



REPORT

System Pressures – Edinburgh Health and Social Care Partnership

Edinburgh Integration Joint Board

26 October 2021

Executive Summary	<p>The purpose of this report is to provide the Edinburgh Integration Joint Board (EIJB) with detail about the significant operational and capacity pressures being experienced in relation to social care in Edinburgh. The paper also provides information regarding the increasing levels of unmet need and risk to people relating to this. These pressures arise both from an increasing level of need and demand in the community, alongside a decreasing availability of care due to vacancies in the care sector. An update is provided in relation to local actions, escalations and additional funding being made available by the Scottish Government to address these pressures over winter. Finally, the paper sets out the need to postpone some IJB Committee work in order to ensure appropriate officer focus on the operational emergency arising from this situation.</p>
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Recommendations	<p>It is recommended that the Edinburgh Integrated Joint Board (EIJB):</p> <ol style="list-style-type: none"> 1. Note the position of the Edinburgh Health and Social Care Partnership (EHSCP) in relation to system pressures 2. Recognise the EHSCP and City of Edinburgh Council (CEC) have raised their risk rating in regard to support for vulnerable people to the highest category of 'Critical' 3. Note that the EHSCP System Pressures status has been reported to the City of Edinburgh Councils (CEC) Policy & Sustainability committee, Lothian Resilience Partnership, Regional Resilience Partnership and through both CEC and NHS management forums to keep partners appraised. 4. Note the measures being taken to address this within the EHSCP and with its partners and the escalation of risk
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5. Note that the wider pan-Lothian Gold meeting held a desktop exercise in relation to concurrent risk on the 1st of October
6. Note that the Scottish Government has made available £300m for this year, nationally to address these pressures and that further guidance on its allocation locally is expected
7. Agree, given the extent of the pressures and the pace officers are required to work at that emergency powers will be invoked so that the Chair and Vice Chair, with advice from the Chief Officer and Chief Finance Officer can agree any mobilisation plan using the EIJB share of the funding in advance of the next EIJB meeting, should this be required
8. Approve suspending all formal committees of the EIJB in December and January with a review of that position to be considered under Urgency by the Chief Officer, Chair and Vice Chair and communicated to members, and publicly, in relation to the planned February IJB and committee meetings.
9. Agree the position as set out at 23 in relation to other aspects of the IJB's business.
10. Agree to receive regular verbal updates every 3 weeks on the position from the Chief Officer via MS Teams

Report Circulation

1. The City of Edinburgh Council's Policy & Sustainability committee considered a report on System Pressures to the EHSCP on the 5th of October 2021.

Background

2. Over the last few months, as society has opened up and as restrictions have been reduced, the EHSCP, as with other partnerships across Scotland, has seen an increase pressures on the system. This is seen in both an increase in referrals to social work and requests for service, and an increasing number of people being assessed as requiring a service. Other drivers for increasing demand include people



being de-conditioned (i.e. frailer, less confident) following periods of lockdown, family/unpaid carers who have cared for people during the pandemic returning to work following furlough and a general, build-up of demand emerging as messaging about services being 'open as usual' have been released.

3. The demand sits across a range of areas:
 - 3.1 Increasing number of people requesting an assessment and service in the community, as a reaction to declining conditions exacerbated by the long periods of lockdown.
 - 3.2 Increasing complexity of need being seen due to people being deconditioned following the restrictions of lockdown.
 - 3.3 Adult Support and Protection referrals have significantly increased, due to the absence of many mitigating factors during Covid, as well as directly from the additional stressors of the situation.
 - 3.4 Increasing requests for services for people needing support to be discharged home from acute hospital care. The acute hospital sites in Lothian have all seen unprecedented levels of presentations (not merely in terms of covid) much of which has flowed through to subsequent social care demands on the point of discharge back into the community.
 - 3.5 Pressures on the court system and a significant backlog there has reduced our ability to move Adults with an Incapacity (known as 'Code 9 delays') as a clear legal basis for any move in these cases is required. In addition the increase in referrals under this is also placing an increasing demand on our Mental Health Officer service.
 - 3.6 Continuing pressure on staffing due to a rise in covid cases.
4. The EHSCP is seeking to balance all these demands through rigorous triage, risk management and prioritisation of need, acuity and safety both within current systems and models of care while also looking to develop new approaches that may relieve the position. However, the overall impact is increasing waits for assessment for people seeking support and increasing waiting times for care to be put in place once need has been identified. This is naturally very frustrating and upsetting for people and families as well as for our professionals who are managing competing demand and risk. It is also a very difficult situation for unpaid Carers who are maintaining that role while waiting for formal support.
5. Coupled with the increasing demand for services, the EHSCP is also seeing a decrease in care capacity available to support people and this is compounding the already challenging position. External providers of care are reporting staffing reductions and high levels of vacancies and turnover. Some providers have reported as much as a 30% reduction in staffing arising from EU nationals returning home



