The Highland Council

Agenda Item	**9**
Report No	**HCW/19/26**

Committee: **Health and Social Care and Wellbeing Committee**

Date: **19 August 2026**

Report Title: **Health and Social Care Workforce Planning Annual Progress Report**

Report By: **Assistant Chief Executive – People**

1 Purpose/Executive Summary

1.1 Cluster workforce plans were completed in March 2025, and the People Workforce Plan includes information for Health & Social Care and Education & Learning. In addition, information from the service workforce plans was incorporated in a **Corporate Workforce Action plan** which was presented at Corporate Resource Committee on 20 March 2025, followed by a progress report on 4th June 2026.

1.2 On 20th August 2025, Members noted the Health and Social Care workforce planning progress report.

1.3 The focus of this report is to update on Health and Social Care workforce planning only for the purpose of this Committee.

2 Recommendations

2.1 Members are asked to:

i. **Note** the Health and Social Care workforce planning progress report and updated action plan;
ii. **Note** the positive outcomes from the report, including: -

- Redesign of the Service Structure to improve service delivery and create career pathways.
- Continued success of trainee programmes for Social Workers (both undergraduate and postgraduate), Health Visitors, and School Nurses, supporting workforce development and succession planning.
- The turnover rate of staff has further reduced from 10.5% in 2024/25 to 10.1% in 2025/26.
- A new strategic approach to a Service-wide Learning and Development plan.

iii. **Agree** the continuing risk highlighted in this report and reflected in the Corporate Risk Register. This relates to the high vacancy rate that continues with Children's Services and the impact this is having on service delivery and the wellbeing of the workforce.

3 Implications

3.1 **Resource** - A failure to manage workforce planning and change puts at risk the Council's capacity to make the most effective use of resources. The impact of failure of statutory service delivery will have a reputational impact, as well as financial implications from any relevant regulatory body.

3.2 **Legal** - Care is required so that workforce changes are managed in line with current employment legislation and Highland Council policy.

3.3 **Risk** - Having a sustainable workforce is included as a risk in the Corporate Risk Register. There are also staffing resource challenges associated with budget constraints. The delivery of core and statutory functions will be impacted if the Service is inadequately resourced, and staff do not have the necessary skills to deliver core functions. This report mitigates the risk of an insufficient current and future workforce.

3.4 **Health and Safety (risks arising from changes to plant, equipment, process, or people)** – Staff wellbeing is a priority in the People Strategy, and the Service action plans, and this is reflected in the Corporate Workforce Plan.

3.5 **Gaelic** - There are no Gaelic implications as a result of this report.

4 Impacts

4.1 In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children's Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.

4.2 Considering impacts is a core part of the decision-making process and needs to inform the decision-making process. When taking any decision, Members must give due regard to the findings of any assessment.

4.3 This is an update report and therefore an impact assessment is not required.

5 Introduction

5.1 Workforce planning is the process that organisations use to ensure they have the right people with the right skills in the right place at the right time.

5.2 On 9th February 2023, the Health, Social Care and Wellbeing Committee noted the Service workforce plans for Health and Social Care and the first update report was submitted to this committee on 14th February 2024, followed by a second update in August 2025.

5.3 Since the last workforce planning update was presented, the Service continued to review the structure, reducing the number of job roles by consolidating different job titles into more generic job descriptions. This aligns the structures in the different team and creates clear career paths for staff.

6 Workforce Planning Updates

6.1 Restructure

6.1.1 In the last 12 months, the Service reviewed their structure with the aim to improve service delivery for our young people and families. It was recognised that the number of different job titles and job descriptions caused confusion, duplications and gaps and lack of clear career pathways.

6.1.2 Job descriptions are being merged and job titles changed, to better reflect the remits and responsibilities. This work is ongoing and the Service aims to complete the new structure by the end of 2026.

6.1.3 An identified gap in the structure, causing a lack of quality assurance across Child Protection Teams, resulted in the creation of 9.5 FTE Social Work manager posts. Internal recruitment to these posts will start in September 2026.

