Integration Joint Board 19.09.24
Agenda Item: 7.2.1
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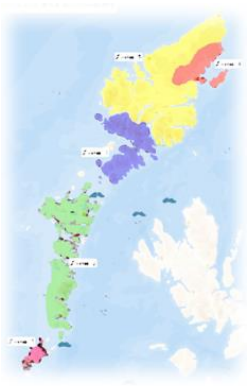

Western Isles
Health and Social Care Partnership

Health and Social Care Strategic Framework 2024-27

Final Version Septmeber 2024

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1. Background

1.1. Western Isles Health and Social Care Partnership

1.1.1 The Western Isles Health and Social Care Partnership is an integration of health and social care services as outlined in the legislative framework of The Public Bodies (Joint Working) (Scotland) Act 2014. It is enhanced and overseen by the Integration Joint Board (IJB).

1.1.2 Health and social care services have been integrated to improve health and wellbeing outcomes for people who use these services, in particular:

- create a single system for health and social care services
- develop more informal community resources and supports
- put the emphasis on prevention and early intervention
- improve the quality and consistency of services
- provide seamless, high quality, health and social care services
- ensure that resources are used effectively and efficiently.

1.1.3 The Western Isles IJB is a commissioning body that was created in 2015. It works in close partnership with communities and its delivery partners, and commissions within its financial framework against the strategic objectives and underpinning methodology set out in the Strategic Framework.

1.1.4 The IJB is not an organisation which employs members of staff but it does have the authority to direct the two parent bodies – the Health Board and Local Authority – about how it wants integrated services to be delivered. The IJB is supported to develop and monitor the delivery of our Strategic Framework by its Strategic Planning Group and its audit governance arrangements.

1.2. What is the purpose of the Health and Social Care Strategic Framework?

1.2.1 The Western Isles Health and Social Care Strategic Framework has been developed to improve outcomes for our communities across the islands. In formulating the Framework the following set of core principles have been used to guide the development of the Strategic Framework:

- An outcomes-based approach.
- Early engagement to support prevention and early intervention with well-established anticipatory care planning.
- Supporting and caring for a person as far as skills and competences allow, while looking to develop these over time (working at the top of competence/registration).
- Focus on assessment, treatment, care and support at home and in community settings.
- Developing conversations to understand a person's strengths and resources, needs and preferences while adopting an ethos of co-production in jointly exploring options to meet these needs.

1.2.2 To have the greatest impacts for our communities, the Health and Social Care Strategic Framework will be used as the Strategic Commissioning Plan for the IJB. In turn, this will be used to develop annual delivery plans to guide the delivery of delegated services for both the Local Authority and the Health Board. Given the challenging fiscal environment we will not prioritise areas that do not align to the Strategic Framework.

1.2.3 The Framework is intended to:

- provide the conceptual framework as to how the IJB approaches population health challenges, informs the commissioning plan and ensures our focus remains outcome focused for our communities
- guide decisions we make in the short term, such as annual delivery plans
- inform the longer-term programme of work
- enable the Board (IJB) and our communities to assess actions against our strategic ambition
- provide a basis for more detailed and engaged conversation with our two parent bodies and wider partners about the challenges ahead, supporting wider achievements of integration of health and social care services.

1.2.4 As outlined throughout this document, the scale of the challenges we face are significant and have been amplified by the impact of global pandemic COVID-19. Alongside the challenges in population demographics (ageing and depopulation), the resource constraints we face (financial and workforce) are likely to become more acute as we go forwards. Difficult decisions will need to be taken in partnership with our communities to ensure that we can best support the increasing need in the context outlined above.

1.2.5 The challenges we are facing are not new. The Christie Commission Report on the future delivery of public services clearly outlined the need to:

- empower individuals and communities
- prioritise expenditure which prevent negative impacts arising.

(https://www.gov.scot/publications/commission-future-delivery-public-services/)

1.2.6 Early work by World Health Organisation (WHO) recognised the combined importance of physical, mental and social wellbeing as opposed to a focus for example on infirmity or absence of disease. We need a significant shift in thinking moving away from demand-led health and social care.

