



Aberdeen City
Health & Social Care
Partnership

A caring partnership



WORKFORCE PLAN

2026 - 2029

Contents

03

We are Aberdeen City Health and Social Care Partnership

08

Data Overview

13

Our Approach and how this plan was developed

15

Workforce Plan

17

Performance Measures and Governance



We are Aberdeen City Health and Social Care Partnership

Our Partnership has now been in place for 10 years. We have navigated periods of significant challenge and change. Recently, financial pressures together with the shift in service demand to meet increasingly complex needs has required us to adapt quickly and make difficult decisions. Yet through this, our workforce has continued to demonstrate resilience, professionalism, and an unwavering commitment to the people of Aberdeen.

This Workforce Plan sets out how we will support, develop, and sustain our workforce for the years ahead. It is built on the collective achievements of our teams and on the lessons we have learned together. As we move forward, our aim is to turn strategic intentions into practical, measurable progress that strengthens our capacity and improves the experience of both staff and the people of Aberdeen.

The actions in this plan reflect our shared priorities:

- **Staff Health and Wellbeing** - Continue to improve wellbeing, collaboration and leadership, so that our workforce feel valued, supported, and heard.
- **Supporting staff to maximise integration** - Creating person-centred, compassionate approaches that recognise the diverse realities of those we serve and those who deliver care. Fostering innovation by using challenges as opportunities for new thinking, improvement, and modernised practice.

By focusing on these shared priorities, we can build a sustainable, flexible, and future-ready workforce that can respond to changing demand and new models of care.

The voices, insights and experiences of our workforce have informed this plan at every stage. Across the Partnership, colleagues have contributed ideas, challenged assumptions, and helped us strengthen our shared understanding of what is needed to build a better future. This collaborative approach is not a one-off event; it is a commitment. Our services, our communities, and the environment in which we operate are always evolving – and so must we.

This plan is not about what we might do. It is about what we will do, together.



Thank you to our staff and wider workforce for the dedication and support you provide to Aberdeen City every day.

Fiona Mitchelhill, Chief Officer

We are **Aberdeen City** Health and Social Care Partnership

Our Vision is to

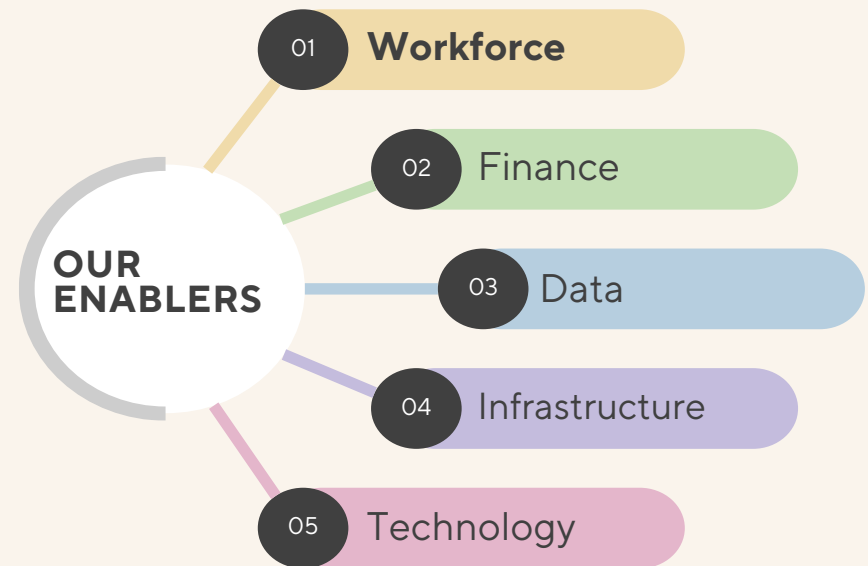
'empower communities to achieve fulfilling and healthy lives'

Our values represent what is important to us and define how we serve the people of Aberdeen:

- **Transparency** - We will be open and transparent enabling scrutiny of our decision making and activity.
- **Honesty** - We will be honest in our communications and interactions.
- **Empathy** - We will understand citizens' needs, listen to their views, and involve them in decision making.
- **Respect** - We will respect the views and the rights of Aberdeen's citizens.
- **Equity** - We will provide services that have equity of access for all and address negative impacts of inequality

We are **THERE** for the people of Aberdeen.

