

Winter Preparedness Plan for NHS Scotland - 2020/21



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Foreword



At the end of May, I published '*Remobilise, Recover, Redesign: The Framework for NHS Scotland*' to provide a clear and consistent basis upon which NHS health boards and their partners would begin to cautiously restart as many aspects of our NHS as possible, while maintaining capacity to respond effectively to the continuing presence of COVID-19. In addition, I established a [Mobilisation Recovery Group](#) to generate key expert, stakeholder and system-wide input into this important work.

Boards have responded in safely resuming a wide range of routine services paused in line with clinical priorities. To do this, many services have had to be re-designed including with an increased use of digital, and many services will not deliver the same volumes as pre-COVID-19 due to the need to implement necessary infection prevention and control measures.

I would like to acknowledge, up front, the scale of what has been planned and achieved in this first phase health and social care staff across the spectrum of services. Our staff were and are the lynchpin of our ongoing pandemic response and they have worked both tirelessly and magnificently in getting us to this point. I would also like to thank the wide range of stakeholder and delivery partners, who are members of the Mobilisation Recovery Group, for their input and advice in getting us to this point.

We are now moving into the next phase of the pandemic, and our response must, once again, adapt to the new circumstances. The winter season is fast approaching – always a busy time for health and care services – and this year, it comes with the added challenges of a resurgence in COVID-19 infection rates as well as the end of the EU transition period. Managing these risks together will be very challenging. It will require us to work together to deploy our collective resources in the most effective way given that these risks may not fall evenly across the country. We need to prepare for the possibility that some resumed services may have to be paused again should we need to create more capacity to deal with the COVID-19 resurgence or manage other winter pressures. We must also recognise that we cannot respond successfully to any of these challenges, if we do not work urgently alongside this plan to support the health, wellbeing and resilience of our staff, of whom we have asked so much already.

In this context, I have set the key priorities for the NHS and their delivery partners until April 2021 as follows:

- Minimising the impact of the acute pandemic phase through a more extensive flu vaccination programme and prepare for a potential COVID-19 vaccine;
- Suppressing the virus through sustainable precision public health measures such as Test and Protect, Surveillance and Response;
- Keeping people alive and well through provision of essential health and social care services, including those that promote physical and mental wellbeing.

The **Winter Preparedness Plan for NHS Scotland – 2020/21** sets out how we will work collectively to respond to these unprecedented challenges. The Plan should be read alongside the Adult Social Care Winter Plan.

Jeane Freeman MSP
Cabinet Secretary for Health and Sport

Introduction

While our collective efforts meant we witnessed a significant decline in the rate of growth of the virus, as we reopened our economy and society, the reproduction number (R) has risen significantly above one, leading to rising numbers of cases and the test positivity rate in most areas of Scotland. While the total number of cases is a fraction of the peak in March/April, at the current rate of growth, it would reach peak level by the end of October, and hospital and ICU admissions – while low, relative to start of the pandemic – have started to increase following a sustained decline since April.

The Winter Preparedness Plan is the Scottish Government's overarching plan which sets out, at a high level, the broad context and priorities for the NHS in Scotland until March 2021.

The Plan sets out the range of actions to be put in place across the health and care system and, with wider partners – Health and Social Care Partnerships (HSCPs), Local Authorities and COSLA, etc. – to manage the public health emergency and provide services over the coming challenging winter months. Underpinning this work are a range of detailed planning documents, including the Re-mobilisation Plans from the 14 territorial and 7 national health boards, as well as specific critical activities undertaken at a national level, such as the Flu Vaccination programme or Personal Protective Equipment (PPE) Plan. The Winter Preparedness Plan will also be supported by the establishment of the new Centre for Sustainable Delivery (CfSD), under the aegis of the Golden Jubilee Foundation. Finally, our work has benefitted from advice from the Scottish Government's COVID-19 Advisory Group Subgroup on Public Health Threat Assessment and we will continue to monitor and adjust our plans as the scientific understanding of the virus, disease and our responses to it develop.