(sometimes as a permanent decision, but also significant numbers leaving for an extended time back home following lengthy travel restrictions which have prevented them doing so), people moving to jobs in other parts of the economy, and due to fatigue and absence related to Covid. We have experienced an aspect of what has been called 'The Great Resignation', in that people who have been on the front line of social care during this lengthy period are seeking a fresh start in new sectors.

Main Report

6. The Edinburgh Integration Joint Board (EIJB) and EHSCP have increased the capacity in Home Care in recent years in response to general demographic change and demand. This had a positive impact on the EHSCP's performance across a range of measures including an ongoing downward trend in Delayed Discharge, and reductions in people waiting for an assessment and in those waiting for care following an assessment. However, given the current levels of demand and complexity as set out above, and the decreasing care capacity available, the partnership is now escalating further the level of risk to people and performance arising from this and the worsening performance being seen.
7. Delays and community capacity are inextricably linked, with delays rising through the reductions in capacity that have been seen in recent weeks and providers being unable to provide care at home. The EHSCP has seen growing waiting lists for assessment and increasing waits for care once an assessment has been completed. Capacity issues are due to reductions in staff available across the sector with both our internal and external provision seeing as much as a 30% reduction in capacity as indicated above. Delays have grown significantly over recent weeks - almost exclusively due to the challenges with capacity necessary to keep pace with demand.

Evidence of increasing demand

8. While the numbers of delays in hospital have increased so too has the demand in the community and there are far more people waiting in a community setting than in an acute hospital. The EHSCP continues to have a significant backlog of people who are waiting for an assessment or for a package of care. These are people who have been determined as having a critical or substantial level of need for social care support and there is a need to balance risk and ensure people's safety

<i>Table 1: People waiting for a package of care and their unmet need shown in hours</i>						
Total waiting for an assessment to start	Hospital people	Community people	Total people waiting	Hospital Hours	Community hours	Total hours waiting
30/08/2021 – (1306)	93	474	567	1,498	4,075	5573
23/08/2021 - (1280)	96	446	542	1,466	3,588	5053
16/08/2021 - (1261)	103	419	522	1,615	3,447	5061



09/08/2021 - (1202)	99	421	520	1,726	3,283	5,008
10/08/2020 - (766)	42	489	531	746	3,528	4,274