1.2.7 To drive forwards and realise our ambition we need to enter into a different dialogue which speaks about the creation of health and wellbeing as opposed to thinking about a deficit model predicated on demand:

- Ensure strategic and operational alignment across the Health and Social Care Partnership and with Locality Planning Groups
- Work together to co-produce solutions and difficult decisions in partnership with our communities.

1.2.9 If we are unable to do this we will struggle to achieve the ambition outlined at the start of this document.

1.3. Learning from the Last Strategic Commissioning Plan

1.3.1 Part of the process of writing the Strategic Framework involves a review of the previous plan 2020-21. The production of a new framework has been impacted by the COVID-19 era and appointment process for senior system leaders. The previous strategic commissioning plan identified 9 strategic objectives in response to the system challenges noted at the time.

1.3.2 The last Strategic Commissioning Plan set out a one year forward view which focused on particular actions to improve outcomes. Notable successes include:

- Good progress with the implementation of the Primary Care Improvement Plan
- Developing the provision of Housing with Extra Care (HwEC)
- Improving the uptake of Self-Directed Support
- Early development of home-based intermediate care (START/Reablement)
- Expansion of Hospital at Home Service (which received national recognition)
- Formation of Acute Assessment Unit to reduce hospital admissions
- Development of Urgent and Unscheduled Care model for community hospitals
- Appointment of GP Cluster Leads
- Development of a Polypharmacy review service for people with comorbidities
- Launch of Improving the Cancer Journey programme of care

1.3.3 Whilst the successes are to be applauded, some of our ways of working need to be improved to ensure that we develop richer relationships with our communities. This would enable us to put the communities and people of the Western Isles at the centre of everything we do. Crucially, this would create communities where everyone has something to contribute and where we can have greater control over our lives – something we all need to be healthy and fulfilled.

1.3.4 As a result of the challenges that we have faced between 2020-23, we have learnt that setting out a detailed plan in 2023 for the next 3 years is unlikely to achieve the impacts that we would want to achieve, in the context of a number of challenges that we are currently aware of now, and may not be able to predict. For example, if we think back to early 2020 and the global events in the identification of Novel Coronavirus (COVID-19) disease, the impact of what became a global pandemic could not have been predicted.

1.3.5 Therefore, we have developed this Strategic Framework as opposed to a strategic plan. A strategic plan tends toward short-term, actionable tasks. A strategic framework, while focused, allows the flexibility to adapt to changing community dynamics, policy mandates, and population health needs.

1.3.6 The Strategic Framework is not prescriptive in the actions that we will take and is instead designed to be enabling us to best deal with the critical challenges we are

aware of now, and to help us decide how to deal with further critical challenges on the next steps of our three-year journey.

1.4. Delegated Services

The following services have been delegated to the IJB to strategically oversee and commission in line with our local priorities, the core aims of integration and the National Health and Wellbeing Outcomes. The delivery of these services has also been delegated, annually through directions, to Western Isles Health and Social Care Partnership which is provided by NHS Western Isles, Comhairle nan Eilean Siar (local authority), along with non-statutory delivery partners in line with the integration delivery principles.

Adult Social Care Services	Community Health Services	Adult Hospital Health Services
• Care at Home Services • Extra Care Housing • Social Work Services for Adults and Older People • Services and support for Adults with Physical Disabilities and Learning Disabilities • Mental Health Services • Drug and Alcohol Services • Adult Protection and Domestic Abuse • Carers Support Services • Community Care Assessment Teams • Care Home Services* • Adult Placement Services • Reablement Services, Equipment and Telecare • Aspects of Housing Support including Aids and Adaptations • Day Services • Respite Provision • Occupational Therapy Services*	• Primary Medical Services (GP Practices) • Out of Hours Primary Medical Services • Community Hospital Services • Public Dental Services • General Dental Services • Ophthalmic Services • Community Pharmacy Services • Allied Health Professional Services • Community and Specialist Nursing • Mental Health Services • Community Learning Disability Services • Community Addiction Services • Public Health Services (vaccination) • Community Palliative Care • Pharmacy Services • Continence Services	• Accident and Emergency • Inpatient Hospital Services in these specialties: – General Medicine – Mental Health (APU) – Psychiatry • Pharmacy Services

2. How we have developed the Health and Social Care Framework

This Framework has been developed by:

1. Considering the social determinants of health
2. Considering the challenges we currently face and would expect to face in the Western Isles (supported with PESTLE analysis)
3. Reviewing our performance against the National Health and Wellbeing outcomes in the context of the actions taken in our last Strategic Plan.
4. Understanding our local population public health needs (predicated on the National Scottish Health Survey)
5. Review of locality planning arrangements and data.