All of this work is aligned to the principles and objectives of [Re-mobilise, Recover, Re-design: The Framework for NHS Scotland](#) which sets out how health boards will safely and incrementally prioritise the resumption of some paused services while maintaining COVID-19 capacity and resilience.

Today, we are also publishing a PPE Action Plan on our website which will ensure that everyone in Scotland who needs it has access to Personal Protective Equipment this winter, and shortly thereafter we will publish a detailed Adult Social Care Winter Plan for 2020-21. Together these will set out the measures that will be required across the whole health and care system to ensure that it is as prepared as possible to meet the challenges ahead.

Context

The Challenge

The Health and Social Care systems are likely to come under severe pressure in the coming months due to the combined impacts of dealing with the current COVID-19 pandemic and the end of the EU transition period, and this is compounded by the end of the transition period coinciding with the winter flu season. While the response to COVID-19 is a key priority, we are also taking account of these other concurrent risks that could impact delivery across health and social care, ensuring that resilience is in place as part of the winter programme of work. The impacts of the end of the EU transition period, seasonal weather and flu are being continually assessed, including what mitigating actions and contingencies we have in place, to identify any further work that may be needed to strengthen our response.

We are drawing upon the best available evidence to develop planning scenarios against which to assess our collective preparedness. This suggests that we may experience further peaks in COVID-19 cases over the winter months, and we're already beginning to see this in some areas. This information is being factored into contingency plans so that we can be as prepared as possible. We will be monitoring the situation to ensure that organisations are able to adjust the vital services we all rely on. Organisations need to be flexible and agile in their ability to respond to emerging challenges. If the path of COVID-19 deviates significantly from our expectations or there are changes to the other winter risks, we will reissue the planning assumptions accordingly.

On 23 October, we published a new five-level framework to support a strategic approach to COVID-19 outbreak management. This will allow for rapid but proportionate responses on both a local and national basis using a transparent range of measures and options. Pressure on the NHS, including a forecast of numbers of people needing to be hospitalised or in ICU against NHS bed use and capacity, will be included in the indicators that will help inform decisions about which levels to apply in which area and when to escalate if escalation is needed and when areas can move down to a lower level.

Working together

We have learnt a lot from the first wave of the epidemic, embedding significant innovation into our key services, e.g. use of online/telephone consultations and the COVID-19 hubs, and rapid implementation of Colon Capsule Endoscopy and Cytosponge to support diagnostic capacity. We are also much better prepared across the whole chain of response to the resurgence, from the resources now available in test and protect and contact tracing to securing the supply chain for PPE.

Notwithstanding what we have learned, it is important to acknowledge the suite of concurrent risks we face on staffing, including staff availability, wellbeing and resilience. Our staff have worked collectively to face the challenges presented by COVID-19 and to support service mobilisation over the summer; the reorientation of workloads and working priorities has been simply unprecedented. During the first phase of the pandemic, we were able to draw extensively upon final year students who moved into paid employment with the service to alleviate staffing pressures. It would not be appropriate to mobilise that group of students in the same way this time around, not least because it is earlier in the academic year, and current finalists have not yet substantially completed their studies. Nevertheless, we continue to look at the prospect of additional staffing from other sources and are working to provide additional wellbeing and psychological support to staff.

Our Strategic Priorities for next 6 months

The Winter Preparedness Plan is structured around the three key priorities which have been set for the NHS until April 2021. These are:

-  Minimising the impact of the acute pandemic phase through a more extensive flu **vaccination programme** and preparing for a potential COVID-19 vaccine;
-  Suppressing the virus through sustainable precision public health measures, such as **Test and Protect, Surveillance and Response**; and
-  Keeping people alive and well through provision of **essential health and social care services**, including those that promote wellbeing.

The first two priorities are critical to ensure that we keep case numbers low and safeguard other essential, urgent and routine health and social care services.