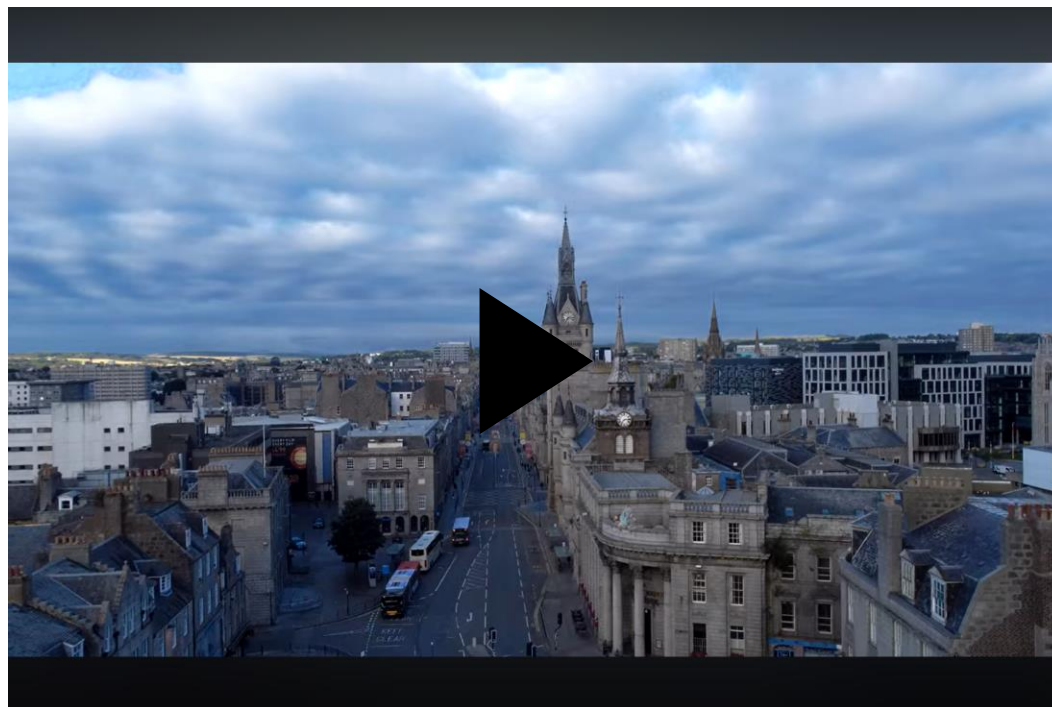
We have identified five enablers to help support the delivery of our strategic plan. These are: -



Workforce our staff, and those of our partners are our biggest asset without whom we could not deliver services. We need to overcome our challenges, modernise our approach, nurture skills and expertise and maintain staff health and wellbeing.

Work with us - we are Aberdeen City Health and Social Care Partnership

Ctrl + Click on
the video to
find out more



This Workforce Plan 2026 - 2029 supports our staffing groups. The Health and Social Care Partnership has a wide range of services and teams across Aberdeen City.

For our workforce to best serve the population, we need to ensure we are modernising our approach to service delivery to fit the needs of our patients and service users.

Our workforce has overcome some significant challenges over the last few years and currently navigating a difficult financial climate - reducing our resources whilst our service demand and complexity increases.

Our Staffing groups

Adult Social Work Services

Allied Health Professionals

(Physiotherapy, Occupational Health, Podiatry, Dietetics, Speech and Language Therapy)

Business Support

Commissioned Providers

Community Mental Health and Learning Disability Services

Community Nursing

Justice Social Work/ Community Justice

Public Dental Services

Public Health Services

Primary Care

(inc. General Medical Service, Dental, Optometry and Pharmacy)

Sexual Health Services

Substance Misuse and Alcohol Services

Specialist Older Adults and Rehabilitation Services

Strategy and Transformation Team

Population Health and Care needs

The City's [population needs assessment](#) reports that our population is changing. In 2023 the number of births (2092) was lower than the number of deaths (2252). Decreases are projected in the 0-14 and 15-29 age groups. The largest projected population increase (26.2%) is for men aged 75+ years by 2028.

The impact of population decline can add significant pressure on public services and particularly within Health and Social Care. Ensuring Aberdeen is a city which attracts people to live and work should be a priority. Our demographic changes have an impact on our Health and Social Care staff need and prioritising frontline services is a key task within the ACHSCP Strategic Delivery Plan.