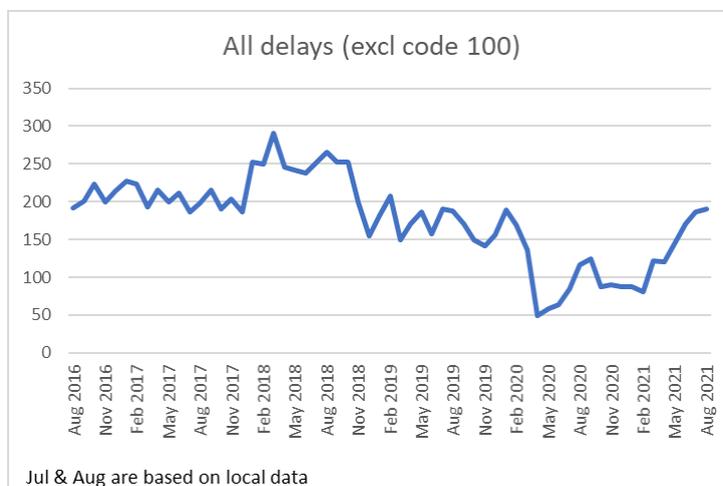
9. Social care services in Edinburgh are provided through our internal Home Care (HC) service or externally commissioned Care at Home (CAH) services to over 5,000 people. The number of hours per week provided has increased substantially from 104,000 in 2019 to 121,000 in 2021.
10. Additionally, we provide funding for people selecting to have an Individual Service Fund (ISF) and Direct Payments, where they organise their care directly from the market. While we are not directly involved in managing this care, the increase in hours under a Direct Payment also represents the growing pressure in the market.
11. As well as the increases in demand for our adult social care services, we are also experiencing pressure in other areas of activity. In particular, the number of adult protection cases has increased over the last year, potentially linked to the restrictions during lockdown. These cases need to be prioritised to ensure the safety of the vulnerable individuals involved. This puts increased pressure on our social work and locality teams.

Table 2: Adult Support and Protection activity

	Jun-19	Jun-20	Jun-21
Duty to Inquire (DTI) Assessments started	89	111	109
Open Adult protection cases	132	149	192
Number of case conferences recorded	38		44

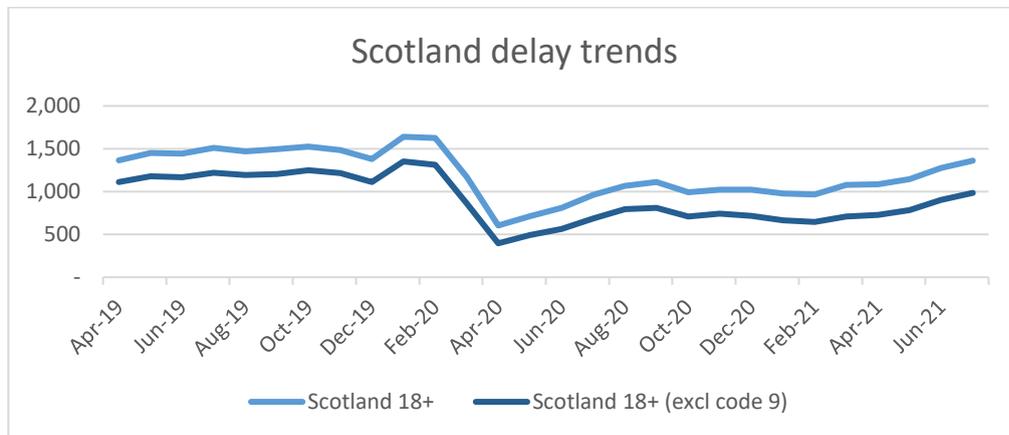
12. As set out above we are also experiencing an increase in the number of people who are delayed in hospital when medically fit for discharge and who are unable to access either a suitable care home place or care in the community. This rise in delays reflects the wider capacity issues in the social care system described above.

Figure 1: Long-term trend in delayed discharges





13. This system pressure is not unique to Edinburgh with a similar pattern of increasing delays and pressures being seen across Scotland. The impact of reducing capacity is also reported in other HSCPs as driving these pressures. Figure 2 below shows a similar pattern as the Edinburgh position in Figure 1.



Risk Implications

14. The EHSCP management team has recognised the increasing risk to people and performance and we are managing this in a number of ways. At a locality level we have clear systems of triaging and prioritisation of all referrals coming through to ensure consistency of resource allocation, and Practice Oversight Groups in each of the 4 Localities are in place to ensure the consistency is maintained. However, balancing of demand and supply has placed these processes under considerable strain over the past six months.
15. In terms of risk escalation we have moved the risk in relation to care for people from Very High to Critical and have reflected this in the Council's Covid-19 Risk Management Plan and Risk Register, the EHSCP Risk Register and the IJB's Risk Register in relation to its ability to deliver on its strategic plan arising from partners' inability to meet demand. The Chief Officer reports the position at both the Council's CIMT and NHS Gold Command meetings and the EHSCP Incident Management Team (which has been maintained throughout the pandemic) is meeting three times per week to oversee the situation and the actions being taken. There is also a risk in relation to Business as Usual as EHSCP officers have to prioritise the operational crisis. This has a potential impact also on the Integration Joint Board with officers being unable potentially to meet the requirements of the Board and its committees.

