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WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

WORKFORCE REPORT FOR HEALTH AND SOCIAL CARE

Report by Chief Officer and Chief Financial Officer, Health and Social Care

PURPOSE OF REPORT

1. To inform IJB of the ever increasing issues around the Health and Social Care Workforce primarily concentrating on the Health Care Assistants; Social Care Assistants and Social Care Workers that the Board expects to recruit from the local workforce market.

COMPETENCE

2. This report sets out the workforce and operational implications of increasing requirements for Health and Social care workforce to care for the Western Isles population and the ever decreasing pool of work age population to fill these roles.

BACKGROUND/SUMMARY

3. The quarter 1 workforce report, contained with the Q3 Finance report, summarised the issues the Western Isles were facing both with decreasing population and the effect that was having on the ability to continue to care for the increasing elderly population of the islands. Using updated population prediction (Population Projections (cne-siar.gov.uk)) the islands are expecting to see a 6% drop in population by 2028, one of the biggest population decreases in Scotland. Working age population is set to decrease by 6% by 2028 and in contrast the over 75s with the greatest levels of co-morbidity is set to rise by 25%. The population changes will result in a year-on-year reduction in the available workforce to nurse, care and attend to the most vulnerable of people whose numbers are increasing year on year. The IJB is already feeling the effect of the changes in demography with high levels of vacancies in social care workforce some soft facilities workforce.

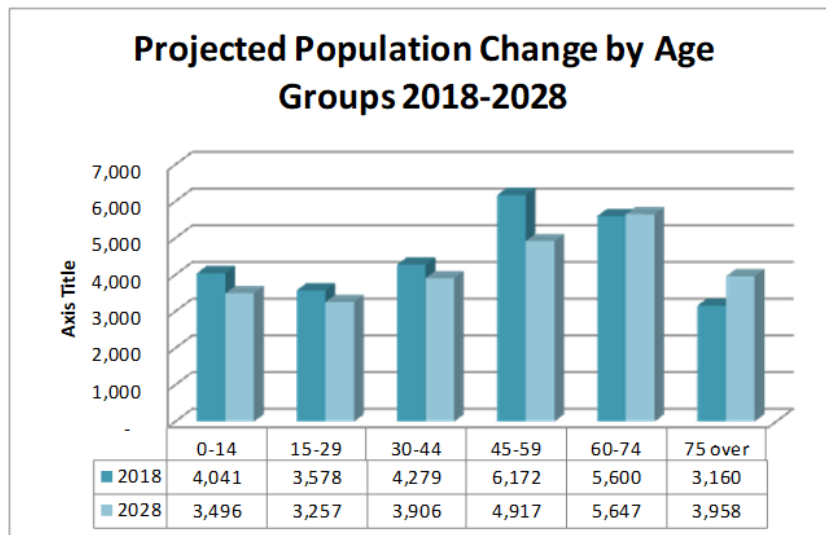


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4. The table below summarises the risks the Health and Social Care face in the short term.

Short Term Risk 1-3 years	Vacancies	Age	Retiral	Sickness
Medical Staffing	H	H	L	L
Allied Health Professionals	H	M	L	L
Dental	M	M	L	M
Hospital (Acute) Nursing	H	M	H	H
Community Hospital Nursing	H	H	M	H
Community Nursing	H	H	M	L
Mental Health Nursing	H	M	L	H
Clinical Admin	H	H	L	L
Adult Services	H	H	M	H
Residential Services	H	H	H	H
Home Care & Reablement	H	H	H	H
Criminal Justice	H	M	L	L
Strategic Commissioning & PS	M	L	L	L
Assessment and Care Services	H	M	L	M
Management and Admin	H	L	L	L

VACANT WORKFORCE

5. Health and Social Care have a number of vacancies within the establishment this report is concentrating on the recruitment required predominately from the local recruitment market. It is recognised with the NHS there are shortages of Consultants,



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Technicians e.g. lab workers, pharmacists and some AHPs. These vacancies are normally filled by off island recruitment whether permanently or by using locums.

6. An analysis of vacant unskilled/semi skilled workforce across health and social care (including estimated posts required for Goathill and Winter Planning) was undertaken. This included porters, domestics for example but not admin staff. Summary shown below, work has all ready started on the private sector vacancies to give a more accurate position.

	WTE	Heads
Care at Home	20.38	35
Care Home	9.55	14
Adult Services	5.09	6
Health Care Assistants (HCA)	4.47	7
NHS Domestic/Catering	8.42	13
Expanding Care at Home - New Posts	16.68	17
Multi- Disciplinary Working - New Posts	6.20	7
Recruitment of extra HCA - New Posts	7.00	7
Goat Hill Complex - New Posts	48.64	56
Total	126	162

7. CnES equivalent vacancy % for unskilled and semiskilled workers is 10.74% compared to NHS Western Isles which is 4.21%. The service holding the largest % of vacancies is Care at Home at 18.04%. These % are for current establishment and do not include the new posts shown in the table at paragraph 6.

TERMS AND CONDITIONS COMPAIRSON

8. Social Care Workers are employed under single status regulations. Social Care workers do not therefore get enhanced rates of pay at the weekends and get unsocial hrs at 30% payment from 10pm to 7am. NHS works are employed under Agenda for Change regulations and are paid weekend and night enhancements as shown in the table below, the majority of the bands for the unskilled and semiskilled workers in the NHS are 2 and 3s.