Focusing on preventative approaches to tackle the wider social determinants of health is a key to tackle health inequalities across Aberdeen City. More information can be found within the [ACHSCP Strategic Plan 2025-2029](#). Our caring partnership workforce work with partners across all areas to ensure collaborative approaches get the best outcomes for patients and service users.





Workforce Data Overview

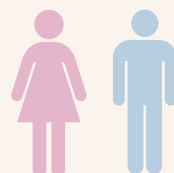
Our workforce is incredibly important to how we deliver our services and the effectiveness at helping people achieve healthy fulfilling lives. Our workforce care for people when they are at their most vulnerable through ill health and difficult situations.

Table 1 shows the change in our Whole Time Equivalent (WTE) posts since 2020 to now in 2026. Our resources and services are changing and so will our workforce will change to. With a reduced headcount and WTE in 2026, we are focusing on frontline services staff and safety to ensure we are making best use of our resources.

Table 2 shows the split between ACC and NHSG employed staff. Over the past 6 years we have seen a very slight increase in percentage of male staff within our services. Increasing from 10 % to 12%.

Table 1

	2020	2021	2022	2023	2024	2025	2026
WTE (Whole Time)	1744.21	1741.31	1830.54	1933.13	1950.61	2046.96	2015.58
Headcount	2164	2122	2197	2265	2317	2431	2360.5



88% Female
12% Male

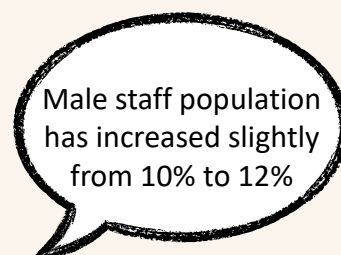
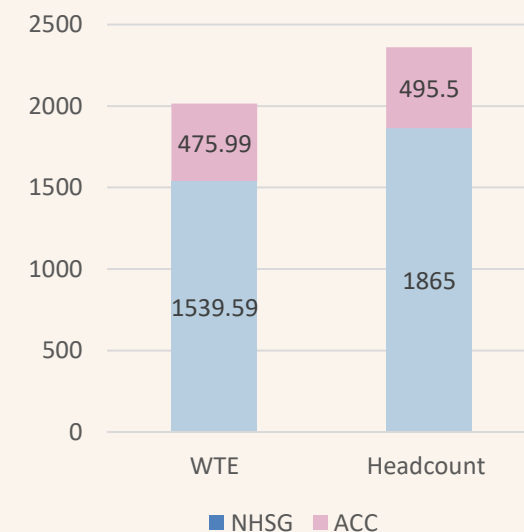


Table 2 ACHSCP Staff Overview



Make up of our Workforce

Table 3 shows the most up to date age profiles of our staff. We have seen a slight increase in our younger workforce over the last 5 years, as such we need to ensure we support both sides of the transitions encouraging induction and employment pathways such as apprenticeships, trainee position and student placements. We have to also ensure we retain knowledge and experience ensuring staged, supported retiring workforce.

Table 4 shows the headcount and workforce percentage by top 10 Ethnicity categories. It is important we encourage a diverse workforce to reflect the communities we are supporting. We can do this a number of ways for example, by promoting job vacancies more widely.

Change in workforce with a significant percentage of staff eligible to retirement in next 5 – 10 years

We can encourage diversity by promoting jobs through different communities.

