

Health & Social Care Winter Preparedness Plan 2023/24

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Joint Foreword by Cabinet Secretary and Councillor Kelly

There is no doubt that this winter will present considerable challenges to people who need to access our health and social care system, which is why the planning cycle for this winter has started earlier than ever before. The Scottish Government and COSLA have been supporting the system to be as ready as possible for the pressures it will face since the end of last winter, so that people can continue to access health and social care services and support when they need it most. We expect an extremely pressurised winter, and local systems are preparing to work flexibly and responsively to prevent issues and address them as they arise, working across boundaries with the voluntary and independent sectors, and, vitally, with individuals, their families, carers and communities, to meet need and maximise impact.

We continue to see a change in the demand for health and care services: our population's needs are increasingly complex, and more complex personalised care is required at the point of discharge from hospital and onwards to a care home or their own home with support. This sits alongside the increase in patients we see every winter with respiratory illnesses such as flu and RSV, and weather-related injuries from falls and accidents. We are experiencing significant recruitment and retention challenges across the health and social care workforce. And of course, the potential for a rise in Covid-19 cases informs our thinking and scenario planning.

This plan recognises the interdependence and integration of health and care services and seeks to ensure that people in Scotland receive safe and timely access to health and social care services and supports over winter. We have significantly strengthened our efforts to support the system in its planning and preparations for the inevitable challenges this coming winter will bring. Local systems are assessing their own readiness and will take decisions both to prevent and to address pressures as they arise. This plan aims to support local systems to, when needed, make changes, at pace, to relieve pressure and drive improvement, to provide the best levels of care possible for the people we serve. However, there is also a recognition that at times, we will need to prioritise care and support for those most in need, particularly when levels of demand and need rise.

This Winter Plan sets out the actions we know from previous winters work to help relieve pressure points across the system. We believe the principles and measures set out in this Winter Plan are the right ones.

Critically, we are encouraging the system to adopt a 'home first' approach when it is clinically appropriate to do so. Providing care in a home setting is better for people, and better for their families and carers and also frees up capacity in our hospitals. We are providing the conditions for the system to do this. For example, the Scottish Government is significantly increasing investment in hospital at home, an initiative providing acute care at home which has consistently delivered improved levels of patient satisfaction compared to in-hospital care.

We are united in our resolve to deliver for our citizens, and the Scottish Government and COSLA have been working tirelessly to create the conditions needed for the whole system to deliver. This Winter Plan forms the basis of a joined-up and collegiate approach to increase resilience, reduce pressure and improve outcomes for our citizens across the complex landscape of health and social care.

Michael Mathieson
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Spokesperson

Introduction

This Winter Plan represents a whole system approach to responding to a surge in demand for health and social care services. While the focus of this plan is on the winter months, the measures outlined are applicable to other times of the year when our health and social care system faces increased pressures. We are encouraging systems to adopt a preventative approach as far as possible to mitigate and reduce harm by ensuring people who need health and social care services are receiving the right care, at the right time and in the right place.

Whilst this plan provides a national overview, in developing this plan we recognise the important contribution of the voluntary and independent sector locally in delivering care and acknowledge that these services are commissioned through local arrangements. This Plan seeks to address the specific operational pressures experienced across the health and social care system over winter. We have engaged with the independent and voluntary sector as partners and leaders in the delivery of social care across Scotland. Alongside partners, the Scottish Government and COSLA continue to discuss the creation of a National Care Service which will deliver improvements for people accessing community health and social care support.

Although the health and social care system is well-used to planning, preparing and delivering care ahead of and throughout winter, we have strengthened our approach this year to reflect our experiences over the last few years. In doing so, we are embedding the following key components to support a more resilient health and care system better aligned to meeting people's needs by:

- Whole system focus and oversight, recognising the critical interdependencies across the system.
- Earlier engagement and planning for winter than ever before.
- Having an approach that acknowledges and responds to pressures across the whole system.
- Implementing lessons learned from 2022/23 and previously.
- Supporting local systems to develop their demand and capacity plans to identify current and future requirements to support surge response.
- Developing a national target operating model with key resilience measures and a clear understanding of the impact that improvement work will have to achieve our targets.
- Taking action on returns from a preparedness checklist for local systems, ensuring we have a clear understanding of risks to the system both locally and nationally
- Improving data quality and reporting to support local and national assurance and understand when escalation is appropriate.
- Targeting interventions where there is greatest need.
- Utilising proven digital tools to maximise capacity.
- Providing the conditions needed for a 'home first' approach.

