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Claire Haughey
Convener
Health, Social Care & Sport Committee
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20 June 2024

Dear Convener,

Thank you for the opportunity to give evidence to the Committee on 21 May 2024, in relation to your inquiry on healthcare in remote and rural areas. Please find below information in response to your follow up questions.

Rural and Islands Workforce Recruitment Strategy:

Firstly, please let me clarify that the Remote, Rural and Islands Task and Finish Group (TFG) is not an output of the National Centre for Remote and Rural Health and Care nor the strategy. Rather, the group has been established to develop an approach to deliver sustainable care for our remote, rural and island communities, through the development of a single plan and sustainable operating model. This will support sustainability by planning on a population basis and provide an effective decision-making arrangement for NHS Scotland within these communities.

The National Centre and SG Health Workforce policy officials developing the strategy do however sit on that TFG alongside representatives from remote, rural and island territorial Health Boards, national Boards and the Scottish Government. Outputs of the TFG will support the further development of the strategy and the work of the National Centre.

I have attached the Terms of Reference for the group at Annex 1 to provide the committee further information on the group's remit, obectives and membership. In reflecting that this is a task and finish group, the group will work through action notes, rather than more detailed minutes, which can be shared with the Committee following conclusion of the group's work

In relation to the Rural and Islands Workforce Recruitment Strategy, an advisory group comprising of COSLA, Scottish Government officials and the National Centre has been established and meets on a monthly basis with the next meeting scheduled for the 17June.

To engage with employers across health, social care, social work and children's services, a stakeholder focus group has been established and meets on a monthly basis with the third

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meeting being scheduled for July. These sessions are delivered in collaboration with the National Centre and provide a forum to explore recruitment challenges as well as providing opportunities for two-way knowledge exchange to improve recruitment across rural and island Scotland. The outputs from these sessions are fed back to the advisory group and will directly influence the development of the strategy. Annex 2 sets out a summary of the outputs from the initial stakeholder focus group..

National Centre for Remote and Rural Health and Care:

Governance for the National Centre is provided through the **Strategic Programme Board** led by the NES Executive Medical Director, Professor Emma Watson and co-chaired by Karen Reid, Chief Executive of NES and Sir Lewis Ritchie, Scottish Government Professional Advisor. The group have met twice in 2024 and are due to meet again on 19th June.

How many initiatives have so far been developed and actioned by the Centre, what stage future initiatives are at.

The National centre became fully operational in October 2023 and has commenced on a substantial programme of work. Work is underway on a range of practical education and training projects in line with the targets detailed in the 2024-2025 delivery plan of the Centre. These are summarised below.

Rural Advanced Practitioner Programme

The new Rural Advanced Practitioners Programme (RAP) at MSc and PG Diploma level has been designed, managed, and funded by the Centre, delivered in collaboration with the University of the Highlands & Islands (UHI). The first programme of its type in the UK.

The programme is designed to meet the need for additional specialist rural skills training for the growing multi-disciplinary advanced practitioner workforce for rural and island healthcare services.

Fifteen rural primary care and community practitioners have been funded to undertake the programme in 2023-2024, with a further 13 practitioners funded in 2024-2025.

Work is underway to implement a pilot programme to support three Scottish Ambulance Service Paramedics in rural areas across Scotland to undertake the RAP programme. In this way supporting development of new rural roles and ways of delivering safe effective and sustainable healthcare in rural communities.

The RAP programme is supported by a new rural supervisory hub to ensure learners and rural practitioners are well supported in their rural healthcare practice now and into the future by well-trained rural supervisors.

Programme of work is underway to develop new set of national learning resources to meet priority needs of staff in remote and rural areas.

Rural GP dispensing practices

Work is underway to design of 12 multi professional remote and rural education and training sessions for primary care and multi-professional community care team based on frontline workforce feedback and demand.

Networked Rural Education Series

The rural practitioners' series of learning delivers two rural education sessions per month, with a menu of sessions agreed for the next 6 months and more in the planning for the year ahead in response to priority educational needs. Twelve events have been delivered from October 2023 to March 2024, with input from 136 participants. The aim is to make best use of digital technologies to provide learning opportunities for the remote, rural, and island primary care workforce, increasing access to professional support and development.

Community Training Hub Pilot

First stage of a Primary Care Community Training Hub Pilot project has been initiated in partnership with three primary care practices. The project involves Pharmacists, Advanced Nurse Practitioners, Practice Nurses with G.P support. The aim is to identify what practitioners require to become community trainers and supervisors. A workshop has been delivered and plans are underway to build an online Community Training Hub on TURAS, which will host a range of technology enhanced learning resources for primary care trainers.

What targets the Centre is operating to in terms of delivery of said initiatives.
Is there a target for the number of initiatives to be delivered before the end of the year?

The National centre has an agreed programme of targets and dleiverables which are available at Annex 3.

Single Island Authority:

The Scottish Government is currently working with three island authorities – Orkney, Western Isles and Argyll & Bute - who have all confirmed their interest in developing detailed proposals for single authority models (SAM) of governance in each of their distinct geographies. This work is taking place as part of the Local Governance Review, which is being taken forward by the Scottish Government and COSLA and will conclude before the end of this parliament. SAMs aim to streamline and strengthen local governance arrangements in specific settings in order to achieve deeper integration in local service planning and delivery in ways which make best use of the total available resource and support a decisive shift towards prevention. Discussions have focused on council, Integration Joint Board and Health Board functions and are aligned with plans for the National Care Service. The views of communities - of place and interest - and all relevant staff groups will be a key element throughout the policy development process and final proposals must be able to demonstrate strong potential to improve outcomes for people.

Housing and Childcare:

Rural Delivery Plan

We are committed to building a vibrant, sustainable and inclusive rural economy that meets the goals of achieving a nature-positive and wellbeing economy for future generations. Our Rural Delivery Plan will set out the actions that Scottish Government are taking to improve

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outcomes and resilience across rural, island and rural costal communities, covering a range of areas including housing, childcare and infrastructure issues. The plan will compile all existing and planned policies and strategies to focus on what is already being delivered for rural Scotland, and to identify gaps in investment.

Addressing Depopulation Action Plan

Scottish Government recognise there is no quick fix to the challenges leading to depopulation, however the Addressing Depopulation Action Plan sets out how we will work with regional, local and community partners to ensure that we all collectively deliver a sustainable solution to these challenges.

The Action Plan sets out what our strategic approach aimed at supporting local communities facing population decline. We are clear that the publication of this Action Plan represents only the start of the first phase of this work. The plan seeks to maximise the range of levers at our disposal, whilst also channelling the power of local leadership, acknowledging that local communities are best placed to respond to their distinct challenges.

As well as setting out the breadth of work already ongoing, the Action Plan puts forward a range of new and targeted place-based commitments in support of this work. These interventions will enable communities to develop their own bespoke responses in relation to depopulation, whilst also generating learning for communities across Scotland more broadly.