6.1.4 The final reduction of the working week from 37 to 36 hours for Agenda for Change staff was implemented in April 2026. Although this means reduction of staffing resource, the Child Health service does not use shift patterns in the way the NHS does and the impact on Service Delivery is therefore manageable.

6.2 Recruitment & Retention

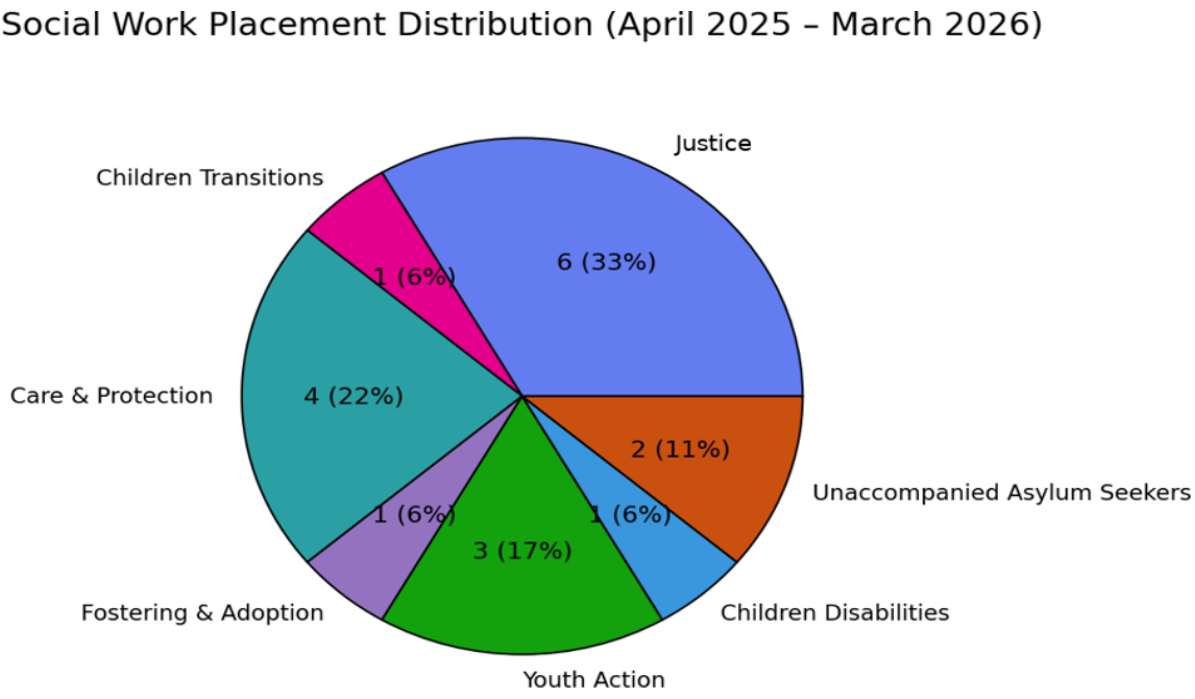
6.2.1 Recruitment remains a significant challenge across several areas, particularly for specialist and professionally qualified roles such as Social Workers and certain Health posts. Whilst pressures are evident in rural areas, Inverness also has a high degree of vacancies in relation to social work posts. Our more rural areas may rely on single practitioners meaning any vacancy, sickness absence, or retiral immediately creates a risk to service delivery.

6.2.2 Completion of the new Prison will impact on resource in our Justice Service and talks are ongoing with the Scottish Prison Service on how this can be mitigated. Once the new service level agreement is agreed and signed, recruitment will commence to the additional posts that will be required.

6.2.3 Workforce planning remains a key priority, with continued investment in the Trainee Social Worker Programme and the recruitment of Newly Qualified Social Workers to develop a sustainable pipeline of future professionals. However, due to the number of newly qualified Social Workers joining our teams, an imbalance between experienced and inexperienced staff exists. Whilst additional support is being provided, it is acknowledged that issues will remain for the foreseeable future and will have to be managed appropriately and safely.

