SCOTTISH BORDERS
HEALTH AND SOCIAL CARE PARTNERSHIP

INTEGRATED WORKFORCE PLAN

2022 - 2025

Scottish Borders
Health and Social Care
PARTNERSHIP

CONTENTS

Appendices

EXECUTIVE SUMMARY

The Scottish Borders Health and Social Care Partnership formally came into existence in April 2016 in response to the Public Bodies (Joint Working) (Scotland) Act 2014. Under this act, the Scottish Borders Integration Joint Board (IJB) and the Scottish Borders Health and Social Care Partnership have a duty to maximise the integration of services.

To do this effectively this plan has been designed to carefully consider the interdependencies across the whole system as well as delivering the platform from which to ensure that one part of the system's actions do not impinge on another's and the Integration Joint Board and Scottish Borders Health and Social Care Partnership's vision of an across the system approach, to current and future workforce pressures and one that address the current inefficiencies experienced by organisations providing care as staff move from one provider to another.

To achieve this, the following high-level actions and themes, aligned to the Scottish Government's 5 Pillars as detailed in the National Workforce Strategy for Health and Social Care in Scotland:

Plan — Improving collection and analysis of data and taking a whole-system approach to planning.

Attract — Bringing new workers into the workforce including through both domestic and ethical international recruitment, via youth employability and apprenticeship schemes, and by offering fair work.

Train — Supporting new entry to the workforce through clear education pathways and developing new skills and capabilities amongst workers including in digital and specialist care.

Employ — Ensuring that staff are well rewarded for their work, with modernised terms and conditions, and appropriate registration to support delivery of outcomes-focused work.

Nurture — Creating positive workplace cultures and ensuring strong leadership, committing to diversity, equality and inclusion in the workforce, ensuring workplace wellbeing, developing a carers strategy and working in partnership across the sectors.

MESSAGE FROM CHAIR

Even without the extraordinary events of the last couple of years, health and social care would be under immense pressure. Our workforce continues to feel that pressure as never before. Now, to provide the care we know we want to deliver in the future, we need to support our existing workforce and attract others to join us.

There are almost 10,000 people currently employed in health and social care in the Borders - it's the largest employment sector in the area. So, it's critical that we can continue to provide good quality jobs and support people to develop their skills and experience.

We can only do this together, working across organisations and using the experience and insight of people in every part of the Borders health and social care community – including employees, patients, service users, unpaid carers, employers and volunteers – to make our workforce as effective and resilient as it can be.

This plan is part of that work and I look forward to seeing it put into action, and delivering real improvements, here in the Borders

Lucy O'Leary
Chair
Scottish Borders Integration Joint Board

FOREWORD

I would like to thank our Health and Social Care Partnership Integrated Workforce Planning Group for developing our first Integrated Workforce Plan, which better helps us to understand our workforce issues, and puts us on a firmer footing to provide more sustainable and responsive services to better meet the needs of our Scottish Borders communities.

The services we collectively offer are absolutely fundamental to the health, wellbeing and human rights of people in the Scottish Borders. As a result, it is essential that we work in partnership and take a thorough approach to collectively address our workforce issues and ensure that we have sustainable services that better meet need.

As a sector we need to get to a position where we are collectively employers of choice; and to do this we need to continue to innovate in our planning and delivery, and to take further steps to attract, to train, to employ and to nurture staff. This plan outlines how we will do that, and the approach outlined reflects our recognition and mantra that by working together, everyone achieves more. In forming this plan, there has been a real joint effort between the statutory, third, independent and primary care sectors, along with our Trade Union and educational partners in the Borders College, and I would like to thank everyone who has taken the time to contribute to this important document.

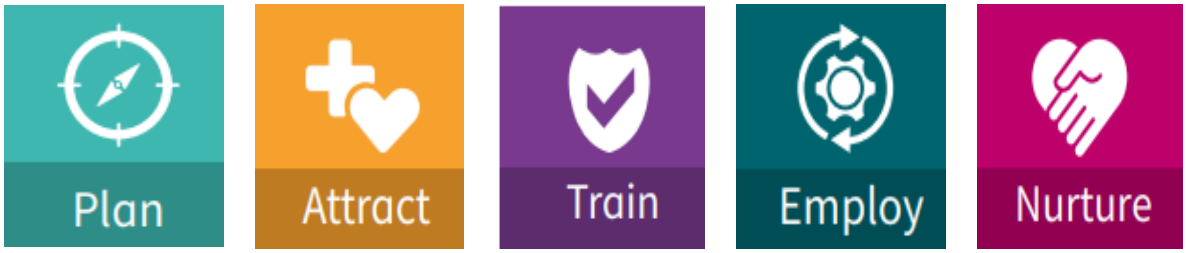
Chris Myers
Chief Officer - Scottish Borders Health and Social Care Integration Joint Board, and Scottish Borders Health and Social Care Partnership

DEFINING THE PLAN

This plan has been designed to enable and empower the Scottish Borders Health and Social Care Partnership to plan and resource sustainable community based services. The Health and Social Care Partnership includes the Integration Joint Board, Scottish Borders Council (SBC), NHS Borders, the Third and Independent Sectors, Trade Unions, Unpaid Carers and the communities of the Scottish Borders. Working collaboratively, all involved in the development of this plan have given a commitment to link workforce planning activity to the Scottish Government's Five Pillars framework and have agreed to the adoption of a continuous improvement approach. This is an approach which empowers the diverse communities of the Scottish Borders to evaluate, influence and inform current and future services.

In addition, this Integrated Workforce Plan puts effective workforce planning at the forefront of achieving safe, integrated, high quality and affordable health and social care services for the people living in the Scottish Borders. This plan is inextricably linked to the current and developing Scottish Borders Health and Social Care Integration Joint Board Strategic Commissioning Plan, Strategic Financial Plan and developing Joint Needs Assessment. Linkages to the NHS Recovery Plan have also been made throughout the development of this plan.

In each of the sections of the Partnership's Integrated Workforce Plan there will be actions associated with the Five Pillars of how the Partnership will: Plan, Attract, Train, Employ and Nurture the cross sector adult health and social care workforce working in the communities of the Scottish Borders.



The Scottish Borders Health and Social Care Partnership is aiming to have a vibrant workforce that is reflective of the communities of the Scottish Borders and one that is flexible enough to adapt to meet the changing needs of the people being cared for.

This plan has been co-produced by:

- Scottish Borders Council's Organisational Development Manager
- NHS Borders Workforce Planning Lead
- Partners for Integration

All of whom worked collaboratively with:

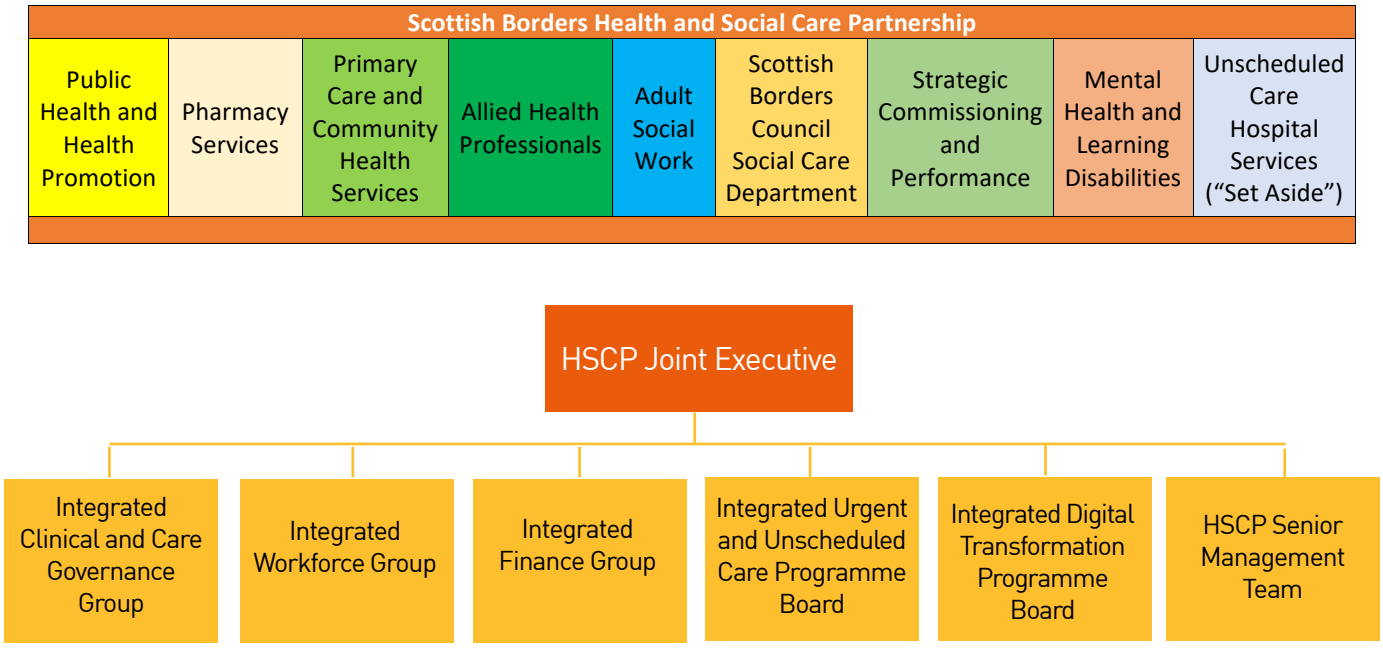
- Operational Services and Professional Leads across Partnership services
- Strategic Commissioning and Partnerships
- Independent Sector Providers
- Primary Care Providers
- Third Sector Providers
- Unpaid Carers
- Trade Unions
- Borders College

To ensure that the plan delivers a coordinated and more comprehensive insight into what can be achieved by working together, the Scottish Borders Health and Social Care Partnership have taken the decision to form an Integrated Workforce Plan Implementation Group. With membership drawn from Scottish Borders Council, NHS Borders, the Independent and Thirds Sectors and Primary Care it will be the responsibility of this group to report not only progress but the challenges, issues and associated risks via the appropriate reporting structures. Fuller details of the Governance and Performance Framework can be found on pages 40 to 41.

In adopting such an approach, the Scottish Borders Health and Social Care Partnership are confident that the diverse communities of the Scottish Borders receive services which meets their needs, wishes and aspirations as well as one that supports the Care Inspectorate's vision for *"world-class social care and social work in Scotland, where everyone, in every community, experiences high-quality care, support and learning, tailored to their rights, needs and wishes".*

STRUCTURE AND CULTURE

The organisational chart below details the health and social care services, which, in terms of the Public Bodies (Joint Working) (Scotland) Act 2014, come under the delegated authority of the Scottish Borders Health and Social Care Partnership. The Chief Officer of the Scottish Borders HSCP is responsible for the overall delivery of the HSCP in line with the Act.



Having a culture in which staff, organisations and people receiving services are treated with dignity and respect is of paramount importance to the Scottish Borders Health and Social Care Partnership. The developing Equality Outcomes and Mainstreaming Framework 2022-25 will include a number of actions specifically relating to the workforce. We will focus on attracting and employing a workforce that reflects and is representative of the diverse communities of the Scottish Borders and which delivers a workforce who are valued and respected and have their needs met appropriately. Again, this will support services working in the Scottish Borders attract, employ, nurture and retain a diverse workforce which is reflective of the needs of the communities of the Scottish Borders as well as advance the equality of opportunity and address both direct and indirect discrimination for people with the relevant protected characteristics as defined by the Equality Act 2010.

THE STORY SO FAR .....

The combination of an ageing population, geography, distance, increased fuel and inflationary costs, decreases in the younger population, increases in the number of younger people requiring in work support, and an inability to predict retirement rates are all adding significantly to the challenges faced in the Scottish Borders in terms of attracting, employing and nurturing staff.

What do we know about the working population of the Scottish Borders?

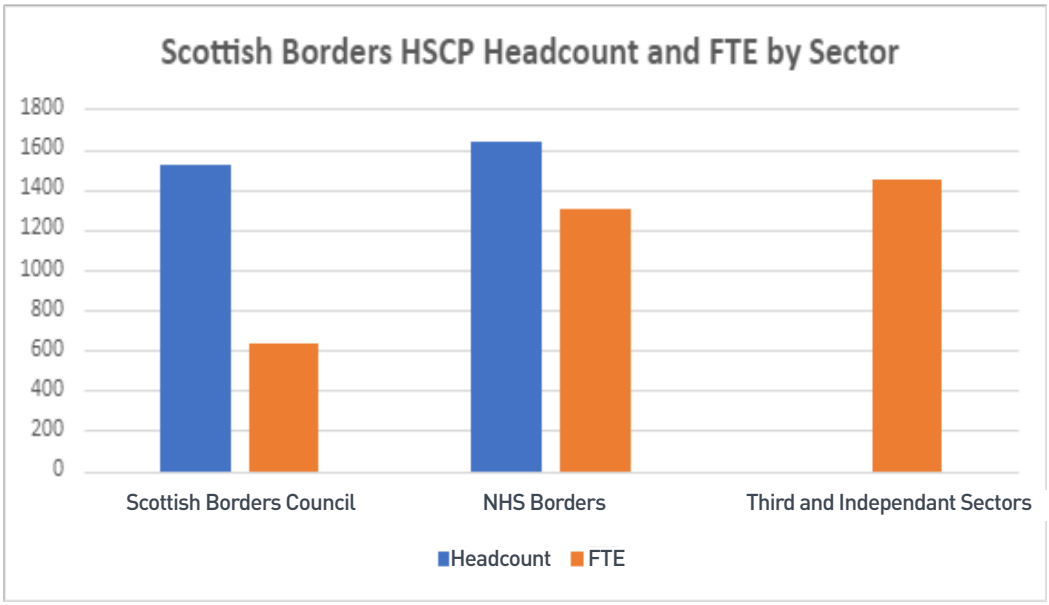
In their recent report, Regional Skills Assessment Scottish Borders March 2022 PowerPoint Presentation (skillsdevelopmentscotland.co.uk), Skills Development Scotland identified that:

- Health and social work activities are the second largest Gross Value Added sector at £360m pa.
- There is an estimated working age population of 52,000 in the Scottish Borders
- 18% of those employed work in health, social work and social care services
- 9,800 people work in health and social care
- 3.9% of the population are unemployed
- 26.2% are economically inactive – this includes students, people who have retired, people looking after their family or home, which includes some unpaid carers

The report also includes key figures on expansion versus replacement demand for workers.

What does the workforce look like currently?

Consistent with the findings of part two of the National Health and Social Care Workforce Plan published in December 2017, providing an integrated analysis of the collective workforce resource in the Partnership is challenging. Limited information is available in relation to the terms and conditions of those employed in primary care services and the independent and third sectors. This is further compounded by the differing job categorisation, terms and conditions across the services and sectors. The largest employers of adult health and social care workforce in the Scottish Borders, like many other Partnership areas are, collectively, the Third and Independent Sector organisations.

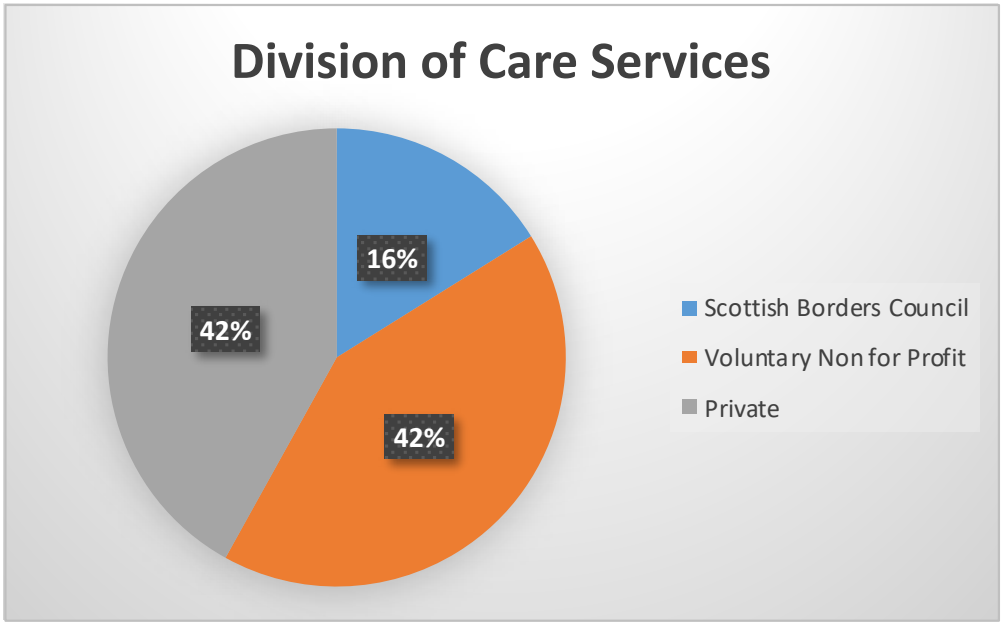


Source: *NHS Borders and Scottish Borders respective workforce data 30 June 2022*
Source: *Care Inspectorate Datastore 30 June 2022*

The Scottish Social Services Council's Scottish Social Service Sector Report on 2021 Workforce Data states that the largest employer type nationally is the private sector with 39% of the employment. This is followed by the public sector with 35% and the voluntary sector with 26%. This in turn means that the independent and third sectors collectively employ 65% of the workforce registered with the SSSC nationally.

*Headcount for Third and Independent Sectors to follow 19 October 2022

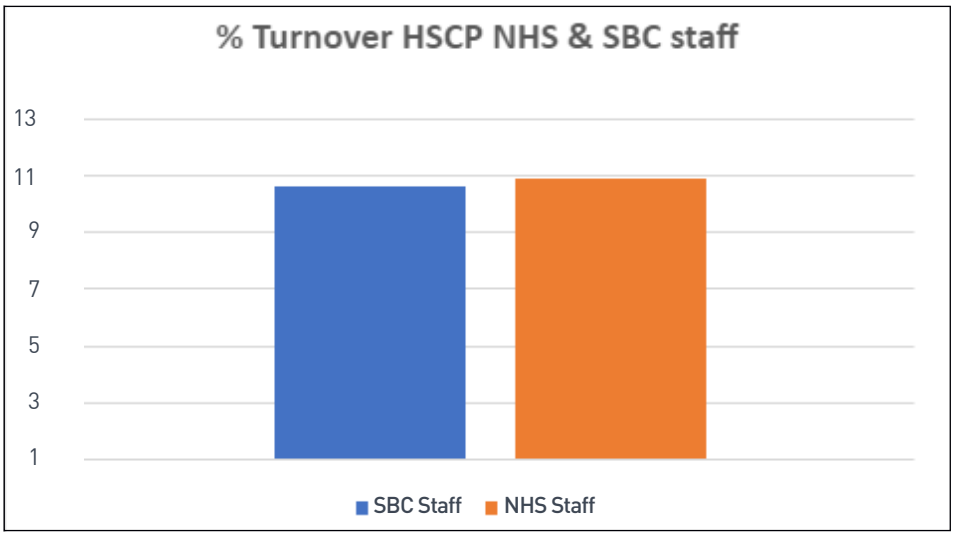
This is not surprising when the division of social care services registered with the Care Inspectorate is reviewed, as can be seen from the chart below:



Source: *Care Inspectorate Datastore 30 June 2022*

Turnover

Turnover rates up to March 2022 were between 10- 11% for SBC and NHS Staff within the HSCP. Leavers to the organisations included retirees, staff moving out of the health and social care sectors due to more attractive terms and conditions in other sectors such as retail, and others experiencing burnout due to increased service pressures throughout the pandemic.