Building on the extensive engagement undertaken through the Plan's development, we will now look to build and deepen partnerships to take forward this priority work, including with local government, the third sector, and regional structures.

Childcare Provision

All three and four year olds, as well as eligible two year olds have a statutory entitlement of up to 1140 hours per year of funded ELC. Local Authorities retain the statutory responsibility for ensuring that the funded entitlement is available to all eligible children in their area.

Its important to note that Local Authorities are responsible for local delivery plans and managing contractual arrangements with funded providers and Scottish Government does not intervene in local decisions. However, under the National Islands Plan and Islands Programme we are collaborating with Local Authorities to support the funding in improving local infrastructure.

National Islands Plan

Scotland's first National Islands Plan was published in December 2019 and aims to improve outcomes for island communities. A public consultation was held from July-November 2023 to allow all those interested in Scotland's islands to share their views on the Plan. Islanders expressed the need for a new National Islands Plan, with development now underway for publication in 2025. Scottish Government will collaborate with island communities, local authorities and partners to meet their needs and ambitions in the new plan ensuring our ambition for thriving, sustainable and successful island communities.

Islands Programme

The £25.8 million Islands Programme is an important element for the delivery of the National Islands Plan, this includes £3 million in the current financial year. This capital investment supports all six island local authorities to fund the improvement, creation or safeguarding of locally developed infrastructure projects that align with the Strategic Objectives of the National Islands Plan.

Applications to the Programme are subject to scrutiny and assessment by the Islands Programme Investment Panel. The panel is selected from Scottish Government and a range of partner organisations including members of the Young Islanders Network. In the last three financial years, the Islands Programme has provided over £12 million in support of 61 projects on 44 islands.

This investment supports local authorities to fund the improvement or creation of community-driven infrastructure projects including a new nursery in Orkney, worker accommodation on Mull and the renovation of social care facilities on Tiree.

Housing

The Public Bodies (Joint Working)(Scotland) Act 2014 (Section 53) requires Intregration Authorities, Health Boards and Local Authorities to have regard to Housing Advice Note Guidance when exercising functions under the Act. The guidance explains that the Housing Contribution Statements are an integral part of the Strategic Commissioning Plan.

Local Authorities are the statutory housing authority for their areas and therefore have a responsibility to prepare Local Housing strategies supported by an assessment of housing requirements setting out how housing supply and housing related services will be delivered for their local area. The strategy should also demonstrate how the development of priorities and outcomes have been developed collaboratively with Integration Authorities.

All Local Authorities are required to develop and publish annual Strategic Housing Investment Plans (SHIP) setting out the priority affordable housing projects for investment over a five year period. In preparing these, Local Authorities should engage with stakeholders including housing, planning, economic development, health, social work and other departments, to help inform the development of the SHIP. The SHIP should also set out details of how the local authority's own resources and other funding, including land or other assets of partners are supporting the delivery of affordable housing in its geographical area.

Where public bodies to which the Scottish Public Finance Manual or NHS Property Transaction Handbook which is applicable to have surplus land or property that why wish to dispose of then they must notify the Scottish Governments Property Division of the surplus asset order in order that it may be internally advertised; a process known as the Trawl. This is to avoid the situation of an asset being sold on the open market which could have been of use to another part of the public sector, including the delivery of affordable housing. Public bodies should consider the disposal of assets at less than Market Value to achieve wider public benefits consistent with the principles of Best Value. This includes considering the disposal of assets to community bodies, where appropriate.

Impact of Brexit on Social Care Workforce:

Scottish Government commissioned Ipsos MORI to carry out a repeat of their 2017 research to provide estimates on EU27 workers. The research comprised of two strands: a mixed-mode survey of employers from across social care; and follow up qualitive interviews with 10 employers who took part in the survey. Scottish Government published the outputs from this survey in August 2022.

Results indicated that the recruitment and retention of social care staff remained a significant challenge for the sector, with some of the challenges referenced being broadly similar to the previous study, namely a shortage of suitable applicants, particularly for nursing roles, low pay and wage competition.

The UK's decision to leave the European Union had a noticeable impact on recruitment and retention, particularly amongst services that comprised of a high proportion of EU staff prior to Brexit. In the lead up to and since Brexit, employers noted a significant reduction in the number and quality of applications, due to a decline in applications from the EU. Employers also noted that a number of their EU staff had left their service, and the UK, either because they could not obtain a visa to work in the UK or due to concerns and uncertainty about their future residency status in the UK.

Almost three in five (58%) of employers surveyed said that it had become more challenging to retain staff, in comparison to 26% in 2018. Specifically, 25% of EU staff had left the service in the 12 months preceding the research, compared to 14% in 2018, representing approximately an increase of 11%. Amongst the most common reasons EU staff gave for leaving their post was to take up a better job elsewhere, relocation to an EU country, Brexit or COVID-related concerns.

Therefore, it is clear that Brexit, and a corresponding decline in the number of available EU nationals applying for jobs and working in the sector, means that the social care sector has less flexibility to respond to ongoing labour supply challenges.

Allied Health Professionals:

The Scottish Government continues to work closely with partners including Higher Education Institutions, Health Boards, Skills Development Scotland, and the Scottish Funding Council on skills development, employability and widening access to NHS Scotland careers, including the development of progressive careers opportunities for existing staff and the development of apprenticeship models to provide an "earn as you learn" pathway.

The Allied Health Professions (AHP) Education and Workforce Policy Review, concluded at the beginning of 2023, published a number of recommendations relating to the diverisifcation of education routes, the widening of access through earn as you learn models and promotion of AHP careers.

An advisory board with representatives from a broad range of partners, including Academic Heads, is overseeing the effective implementation of these recommendations. The group is chaired by Professor Carolyn McDonald, Chief Allied Health Professions Officer who will report progress towards the implementation of the recommendations to the Chief Nursing Officer and Scottish Ministers as required. The group held its second meeting on 04 March 2024 and will consider the timescales required to meet the overarching aims at its future meetings, scheduled in June and October 2024.

Progressive career models is one focus of the delivery of the reviews recommendations with the aim to improve and widen access to and increase the AHP workforce. The Scottish Government is working in collaboration across policy teams with responsibility for higher education funding to explore alternative and sustainable funding models involving relevant partners including SFC, SAAS, NHS Boards for AHP earn as you learn routes. This will allow us to continue to explore alternative delivery models for distance and part time learning with cross policy evaluation for funding options.

Digital Connectivity:

In response to Sandesh Gulhane MSP's question regarding digital connectivity in rural areas, you committed to providing information from your colleagues in the Economy portfolio as to the work being done with service providers in rural and island communities to improve availability of mobile internet connectivity. The Committee would be grateful to receive this further information.

We continue to prioritise investment in digital connectivity in the 2024-2025 budget, recognising that it is a key building block for a green and growing economy.