Financial

16. The Cabinet Secretary for Health, Social Care and Sport announced a package of measures in support of health and social care pressures on Tuesday the 5th of October and £300m to the end of the financial year to support these. Measures set out include support to build capacity through recruitment, increasing the minimum



hourly rate for commissioned care provision to £10.02 per hour and funding to increase community capacity for Multi-disciplinary teams, Hospital at Home and Home First approaches. At the time of updating this paper the guidance on the allocation of this funding had not been issued. However, given the scale and impact of the pressures it is anticipated that officers will have to act quickly to put further measures in place utilising the funding. To that end, the EIJB is asked to support emergency powers to the Chair and Vice Chair so that decisions relating to this funding can be made quickly and, where necessary, between EIJB meetings. The allocation of funding at a national level has been set out in the letter from Scottish Government set out in Appendix 1 and our planning work will support a focus on these elements.

17. Given the level of uncertainty set out in this paper, and relating to the allocation of the additional funding from Scottish Government, quantifying the financial implications with any degree of confidence is complex. However, there is sufficient flexibility in the system to give reassurance that, in total, the financial consequences of the actions to improve performance set out in this paper will be met in full.
18. The impact of the shortage of care at home on the hourly cost of these services is unknown at this point. However, we have seen some providers offer staff recruitment and retention incentives and seek to reclaim these via the provider sustainability arrangements.

Other actions being taken

19. The EHSCP has developed a number of plans in response to this and these are being reported into both NHS Lothian and Council. The set out below are actions which are underway across the following areas of focus:
 - Increasing capacity within the care sector – working with providers on a single recruitment portal and advertising campaign and work is also underway with education providers on supporting more students into part time work in care to fit with their studies
 - Optimising the care already available – working with providers to ensure efficiency and reduce any duplication in any of the areas of Edinburgh
 - Engaging with 3rd sector on opportunities to work with volunteers and nthe voluntary sector in a way that is safe and appropriate
 - Enhancing multi-disciplinary teams already in place including increasing staffing into District Nursing in-reach, Home First and Discharge to Assess models
 - Optimising use of Technology to support people and carers
 - In each case there will be a natural limit in relation to available workforce, and we anticipate that despite the efforts being undertaken there will continue to be risk of impact on vulnerable people. Communications have been approved and



people who use our services have been written to informing them of the current difficulties and the potential that their services may be changed.

20. An allocation of funding to support these and any further actions will come from the EIJB share of the £300m announced on the 5th of October and the HSCP will adjust or add actions to the existing plan to ensure an appropriate use of the funding. As set out above emergency decision making powers may be required to ensure any requested formal plan submission to Government can be approved by the Chair and Vice Chair outwith normal EIJB meeting cycles.
21. Operational oversight arrangements are in place and a programme management approach is being taken to ensure all the complex elements of the operational response are being implemented. Escalations are in place for any operational aspects of this through the Council Corporate Incident Management Team and NHS Lothian Gold Command.
22. This is a significant, additional workload and all managerial capacity is being focused on undertaking planning in regard to actions that can be taken to mitigate the crisis and in their implementation. The scale of this challenge is recognised in recent correspondence from Scottish Government to NHS Boards which maintains them on an 'emergency footing' until March 2022.