Our Principles and Priorities for Winter 2023/24

We have developed a set of planning principles and priorities to guide our health and social care services as we put people at the heart of what we do, whilst we build our resilience to meet changing demand, recognising that surges can occur at any time of the year and not just winter.

In developing our priorities, we have reflected on our approach in previous years and sought to build on what we know works, and stopped what has failed to have the desired impact, whilst strengthening our approach to both planning and delivery of the plan at a national level. In particular it is important for us to maintain a whole system focus given that people do not differentiate between the organisational boundaries in which each individual system operates, and given the knock-on impacts pressure in one part of the system has on others.

By 'whole system', we mean every interface between an individual and the health and social care system: from pharmacy, primary care, NHS Inform, NHS 24, the Scottish Ambulance Service, to A&E and acute and community hospital settings, and on into care provided at home or in a care home setting. Carers and the voluntary sectors have a key role to play within the system. A whole system approach recognises that pressures within any area of the health and care system will impact other areas, and that any actions taken must consider this interdependency.

The seven winter planning priorities, which we are empowering local systems to adopt, coalesce under three critical principles:

- Right care, right time, right place
- A partnership approach across the whole system
- Local and national actions we know work

Learning from Last Winter

Our approach this year has built on our response to previous winters, including the most recent, where we adopted a whole system approach to managing the extreme and unprecedented pressures we experienced. Last winter, we saw unacceptable waits for ambulances, queues of ambulances outside A&E, long delays in A&E departments, high levels of hospital occupancy, high levels of delayed discharge, high levels of unmet need within our communities, increased demand for GP appointments and increased demand for social care packages and assessment. Local systems, and the individuals and organisations that work within it to deliver health and care to our most vulnerable individuals – worked hard to meet high levels of demand and ensure people received care when they needed it most. However, we know that complex challenges remain and there is still work to be done to ensure people can access the care they need.

To inform our approach moving forwards, we undertook a comprehensive exercise to understand the lessons learned from last winter which focused on the development, delivery, and governance of the published actions. The report makes several recommendations which have been considered and incorporated into the current winter planning work.

The report highlighted that some actions and interventions had greater impact than others. However, even those with lower impact were still instrumental in building the resilience of the system to respond to surges in demand so should not be discounted. For example, Scottish Government made additional funding available for international recruitment in October 2022. We have learned that earlier communication of this intervention may have allowed local Boards and Partnerships to begin recruitment so that this could provide additional capacity in time for winter. For this year, we have worked with partners to bring forward recruitment campaigns.

Critically, the report highlighted that to be effective, planning should begin much earlier and that is why this year, work began across the health and social care system in early Spring 2023. This included the launch of our Delayed Discharge and Hospital Occupancy Action Plan in March 2023, which set out a series of actions to be implemented and delivered throughout the year to build resilience and capacity in our systems.

A Different Approach

There are a number of critical areas where we have built upon the lessons learned from previous winters and taken a different approach to planning. Most notable of these are:

Working in Partnership

We have brought integrated planning into the core of preparations and have developed an extensive joint governance and assurance mechanism between the Scottish Government and COSLA. As part of this, a Whole System Planning and Oversight Group, which is chaired by Chief Executives from health boards, local authorities and a Chief Officer on behalf of Health and Social Care Scotland, has been overseeing and seeking assurance on the implementation of the Delayed Discharge and Hospital Occupancy Action Plan which sets out the interventions we know improve flow through the hospital and, vitally, improve the experience for people.

We continue to support local systems to make the necessary changes to drive these improvements and to monitor the resulting impact as the actions set out in that plan are vital in reducing occupancy and delayed discharge, ultimately freeing up capacity as we head towards a period of higher demand, ensuring people and families are seen to when they need it most. The Whole System Oversight Group ensures alignment with other groups with the overall aim of improving the experience and resilience of the health and social care system.