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Pay band	All time Saturday (midnight to midnight) and any week day after 8pm and before 6am	All time on Sundays and Public Holidays (midnight to midnight)
1	Time plus 50%	Double Time
2	Time plus 44%	Time plus 88%
3	Time plus 37%	Time plus 74%
4 - 9	Time plus 30%	Time plus 60%

9. Social Care Workers in CnES do however get £1,152 more distance islands allowance (DIA) than NHS Staff. The example below shows the basic full time weekly pay (including DIA) of a Band 2 NHS worker against a Grade D Social Care Assistant (majority of Care at Home staff are Grade D). Many of the Hospital Band 2 staff work available night and weekend shifts. The enhancements are also paid whilst staff are on leave, at an annual rolling average.

Grade and Job		FTE Basic Week Pay	FTE Sat, Sun inc rota	FTE Week Day Nights
Band 2 HCA worker based on 12.5 hr shifts	11.66	437.37	629.81	629.81
Grade D Homecare Worker	12.22	452.29	452.29	HC stops at 10?

SUCCESS IN RECRUITMENT

10. A review of recruitment success for both NHS WI and CnES for the first 6 months of the financial year CnES is outlined below. The summary below is a comparison for similar roles in the Health and Social Care Partnership. The comparison is for Health Care Support Assistant and Care at Home/START/Reablement posts:

	Post advertised	Applicants received	Posts appointed	Fill rate
CnES	38	78	20	53%
NHS WI	11	68	10	91%

A recent informal listening exercise undertaken by the CSWO and senior colleagues identified a number of differences in the terms and conditions for colleagues working in very similar roles within the Health and Social Care Partnership. The differential pay gap (see section 9) was identified as a source of disquiet within CnES colleagues. This is now recognised and a broader discussion and actions to address this risk will



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be tabled at the Policy and Resources Committee (December 9 2021). This sits in the wider context of the buoyant recruitment market in the Western Isles.

RISKS

11. The following are the identified risks of not being able to recruit into current vacancies, winter planning vacancies and Goathill vacancies:
 - Homecare services becomes unsustainable
 - Delayed Discharges increase, with the negative impact on acute capacity along with the risks to patients of extended hospital stay
 - Inability to provide increased support for care at home over the winter period
 - Inability to fully open the Goathill Complex
 - Increased costs due to agency staff use
 - Reputational damage re service provision
 - Increasing risk profile to individuals awaiting care (currently 600 hours unmet need)

MITIGATIONS

12. There will be an approx. 17 new posts available for expanding Care at Home capacity funded from Scottish Government Winter Planning monies. These posts will be a hybrid between a Band 3 community nurse and a care at home worker. It is planned to employ these staff under NHS Terms and Conditions as analysis indicate, the recruit rates will be higher.
13. Existing Care at Home workers or other Social Care Workers may apply for these jobs. If this occurs we need to look at whether back filling these posts should be done under NHS Terms and Conditions too. There is a cost to this but would be cheaper than paying agency staff and may be efficiencies in the long term employing a hybrid post (but not the short).
14. The Chief Officer could request an increased payment into Social Services to upgrade Social Care Assistants from a Band D to the bottom of Band E, this will increase the average weekly wage by about £12. This increase still close between Band 2 NHS workers salaries who do weekend and night shifts. There is a cost to this but would be cheaper than paying agency staff but a scenario analysis needs to be undertaken on the likely success of the mitigation. (See section 10 for further comment)



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15. If the Health and Social Care Partnership is not able to recruit into Care at Home posts whether through Single Status Terms and Conditions or through Agenda for Change Conditions then we would need to look at centralizing complex packages and clients with high points of care into the Housing with Extra Care. This would then release staff to follow these patients.
16. The Chief Officer, with support, will enter into negotiations with agencies to see if they are able to recruit locum staff into the Goathill complex and at what level of pay. This however will mean providing accommodation which is at a premium and the cost will increase the existing £1.2m gap in Goathill funding.
17. The Chief Officer will bring both the Private Sector and Thirds Sector around the table to look at the problems with recruitment of staff and volunteers and ascertain whether there is any best practice and learning within these organization that with provide some solutions to the recruitment market.
18. To widen recruitment market to rest of Scotland and UK, work needs to be undertaken to make Social Care jobs more attractive not just financially, although this is a factor. It is unlikely that families will move to the Islands to take a job that pays slightly above minimum wage. The caring industry is predominantly a female role, to entice families upon to the Islands needs to be available appropriate jobs for the whole family on the Islands.
19. There is some support available through grant schemes e.g. Island Bond, the incentive is money to support new business rather than be employed into local existing jobs. The new way of working from home brought about by the pandemic is also having an effect on the job market as incoming population can “bring” their job with them rather than join the local market pool. Also the existing population can undertake off island work without moving from their Island base. This reduces the local recruitment market further.



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RECOMMENDATIONS

20. The following are the recommendations of this report, seeking the IJB to:

- Approve work required to cost and the feasibility of bringing new Care at Home vacancies through NHS Terms and Conditions;
- Approve the use Scenario analysis to ascertain the effect of increasing grade of Social Care Assistants across the Social Care Portfolio;
- Approve the Chief Officer entering in to initial conversations with agencies; and
- Engage Scottish Government in the repopulation agenda in a meaningful and timely manner.

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