2.1. Social Determinants of Health

2.1.2 The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. Research shows that the social determinants can be more important than health care or lifestyle choices in influencing our health outcomes. The factors below all impact on our health and wellbeing.

2.1.3 To truly improve health and reduce inequalities, not only do we need to provide high quality health and social care but we need to consider and work to address the societal, economic, cultural, commercial, and environmental context in which we live.

2.1.4 As such, it is essential that the Western Isles Health and Social Care Partnership works with its delivery partners, Community Planning partners and communities across the Western Isles to deliver improvements in health and wellbeing for the people of our islands.

2.2. Challenges we currently face

2.2.1 People expect to receive high quality health and care services when they need them, whether as a result of age, disability, sex, gender or long-term health conditions. Yet there are a number of significant challenges in providing these that are summarised below and have been considered as part of our strategic framework. A number of these are likely to directly impact on the social determinants of health and therefore impact on the outcomes of people in the Western Isles.

A population with increasing levels of health and wellbeing needs	Working with the impact of COVID-19	Working with the challenges of remote and rural service delivery
Significant workforce challenges	International and national economic pressures impacting on our communities e.g. cost of living crisis, fuel	Significant financial pressures for the Health and Social Care Partnership
Pressures on both acute and community hospitals	Support for unpaid carers and the role they perform (Respite and associated services)	Housing in a remote and rural context and links to inward migration
Transportation both within the island chain and links to mainland	Issues of depopulation and island economy	National Care Service

2.3. Health and Social Care Outcome Indicators

2.3.1 Each IJB works toward a set of 23 Indicators that allow them to understand how they are performing in key areas of Health and Social Care.

2.3.2 The indicators are divided into Outcome Indicators and Data Indicators.

2.3.3 Information for Outcome Indicators is gathered every two years as part of the Health and Care Experience Survey. This is a survey that is sent to a random selection of people who have used GP Services within the 12 months prior to the survey questions being sent out.

2.3.4 The majority of responses to the Survey were positive and scored above Scotland overall. When compared to the previous survey that was undertaken in 2019/2020 we have seen a reduction in 4 out of 9 measures with less people responding positively to these questions. This downward trend is seen across Scotland for all measures, with the Western Isles seeing less of a reduction than the National average.

2.3.5 Data indicators measure the performance of a variety of Health and Social Care Services that have been identified as key indicators of how services are performing.

2.3.6 Positive progress on last year's performance has been seen in 6 of the 10 updated measures, one remaining constant and 3 showing a drop in performance against last year.

2.3.7 A summary of performance is presented in the table below:

Western Isles H&SCP Performance	Outcome and Data Indicators
Better than National metrics	• Adults able to look after their health very well or quite well • Adults supported at home who agreed that they were supported to live as independently as possible • Adults supported at home who agreed that they had a say in how their help, care or support was provided • Adults supported at home who agreed that their health and social care services seemed to be well co-ordinated • Adults receiving care who rated the care they receive as excellent or good • People who had a positive experience of care at their GP practice • Adults supported at home who agreed that their services and support had an impact on improving or maintaining their quality of life • Carers who felt supported to continue in their caring role • Adults supported at home who agreed they felt safe • Emergency admission rate • Occupied bed days in hospital associated to emergency admissions

	• Emergency readmissions to hospital within 28 days of discharge • People in their last 6 months of life spent this at home or in a community setting • Rate of falls in the Western Isles • Proportion of care services graded as good or better in Care Inspectorate inspections
In line with National metrics	• Adults with intensive care needs in the Western Isles receiving care at home
Below the National metrics	• Premature mortality rate • Number of days people spend in hospital when they are ready to be discharged