Further information on activity, planned and underway, to support each of these priorities is provided in the following pages.

Activity to Support Our Winter Preparedness

Key National Priorities to April 2021

Vaccination Programmes



- The majority of all Phase 1 cohorts to be vaccinated for flu by December 2020
- In preparation for an approved COVID-19 vaccine, develop a strategic framework, a national delivery plan and a service delivery manual to support delivery of a new vaccine by the end of November

Test & Protect, Surveillance and Response



- Increase testing capacity to at least 65,000 per day by Dec 2020 (across UKG and Scottish labs). Our primary focus is on those with symptoms, with additional capacity for asymptomatic testing to protect the most vulnerable groups
- Ensure mechanisms are in place to deliver contact tracing and isolation support
- Continue to prioritise resourcing for contact tracing as a key measure to break the chains of transmission and suppress the virus
- Ensure that appropriate population surveillance testing is in place to track prevalence of COVID-19

Essential Services: Urgent and Emergency



- COVID Community Pathway maintained, with hubs and assessment centres
- Secure and maintain at least four months' supply of all the key PPE commodities from end of October
- Maintain provision of urgent & emergency care 24/7, including resilience in place for festive period
- Implement the first phase of redesign of urgent care by November
- Deliver surge capacity of approximately 3000 repurposed acute beds, including ICU, CPAP ready and normal acute beds
- Procure and maintain a national stockpile of 60 ICU and supportive care medicines by end of November
- Maintain mental health service provision and build on the learning from this period to deliver a set of mental health services which are stronger and better

Essential Services: Routine and Planned



- Maintain and enhance support for general practice
- COVID Community Pathway maintained, with hubs and assessment centres
- Enhance the NHS Pharmacy First Scotland Service
- Restart full range of routine NHS dental care by November
- Secure and maintain at least four months' supply of all the key PPE commodities from end of October
- Maximise the use of NHS Golden Jubilee, NHS Louisa Jordan and the independent sector for elective activity, using clinical urgency to prioritise decisions on patients' treatment
- Maintain mental health service provision and build on the learning from this period to deliver a set of mental health services which are stronger and better
- Maintain and enhance use of digital tools, such as Near Me and Remote Patient Pathways

£1.1bn resources already announced, with a further £37m to support winter preparedness

PLANNING ASSUMPTIONS

Maintain surge capacity

Ensure patient and staff safety

Capacity retained for Test and Protect and care home support

Strict infection control

COVID-19 screen and testing policies

Inter-dependencies managed

High quality care and support

Innovation is built upon

Physical distancing measures continually assessed and mitigated

Vaccination Response

In order to help prevent unnecessary pressure being placed on our health service, delivery of the seasonal flu vaccine and a potential COVID-19 vaccine will form a critical part of our action plan.

Outcomes

- Ensuring at least 2.422m individuals are supported to access flu vaccinations this year (a 50% increase on last year's programme), with vaccinations delivered to the majority of high risk groups by December 2020.
- Subject to clinical advice and stock availability, deliver a COVID-19 vaccine, firstly to agreed priority groups, focused on the most vulnerable, and then to the wider population as soon as a vaccine is available in order to vaccinate the largest number of people possible.

How We Will Deliver This

- Ensure delivery models balance need to vaccinate large numbers of individuals against flu, in a COVID-safe manner, whilst ensuring a patient-centred approach for all at-risk groups.
- Utilise weekly delivery schedule of supply and demand of flu vaccine, provided by NSS, along with other available data to track progress.
- Assess the adequacy of workforce in place for each health board on the basis of its combination of delivery channels and validated productivity assumptions.
- For the COVID-19 vaccine, develop a policy framework, national delivery framework, and service delivery manual, based on clinical advice and building on the learning from seasonal flu, to be in place by end of November 2020, to support Scotland wide delivery, in the event that a COVID-19 vaccine(s) becomes available. Delivery of a COVID-19 vaccine will involve a nationally-determined and directed framework with local delivery to that led by our health boards.
- Safe and effective COVID-19 vaccine procured and distributed via UK Government's 4 nations approach.
- Develop a network of COVID-19 vaccination locations that are secure, are sufficiently resourced and can manage expected volumes in a safe and efficient manner.
- Put in place improved digital infrastructure to improve vaccination data collection and reporting.
- Provide workforce modelling capability, based on agreed delivery channels to support the identification of additional sources of workforce and reduce barriers to deployment.