6.2.4 Recognising the ongoing national recruitment challenges within Social Work, the Service continues to invest in their trainee programmes.

18 Social Worker trainees/students were in Highland council placements from April 2025 - March 2026. 16 were Open University students, 1 Dundee student and 1 Robert Gordon student. For a breakdown of the placements, please refer to the chart on the next page.



6.2.5 As planned, the Trainee Social Worker Scheme was extended to external applicants in 2025. Six new Trainees took up post in 2025, with 5 Trainees graduating (4 in Children's Services and 1 in Justice). Due to the continued success of the scheme and staffing recruitment and retention challenges, it was agreed that an additional cohort would be sought in 2026. As expected, there is much interest in the 4 new Trainee positions with appointments made in July 2026.

6.2.6 The absence of a locally delivered Social Work degree remains a structural barrier to workforce sustainability. The Principal Officer within Social Work continues to chair the steering group for the Open University. Both the Principal Officer and Practice Lead (Learning and Development) continue to represent THC in discussion with Higher Education Institutions (HEI) regarding social work qualifying programmes and post qualifying learning.

6.2.7 The Service continues their investment in training of qualified School Nurses and Health Visitors to support community health services as detailed below.

Trainee Job Title	Qualified 2023/24	Qualified 2024/25	Qualifying 2025/26
School Nurse Trainees	1	4	0
Trainee Health Visitors	5	5	2
Trainee MHO	2	2	2

6.2.8 In addition, the Service hosted 2 paid summer placements to S4-S6 students as part of the pilot last year and offered another 2 placements in 2026.

6.2.9 To help address ongoing Social Work vacancies, the Assistant Social Work (HC8) role was introduced on a fixed-term basis to increase service capacity and reduce pressure on qualified Social Workers. The role enables delegated work to be undertaken by appropriately skilled staff, allowing Social Workers to focus on complex casework and statutory duties.

Evaluation of this role has been positive, with Social Work Assistants contributing to assessments, direct work with children and families and care planning activities. Feedback indicates the role has strengthened workforce resilience, increased service capacity, and improved the availability of qualified Social Workers.

The role also provides a valuable development pathway into Social Work, supporting succession planning and long-term workforce sustainability.

Recently, the Scottish Social Services Council (SSSC) approved this role which allows the Assistant Social Workers (ASW) to carry out statutory duties but with clear stipulations regarding statutory decision making and direct guidance of a social worker:

- Clarifying that ASWs should only contribute to tasks relating to statutory interventions where required, and that accountability for statutory decision-making remains with a registered social worker
- Strengthening the expectation that ASWs must work under the direct guidance and support of a registered social worker when undertaking tasks relating to statutory interventions, while retaining reference to a supervising manager to reflect existing management arrangements in practice