*All data is taken from the data set recorded upon 31/03/2022, unless otherwise stated.

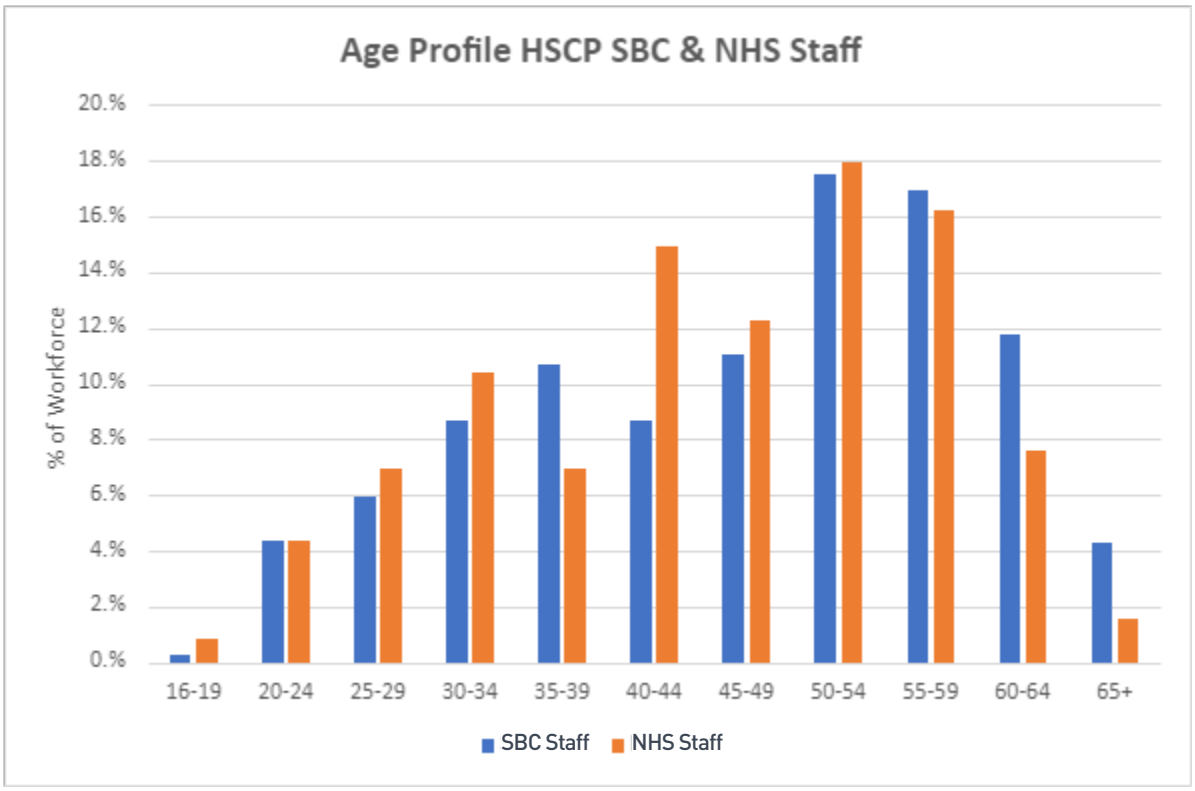
As a result of higher turnover and increased demand, vacancy rates are at a critical level across all partnership organisations. The table below gives an example of FTE vacancies across key services within SBC and NHS Borders. Vacancy data is currently being gathered for the independent sector which is likely to show a similar increasing trend.

SBC Social Care	Home Care Service	Care Home Service	LD Service
	Whole Time Equivalent (FTE)	Whole Time Equivalent (FTE)	Whole Time Equivalent (FTE)
Vacancies*	45.01	53.46	4.6
NHS Boders	Nursing and Midwifery	Medical and Dental	AHP Service
Vacancies**	85.2	4.9	24.3

Deficit FTE between Funded Establishment and In post

**Vacancies being actively recruited to at 30th June 2022

Age Profile



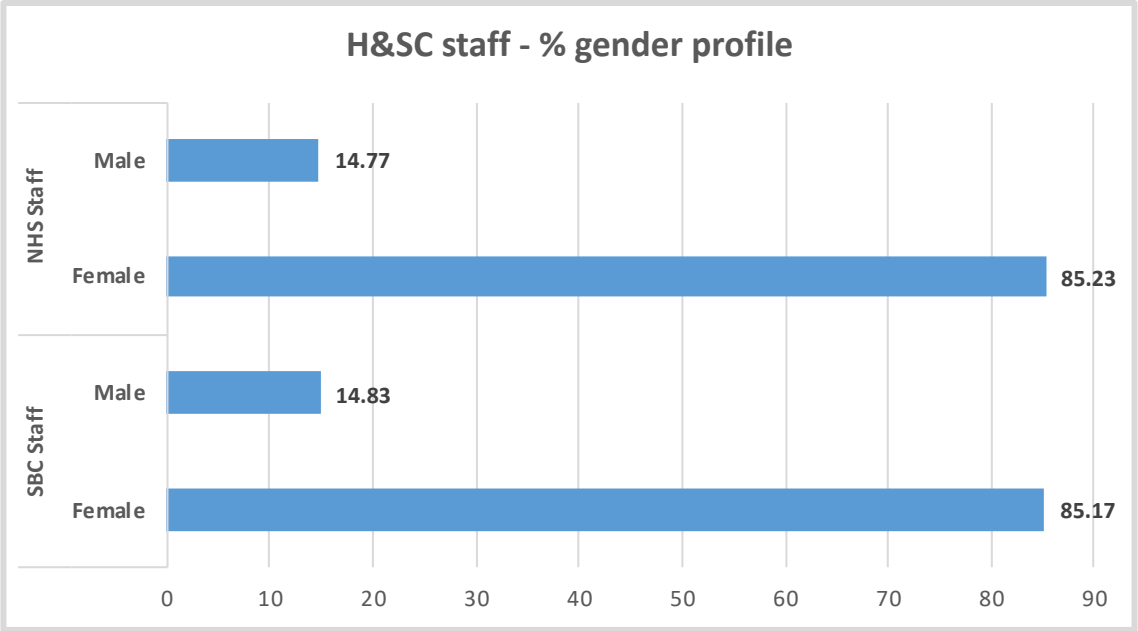
Source: *NHS Borders and Scottish Borders respective workforce data 30 June 2022*
2

The age profiles of those employed by the Scottish Borders Council and NHS Borders evidence a very similar trend with the highest proportion of staff between 50-54, then 55-59. The proportion of staff who are 60 or over is increasing with 10% of NHS staff and 15% SBC staff within this category. Further work is currently being undertaken to establish the age profile of the staff working in the 38 non-statutory organisations registered with the Care Inspectorate. An initial analysis of the Scottish Social Services Council's staff registrations for Scotland evidence that in the private sector the medium age of those working in care homes is 43 and those working in housing support and care at home services is 41 years.

When considering the age profile of all employees, the need for a robust approach to staff retention and the collaborative development of a career pathway which encourages and meets the employment needs of all age categories to remain in the care services is emphasised. This is one of the reasons this plan equally focuses on both retention of current staff and the recruitment of new staff in the health and social care sector.

Flexible working arrangements, health and wellbeing initiatives, particularly those related to financial health, feature in the plan's associated action plan and will be developed further to support the retention of staff.

Gender



The continued disproportionality in terms of the gender split in those working in health and social care services highlight the need to address the impact of occupational segregation and the potential inability to meet the personal choice of men being cared for. It is hoped that the actions being delivered in partnership with schools, higher education institutions and the Department of Work and Pensions will begin to address the gender imbalance. Performance against which will be measured in the Partnership's Equality Mainstreaming Action Plan as well as the Integrated Workforce Plan.

What did the services based in the communities of the Scottish Borders have to say to support the development of this plan?

To empower those working in community based services, organisations, providers and public sector services to influence and inform the development of the integrated workforce plan, a cross sector key information gathering exercise was developed and circulated across the sectors. This to gain an understanding of known and projected service demands, assist in the identification in gaps, and consider actions to support recovery, growth and transformation. An analysis of sector specific summaries can be found below:

Independent and Third Sector

50% of those who responded from the Independent and Third Sector organisations registered with the Care Inspectorate advised that they were delivering the same level of support in 2022 as they were pre March 2020. These are building based services.

One housing support provider advised that *"the demands continue to fluctuate depending on COVID activity in the area"* another advised that:

- We continue to have additional staff in place to undertake enhanced surface cleaning across all supported housing developments
- In our Learning Disability service, we have increased social support for service users who previously attended local day care services
- We are reinstating in person, group social activities in sheltered and extra care housing which will take more staff and volunteer support to ensure as many service users as possible are able to take part.
- We continue to backfill for staff who have to isolate or have contracted COVID, but services continue to be challenged due to multiple pressures on current workforce such as other forms of illness, planned leave, staff turnover, managing PPE (Personal Protective Equipment and LFD testing arrangements)
- We are catching up on non-essential activities such as non-mandatory training, in person team meetings, service reviews of various types, and routine maintenance/ modernisation works

In addition to the national coverage of the shortage of health and social care staff one care home owner advised that they "are (also) struggling to recruit cooks, carers, and housekeeping staff" and another that "service demands are going to remain high until we can get staff recruited in to care at home (services).

A number of additional COVID related tasks continue to be required to satisfy regulatory and legal requirements. One care at home and housing support provider advised that the tasks required now are the "same as during the pandemic infection control training and awareness" requirements. The list of additional and ongoing tasks was reported as:

- LFD testing for colleagues and recording of this.
- Weekly Care Inspectorate COVID Return
- PPE ordering, stock control and management
- Resource still required to manage visiting
- Health Protection Scotland risk assessments and notifications to LD Service when required.
- Increased infection control measures in place.
- Ensuring all staff follow current Scottish Government guidelines regarding PPE, social distancing etc.
- Keeping staff updated with any changes to guidance.
- Statutory reporting to Care Inspectorate and Scottish Borders Council

Those who responded also advised:

"Demand continues to increase in our area, getting increasing number of requests for packages of support. Often these are small packages spread out across 7 days, that unfortunately we are not able to provide for financial reasons (staff travel costs etc.).
Waiting lists for care have been high here for 6months plus"

"We continue to receive applications for our service through social work, future demand will be determined by properties available at Station Court (voids) to the core we may be required to diversify client group referrals to meet changing local need. We would be happy to do so, perhaps with an extended cluster attached service

There is local demand for additional accommodation and support provision for younger people coming through transitions and potentially placement of out of council people, particularly around autism and more complex sets of needs"

"Demand continues to increase in our area. Waiting lists for care have been high here for 6months plus"

"We work closely with SBC and HSCP to explore areas of service change and/or growth with a particular focus on meeting the needs of older people within Scottish Borders.

We have increased our extra care provision across two service during 2021/22 and have further plans for expansion in 2023 and continue to explore options for service enhancement through outreach services within our extra care housing, sheltered housing and LD services, and Care and Repair.

As a landlord we have a positive relationship with HSCP and provide a range of shared and sole tenancies through lease agreements to support adults with a learning disability and enduring mental health disorders"

Recruitment and retention of staff differs across the sector with building-based services, whether care homes, extra care housing or sheltered housing advising that recruitment is successful. The pressure point is visiting care at home services with one provider advising that:

- *We have 20+ Vacancies in the Borders we are struggling to cover our current service*

Another advised:

- *Recruitment of adequate numbers of staff is an ongoing problem for us, and Social Care as a whole. We are 141 hours (deliverable care packaged) understaffed at the moment.*

In terms of the challenges faced when recruiting staff, we were advised that it was particularly difficult in the independent sector to recruit *"Qualified, Experienced, Skilled Carers, Supervisors, Cooks & Housekeepers"* and that Innerleithen, Kelso, Berwickshire and the rural areas of the Borders were particularly difficult to recruit to. The impact of this is additional travel time and costs for staff delivering care in other Scottish Border towns.

75% of those who responded cited inequity in pay, terms and conditions as the biggest challenge for them in terms of recruiting and retaining staff. It is hoped that the Fair Work Committee and the current review of Scottish Borders Council's Strategic Commissioning and Performance Strategy will go some way to support the Independent Sector is particular recruit and retain staff.

The recruitment of nurses was reported by one nursing home to be extremely problematic:

"We have extreme challenges in recruiting to our nurse posts within the service and the associated costs of covering the nursing element with agency nurses (this can also be difficult to do due to high demand on nurse agencies across NHS and other care providers) We are committed to working in partnership with the local authority to develop an alternative model using a senior nurse practitioner who would alongside the frontline manager to provide clinical expertise, guidance and training and lead the clinical elements of the service deliver".

Registered Nurses – Care Homes

There are estimated to be around 4550 Registered Nurses working in care homes for adults (Scottish Care, 2021), it is likely that this number has decreased in the last 12 months as care homes are experiencing high Registered Nurse vacancy levels across the sector. According to the Scottish Care Nursing Report (2021) A look to the future - achieving the nursing vision the reasons for nurses leaving the sector from March 2020 were stress/ distress and mental fatigue or ill health.

Additionally, the report highlights that nurses in the independent sector experience a lack of support by their peers and are not recognised for their work throughout the pandemic. This was further evidenced in the research 'Hearing the Nursing Voice' (Douglas 2022) Hearing the nursing voice - listening to the independent sector social care nurses which identified that nurses in the sector feel undervalued and there exists a negative perception and stigma around nursing in social care. The research identified that there is a need to value the nursing role in social care, which is a skilled and complex role that leads and promotes holistic, person-centred care.

The recently published My Health, My Care, My Home - healthcare framework for adults living in care homes (Scottish Government 2022) also acknowledges nurses working in cares homes play a leading role in supporting people to live the best life possible. It states that if nurses are not employed in a care home, they should have expertise in care home nursing. The concern is that the sector is losing experienced social care nurses. Further, there is not enough Registered Nurses working in the sector.

There is a need to consider models of care that ensure safe, effective care for people living in care homes, provided by competent staff with the right skills, at the right time and in the right place. In order to promote and transform the role of nursing in social care there is work being undertaken to look at innovative ways to support a nursing model in social care. The

Transforming Workforce Lead for Nursing post in Scottish Care helps to provide support and direction in this area. An example of one area of development is a collaborative approach involving the Health & Social Care Partnership, Scottish Care and Care Homes. The aim to develop a model that ensures that people living in care homes are supported to be as well as they can be, by skilled and competent staff teams. The work involves analyses of data, nursing roles, the assessment process and the needs and outcomes. Working together as a collaborative they will develop a model which can be implemented as a test of change. This will involve being curious and innovative as different roles may need to be developed. The work is in its early stages, and it will take time but if the foundations are solid then this will help to build the structure which will meet the aim.

Scottish Borders Council (SBC)

SBC Social Care Department – Adult Social Care Services
The SBC Social Care Department has seen a reduction in staffing during the Pandemic, staff not returning due to long COVID, some moving to other care providers in the Borders and many moving out with care completely. This paired with overall difficulties in recruitment had a negative impact on service recovery.

There is a high level of demand particularly in Care at Home where waiting lists for Packages of Care are extensive and there is less ability to support Delayed Discharges.

Care Homes have also experienced difficulty with recruitment and an inability to fill vacant posts which has impacted on the service provision.

There is increased demand on cleaning staff within Care Homes to ensure touch point areas are cleaned, at regular intervals during the day.

Learning Disability services have changed the way they provide care offering a combination of building-based activity and community-based support, this has reduced perceived backlog and introduced a new way of working which has had a positive outcome for users.

A programme of Allied Health Professionals and Nursing student placements is underway which will support Care Homes in particular get back to becoming more active and providing meaningful activity.

Plans to introduce a new reablement approach are underway. The Reablement Homecare Service is provided by the SBC Social Care Department but works in partnership with Scottish Borders Council Social Work Services, NHS Borders Home First and Partnership care providers. Reablement will promote independent living for Service Users in their own home for as long as possible, focussing on getting positive results and building confidence.

Data Source: ***Various*** **(Accessed September 2022)**

Adult Social Work Services
Current staffing levels do not meet service delivery requirements within Adult Social Work.

There is currently a backlog of annual care home reviews, as focus for Care Home Review Team has been on COVID related concerns within this sector. There will be continued focus on annual care home reviews to get resources back in the system and staff working more flexibly by balancing priorities.

To assist with the backlog of activity, the service is continuing to prioritise those with greatest assessed need on waiting lists and allocation to workers based on capacity and skill discipline of worker to pick up case.

Additional Scottish Government money for adult social work services has been provided to recruit into front-line posts however, it is too soon to realise the benefits of this combined with the current labour market shortage.

There are also competing demands of protection work, additional duties (Appropriate Adult), and allocation of resources for extra care housing, against waiting times.

The Community Care Reviewing Team have 73.5 permanent hours to serve a care home population of over 700 in the Scottish Borders. This includes Adult Protection referrals and Large Scale Investigations.

The Health and Social Care Partnership has taken steps to improve success in recruiting to current vacancies by employing 2 Human Resources Specialists. This has resulted in the establishment of proactive links with Higher Education Institutes, specifically Borders College and the Department of Work and Pensions. The output of which has been the promotion of social care roles within schools and colleges and the holding of job fairs within local communities. There have also been improved relations with Parental Support Services and Employment Support Services. The successes to date will be used as the basis from which to develop and implement a cross sector approach to the recruitment of staff into social care services.

A key response to the challenges of having a sufficient number of qualified social workers is the SBC Trainee Scheme to 'grow our own' qualified Social Workers. Scottish Borders' partnership with the Open University offers existing permanent staff the opportunity to have a pathway to a social work qualification. It provides the opportunity to develop and retain current staff as well as attract new talent.

As mentioned earlier, workforce development is a key aspect for the recruitment and retention of staff in Scottish Borders. Each and every Social Work service has had difficulty in attracting staff to vacant posts. To support the recruitment process, staff in conjunction with Human Resource colleagues have worked hard to make Scottish Borders a good place to live and work. We have embarked upon extending where we advertise as well as using what we have learned from COVID-19 and a more agile way of working via the use of technology to attract the right people for the right roles.

It should be noted that there is a national issue in relation to the recruitment and retention of staff in Social Work and Social Care. By looking at how we create career pathways for those we employ, as well as offering attractive learning and development opportunities, we hope to be able to successfully fill permanent posts which are vacant.

