within ACHSCP to use which will reduce some of the barriers and paperwork of the previous systems for staff	Implementation & feedback on the use of the updated process which should be a collaborative process which is easy to understand and navigate	Plan, Employ, Train
Re-design, adapt, and improve services where required for the benefit of staff and those using the services	Services are co-designed with community feedback 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 these processes	Plan, Nurture





Aberdeen City Health & Social Care Partnership
A caring partnership

If you require further information about any aspect of this document, please contact:

Aberdeen City Health & Social Care Partnership
Business Hub 8, 1st Floor North
Marischal College
Broad Street
Aberdeen
AB10 1AB

t: 01224 523237

e: ACHSCPEnquiries@aberdeencity.gov.uk

w: aberdeencityhsc.scot

t: twitter.com/HSCAberdeen