Test and Protect Response

Test and Protect plays a vital role in our winter plan by identifying positive cases quickly and identifying close contacts of confirmed cases, allowing us to contact these individuals and ask them to self-isolate. A fundamental element of the Test and Protect system is the capacity to deliver testing to meet demand over the winter and beyond.

Outcomes

- Suppress the virus by early identification of cases through an effective Test & Protect system.
- Successful expansion of testing capacity to meet modelled/predicted demand.
- Contact Tracing system rapidly identifies close contacts, ensuring chains of transmission are broken.
- Isolate and Support measures in place to look after people who need to self-isolate.
- Monitoring of the virus spread (current and historical) by surveillance testing.

How We Will Deliver This

- Increase Scottish testing capacity to at least 65,000 tests per day by the Winter, drawing upon both Scottish and UK Government lab capacities.
- Put in place 3 new Regional Testing Hubs by early December, providing a total of 22,000 additional tests per day. These will be brought on stream through a phased approach between November and December.
- Capitalise on innovations in testing. Continuous work is underway to improve turnaround times, including using developments in testing and processing technology as these become validated and available.
- Care Home staff testing via NHS labs in place by end of November with circa 37,000 tests per week re-routed through Scottish Lab capacity by December.
- We have provided NHS boards with £19 million to ensure they can retain sufficient contact tracing capacity while remobilising their services, and boards' staffing plans are under regular review to ensure capacity is maintained. Additional resilience also continues to be in place at a national level in the form of the National Contact Tracing Centre run by NHS National Services Scotland.
- Protect Scotland app, which works with the Test & Protect system to quickly notify people at risk from the virus, to work with similar apps from across the UK, Crown Dependencies and Gibraltar by November, with other countries following.
- From October, delivering the Self-Isolation Assistance Service in partnership with Local Government to provide pro-active triaging calls to people self-isolating to ensure they receive practical support, where required, to self-isolate. Financial support will be on offer for people suffering financial hardship as a result of being asked to self-isolate.
- Surveillance of key population groups through a variety of surveillance testing studies to monitor level of current infection and previous infection (via antibody testing) . These surveys include: ONS study – whole population sampling, SIREN – Healthcare workers, and CASS – Schools and early years staff.

Essential Services – Emergency Care

The continued access to urgent and emergency services will continue to be a priority in our health service, as they have been since the introduction of the lockdown measures, and we will continue to encourage the public to use these services as and when needed.

Outcomes

- Robust winter plans in place for all health boards covering all services and delivering a high level of preparedness.
- Make available approximately 3000 repurposed acute beds, including ICU, CPAP (a type of non-invasive ventilation) ready and normal acute beds to address COVID-19 resurgence. Delivery of this figure may be affected by other winter-related pressures, such as increasing emergency attendances, staff absences and enhanced infection control requirements.
- Urgent and emergency mental health provision given parity with services providing physical health care.
- Maintain mental health service provision and build on the learning from this period to deliver a set of mental health services which are stronger and better.
- Primary Care plans are in place to maintain 24/7 access to urgent care.