The Scottish Government Reaching 100% (R100) programme is delivering future-proofed broadband infrastructure that will underpin economic growth and transform the economic prospects of communities across Scotland.

R100 is being delivered through three key strands of activity - the Scottish Government's over £600 million R100 contracts, the R100 Scottish Broadband Voucher Scheme (R100 SBVS) and ongoing commercial coverage.

The R100 contracts have delivered over 40,000 connections to date together with 16 new fibre optic subsea cables, providing connectivity to 15 Scottish islands. This is in addition to the 20 subsea cables already delivered through our legacy programme, DSSB. Once connected, almost all of these premises will have access to future-proofed gigabit capable infrastructure, which can provide download speeds of up to 1 Gigabit (1,000 Megabits) per second.

We also encourage our R100 contract delivery partner, Openreach, to go further while they are in areas delivering those contracts. This is known as "contractual overspill" and is not funded as part of the R100 contracts. Our most recent figures show that over 11,000 additional premises have been connected through overspill.

The R100 Scottish Broadband Voucher Scheme (R100 SBVS) offers eligible premises up to £5,000 with which to secure, as a minimum, a superfast broadband connection. Our latest available figures show that a over 4,000 connections have been delivered through utilisation of vouchers through the R100 SBVS with over 1,100 further voucher requests making their way through the application process.

The UK Government's Project Gigabit programme will build on the already transformational effects of our own R100 programme. The Scottish Government will lead delivery of local and regional Project Gigabit procurements in Scotland and will jointly manage activity in Scotland that forms part of a nationwide procurement. This is a recognition of our strong track record of delivering large scale digital infrastructure programmes in Scotland and will allow us to align Project Gigabit activity with R100.

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The Scottish Government launched the first local Project Gigabit procurement in Scotland on 7 May 2024, encompassing over 11,000 eligible premises in the Borders and East Lothian areas and with a total subsidy level of c.£26 million. This is the first local or regional procurement to be launched outside of England. The second procurement in Scotland, a regional procurement in the Aberdeenshire, Dundee, Angus and Moray Coast areas, was launched by the Scottish Government on 30 May 2024. This procurement encompasses nearly 70,000 eligible premises, with a total subsidy level of c. £105 million. The Scottish Government has prepared further potential procurements which will launch throughout 2024 subject to continued market interest. Project Gigabit and R100 will deliver alongside each other to provide future-proofed, gigabit-capable connectivity to those who need it – including our rural communities.

We also expect that commercial investment will continue to play an important part in extending high-quality connectivity across Scotland, and we are encouraged by ongoing discussions with commercial suppliers which suggest that they will continue to invest in and extend their existing networks. The continued expansion of Low Earth Orbit (LEO) satellite services also means that a commercial broadband service offering up to ultrafast speeds is now available to anyone in Scotland who wants one.

In terms of access to mobile connectivity, we recognise the vital importance of 4G services in rural and island communities.

Our Scottish 4G Infill Programme has invested £28.75 million and built 55 new mobile masts that are all now live and enabling 4G service availability to rural and island communities across Scotland. Delivery of the programme completed in November 2023. Access to 4G in rural and island communities is vitally important to public services such as the NHS. On Jura, the work of one GP practice has been transformed by the availability of 4G. Dr Martin Beestall of the Jura Medical Practice advised that when he took over in 2013, ensuring safe on-call working proved difficult due to not-spots. Voice calls were possible, but only on a specialist handset designed at the time for the emergency services. Such devices cost over £1200 per year to operate, did not provide data services and proved both bulky and difficult to use. Dr Beestall noted that S4GI provided 4G services across the local landscape, enabling better safety measures for the Jura Fell Running race.

Around half of the 55 masts delivered by out Scottish 4G Infill programme provide service by at least three mobile network operators and our delivery and operations partners, WHP Telecoms and CellnexUK are working to increase this figure with further operator choice expected across many masts.

Additionally, the Shared Rural Network (SRN) programme is working to increase Scotland's geographic 4G coverage to 91% (an increase from 82% currently). SRN is a joint venture between the four main mobile networks (Vodafone, EE, Virgin Media O2 and ThreeUK) and the UK Government, all collectively committing over £1 billion to deploying new infrastructure to further reduce mobile coverage gaps. SRN rollout is taking place now and is expected to conclude in 2027.

Officials in the Digital Connectivity Policy Team are engaging with the Department of Science, Innovation and Technology (DSIT) and its delivery body Digital Mobile Spectrum Ltd (DMSL) to fully understand the benefits of the Shared Rural Network to Scotland. Work is ongoing to explore potential areas of alignment with S4GI and encourage the programme the

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programme to use infrastructure to fulfil its commitments. Since the outset of SRN, officials have sought to ensure that the experience and lessons gained from S4GI can enable rollout to be accelerated.

NEIL GRAY

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ANNEX 1
REMOTE, RURAL AND ISLANDS TASK AND FINISH GROUP TERMS OF REFERENCE

Remote, Rural and Islands Task and Finish Group Terms of Reference

Context

The purpose of the Task and Finish Groups is to focus on supporting sustainability by planning on a population basis across Scotland to improve access to safe, quality services for our population. Other Task and Finish groups have been established to support sustainability within vascular, oncology, and diagnostic services. This Task and Finish Group will focus on remote, rural and islands (RR&I) healthcare.

Each of the Task and Finish Groups will be a collaborative and partnership arrangement involving representatives across NHS Scotland. Members of the group will offer each other peer expertise, support, and challenge to improve consistency where appropriate across NHS Scotland.

They will work at scale to develop a single plan and sustainable operating model for NHS Scotland to support effective decision-making arrangements to:

- **Reduce unwarranted variation and inequality in health outcomes.** Working together to develop new evidence-based models of care and standardised protocols. Consider opportunities to embed joint accountability, improve equity of outcomes and explore opportunities to better meet the needs of underserved communities' whole pathways of care.

- **Improve equity of access to services and patient experience.** The review group should always consider what matters most to people who access or may access care and support, and people who work in services, communities, and partners. Review groups should share and build on the good practice that exists in their Boards, and adopt co-production approaches and partnerships with experts by experience (third sector). The review groups should use insight and feedback from patient surveys and complaints.

- **Improve resilience** Develop recommendations for sustaining the quality of care and developing combined capacity and capability. Strong leadership will be required to support sustainability and improve quality or navigate complex change. This may require workforce changes and working in partnership will be key so that staff may need to work more flexibly across a wider footprint of accountability through aligned contracts, processes, and cultures. This could reduce agency spend, improve patient experience, and make it easier to respond to demand changes in real time across Scotland. The review group may provide recommendations that specialisation and consolidation occur where this will provide better outcomes and value.

