

Scottish Government Winter Resilience Overview 2022-23



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Foreword by the Cabinet Secretary for Health and Social Care

Today, I am setting out the actions this government is taking to support winter resilience across our health and care system, and publishing the annual progress update on the NHS Recovery Plan 2021-2026. There is no recovery without resilience, nor resilience without recovery; and, given the ongoing and consistent nature of the pressure and demand facing our system, it is important to view our response through that lens.

The impact of the pandemic on our health and social care system is ongoing, and whilst our everyday lives may feel more normal, the cumulative effect on our staff, and the nature of pent-up demand mean that our services have been, and continue to be, under substantial pressure. That is why winter and surge planning is now a continuous and integral part of our work, with work on surge planning and delivery taken forward in partnership to ensure we maintain organisational resilience with a whole system approach.

Since last winter, we have been sharing and implementing best practice to deliver system improvements and build capability across NHS Boards, including the development of national level contingency options for winter 2022-23. This means we can actively monitor and evaluate strategic risks and system pressures to allow timely national-level decision making that is closely coordinated with Health Boards and Social Care partners across Scotland.

Given the scale of the escalating Cost Crisis, combined with the continued uncertainty posed by Covid-19, and a possible resurgence of Flu, this winter will be even more challenging. We are almost certain our services will be impacted by further waves of Covid-19, and another variant could increase demand and exacerbate an already pressured system which will be responding to the usual slips, trips, and falls associated with the winter period.

Make no mistake: the Cost Crisis is a Public Health crisis and we must, and will, do everything in our power to support people through the difficult months ahead. [Early commentary](#) on the Cost Crisis suggests that over half (59%) of all UK adults are experiencing negative mental health impacts as a result of the ongoing crisis, and that anxiety and depression symptoms in particular appear to be growing amongst the UK population, leading to poor sleep, detriments in everyday functioning and reduced life satisfaction. Those already experiencing financial strain, such as single parent families and individuals reliant on our social security system, are likely to be hardest hit by the mental health consequences of the rising cost of living, with many [describing detriments to their wellbeing and quality of life](#) as a consequence of increased or anticipated economic strain.

Foreword by the Cabinet Secretary for Health and Social Care

In this context, I have agreed a joint set of priorities with CoSLA, underpinned by £600 million of investment, designed to put people at the heart of what we do, and to guide and focus our collective efforts in preparing for winter:

- Where clinically appropriate, ensure people receive care at home, or as close to home as possible – promoting messaging that supports access to the right care, in the right place, at the right time.
- Focus on expanding our workforce over the course of the winter, through recruitment, retention and wellbeing of our health and social care workforce, all with the aim of expanding and supporting our workforce over the course of the Winter period.
- Support the delivery of health and social care services that are as safe as possible throughout the autumn/winter period, including delivery of a winter vaccination programme for Covid-19 and Flu.
- Maximising capacity to meet demand and maintaining integrated health and social care services throughout autumn and winter.
- Protect planned care with a focus on continuing to reduce long waits.
- Prioritise care for the most vulnerable in our communities.
- Ensure people who provide unpaid care are supported in their caring roles, recognising the value of unpaid care in alleviating pressure across health and social care.
- Work in partnership across health and social care, and where necessary, with other partners, to deliver this Plan.

These priorities are supported by a wider SG package of over £3 billion investment to mitigate the impact of the Cost Crisis.



Humza Yousaf MSP

Cabinet Secretary for Health and Social Care

Priority One.

Where clinically appropriate, ensure people receive care at home, or as close to home as possible – promoting messaging that supports access to the right care, in the right place, at the right time.

We recognise that primary and community care is for many people, the front door to the health service, where their needs are first raised. We are supporting primary care, not just to reduce pressure on hospitals, but to provide essential care where it is needed most – in our local communities. To support this, we have increased funding for multi-disciplinary teams (MDT's) to £170 million this year, which will be the minimum funding position for future years.