Where further assurance and escalation for joint decisions between Scottish Ministers, COSLA and the Co-Chairs of the Whole System Oversight and Planning Group on the deployment of options that support the resilience of Health and Social Care are required, a Collaborative Response and Assurance Group (CRAG), co-chaired by the Cabinet Secretary and COSLA Health and Social Care Spokesperson, will be stood up.

Improved data collection and reporting

We have supported local systems in the development and utilisation of data to help us better understand and respond to the challenges being experienced. As part of this, demand and capacity modelling, supported by Public Health Scotland (PHS), provides a set of resilience indicators at Board and HSCP level to enable local services to target interventions during surge responses. PHS are producing a number of scenarios for winter 2023/24 based on Covid-19, flu and additional hospital occupancy to help understand the potential scale and shape of the demand that Covid and flu may present this winter, particularly in acute hospital settings. These scenarios will be adjusted to incorporate emerging data and evidence throughout the winter.

We have developed and launched two new dashboards ahead of this winter which collate data from across the whole system to give Scottish Government, COSLA and the system itself the intelligence required to inform decision-making and action. The Social Care Response and Delayed Discharge dashboard and the Whole System and Winter dashboard provide national and local level data across 25 and 35

indicators respectively. Where these begin to move into below-optimal rates due to increased demand, early responses can be co-ordinated across systems and targeted interventions deployed as necessary.

Winter Summit

The first NHS and Social Care Winter Planning Summit, co-chaired by the Cabinet Secretary for NHS Recovery, Health and Social Care and COSLAs Health and Social Spokesperson, was held in August 2023. This Summit brought together more than 300 leaders from across the country to share best practice and local plans for this winter. Crucial to this summit was ensuring people who use our services were at the centre of our preparations. Social care providers, local government leaders and the independent sector were represented alongside NHS colleagues. The Summit generated key expert, stakeholder, and system-wide input into decisions on winter planning and preparedness in advance of responding to surges, including winter 23/24.

Winter Preparedness Checklist

Ahead of finalisation of this Winter Plan, we asked local systems to undertake a state of readiness check. The **Winter Preparedness Checklist** sets out four key areas against which we asked Health Boards and HSCPs to provide an assessment of preparedness for their local systems:

Section 1: Overview of Preparedness and Business Continuity

Section 2: Urgent and Unscheduled Health and Social Care, and Planned Care

Section 3: Primary Care, Mental Health and Social Care

Section 4: Health and Social Care Workforce and Staff Wellbeing

We are now using the outputs of this checklist along with the Delayed Discharge and Hospital Occupancy Action Plan self-assessment returns and dashboard data to create a holistic system overview and provide targeted and tailored support to those areas identified as having scope to improve and increase resilience. This approach also encourages benchmarking across and within the system, and identification and sharing of best practice between areas.

Priority One. Ensure people receive care at home, or as close to home as possible, where clinically appropriate

Primary and community care is, for many people, the front door to the health service, where their needs are first raised. Each week in Scotland, there are around 680,000 GP consultations, with 28,000 people being seen in our hospital Emergency Departments. The Scottish Government is supporting primary care to provide essential care where it is needed most – in our local communities - with funding for multi-disciplinary teams which has been increased to £170 million this year.

For many, A&E may not be the best place for their healthcare needs and our Urgent and Unscheduled Care Collaborative improvement programme offers patients alternative routes to urgent care. The 'home first' approach is not only better for people, but supports acute and primary care services too. This includes expanding Hospital at Home services. The Scottish Government is investing over £15 million in 2023/24 to deliver additional virtual beds this winter, significantly increasing capacity in our system and reducing the need for emergency admissions every week, and of course better for people who need acute care.

Unpaid carers and social care services, alongside other community-based health and social care services, play a vital role in supporting people to live well at home. Ensuring safe, effective person-centred care through an integrated and co-ordinated health and social care approach will be critical year-round but particularly over winter. The use of telecare and digital technology to detect and alert health professionals when a person is needing support is a crucial tool, as is the ability to maximise existing community and third sector supports.