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Purpose

This Group will determine a framework for the delivery of sustainable care for our RR&I communities from which specific local plans could be developed, which will consider the 2008 Delivering for Remote and Rural Healthcare Report, as the extant policy document for remote and rural healthcare in Scotland and associated 83 recommendations for the delivery of a sustainable model of healthcare for remote and rural Scotland, which were progressed through the Remote and Rural Implementation Group (RRIG). The Task and Finish group is responsible for:

- Developing a framework for R&I healthcare that allows consideration of core services to develop an understanding for all R&I Boards by late Summer/early Autumn 2024. This will also be coherent with the principles within the National Clinical Strategy and developing National Clinical Framework.

- Developing a R&I sustainable operating model that acknowledges the unique challenges of delivery and the rural credentials approach, in order to actively pursue a different approach by September 2024

The scope of the group extends to the delivery of all healthcare in RR&I communities. The definition of "rural" will be per the Scottish Government Urban Rural Classification 2020 definition of "Rural Areas" – i.e. settlements with populations less than 3,000.

Building and nurturing strong relationships among leaders, clinical teams and with system partners at all levels, based on honesty and transparency, is critical. This is a continuous process, requires hard work and commitment to a new way forward through this approach.

Clinicians throughout this need to be empowered and engaged, as they are best placed to accurately define problems and ensure a solution is evidence-based and meets patient needs.

This Task and Finish Group is one of a number of groups established to develop a more sustainable operating model across a number of fragile areas, identified through NHS Board returns on sustainable services. The other groups have been established to focus on delivery of oncology, vascular, and diagnostics services.

Background

Following fragility of services across rural and Island areas flagged in Board Sustainability Returns, a rapid review was commissioned, drawing on the extensive work and recommendations from a number of previous reviews. This concluded that:

- The RR&I model of care is expensive with key dependency on locums to deliver – which is at cripplingly high cost and significant cost pressure. As a result, many Boards delivering to RR&I communities have now had to drop to providing a minimum level of services.

- Health care planning and service delivery models must be adapted to meet the widely differing health needs of RR&I communities and overcome the challenges of geographic spread, low population density, limited infrastructure and the development of an in-depth understanding of the significantly higher costs of rural and remote health care delivery.

The sustainability review identified a number of themes, set out in Annex 1.

In response, the DG-HSC approved that a Remote, Rural and Islands Task and Finish Group was established, reporting through the NHS Scotland Planning and Delivery Board.

Membership

Representation will be requested from across NHS Scotland for the Rural and Islands Task and Finish Group with a view to addressing the identified issues in the service area. Below is outlined the intended membership of the Task and Finish Group and the role/function and expertise each role is expected to provide as part of the Task and Finish Group.

Task and Finish Group Leadership
The Chair (CEO, NHS Orkney) and Deputy Chief Operating Officer, NHS Scotland will provide the strategic leadership to the review.

Proposed membership:

- NES to represent the National Centre for Remote and Rural Health and Care
- SAMD representative (TBC)
- SEND representatives
- Nomination of Primary Care Lead
- SG Primary Care
- TSI representative (TBC)
- Mental Health representation noting work underway on forensic mental health services
- Scottish Ambulance Service – reflecting their role in future workforce models
- Director of Finance – Rural and Island Board
- Alignment of National Clinical Framework – John Harden and William Findlay
- HIS - Advise on redesign and improvement of services; and community engagement and also bring in HIS work on rural demonstrator sites
- Strategic planning lead (TBC)
- SG nursing, midwifery and AHP
- Directors of Planning
- Director of Public Health

The Group will also look to engage with

- PHS on collaboration on data and intelligence to support decision making
- CMO Realistic Medicine Team in relation to value based healthcare.

- Regional Transport Partnerships in relation to transport to health consideration
- Chief Officer
- Board Digital Lead

Administrative support with meetings, minutes and actions will be provided by Scottish Government Health Planning staff.

Reporting and Escalation

Reporting Routes

The Task and Finish Group will report to the NHS Scotland Strategic Planning Board into the NHS Scotland Planning and Delivery Board. The Group will also provide regular updates to the Sustainability Steering Group to ensure coherence and consistency with the other service reviews under way.

Formal reporting updates are required at the Strategic Planning Board (bi-monthly).

Escalation Routes

An escalation process may be initiated to ensure a clear, consistent, and transparent process for the escalation of issues where:

- consensus is not reached and blockage to the Task and Finish Group's ability to function is identified.
- there is a significant lack of progress resulting in increased service issues causing media attention, or serious safety concerns.

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Review

The Remote, Rural and Islands Task and Finish Group is set up to set up the explicit function to review, plan and create a new operating model for the service.

Once reporting indicates improvement over a sustained period the Task and Finish Group will produce a final progress report and lessons learned report. These will be presented to SPB and NHS Scotland Planning and Delivery Board.

SPB will consider the impacts of changes made to the service, evaluate whether more could be considered to make the service more sustainable.

SPB will evaluate the continuation of the Remote, Rural and Islands Task and Finish Group and stand the group down once final recommendations are delivered.

ANNEX 1

Rural and Island Health and Care Services

ESTABLISHMENT OF WORKING GROUP

SITUATION

The rural and islands (R&I) model of care is expensive with key dependency on locums to deliver – which is at cripplingly high cost and significant cost pressure. For the past two decades, the ambition has been to deliver as much as possible on island and have visiting services to deliver. This is no longer viable or affordable.

Many Boards delivered to R&I communities have now had to drop to providing a minimum level of services, due to challenges with recruitment and associated need for extremely high cost locums. In parallel, these Boards are finding that their SLAs are increasingly unable to be delivered, leading to longer waiting times for patients in remote and rural areas.

In addition, R&I Boards are increasingly looking to larger Boards as the "provider of last resort" and whilst these Boards want to provide support, we have to recognise that they also have significant capacity issues and financial challenges.

A Sub-Group of Chief Officers have also recently convened to determine how to achieve sustainable health and care services within remote and rural areas noting the specific fragility of the care home sector within remote and rural areas.

The challenge of current GP contract for RRI has been raised by SGPC at its December 23 Conference, noting that the contract is constraining implementation of more care closer to home and requested SG to work with them on a more sustainable solution for remote and rural health.

BACKGROUND

There has been a significant amount of reviews, reports and recommendations over the past many years setting out the unique nature of service delivery in remote and rural communities.

- *Delivering for Remote and Rural Healthcare 2008* remains the extant policy document for remote and rural healthcare in Scotland. It focussed on improving patient experience of remote primary care and access to secondary care, the remote and rural workforce, including education and rural training pathways, infrastructure and emergency response and transport. The report set out 83 recommendations and forward issues for the delivery of a sustainable model of healthcare for remote and rural Scotland.

- The *Remote and Rural Implementation Group (RRIG)* was established to take this work forward with a role to oversee and monitor implementation across the system.