There is a need for a review of what role Social Workers undertake, aligned to the capacity we have given the challenges of recruitment and look openly at how we can deliver services differently in the future.

Primary Care

- *General Practice*

GP practices are reporting significant increases in demand with individuals presenting with issues which they would have ordinarily sought help with at an earlier stage, which are more complex, requiring more time with GPs to manage and address the concerns. Practices across the Borders are reporting that they are unable to recruit suitable staff and have recently reported possible sustainability issues, due to not being able to attract new GP Partners and/or salaried GPs and Locum cover, even with the offer of enhanced rates. The challenges associated to providing remote and rural medicine combined with the Scottish Borders proximity to urban areas including Edinburgh and Newcastle also creates a challenge in relation to attracting new GPs. In order to recruit and retain GPs the following recommendations were highlighted at a recent GP sustainability session.

- Achieve a workforce/workload/work life balance
- Make the job more manageable, enable delivery of core services
- Improve the premises and infrastructure to enable efficient delivery
- Make it financially rewarding/attractive.

Recruitment challenges also impact on the wider MDT working within general practice – practice nurses, ANPs, paramedic practitioners, HCSW and administration staff. Practices are reporting that where they are unable to fill a GP role, they are considering the skill mix across their team and often recruiting an ANP instead. Nationally over 31% of GP's are over 50 and there are a number of upcoming retirements within the Borders, which if unable to attract a replacement will pose a significant challenge in the continued provision of GMS services across the Borders.

- *Dental*

There are currently significant challenges in recruiting Dental Officers due to the remote and rural locations, which are further away geographically from Dental Schools despite more attractive packages being advertised in an effort to attract candidates. The ratio of dental nurses to clinicians is currently higher. In future, consideration will be given to recruitment of hygiene therapists, and potentially a Vocational Trainee dentist. Recruitment from overseas may also be beneficial to providing a robust service.

- *Independent General Dental Services*

There are significant recruitment challenges in 75% of practices within NHS Borders, relating specifically to Associate Dentists and supporting Dental Care Professionals. The recent Scottish Government Scottish Dental Access Initiative has supported the addition of a new 4 surgery Dental Practice in Kelso and planning permission has been approved for the addition of a new 3 surgery NHS Committed Dental Practice in Duns however this will increase demands on workforce recruitment that will need to be considered.

- *Community Pharmacy*

Community pharmacy staffing is under significant pressure, evidenced by pharmacy closures occurring on a weekly basis within NHS Borders. Community pharmacists across Scotland has decreased steadily since 2016, due to the displacement of pharmacists to new NHS Primary Care roles, increased community pharmacists taking up locum opportunities and a large number leaving the profession, resulting in a vacancy rate of over 12% in 2021.

The shortage now also involves technicians, dispensers and healthcare advisors, and there is genuine concern regarding increased workload and capacity over the winter period. The Scottish Government has set up a group to investigate the current workforce challenges, with Community Pharmacy Scotland (the body which represents the owners of the community pharmacy network) represented on this group. A Pharmacy Support Staff Service is currently being piloted see Page 40 for further details.

- *General Practice Clinical Pharmacy*

The General Practice Clinical Pharmacy Team (GPCP Team) was established to assist General Practitioners (GPs) deliver their 2018 GMS contract. The delivery of this contract had three levels of work, ranging from prescribing through to Polypharmacy reviews and running specialist clinics. The focus of work in the Borders is focussing on Level 1 work (special requests, serial prescribing, completing discharge and clinic letters and answering queries) as requested by the PCIP Executive. Over the next 3-5 years we anticipate the possibility of retirement for some of the most experienced Pharmacists, leaving the Team vulnerable. There are already recruitment challenges across the whole pharmacy service, and an approach to train our own pharmacy technicians due to the shortage across the Borders. Specific challenges for the Scottish Borders GPCP team include:

1. Completing level 1 work only, which does not enable Pharmacists to work at the top of their skill set (Technician work mainly)
2. Rural area, so the younger generation are less inclined to live here meaning that Pharmacist are more advanced in their career looking for a higher banded job
3. Logistics of travel by public transport is very limited in the more rural areas

Given current gaps remote working is being explored, including the potential creation of a hub that would allow the team to work together and remote into practices centrally to reduce hours lost to travel. The main risks to the GPCP Team include potential pharmacy retirements in the next 2 – 5 years, delay in training technicians causing workforce gaps to fulfil the delivery need, and lost travel time impacting on the efficiency of the service.

Community Health Services (including Community Nursing and Allied Health Professionals)

As we expand care outside a hospital setting, future care models are being developed which aim to shift the balance of care from bed-based facilities to the ethos of a Home First approach. District nursing and Treatment Room activity will increase to meet new GMS requirements with Community Treatment and Care Services (CTAC), whilst patient dependency has increased due to deconditioning and isolation during the pandemic. There are already increasing numbers of patients requiring daily insulin and late presentation of red flag symptoms resulting in an increase in palliative care referrals. As there is no uplift in the current treatment room model, there is vulnerability when a treatment room staff member is off, creating a backlog, which will require consideration if CTAC is rolled out. If there were a full roll out of CTAC there would be a requirement for an additional 28 FTE Treatment Room Nurses over the next year. Although it's expected that TUPE transfer of GP practice staff would account for some of the increases, it's anticipated that some new recruitment would also be required.

Occupational Therapy are working alongside physiotherapy to develop community rehabilitation teams across the Borders which will focus on discharge to assess; admission prevention; condition management and community rehabilitation in patient's own homes.

Within Primary Care, the National PCIP patient ratio recommendation for First Contact Practitioners in GP practices is 1:14,000 patient ratio, with NHS Borders currently funded at a 1:20,000 ratio. An additional 10 (FTE (B6 or B7) would be required to meet national recommendation of 1:14,000 ratio.

We anticipate that the number of adults with acquired & long-term conditions requiring Speech and Language Therapy services will increase with our ageing population, and planned changes in Augmentative & Alternative Communication (AAC) will mean greater demand for SLTs alongside an increase in number of adults accessing the service with voice & dysphagia problems due to COVID.

Nutritional support and advice from dietetics services has increased in the community to prevent acute admissions and support early discharge and joint working has been established with a local leisure provider to deliver weight loss programmes. AHP Services are currently undertaking service reviews, where projected staffing requirements by specialty/band will be identified.

An initial projection has outlined an expected replacement requirement of 36 FTE within AHP Services across all disciplines to account for current vacancies/projected turnover within the next year.

Mental Health and Learning Disabilities

The pandemic has had a significant impact on Mental Health services, impacting on waiting times in key specialties such as Neuro-Developmental Disorder, ADHD and Autism diagnosis within adult services. A plan was recently developed to move to seeing Level 4 complex patients only, with support for those who did not meet the level 4 criteria picked up through the third sector with work underway to develop a commissioned autism service to support patients, without giving a formal diagnosis.

As a result of the ageing population, we can predict higher demand on older adult's services, with increased need for enhanced facilities in the community. It's predicted that additional Nurses/Care Workers and Occupational Therapists will be required across the sectors to support increased referrals to the service. The increase in acuity will have an impact on community Social Work, - and social care support including residential placements. Throughout COVID there has also been an increase in patients presenting with increased psychotic symptoms/eating disorders which impacts upon appropriate in-patient services including children and young people with Mental Health disorders.

There continues to be challenges in recruiting Medical Staff with locums currently filling gaps in psychiatry, older adults and adult Community Mental Health Teams. Retention of Medical Staff is a concern, with challenges around pension taxation issues, and less than full time working likely to result in future gaps. Over the 3-year period of this plan, 40% of Nursing Staff will be over 55, and therefore eligible to retire as many have Mental Health Officer Status. There's a need to develop ND skills within adult Community Mental Health Teams for complex cases, diagnosis and support to meet the needs of service users.

Mental Health services have been pro-active in developing a good level of skill mix/multi-disciplinary working and role development. Most recently introducing Advanced Nurse Mental Health Practitioners and securing funding to introduce Physician Associates to support gaps within Medical Staffing. Peer support workers with lived experience of Mental Health conditions have been introduced, linking with third sector organisations. This is part of the peer support workers collaborative and links to "my staying well action plan" with a focus on joint learning/training. Joint working with Primary Care and the 3rd sector around mental health, wellbeing and Pathway 0 (Older people's pathway) are further key initiatives and will feed into the overall Mental Health Needs assessment recently directed by the IJB.

Unscheduled Care

It is projected that current workforce models are not sustainable over the 3-year period due to patient dependency increasing, coupled with shortages in key disciplines including Medical, Nursing, AHP's and GPs. The vision within unscheduled care is to develop a workforce based on multi-disciplinary teams rather than individual practitioners, integrating more closely the work of hospital-based specialties alongside community-

based teams. Changes of professional roles could support the Older Peoples Pathway with a greater need for further development of Emergency Nurse Practitioners, Advanced Nurse Practitioners, Advanced AHP posts with independent prescribing, and Physician Associates (PA).

Addressing retention of Registered Nurses, and the impact of an ageing workforce profile or alternative careers in less physically demanding roles (e.g. Vaccination Services) include initiatives such as recruiting oversees nurses, appointing student Nurses into Band 4 positions once educated to SVQ level 8 (by the end of 2nd year) and guaranteeing a position at the end of their degree. Developing the Band 2, 3 & 4 Health Care Support Worker across Nursing and AHP positions (including OT and Physio) to have a clear role development structure is another way to make a career in health attractive as we try to increase recruitment and retain staff.

Across Unscheduled Care (ED, Medicine and DME) the appointment of Clinical Development Fellows (CDFs) has continued to be successful in addressing vacancies for training grade doctors / career middle grade doctors. The age profile suggests vulnerability in the respiratory service in the foreseeable future and additional consultant physicians will be required to enhance senior decision making on downstream medical wards and address impact on patient activity of long COVID for the 3-year duration of this plan.

WORKFORCE CHALLENGES .....

The past

COVID 19 Legacy

The understanding of how coronaviruses work, and treatments for those suffering the disease now have increased hugely in the last two years however other problems remain with some becoming more acute. The stress of caring for people through the pandemic is well documented as impacting negatively on staff health and wellbeing.

This coupled with the special Crown Office unit set up to investigate COVID- linked deaths of care home residents across Scotland, known as Operation Koper, is being reported as placing a huge burden on already overstretched staff.

The Partnership recognises that without implementing a robust approach to staff health and wellbeing across the health and social care sector the impact of COVID will have a medium to long term effect on the delivery of care, the ability to retain staff and increased demand on care services.

It is anticipated that delivering a robust approach that nurtures staff will address positively the benefits of working in the health and social care sector and one that attracts new staff, retains existing staff and impacts positively on the reputation of working in the care sector in the Scottish Borders.

Impact of Brexit

Brexit has already had an impact on the health and social care sector in terms of recruitment and retention of staff of workers from the European Union. In their report Five big issues for health and social care after the Brexit vote | The King's Fund (kingsfund.org.uk), the King's Fund list the 5 big issues for Health and Social Care as:

1. Staffing
2. Accessing treatment
3. Regulation
4. Cross border cooperation
5. Funding and finance

The present

Across the sectors, services are advising that the challenges they currently face in relation to retention of current staff are:

- Staff fatigue/stress/burnout
- Earlier than anticipated retirements
- Emotional Health & Wellbeing
- Energy and cost of living crisis

An analysis of absence by causation supports the feedback being given, as can be seen by the table below. The highest number of hours lost due to sickness absence were due to Anxiety, Stress and Mental Health illness, with over 35% of the total hours lost for SBC, and almost 25% for NHS Borders. Current research evidences that 66% of unspecified absences is due to poor Mental/Emotional Health. In both cases, the third highest reason for absence is stated as "unknown/not specified" which further increases the number of staff absent for this reason. The other highest rate was due to Back problems or other Musculoskeletal for both organisations.

Absence Reasons	SBC	NHS
Anxiety, Stress, Depression & Mental Health Illness	35.13%	24.80%
Back Problems or other Musculoskeletal	11.80%	12.85%
Unknown/Not specified	7.2%	9.3%

Opportunities will be explored through the action plan to establish how partnership organisations can work together to support staff health and wellbeing. COVID absences have had a significant impact over the last few years, and although services are still vulnerable to peaks in rates, the easing of restrictions around close contacts etc. has significantly reduced this impact.

The four pillars of wellbeing

"There are many definitions of wellbeing, but for me wellbeing is a sense of contentment. Contentment is made up of mental and physical health, and a feeling that where you are at any time is a good place to be. That good place can and should be the workplace".
Dame Carol Black

It is the aim of the Partnership to create a culture and conditions that will help staff across the sectors to maintain or develop good physical, emotional, financial and social health as a way of supporting staff look after themselves, the people they work with and the people they care for.

In work poverty/financial health

Given the current cost of living crisis faced, financial health initiatives will be prioritised to address the increase in the numbers of people living in – "In work Poverty".

The definition of which is: When a working person's income, after housing costs, is less than 60% of the national average, they don't earn enough to meet the cost of living – they are living in poverty. Source ONS households below average income statistics.

In the UK, this already affects one in eight workers before the current cost of living crisis emerged, further impacted by rising energy costs
Source UK Poverty 2022: The essential guide to understanding poverty in the UK | JRF. A combination of factors can make it difficult for many working people to escape poverty including:

- Low Income, with pay rises failing to keep up with the rising cost of living
- Poor job quality and employment practices leading to financial instability, and trapping people in low-paid roles
- A lack of genuine, two side flexible working practices that enable people to fit their work around their caring responsibilities and health needs
- Underemployment (where people work insufficient hours to cover their costs of living)
- Financial hardship caused by unforeseen setbacks in personal circumstances, such as relationship breakdown, bereavement or illness
- The 'poverty premium' which traps those on lower incomes in a cycle where they pay more for goods and services (see What's it like to live and work in poverty?) Source CIPD

In 2017 – 2020, more than half of all those in relative poverty in Scotland lived in a working household, which amounted to 400,000 Scottish working age adults. The proportion of people in poverty in Scotland living in working households has increased overtime from 48% in 2000 to 61% in 2020 (source Public Health Scotland)

Employers are being asked by the CIPD to consider and implement a three-stand financial wellbeing policy that minimises in-work poverty:

1 Pay a fair and liveable wage
2 Provide financial wellbeing support
3 Support in-work progression

The associated action plan to the Scottish Borders Integrated Workforce Plan will include actions and outputs which improve the financial health of the workforce and address in-work poverty.

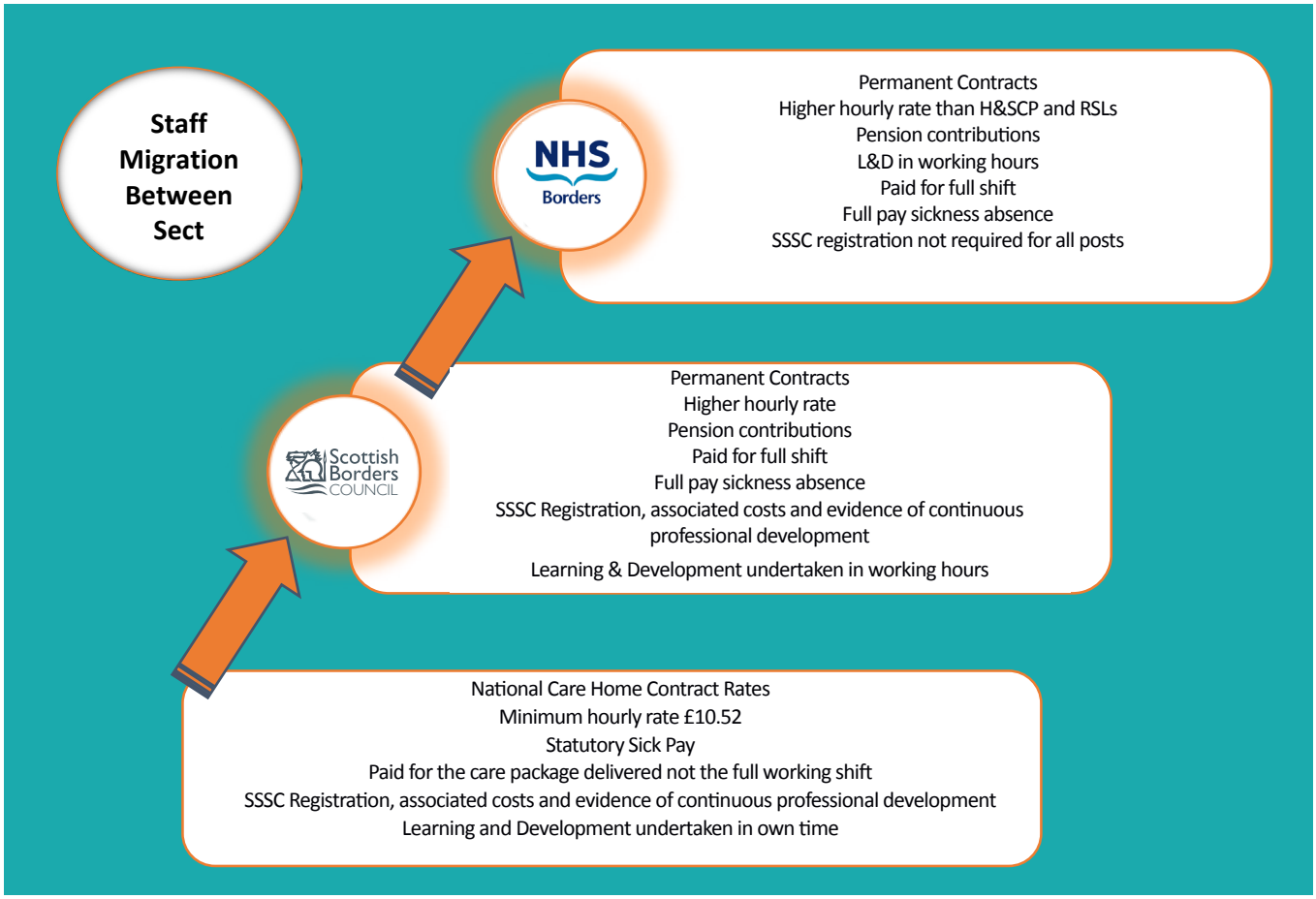
Attract, Employ & Nurture

Traditional working models e.g., full time working hours, and rigid shift patterns, are becoming less attractive to staff, as they juggle child and/or adult care commitments. There's increasing demand for more flexible family friendly working arrangements (common across other sectors) which will be explored as part of the 5 pillar action plan.

A consistent challenge faced by all sectors is difficulty recruiting staff from entry level right up to registered professionals across Health and Social Care. This difficulty is further compounded by the inequity in pay, terms and conditions. It is often the independent and third sector organisations registered with the Care Inspectorate who experience a disproportionate impact regarding both recruitment and more increasingly retention of staff.

The independent and third sector's ability to retain staff is linked to current contractual arrangements. The unintended consequences of the current arrangements are that staff employed in the independent and third sector are often on non-permanent contracts. The result of which is the inability to secure mortgages, private sector leasing or the ability to benefit from work place benefits e.g., care leasing schemes.