Impact on EIJB Business

23. Given the nature of this operational emergency officers must prioritise effort in support of delivering a response and in supporting frontline delivery, management of the risk and oversight. As a result of the increasing demand on officer time at every level in the HSCP, it is proposed that some elements of the IJB's governance and delivery of its strategic programmes are postponed or paused as set out below:
 - Programmed November committee meetings to go ahead if considered necessary by the Chair of committees in discussion with the lead officer, agreeing a manageable agenda
 - Cancel all formal EIJB and Committee Meetings in December and January – assume these are reinstated in February but allow decisions about this to be taken under Urgency. It should be noted here that we cannot be certain or confident that February meetings can go ahead and that this will be dependent on the circumstances and demands on the system at that point in winter.
 - Postpone delivery of EIJB's Performance Framework
 - Cancel November's Budget Working Group
 - Internal Audit activity - reschedule remaining activity not yet underway
 - Work underway to deliver a revised full Strategic Plan is paused and an interim Plan is produced instead. Given the scale of uncertainty now and in coming months this will support longer term planning to take place after this acute and



difficult phase of the pandemic and with a better understanding of the emerging context of whole system recovery and reform.

24. These arrangements will be reviewed during December and January in consultation between the Chief Officer, Chair and Vice Chair.
25. It's also recognised that some decisions may need to be made outwith the normal timetable of IJB meetings. Under the EIJB's standing orders (15.1) provision is made for urgent decisions to be made 'urgently between meetings of the IJB or Committees, the Chief Officer, in consultation with the Chair and Vice Chair, may take action, subject to the matter being reported at the next meeting of the Integration Joint Board or committee.

Consultation

26. This paper has set out the significant challenge facing the provision of care in Edinburgh and the risk and impact this may have on people. It has also set out the mitigations and actions underway to address the situation and escalation and reporting in place. Clearly the concern is one of impact on the vulnerable people that require support and their families and carers. The EHSCP is writing to all service users and families to appraise them of the situation, the impact it may have on waiting times and actions being taken.

Report Author

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Appendices

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| Appendix 1 | Winter Planning for Health and social Care – Letter from Donna Bell and John Burns |
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NHS Scotland Chief Operating Officer
John Burns



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Local Authority Chief Executives
Chief Officers
Chief Social Work Officers
COSLA
Chairs, NHS
Chief Executives, NHS
Directors of Human Resources, NHS
Directors of Finance, NHS
Nurse Directors, NHS

By email

Dear colleagues,

Winter Planning for Health and Social Care

We are writing to confirm a range of measures and new investment being put into place nationally to help protect health and social care services over the winter period and to provide longer term improvement in service capacity across our health and social care systems.

This new investment of more than £300 million in recurring funding, as set out by the Cabinet Secretary for Health and Social Care in Parliament today (05 October 2021), is a direct response to the intense winter planning and systems pressures work that has taken place over recent weeks with stakeholders, including with health boards, local authorities, integration authorities, trade unions and non-affiliated staff-side representatives.

All of our winter planning preparations are predicated on four key principles:

1. *Maximising capacity* – through investment in new staffing, resources, facilities and services.



2. *Ensuring staff wellbeing* – ensuring that they can continue to work safely and effectively with appropriate guidance and line-management and access to timely physical, practical and emotional wellbeing support.
3. *Ensuring system flow* – through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible.
4. *Improving outcomes* – through our collective investment in people, capacity and systems to deliver the right care in the right setting.

Collectively, these principles are designed to ensure the action we take now has a lasting and sustainable impact. We are not just planning to build resilience in our health and social care systems to see us through this winter; we are also building on the approach to recovery and renewal set out in the NHS Recovery Plan and through our continued efforts to improve social care support.

It is understood that collectively we continue to face significant demand across services and that current pressures are likely to further intensify over the winter period. We are grateful to you and your colleagues across the NHS, social work and social care who are working tirelessly to help us navigate through the on-going pandemic and to manage current demands.

You will already be aware that the NHS in Scotland will remain on an emergency footing until 31 March 2022. In connection with this, we are actively examining how we manage the volume of work connected with staff governance, staff experience and some on-going programmes of work over the winter period. This may include temporarily slowing or suspending some programmes – but this does not mean that the Scottish Government is no longer committed to completing those programmes. We are particularly mindful of the pressure on employer and staff time and wish to engage with you on how we manage work programmes that are not directly related to relieving winter service pressures, to enable us to support the objectives of maximising capacity and supporting staff wellbeing and, at the same time, progressing other Ministerial priorities.