- The Remote and Rural Healthcare Education Alliance (RRHEAL) was established in 2008 RRHEAL was the first permanent remote and rural specialist resource established to provide professional support , education

and training for the remote, rural and island workforce across primary care and secondary care settings in Scotland RRHEAL was merged within the new National Centre for Remote and Rural Health and Care in 2023. The Scottish Government have commissioned NHS Education for Scotland (NES) to be the strategic delivery partner for the National Centre for Remote and Rural Health and Care (the Centre). The Centre began work on 2nd October 2023 to improve the capability of the remote, rural and island primary care and community-based healthcare workforce and to improve service delivery.

- NHS Education for Scotland have developed a Rural Credential, that will enable practitioners working in remote and rural environments to demonstrate competency across a range of clinical areas to assure patients and employers that they can deliver safe care in an atypical setting (atypical from an urban DGH) The Rural Credential is based on an evidence-based framework for safe patient care, with significant input from those working in rural settings and has gained GMC approval.

- The focus of the next phase of work was to validate the RGH model and then transition RGHs into a safe and sustainable model, also considering future workforce, digital, transport requirements.

- In addition, the sustainability of primary care and GP Contract continues to be challenging, with Scottish LMC Conference in December 2023 passing a resolution that recognised the unique challenges of the GMS contract that are particularly amplified in remote and rural areas and that the needs of populations in remote and rural areas are not being fully met by the 2018 GMS contract

ASSESSMENT

Although some work of the RRIG progressed, the core actions remain undelivered. For example, RRIG recommendations on a **revised staffing model for the Rural General Hospital** (RGH) to ensure continued access to safe and sustainable services in remote and rural areas; the ongoing **requirement to develop Obligate Networks**; and the workforce issues that are needed around identifying skills and competencies to deliver **safe emergency care** and agree a common role cross RGHs.

While some change has resulted many of the challenges not only remain but have grown, not least the vast geography and sparsity of population, while the issues relating to education, training and support that have been a constant thread throughout, are cited by professionals working in rural areas today as considerations when they decide to apply for, or remain in remote and rural areas.

Critically, the planning, design, funding and delivery of quality health and care is now a complex and challenging task for RRI Boards - irrespective of setting, community and population characteristics, economic circumstances and individual health outcomes. In summary, RRI Boards are working to deliver a universal mainland model exacerbated with the way in which our clinical workforce are trained and how they are deployed across Scotland. The commitment to delivering as many services as close to home as possible is providing unsustainable in remote and rural areas.

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At the same time, with the demographic profile in R&I, these Boards are experiencing now the challenges of an ageing population more acutely than in more urban Boards. As at mid-2021, the data showed:

- 12% of the population (660,901 people) lived in accessible rural areas
- 1.6% of the population (299,115 people) lived in remote and rural areas

In addition, the impact of the GP contract within RRI has resulted in more GPs wanting to work in hospitals rather than acute clinicians working within primary care.

It is clear that rural and islands Boards continue to have unique challenges within NHS Scotland and this has been further highlighted through the sustainable clinical services work and associated discussions with relevant Boards and those listed in Annex 1.

In summary, the rapid review identified a number of themes:

- Delivery of 24/7 unscheduled care is leading to unsustainable on-call rotas (some 1:2 rotas) that are both difficult to recruit to and also resulting in crippling associated costs for permanent locums, provided through off rate card, with associated costs of travel and accommodation. From discussions, there is an opportunity for this to be delivered by an alternative model, ie GPs and Advanced Practitioners / Advanced Paramedics.

- Workforce planning. NES don't allocate junior doctors to smaller Boards, ie those R&I, which puts pressure on viability of models of care and increased pressure on on-call rota requirements. The system needs to increase generalism and multidisciplinary integrated teamworking, with practitioners able to hold risk and to enable people to live healthily in their communities. This will require pay and reward systems, workforce planning, education and training, and regulatory bodies to reflect the nature of this work.

- On planned care, it is noted that many theatres within RRI areas are not in use. At the same time, there are around 27 radiologists coming out of training with no jobs to go to as many Boards have outsourced their radiology activity. Is there a model of networking where staff can be hosted by one Board and work peripherally.

- From Board sustainability returns, all R&I Boards are seeing SLAs and visiting services are sporadic and not being delivered – need for fairer market, resilience plan, very person dependent. In addition, these are a high cost area to R&I Boards and presenting through all R&I Boards requiring brokerage.

- Model of care – R&I Boards challenged in delivering a number of speciality services ("ologies").

- The challenge of current GP contract for R&I is seen to be constraining implementation of more care closer to home. SGPC have offered that a different approach to funding for primary care might be more sustainable.

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- Role of Rural General Hospitals – Current delivery model and workforce challenges.
- Impact of closure of care home sector in Highland and also provision across Island Boards.
- Population need – with an older population, this will drive the need to deliver increased levels of ophthalmology/cataracts but less so of childrens' services.
- A noted lack of coherence and duplication with work of HIS and NES on remote and rural workforce – need join up through sponsor teams and commissioning.

NEXT STEPS

The problems and indeed solutions are well understood and therefore, as part of the work of the National Clinical Framework and different way of planning for our population, a Working Group is being established to determine urgently a sustainable model of care for our remote and rural communities – otherwise these services will continue to not only attract very high costs but also increase risk of unsafe services.

Health care planning and service delivery models must be adapted to meet the widely differing health needs of R&I communities and overcome the challenges of geographic spread, low population density, limited infrastructure and the develop an in-depth understanding of the significantly higher costs of rural and remote health care delivery.

A formal group is to be established to develop a single plan for delivery of rural and island health, which will build upon all of the work currently completed. This will build upon the work commenced by NES around remote and rural health and care in primary care and HIS work in Primary Care delivery along with the Chief Officers Group who are looking at the social care model.

The Group will:

- Develop a framework for rural and island healthcare that allows consideration of core services to develop an understanding for all R&I Boards by Summer 2024
- Develop a rural and island sustainable operating model that acknowledges the unique challenges of delivery and the rural credentials approach so we actively pursue a different approach by Winter 2024
- Bring together key partners so we are prioritising this approach through development of a task and finish group by May 2024 this will include SAS in terms of transportation for specialist services
- We reflect on the recommendations within the National Clinical Framework so we are considering the model in the context of rural and islands and clinical sustainability of specialist services by May 2024

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- Active understanding of benchmarking of financial models as they are different to urban financial benchmarking by June 2024

The Group will report through the NCF work. A Terms of Reference will be established with membership proposed as:

- Chief Executive
- NES to represent the National Centre for Remote and Rural Health and Care
- Centre for Workforce Supply - remote/rural
- BMA / SGPC – nominating LMC representation
- Nomination of Primary Care Lead
- Chief Officer – Remote and Rural Group
- Transport –SAS and RTPs
- HIS – bringing in their work on the two rural Demonstrators
- DoF from R&I Board
- Mental Health representation noting work underway on forensic mental health services

Other linked and current SG work plans

- Rural Workforce and Recruitment Strategy underway and to be completed by December 2024 (SG Workforce Directorate)
- Health, Social Care and Sport Committee Inquiry into Remote and Rural 2023 Healthcare in Remote & Rural Areas (parliament. Scot)
- National Islands Plan with Health and Social Care Objectives and Implementation Plan for 2020-2025 The National Islands Plan: Plana Nàiseanta nan Eilean (www.gov.scot) and National Islands Plan Implementation Route Map 2020 – 2025 (www.gov.scot)
- Proposed Remote and Rural Action Plan for Scotland (date as yet to be agreed)

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ANNEX 2:
Rural and Islands Workforce Recruitment Strategy

Stakeholder Focus Group – Barriers/Challenges Analysis

Introduction:

The Rural and Islands Workforce Recruitment Strategy's (RIWRS) Stakeholder Focus Group met for the first time on 24 April 2024. Members were divided into break out rooms and asked for their views on the key challenges in recruiting health and social care staff, this paper provides an analysis of the responses from members.