Everyone in need of emergency mental health care must receive that support quickly, and wherever possible, close to home. People presenting with stress and/or distress are often conveyed to hospital when there can be community-based alternatives that support the patient as well as the system as a whole. This will also ensure that people seeking mental health support receive the right care, in the right place, at the right time, regardless of where, or what time of day they present – there should be no wrong door.

The Scottish Government and local government are also continuing to maximise the use of digital tools such as increased use of Near Me in Flow Navigation Centres, Connect Me. Telecare and M365 collaboration to improve our systems and widen access, investing in Pharmacy First and community nursing teams to support people in their communities, and actively managing demand for urgent and unscheduled care to ensure that patients are triaged appropriately and directly.

How we will jointly deliver this priority:

- Proactively support people at highest risk of hospital admission within our communities. Critical to this is the strong partnership working between Integration Authorities and local partner providers and third sector interface, as well as nationally through our engagement with sector leaders which helps us better understand and respond to the pressures and challenges facing the sector.

- Through the actions underway in the Urgent and Unscheduled Care Collaborative Programme, we will improve urgent care pathways in the community including enhanced links across the primary and secondary care interface.
- Work with NHS 24 and Boards to review alternative pathways for people with urgent care needs both in and out of hours. This could include opportunities for Primary Care Multi-Disciplinary Teams (MDTs) to provide resilience to Primary Care OOH teams to address capacity issues and divert care from A&Es, though it is important that community MDTs function both in and out of hours, to reduce unnecessary conveyance to hospital.
- Ensure that Community Pharmacy are able to deliver core services, including NHS Pharmacy First Scotland, both in and out of hours.
- Increase the use of Flow Navigation Centres to reduce avoidable visits to A&E, optimising use of Call Before You Convey and Near Me video consultations. Continue to optimise the roll-out of Near Me for social work and out of hours services.
- Through the SAS Integrated Clinical Hub multi-disciplinary team, undertake a remote clinical assessment of patients to care for people closer to home through self-care advice or referral to other pathways.
- Further expand the Hospital at Home service with an additional £3.6 million of funding to enable people to be treated at home, where appropriate, and to expand access to acute care at home with expansion of Hospital at Home to other specialty areas such as Respiratory, Heart Failure, Paediatrics and OPAT services.
- Involve people and their carers in decisions that relate to their care to enhance choice and control over their support. In hospital, this means engaging with the patient, their families, and carers in hospital discharge discussions to ensure their needs and wants are central to decision-making.
- Develop a data-based understanding of people who return to hospital upon discharge with a care package.
- Drive improvement through the Mental Health Unscheduled Care Network to allow people to access care in the most accessible setting.

Priority Two. Consistent messaging to the public and our staff that supports access to the right care, in the right place, at the right time.

To ensure that people receive the most appropriate care and are empowered to support themselves and those they care for, the Scottish Government is continuing to invest in making high quality healthcare information accessible. A multi-agency communications group provides an expert forum to agree key messages and develop national and local communications plans to ensure the public is well-informed.

How we will jointly deliver this priority:

- All Boards, Local Authorities, Primary Care Contractors, and Partnerships to redirect and signpost people to the appropriate service for their needs, through national and local communications.
- Ensure the public are aware of key sources of information that will support them with their care needs, whether that information is delivered in person (for example, through social workers, community pharmacy or their local General Practice), via the telephone (NHS 24 on 111 for physical or mental health concerns) or digitally (nhsinform.scot, the NHS 24 online app, Care Information Scotland or local council websites).
- Messaging will focus on what a service is for rather than seeking to direct people away from a particular service.
- Self-management and self-care using the guides on nhsinform provide the public with an accessible resource to treat many of the common winter illnesses without the need to interact with a health professional. Communications will aim to increase awareness of these resources.
- Communications activity will be based on insight that has been gathered from evaluation of campaigns from previous years.
- Continue to build preventative messaging into health and social care communications activity for Winter (eg the vaccination programme, Mind to Mind, Healthy Know How) and throughout the year.
- Collaboration across national and local messaging by all stakeholders to ensure consistent messaging.
- Resources will be developed by Scottish Government, Public Health Scotland and NHS 24 that will be available online for any stakeholders to use through their own communications channels such as social media accounts, e-newsletters or in-venue signage to support local activation.
- Undertake scenario planning to identify the communication actions which can be implemented based on the level of system pressure being faced in order that appropriate messaging can be activated nationally or locally.
- Raise awareness nationally of the technology hubs that are located throughout Scotland where people accessing and delivering services can go to see technology in a home setting.
- Raise awareness that assessments for longer-term care needs should be undertaken at home whenever possible to ensure individuals get the correct level of support to maintain independence and reduce unintended harm.

