

## Health and Care (Staffing) (Scotland) Act 2019: Annual Report

Under section 3(2) of the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) (“the Act”), every local authority and integration authority must have regard to a number of listed factors when planning or securing the provision of a care service from a third party:

- the guiding principles in the Act (section 1 of the Act);
- the requirement on care service providers to have regard to the guiding principles (section 3(1) of the Act);
- the duty on care service providers to ensure appropriate staffing (section 7 of the Act);
- the requirement on care service providers with regard to training of staff (section 8 of the Act);
- the requirement on care service providers to have regard to guidance issued by the Scottish Ministers (section 10 of the Act);
- the duties on care service providers under [Chapter 3 of Part 5 of the Public Services Reform \(Scotland\) Act 2010](#), for example with regard to registration of care services; and
- the duties on care service providers under Chapter 3A of Part 5 of the Public Services Reform (Scotland) Act 2010, for example with regard to the use of any prescribed staffing methods or staffing tools. Note that the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) inserted chapter 3A into the Public Services Reform (Scotland) Act.

Section 3(6) of the Act states that relevant organisations must publish information annually on the steps they have taken to comply with the requirement in section 3(2) regarding the planning and securing of care services and any ongoing risks that may affect their ability to comply with this requirement.

This template should be used by local authorities and integration authorities to publish the information required and should be read in conjunction with the statutory guidance that accompanies the Act, specifically chapter 15.

The information in this template should relate to the financial year, i.e. 01 April to 31 March. All reports must be published by 30 June at the latest each year.

In order to collate the information published, the Scottish Government also requests that you send the completed template to [hcsa@gov.scot](mailto:hcsa@gov.scot).

## Declaration

Name of local authority / integration authority: Argyll and Bute Council (ABC)

Report authorised by: Chief Executive of ABC

Name Pippa Milne



Designation CE ABC

Date 30 June 2025

Details of where the report will be published: Argyll and Bute Council website

The Guiding Principles of the Act are informing activity in the provision of safe and quality services and ensuring the best health services and/or care outcomes. We are underpinning this by planning review of standards and outcomes within the principles of equalities and person centred care, supporting staff and a multi-disciplinary approach to the delivery and allocation of resource to service users.

We will approach this by embedded the principles of the act in our renewed Joint Strategic Plan reviewing our implementation experience and putting this into a policy and practice model that supports our general workforce approach.

## Information Required

- 1. Please detail the steps you have taken as an organisation to comply with section 3(2) of the Health and Care (Staffing) (Scotland) Act 2019:**

This document relates to the reporting period 01 April 2024 to 31 March 2025, for Argyll and Bute Council (ABC) (in close cooperation with Argyll and Bute Health and Social Care Partnership (AB HSCP)) and sets out the risks and actions taken to provide safe and secure staffing for all aspects of the registered services we are obliged to provide.

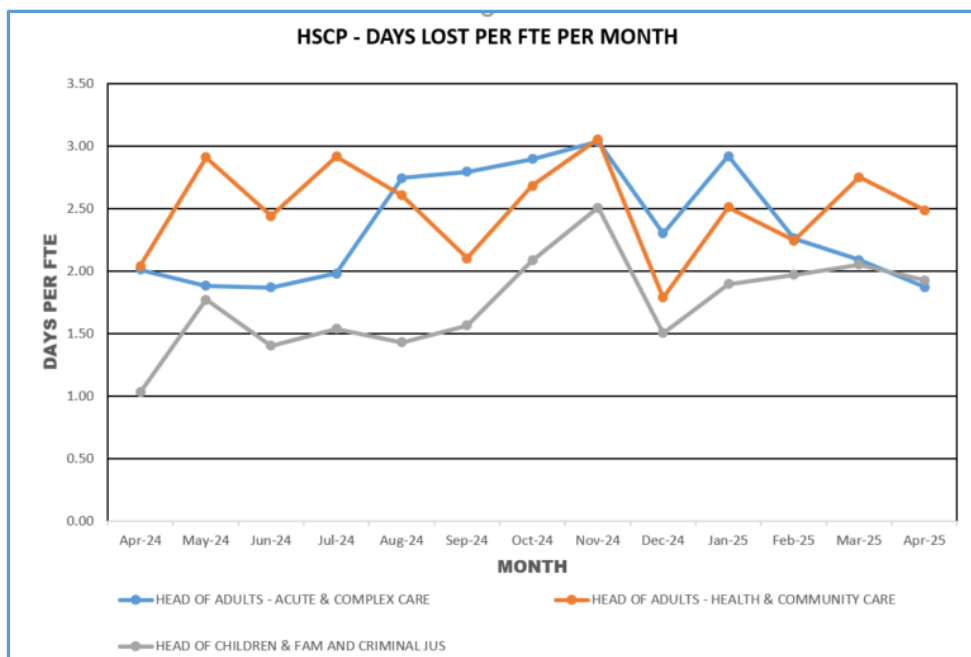
The context in which we operate within Argyll and Bute is recognised as exceptionally challenging.