The suite of new measures, and the actions now required of health boards, and in partnership with integration authorities and Local Authorities, is supported by significant new recurring investment. Further specific information on allocations to be made to individual areas will be provided to NHS Directors of Finance and IJB Chief Finance Officers in the coming days. Further discussions on Local Authority distribution mechanisms will take place urgently.

It is critical that we continue to work together to make progress at pace and we would like to offer our sincere thanks in advance for your collective efforts in implementing the suite of measures set out immediately below.

Multi-Disciplinary Working, including the recruitment of 1,000 Health and Care Support Staff

We are providing recurring funding to support the strengthening of Multi-Disciplinary Working across the health and social care system to support discharge from hospital and to ensure that people can be cared for as close to home as possible, reducing avoidable admissions to hospital. This includes up to £15 million for recruitment of support staff and £20 million to enhance Multi-Disciplinary Teams (MDTs) this year and recurring.

These MDTs should support with social work and care assessment, hospital-to-home and rapid response in the community. MDTs may encompass:

- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers;
- Enabling additional resources for social work to support complex assessments, reviews and rehabilitation, as well as AWI work;
- Ensuring that people at home or in care homes have the most effective care and that care is responsive to changing needs;
- Rapid-response community MDTs to facilitate diversion away from GPs, Out of Hours services (OOH) and the Scottish Ambulance Service (SAS) into the community; and,
- Scaling up Hospital at Home to prevent or avoid admissions.

To further support this work, we are asking territorial health boards to recruit 1,000 new health care support workers, with a specific focus on Agenda for Change bands 3 and 4, immediately, to provide additional capacity across a variety of services both in the community and in hospital settings. Boards are also able to recruit to new band 2 roles in acute settings and to support progression of existing staff into promoted posts. These roles will support hospital services as well as support social care teams to enable discharge from hospital. Boards are asked to recruit staff to assist with the national programme of significantly reducing the number of delayed discharges.

It is essential that all of this increases capacity within local community systems and we are mindful that recruitment may inadvertently move staff from other sectors including Care at Home services and care homes. Decisions – including the decision to recruit new staff to MDTs – should be made in active consultation with H&SCP Oversight Groups, which have been stood up to manage community demand and the deployment of resources.

Boards should note that there will be a national recruitment campaign for social work and social care which will link in with activity being undertaken by Local Authorities.

Full details of the expected volume of staffing that each territorial board is expected to recruit, is set out at Annex A. It is expected that recruitment activity should be commenced immediately.

The Scottish Government has already provided £1 million of funding in-year across NHS Scotland to build capacity within recruitment teams and national health boards have offered to provide mutual-aid to territorial boards to manage new volume recruitment. Health boards have the flexibility to use recruitment agencies to assist with any aspect of the recruitment process.

NES has offered support with training and upskilling including residential fast-track induction in partnership with GJNH. This can take the form of developing 'Once for Scotland' induction and statutory and mandatory training at pace to allow mutual aid between boards on statutory and mandatory training and potential centrally coordinated Hub and Spoke training provision where boards would find this helpful.

Providing interim care

£40 million for 2021/22, and £20 million for 2022/23 has been provided to enable patients currently in hospital to move into care homes and other community settings, on an interim basis, to ensure they can complete their recovery in an appropriate setting. This is likely to be for a period of up to six weeks through an expedited process. Local teams will work with people and their families to explore options, maintaining choice and control. Multi-disciplinary teams will provide support to people in these interim settings to ensure they receive high quality, responsive healthcare and rehabilitation. Consent will, of course, be sought before discharge from hospital and safe clinical pathways, aligned with public health advice and guidance must be adhered to. Any placement is expected to be in their immediate locality or other suitable location. There will be no financial liability for the individual or their family towards the costs of the care home.

The offer of an interim placement should be made when the HSCP are unable to provide an appropriate care at home package immediately, or when the first choice care home is temporarily unavailable. A clear care plan for this period of interim care needs to be in place, with an agreed date for the placement to end, set out before the placement begins.