Table 3

ACHSCP Staff Age Profile %

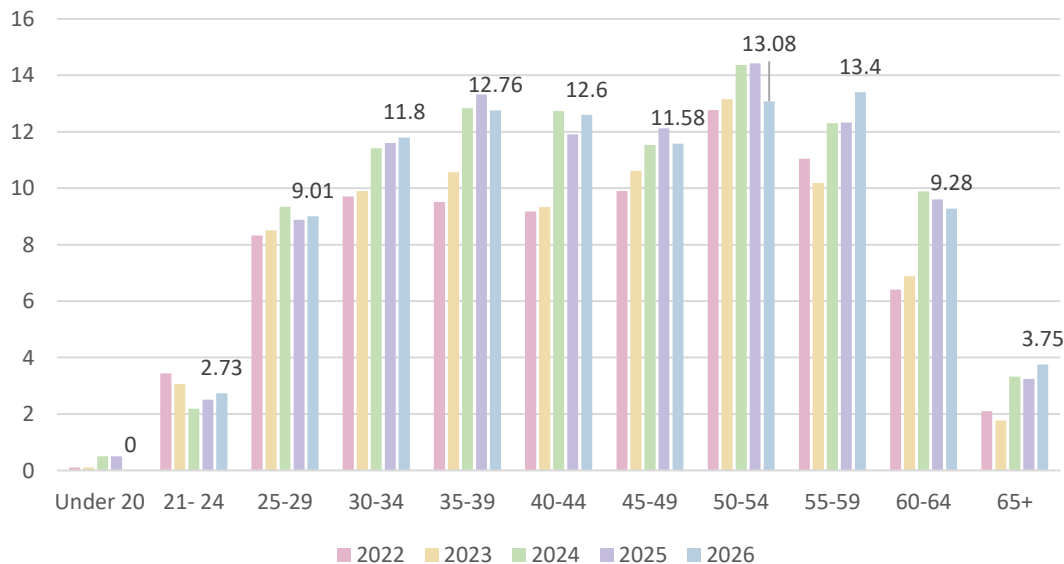
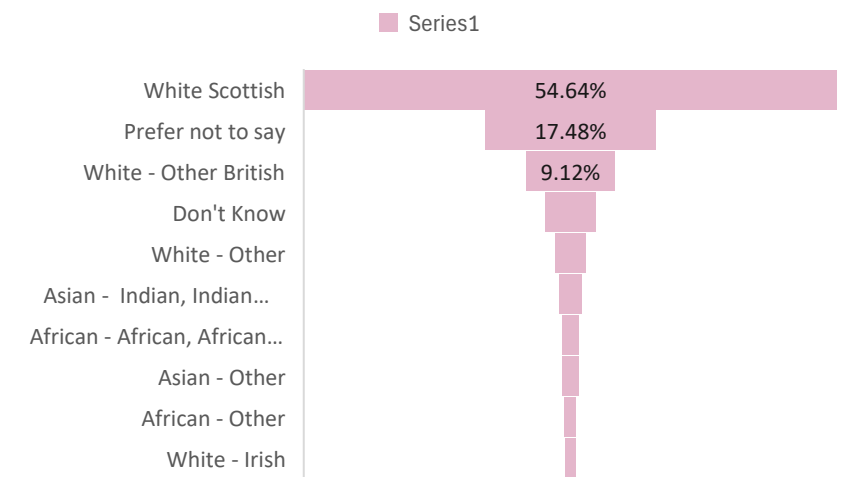


Table 4

ACHSCP Headcount by Ethnicity - Top 10



Retention and Attendance

Our workforce data around sickness absence is collated differently between our NHSG and ACC colleagues, however we get an overall picture by looking at absence rates and long and short- term absences. Absence reasons remain high and similar for both staff groups for Stress, Anxiety and psychological issues, Respiratory issues due to colds and flu. We see more MSK, back and neck pain with our NHSG colleagues overall. Table 5 shows that our absence rates are higher within our ACC colleagues, this is due to higher rate of short-term absences. However, we note in Table 6that Long Term absences within NHSG colleagues are higher and are the largest percentage (%) for their staff groups. Each need particular focus, especially with preventative illness and work-related stress issues.