Priority Three. Focus on recruitment, retention and wellbeing of our health and social care workforce.

Our highly skilled and committed workforce is the cornerstone of our response every winter. In order to meet demand, we must continue to focus on recruitment and retention of our workforce, ensuring that we support the wellbeing of our staff through challenging periods of high demand. We are pursuing a range of different strategies to nurture and grow the workforce in both health and social care over the long term. Within our health workforce, for example, this includes continuing to grow controlled healthcare subjects intake in line with evolving demand projections and supporting the expansion of trainee doctor posts, to reflect the changing demands on our health and social care system.

Between 700,000 and 800,000 people provide unpaid care for a relative or friend at home and within other community or residential supports, and so we must also consider and respond to the wellbeing and support needs of Scotland's hugely valued unpaid carers, as well as supporting flexible access to Self-Directed Support for people who access support and their carers.

How we will jointly deliver this priority:

- Invest in recruitment utilising the full range of potential activity and interventions across health and social care in order to protect and maintain high quality services, including international and domestic social care marketing and recruitment campaigns.
- In support of retention and recruitment of the social care workforce, we will work with partners to ensure system readiness for the implementation of the commitment to enable a minimum rate of £12 per hour for those providing direct care in commissioned services from April 2024. While this commitment may not address immediate workforce pressures, it seeks to recognise the valuable efforts of our social care workforce during extremely challenging circumstances.
- We have also established a joint social services and social care taskforce, co-chaired by the Scottish Government and COSLA, supporting delivery and acceleration of workforce improvement activity across the social care and social work workforces.
- Have confirmed contingency plans in place to cover NHS staff disruption to manage the impacts, ensuring staff are fully aware of plans.
- Invest in local, third and independent sector organisations to support care at home teams and the wellbeing for those who provide practical support to people who are ready for discharge, and across the wider community.
- Raise staff awareness of digital tools available to staff that can increase capacity such as use of Near Me, use of M365 platform to safely and easily communicate, collaborate and share information, the technology hubs that are located throughout Scotland, and maximising the use of telecare devices.
- Continue to explore how volunteers can provide support in discharge and consider appropriate use of established local and national volunteer partnerships.
- Ensure people who provide unpaid care are supported in their caring roles and supported to look after their own health and wellbeing. Last winter we published the National Carers Strategy which set out the actions underway to ensure carers are supported fully in a joined up and cohesive way. It brings together existing

initiatives and new approaches, and proposes new and better ways to support carers.

- Continue to support Boards and HSCPs to work with students and with retirees who may wish to return to work on a part-time basis to build short-term capacity as required.
- Support all health and social care staff appropriately in accessing the range of available local and national staff wellbeing resources and raise awareness of the mental health and wellbeing resources available on the Mind to Mind website.

Priority Four. Maximise capacity to meet demand and maintain integrated health and social care services throughout autumn and winter.

Both COSLA and Scottish Government recognise that actions and improvements to maximise capacity are best and most sustainably delivered in an integrated and co-ordinated way across the whole system. Local Authorities, Boards and Integration Authorities together with the voluntary and independent sectors, and indeed with communities, lead the way on integration of health and social care to deliver better experiences and outcomes for the people who access services.

How we will jointly deliver this priority:

- Ensure consistent and effective discharge planning takes place over seven days and the holidays.
- Reduce the time people need to spend in hospital by promoting early and effective discharge planning deploying the basics set out in the Delayed Discharge and Hospital Occupancy Plan sent in March 2023 and robust and responsive operational management, and by recognising and meeting the challenges of unmet need in communities. The basics identified within the March Plan include:
 - Admission avoidance.
 - Social work input on every ward.
 - Implementation of Discharge without Delay and Planned Date of Discharge.
 - Early identification of complex discharges.
 - Early engagement with people, families and carers.
 - Implementation of discharge to assess and intermediate models of care.
 - Daily multi-disciplinary reviews of all patients to ensure understanding of criteria to reside, planned date of discharge and early referrals for supported discharge ahead of clinical readiness date.
 - Use of home-based assessments for all Home Support packages to ensure accurate person-centred assessments, in familiar and homely environments. This also results in more efficient use of scarce resources.
 - Work intensively with HSCPs and Boards across the country to reduce delayed discharges for patients with learning disabilities and complex care needs moving from inpatient treatment to the community, including through supporting the use of the Dynamic Support Register, a consistent process for regularly reviewing and taking action to support individuals with complex needs.
 - Continue to work with and support systems to ensure that suitable accommodation and support packages are in place to address delayed discharge of forensic mental health patients.
 - Support telecare providers to increase the use of proactive outbound calling to support people who have been identified as being at risk or more vulnerable and directing them to community-based support earlier to keep them at home longer and prevent unnecessary admissions to hospital.
 - Reduce time spent in the Emergency Department by working with Boards to deliver rapid assessment and care, enhanced triage and signposting or redirection and reduce length of stay.

- Make improvements to reporting and performance dashboards that will support visibility of capacity in social care, including levels of unmet need within the community and people awaiting community care assessments – and how this data impacts on the wider system.
- Embed use of the new dashboards to support benchmarking between systems and sharing of best practice.
- Work with Boards to ensure sufficient Dentistry and Optometry capacity to support referrals from NHS 24 and OOH/unregistered patient care and holiday cover.
- Run a mental health bed occupancy survey throughout the winter to ensure we have an understanding of service pressures and can offer support as required.
- Continue to support Boards to increase the use of Hospital at Home to enable people to be safely cared for in their own homes.
- Continue to maximise the use of Planned Day of Discharge, Discharge to Assess, Hospital to Home teams, community rehabilitation and other discharge support services.

Priority Five. Support the delivery of health and social care services that are as safe as possible throughout the autumn and winter period, including delivery of a winter vaccination programme for Covid-19 and flu.

Protecting people who may be most impacted by severe illness, hospitalisation or death from Covid-19 and flu, through vaccination, is a key means of protecting individuals from illness and reducing demand on our health and social care systems. We want to see as many people protected from Covid-19 and flu as possible this winter to help protect people's health and alleviate pressure on the health and social care system. The winter vaccinations programme started on 4 September and the majority of vaccinations will be complete by 11 December to ensure protection before the main winter pressures begin (the programme will run until 31 March 2024).

Scotland is the only nation offering a free flu vaccine this winter to everyone aged 50-64 and deployment of both Covid-19 and flu vaccinations continues to be guided by advice from the JCVI. This winter programme focuses on those at greater risk of severe illness from Covid and flu; namely those aged 65 and over and those aged 6 months to 64 years at clinical risk. Priority is also being given to those who are unpaid carers.

Improved demand and capacity forecasting around Covid-19, flu and underlying winter pressure scenarios is informing thinking and scenario planning to help national and local partners better understand and respond to the challenges being experienced. These scenarios will be adjusted to incorporate emerging data and evidence throughout the winter.

Alongside this it will be important for us to continue to closely monitoring rates of respiratory viruses including Covid-19 and provide infection prevention and control advice and guidance as required.

In addition to vaccination and infection prevention, social connections, exercise and meaningful activity are vital for the wellbeing and quality of life of everyone, but in particular those living in a care home. It therefore remains fundamentally important that people living in care homes remain connected to their loved ones even in infectious outbreak situations in line with Public Health Scotland Covid-19 Guidance.

How we will jointly deliver this priority:

- Work with Boards to operationalise delivery of the winter vaccination programme, bringing this forward for those at highest risk where possible (care home residents, people aged 75 and over and people with weakened immune systems aged 12 and over) as a precautionary measure in light of the emergence of new variant BA.2.86.
- Work with partners to ensure all eligible health and social care workers, carers and household contacts of the immunosuppressed have access to their flu and Covid-19 vaccines to help build resilience within the health and social care system. Encouraging high vaccination uptake within care homes in particular is vital.