2.4. Needs of our Communities

2.4.1 This section gives a high-level summary profile of the Western Isles and some of our key challenges. Going forwards, more detailed information is required. This will take the form of a refresh of Strategic Needs Assessment predicated on wider population health. The themes presented here are drawn from rankings presented in the Scottish Health Survey (November 2022) for both NHS Western Isles and Comhairle nan Eilean Siar (local Authority)

2.4.2 In general, people who live in the Western Isles express an above average life satisfaction (44%) in comparison with the national figure (34%), however the prevalence of long-term illness/limiting long-term illness equates to the national position of 34%. Additional indicators of population health are:

- Respiratory conditions - marginally higher 17% in comparison nationally 16%
- Cardiovascular conditions - marginally higher 17% in comparison nationally 16%
- Alcohol consumption (hazardous/harmful) - significantly lower 16% in comparison nationally 24%.

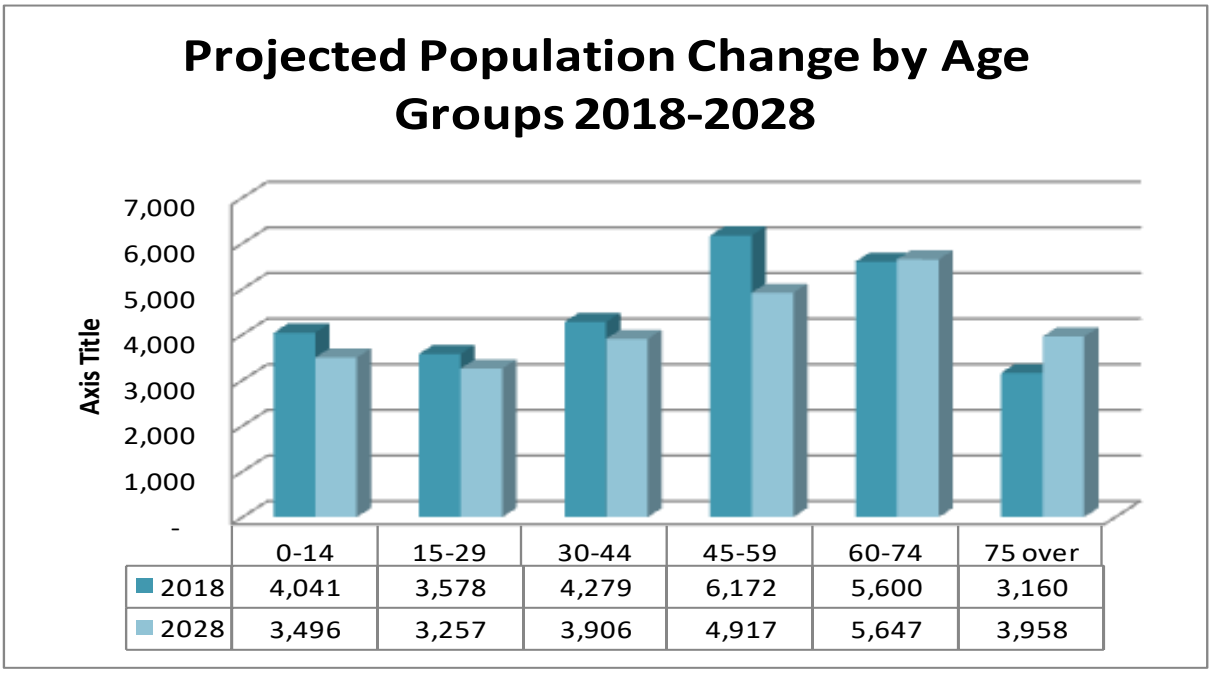
2.4.3 Most people will live in areas of average levels of relative deprivation, however there remain areas of high affluence and also pockets of significant deprivation, an indicator of this being food insecurity (adults worried they would run out of food) recorded at 7%.

2.4.4 Those who do live in areas of significant deprivation continue to suffer worse health conditions than those in affluent areas. Rural deprivation is a particular issue in the Western Isles and access to health and social care is felt differently by diverse groups. Without targeted and preventative measures, inequalities will likely remain or even increase.