- Geographically our population is spread across a vast geography and while it includes towns also covers remote mainland areas and 23 inhabited islands.
- Economically we are competing for staff with the leisure and hospitality sector. In, for example, on Islay we are competing against a well-paid distilling sector on an island with near full employment.
- Demographically we have a declining working age population and a steeply increasing level of need due in particular to the aging population. Data from the Census of 2022 confirms that 27.2% of the population in Argyll and Bute are aged 65 and over [Age - Census Maps, NRS](#).
- A housing crisis [Housing emergency | Argyll and Bute Council](#).
- The gap between resources and need appears to be widening. Audit Scotland concluded, “IJB funding (in Scotland) has decreased by £1.1 billion (nine percent) in real terms to £11 billion in 2022/23. The funding gap is set to triple in 2023/24”. [Integration Joint Boards: Finance and performance 2024 | Audit Scotland](#)

## Challenges

In general terms the challenges have been three fold.

- Significant issues with sickness absences (the chart below gives an overview of the days lost per Full Time Equivalent FTE per month over the 12-month period),



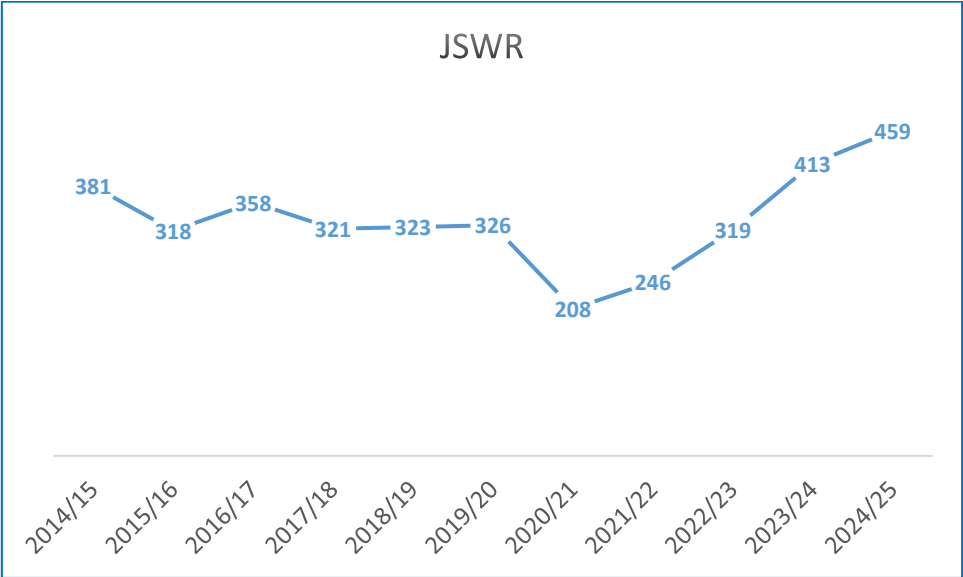
- Difficulties in recruiting,
- Costly reliance of use of Agency staff at short notice (the table below gives a detailed breakdown of Agency spend across all Social Work / Social Care services was £4.9m, including £370k in accommodation costs for 2024/2025):