Organisations in these sectors lose staff to both Scottish Borders Council Social Care Department and Registered Social Landlords who in turn lose staff to NHS Borders who have even better rates of pay, terms and conditions. The diagram below provides further detail on the reasons health and social care staff move between the sectors.



Another unintended consequence of staff moving from one sector to the other, is the resulting retraining of care workers in mandatory training. This due to each provider using a different training company in the absence of a joined-up approach and the establishment of a training passport recognised by each employing organisations in the Borders. Leading to inefficiencies in terms of both staff time, finances and most crucially the delivery of care.

The future

- ## National Care Service

The workforce implications associated with the establishment of a National Care Service are currently unclear and not confirmed as the Bill, along with secondary legislation needs to progress through the Scottish Parliamentary process where amendments can be made. The Partnership is nonetheless scoping the high-level workforce impacts in line with the current proposed Bill and will continue to work to support all staff and partners affected by the proposed changes. It is the intention of the Scottish Borders H&SCP to address future workforce implications in this Integrated Workforce Plan and associated action plan and workstreams.

- ## Independent Review of Inspection, Scrutiny and Regulation (IRISR)

The Scottish Government formally announced an Independent Review of Inspection, Scrutiny and Regulation (IRISR) across social care support services in September 2022.

Regulation of staff working in health and social care services are currently over seen by a number of different regulatory bodies, these are listed below (fuller details can be found in appendix 3):

a) Scottish Social Services Council
b) Nursing and Midwifery Council (NMC)
c) HCPC –Health & Care Professions Council
d) General Medical Council (GMC)
e) General Dental Council (GDC)
f) General Pharmaceutical Council (GPhC)

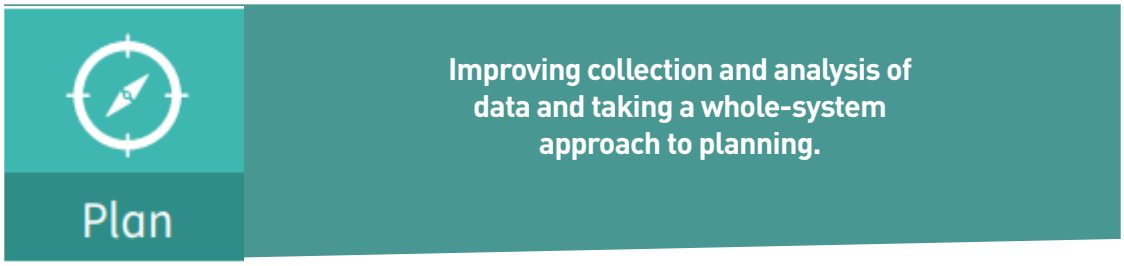
The IRISR will:-

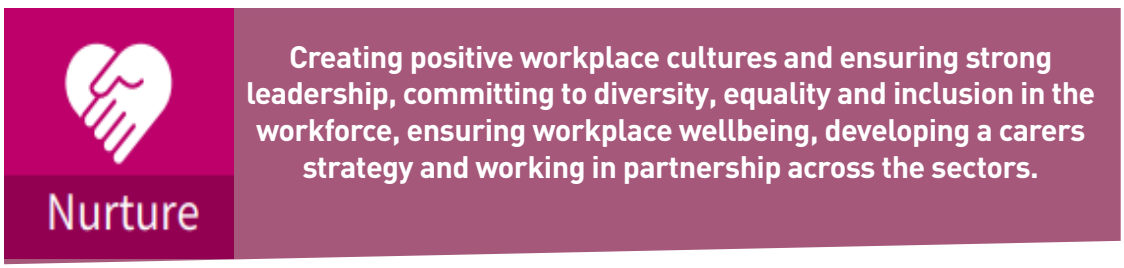
1. explore how regulation and inspection of social care services and partners who contribute to care, and wellbeing can be effectively supported to improve outcomes and experiences for the people of Scotland
2. ensure regulation, scrutiny and inspection of social care arrangements have a basis in human rights
3. ensure appropriate scrutiny of all aspects of the National Care Service (NCS)

This plan will enable the Scottish Borders Health and Social Care Partnership to respond to requests for engagement and calls for evidence, including supporting the delivery of stakeholder engagement events to ensure both staff delivering and people receiving services influence and inform the review process. This approach will also ensure that the IWP Implementation Group support the Partnership to prepare to respond to the findings of the Independent Review of Inspection, Scrutiny and Regulation review.

OUR PRIORITIES

High-level actions and themes, identified below, under the Scottish Government's 5 Pillars will be taken forward by Action Plan Specific Short Life Working Groups representing community based organisations and services. These groups will each have "living" action plans and will feed into the overarching workforce programme , that will not only meet the agreed actions outlined in this paper but will be flexible to adapt them accordingly in line with changes to Scottish Borders community needs, external environment and financial pressures including the development of the National Care Service.





The high-level actions are below are supported by more detailed short & medium term actions for each pillar here.

Plan

Detailed "**Plan**–Short-&medium-term action plan" Section

- Develop workforce planning capacity and capability across the Health and Social Care Partnership, through transformation and redesign of services, models and job roles.
- Identify recruitment, training and wellbeing priorities.
- Develop workforce plans in conjunction with service and financial planning, community engagement survey, detailing the actions to ensure sustainability of services against current and future community demands and projected staffing changes.
- Develop career pathway progression, succession planning and talent management models to support the recruitment and retention of a flexible workforce.
- Support a whole system planning approach to align our workforce to needs of communities and create a culture of continuous improvement.
- Develop Integrated Services in our communities in line with priorities and the legislative requirement for locality planning.
- Introduce recruitment planning to ensure our workforce is representative of the Borders communities.
- Reviewing all business continuity plans, considering the learning through COVID, to support service and workforce resilience.
- Plan, review and invest in the digital health of our services to meet the needs of our communities.

Attract

Detailed "**Attract**–Short-&medium-term action plan" Section

- Increase workforce capacity and supply routes into Health and Social Care across all our sectors.
- Enhance the attractiveness of Health and Social Care services to prospective staff through the design of desirable job roles.
- Enhance reputation as employers of choice by positively championing inclusivity and diversity for attracting and retaining staff.
- Explore potential overseas recruitment options and removal of how barriers to ease transition into the workplace.
- Develop dynamic and targeted recruitment campaigns including across all social media platforms.
- Promote and advertise recruitment into careers and not just posts through "earn while you learn", to achieve recognised qualifications whilst working.
- Create new career initiatives and access options into Health & Social Care through graduate, apprenticeships and employability programmes.
- Continue to work with partners to address the issues highlighted by the Fair Work Convention.

Train

Detailed "**Train**–Short-&medium-term action plan" Section

- Develop a comprehensive approach to training for roles at all levels, with new programmes directly aligned to developments in service design and strategic priorities.
- Engage with Colleges, Universities, Scottish Social Service Council (SSSC), Centre for Sustainable Delivery and the NHS Academy to ensure qualifications and methods of study are in line with current community needs.
- Ensure career progression opportunities are transparent with training aligned to career pathways, succession planning and talent management.
- Implement a training matrix passport of core training across all sectors.
- Develop and implement "grow your own" pathways for hard to recruit to and specialised posts ensuring a pipeline of talent for the future.
- Support development and training of a digitally enabled workforce in line with new models of working and care delivery.
- Support development of a person-centred care Healthcare Framework for Adult and Older People's Care Homes aligned to the Independent Review of Adult Social Care and creation of a National Care Service.
- Develop skills to support changing needs and higher acuity or complexity within the community or home/homely setting through Hospital at Home, palliative care, and social care.
- Though skills development, support Quality Assurance and Improvement across our services including care homes, care at home, adult resources, community care, preventative care, and complex care.

Employ

Detailed "**Employ**–Short-&medium-term action plan" Section

- Develop career pathways that support skill and knowledge mix, new roles, retention and strengthening the integrated multi-disciplinary models across Health and Social Care.
- Continually review and monitor recruitment areas of change and growth within Health & Social Care to ensure resources are directly in line with community needs.
- Explore and develop policies that seek to create a modern and flexible workforce that is fit for the future.
- Create a working environment with a workforce of enablement, empowerment and freedom to make more decisions.
- Ensure the workforce have a system around them that is responsive to their personal circumstance and provides opportunities for career progression
- Review financial wellbeing policies that minimises in-work poverty.
- Remove barriers to potential employment of staff out with the Borders including housing, transport and childcare.
- Reflect our communities in who we employ by creating a work place that is safe and inclusive and where staff can thrive.
- Explore integrated recruitment and retention conditions across all service providers, to reduce flow migration between organisations of the same pool of staff and help attract additional staff into Health & Social Care services.

Nurture

Detailed "**Nurture**–Short-&medium-term action plan" Section

- Listen and learning from staff about what matters to them through the implementation of the annual survey's and associated action plans in partnership with the Local Partnership Forum and in support of good staff governance and emotionally intelligent and responsive leadership.
- Harness our workforce's knowledge, skills and experiences to engage, inform and deliver the transformation and quality improvement priorities.
- Continue to promote and improve the support available for mental, physical, and financial health and wellbeing for our Health and Social Care workforce, developing an integrated wellbeing strategic approach.
- Improve the environments in which our staff work including safe staffing levels, workloads, leadership availability and visibility and provide a safe working environment reflected in our policies and practices and that is consistent with our values.
- Develop and invest in programmes of Leadership and Culture through the Executive Leadership Team, to leadership development at all levels and Organisational Development approaches supporting coaching, mentoring and fostering a diverse, inclusive and positive workplace.
- Provide a range of training, courses, materials and contacts to assist staff actively taking personal responsibility and managers to recognise the signs of staff that may need support.
- Implement an integrated approach to succession planning and talent management that ensures a "pipeline" of candidates for future senior roles, who are equipped to realise their potential and our ambitions.
- Review and adopt, where possible, flexible and agile working conditions to support staff when their circumstances un-expectantly change to help support retention of skilled and knowledgeable staff.
- Support staff with the ongoing impact and challenges associated with the COVID-19 pandemic
- Support staff in line with the Carers Act and our partner organisations', recognising that staff may be unpaid carers.
- Support implementation of the Health and Care (Staffing) (Scotland) Act 2019 to provide assurance that staffing is appropriate to support high quality care.
- Explore an integrated Scottish Borders wide reward and benefits scheme for all staff.
- Develop an engagement programme across our workforce to inform a set of shared values.
- Champion and deliver the policies that support a nurturing workplace culture.
- Support leaders at all to be levels trained in coaching to support staff and validation of learning.

MEETING CHANGING NEEDS

Scotland's population, including the Scottish Borders, is getting steadily older, the fact that people are living longer is undoubtedly positive, however when this is coupled with the economic impact of COVID-19 the cost of meeting the Partnership's recovery and transformation ambitions will be challenging. It therefore follows that services and providers of services must respond to current and emerging health and social care needs through new and innovative approaches and job roles as the traditional approaches to delivering health and care services is no longer financially sustainable. This will involve a shifting of resources and focus to community based services and placing a greater emphasis on early intervention and prevention. To do this, the Partnership's Strategic Planning Group will need to ensure that future proposal have clear linkages between services, finances and the cross sector workforce.

Proposals currently in development include, but not limited to:

Action Plan Specific, Short Life Working Groups, representing community based organisations and services, will be created and these groups will each have "living" action plans and will feed into the overarching workforce programme.

These initial short and medium term actions can reviewed in the "Five Pillars – Short & medium term action plan" section of this report, as a starting point for discussion but will adapted accordingly in line with changes to the IJB Strategy, community needs, external environment and financial pressures.

Below are some key areas that will be required to be deliberated by the working groups for development, consideration and implementation.

Parity of Staff

To improve recruitment, increase retention and to reduce migration the parity of staff between organisations needs to be reviewed and changed. Although we are constrained in what we can achieve within the Borders to achieve this parity there is some scope where alignment is possible.

- *Pay*

Although this is the main reason given why staff are either, attracted to a role, remain in one or move to another organisation. Pay is the one we have least control over due to different:

- ➢ pay and grading scales
- ➢ job evaluation processes

To achieve true parity would require a national agreement and/or for all IJB staff to be placed under one umbrella organisation such as the National Care Service. Another option could be a separate Borders organisation that had a set of pay, terms and conditions to be achieve parity across the organisation to have a truly integrated workforce.

- *Commissioning of Services*

➢ In order to best meet the needs of our communities, and to do so in a manner which delivers personal choice, we are committed to having a mixed model of strong and vibrant independent care sector, third sector and in-house social care services

➢ This will be achieved by coproducing a commissioning strategy which takes cognisance of current and future workforce pressures

- *Staff Employment*

Through alignment of terms & conditions, policies and access would help with advancing the equality of opportunity by reviewing:

➢ Contractual alignment to help secure mortgages and rented accommodation for the public sector

➢ Staff Benefits e.g., car schemes, cycle to work

➢ Supporting and delivering staff "stay well and keep well" for them and their families

➢ Flexible work patterns

➢ Family friendly policies

➢ Training access

New Models of Care/New Ways of Working

- *Residential Care*

A local vision for the future of residential care continues to develop and grow in the Scottish Borders. The Outline Business Case for the Tweedbank Care Village was considered and approved by the Integrated Joint Board, and thereafter by Scottish Borders Council in November 2021. Fuller details can be found at the following link: Tweedbank Care Village Committee Report Nov 2021. Design works for the Tweedbank Care Village is currently in development and this will include establishing what is required in terms of workforce to meet the current and emerging needs of the care village residents. The concept of the care village model supports person centred care, choice and involvement in the delivery of care which meets the needs and aspirations of the person being cared for. Person centred care planning will inform a large part of the workforce development plan.

Following extensive consultation, the Outline Business Case Initial Assessment in relation to future health and social care services has been developed for the town of Hawick and was approved by the IJB and Council in September 2022. It is anticipated that the Full Outline Business Case relating to provision in Hawick will be presented early 2023 and be followed by a Full Business Case at a later date. This work will include an analysis of the associated workforce required to meet new and emerging needs in Hawick.

- *Technology Enabled Care*

Scottish Borders Council undertook a review of their Digital Strategy in February 2021 this to support their vision to become a smart rural region delivering improved outcomes across the Borders. To support the Scottish Borders become the UK's first smart connected rural region and deliver its vision of supporting better outcomes for everyone who lives and works in the Borders the Scottish Borders Council Fit for 2024 (FF24) programme was developed. The key principles of the FF24 programme are all embracing and seek to turn challenge into opportunity and will be delivered under the following four themes:

1. digital skills for workforce skills
2. workforce flexibility
3. partnership resource optimisation
4. digital transformation

Further information can be found in appendix 1.

- *Scottish Borders Homecare Reablement Approach*

The developing Integrated Reablement Service, designed to bring existing staff teams in Scottish Borders Council and NHS Borders together will, given the proposed integrated structure, require involvement from the staffing teams, Scottish Borders Council and NHS Borders Human Resources and Workforce Development Teams and those using the services. The new approach will be supported by a workforce plan that delivers a culture in which the people using services are reabled to live the best life that they can. This will be measured by the aims of the pathfinder in the Hawick locality which are to:

- Improving quality of life
- Keeping and regaining skills, especially those people who have potential to live independently
- Regaining or increasing confidence
- Improving health and well-being
- Increasing people's choice and autonomy
- Person centered practice
- Enabling people to be able to continue living at home
- Reducing the need for ongoing care and support

The benefits for staff:

- Greater job satisfaction
- Doing something worthwhile
- Learning and developing new skills
- Motivating

Other benefits:

- Improvements in National Health and Wellbeing Outcomes (noted above)
- Prevention of admissions
- Improved whole system flow
- Reduced waiting lists

- Reduced or no ongoing care package (Glasgow outcomes 45% no care and 18% reduction on average in people who continued to need care Glasgow's Reablement Service - YouTube
- Reduction in homecare hours will help manage future demographic pressure - research suggests an average reduction of 28% in required homecare hours Research into the Longer Term Effects/Impacts of Re-ablement Services (core.ac.uk)

- ***Review of Palliative Care Services***

The World Health Organisation describes Palliative Care as "an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It (Palliative Care) prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual". (WHO Definition of Palliative Care - Public Health)

Given that the majority of palliative care services within the Scottish Borders are provided in the communities of the Scottish Borders both by unpaid carers and staff working in General Practice, District Nursing, Care at Home, Care Homes and Community Hospitals working across the public, independent and third sectors, the Integration Joint Board has agreed to a review of Palliative Care Services. The outcomes of the review will be defined under the following headings:

1. Structural – service redesign
2. Performance – service delivery against the agreed standards
3. Transformational – integrated seamless approach

The outcomes will be inextricably linked to the Partnership's Integrated Workforce Plan as it is anticipated that cross sector dedicated palliative care will require to be supported by a cross sector learning and development programme, a dedicated clinical supervision structure and a bespoke wellbeing programme to eliminate any negative impact of staff's emotional wellbeing. To ensure that the review also considers cultural and religious diversity, staff and community representatives reflecting the relevant characteristics defined in the Equality Act 2010, and those with lived expertise will be invited to support the associated equality and human rights impact assessment.

- *Promoting Excellence (PE) Framework, (2021)*

The Scottish Borders Health and Social Care Partnership has adopted the Promoting Excellent (PE) Framework. A framework for all health, social services and social care staff working with people with dementia, their families and carers, irrespective of which sector the service is being delivered by or which of the Scottish Borders communities the person with dementia lives in, was recently refreshed and is part of the national dementia strategy and is linked to the National Dementia Standards:

1. I have the right to a diagnosis
2. I have the right to be regarded as a unique individual and to be treated with dignity and respect
3. I have the right to access a range of treatment, care and supports
4. I have the right to be as independent as possible and to be included in my community
5. I have the right to have carers who are well supported and educated about dementia
6. I have the right to end of life care that respects my wishes

In addition, the adoption of the approach will support the Scottish Borders Health and Social Care Partnership deliver against the developing equality outcomes and mainstreaming framework. Further information can be found in appendix 2.