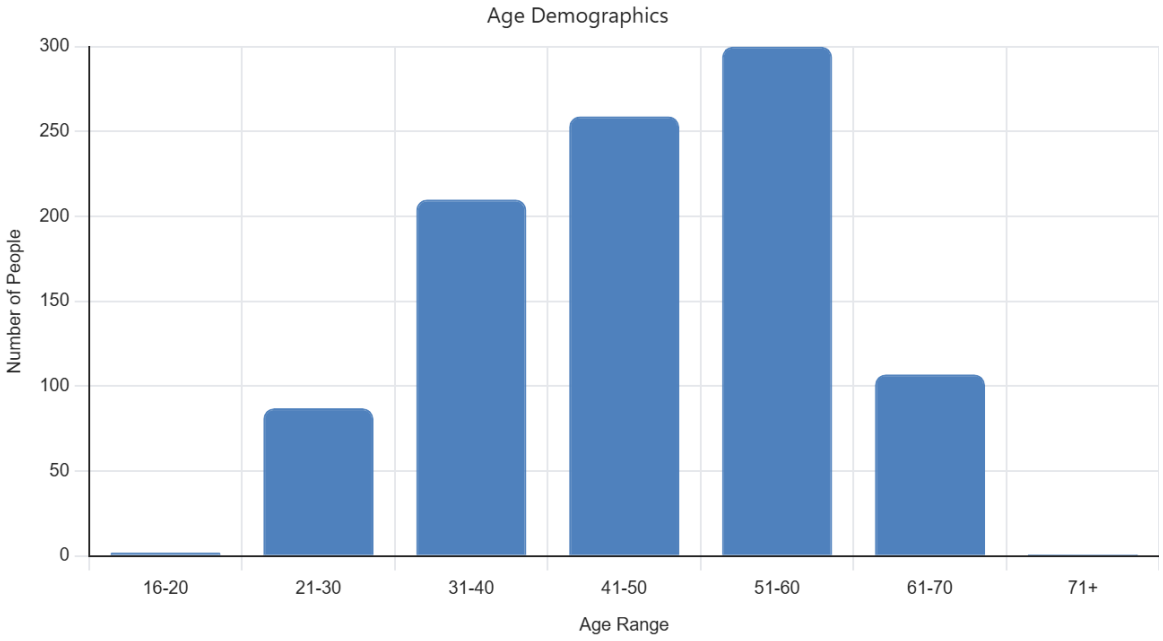
Assistant Social Work posts are now added to the establishment on a permanent basis.

6.2.10 As part of the Talent Strategy approved by Corporate Resources Committee on 20 March 2025, the organisation intends to work towards Investors in People (IIP) Accreditation. The focus of IIP accreditation is to invest in people, wellbeing and apprentices which aligns with our workforce planning ambitions to retain staff. Health and Social Care completed the staff surveys and is currently awaiting the results.

6.2.11 In further support or retention of staff, the Service has an increased focus on upskilling development and upskilling of staff. (see 6.3).

6.3 **People development**

6.3.1 The Service continues to focus on future proofing the Service, based on the current workforce demographics which is shown in the graph below.



Less than 10% of staff in the Service is aged 30 years or younger, while 42% is 50 years or older. Although we still see an aging population, there is a slight improvement compared to the previous year. Of note however, is when recruiting into the trainee scheme, emphasis is placed on previous work experience and motivation and interest to become a qualified social worker.

6.3.2 To address future skills gaps based on the age demographics, the Person-Centred Solution Portfolio has a dedicated project focused on Developing the Workforce,

6.3.3 As referred to in the last progress report, the Service is in the process of developing a workforce learning and development framework with the purpose to develop a skilled, confident, and integrated workforce that can deliver high-quality, family-centred services, aligned with:

- National policy and standards
- Local strategic priorities and population needs
- Multidisciplinary and partnership working

6.3.4 It will be a tiered framework with multiple levels. Level 1 is a foundation level that will apply to all Health and Social care staff to ensure a common baseline of knowledge, values and language.

The next levels will apply to enhanced practitioner and specialist levels, and the final level covers leadership styles, enabling system leadership, service development, and quality improvement.

6.3.5 This proposed, strategic approach will help the service to make best use of the available budgets and ensure that learning and development mitigate skills shortages based on training needs analysis, with focus on continuous improvement. There will be strong links to supervision and ERDs/Appraisals. Learning will take place digital and face to face where appropriate. This will also ensure that staff's learning aligns with the specific training and learning requirements for ongoing professional registration.

6.4 **Absence management and Staff Wellbeing**

6.4.1 Following the Highland Council and the national trend, the absence levels for the Service increased in 2025/2026 with the average days raising from 14.96 days in 2024/2025 to 19.11 absence per employee in 2025/2026. This is above the Highland Council average of 14.63 days in the same period.