2.4.5 A constant theme in the report is that the population is ageing and this will have a significant impact on health and care services. Considering the updated population prediction (Population Projections (cne-siar.gov.uk)) the Western Isles is predicted to see a 6% reduction in population by 2028, one of the biggest population decreases in Scotland. Working age population is set to decrease by 6% by 2028 and, in contrast, the over 75s with the greatest levels of co-morbidity is set to rise by 25%. The

decrease can be attributed to declining numbers of inward migration and low birth rates although there will be other factors at play.

2.4.6 The population changes will result in a year-on-year reduction in the available workforce to support/care for the ageing population. Health and Social Care services are already seeing the impact of the changes in demography with high levels of vacancies across the Health and Social Care Partnership.



	0-14	15-29	30-44	45-59	60-74	75 over
2018	4,041	3,578	4,279	6,172	5,600	3,160
2028	3,496	3,257	3,906	4,917	5,647	3,958

2.4.7 There are opportunities to work in partnership with Scottish Government to reduce the impact of population changes alongside opportunities in technologically enabled solutions to reduce the need for additional staff.

2.4.8 Throughout the report it is clear that COVID-19 has had a substantial negative impact on services and it is likely that elements of the population of the Western Isles will continue to face extended waiting times. The high waiting times for social care services and increased numbers of delayed discharges suggests that we need to get better at prevention and early intervention. Overall, the report gives a high level picture of the current state in the Western Isles and what our needs are projected to be in future.

2.5. Engaging with our communities

2.5.1 Forming a positive mutual relationship with our communities is an integral component to informing the key areas of focus for the Strategic Framework. There are strong examples that we can learn from e.g. locality planning but, in order to realise the ambition outlined in this document, we will need to build positively different relationships going forwards that take us into the territory of 'Health and Wellbeing is made at Home'.

2.5.2 If we are to successfully support more people to live independent lives then we must invest in the informal infrastructure that supports wellbeing. Some of that is about how we work with people. Our ambition is to see more co-production and co-design of services, led by communities rather than simply being imposed through formal commissioning. In addition, it means connecting to the natural assets in our communities across the Western Isles.

2.5.3 What the Framework is seeking to achieve can be captured in the context of building social value.

2.5.4 There is a body of evidence in peer review research that evidences the profound impact of seemingly simple and small ideas can have on individuals, communities and complex systems. This has been captured in the concept 'trojan mice' whereby small ideas/changes developed from within a community have the potential to test small scale change.

2.5.5 Going forwards, if we enable and support communities across the Western Isles in a meaningful way, we have the potential to move into the arena of creating 'health and wellbeing'.

3. Western Isles Strategic Framework

Our Strategic Framework is described in three domains:

1. Our Mission, Vision and Intended Outcomes
2. Our Objectives and Ways of Working
3. How we will deliver (Bringing the Strategic Framework to Life)

Together these make up the IJB Strategic Framework for 2024-27.