Table 5 ACHSCP STAFF ABSENCE RATES

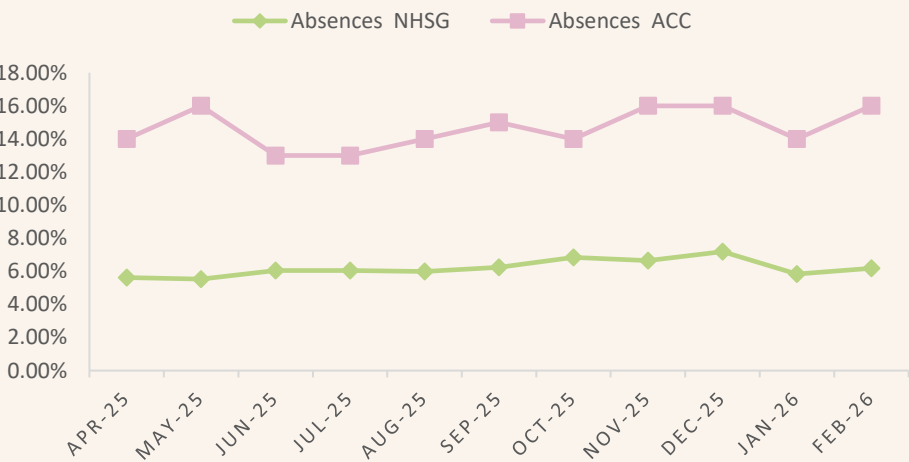


Table 6 LONG TERM & SHORT TERM ABSENCE

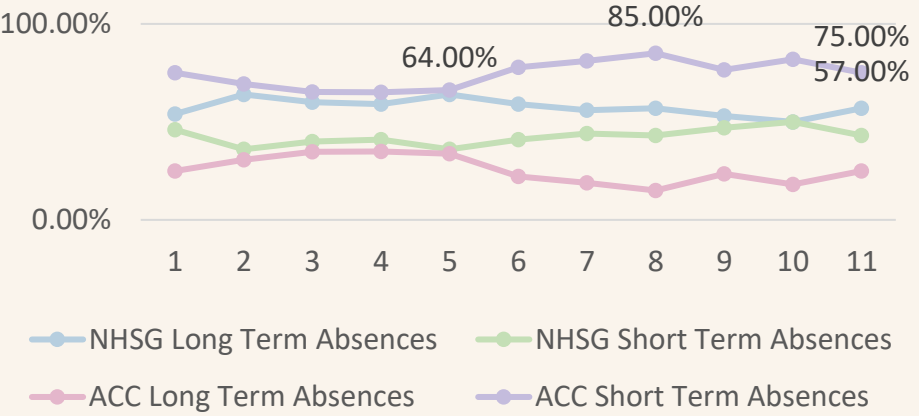


Table 7 ACHSCP Staff Turnover

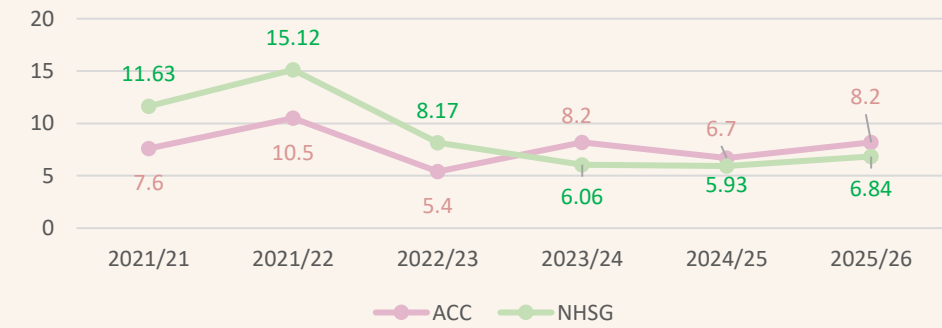


Table 7 shows our staff turnover which fluctuated through the pandemic period, but we have recovered. Although it is important to note that staff turnover can also show career progression and succession planning.

a month in the life of ACHSCP



Vaccinations
administered
19,680 in 1 month



119 Justice Social
Work Reports to
Court



Community Nursing Visits
9962



Rehabilitation and Therapy
sessions delivered to **512** patients
in services such as Physio,
Podiatry, Speech and Language
Therapy and Occupational Therapy

#TEAM ABER



2664 individual clients
supported with a care package
in the community every day



Sexual Health appts
4403



CTAC - Community Treatment
and Care see approx. **3500**
patients per month diverting
from General Practice Services



School Nursing
118 Visits in one month



14,800 hours of support
delivered within Learning
Disability Residential
Services.



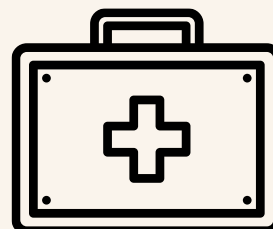
9753 hours of Care at
Home delivered per month
via SDS option 3
(Commissioned services)

DEEN

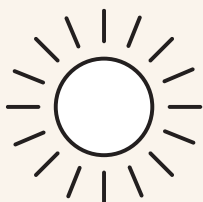
Aberdeen City Population **231,780**



294 Adult support
and protection
referrals to Social
Work in one month



Approx **110,800**
consultations
delivered by GPs in
one month.