- Continue to work with Executive Board Nurse Directors, Chief Social Work Officers, and Care Homes to collaborate on the delivery of person-centred safe care and support to enable people to be looked after in their communities, where possible
- Offer children aged 2-5 years the flu vaccination from the outset of the programme to ensure they receive the earliest protection to help stop the virus spreading. To have maximum impact early completion of vaccination amongst this group is essential.
- Offer the flu vaccination to all school age children in Scotland.
- Offer seasonal flu vaccination to poultry and outbreak team workers. This is in response to the increased vigilance and monitoring of outbreaks associated with Avian Influenza.
- Work with Boards and wider partners to use data, along with local knowledge, to target outreach work and reduce barriers to vaccinations amongst underserved communities and where uptake continues to be lowest, including Polish, Gypsy/Traveller, African and Black/Caribbean ethnic groups and people in areas of highest SIMD.
- Work with Boards to vaccinate all cohorts as advised by JCVI, by 11 December.
- Continue to support and use demand and capacity forecasting around Covid-19, flu and underlying winter pressure scenarios to inform thinking and scenario planning.
- With partners such as PHS, continue to closely monitor rates of respiratory viruses including Covid-19 and provide infection prevention and control advice and guidance as required.
- Continue to work with local partners to ensure family/friend visits are supported in all care settings.

Priority Six. Work in partnership across health and social care, and with other partners, to deliver this Plan.

To deliver on our commitments, we have put in place a national governance system with strategic oversight across health and care to recognise and mitigate evolving risks (including system pressures), maintain a flexible approach, and enable an effective response and support to whole-system winter pressures.

How we will jointly deliver this priority:

- The Chief Operating Officer for NHS Scotland and Director for Social Care Resilience and Improvement, supported by Health and Social Care Directors and COSLA Officials, will report to Ministers and COSLA Leaders on progress of addressing whole-system pressures throughout the winter period.
- A Whole System Oversight and Planning Group (WSOPG) is in place and has strategic oversight of health and social care pressures through the winter period. Working on a subsidiarity basis, local monitoring will continue, and health and care organisations will utilise their established governance and response structures to manage pressures.
In addition, established National Incident Management Plans will enable a multi-agency team including the Scottish Government and COSLA to assist Boards and HSCPs in responding to any emergencies or major incidents through established procedures. This will include a shared escalation plan between the Scottish Ambulance Service and NHS 24 for early identification and management of surge and risks.
- The third and voluntary sectors and organisations representing unpaid carers will be integral to these governance structures to assist with identification of issues and co-production of solutions.

Priority Seven. Protect planned care with a focus on continuing to reduce long waits.

Unfortunately, Boards have had to take the difficult decision over the last two winters to step down planned care in order to treat people requiring emergency treatment. Given the impact this has had on waiting lists, and on patients themselves, we are committed to protecting planned care throughout this winter.

Following the recently set ambitious targets, Boards have made significant progress in reducing the number of people waiting more than two years for an outpatient appointment by end of August, and 10 out of 14 territorial Boards reported five patients or fewer waiting more than two years. We will continue to work closely with the Boards and HSCPs to maximise planned care capacity and where the majority of long waits in some specialities remain, ensure these are cleared as quickly as possible.

How we will jointly deliver this priority:

- Strive to protect cancer care with a focus on continuing to prioritise new urgent suspicion of cancer patients and protect theatres for cancer operating.
- Work with Boards to maximise capacity through pooled lists: locally for high volume specialties (new and return patients) and regionally/nationally for longest waits/specific specialities.
- Maximise theatre capacity including National Treatment Centres through expanded sessions in evenings and weekends.
- Support Boards to maximise clinical validation of waiting lists to identify, where appropriate, alternative forms of treatment.
- Continue to support Boards in the adoption of Active Clinical Referral Triage (ACRT) and Patient Initiated Return (PIR) to improve patient care and reduce waiting times by eliminating unnecessary face to face attendances.
- Deliver the actions contained in the Endoscopy and Urology Diagnostic Plan.
- Encourage the optimisation of digital solutions, standardise pre-operative assessment to reduce the need for unnecessary appointments and cancellations releasing capacity.
- Protect planned care through maximising the use of day surgery units including increasing the proportion of procedures converted to day case surgery.