<b>Agency Staffing Cost Analysis</b>	<b>£'000</b>	<b>£'000</b>
<b>Care Homes</b>		
Kintyre Care Centre	613	
Gortanvogie	441	
Tigh a Rudha	158	
Care Homes – other internal	34	
<b>Care Homes Total</b>		<b>1,246</b>
<b>Care @ Home</b>		
Islay & Jura	528	
Mull & Iona	373	
Tiree & Coll	257	
Kintyre	344	
Lorn	1,249	
Mid Argyll	161	
Other	67	
<b>Care @ Home Total</b>		<b>2,979</b>
Children & Families		<b>270</b>
Social Work - Adults		<b>208</b>
Social Work – MH / LD		<b>271</b>
<b>Total</b>		<b>4,974</b>

The reality we face is not just providing staff for a flat line level of need but in the preparation for our future workforce in terms of identifying skill requirement, training opportunities and adequate housing to retain the younger population.

Lockdowns have had a detrimental effect upon young children’s developmental capacity, particularly in the area of speech and language, as has been noted nationally ([Speech and communication development among children in Scotland during the COVID-19 pandemic - COVID-19 data and intelligence - COVID-19 - Infectious diseases - Health protection - Population health - Public Health Scotland](#)).

The number of Justice Social Work Reports has returned to and surpassed pre Covid levels requested by the Courts, with 459 requests in the year 2024/2025.



Despite this exceptionally challenging context there have been some significant strides taken to ensure we achieve levels of staffing necessary to meet immediate operational need.

- Grow your own initiatives. Staff from throughout the Council with an interest in Social Work or Social Care are encouraged to explore a career move and are financially supported through qualification.
- There is an established SQA centre run by the Council responsible for the SVQ training routes for staff.

- Sponsorship of appropriately qualified and registered staff from out with the UK.
- Focus on retention of current staff

In the last year there has been significant senior staff scrutiny of the staffing situation across Social Work and Social Care. In particular in Children, Families and Justice Services there has been exceptionally close senior staff analysis of staffing patterns in these services. Exposing that staff absence has actually been the key factor in service viability as opposed to the common perception of this being due to vacancy levels. A far greater emphasis has now been placed on formally managing and supporting staff who are experiencing long term absences or short term persistent absence. Supporting attendance and performance.

The Care Inspectorate have recently published a review of Social Work Governance. [Review of social work governance and assurance in Scotland](#). This has dovetailed with work carried out by Social Work Scotland attempting to drive towards a more consistent standard approach across authority areas. Argyll & Bute's CSWO has started to study the implications of this work, with the attention of bringing forward proposals to institute a specific Social Work & Social Care governance group. A key element of the future Terms of Reference will be assurance on staffing structures and numbers across the sector.

Some specific steps taken to ensure safe staffing are highlighted below by service:

### **Adult Residential Services**

- Argyll & Bute owns and manages 6 residential units and 1 nursing care home unit for older people. While at no stage have there been any risks to these residents, it has been exceptionally challenging to maintain the staffing resource. There have been high sickness absence rates among staff in 3 of those units during the reporting period. These services are located in remote areas of Argyll & Bute, namely Campbeltown and the Islands of Tiree and Islay. A snapshot of workforce pressure being managed is presented below

- Kintyre Care Centre – Campbeltown 7 staff absent responsible for 192.5 hrs of support per week
- Tigh-a-Rudha – Tiree 5 staff absent responsible for 151.5 hrs of support
- Gortanvogie – Islay 7 staff absent responsible for 228 hrs of support.

In order to maintain the level of staffing required in these services there has been a reliance of agency based staffing. The cost of this in remote and island areas is far in excess of Scotland's urban centre, with us having to offer travel, accommodation and subsistence. This has cost approximately £1.2 million for the services mentioned above.

In the most recent period this situation has eased with staff returning to work from sickness and improved success in recruitment.