Expanding Care at Home capacity

£62 million for 2021/22, has been allocated for building capacity in care at home community-based services. This recurring funding should help to fulfil unmet need, and deal with the current surge in demand and complexity of individual needs, also helping to ease pressures on unpaid carers.

Therefore, this funding should be spent on:

- i. **Expanding existing services**, by recruiting internal staff; providing long-term security to existing staff; Enabling additional resources for social work to support complex assessments, reviews and rehabilitation; commissioning additional hours of care; commissioning other necessary supports depending on assessed need; enabling unpaid carers to have breaks.
- ii. **Funding a range of approaches to preventing care needs from escalating**, such as intermediate care, rehabilitation or re-enablement and enhanced MDT support to people who have both health and social care needs living in their own homes or in a care home.
- iii. **Technology-Enabled Care (TEC)**, equipment and adaptations, which can contribute significantly to the streamlining of service responses and pathways, and support wider agendas.

Social Care Pay Uplift

Up to £48 million of funding will be made available to enable employers to update the hourly rate of Adult Social Care Staff offering direct care. The funding will enable an increase from at least £9.50 per hour to at least £10.02 per hour, which will take effect from 1st December 2021. This funding is critical to support retaining and recruiting staff in the sector and to alleviate the immediate pressures in Social Care and NHS/ Community based health services.

COVID-19 Financial Support for Social Care Providers

The Scottish Government will continue to fund additional COVID-19 costs relating to remobilisation and adhering to public health measures, and the Social Care Staff Support Fund, until 31 March 2022. From 1 November 2021, the non-delivery of care and under-occupancy elements of financial support will only be available in exceptional circumstances where services are impacted for a sustained period due to COVID-19 outbreaks or following COVID-19 related Public Health guidance.

Nationally Coordinated Recruitment in Specialist Areas of Need

We know there are specific workforce shortages where Boards individually have struggled to achieve the numbers of workforce that they need. The Scottish Government is already providing marketing support for a nationally coordinated recruitment campaign for six Health Boards to deliver more midwives, predicated on a model developed for the nationally coordinated recruitment earlier this year of public health consultants, which was very successful.

In addition to this, we will make available national marketing support for Band 5 recruitment across the Health Boards. In particular, we will take forward a marketing campaign for Band 5 nurses working in community health and social care. We will request shortly from you the number of vacancies you aim to fill and will work with you to agree the next stages of this process.

We have also approved funding to extend the my jobs Scotland recruitment website until March 2022 to all third and independent sector organisations, which will mean that all social care vacancies can be advertised at no additional cost to providers on one platform. We will be running a national marketing campaign to attract more people to the sector, focusing on social media, working with schools and colleges and linking to the work we're doing with the SSSC and NES on career pathways and learning and development.

International Recruitment

We know international recruitment is a useful lever to alleviate pressures and as such are supporting Boards to increase the use of international recruitment through a number of measures. The Scottish Government has provided new recurring funding of £1 million to develop capacity within recruitment teams to support international recruitment. A readiness checklist for international recruitment has also been shared with boards to allow self-assessment and identification of priority areas for action.

The development of partnerships with a range of agencies such as Yeovil District Hospital Trust has been established to build a pipeline supply of international staff. A Memorandum of Understanding is available for use by Boards to engage the services of Yeovil District Hospital Trust. We now require that Boards nationally work towards the recruitment of at least 200 registered nurses from overseas by March 2022.

To support this, in year funding of £4.5 million has been identified to offset direct recruitment costs and can be used to support prospective candidates, including the provision of temporary accommodation for incoming recruits, and other reasonable out-of-pocket expenses.

We are also establishing OSCE training provision and training support in Scotland which will offer a comprehensive training programme either directly to Boards or as facility to train local trainers to prepare candidates to sit their OSCE exam to gain NMC registration. This will expedite the process of gaining NMC registration and significantly reduce the burden of training and preparing a candidate to Boards.