Priority Eight. Prioritise care for the people in our communities who need it most.

Some people are more vulnerable to the pressures and challenges brought about by winter, the colder weather, and Covid-19. We recognise the issue of poorly heated homes as a driver of poor health and almost £3bn has been allocated during the ongoing cost of living crisis to tackle poverty and protect people as far as possible. This includes £350 million this year for heat, energy efficiency and fuel poverty mitigations.

Anticipatory, or Future, Care Planning aims to support people to think and plan for changes in their health and care that might happen when they are living with a serious illness, have a longer-term condition or disability that could get worse, or are getting older and frailer, focusing on what matters to them.

There are a number of actions that can be taken within existing legislation and process to address pressures within health and social care services to ensure that adults with incapacity (AWI) can be discharged from hospital when medically fit and cared for in a setting more appropriate for their needs. Delays in the court system are often cited as a cause of unnecessary delay with the AWI guardianship process. The Scottish Courts and Tribunals Service (SCTS) has confirmed that there is currently no backlog in civil law cases, and that any cases relating to guardianships for AWI can be actively prioritised. This is particularly the case where input from the courts could help to facilitate moves that are of benefit to the patient. SCTS has highlighted that applying for interim guardianship orders where appropriate will enable cases to be expedited more quickly.

How we will jointly deliver this priority:

- Relaunch the Warmer Homes Scotland scheme from October with more funding and more help for households at risk of fuel poverty to receive a climate-friendly heating system, insulation and increased energy efficiency.
- Direct people to the Scottish Government's Cost Of Living website which has a range of resources including how to get in touch with your local council for help with energy and bills, and has specific advice for older people or those who are disabled.
- Continue to scope options for increasing creation and review of Anticipatory Care Plans (including renaming as Future Care Plans) focusing on specific population groups.
- Provide the Covid-19 booster for those at higher risk, as per the JCVI statement of August 2023, and explore access for older and frailer groups to receive their flu and Covid-19 vaccines in their home in partnership with local agencies and the independent sector.
- Continue to encourage close working with our valued partners in the independent sector, and with unpaid carers, to enable continued support for older and frailer people who may need practical help to keep them safe and well.
- Where necessary, local systems will prioritise social care and support services for those who need it most and are considered to be at a critical or substantial risk level.

- Continue to work together with Partnerships, Boards, and people with lived experience to reduce inappropriate out-of-area residential placements and inappropriate hospital stays for people with learning disabilities and complex care needs.
- Encourage the use of local authority applications for guardianship of Adults With Incapacity where appropriate (as opposed to private applications) and apply for interim guardianship orders where appropriate to expedite cases. We have updated the national best practice guidance for Adults With Incapacity, noting that it is an average of 91 bed days for a private guardianship application. The guidance draws on experiences of statutory partners and aims to set out for local systems models of good practice to support a reduction in delayed discharges where adults lack capacity
- Provide support to allow the timely discharge of Adults With Incapacity, including:
 - Targeted guidance for practitioners, using good practice examples, as referenced.
 - Proposals for reform of legal aid practice.
 - Ongoing training at basic, intermediate, and advanced levels for practitioners delivered on a joint basis with NES, MWC and the Law Society.
 - Targeted meetings with HSCPs with higher numbers of AWI delayed discharges to offer assistance and understand the local challenges to help inform any necessary national response.
- Increase public awareness and uptake of Power of Attorney, to ensure people continue to have their wishes and voice heard and to help enable people to be discharged from hospital as quickly as possible to the best setting for their ongoing care.
- Support the continued roll out of the Healthcare Framework for Care Homes that provide proactive and preventative multidisciplinary care to vulnerable individuals.

Summary and Escalations

This Winter Plan sets out the actions being implemented across the health and social care system in order to prepare for the increase in demand and pressure we expect to see over winter 2023/24. These actions are being adopted as part of a business as usual approach to local planning for surges in demand and complement local surge/escalation and capacity plans.

To support this, we have put in place a national governance system with strategic oversight across health and care to recognise and mitigate evolving risks (including system pressures) and maintain a flexible response covering whole-system winter pressures.

Working on a subsidiarity basis, local monitoring will continue, and health and care organisations will utilise their established governance and response structures.



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