How We Will Deliver This

- Annual assurance process on winter planning undertaken and provision of support to health boards via national workshops. Winter response and monitoring arrangements in place by end of October via the Winter Planning and Response Group.
- Repurpose approximately 3000 acute beds within the NHS for covid-19 patients, excluding the NHS Louisa Jordan, subject to wider winter pressures. Included within this are the ability to double their ICU capacity to 360 within one week, treble capacity to 560 in two weeks and, if required, extend this to over 700, subject to the availability of staff and supplies. These figures are subject to change as we continue to work closely with NHS boards to ensure that their mobilisation and winter plans remain as robust as possible.
- A tailored programme of enhanced improvement support for individual boards which require it and engagement with all NHS boards on a programme of national support on cross cutting issues will be commenced. We will also focus on supporting all NHS boards to respond effectively to the anticipated increase in demand in the months ahead.
- We will continue to work with NHS boards and other partners to embed, sustain, and develop the Mental Health Assessment Centres established during lockdown. This work will be integrated into our broader approach to improving access to unscheduled care, and our response to distress.
- NSS National Procurement will secure and maintain at least four months' supply, based on the current average usage, of all the key PPE commodities in its stock by end of October.
- NHS24 will continue to manage COVID-19 patients, and Covid Hubs and assessment centres will continue to provide a dedicated pathway for patients presenting with COVID-19 symptoms consistent with the case definition.

Essential Services – Urgent Care

The continued access to urgent and emergency services will continue to be a priority in our health service, as they have been since the introduction of the lockdown measures, and we will continue to encourage the public to use these services as and when needed.

Outcomes

- Maintain and enhance the COVID Community Pathway with virtual hubs and Community Assessment Centres in all boards.
- Continue to prioritise treatment for cancer and other urgent/life threatening conditions.
- New urgent care pathway/access arrangements in place, ensuring people are seen in the most appropriate healthcare setting for their clinical need with as early access as possible to a senior clinical decision maker, as close to home as possible. This will reduce the need for attendance at A&E services and, where possible, avoid emergency admissions, keeping patients and staff safe from the risk of crowding in busy waiting areas.
- Provide professional oversight of care homes to protect our vulnerable people.
- Operating within a national framework, ensure clinical prioritisation of patients awaiting planned care is in place to ensure those in most urgent need receive treatment.
- Support Scottish Ambulance Service (SAS) to enhance their capacity to increase resilience to deliver more care at home or in a homely setting, reducing unnecessary A&E conveyance. SAS will also undertake work in partnership to improve clinical handover and reduce turnaround time at hospital particularly in those busy ED departments.

How We Will Deliver This

- There is no change to the emergency and life-threatening pathway, and the public should continue to see immediate care; from 0800-1800 on weekdays, the GP practice remains the default urgent care provider.
- Maintain 31 & 62 day cancer treatment targets by delivering the Framework for Recovery of Cancer via appropriate prioritisation.
- For those with a non-life threatening urgent care need, the first phase of urgent care redesign programme will be implemented at a pathfinder site by November, with national rollout in December.
- A public campaign will inform that an initial point of access will be available 24/7 through NHS 24 with early accesses to clinical triage optimising access to care such as: self care and NHSinform.scot; self help guides; pharmacy, optometry, dentistry and referral to GP practice if required. Local flow navigation centre will offer a clinical consultation supported by multi-disciplinary team to give early access to a clinical consultation. The team will have the ability to schedule out of hours face to face appointments. Utilising a quality improvement approach, teams will be supported to share best practice and develop pathways of care to support the local population need and clinical presentations.
- Delivery of community resilience plans to support admission avoidance and support most vulnerable in community to remain at home through provision of social care, e.g. enhancing hospital at home, care at home, community nursing and Allied Health Professional (AHP) services.
- SAS has been provided with up to £10.5m in additional funding this year to support their demand and capacity work which will allow them to put additional resources in place in key areas.

Essential Services – Routine and Planned

Over the recent months, health boards have begun safely restarting many routine and planned care services, including elective procedures, and we plan to continue this work through winter – balancing activity levels with maintaining sufficient capacity for COVID-19 resurgence or winter pressures.