3.1. Our Mission, Vision and Intended Outcomes

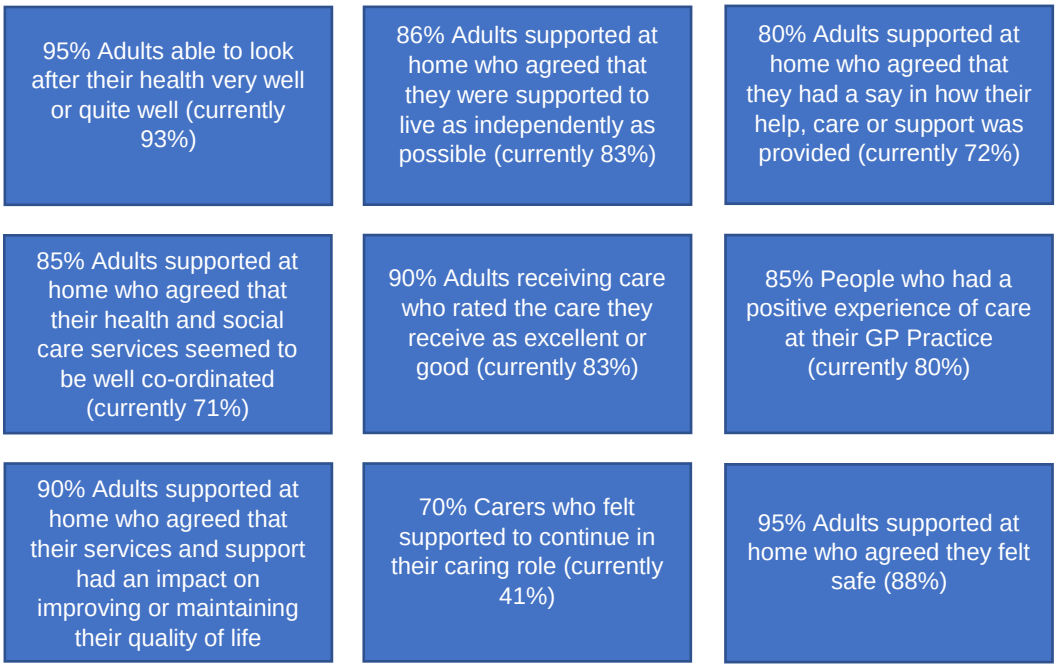
3.1.1 As outlined earlier in this document there are nine National Outcome Indicators (https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/pages/5/) agreed by the Scottish Government that our Partnership is required to deliver against. The Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through improving quality across health and social care.

3.1.2 Below we have outlined our Mission, Vision and measurements of the Outcomes with targets for each over the next three years.

Mission: Our Mission is "To enable people of the Western Isles to live well, care for themselves, meet their own needs, effectively manage their own conditions, and maximise their wellbeing as far as possible supported by the Health and Social Care Partnership.

Vision: Our Vision is "To empower the people of the Western Isles to live independently at home or in community settings by developing and nurturing community asset based approaches."

Outcomes:



3.2. Overarching methodology and delivery mechanisms

3.2.1 As our strategic approach is concerned with managing current and anticipated future challenges and risks, the major issues that could impact on our population's outcomes are deemed to be issues that required strategic focus and intervention (strategic issues).

3.2.2 Strategic objectives have been set to address these strategic issues, ahead of the development of high-level actions to support these strategic objectives. These are listed by the level of risk associated to each issue.

3.2.3 The development of strategic objectives is underpinned by a set of core principles namely:

- Focus on an outcomes-based approach
- Focus on early engagement to support prevention and early intervention with well-established anticipatory care planning
- Focus on supporting and caring for a person as far as skills and competences allow, while looking to develop these over time (working at the top of competence/registration)
- Focus on assessment, treatment, care and support at home and in community settings
- Focus on having conversations to understand a person's strengths and resources, needs and preferences while adopting an ethos of co-production in jointly exploring options to meet these needs.

Strategic Issues	Insufficient workforce to meet need with current models of care	Significant financial constraints	Good in fire fight, less so in anticipation and prevention	Unpaid carers to be better supported	Growth in waiting lists/times increasing demand	Poverty and inequity likely to worsen
Our Vision is to "Empower the people of the Western Isles to live independently at home or in community settings by developing and nurturing community asset-based approaches"						
Objectives	Develop innovative solutions to workforce challenges across the Partnership	Identify efficiencies and shift to a locality-based funding model	Focus on early intervention and prevention	Support unpaid carers	Improve access to services and reduce delays	Reduce inequities of services
Ways of working	Positive agile multidisciplinary working. Seek innovation (trojan mouse approach)	Openness, compassion and transparency	Deliver high quality seamless integrated services	Dignity, compassion and respect	Place individuals at the heart of what we do	Inclusive, co-production Develop community assets

3.2.4 The overarching delivery mechanism that supports objectives and ways of working described thus far has its foundations in two key aspects:

- Promoting high level of independence for individuals
- Building resilient community assets (that are underpinned by attitudes and values related to personal and collective empowerment)