- *Pharmacy Support Staff Service*

Pharmacy Support Staff service is a project funded for 2 years with an aim to demonstrate the case for a longer term more widespread service. Currently, PSS is a team of 6 non-clinical support workers and a Pharmacy Technician as line manager and clinical lead. They cover all but 3 practices across the Board, with a current focus on:

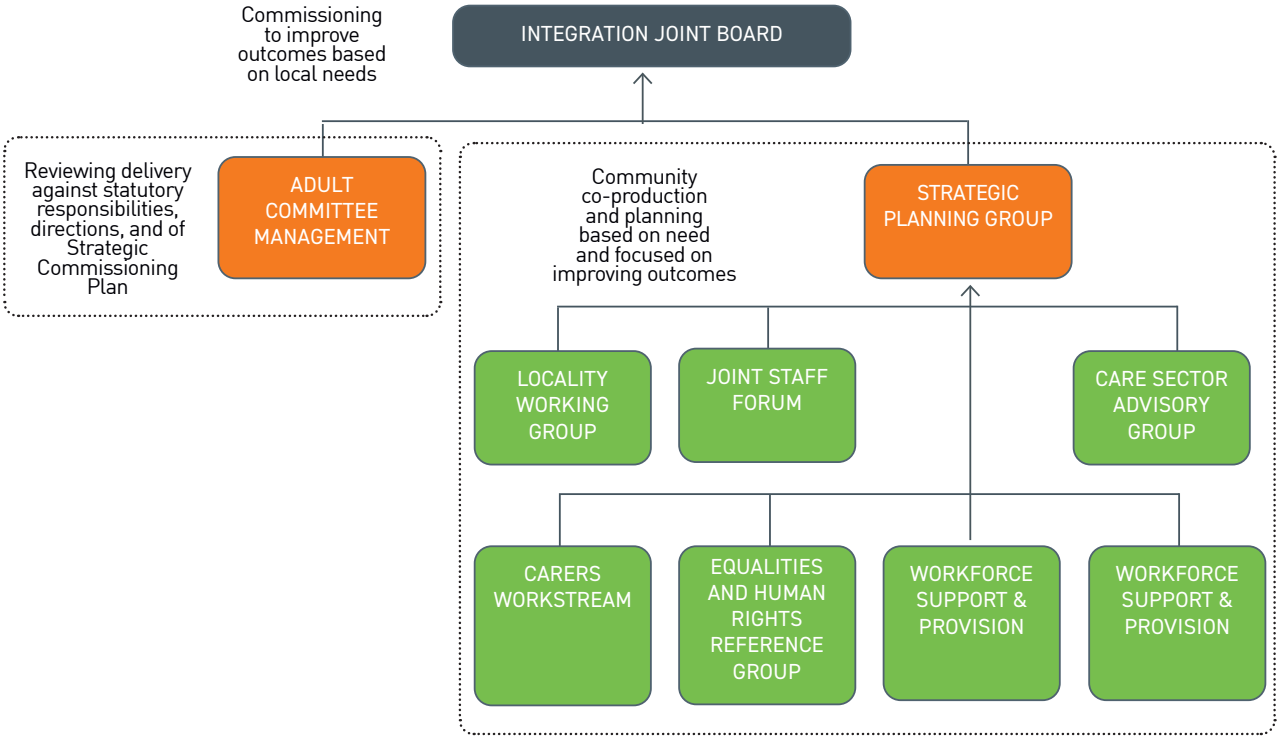
- Prescribing system housekeeping (Non-clinical medicine reviews)
- Prescribing audit work to support National Strategy work and GP Practices
- Prescribing efficiency and Financial Improvement Program work

If the project is adopted, the longer term strategy is for the team to become an entry point for staff new to Pharmacy to gain experience before starting their training as Pharmacy Technicians. In the last 10 months, the team have lost 4 members of staff to training posts (happily 3 were internal) and it is expected this will continue as the Pharmacotherapy team continues to grow. This high rate of turn-over means there has to be a keen focus on induction and training to ensure staff are operational as quickly as possible when they start.

Within *Community Pharmacy if there is an amendment to current legislation which allows for more flexibility in the responsible Pharmacy regulations. This may include a move in the use of robotics which, would be fully scoped out and the impact on the workforce.*

WHO WILL THIS INVOLVE?

The Scottish Borders Health and Social Care Partnership's Integrated Workforce Plan is to be aligned to the Partnership's developing equality outcomes and mainstreaming framework, and the Integration Joint Board's Commissioning Approach which includes close partnership and co-production with communities. This will ensure that people using services and staff at all levels have their voices heard as a way of participating in and influencing the development and delivery of services which deliver person centred and high-quality care.



To achieve this, an Integrated Workforce Plan Implementation Group and an Equality and Human Rights Reference Group have been established. Membership of both groups has been designed to be flexible to support the people living in the diverse communities of the Scottish Borders, including the cross sector workforce, to come together to work collaboratively to plan, design, coproduce and evaluate if the services being delivered are improving the quality of life of the Scottish Borders diverse communities.

In adopting this approach all of those affected by change will be involved, with the impacts being documented in the associated equality, human rights and Fairer Scotland duty impact assessments.

A Co-production Charter, to support future Action Plan developments, will be developed by the IWP Implementation Group. This to ensure the involvement of people with lived experience in the development and evaluation of Partnership's polices and services in the Scottish Borders and the Strategic Planning Group's Equality and Human Rights Reference Group.

In addition to these two groups, a number of provider organisations and staff groups, have also been established or recognised as linked to the plan to ensure ongoing participation and engagement. These will give the Partnership the foundations from which to develop an engagement programme across the sectors to inform a set of shared values, which we all hold as well as developing a robust staff suggestion scheme with accountability for responding to and recognition of ideas that improve the quality of life for both staff and the communities they care for. Fuller details of these can be found in the IWP Governance Structure on pages 42 to 43.

The Terms of Reference for the Care Providers Strategic Advisory Group (a subgroup of the Partnership's Strategic Planning Group), the Care Home Forum and the Care at Home Forum all include workforce planning in the remit of the group. These are cross sector groups designed to engage organisations, staff and people using services to participate and influence current and future models of care to meet current and emerging care needs.

Most recently this has included innovative and creative suggestions to address the challenges relating to community based capacity which support the reduction in unscheduled care admissions, delayed discharges and unmet need. The current tests of change are included in this plan's associated action plan.

To support the Partnership, understand and improve staff experience, the expansion of use of iMatter, NHS Scotland's staff experience continuous improvement tool across all sectors is to be explored. This in recognition of the importance of capturing staff experience and continuing to engage with managers across health & social care to develop meaningful action plans based on the outcomes of the survey. The most recent iMatter survey delivered a 51% response from Health and Social Care Staff working in Scottish Borders Council and NHS Borders. The response rate for the health delegated services was 57%, and the Scottish Borders Council rate increased from 35% to 45% over the past year. Employee Engagement Index rates were 76%/77% respectively, within the 'Strive & Celebrate' categorisation. Key improvements included "I feel involved in decisions" increasing from 66% to 71% and "my organisation cares about my health and wellbeing," increasing from 66% - 74% for social care staff.

GOVERNANCE AND PERFORMANCE FRAMEWORK

During the development of this plan, it was identified that a strong, effective, integrated and collaborative partnership forum, which is embedded in both the operational and strategic structures of the Scottish Borders Integration Joint Board and the Scottish Borders Health and Social Care Partnership is critical to the delivery of this plan's associated action plan. It is for this reason that the Integrated Workforce Plan Implementation Group has been established.

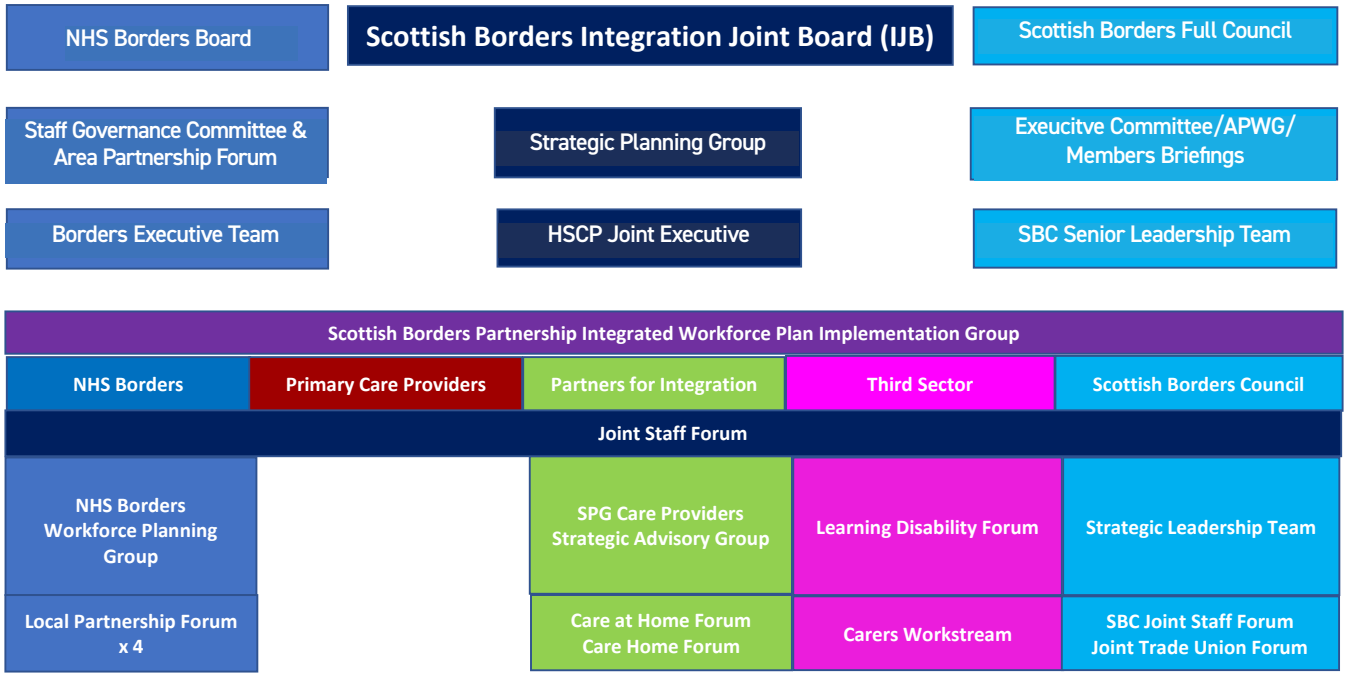
Building upon the collaborative approach taken to coproduce the Integrated Workforce Plan, membership will be drawn from the Independent Sector, the Third Sector, Scottish Borders Council, Primary Care and NHS Borders. This to give assurance that members have the appropriate expertise, skills, knowledge and resources to analyse, forecast and plan *workforce supply and demand*.

Each of the 5 sector leads will invite an additional two members from community based services to join the IWP Implementation group, this will further support the identification of others who will have a key role in action plan specific short life working groups, particularly the Hospitaland implementation of innovative and creative community based responses to workforce planning. Invitations have been, and will continue to be, extended to key stakeholders including but not limited to the Department of Work and Pensions, Borders College.

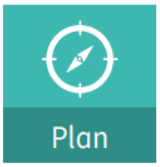
Initially reporting to the HSCP Joint Executive on a monthly basis during the period November 2022 to March 2023, the IWP Implementation Group will prepare and present a highlight and exceptions report quarterly to the IJB. This go give assurance that risk, issues and dependencies have not only been identified but are being addressed accordingly. The opportunity to present reports out with this cycle has been secured as a way of enable the IWP Implementation Group to address new and emerging issues that cannot wait until the next quarterly report is due.

In addition, an annual progress report will be presented. This will include a revised action plan for the following year which will be aligned, as appropriate to National Care Service developments.

Governance Structure 2022 to 2025



FIVE PILLARS – Short & medium term action plan



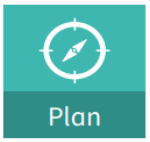
Short-Term Year 1

***Working in Partnership through our* Working Groups, representing Borders community based organisations and services.**

Actions will be; reviewed, modified and delivery dates agreed collectively.

Short-Term

- Analyse and address the gap between the current provisions of workforce data, to ensure it meets the needs of the various Workforce Planning Groups, pressure points and priorities aligned to our Strategic Plan, Financial Strategy and the Joint Needs Assessment.
- Ensuring robust use of workforce and demographic data to inform gaps, pressure points and priorities aligned to our Strategic Plan and considering our Strategic Needs Assessment.
- Develop data gathering methods with the Third and Independent sectors to reflect the current position, which supports workforce and locality planning using real time data.
- Where appropriate, explore all options to ensure sustainability of those services at increased risk, including regional / national working, joint appointments etc.
- Integrate Workforce Planning with a knowledge and Skills framework document sharing learning/methodologies and expertise.
- Working closely with regulatory bodies such as the SSSC and Care Inspectorate regarding the workforce requirements in line with national standards.
- Digital integration, enhancements and opportunities, and national difficulties in recruitment certain professional groups/specialties.
- Develop, with college partners, improved approaches that link delivery of courses with recruitment needs for Partnership organisations.
- Design a revised induction programme that supports a positive start, improved morale, and the retention of our workforce.
- Plan where to invest in our welfare, wellbeing, and health for best return on investment.
- Plan to reduce sickness absence levels particularly attributed to stress.
- Access funding routes to develop learning and development with awarding agencies and partners.
- Analyse resource implications and explore the effect on sustainability for services that could benefit from redesign from a 5 day to 7-day service (e.g., Allied Health Professions, Hospital at Home).
- Develop flexible workforce models including to consideration of options for front-line staff.
- Develop career pathways and succession planning to support the future "pipeline" of our workforce and creates a culture of continuous improvement.
- Continue to develop locality working and co-production with our communities.
- Review sustainability of all Clinical Services by running available Workforce and Workload Planning Tools, related to Health & Care (Staffing) (Scotland) Act.



Medium-Term Years 2-3

***Working in Partnership through our* Working Groups, representing Borders community based organisations and services.**

Actions will be; reviewed, modified and delivery dates agreed collectively.

Medium-Term

- Review sustainability of all services by running available Workforce and Workload Planning Tools, giving cognisance to Safe Staffing Legislation, Digital Opportunities, the national standards scrutinised by the Care Inspectorate and Health Improvement Scotland and national difficulties in recruitment across certain professional groups / specialties.
- Directorates / Divisions to introduce Workforce Plans, detailing how they will manage sustainability and financial pressures named by the Workforce and Workload Planning Tools exercise, caused by factors such as the inability to recruit sufficient key professional groups; increased ability requirements; age demographics; and supports the capacity and capabilities required through our transformation and redesign of services, models and job roles.
- Integrate services supporting multi-disciplinary and multi-agency working to improve outcomes for the people of the Scottish Borders in line with the Health and Social Care Strategic Plan.
- Evidence correlation with safe staffing levels and quality of care through regular updates from the Excellence in Care and Workforce Leads.
- Ongoing commitment to partnership working through the Partnership Forum in line with the Staff Partnership Agreement to support excellent relations with our workforce to make the Partnership an attractive place to work.
- Engage with local communities about our workplace practices in partnership with Scottish Borders Centre for Equalities.
- Develop new workstyles to support more flexible and inclusive working across the Partnership.
- Consider how our policies develop the culture we aim to have and how they support managers to manage health, wellbeing, and equality.
- Establish a clearer understanding of the challenges being encountered within specialities to consider the flow of career grade, training pipelines, and assess the fragility and sustainability of each service, at Directorate level.
- Continued engagement with the Care at Home Collaborative Forum to ensure the independent sector have an equal voice in the safe delivery of care in this sector.
- Review of business continuity plans to support resilience in line with the learning post COVID.
- Consider all prevention options to stop people deteriorating and resulting in higher care requirements e.g. Physio's into live borders, local area co-ordinators, link people into community activities, frailty assessment.
- Review care packages offered measured against risk.

Attract
 	
Short-Term Year 1
 	
***Working in Partnership through our* Working Groups, representing Borders community based organisations and services.**
 	
Actions will be; reviewed, modified and delivery dates agreed collectively.
	Short-Term
	• Review the recruitment model putting in place infrastructure that will facilitate longer term workforce growth through enhancing the attractiveness of Health and Social Care services to prospective staff.
	• Prioritise recruitment against our current workforce priorities and to support our recovery agenda.
	• Continue to expand, invest and increase the number of employment and employability programmes, such as Foundation, Modern and Graduate Apprenticeships and other initiatives, to strengthen our talent pipeline of candidates from the local community today to meet demand of tomorrow.
	• Engage with young people in our workforce to find and act on ways to attract and support other young people (aged 16 - 24) into training and employment opportunities with the Partnership. School Career Events/After Result day colleges and universities.
	• Increasing workforce capacity and supply routes into Health and Social Care across all our sectors through a joined-up approach to advertising and marketing and creating the collaborative conditions that supports integrated joint working.
	• Build on existing recruitment programmes to attract undergraduates, and those contemplating career changes.
	• Continue to explore and provide opportunities to promote the Health & Social Care Partnership,
	• Promote lifelong learning and training to support development and future career opportunities.
		• Support the Princes Trust 'Get into Health and Social Care' 18 to 30 years programme across the Borders which supports recruitment of new entrants to the Health and Social Care Sectors, succession planning and career pathways.
		• Targeted and creative recruitment campaigns in social care emphasising the wide range of roles across the sector, including but not restricted to, participation in recruitment events and use of social media.
		• Promote "Earn & Learn" to achieve recognised qualifications whilst employed, to incentivise career progression and support those in the community who may be otherwise disadvantaged to access a job and/or career opportunity.
		• Target under-represented groups in our communities, reviewing potential barriers to employment such as language bias in job adverts and roles, cultural differences, flexibility of work patterns and policies.
		• Attract a workforce out with the Scottish Borders, nationally and internationally (awareness of recent UK Migration policy) changes by mitigating were possible, practical potential barriers to recruitment e.g.
		  ○ Housing for key workers and
		  ○ Local letting initiatives
		  ○ Childcare places
		  ○ Relocation packages
		  ○ Flexible workforce policies
		  ○ Cultural support for oversees staff including links to support groups, logistical support e.g., housing, settling program, benefits access

Attract **Medium-Term Years 2-3** ***Working in Partnership through our* Working Groups, representing Borders community based organisations and services.** **Actions will be; reviewed, modified and delivery dates agreed collectively.**	**Medium-Term** • Focused recruitment campaigns targeted at areas of greatest workforce pressures including social care, mental health, and children's services. • As part of the Directorate and Portfolio level Workforce Plans, consider succession planning implications for range of critical roles. • Review all roles to ensure they are flexible and are future proof to meet the needs of the community. • Implement the professional assurance structure across health and social care supporting quality, standards, and professional assurance. • Further our support to recruit and retain a diverse workforce. • Attract the right number of employees to deliver our services to our communities. • Further develop approaches for youth apprenticeship and employability. • Developing approaches that facilitate medium-term workforce growth through enhancing the attractiveness of Health and Social Care services to prospective employees. • Review latest community/client engagement surveys and adapt plans accordingly, including providing any feedback on progress.	• Consider tapping into unpaid carers as future staff by funding SVQ2's, registering with the SSSC under SBC's registration and to encourage the delivery of care to another adult in their local community and a potential future career in care. • Consider the viability of one sponsor to support the recruitment of nurses and care staff for employment and subsequent deployment across the sectors reducing the reliance on agency staff.

Train

Short-Term Year 1

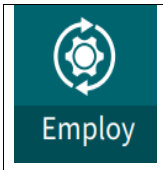
***Working in Partnership through our* Working Groups representing Borders community based organisations and services.**

Actions will be; reviewed, modified and delivery dates agreed collectively.