Substantive Questions:

Members were asked to provide input on the key challenges affecting their ability to recruit staff to and from rural and island areas to inform the development of the RIWRS, with considerations given to the key barriers highlighted in the background paper. For reference the questions asked to members were:

- What challenges do you face when recruiting to vacant posts
- What aspects are unique to rural and island area recruitment.
  Considerations:
  - Talent pool size
  - "Poaching environment among the health & care sector
  - Competition with other industries (pay, terms & conditions)
  - Access to education & professional development (both to HEI's and time within working hours)
  - How roles are marketed/advertised (e.g. job specific rather than whole picture/community)
  - Pre-conceived negative ideas about rural/island living
  - Professional isolation
  - Risk of deskilling
- Do you think there are any broader 'out of scope' challenges to recruitment that are not already covered under the wider work being carried out across Government

Key challenges raised:

This paper identifies key challenges raised and provides a summary of responses (often linked to more than one challenge). For brevity, this paper will use the term "rural" to refer to rural and island communities.

Challenge 1: Cost of Living:

Members highlighted that the cost of living in rural areas impacted their ability to recruit and retain staff. In general housing, food, utilities and transport all cost more in rural areas, with members advising:

"Cost of travel to and from the mainland is becoming increasingly more expensive"

"Problems faced are societal – housing provision, schools, cost of living"

"Cost of travel to and from the mainland, increasingly isolated as an island and it puts people off".

Whilst the cost of living elements are out of scope, the group can explore ways of overcoming some of the negative perceptions by making health, social care and social work careers more attractive. Whilst the cost-of-living elements are out of scope, the group can explore ways of overcoming some of the negative perceptions by making health, social care and social work careers more attractive.

Challenge 2: Talent Pool

Members were asked to consider what impact the smaller talent pool size had on recruitment to and from rural areas. The groups discussed that HR complexities and availability of career progression can limit the availability of available candidates, noting:

"HR processes can make it complex for retirees to return to the workforce in different roles. Positions must be available, and individuals must go through the normal recruitment process".

"Demographics play a large role – rural areas are the future in terms of demographics nationally"

"Young people want to stay in Highland, but they need the employment opportunities and career progression"

Members also raised that the limited talent pool provides opportunities for strategies to address this and increased use of digital technology, stating:

"There are ways to reduce the workforce required using digital technology and smoother ways of working".

"Talent pool limitations – have created strategies to combat that"

Increasing the talent pool of available candidates is a matter for the strategy to consider such as through different recruitment practices and the way roles are marketed in rural areas.

Challenge 3: Access to Education/Professional Development:

Availability of professional development and education was discussed by members, with comments regarding access to training sessions and making rural working a speciality, with members commenting:

"Rurality as a specialism is needed"

"Young people migrate to the central belt for education….can there not be a placement in rural areas"

"More and more is asked of professionals which means they need more support but they struggle to access it"

"Rural practice is career progression, promoted posts are centred in urban centres"
"We have people going to do Pharmacy from the Borders. They want hospital jobs not necessarily the primary care jobs we have available"

While there is ongoing work to widen access to careers in health and social care through the Skills for Health and Social Care Workstream,, the group can explore how to ensure that employers in rural areas have the appropriate infrastructure to utilise any current or future work-based learning activity/apprenticeships and explore the possibility of "ring-fencing" placements in any such schemes for rural areas.

Challenge 4: Marketing of Careers:

Groups discussed how careers are marketed in health and social care. Members commented that the group should consider what other nations within the UK are doing to market rural jobs, increasing awareness of careers in health and social care and the importance of values-based recruitment. Members commented:

"If marketing we need to get communities involved and find the right people for the right roles"

"Stressing on value-based recruitment, what are the conversations happening in local communities, not being siloed, future models and flexible recruitment"

"It should be employability rather than recruitment. How people view the job market now is different".

"Northern Ireland provide a job experience package; candidates are able to spend two weeks in a role and have expenses paid"

Members also shared positives they have had in marketing of careers, commenting:

"Focusing on three areas, connection to the island, selling the lifestyle element and what is unique and that it can be a career step"

Members also commented that the level of responsibility and specialist knowledge required of individuals (such as Psychiatry consultants) is wider/greater than in urban areas:

"The breadth of role for an individual requires a particular mindset - specialist interests required in one person, carry greater level of responsibility"

This type of issue could potentially be turned into a positive by utilising marketing techniques

"Change to 2C provision - got interest from New Zealand with job applications oversubscribed. Market not only the role but what sits around that which can benefit"

It's recognised that how a post is marketed can affect the type of candidates that apply. Focus is often put on the job itself rather than the whole picture for candidates, we anticipate the stakeholder focus group having further discussions on marketing as the RIWRS develops.

Challenge 5: Professional Isolation and Deskilling:

Groups discussed the impact of professional isolation and the risk of deskilling on the rural workforce and the challenges this can face on recruitment. Members advised that whilst training is available the barrier is access, with face-to-face training taking place on the mainland and remote support needing to be planned well in advance. Members raised:

"If they are a sole employer, they do not have the opportunity to job shadow and can struggle in isolation"

"More and more is asked of professionals which means they need more support and training but they struggle to access it".

"Struggle to access training sessions on mainland".

The difficulties in accessing support and working in isolation has highlighted the need to discuss this in further detail in further focus groups, such as examples of regional resource sharing and how sole employers can access support and professional development.

Challenge 6: Lifestyle Appeal:

Lifestyle appeal was discussed by the groups as a potential barrier to recruitment. Responses from members were often interconnected with other themes considered out of scope such as transport, cost of living and demographics, and that these factors are not specific to health and social care. Responses noted;

"Higher costs of living, difficulties in access to schools"

"Problems faced societal – housing provision, schools, cost of living"

"Fostering connections to rural areas is a factor to recruitment"

Whilst there are challenges in living in a rural community, the focus group can explore how to market the positive aspects such as the community when advertising for vacancies, including reviewing what other nations are doing to advertise the "rural lifestyle" when recruiting.