### **Adult Care at Home Services**

High sickness absence and vacancy rates have been an endemic reality in these services. In some cases third sector organisations have 'handed back' commissioned care at home services due their inability to recruit. Argyll & Bute Care at Home and Care Home providers tend on the whole to be small independent sector providers without the economies of scale offered by large urban providers. There is increased risk both in the delivery of care and the economic impact to population by providers unable to fulfil commissioned services. Unsurprisingly in 'hard to recruit' mainly remote and island areas the public sector have also been unable to recruit.

In such circumstances the dichotomy offered has been to close the service completely or attempt to secure agency staff. In the last year the latter has been the option deployed. The cost of this approach has been extra expenditure of almost £3 million for agency cost, accommodation and on island travel.

A large-scale organisational redesign of the provision of Care at Home is currently underway, with the aim of future proofing the service and ensure appropriate staffing in all areas. This is part of a wider strategic review of care at home within Argyll and Bute.



### **Children's Residential Houses**

While the children's residential houses have experienced many of the challenges described above in adult Social Care and Social Work, there has been a stabilisation going on over the most recent period. This may be the result of greater scrutiny on absences and performance through Children, Families and Justice Services as described above.

Additionally it was recognised that if the size of the work force could not be expanded to meet the workload, then it would have to decrease the size of the workload to meet the size of the workforce we had with risk mitigation. All three units, while remaining registered for 6 young people, have been reduced temporarily to a capacity of 5.

In the coming year there will be a full review of the functioning of the three houses, including looking to institute a common and efficient rota pattern.

### **Children's Disability Services**

Two third sector organisations ceased operating at the start of the financial year 2024/25. This was a mixture of financial viability and an inability to recruit staff. Despite commissioning efforts these services have not been replaced.

In such circumstances and due to an inability to attract people to this type of work in our area, it has meant the offer in large parts is confined to a direct payment model of provision.

### **Fostering Services**

No significant issues with staffing to established levels

### **Adoption Services**

No significant issues with staffing to established levels.

### **Through Care, After Care and Continuing Care**

This is a small team and there has been an issue with the team manager being absent for a substantial amount of time. This situation is now resolved and there is no anticipated issue of staffing this service to established levels.

### **School Hostel Accommodation**

Within one of the 2 School care accommodation sites (Hostels) there has recently been a new manager appointed which will aid longer term stability of service. Lack of staff was highlighted as an issue during a recent inspection; as such the priority of the new manager is recruiting new staff.

### **Early Years Registered Services**

Of the 54 Early Learning Centres within the ABC area, there have been no material staffing issues during the reporting period, although this has been as a result of central team cover in many small, rural ELC settings, which has an impact upon staffing consistency for children and the ability of the central team to support ongoing improvements across the service more widely.

### **Procurement Services – for External services**

The management of commissioned care providers is undertaken through our existing processes and templates prompt us to assess providers (as proportionate and relevant to the contract) in the following areas, relevant to the section 3(2) of the Health and Care (Staffing) (Scotland) Act 2019, pre-contract award:

- A. We use the Single Procurement Document (SPD) to assess that providers have the appropriate registration with the regulatory authority.
- B. Our contract terms and conditions require compliance with relevant legislation.
- C. We assess compliance with Fair Work Practices, in particular:
  - payment of at least the real Living Wage
  - provide appropriate channels for effective workers' voice, such as trade union recognition
  - investment in workforce development

- no inappropriate use of zero-hour contracts
- action to tackle the gender pay gap and create a more diverse and inclusive workplace
- offer flexible and family friendly working practices for all workers from day one of employment
- oppose the use of fire and rehire practices

D. We assess compliance with Quality Management Procedures, including:

- Documented arrangements for providing the workforce with quality related training and information appropriate to the type of work for which this organisation is likely to bid. This will demonstrate that the organisation has in place, and implements, training arrangements to ensure that its workforce has sufficient skills and understanding to discharge their various responsibilities. These must include a programme of training that will keep the workforce up to date with required knowledge about quality related issues, including copies of job profiles, training manuals and records.