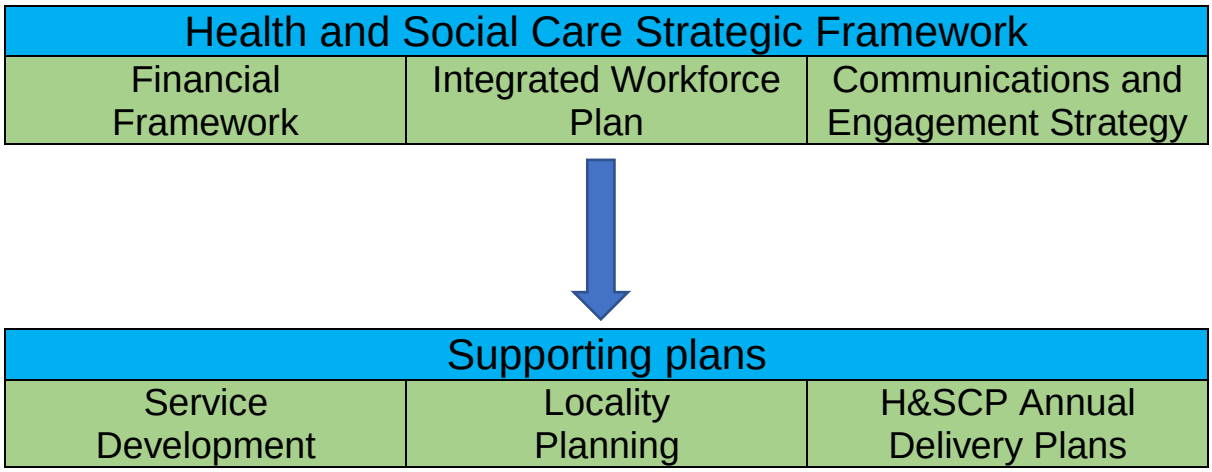
3.2.5 In addition, Locality Planning Groups (LPGs) will have a key role to play to truly harness the power of community asset-based approaches.

3.2.6 We will focus to develop our capacity and capability across the agreed objectives and ways of working and pay particular attention to the "Community Led Support approach". This will ensure that we work in partnership with our communities to develop resilience at individual and community level.

3.3. Bringing the Strategic Framework to life

3.3.1 The purpose of the Strategic Framework (as outlined earlier) allows the flexibility to adapt to changing community dynamics, policy mandates, and population health needs. It is important that the Framework guides the development of delivery plans supported by directions issued to the two parent bodies.

3.3.2 It can be visualised as below:



3.3.3 The above will be informed by the GIRFE principles.

3.3.4 Key delivery mechanisms embedded in annual plans will include:

- Fully integrated Multi-Disciplinary Teams (MDTs) with integrated line management with a clear alignment to individual communities, adopting a 'One Team' approach to offer seamless care
- MDTs aligned to GP Practices to provide targeted support for those with greatest need and an early, concerted response when a member of the team identifies a 'trigger' that something may have changed in a person's life and/or condition
- Expert Nursing and Consultant advice within MDTs and by those teams during any hospital stay to improve continuity of care and support and reduce avoidable admissions and length of stay
- Enhanced MDT liaison within care homes, residential settings and supported accommodation, as well as the supported development of staff who work in these settings, to enhance the quality and level of care and support available
- Support independence by embedding reablement approaches and other slower stream rehabilitation support across all teams
- Develop a range of specialist, short-term, targeted interventions.

3.4 How we will implement our Strategic Framework

3.4.1 We have set out the Strategic Framework for Health and Social Care in the Western Isles, which is intended to be enabling to foster engagement from our communities, and innovation to respond in a dynamic way to the critical challenges that we face.

3.4.2 As a result, we have not detailed the specific actions that will be taken within this plan. Instead, our Framework will enable our localities, our communities and delivery

partners to continually evaluate our progress in improving outcomes, addressing strategic issues, reviewing resources available, and co-producing plans to ensure best value.

3.4.3 Development of the partnership and engagement approach of the IJB with its communities, including service users, carers, staff, the independent sector, third sector, localities, and other key strategic partners will continue through our new strategic plan cycle. This will include collaboration with the Outer Hebrides Community Planning Partnership (OHCPP) and the Third Sector Interface (TSI) to deliver support and services in keeping with local need.