Short-Term

- Continue to promote and grow new roles based on the outcomes of service sustainability reviews and support the establishment and implementation of career succession opportunities and implementation of alternative models of care.
- Continue to engage in national initiatives for recruitment and training including those within a range of professions who have recognised shortages.
- Deliver a Systems Leadership Programme for our existing Extended Leadership Team, involving the Third and Independent Sectors with a focus on key leadership roles.
- Continue to promote and grow new roles supported by appropriate training programmes.
- Work with all partners to support engagement with Higher Education, Local Colleges, Universities and the Scottish Social Service Council (SSSC) in Scotland to ensure that we have a comprehensive approach to training for roles at all levels, with new programmes directly aligned to developments in service design and strategic priorities.
- Implementation suite of CPD joint transferable recognised core and mandatory training passport (Training Matrices) across all sectors to prevent retraining standardised learning and reduction of costs with a centralised and uniformed recording system and joint training framework.
- Building internal 'grow our own' career pathways to sustain our capacity in specialist and hard to recruit areas.
- Develop learning specifically for managers and supervisors about health, safety/wellbeing to develop confidence when discussing stress, prevention/management for our workforce linked to the Health & Safety Executive's 6 management standards.
- Provide learning for our workforce to develop skills that support higher acuity or complexity, within the community or home setting through Hospital at Home, palliative care, and social care and supports Quality Assurance and Improvement.
- Provide resources on personal health and wellbeing including finance and resilience and training for managers recognise when staff need support.
- Integrate wellbeing fully into Partnership training programmes.
- Supporting new entrants to Health and Social Care through developing and delivering robust induction for all new starts into Health and Social Care with support for Newly Qualified Practitioners.
- Job rotation/placements across the partnership for understanding, knowledge, skills and awareness
- Maximise efficient recruitment and training opportunities to ensure our workforce are upskilled and confident to meet changing demands and new, required ways of working.
- Focus on reconfiguring the workforce to increase efficiency and reduce duplication of effort.
- Explore an option for establishing a local Borders Care Academy
- Explore all training and development provided freely by the SSSC.
- Developing our digitally enabled workforce in line with new models of working and care delivery working with partners, including Housing.
- Develop, with college learning partners, opportunities that reflect the needs of the workforce, including wider use of digital access and support agile working.
- Progressively expanding the role of locality-based training programmes to support pathways into Health and Social Care services, which enable existing staff to work flexibly across their practitioner licenses to improve service outputs and increase the pace of role-redesign to facilitate longer-term service reform.
- Supporting the development of a trauma-informed workforce via the National Trauma Training Programme.

Train **Medium-Term Years 2-3** ***Working in Partnership through our* Working Groups, representing Borders community based organisations and services.** **Actions will be; reviewed, modified and delivery dates agreed collectively.**	**Medium-Term** • Increase the Partnership's ability to support the newly qualified workforce with post qualifying opportunities to enhance knowledge and skills. • Implement Training Passport across sectors and tied in with career pathways. • Continue to develop and promote alternative care roles such as Practitioner (Advance, Assistant), Assessor, Physician associates, opportunities as appropriate in response to wider service sustainability pressures and change community need. • Establish implications of the increased reliance on Digital and Information solutions, and drive for "Paperless" solutions, on range of Data &I Information measures, including Digital "Wellbeing" Training; Information Governance and Security (including Records Management, Freedom of Information); Data Quality, in a way that supports a future workforce and upskills the current workforce. • Review and promote availability of Apprenticeships, Traineeships and Placements (Student and Work Experience) through workforce succession planning and talent management to ensure a supported and positive learning experience. • Expand locality-based training programmes that support pathways in health and social care.	• Further develop Managers and Supervisors to support and manage health and wellbeing of the workforce. • Review employee training relating to equality, diversity and inclusion and health and safety. • Further develop Managers and Supervisors to understand equality and diversity protocols and resources. • Engage with Higher Education, Colleagues, SSSC, and NES to support our approach to recruitment in Scottish Borders including supporting newly qualified practitioners. • Development and delivery of locality-based training programmes. • Continued support for a digitally enabled workforce as technology evolves including what support will be required for community users to access. • Full implementation of Trauma Informed Practice and support the workforce to develop a trauma informed practice approach through the National Trauma Training Programme. • Consider what additional training may be required to support overseas candidates in their transition into the workforce. • Ensure that all training delivery reviewed to reduce the impact on the environment e.g. online, hybrid and reduction in classroom based training and exploiting technologies.



Short-Term Year 1

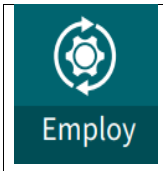
***Working in Partnership through our* Working Groups, representing Borders community based organisations and services.**

Actions will be; reviewed, modified and delivery dates agreed collectively.

Short-Term

- Monitoring our progress and growth in workforce against recruitment commitments
- Develop career pathways that reflect the Integration imperative of the Partnership and take account of personal ambition and in line with Equality Impact Assessments.
- Build on the connections with Further Education Colleges and Universities to configure approaches that better supports access to higher education including the introduction of variable start dates.
- Continue to review advertising and marketing approaches that reflect regulatory requirements when recruiting.
- Work to improve the information we hold about employee's equality information.
- Implementation of a new Social Work Career Pathway and expand to include a new Social Work advanced practitioner career pathway.
- Develop career pathways that strengthen integrated multi-disciplinary models that is responsive to change and provides opportunities for career progression.
- Identify and employ in key strategic areas.
- Review all role profiles and their skill sets to ensure they reflect current and future needs, they link to career pathways and plan role reviews prior to advertising and collectively on a regular basis.

- Create more enablement, empowerment and freedom for our Health and Social Care workforce to make more decisions.
- Ensure exit interviews conducted and information gathered to review commonalities and inform review measures to support retention of current and future staff.
- Explore new way of working through hybrid working and digital Technology e.g.
    - Virtual Wards.
    - Hospital at Home.
    - Embedding and extending the role of Digital Health and Telecare using Virtual/Remote Consultations.
- Create a process to monitor progress and growth in workforce against recruitment plans and targets.
- Improve understanding of different care needs and lived experiences we must ensure we have more diversity in our future leaders.
- Review key infrastructure barriers to employing, retaining and mobilising current staff and overseas recruitment e.g.
    - Housing for key workers and local letting initiatives
    - Transport – linking train/bus times to key towns within the Borders, potential free bus pass
    - Pool car access
- Review current care roles and consider alternatives support non care roles to free up care staff
- Consider medicine only visits.



Medium-Term Years 2-3

***Working in Partnership through our* Working Groups, representing Borders community based organisations and services.**

Actions will be; reviewed, modified and delivery dates agreed collectively.

Medium-Term

- Develop recruitment platforms including greater presence across social media and Higher Education Institutions sources.
- Work to improve the information we hold about employee's equality information.
- Demonstrate our commitment to equality of opportunity for our minority communities throughout recruitment and employment approaches.
- Engage with local communities about our in workplace practices partnership with Scottish Borders Centre for Equalities.
- Measure growth and recruitment in line with national direction and investment including:
    - Care at home
    - Care homes
    - Mental Health Recovery and Renewal
    - Vaccination transformation
    - Primary Care Improvement
- Continuing to work in partnership with the employers across statutory, Third and Independent sectors regarding Fair Work requirements in line with National Direction.

- Consider alternative roles with equity decision making to support Social Workers recruitment e.g. trusted assessor role, potentially start team, paraprofessional, discharge and pathways team.
- Consider recruiting Nursing Staff to support care homes.
- Consider options to reduce staff movement from the care sector into the health sector the impact of which is reducing the number of social care workers in the community and increasing the number of delayed hospital discharges.
- Consider the development of a peripatetic workforce across all sectors so staff are deployed to where the demand is greatest.

Nurture **Short-Term Year 1** ***Working in Partnership through our* Working Groups, representing Borders community based organisations and services.** **Actions will be; reviewed, modified and delivery dates agreed collectively.**	**Short-Term** • Supporting staff with the ongoing impact and challenges associated with the COVID-19 pandemic and requirements of mobilisation, remobilisation and recovery. • Ensure that our belief in a nurturing workplace culture is at the heart of strategic and policy decision-making forums. • Review and enhance provision of information capturing the protected characteristics of our workforce, ensuring information supports meaningful discussion at the right forums. • Dignity & Respect policies reviewed to ensure legal compliance and reflective of our values and promote Carer Friendly Employment Practices. • Recognise that members of our workforce may be unpaid carers and provide support in line with the Carers Act and our partner organisations' flexible working conditions. • Raise awareness of managers and supervisors to understand the importance of health, safety, and wellbeing of their team with a focus on prevention/early intervention. • Raise awareness of employees to the resources and supports available to them and how to access these.	• Support our workforce to request a referral to physiotherapy and / or counselling provider. • Communicate and implement our pledge relating to the Miscarriage Association's Pregnancy • Loss to, amongst other supports, provide paid time off for employees (and their partners) who suffer a pregnancy loss at any stage of pregnancy. • Implementation of Career Conversations through appraisal, supervision and 121 meetings, enabling staff to establish the most suitable development opportunity for them. • Continue to promote and implement iMatter, surveys, and Action Plans. • Promote mental health and wellbeing of the workforce through the work of the Partnership Wellbeing Strategy Group. • Support readiness for the implementation of the safe (health and care) Staffing (Scotland) Act 2019. • Consider a Generic Review Form, to support a move to Trusted Assessors and a culture of respect for each other's roles.

Nurture **Medium-Term Years 2-3** ***Working in Partnership through our* Working Groups, representing Borders community based organisations and services.** **Actions will be; reviewed, modified and delivery dates agreed collectively.**	**Medium-Term** • Support managers in managing the wellbeing of our workforce through policy procedure and guidance development, including induction, training, development, and personal development practices. • Support the capability of our workforce to engage in the transformation and quality improvement priorities, whilst recognising the challenges on current workforce and service pressures. • Support line managers to manage absence and promote wellbeing to help employees stay well at work and feel supported when they return to work. • Increase awareness for managers on the supports/tools/resources available and the relevant HR policies, procedures, and guidance available. • Support our workforce to take responsibility for their own health and wellbeing and use training and development to engage and focus employees on their own health and wellbeing. • Developing an engagement programme across our workforce to inform the creation of a set of shared values. • Implement learning from our workforce about what matters to them through the implementation of the annual iMatter survey and associated action plans in partnership with the Local Partnership Forum and in support of good staff governance and emotionally intelligent and responsive leadership.	• Championing and delivering the policies of NHS Borders and Scottish Borders Council to support a nurturing workplace culture. • Staff feel they are able to raise concerns in a manner that is consistent with our values and policies. • Nurturing our Leaders as part of the opportunities available to support leadership growth such as SOLACE (Society of Local Authority Chief Executives). • Talent management and succession planning implemented to nurture our staff's ambitions and provide opportunities to grow whilst ensuring a pipeline of candidates for future roles who are equipped. • Improve working environments in which staff work, including safe working, safe staffing levels and workloads. • Committed to working in partnership with NHS, Borders, Scottish Borders Council, the Third and Independent Trade Unions and our regulators. • Developing an engagement programme across our workforce to inform a set of shared values, which we all hold e.g. staff suggestion scheme with accountability for responding and recognition to ideas. • Supporting readiness for the implementation of the Safety (Health and Care (Staffing) (Scotland)) Act 2019. • Continuing to promote the mental health and wellbeing of the Health and Social Care workforce, led through the introduction of a Partnership Wellbeing Strategy Group, which is working through an integrated wellbeing strategy approach to understand our workforce sectors.

Appendix 1

Digital Health and Social Care Transformation

Scottish Borders Council undertook a review of their Digital Strategy in February 2021 this to support their vision to become a smart rural region delivering improved outcomes across the Borders.

The Digital Strategy has two main objectives:

a) To use digital technology to improve processes, improve the customer experience and improve operational efficiency
b) To set out the digital vision for the Borders

To enable improved communities and employee experience and unlock economic value, digital strategy sets out 12 key programmes of work, positioned across the 3 key areas of:

1. Demand Management,
2. Response Management
3. Enterprise & Asset Optimisation

In addition, a complementary Health and Social Care Digital Transformation Programme Outline Business Case (OBC) has been commissioned for the Scottish Borders HSCP. This programme aligns to the Scottish Borders and NHS Borders digital strategies, and the national Digital Health and Care Strategy (2021), Our local strategies underline our ambition for the Scottish Borders to be a Rural Integrated Health/Care Exemplar (rIHE). A significant amount of work has been undertaken with engagement across staff and partners, and the Scottish Borders are ahead of the curve in relation to the planning and delivery of digital transformation to support our service users and staff.

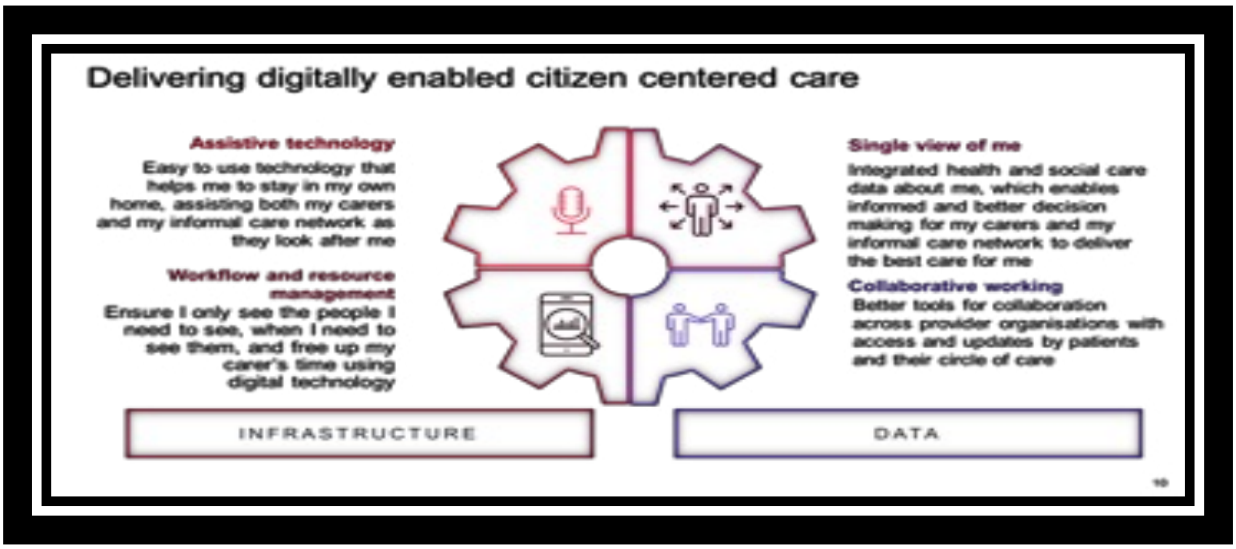
To support the Scottish Borders become the UK's first smart connected rural region and deliver its vision of supporting better outcomes for everyone who lives and works in the Borders the Scottish Borders Council Fit for 2024 (FF24) programme was developed. The key principles of the FF24 programme are all embracing and seek to turn challenge into opportunity.

The five pillars of the programme are:

1. Service by Service Reviews
2. Investing in digital transformation
3. Enhancing community engagement, participation and empowerment
4. Place making and best use of assets
5. Process improvement and productivity

The five pillars are underpinned by four themes:

1. Digital skills for workforce skills
2. Workforce flexibility
3. Partnership resource optimization
4. Digital transformation



Digital Approaches - Technology Enabled Care (TEC)

Scotland's refreshed Digital Health and Care Strategy was launched on 27 October 2021 and is a joint initiative between the Scottish Government and CoSLA. Having been developed in consultation and collaboration with key statutory, third, innovation, academic and private partners the delivery of the strategy will require the collective effort of these partners at the local level going forward. The outlines approaches to improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services. This will require staff to be provided with the tools and training they require to ensure that they are both competent and confident in their professional use of digital technology.

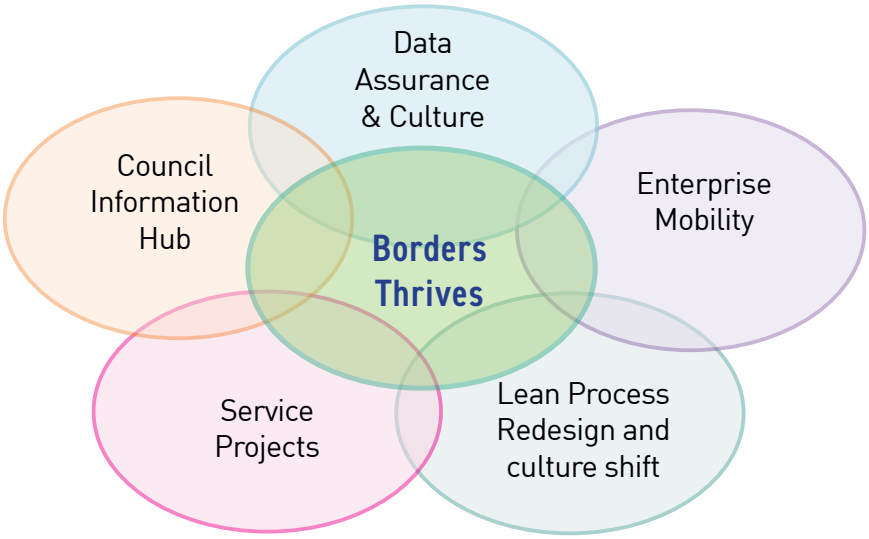
It is anticipated that the Scottish Borders will explore the opportunities of working in partnership with NHS Education for Scotland to deliver Technology Enabled Care (TEC) learning which supports health, housing and social care practice.