6.4.2 Consequently, there is focused attention being paid to identifying and addressing the reasons for this upward trend. A potential contributing factor to the increase in absence within Health and Social Care may be the current vacancy rate, which can place additional pressure on existing staff. As previously mentioned in this report, strategies have been put in place to fill essential vacancies. In addition, the Council is corporately considering a range of further interventions to reduce absence. However, it is acknowledged that high vacancy rates remain a risk to both service delivery and the wellbeing of the workforce and may be contributing to an increase in absence levels. Management also acknowledges that the Service has been in a constant state of change in the last few years. While this is necessary to ensure service delivery is meeting statutory duties and requirements, it is recognised that this may have an impact on staff wellbeing.

6.4.3 The most common reasons for absence across Health & Social Care are consistent with the corporate position:

1. Viral (covid, cold, flu and sore throat)
2. Stress, debility – not work related
3. Anxiety, Depression, PTSD or PTSR

6.4.4 Mandatory absence management training for managers was refreshed and has been completed by 86% of the managers in the Health and Social Care Service; an increase of 8.8% compared to last year. Acknowledging that new starts, long term absence and maternity leave will prevent a 100% completion rate, the Service is aiming to ensure that at least 90% of all managers have completed the training at any time.

6.4.5 As part of the Council's budget for 2026/2027, new annual recurring investment for three additional Attendance Support Officers was approved in addition to the two existing ASO posts. Appointments have been made and their role is to analyse absence data, identify trends and reasons for absence, and provide tailored absence management support to managers.

6.4.6 Viruses remain the primary cause for absence withing Health and Social Care. To address this, flu vaccinations, with funding approved as part of the Council's budget for 2026/2027, will be offered to all employees in 2026 on a voluntary basis.

6.4.7 The Occupational, Health, Safety and Wellbeing team provides a wide range of wellbeing support for staff and managers. The team is actively raising awareness of the available support by promoting their website, wellbeing and helpline and the existence of the mental health first aiders.

6.4.8 Additionally, employees have access to our Employee Assistance Programme, which provides independent advice to address wellbeing, financial and mental health concerns.

7 Succession Planning

7.1 A new succession planning toolkit was developed in 2024 to support managers with identifying key positions, timelines and development needs of internal employees (successors) with the potential to fill these posts, to ensure future service needs are met.

7.2 Succession planning guidance and e-Learning is now available for all managers and the toolkit will be further implemented when the redesign of the structure is completed.

8 Action Plan

8.1 The workforce action plan is included as **Appendix 1.** The last column informs Members of progress to June 2026.

8.2 Work is underway to develop refreshed workforce strategies, tailored to the different professional teams in the Health and Social Care Service, and a new action plan will be presented to Committee in 2027.

9 Priorities

9.1 The workforce planning priorities identified for the Health and Social Care Service over the next 12 months are: -

- Arranging new WFP workshops with managers with the aim to create a new WFP action plan for 2027-2023.
- Recruitment and retention - addressing current and future staffing needs.
- Succession planning and staff development - to mitigate the impact of an ageing workforce and ensure continuity of service.
- Staff wellbeing and absence management - promoting a healthy, supported workforce.
- Continued implementation of a sustainable staffing structure - ensuring long-term service resilience.
- Implementation of a strategic Learning and Development plan.

Designation:	Assistant Chief Executive - Place
Date:	28 July 2026
Author:	Christina Tatlow – HR Business Partner (People)
Background Papers:	Health and Social Care workforce report 2024, Health and Social Care WFP progress report 14 February 2024, Corporate Workforce Strategy, People Strategy, Talent Strategy, Annual Workforce Plan Report 2022-2025
Appendices:	Appendix 1 – HSC Service Workforce Planning Action Plan