Challenge 7: Competitive Labour Market:

The group discussed whether the competitive labour market had an effect on their ability to recruit staff in rural areas. Similar to other themes raised, responses were often interconnected with other themes such as demographics, marketing, talent pool and lifestyle appeal. Members raised:

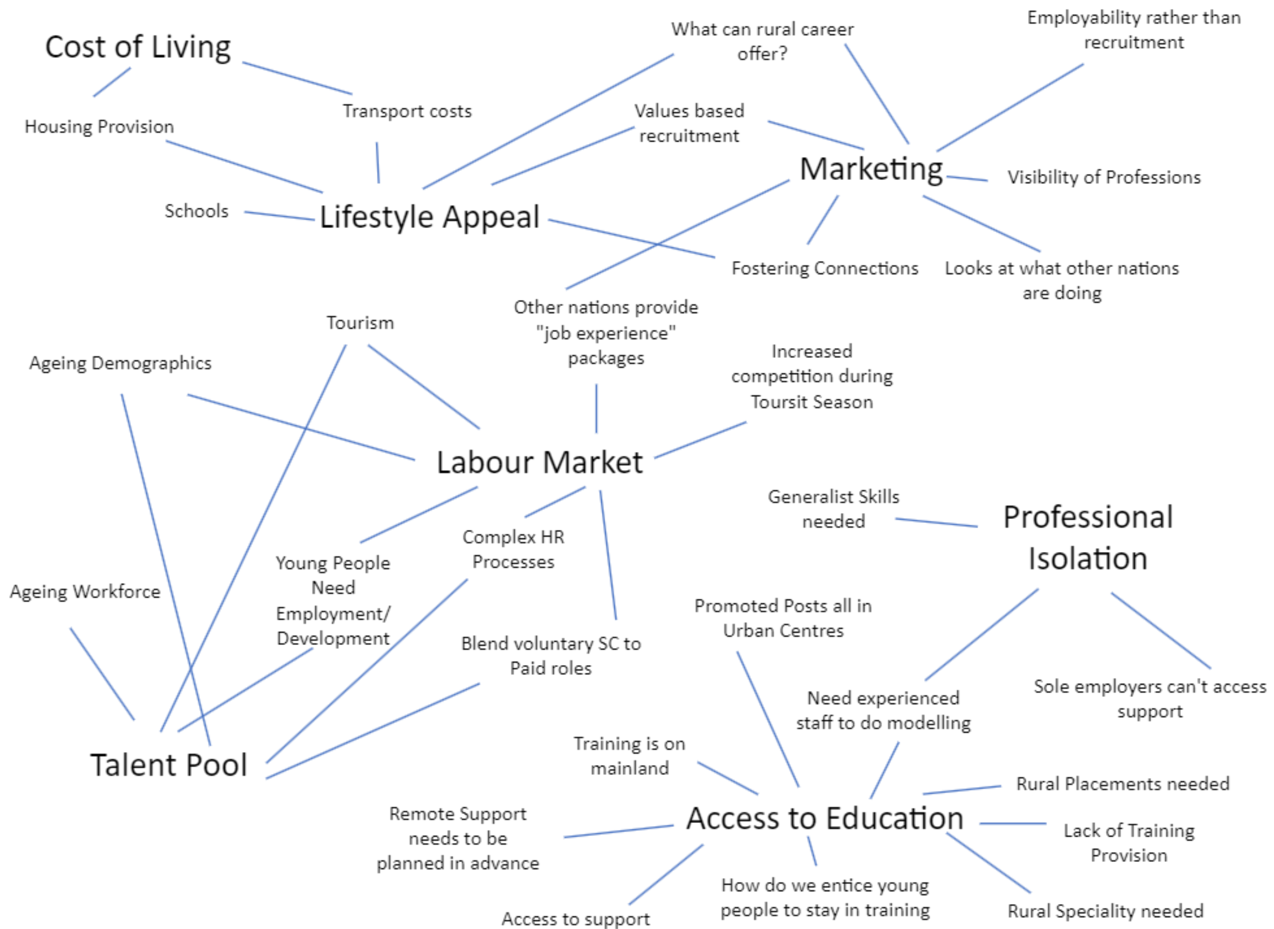
"Commonalities in rural areas…older populations – tourism a factor, travel for people, increased costs".

"Cyclical recruitment – increased competition during tourism season."

Increasing the attractiveness of rural health, social care and social work roles will be a matter for the strategy to consider, it is anticipated members will have further opportunity to discuss this and potential solutions/best practice at future Focus Group meetings.

Data Visualisation:

The following chart highlights the commonly used words by individuals and the connections between them. A "network map" shows the comments from members and how they are interconnected across themes.



Operational Heading	Desired outcome	Target	Target Date	Start Year	SG Directorate	New Activity	Workforce Group	Owner	SG Strategic Priorities Impact
Education & Training	Standard and efficient method for development of existing and future skilled rural ANP practitioners required to sustain services.	12 R&R practitioners funded and supported to complete new Rural ANP level 11 programme. Delivered in conjunction with UHI.	31/03/24	Phase 1	Primary Care	Next stage , builds on NES work	Primary Care and multiprofessional community healthcare team	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team Working • Reducing Health Inequalities
	Provides safe and efficient mechanism for training future and current cohorts of R&R supervisors. Gives R&R practitioners improved access to educational and clinical supervision supporting ongoing skills development and practice.	New Remote and Rural GP and Rural Practitioner Educational Supervisory Hub established with range of accessible training and information resources available.	31/03/24	Phase 1	Primary Care	Next stage , builds on NES work	Primary Care and multiprofessional community healthcare team	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team Working • Reducing Health Inequalities

	Evidence-based approach to increasing and improving recruitment and retention.	Action plan designed for 5% increase in multidisciplinary primary care undergraduate student placement in remote, rural and island areas per year *	31/03/24	Phase 1	Primary Care	Yes	Primary Care and multiprofessional community healthcare team	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team Working • Reducing Health Inequalities
	Standard and efficient method for development of appropriately skilled rural dispensing practice workforce required to sustain safe and effective services.	Design and delivery of a new set of learning resources to meet identified needs of dispensing practice staff in R&R areas.	31/03/24	Phase 1	Primary Care	Yes	Primary Care and multiprofessional community dispensing workforce	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team Working • Reducing Health Inequalities
	Access to range of education resources increased to include work-based, digital, postgraduate, CPD, refresher, skills maintenance that builds on existing remote and rural specific training, education and learning opportunities for practitioners.	Design and delivery of 12(6*) multi professional remote and rural education and training sessions for primary care and multi-professional community care team based on feedback and demand.	31/03/24	Phase 1	Primary Care	Yes	Primary Care and multiprofessional community healthcare team	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team Working • Reducing Health Inequalities