In addition, new and emerging workforce roles within the social care sector will be explored e.g., Care Technologists. This new workforce role was conceived through work undertaken by Scottish Care and Glasgow School of Art – School of Innovation and Design Future of Care at Home The role of the Care Technologist is to support people who access care and support to benefit from appropriate technology solutions matched to their needs and aspirations. Having secured Scottish Government Technology Enabled Care funding it is envisaged that a scaled up plan of the initial test of change will include diversification of approach delivering flexibility to adapt and respond to pressures identified within analogue to digital telecare and the Digital Approaches in Care Homes Action Plan

Digital Transformation Programme – Social Work Pathfinder

This programme aims to:

- Measurably improve outcomes for service users and staff
- Start to embed an enhanced focus on outcome-based delivery across the Council
- Build a culture of process value and efficiency at all levels of the Council and,
- Upskill and empower the workforce to iteratively define and implement the best processes to support service user outcomes and make the most of the digital investment
- Embed and reinforce the culture of data value and ownership with a focus on ensuring quality data is available to the Information Hub for all areas
- Build a Continuous Improvement culture to redefine how services deliver outcomes and to release the full benefits of the digital capabilities in which investment has and will be made.
- Reduce the number of vacancies that the service needs to fill while releasing additional capacity to meet growing demand

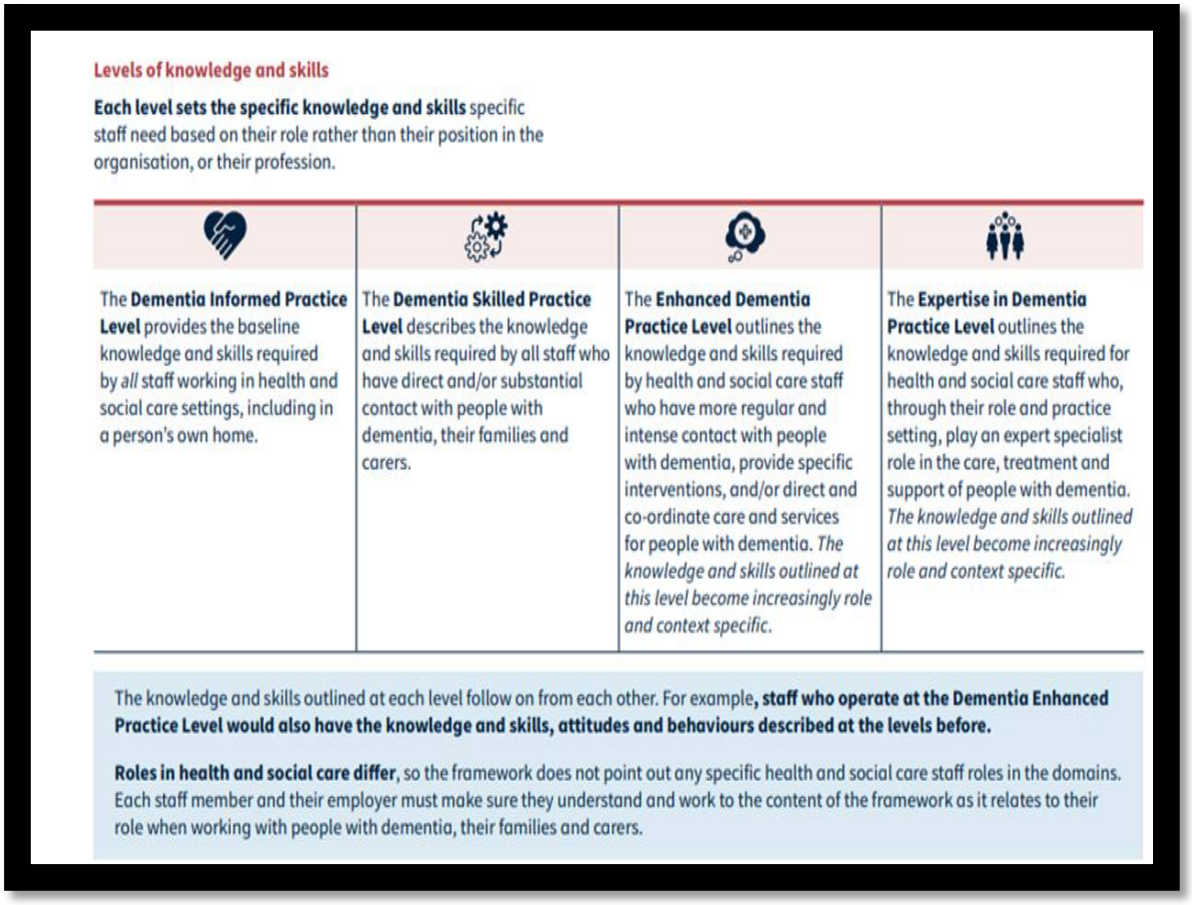


Appendix 2

Promoting Excellence (PE) Framework, (2021)

A framework for all health, social services and social care staff working with people with dementia, their families and carers was recently refreshed and is part of the national dementia strategy and is linked to:

The Promoting Excellence Framework outlines which level and skills staff should achieve, dependant on their role and contact with people living with dementia in hospital, community and care home settings and builds upon the 2011 Promoting Excellence Framework, the first national workforce development framework in Scotland. The levels of knowledge and skills are detailed in the table below:



Levels of knowledge and skills

Each level sets the specific knowledge and skills specific staff need based on their role rather than their position in the organisation, or their profession.

The **Dementia Informed Practice Level** provides the baseline knowledge and skills required by *all* staff working in health and social care settings, including in a person's own home.	The **Dementia Skilled Practice Level** describes the knowledge and skills required by all staff who have direct and/or substantial contact with people with dementia, their families and carers.	The **Enhanced Dementia Practice Level** outlines the knowledge and skills required by health and social care staff who have more regular and intense contact with people with dementia, provide specific interventions, and/or direct and co-ordinate care and services for people with dementia. *The knowledge and skills outlined at this level become increasingly role and context specific.*	The **Expertise in Dementia Practice Level** outlines the knowledge and skills required for health and social care staff who, through their role and practice setting, play an expert specialist role in the care, treatment and support of people with dementia. *The knowledge and skills outlined at this level become increasingly role and context specific.*

The knowledge and skills outlined at each level follow on from each other. For example, **staff who operate at the Dementia Enhanced Practice Level would also have the knowledge and skills, attitudes and behaviours described at the levels before.**

Roles in health and social care differ, so the framework does not point out any specific health and social care staff roles in the domains. Each staff member and their employer must make sure they understand and work to the content of the framework as it relates to their role when working with people with dementia, their families and carers.

The Promoting Excellence framework reflects the actions, priorities and commitments of the dementia strategies and on-going national activity on dementia. NES and the SSSC have been active since 2011 in supporting the four levels of the framework (as detailed in the table above) in practice, including the development of:

- core educational resources
- training programmes
- developing leaders and infrastructures to support implementation.

All of which will be embedded in the 5 Pillar action plan.

References
Scottish Government (2010). Scotland's National Dementia Strategy. Edinburgh
Scottish Government Scottish Government (2011). Promoting Excellence: a framework for all health and social services staff working with people with dementia, their families and carers. Edinburgh: Scottish Government Scottish Government (2011). Standards of Care for Dementia in Scotland. Edinburgh
Scottish Government Scottish Government (2016). Carers (Scotland) Act 2016. Edinburgh
Scottish Government Scottish Government (2017). National Dementia Strategy 2017–2020. Edinburgh
Scottish Government Scottish Government (2018). Health and Social Care Standards: my support, my life

Appendix 3

Regulatory Bodies

- ### Scottish Social Services Council

Staff working in the services registered with the Care Inspectorate and social workers are required to register with the Scottish Social Services Council (SSSC) and it is the duty of employers and Higher Education Institutions to ensure that their staff and students are registered with the SSSC and to support staff and students with their post registration training and learning. The Codes of Practice for Social Service Workers and Employers set out the behaviours and values expected of social service workers and their employing organisation and also considers removal of regulated staff from the register where conduct issues take place. The SSSC does recognise registration with other regulatory bodies, details of which bodies can be found on their website and include the Nursing and Midwifery Council.

- ### Nursing and Midwifery Council (NMC)

The NMC are the independent regulator for nurses and midwives in the UK. Their vision is to ensure safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing. The NMC promote high education and professional standards for nurses and midwives across the UK, maintain the register of professionals eligible to practise, and investigate concerns about nurses and midwives. Regulating and supporting these professions allows the NMC to influence health and social care. They share intelligence from regulatory activities and work with our partners to support workforce planning and sector-wide decision making. Revalidation is a 3 yearly process that all nurses and midwives in the UK need to follow to maintain their registration with the NMC, by helping them continually develop and reflect on practice. Revalidation helps to encourage a culture of sharing, reflection and improvement.

- ### HCPC –Health & Care Professions Council

The HCPC protect the public by regulating 15 health and care professions including AHP professions, Psychologists, Biomedical & Clinical Scientists and they only register people who meet standards set out to ensure they can practise safely and effectively. They also check the quality of training courses and ensure that someone who has trained outside of the UK has met our standards before they are registered. CPD is a key element of registration and professionals are expected to maintain and be able to demonstrate that they are up to date and CPD has contributed to ensuring quality of their practice.

- ### General Medical Council (GMC)

The GMC help to protect patients and improve medical education and practice in the UK by setting standards for students and doctors. They ensure all doctors are registered with a licence to practise before they work in the UK. The GMC also take action when the standards are not met. 5 yearly revalidation is required to show that doctors are keeping knowledge up to date, are fit to practise, and provide a good level of care.

- **General Dental Council (GDC)**

The General Dental Council (GDC) is the UK-wide statutory regulator of members of the dental team. Their primary purpose is to protect patient safety and maintain public confidence in dental services. To achieve this, they register qualified dental professionals, set standards for the dental team, investigate complaints about dental professionals' fitness to practise, and work to ensure the quality of dental education. CPD is an important element with an enhanced requirement introduced in 2018 with the requirement to do a minimum of 10 hours of verifiable CPD across any consecutive two-year period.

- **General Pharmaceutical Council (GPhC)**

The General Pharmaceutical Council is the regulator for pharmacists, pharmacy technicians and registered pharmacies in Great Britain. The main job of the council is to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy.

The main duties include; setting standards for the education and training, setting standards and guidance which describe how safe and effective care is delivered, inspecting pharmacies to make sure they are meeting standards. There's also a requirement for pharmacists and pharmacy technicians to carry out and record revalidation activities annually to demonstrate to the General Pharmaceutical Council that they are keeping up-to-date and reflecting on their practice.

Appendix 4

Reablement SPG IJB Paper

Appendix-2021-

Scottish Borders Health & Social Care
Strategic Planning Group

Meeting Date:

Scottish Borders
Health and Social Care
PARTNERSHIP

Report By:	Julie Glen/Paul Williams
Contact:	Julie Glen
Telephone:	07899309537
SCOTTISH BORDERS HOMECARE REABLEMENT APPROACH	
Purpose of Report:	To provide an update on the use of the Reablement Approach by the Scottish Borders H&SCP.
Recommendations:	The Health & Social Care Integration Joint Board is asked to: • Note the Reablement work by NHS Borders and SBCares that is already underway and the benefits of this approach • Agree that a further business case will be submitted for discussion following the completion of the Reablement Pathfinder, its subsequent evaluation and discussions on a future Borders wide operating model. • Agree to the progression of the scoping of one integrated SB Cares / Home First service • Agree to a future proposal being submitted later in the year with an outline approach for an Integrated Reablement Service with SB Cares and Home First.
Personnel:	A future Integrated Reablement Service would impact the staff within the Current Home First Team, the OT's within H&SC teams and SB Cares Home Care Support Workers. Careful consideration will require to be given to the proposed integrated structure and will require to involve HR teams from both NHSB and SBC. In addition, this will be considered at the Joint Staff Forum.
Carers:	Unpaid Carers can play a key role in the Reablement approach so will be included in any future service development discussions. The IJB carers workstream will be engaged.
Equalities:	An Equalities Impact Assessment has been completed for the Reablement South pathfinder project, but a further EIA will be required for a potential future Integrated Reablement approach. Integrated Impact Assessment Form - Re
Financial:	SBCares and Home First have financial efficiencies which will need to be considered when developing a future Reablement approach.

Legal:	Any future integrated service provision will require to fit with relevant legislative commitments across the HSCP.
Risk Implications:	There is the risk of delays to an integrated service due to grading differences in staff roles in NHSB and SB Cares. This may also result in staff unease. A full risk assessment will be provided as the Integrated Service discussions progress.

1. Situation

1.1 The Integration Joint Board's Strategic Implementation Plan committed to to fully embedding transitional care / home based intermediate care as a model, and to develop a re-ablement approach for care at home service users.

1.2 Home First currently provide an Allied Health Professional (AHP) led Reablement service. When this service was originally commissioned by the Integration Joint Board, it was noted and expected that this would provide an integrated hospital at home and reablement Discharge to Assess service. Due to recruitment issues at the time in social care, this did not progress and so a Hospital to Home reablement service was developed that did not provide Discharge to Assess as standard for all patients.

1.3 SBCares have commenced an 8 week Reablement Pathfinder in the Teviot area. The evaluation of which will be available at the end of October 2022.

1.4 Both services seek to deliver on the aims from the IJB Strategic Implementation Plan (2018-22) as well as the National Health and Wellbeing Outcomes.

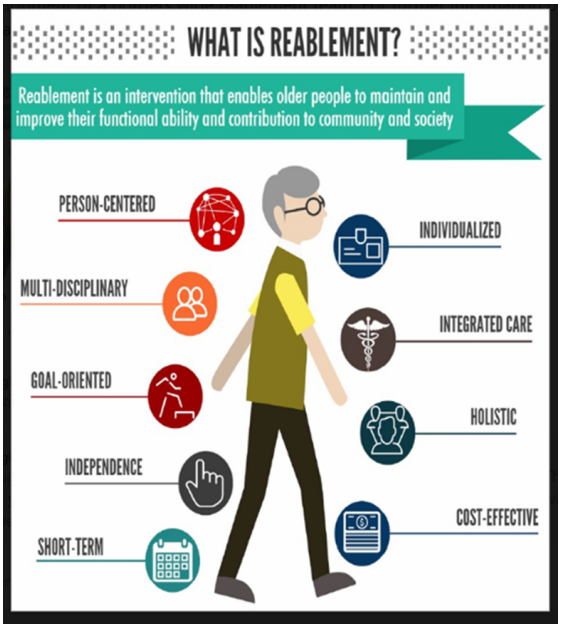
1.5 There is a desire to look at the potential for an Integrated Reablement team following the review of the Reablement Pathfinder evaluation. A future Integrated Team would provide Reablement services across the Borders, 7 days a week. The focus would not only be on hospital discharge patients, but would also focus on those in the community that may need a small package of care or some support to prevent admission.

1.6 Both Home First and SBCares have financial efficiencies that need to be met, so any future model will delivered in a financial sustainable way.

2 Background

2.1. Reablement is short term or time limited support that helps a person to adapt to changed circumstances, such as functional loss after an illness or accident, or to regain confidence and capacity to return to their previous level of activity, enabling them to do things for themselves, rather than having things done for them. It involves a process of identifying a person's own strengths and abilities by focusing on what they can safely do instead of what they cannot do anymore.

2.2. Reablement aims to assist people to maximise their independence



2.3. Research on Reablement by De Monteford University on the benefits of homecare Reablement and reported the following results at first review:

Package required at first review	Reablement service	Control Group (i.e. with no Reablement)
Discontinued	58%	5%
Reduced	17%	13%
Unchanged	17%	71%
Increased	8%	11%
	100%	100%

2.4. This approach fits with the 9 National Health and Wellbeing Outcomes.

Outcome	Comment
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	Reablement promotes independence and allows people to remain in their own homes.
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	As above.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	The Reablement approach promotes independence giving people more choice and control over their support.

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	A reabling approach enabling physical and social independence are inextricably linked to perceived quality of life. Quality of life will be measured at each stage of the Reablement South Pathfinder.
5. Health and social care services contribute to reducing health inequalities.	The Reablement service will be available to all that are deemed to be able to participate.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	Providing education and support to unpaid carers is a fundamental component of the Reablement approach.
7. People who use health and social care services are safe from harm.	Service user safety remains paramount throughout the Pathfinder project. Daily meetings will ensure any concerns are raised and dealt with.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Reablement training has been provided and support throughout the project will be provided by the OT leads. Staff motivation and job satisfaction will be measured before and after the Pathfinder and reported in the evaluation. Evidence from other areas suggests that staff motivation and satisfaction will improve as a result of working using a Reablement approach.
9. Resources are used effectively and efficiently in the provision of health and social care services	The short term investment in Reablement should reduce ongoing care costs and release staff capacity to deal with growing demand.

3. Assessment

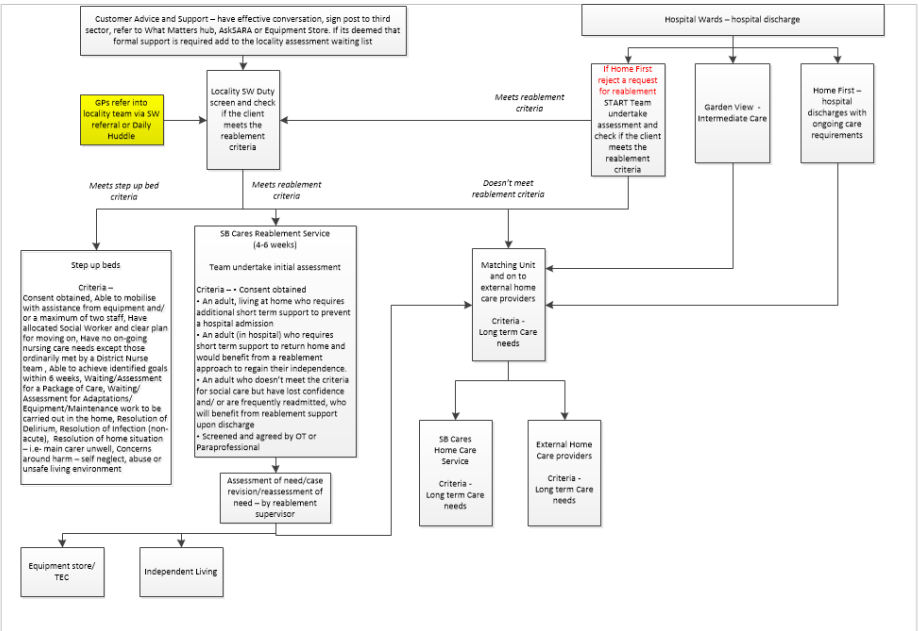
3.1 The Reablement approach has been used by the NHS Home First Team since 2019. The Home First team has evidenced that this approach over a 12 month period reduced the potential demand on long term care needs by approximately 1051.6 visits and equating to 318 hours of ongoing care. This saving would have been greater if not for the national recruitment challenges within home care. The IJB and IJB Audit Committee were updated on the Home First position earlier in the year.

3.2 In line with the IJB Strategic Commissioning Plan, SB Cares have been keen to understand how the Reablement approach can benefit their service users, their service and deliver significant efficiencies by way of reductions in care packages. Any reduction in care packages would release capacity into the care at home system as well as help manage the future demand created by demographic growth.

3.3 As a result a Reablement Pathfinder Project has been established in the South Home Care area (Hawick). The Pathfinder is running for an 8 week period from 15th September giving service users the opportunity for a 4-6 week period of Reablement. During the Reablement period, service users will be reassessed weekly to establish any change in functional ability and quality of life. When the period of Reablement is complete, the

service user will be assessed for any longer term care needs, equipment or TEC (Technology Enabled Care) which may be required. The hope being that any long term care needs will be minimal. The pathfinder is working with service users from the social care community waiting list, those discharged from hospital and those currently in Upper Deanfield Care Home.

3.4 The Reablement Pathfinder process can be seen below.



3.5 The Reablement team comprises of the Teviot Health &Social Care Team Leader, an Occupational Therapist, a Paraprofessional, a Reablement Supervisor and 9 Reablement Home Care Support Workers. Support for the project is also being provided by Senior Managers within SBCares.