Outcomes

- Primary and community care services are open and accessible, including GP, optometry, dentistry and community pharmacy, and an action plan to support OOH resilience over winter is being initiated.
- Maximise the use of NHS Golden Jubilee, NHS Louisa Jordan and the independent sector for elective activity, using clinical urgency to prioritise decisions on patients' treatment.
- Deliver the Pain Management Framework, providing appropriate support for patients suffering chronic pain.
- Commence a tailored programme of enhanced improvement support for mental health services.
- Implement Framework for Supporting People through Recovery and Rehabilitation during and after the COVID-19 Pandemic.
- Maximise input from community nursing and Allied Health Professionals to support wellbeing, enhance provision of social care and treatments available in community settings and reduce hospital admissions.

How We Will Deliver This

- Continue to ensure safe access to GP, optometry and dental services, and continue to deliver and enhance NHS Pharmacy First Scotland service from all community pharmacies.
- Professional Advisor for Allied Health Professions to be in post End-Sept (Recovery and Rehabilitation) National Advisory Board established by Dec 2020 (Recovery and Rehabilitation).
- Restore the full range of NHS dental care available to patients from November.
- Ensure appropriate measures are in place to keep community pharmacies open, safe and COVID-19-free.
- Provide funding to boards (£78.6m) to, where possible, enhance their elective activity as per their Remobilisation Plans, optimising the use of available capacity in Golden Jubilee National Hospital, NHS Louisa Jordan and the independent sector.
- Build on the use of Near Me and telephone consultations to ensure people can continue to access the care they need,
- Build on established arrangements with independent sector hospitals to access available capacity.
- NHS boards have been requested to submit their plans for the delivery of pain management services by 9 October.
- By end 2020, engage with all NHS boards to support them to respond effectively to the anticipated increase in demand for mental health support in the months ahead.
- We will continue to work, over the coming months, with a range of specialties, the public and third sector, to develop a Women's Health Plan to underpin women's health inequalities by raising awareness around women's health and improving access to healthcare for women throughout their lives.

Supporting the Public

COVID-19 has had, and continues to have, a huge impact on people's lives, both in terms of illness and the disruption of daily life due to lockdown restrictions, and we are committed to offering avenues of support for those in need and to supporting our citizens to make their best choices to protect their own health.

We are developing an evidence-based guidance for clinicians to help them evaluate symptoms and identify best pathways for patients, including referrals for serology. Designated COVID-19 helplines are in place to ensure that the public have clear knowledge of local and national restrictions. Further, these helplines provide information on how the public can prepare for winter, including protect themselves from winter health issues, and in so doing, explain how to access health care services in a safe and effective way. We are also supporting people to make positive health-promoting choices and be aware of what mental health help and support is available to them. Finally, we are supporting individuals who have a higher clinical risk from COVID-19 to make informed decisions about how to minimise their personal risks.

We will provide clear public communication to better support people to access the right health and care service this winter through:

- A national campaign that encourages those who are eligible to get their free flu vaccine;
- Continued public messaging that raises awareness of restrictions, hygiene measures and Test and Protect to help people understand how they reduce the spread of coronavirus;
- A national NHS 24 campaign to inform people how to prepare for and protect themselves from winter health issues;
- A national door drop leaflet to help people understand how to use NHS services this winter; and
- A national campaign to help people understand changes to urgent care, providing the public with an understanding of how to access the right care in the right place.

We will continue to provide tailored information, advice and tools to those who have a higher clinical risk from COVID-19; with a focus on supporting their health and wellbeing. Mindful of the disproportionate impact of COVID-19 on black and minority ethnic people, we will work with minority ethnic communities and organisations to ensure we get our messaging right and that it's delivered in the right way. By December 2020, we will have updated and refreshed Clear Your Head to reflect the changing nature of the pandemic and how ongoing restrictions are impacting on people's mental health.

Supporting our Staff

Covid-19 has put unprecedented pressure on our health and social care services, and front line and key workers have been outstanding in their response throughout. We cannot provide the services without them, and we need to make every effort to look after their mental and physical wellbeing to ensure their continued resilience and the resilience of health and care services over the coming winter period.