3.4.4 An Annual Plan will be developed each year starting for the 2024-2025 period aligning to the objectives and ways of working of the Strategic Framework, and will be based on the feedback and priorities from our communities that align to our Framework. This Annual Plan will be consistent with the Local Authority Plan and the NHS Annual Delivery Plan.

3.4.5 We will continue to review our progress in the context of any challenges we face, our local outcomes, what works and has not worked, and how we can continue to address our strategic challenges by focusing on our strategic priorities.

4.0 Appendix

Environmental Assessment

Political, Economic, Sociological, Technological, Legal & Environmental (PESTLE) Analysis

COVID-19	During the COVID-19 pandemic many health and care services were suspended or reduced in scope and scale. As a result, more people are waiting longer to receive the care they need. Addressing the backlog, while continuing to meet ongoing urgent health and care needs is a key challenge the IJB faces moving forward.
Growing Ageing Population	Currently around 26% of the Western Isles population are over the age of 65. In contrast, the over 75s with the greatest levels of co-morbidity is set to rise by 25% by 2028. This brings challenges for health and social care services and changes communities. With an older population we can expect to see a rise in health incidents such as falls, or diseases such as dementia and cancer. There is also an increasing number of older people living on their own, this may bring a risk of loneliness and isolation.
Workforce Pressures	The number of people of working age in the Western Isles is going to decrease by 6% by 2028 and in contrast the over 75s with the greatest levels of co-morbidity is set to rise by 25%. Although there is investment from a national level to increase numbers of staffing, there is a reduced availability of staff with appropriate qualifications or skills, including General Practitioners, Social Care Workers and Nurses. This will put more pressure onto already stretched resources, many of whom are also experiencing burnout from the COVID-19 pandemic.
Financial Pressures	Health and Social Care spending is likely to increase, however Local Government and NHS core budgets are likely to be reduced. The current 3-year financial plan indicates circa £5.6 million deficit by 2025-26. Shifting funding from hospitals towards care home provision, community-based services and prevention programmes will be challenging, especially with the urgent care pressures that have been ongoing since the pandemic.
National Care Service (NCS)	This will see the reformation of current IJBs into Local Care Boards. The NCS Bill was introduced in June 2022 and, subject to completing the Parliamentary process, the Scottish Government expect it to become an Act in Summer 2023, with Scottish Ministers having committed to establishing a functioning NCS by the end of the current Parliamentary term in 2026.

Unpaid Carers	Currently 429 people in the Western Isles provide some type of unpaid carer role, this figure is likely to increase our population ages. During the pandemic, many support services were reduced such as day services which has impacted on carers and those they care for. Further work is required to reduce the significant pressures put onto carers and the cared-for, including opportunities to have breaks from caring.
Acute and Community Hospital Pressures	Our Acute and Community Hospital is under huge pressure, especially following the pandemic, due to workforce challenges in the context of delivering services to meet increased need and acuity, with an increased length of stay, and an associate increased demand for social care, leading to higher levels of occupancy for people who are waiting for care (delayed discharges). Investment into community-based services will help alleviate some of these pressures by preventing admissions and facilitating earlier discharge. By treating people in their home or in the community we can help prevent people needing hospitals and improve their outcomes.
Technology	Digital solutions such as telecare and remote appointments have been introduced at a pace quicker than anticipated, thanks to the pandemic. Digital technology plays an important role in modernising healthcare and empowering service users to manage their care better. It will be important that digital solutions are well embedded, and that staff are trained in digital skills so that the benefits are realised.
Climate Change	Within our local context, warmer temperatures may enable a healthier and more active outdoors lifestyle and reduce winter mortality. However, it might also affect patterns of disease which can impact health (e.g. there has been an increase in cases of Lyme disease occurring over winter months in recent years). Climate Anxiety is also particularly affecting young people and may impact on mental health services.
Political and Economic Pressures	Fuel poverty will rise as the cost of energy increases due to a shortage of supply caused by the war in Ukraine. Inflation will have an impact on health and care staff as the cost of living rises higher than salary increases. Brexit is discouraging foreign doctors or nursing staff from coming to the UK and Scotland for employment, leading to staff shortages. UK Border challenges also increase the difficulty of importing medical equipment and drugs, leading to shortages.