Approx **2900** hours delivered every
month supporting Learning Disability
Day Services and Activities



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Our Approach

This workforce plan is aligned to our [Strategic Plan 2025-2029 and route map for delivery](#). 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:

- ACHSCP staff surveys
- Strategic Plan engagement and feedback sessions
- 1 to 1 sessions with specific staffing groups across the workforce
- Conference Events for wider partnership feedback
- Commissioning Service and Provider Events
- iMatter (Staff Experience continuous improvement tool)
- Consultation on the draft workforce plan



The [National Strategy for Health and Social Care in Scotland](#) sets out the 5 pillar system to Plan, Attract, Employ, Train and Nurture our Workforce. This plan aligns to these five pillars and our priorities.

Aligning to the [Health and Care Safe \(Staffing\) \(Scotland\) Act 2019](#) ensures our staffing levels, training, policies and procedures inform our decisions on providing safe, high-quality services with the best outcomes for Service Users and Patients. We have learned from External Audit information and feedback ensuring our reporting processes support the Health and Care (Staffing) (Scotland) Act 2019.

STAFF FEEDBACK

01

There is an increase in service demand and complexity adding to workloads

"We are also working with reduced hours affecting capacity"

We need to focus on staff retention, knowing that some posts will not be replaced - it's a worry that people will leave.

02

Workforce pressures, such as vacancies, absences and workloads is causing burnout

Fragmented systems that don't support workflow effectively.

Keep us informed, continue meaningful conversations about Workforce development and strategic direction.

03

We need sustainable staffing models to support collaboration and better shared learning

Staff and teams recognise that they can support improving wellbeing within their own teams

04

Time for training, learning and supporting career pathways.

We need more opportunities to celebrate our achievements

We know we need to make use of new technology; we want to create capacity to work better together.