APPENDIX 1

Health and Social Care WFP action plan 2023-2025/26

WORKFORCE CHALLENGES PRIORITIES	ACTIONS REQUIRED	DESIRED OUTCOMES	WHO	Update July 2026
Age profile				
42% of H&SC workforce is over the age of 50, a slight change compared to last year's 42.7%. It's important to note the continuous reduction in staff turnover from 14.7% in 2023/24 to 10.4% in 2024/25, and 10.1% in 2025/2026 which indicates improved staff retention.	- Succession planning - MA and trainee programme - Identify 'single points of failure' and mitigate - Implement measures for aging workforce to support continuing employment	- Sufficient staff numbers in the future - Prevent 'knowledge drain' as result of increased retirements	(Senior) management, Service Business manager, HR BP	35% of H&SC will approach expected retirement in the next 5 to 10 years. The trainee program in the different teams within the Service continuous to be successful and now attracts external SW trainees in addition to the 'grow-our-own' approach. The Person-Centered Solution project is designing and implementing a range of interventions including piloting Health & Social Care representation at career fairs to attract younger talent.
Employment types				
WORKFORCE CHALLENGES PRIORITIES	**ACTIONS REQUIRED**	**DESIRED OUTCOMES**	**WHO**	**Update July 2026**
The service spends on average £1mln on agency staff per year	- Review use of agency staff and reduce as part of the Recruitment strategy	- Cost saving - Improved service delivery	Senior management, Talent management team, HR BP	There remains a high percentage of vacancies that are hard to fill, therefore agency spend has only reduced slightly in the last year.

The agency worker spend for 2024/2025 was £1.5mln, with a slight decrease in 2025/2026: £1.48mln				Our more rural areas may rely on single practitioners meaning any vacancy, sickness absence, or retiral immediately creates a possible need to hire agency staff. A relief pool for Unpaid Work Supervisors is currently being recruited, reducing the need for agency staff.
WORKFORCE CHALLENGES PRIORITIES	**ACTIONS REQUIRED**	**DESIRED OUTCOMES**	**WHO**	**Update July 2026**
Difficult to Recruit vacancies. This is a national problem enhanced in rural areas in HC, especially in the North and the West. Housing is a particular problem in the West. The Service has a turnover rate of 14.7% which is significant. A higher	- Develop Recruitment Strategy - Grow our own - Rolling MA programme (supernumerary ?) - Review current recruitment process - Refresh current job descriptions - Develop career paths - Explore options with UHI to develop a high quality SW course to avoid future workforce moving away from the Highlands - Review longstanding vacancies and determine if work can be divided differently - Work with Housing and Property to	- Ensure right people at the right place at the right time, now and in the future Reduce reasons for staff to leave employment with HC, reduce turn over	(Senior) management, Talent management Team, HR BP, Service Business Manager Talent management team, HR BP (senior) management	The rolling SW Trainee programme continues to be successful. The role of Social Work Assistants (HC8) has been successfully introduced to alleviate some of the delivery pressures from Social Workers. New recruitment material has been developed in support of recruitment fairs. The Talent strategy which was approved at Resource Committee in March 2025 provides further recruitment and retention strategies. Senior H&SC staff represent THC in discussion with HEI's regarding social work qualifying programmes and post qualifying learning.

retention rate will decrease the number of (hard to fill) vacancies. It is not uncommon that recruited staff leave within their first year. Turnover rate has reduced to 10.5% in 24/25, with a further reduction to 10.1% in 25/25	explore housing options for staff - Use existing Exit Interview process to analyse reasons for leaving and resolve where possible - Review induction programme to improve support to new staff to increase the chances of long term employment	Reduce turnover	Improvement and Performance manager, HR BP	A robust induction and onboarding programme plays a vital role in supporting staff retention. To gain insight into the experiences of newly recruited Social Workers, a survey was conducted to gather feedback on the onboarding process. The findings provided valuable learning for the Service and led to the development and implementation of a council-wide quarterly new starter survey, ensuring ongoing opportunities to capture and act on employee feedback A standard H&SC induction template was developed.
Staff development				
WORKFORCE CHALLENGES PRIORITIES	**ACTIONS REQUIRED**	**DESIRED OUTCOMES**	**WHO**	**Update July 2026**
Up to date knowledge is a priority to enable staff to respond to changing needs and changes in policies, guidance and practice.	Draft and implement a Service Learning and Development plan	Staff are well equipped and feel confident to undertake their duties	(senior) management, HR BP, People development service	A new service-wide Learning and Development Framework is currently being developed. The framework incorporates multiple learning tiers to ensure that staff at all levels receive learning and development opportunities tailored to their roles and responsibilities.
Structure and roles				
WORKFORCE CHALLENGES PRIORITIES	**ACTIONS REQUIRED**	**DESIRED OUTCOMES**	**WHO**	**Update July 2026**