E. We assess compliance with Health and Safety Procedures including:

- Documented arrangements for providing the bidder's workforce with training and information appropriate to the type of work of which the organisation is likely to bid. This must provide evidence that the bidder has in place and implements training arrangements to ensure that its workforce has sufficient skills and understanding to discharge the various duties. This will provide details of staff health and safety training arrangements and how relevant information is communicated to staff. This must also include a description of arrangements for keeping the workforce updated on legislation and good H&S practice applicable throughout the organisation.
- A documented procedure describing what H&S or other relevant qualifications and experience the bidder's workforce has, to implement

the H&S policy to a standard appropriate for the work for which the organisation is likely to bid. This must demonstrate that the workforce possesses suitable qualifications and experience for the tasks assigned to them, unless there are specific situations where they need to work under controlled and competent supervision, e.g. trainees.

- Documented arrangements for involving the bidder's workforce in the planning and implementation of H&S measures. This must demonstrate that the bidder has in place, and implements, a means of consulting its workforce on H&S matters and shows how the workforce's comments, including complaints, are taken into account.

F. To help us to understand risks related to recruitment and retention that may be an indication of issues or have an impact on compliance with section 3(2) of the Health and Care (Staffing) (Scotland) Act 2019, we assess the following on an ongoing basis for the highest risk contracts:

- Staff turnover
- Staff Sickness
- Vacancies
- Use of overseas, sponsored workers and agency workers
- SSSC requirements (record keeping; any staff with conditions of registration; any unmet conditions, number not yet registered)
- Update to policies and procedures following changes in legislation
- Care Inspectorate inspections, requirements and recommendations.

**Please detail any ongoing risks that may affect your ability to comply with the duty set out in section 3(2).**

A significant risk to all LAs, as outlined by COSLA in February 2025, is that *'the 2025/26 Budget fails to provide sufficient funding to improve social care and social work capacity'*. The briefing note is available here [Post-Budget-2024-SocialCare-1.pdf](#).

The impacts of any funds being reduced or withdrawn will be significant on Service provisions.

Please also refer to the Audit Scotland report noted above.

The key risks for these specific services are highlighted below.

### **Adult Registered Services**

- Difficulties in staff recruitment and long term sickness absences remain an area of risk – resulting in over reliance on Casual Workers or Agency. Managers are working closely with their HR colleagues to improve upon both aspects.
- Due to recruitment difficulties, especially in a remote and rural area, there remains a risk of an external provider having to cease their provision of service, which would likely fall to the LA to carry out. This type of TUPE risk remains a concern due to the impacts on service users and staff, as well as financial and organisational implications.

### **Children's Registered Services**

- There remains a degree of risk surrounding long term sickness absence and short term persistent absence. Social Work leadership scrutiny of these factors is showing signs of mitigating this risk at least to some degree. It is anticipated the reliance on agency staff to ensure the correct level of staffing to maintain the service will decrease.
- The efforts to 'grow our own' staff have a two or three year run in period as people qualify. This project should demonstrate improvements in the coming 12 months.

- There are elements of work which are increasing such as Through Care and After Care, which while a statutory duty, are not recognised in funding settlements. Within this context the UK governments mandated transfer scheme for UASC is not adequately funded for those young people over 18 and the duties of the local authority in Scotland.
- The vastly increasing costs of accommodating young people in registered services external to the local authority is a risk to the financial stability of the entire HSCP. One placement can cost almost £500k per year. The numbers of young people requiring such placements is showing an upward trajectory reaching approximately 15 in the financial year 2024/ 2025. A review of the 'models of care' in Argyll & Bute will require to address this.

### **Early Years Registered Services**

- The main area of concern would be reduced funding and the risk to staff within the Service; which may lead to further TUPE scenarios. Reduced funding affects our ability to quality assure provision, both our own and that of LA partners and the risk is that we have an increase in settings not meeting the national standard required by Care Inspectorate. This could lead to further closure of partners and a risk that we would be unable to deliver our statutory 1140 requirement, especially within rural locations.

### **Procurement Services – for External services**

- None.

During the implementation phase there has been learning in the mainstreaming of monitoring and reporting which will culminate in the policy and practice supporting documentation. This will inform our internal and public staff governance monitoring and relevant action planning.