	Educational interventions and support delivered to enhance workforce knowledge and skills for remote, rural and island practice.	Gap analysis completed for existing range of primary care remote and rural education and training resources.	31/03/24	Phase 1	Primary Care	Yes	Primary Care and multiprofessional community healthcare team	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team Working • Reducing Health Inequalities
	Educational interventions and support delivered to enhance workforce knowledge and skills for remote, rural and island practice.	Identification and production of 3 (2)* priority programmes for Digital/TEL Advanced Technology adaption.	31/03/24	Phase 1	Primary Care	Next stage , builds on NES work	Primary Care and multiprofessional community healthcare team	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team Working • Reducing Health Inequalities
Research & Evaluation	Increased professional support and development opportunities for remote, rural and island practitioners while building R&R specific data and evidence base.	Design and delivery of new set of funded R&R academic clinician study programmes for PhD, MSc, Fellowships for up to 10 R&R practitioners.	31/03/24	Phase 1	Primary Care	Yes	Primary Care and multiprofessional community healthcare team	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team Working • Reducing Health Inequalities

	Increased professional support and development opportunities for remote, rural and island practitioners while building R&R specific data and evidence-base.	Structure established and applications opened for new funded R&R Primary Care workforce professional development study/ award for up to 15 practitioners.	31/03/24	Phase 1	Primary Care	Yes	Primary Care and multiprofessional community healthcare team	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team • Working Reducing Health Inequalities
	Increased professional support and development opportunities for remote, rural and island practitioners while building R&R specific data and evidence-base.	Structure established and applications opened for R&R Primary Care Workforce Publications Funding for 4 practitioners.	31/03/24	Phase 1	Primary Care	Yes	Primary Care and multiprofessional community healthcare team	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team • Working Reducing Health Inequalities

	Increased professional support and development opportunities for remote, rural and island practitioners while building R&R specific data and evidence-base.	Evaluation completed and reported for 2 practical multidisciplinary R&R primary care service led projects reporting and knowledge sharing.	31/03/24	Phase 1	Primary Care	Yes	Primary Care and multiprofessional community healthcare team	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team Working • Reducing Health Inequalities
	Increased professional support and development opportunities for remote, rural and island practitioners while building R&R specific data and evidence-base.	Evaluation completed for 2 practical R&R specific research and evaluation projects from RCGP Retaining our GP Workforce in Scotland December 2022 report recommendations for reporting and knowledge sharing.	31/03/24	Phase 1	Primary Care	Yes	R&R GP	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team Working • Reducing Health Inequalities

	Increased professional support and development opportunities for remote, rural and island practitioners while building R&R specific data and evidence-base.	Action plan established and implemented for programme of research and evaluation that compares current models of rural community team and primary care provision in a range of developed countries to identify and share international solutions to delivering high quality health and social care services in remote, rural and island communities.	31/03/24	Phase 1	Primary Care	Yes	Primary Care and multiprofessional community healthcare team	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team • Working Reducing Health Inequalities
Leadership & Good Practice	Sharing models of excellence from Scottish Rural Health system, raising profile of Scottish R&R healthcare systems and increased access to international models for implementation and evaluation across R&R Scotland.	New national and international R&R networks for engagement and knowledge exchange established and hosted with focus on recruitment, retention, research, education, good practice.	31/03/24	Phase 1	Primary Care	Yes	Primary Care and multiprofessional community healthcare team	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team • Working Reducing Health Inequalities

	Establishment of models of excellence from Scottish Rural Health system improving services and raising profile of Scottish R&R healthcare systems.	Design and delivery of 5 (3*) practical practitioner/practice model projects that promote improved delivery of R&R Primary Care healthcare delivery.	31/03/24	Phase 1	Primary Care	Yes	Primary Care and multiprofessional community healthcare team	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team Working • Reducing Health Inequalities
Recruitment and Retention	Improved workforce recruitment and retention that positively impacts on service capacity, sustainability.	Design, delivery, and evaluation of 5 (3*) new improvement programmes in collaboration with primary care, community teams and NHS Boards using tailored evidencebased R&R recruitment and retention improvement models.	31/03/24	Phase 1	Primary Care	Yes	Primary Care and multiprofessional community healthcare team	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team Working • Reducing Health Inequalities

	Establishment of models of excellence from Scottish Rural Health system improving service capacity, sustainability and raising profile of Scottish R&R healthcare systems.	Design and delivery of effective knowledge sharing and dissemination of outcomes from each programme.	31/03/24	Phase 1	Primary Care	Yes	Primary Care and multiprofessional community healthcare team	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team • Working Reducing Health Inequalities
	Establishment of models of excellence from Scottish Rural Health system improving service capacity, sustainability and raising profile of Scottish R&R healthcare systems.	New network established for engagement and knowledge sharing on R&R Healthcare recruitment and retention improvement models nationally and internationally.	31/03/24	Phase 1	Primary Care	Yes	Primary Care and multiprofessional community healthcare team	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team • Working Reducing Health Inequalities

Supporting Structures	All priorities and work of the National Centre are based on excellent ongoing engagement with community, primary care, community service and multi-agency partners.	Structures and selection criteria for development of 4 (3*) R&R Primary Care/Community Hubs across different geographical locations (evaluation of impact, ROI within research and evaluation programme).	31/10/23	Phase 1	Primary Care	Yes	Primary Care and multiprofessional community healthcare team	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team • Working Building primary care Data and Intelligence • Reducing Health Inequalities

	All priorities and work of the National Centre are based on excellent ongoing engagement with community, primary care, community service and multi-agency partners.	NC R&R H&SC Strategic Programme Board established with schedule of quarterly meetings established.	31/05/23	Phase 1	Primary Care	Yes	Primary Care and multiprofessional community healthcare team	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team Working • Building primary care Data and Intelligence • Reducing Health Inequalities
	All priorities and work of the National Centre are based on excellent ongoing engagement with community, primary care, community service and multi-agency partners.	NC R&R H&SC Stakeholder Reference Groups established with schedule of monthly meetings.	31/05/23	Phase 1	Primary Care	Yes	Primary Care and multiprofessional community healthcare team	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team Working • Building primary care Data and Intelligence • Reducing Health Inequalities
	The National Centre will be sufficiently resourced to deliver on the targets and objectives agreed.	New National Centre phase 1 staffing recruited.	1/10/23	Phase 1	Primary Care	Yes	Primary Care and multiprofessional community healthcare team	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team Working

									• Building primary care Data and Intelligence • Reducing Health Inequalities
	Phase 2 objectives will be based on outcomes from Phase 1 and identified priorities from engagement with community, primary care, community service and multi-agency partners.	Phase 2 Priority objectives identified.	31/03/24	Phase 1	Primary Care	Yes	Primary Care and multiprofessional community healthcare team	P. Nicoll	• Improving Service User Access • Enhanced MultiDisciplinary Team • Working Building primary care Data and Intelligence • Reducing Health Inequalities