The Service restructure is continuing. Reasons for redesign is to improve service delivery and increase efficiency. An additional reason is the planned shift in focus to Early Intervention and Prevention. The Service required a change in management structure (now implemented). Gaps are identified in the following roles: Support workers Admin staff, roles to support early intervention, Mentors in Health, Basic Band5 Staff and Data analysis. Health and Social Care is now part of the People Cluster, alongside Education and Learning. This will enhance synergies and promote collaborative working, ultimately leading to improved service delivery	Review current establishment and determine if the present roles are sufficient to meet change in needs and practice. Project with focus on support roles started January 2023.	Establish a sustainable, cost effective structure that is fit for purpose and ensures safe service delivery.	Senior management, project manager, HR BP	A Service restructuring proposal was developed and has been partially implemented. Engagement with staff and trade unions is continuing on the outstanding proposals to support their progression and implementation.

Staff Wellbeing and Performance				
WORKFORCE CHALLENGES PRIORITIES	**ACTIONS REQUIRED**	**DESIRED OUTCOMES**	**WHO**	**Update July 2026**
Absence management enables staff to return to work at the earliest opportunity which is not just good practice. It is cost effective and avoids further absence by team members who absorb additional workload. Depression and Stress is one of main reasons for long term absence. Improving wellbeing of staff is a priority.	Refresh management knowledge of absence management and performance management policy, guidance and processes. Work closely with the Attendance Support Officer and Occupational Health to identify trends and act proactively to reduce absence Ensure that all staff have an up-to-date Employee Review and Development plan which includes Staff wellbeing. Make staff aware of the Employee Assistance	Substantive and timely support for staff will reduce staff absence, performance issues and improve overall staff wellbeing, ultimately resulting in reduction of cost and turnover.	(Senior) Management, HR BP, People development. Attendance Support Officer	Reducing sickness absence is a priority for the Service and sufficient support for managers and employees is vital. 86% of H&SC Managers have undertaking the absence management E-learning module. 3 Attendance Support Officers were recruited, in addition to the two existing to increase available support for managers The Service will continue to promote the extensive Mental Health and Wellbeing toolkit provided by the Occupational Health and Wellbeing team, The employee assistance is part of the employee helpline which is

	Programme and Mental Health First Aiders. Ensure that all managers have completed the compulsory Mentally Healthy Workplace course.			now widely advertised within the Council. Flu vaccinations will be offered to all staff this year.
New ways of working				
WORKFORCE CHALLENGES PRIORITIES	**ACTIONS REQUIRED**	**DESIRED OUTCOMES**	**WHO**	**Update July 2026**
The pandemic caused an immediate shift from working in an office to working from home. There is no 'one size fits all' going forward. A staff survey showed that 79% of staff prefers a blended way of working with a combination of working in an office environment and from home. There are staff members who prefer to work in an office environment full time, whilst others wish to work mainly from home. Considering staff	Identify Service Requirements and how this can accommodate a blended way of working. Identify office space (where and what) required Work with teams to complete the team agreement documents about ways of working	Effective match between service requirements and staff preference to enhance service delivery and staff wellbeing.	(Senior) management, HR BP	The Service continuous to manage flexible working arrangement effectively, supporting the best work/life balance for staff where possible. The Future Operating Model Portfolio aims to improve services by working more locally, to support staff and communities.

wellbeing, we need to ensure that we allow staff to work in a way they prefer where possible. Service delivery has to meet the needs of clients. However, enabling staff to work in a way they prefer will improve their wellbeing and can support recruitment and retention.				