At a fundamental level, we will take forward action to ensure the right level of staffing is in place for the coming winter and beyond, and we will look at opportunities to encourage more people to consider a role in Health and Social Care (HSC). Over the winter period, we will continue to look to support staffing through the recruitment of temporary and emergency staff to support our priority services, including extended flu vaccinations, test and protect and support to care homes. We will also look to recruit qualified personnel to provide resilience to COVID-19 emergency response services and to provide opportunities for substantive staff to take leave. Learning from the first phase of the pandemic means we will be more targeted in seeking recruitment, in line with what we anticipate to be the 'uneven' impact of this phase of the pandemic on our health and social care services.

We will ensure that provision is made for a range of wellbeing support measures, such as staff wellbeing 'hubs', common rooms/ rest areas, helplines and listening services, links with Occupational Health and Chaplaincy services, peer support, leadership development / coaching initiatives, mental health guidance and digital offerings. Many of the territorial boards' wellbeing offerings have been extended to the social care workforce in their areas.

We will establish an HSC Mental Health Network to enhance existing mental healthcare provision and to supplement support which has already been instigated on behalf of HSC staff locally and nationally, backed initially by £5 million of funding. Additionally, we launched the National Wellbeing Hub (www.promis.scot) on 11 May: a single site, free to access, with digital resources, advice, communications toolkits, and signposting to additional support for all staff.

As we take forward learning from the first phase of the pandemic, we must remain mindful of the disproportionate impact of COVID-19 on black and minority ethnic staff; we are working with health board Race Equality Networks to provide targeted support, and to seek their advice and feedback in respect of our ongoing approach to effective risk management, and to monitor the workplace needs of minority staff groups.

Over the winter, we will continue to work with health boards and stakeholders to take forward these priorities and bring together coordinated support for staff both nationally and locally. We will supplement winter service planning activity with a Winter Workforce Planning Framework. This will support both local and national recruitment and rapid deployment, direct how we target wellbeing support and psychological interventions, and ensure that we continue to respond dynamically to staffing issues.

Finance and Digital Enablers

Finance

On 29 September, the Cabinet Secretary announced to Parliament funding of **£1.1 billion** to support the health and social care sector's additional COVID-19 costs which covers actual spend incurred in Quarter 1 and ongoing activity over the coming months. This funding allocation was developed following close working with NHS boards, Integration Authorities, and COSLA. The Cabinet Secretary has confirmed that we will make a further substantive allocation in January following a detailed Quarter 2 financial assessment.

Within this funding package, **£445 million** directly supports public health measures and further increases winter readiness across the sector. This includes £253 million for PPE, £89 million for Test and Protect, £26 million for delivery of vaccinations, and £77 million for planned care. The Scottish Government will continue to provide additional funding to support required activity levels.

Also within this funding package, **£245 million** supports Integration Authority costs associated with relocating patients to create capacity in hospitals (e.g. additional care home provision including care home beds, care at home placements): provider sustainability payments, hospice support and the social care support fund. It also supports costs for community hubs, mental health services and children and family services, loss of income for social care services, PPE and additional staffing.

In addition, further funding of £37 million is now being made available to support winter preparedness and incorporates:

- £20 million investment in the Redesign of Urgent Care to support delivery of NHS 24's 111 service, implementation of flow centres within NHS boards and scheduling of attendances across A&E services;
- £10 million in winter funding to support quality of care, patient safety and maintaining capacity and access to services; and
- £7 million to support the delivery of unscheduled care under the 6 Essential Actions Framework.