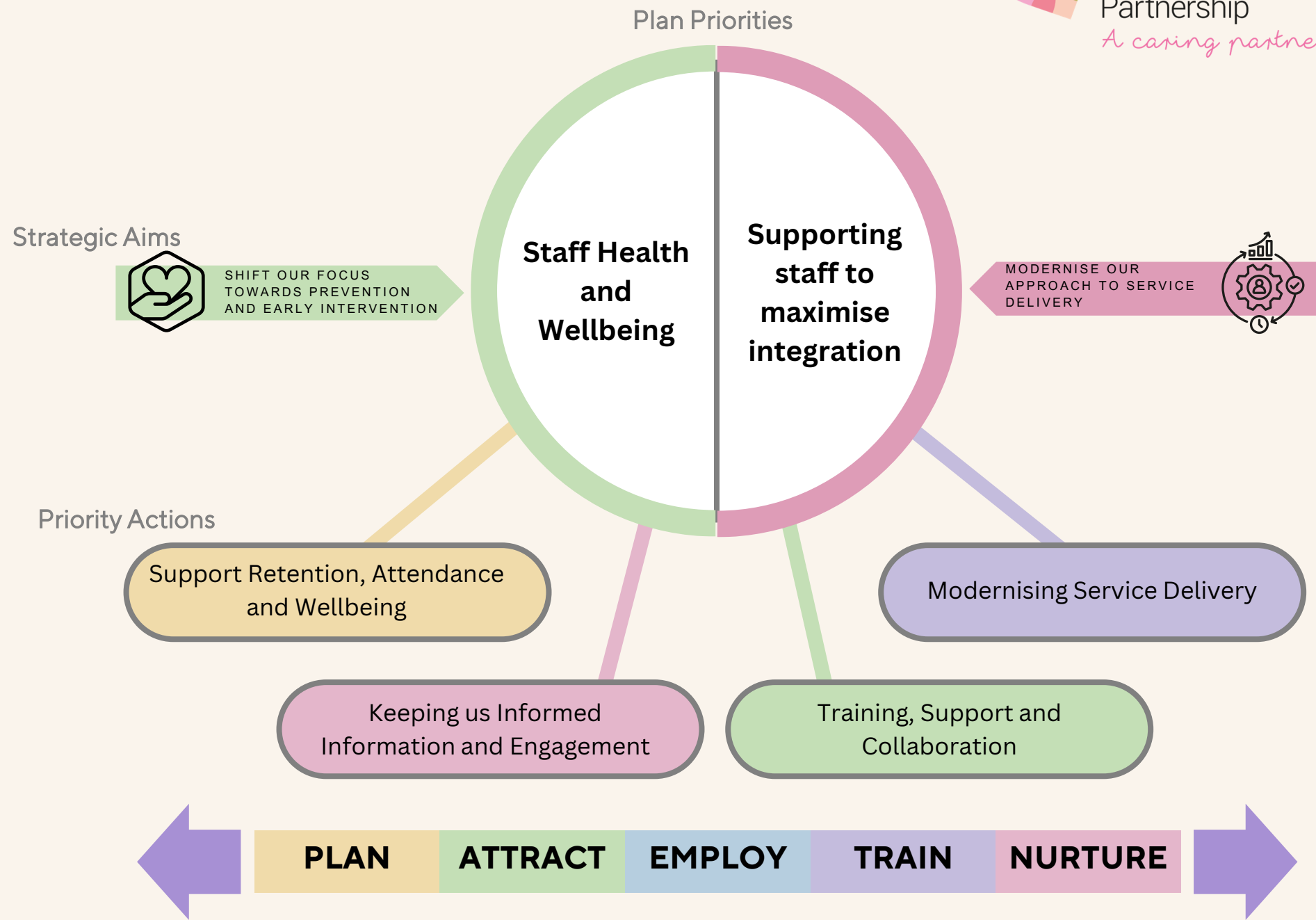
05

Teams want to support and influence planning - being proactive rather than reactive.

Staff want to be more involved in departmental and service decision making.

Want realistic workloads with the resources we have and a clear plan that sets out what will support us.

Workforce Plan 2026-29



Priority Actions

Staff Health and Wellbeing

Support Retention, Attendance and Wellbeing

Keeping us Informed Information and Engagement

Training, Support and Collaboration

Supporting staff to maximise integration

Modernising Service Delivery

What we want to achieve

Decrease short term absences due to preventable and work-related reasons.
Improving absence rates.

Increase trainee, apprenticeships and uptake on Student placements throughout the organisation. **Retained staff knowledge** and learning through supported and planned retiring.

A workforce that clearly understands, accesses, and benefits from ACHSCP Culture and Wellbeing support, resulting in **improved engagement, resilience, and morale.**

Increased reporting on Staff feeling supported, informed and involved on strategic direction, transformation and decision making.

Staff feel invested in through training and time to support personal development.

Staff feel recognised and celebrated through their achievements

How

1. Focused support to Teams with high levels of Vacancies, Absence and Staff Turnover
2. Support wellbeing and culture through activities and taking breaks.
3. Focused support to new recruits and retiring workforce.

1. Continue annual ACHSCP Conferences and Staff Engagement Events and Survey.
2. Internal Communication Platform Review and Development
3. Strengthening ACHSCP Service and delivery awareness to Communities.

1. Protect learning time for mandatory training and other training programmes.
2. ACHSCP Workforce Accreditations and encouraging Partner Organisations. e.g. Carers Positive, Equally Safe, Disability Confident etc

1. Reviewing Service Models aligned to the Strategic Plan route map to delivery.
2. Safe Staffing review and reporting and Vacancy Management Protocol.
3. Staff support through Transformation and System Change.

5 Pillar alignment

Plan
Attract
Employ
Nurture

Attract
Train
Nurture

Plan
Train
Nurture

Plan
Employ
Nurture

Performance Measures

1. Focused support to Teams with high levels of Vacancies, Absence and Staff Turnover
2. Supporting wellbeing and culture through activities and taking breaks.
3. Focused support to new recruits and retiring workforce.

1. Decrease Short Term Absences within ACC workforce by 15%
2. Decrease Long Term Absences with NHSG workforce by 15%
3. Number of Apprenticeships, Student Placements and Trainee positions.
4. Staff Turnover improved including understanding succession planning information and leaver reasons.

1. Continue annual ACHSCP Conferences and Staff Engagement Events and Survey.
2. Internal Communication Platform Review and Development
3. Strengthening ACHSCP Service and delivery awareness to Communities.

1. Increased iMatter Survey Uptake rate – current (64%). **Target 70%**
2. Staff Event evaluation feedback and attendance information.
3. Verifying qualitative engagement from Social Media posts and Community Events understanding ACHSCP Services and awareness. inc. Social Media interactions/ attendance at settings.
4. Increase Internal Intranet usage and new information available for staff.

1. Protect learning time for mandatory training and other training programmes.
2. ACHSCP Workforce Accreditations and encouraging Partner Organisations. e.g. Carers Positive, Equally Safe, Disability Confident etc

1. % of Mandatory Training completed – **Target 70%**
2. Number of new training programmes established based on new ways of working, policy and guidance.
3. Number of Accreditations achieved for ACHSCP Workforce.