3.6 The pathfinder aims to realise the following benefits for service users –

- Improving quality of life
- Keeping and regaining skills, especially those people who have potential to live independently
- Regaining or increasing confidence
- Improving health and well-being
- Increasing people's choice and autonomy
- Person centered practice
- Enabling people to be able to continue living at home
- Reducing the need for ongoing care and support

3.7 The benefits for staff

- Greater job satisfaction
- Doing something worthwhile
- Learning and developing new skills
- Motivating

3.8 Other Benefits

- Improvements in National Health and Wellbeing Outcomes (noted above)
- Prevention of admissions
- Improved whole system flow
- Reduced waiting lists
- Reduced or no ongoing care package (Glasgow outcomes 45% no care and 18% reduction on average in people who continued to need care Glasgow's Reablement Service - YouTube)
- Reduction in homecare hours will help manage future demographic pressure - research suggests an average reduction of 28% in required homecare hours Research into the Longer Term Effects/Impacts of Re-ablement Services (core.ac.uk)

3.9 The pathfinder is running for 8 weeks from 15th September 2022, with the evaluation being available by the end of October 2022.

3.10 The evaluation will cover –

- Percentage of people that have received Reablement that need no follow on support
- Assessment of package required prior to Reablement vs the package required after Reablement (Care hours and costs)
- Increase in functional ability pre and post Reablement (Recorded in Mosaic)
- % of those that have been through the Reablement approach that no longer require a service up to 6 months post-Reablement (and follow up on a sample after 12 months – satisfaction and update on current situation, provider 6 month review info)
- Perceived quality of life score pre and post Reablement (recorded in Mosaic)
- Double handed care reductions to single handed care
- Increase of use of Technology Enabled Care
- Reduced locality waiting list
- Reduced demand on START and Locality team assessments
- Staff motivation and job satisfaction

Feedback from staff and clients will also be recorded.

4. Next Steps

4.1 Should the Pathfinder evaluation be positive, it is proposed that discussions will take place with Home First around integrating the two approaches to create one Integrated Reablement team which will operate across the Borders.

4.2 A Business Case will be submitted to the SPG/IJB when a proposed future integrated operating model has been scoped.

5. Recommendations

- Note the Reablement work by NHS Borders and SBCares that is already underway and the benefits of this approach.
- Agree that a further business case will be submitted for discussion following the completion of the Reablement Pathfinder, its subsequent evaluation and discussions on a future Borders wide operating model.
- Agree to the progression of the scoping of one integrated SB Cares / Home First service
- Agree to a future proposal being submitted later in the year with an outline approach for an Integrated Reablement Service with SB Cares and Home First.

DIRECTION FROM THE SCOTTISH BORDERS INTEGRATION JOINT BOARD Direction issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014	
Reference number	SBIJB-210922-2
Direction title	Development of a business case for an integrated re-ablement approach across the Scottish Borders, provided by an integrated Home First and SB Cares service
Direction to	Scottish Borders Council and NHS Borders
IJB Approval date	TBC – the paper will be considered at the IJB on 21 September 2022
Does this Direction supersede, revise or revoke a previous Direction?	Yes (Reference number: SBIJB-08-11-17-1 Discharge to Assess) Supersedes: X; Revises: X; Revokes:
Services/functions covered by this Direction	Social Care (Scottish Borders Council Care at Home), Hospital to Home (Home First)
Full text of the Direction	To evaluate the re-ablement pathfinder, and report to the December IJB with a business case for an integrated SB Cares and Home First service. As part of the development of this business case, it is expected that: • There will be full engagement with staff, with service users, unpaid carers and partners (including but not exclusively review at the IJB Joint Staff Forum, Unpaid Carers Workstream and Independent Care Sector Advisory Group) • the benefits listed including the National Health and Wellbeing Outcomes will be captured, in addition to service user feedback • the scope of the service, and referral pathways are clearly outlined • the service facilitates step up from the community • the service provides a Discharge to Recover then Assess function, so that no home care is prescribed from the Hospital system, but that instead this is determined after a period of recovery and reablement in the service user's home
Timeframes	To start by: With immediate effect To conclude by: 31 March 2022
Links to relevant SBIJB report(s)	8 November 2017 IJB: Discharge to Assess 17 February 2021 IJB: Formative Evaluation of the Discharge Programme 21 September 2022 IJB: Development of a business case for a reablement approach across the Scottish Borders
Budget / finances allocated to carry out the detail	• It is expected that the costs of the Home First service will reduce in line with the budget currently available. • In line with the integration of the service, it is expected that the budgets for Home First and SB Cares will be pooled. • As a transformation initiative, it is expected that the overall costs to deliver internal and commissioned home care services will reduce. As part of the business case, the expected financial costs and benefits must be outlined.
Outcomes / Performance Measures	All 9 National Health and Wellbeing Outcomes apply, and it is expected that these will be measured as part of service user feedback. In addition, the following performance measures will be captured:

	• Percentage of people that have received Reablement that need no follow on support • Assessment of package required prior to Reablement vs the package required after Reablement (Care hours and costs) • Increase in functional ability pre and post Reablement (Recorded in Mosaic) • % of those that have been through the Reablement approach that no longer require a service up to 6 months post-Reablement (and follow up on a sample after 12 months – satisfaction and update on current situation, provider 6 month review info) • Perceived quality of life score pre and post Reablement (recorded in Mosaic) • Double handed care reductions to single handed care • Increase of use of Technology Enabled Care • Reduced locality waiting list • Reduced demand on START and Locality team assessments • Staff motivation and job satisfaction
Date Direction will be reviewed	As the business case will be reviewed at the December IJB, the Direction will be formally reviewed by the Strategic Planning Group in advance of the IJB. The IJB Audit Committee will not review this direction.

Appendix 5

Palliative Care Service Review SGP IJB

Appendix-2021- *Iris will complete*

Scottish Borders Health & Social Care Integration Joint Board

Scottish Borders Health and Social Care PARTNERSHIP

Meeting Date: *Iris will complete*

Report By:	Dr Lynn McCallum, Medical Director, NHS Borders
Contact:	Carly Lyall, Planning & Performance Officer, NHS Borders
Telephone:	carly.lyall@borders.scot.nhs.uk – MS Teams
REVIEW OF PALLIATIVE CARE SERVICES ACROSS THE SCOTTISH BORDERS	
Purpose of Report:	To commission an external review of Palliative Care Services across the Scottish Borders.
Recommendations:	The Health & Social Care Integration Joint Board is asked to: *a)* Approve and commission an external review.
Personnel:	The review will require engagement with the service and stakeholders.
Carers:	As part of the review, the IJB Carers workstream will be consulted to consider the needs of unpaid carers caring for their loved ones who receive palliative care in the community
Equalities:	As the review has not commenced, the Integrated Impact Assessment has not yet been undertaken, but will be as part of the implementation and will be reported back to the IJB.
Financial:	Non-recurrent funding will need to be identified to commission an external provider. It is expected that this will provide the opportunity for service transformation to both improve outcomes and reduce costs as
Legal:	Procurement requirements and rules will be followed accordingly.
Risk Implications:	There is a risk of no identified funding to commission the review, which will impact on our performance against the National Health and Wellbeing Outcomes, and national integration indicators on the following: • Proportion of people spending their last 6 months at home, or in a homely setting • Percentage of adults supported at home who agreed thattheir health and social care services seemed to be well co-ordinated • Percentage of adults supported at home who agreed that they are supported to live as independently as possible; • Percentage of adults supported at home who agree thattheir services and support had an impact on improving ormaintaining their quality of life; • Percentage of adults supported at home who agreedthey felt safe; • the percentage of carers supported to continue in their caring role, and; • the percentage of adults with intensive care needs at home.
Direction required:	Yes

Situation

There is a need for the Integrated Joint Board (IJB) to commission an external review of Palliative Care Services across the Scottish Borders.

Palliative care as defined by the World Health Organisation is:

> *"an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual".* (WHO Definition of Palliative Care - Public Health)

Marie Curie defines Palliative Care as:

> *"…treatment, care and support for people with a life-limiting illness, and their family and friends".*

They describe a life-limiting illness as:

> *"…an illness that can't be cured and that you're likely to die from. You might hear this type of illness called 'life-threatening' or 'terminal'. People might also use the terms 'progressive' (gets worse over time) or 'advanced' (is at a serious stage) to describe these illnesses. Examples of life-limiting illnesses include advanced cancer, motor neuron disease (MND) and dementia". You can receive palliative care at any stage in your illness. Having palliative care doesn't necessarily mean that you're likely to die soon – some people receive palliative care for years. You can also have palliative care alongside treatments, therapies and medicines aimed at controlling your illness, such as chemotherapy or radiotherapy. However, palliative care does include caring for people who are nearing the end of life – this is sometimes called end of life care".* What is palliative care? (mariecurie.org.uk)

Background

The majority of palliative care services within the Scottish Borders are provided in the community, both across General Practice, District Nursing, Home Care providers, Care Homes, Community Hospitals and Third Sector partners. In addition, there are number of unpaid carers who provide palliative care.

The specialist tier of care, the Margaret Kerr Unit (MKU) is a specialist palliative care unit which was built in response to the fact that the Borders was the only mainland Health Board region not to have a specialist palliative care unit. The build was funded on the back of a generous initial donation, other fundraising partners and a public appeal raising the final million of the £4.22million cost. The ongoing recurring running costs are NHS funded. It provides specialist care and some general care, though the latter should be able to be provided anywhere within the Scottish Borders i.e. other wards in the BGH, community hospitals and care homes and of course the community.

The specialist palliative care team are based in and provide the inpatient care in the MKU along with ward staff. The specialist team, also provide in-reach support to acute inpatients and provide complex symptom support for patients, families and staff in all settings across the Scottish Borders.

After the success of the MKU and recognising the high standard of care within it, NHS Borders arranged for Marie Curie to perform a needs assessment in 2015 (Appendix 1) to identify next steps in wider provision of palliative care across the system. The recommendations focussed on earlier identification of palliative care needs, assessment, care planning and review, holistic care and support, support after death and health promoting palliative care all with a focus on continual quality improvement.

The placement of the parts of palliative care services across various line management structure and associated with areas (such as health promoting palliative care which may seem less relevant in comparison to other demands e.g. on acute services) led to delays in progression of these recommendations. With the recent COVID-19 pandemic and the failure to implement the previous recommendations there is a need to do a full review of Palliative Care services.

There is an endowment fund where people who have appreciated the services of the specialist palliative care team and MKU have made donations for specialist palliative care. This endowment fund holds a high balance of funds.

The COVID-19 pandemic added to the challenges; however, it has also reinforced areas of potential. One of the key projects that was stalled is the hospice at home service – described in realistic medicine reports elsewhere in Scotland and in some areas implemented during the pandemic to great effect. A project Charter was drawn up (Appendix 2) which outlined the original bid for a broader care at home model for palliative care. MacMillan agreed funding however funding ceased due to various reasons but overall, it was rejected by the Board.

During the COVID-19 pandemic there was an additional Macmillan bid (Appendix 3). This was an abridged version of hospice at home to test a 7-day specialist advice/support service. The funding was agree by Macmillan however rejected by Board Executive Team (BET) given the additional requirement for registers nurses and the potential to destabilise already precarious acute services.

In mid-2020, Marie Curie wrote to all territorial NHS authorities across the UK in relation to Marie Curie's initial response to COVID-19. Further contact was then made with NHS Borders requesting an opportunity to discuss a future operating model for the organisation that would ensure its long-term input to specialist palliative care services in the Scottish Borders. The split of charitable funds and NHS funded changed due to a significant shortfall of donation income and the previously applied reduced service rates for Health Board changed. Although faced with the unforeseen costing pressure, Primary and Community Services recognised an opportunity to review current delivery models in an attempt to validate value for money and explore alternative models of working. A significant piece of work (Appendix 4) was undertaken by the Primary & Community Services (P&CS) Management Team to look at the Marie Curie contract and the service provided. Good engagement with Marie Curie and other key stakeholders followed over the course of several workshops to discuss a future operating model for the organisation that would ensure its long-term input to specialist palliative care services in the Scottish Borders. A briefing paper is included in Appendix 5. The workstream was the paused to align with this overall service review.

Assessment

The Scottish Borders Health and Social Care Partnership covers the sixth largest geographical Health and Social Care Partnership area in Scotland. The population served is approximately 119,000. The geography is largely rural, and the population is elderly and ageing when compared with the national average population across Scotland. The service has also experienced significant constraints on its capacity to meet demand during the pandemic and provide consistent care at home for patients

In order to address current challenges we are seeking an external full review of Palliative Care Services across the Scottish Borders to ensure an integrated approach that is seamless for service users and their families / carers, as well as staff. Further details are included within the section below.

Scope

An engagement workshop was help on 28th July 2022 to inform the scope of the review. The workshop included various stakeholders including acute, community, specialist, general practice and patient representatives and worked through the following 3 questions.

1 – What works well?
2 – Gaps and opportunities for improvements?
3 – What should be in / out of scope?

A summary of the outputs is included in Appendix 6.

It was clear from the group that this review should be whole system with nothing being out of scope and the following areas (list not exhaustive) to be included in the review of Palliative Care services:

1. Acute
   - BGH – acute hospital
   - Emergency Department
   - Specialist Palliative Care
   - Margaret Kerr Unit

2. Primary & Community Services
   - Community Hospitals
   - Community Nursing, e.g. District Nursing
   - Specialist Palliative Care
   - Out of Hours
   - General Practice
   - Care Homes
   - Community Pharmacy

3. Third Sector & Voluntary Organisations
   - Review Marie Curie contract
   - PATCH
   - Macmillan

4. Finances
   - Overview of all finances and funding streams related to Palliative Care
   - Full financial appraisal
   - Use of Endowment Fund and rules associated with it
   - Maire Curie Contract

5. Governance
   - Clear governance structure
   - Scrutiny of previous recommendations, where we got to and whether they are still relevant

Outcomes

Opportunities will include identification of improvement opportunities which should be categorised as either

a) structural
b) performance
c) transformational

Structural issues will encompass evidence that suggests the design of services is sub-optimal and can be improved leading to a future benefit.
Performance issues are where there is evidence of variation from agreed standards or expected levels of efficiency.
Transformational opportunities to ensure an integrated approach that is seamless for service users and their families / carers, as well as staff.

Intended Outcomes	
1	**Structures & Governance** • Overview of the structure; roles, goals, processes, responsibilities • Define working model required for Borders – this will then define the finances • Develop a framework that realigns to the principles of realistic medicine • Clear service delivery model • Clear Governance
2	**Processes** • Consistent processes across all localities • GP gold standard meetings • Clear pathways for staff and patients • Anticipatory Care planning • Clear, joined up, standardised documentation across acute, primary care & community services clearly stating patients end of life preferences, accessible to all services. • Share updates and consistent communications to save duplication • Communications
5	**National Guidelines and Strategies** The review should be conducted with the following national and local drivers: • Every Story's Ending - the Scottish Partnership for Palliative Care proposal for the national framework which is still pending.

	https://www.palliativecarescotland.org.uk/content/publications/1631014004_FINAL-ESE-summary.pdf (Appendix 7 - the full document). • National Health and Wellbeing Outcome indicators, developing community palliative care services, with the potential for service transformation - noted as part of the IJB's Commissioning Plan for 2022/23 (Appendix 8). • The "proportion of last 6 months of life spent at home or in a community setting" and the "percentage of adults with intensive care needs receiving care at home" in the Scottish Borders was lower than the national average in the 2021/22 Annual Performance Report & 2022/23 Commissioning Plan (Appendix 8).
7	**Networks** • Scope and develop a network of Palliative Care advice, services and resources • 3rd sector interfaces, and the use of charitable organisations
8	**Education & Training** • Dedicated Palliative Care education and training for staff across the whole pathway • Dedicated clinical supervision structure • Occupational Heather and well-being for staff
9	**Information Technology** • Review of all IT systems to reduce duplication and share communications
10	**Data** • Develop a data dashboard
11	**Engagement** • Engagement with staff, services and stakeholders • Engagement with those who have lived in experience

Recommendation

This review should identify variation across the localities and inform standard processes and pathways. It will consider areas where there is opportunity to improve efficiency or productivity and identify opportunities to transform services to build on their safety, patient centredness and sustainability. The review will define the service required and then the best model to provide it.

The IJB are asked to:

- **Commit** to carry out and follow through on an external review and the implementation of the recommendations
- **Agree** the scope of the review
- **Commission** an external body to carry out the review
- **Identify** non-recurring funding to commission an external provider

Appendices

DIRECTION FROM THE SCOTTISH BORDERS INTEGRATION JOINT BOARD Direction issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014	
Reference number	SBIJB-210922-3
Direction title	To commission an external palliative care review
Direction to	NHS Borders (with Scottish Borders Council facilitating social care stakeholder input where required)
IJB Approval date	TBC – the paper will be considered at the IJB on 21 September 2022
Does this Direction supersede, revise or revoke a previous Direction?	No
Services/functions covered by this Direction	Palliative Care services across: • Community Hospitals, Community Nursing, Out of Hours, General Practice, Care Homes • Third sector and voluntary organisations • Acute hospital, Emergency Department, Specialist Palliative Care, Margaret Kerr Unit This also impacts upon Social Care service users (Scottish Borders Council and external providers)
Full text of the Direction	NHS Borders is directed to commission an external palliative care review in line with the scope and intended outcomes listed in the IJB paper. As part of this: • There will be full engagement with staff, with service users, unpaid carers and partners (including but not exclusively engagement and review at the IJB Joint Staff Forum, Unpaid Carers Workstream, GP Subcommittee and Independent Care Sector Advisory Group) • Improvements will be sought including the National Health and Wellbeing Outcomes benefits and other benefits listed • An integrated approach is adopted that promotes and improves the seamless and joined up delivery of care to service users • The scope of the future configuration of service, and referral pathways are clearly outlined • The review should focus on opportunities to focus on transformation opportunities for palliative care services, and as part of this aim to improve outcomes and reduce overall costs for palliative care as part of a 'Programme Budgeting' approach. The IJB Chief Financial Advisor will be able to support this assessment.
Timeframes	To start by: With immediate effect To conclude by: 31 March 2023
Links to relevant SBIJB report(s)	21 September 2022 IJB: Palliative care review

Appendix-2021- *Iris will complete*

Budget / finances allocated to carry out the detail	This is within the delegated budgetary authority of the IJB Chief Financial Officer, who will liaise with NHS Borders to ensure that appropriate funds are available.
Outcomes / Performance Measures	The review is expected to deliver the intended service outcomes noted in the report. In addition, the review should pay cognisance to the following National Health and Wellbeing outcomes: • Proportion of people spending their last 6 months at home, or in a homely setting • The percentage of adults with intensive care needs at home • Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated • Percentage of adults supported at home who agreed that they are supported to live as independently as possible; • Percentage of adults supported at home who agree that their services and support had an impact on improving ormaintaining their quality of life; • Percentage of adults supported at home who agreed they felt safe, and; • The percentage of carers supported to continue in their caring role
Date Direction will be reviewed	As this pertains to a business case that will be reviewed at the April IJB, the Direction will be formally reviewed by the Strategic Planning Group in advance of the IJB. The IJB Audit Committee will not review this direction.