Digital Enablers

Winter planning activity for Digital includes:

- Completion of broadband upgrades over 590 NHS sites by December 2020.
- Further rollout of NHS Near Me across public sector including Care Homes. NHS Near Me used over 16,000 times per week, with over 370,000 consultations to date across a wide range of sectors.
- Building on over 1.5 million downloads of the app to date, continued improvements to the Protect Scotland app and the Test & Protect system to quickly notify those at risk from the virus, including the ability to work with other similar apps in other countries and extending to under 16s.
- Continued work to design, build and implement a digital check-in/out service for venues to improve the provision of contact information on behalf of Test and Protect (e.g. via Quick Response (QR) Codes).
- Public-facing contact tracing web form available to speed up the collection of contact tracing information.
- Implementation of Care Home Digital Action Plan, including working with Connecting Scotland to provide care homes with tablets to enable residents to stay in touch with loved ones.
- Further development of Remote Patient Pathways for monitoring of Covid and people at greater risk of complications from COVID-19.
- Development of long-term plan for 'asynchronous' Video Consultations.
- Developing a refresh of the Digital Health & Care Strategy and a first Data Strategy for Health & Social Care.

Delivering Our Response

The Winter Preparedness Plan adopts a flexible approach, building on new ways of working and retaining the agility and mutual support which we used to respond to the challenge of COVID-19 itself earlier in the year. We will continue to ensure the highest standards of quality of care by practising Realistic Medicine, ensuring that we share decisions with patients based on what matters to them and that we deliver the right care, in the right place, at the right time. We continue to work closely with health boards to ensure they have robust plans in place to deal with a range of pressures on capacity, including COVID-19. This includes mutual aid arrangements between NHS boards to ensure there is enough capacity to deal with peak levels of demand. We will, once again, rely on the professionalism and dedication of our excellent staff working in health and social care to get us through these challenges.

Local Monitoring

During these challenging times, the NHS will remain on an emergency footing. To ensure that a flexible and responsive approach is in place to optimise available capacity, we will continue to use local and national frameworks in our decision making. This includes a national decision making framework to ensure a consistent approach to the prioritisation for planned and unplanned care in local areas, any actions taken to direct capacity to accommodate other COVID or winter pressures, and activity to mitigate the impact in local areas, should services need to be suspended for any length of time. Our health boards and social care organisations will ensure that, operating within national frameworks, they monitor what is happening and take local actions where they are needed.

National Oversight

We know that the impact of COVID-19 is unlikely to fall evenly, and the impact felt harder in some parts of the country than others. This, alongside other winter risks identified (e.g. end of the EU transition period, Seasonal Influenza and extreme weather), means our winter resilience will be essential during this period. We will need a strong collective response built upon strong mutual aid arrangements and support.

To support these existing frameworks, the Scottish Government has established a Winter Planning and Response Group to work with boards, Health and Social Care Partnerships (HSCPs) and other delivery partners to ensure a coordinated and effective response.

The Group will use all available data and intelligence to identify emerging issues and pressures associated with the winter period. We will draw upon relevant experts who will advise where action is required, whether than action needs to be taken at a local or national level and what that action should be. All activity will be undertaken within a national framework. Throughout the winter period, we will seek to engage with delivery partners and stakeholders via the Mobilisation Recovery Group.

The Winter Planning and Response Group will be in place from October and will report to the Cabinet Secretary for Health and Sport.

Further Details

Vaccination Response

- [Vaccination Plan](#)

Test and Protect Response

- [Scotland's Testing Strategy - Adapting to the Pandemic](#)
- ['Test, Trace, Isolate, Support' Strategy](#)
- [Protect Scotland](#)
- [Coronavirus \(COVID-19\): review of testing strategy - October 2020](#)

Essential Services

- [Mental Health Transition and Recovery Plan](#)
- [Framework for Recovery of Cancer Surgery](#)
- [Pain Management Framework](#)
- [Health and Social Care Integrated Workforce Plan](#)
- [Recovery and Rehabilitation Framework](#)
- [PPE plan](#)

Supporting the Public

- [NHS24 - Latest Information and Advice about COVID-19](#)
- [Shielding - A way forward for Scotland](#)
- [Public Health Scotland Dashboard](#)



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