1. Reviewing Service Models aligning with Strategic Plan route map to delivery.
2. Safe Staffing review and reporting and Vacancy Management Protocol.
3. Staff support through Transformation and System Change.

1. Numbers of staff supported through change.
2. Number of Vacancies across ACHSCP services recruited.
3. Number of posts advertised and promoted in communities.
4. Low percentage of Safe Staffing reports with Amber/Red status.

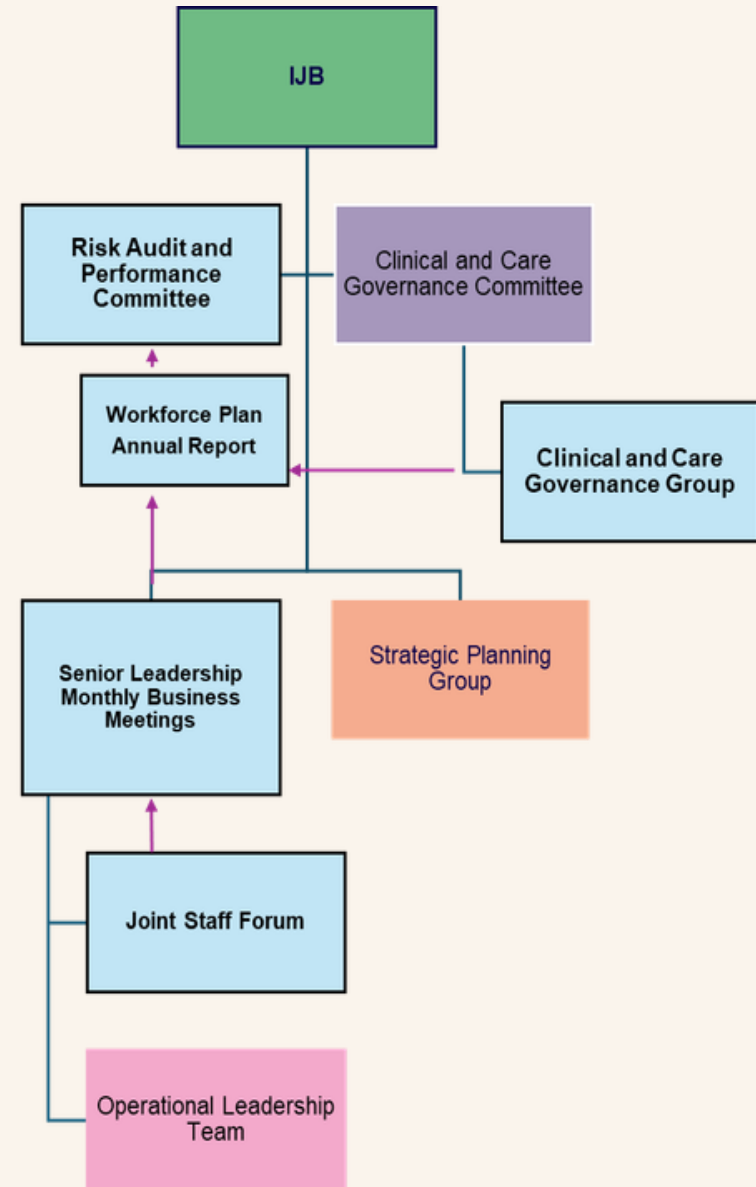
Governance

Our Workforce Plan will be overseen by the Joint Staff Forum who meet bi-monthly and has oversight of the actions from the workforce plan. Our actions will be led, supported and delivered by the Operational Leadership Team. These groups report the Senior Leadership Team meetings who are responsible for the successful delivery of this plan.

Our Clinical Care and Governance Group reports from teams and services on staffing key performance indicators, risks and are developing reports on Health and Care Safe (Staffing) (Scotland) Act 2019 compliance.

A Partnership wide - Clinical Care and Governance Report detailing management and Clinical, Care and Governance Risks are escalated to CCG Committee for assurance and approval quarterly.

The progress and actions from the Workforce Plan is reported on an annual basis to Risk, Audit and Performance Committee.





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

e: ACHSCPEnquiries@aberdeencity.gov.uk
w: aberdeencityhscp.scot
t: twitter.com/HSCAberdeen