In addition, we are establishing the NHS Scotland Centre for Workforce Supply based in NES to identify further labour markets, build relationships with a range of recruitment agencies, promote the use in Scotland of Government to Government agreements for international recruitment and support Boards and candidates where appropriate with on-boarding.

We will make contact with Board HR teams in the coming weeks to receive an update on the use of the funding provided and the plan to accelerate readiness to commence international recruitment.

Professional Regulators' Emergency Covid-19 Registers

The Scottish Government's chief health professions officers, including the Deputy Chief Medical Officer, Deputy Chief Nursing Officer, Chief Allied Health Professions Officer and Chief Pharmaceutical Officer wrote on 27 September to remaining registrants on the professional regulators' emergency Covid-19 registers. This communication encourages registrants to apply for vacancies on the NHS Scotland Jobs website and, where relevant, to consider returning to service via Board staff banks.

This communication has been issued in anticipation of further challenges in the upcoming winter months, to encourage experienced professionals to return and support services in their area of expertise.

We hope that this approach of directing emergency registrants to live vacancies will attract suitable candidates to professional opportunities, based on your current and future staffing needs. Boards are asked to consider how retirees might be flexibly deployed. Many are unlikely to be able to return to full-time work, but can be deployed on a part-time basis, or via Board staff banks across areas of need.

Healthcare Students

The utilisation of the skills and experience of healthcare students has been an important step in addressing some of the workforce challenges. Whilst the Scottish Government does not believe it is appropriate to disrupt healthcare students' programmes through authorising full-time student deployment at this time, we do believe the deployment of healthcare students (apart from dental students) in appropriate part-time support roles will be beneficial to support boards' workforce capacity.

A national offer via an open letter has been made to healthcare students – including nursing, midwifery, AHP students and undergraduate medics – through their colleges and universities signposting them to the availability of 3 or 6 month Less Than Full Time Fixed Term Contracts (LTFTFTC), with their nearest health board.

A Director's Letter, reaffirming the policy arrangements set out in the Director's Letter 02/2021 will be issued and will provide further detail on the employment and deployment of students.

Wellbeing

Of significant importance is the wellbeing of our health and social care workforce, wherever they work, and this remains a key priority. We are working to ensure that the right level of support is offered across the system.

We are actively listening to colleagues to understand where the pressures are and what actions can be taken to mitigate the resulting impact on staff. Now, more than ever, it is critical that staff look after staff wellbeing and take the rest breaks and leave to which they are entitled, as well as being given time to access national and local wellbeing resources at work.

We are committed to ensuring we collectively provide the strategic leadership and oversight of staff wellbeing. An immediate priority is to address people's basic practical and emotional needs, and we are also developing further practical support measures and additional resources for Boards as you respond to winter pressures.

In support of that ongoing engagement, £4 million is being made available in this financial year to help staff with practical needs over the winter, such as access to hot drinks, food and other measures to aid access to rest and recuperation, as well as additional psychological support. £2 million of this funding will be made available immediately, with the remainder being allocated following the conclusion of ongoing discussions with staff-side representatives and employers to understand how the investment can best support staff welfare needs.

Finally, we appreciate the pressure our services are facing and once again reiterate our gratitude for the hard work and dedication of all our colleagues across the health and social care sector for all they do to support us through this challenging period.

Yours sincerely,

John Burns
Chief Operating Officer,
NHS Scotland

Donna Bell
Director of Mental Wellbeing
and Social Care

Annex A

Volume of Staffing – NRAC Share

Allocations by Territorial Board 2021-22		
	Target share	NRAC Share
NHS Ayrshire and Arran	7.38%	74
NHS Borders	2.13%	21
NHS Dumfries and Galloway	2.99%	30
NHS Fife	6.81%	68
NHS Forth Valley	5.45%	54
NHS Grampian	9.74%	97
NHS Greater Glasgow & Clyde	22.21%	222
NHS Highland	6.59%	66
NHS Lanarkshire	12.27%	123
NHS Lothian	14.97%	150
NHS Orkney	0.50%	5
NHS Shetland	0.49%	5
NHS Tayside	7.81%	78
NHS Western Isles	0.67%	7