To ensure that people receive the most appropriate care, and are empowered to support themselves and those they care for, we are continuing to invest in making high quality healthcare information accessible. We are also maximising the use of digital tools such as NHS Near Me and Connect Me 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 directed to the correct pathway. We will work with independent contractors such as GPs to ensure effective access arrangements in primary care. We acknowledge that doing so is to the benefit of the public, but also will help alleviate pressure across all health and social care services already under significant strain.

How we will deliver this priority:

- We will direct Health Boards to resume the GP Extended Hours enhanced service to provide additional consultation time for pre-booked appointments, as well as urgent and routine cases outside core hours.
- We will set out our expectations and write to GP practices regarding the need to ensure there is an appropriate mix of pre-booked, same day, face to face and remote appointments that suits individual practice populations and work with GP practices, Health Boards and PHS to publish supporting in-hours GP data.
- We are working with NHS 24 to make access to Self-Help Guides even more readily available, enabling people to take charge of their own health, and have an increased knowledge of how and where to access help and support at the right place at the right time.
- We are increasing access to, and use of, Near Me across a wider range of services including mental health, social work, and social care, and will shortly launch a learning programme to support adoption across wider services. The service is now widely used across NHS Scotland for health and care appointments with around [20,000 consultations being held every week](#) in comparison to around 1,200 pre-pandemic: an increase of over 1500%.
- We are increasing the use of Connect Me to support remote monitoring of conditions from home and to provide continuity of care.
- NHS Pharmacy First supports patients to be seen quickly for minor ailments and common clinical conditions, and relieved pressures on GP practices, out of hour and Emergency Departments. The [service has provided over 2.9 million consultations](#) across the national network of 1,258 community pharmacies in 2021/22, and we are agreeing changes to the remuneration arrangements for Pharmacy First to accommodate an increase in clinical conditions treated under the service.

Priority One.

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- We are investing in digital mental health service capacity. Digital therapies offer people the chance to access support whenever they need it. We have 22 computerised Cognitive Behavioural Therapy treatments available, some accessible without a referral from a medical professional. We have also increased access to internet enabled CBT so that people can speak to a mental health professional online, and have also launched the [Digital Mental Health Innovation Cluster](#). Our wellbeing website, [Mind to Mind](#), offers people short videos on how people living with mental health conditions manage them and signposts to support services.
- We have launched group therapy functions in Near Me, our national platform for video consultations. Groups of up to 30 people are currently possible with developers working on groups of up to 70 in a future upgrade.
- We are enhancing Community Nursing Teams to be first responders that keep care closer to home across Frailty, Long-term Conditions and Palliative Care.
- We have provided £5 million additional funding to Boards to facilitate improvements to OOHs service design such as increased use of Multi-Disciplinary Teams to build resilience.
- NHS general dental practitioners will continue to receive a temporary ‘bridging’ support payment for a six month period from October 2022 through winter and into next year to help tackle the threat that high dental inflation, increasing lab fees and rising energy costs pose to dental teams; this equates to a 20% supplementary payment on fees for the first three months, and a 10% supplementary payment on fees for the remaining three months of this six-month period.
- We will provide sustainability funding to support GP practices to continue providing a high level of care to patients through winter and into next year.

Priority Two.

Focus on the expansion of our workforce over the course of Winter, through 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 expand our capacity, ensuring that we support the wellbeing of our staff through challenging periods of high demand. We are pursuing a range of different strategies to grow the workforce, including investing in additional recruitment in order to protect and maintain high quality services; supporting the expansion of trainee doctor posts, to reflect the changing demands on our Health & Social Care System; supporting volunteers to play their part; continuing to grow controlled healthcare subjects intake in line with evolving demand projections, and supporting the career development of Health Care Support workers (HCSW) working at Agenda for Change Bands 2-4 across health and social care that ensures parity and consistency of education resources. We are also maximising the support available to registered health care professionals, enabling them to engage more fully in practice commensurate with their registrant status and the expectations of associated roles.

How we will deliver this priority:

- We are devolving powers to NHS Boards to utilise local flexibilities within NHS Pension arrangements, and offer 'pension recycling'. This means NHS Boards will have the ability to assist staff affected by annual and lifetime allowance pension taxation issues. This action is intended to support the retention of staff and support service delivery as we approach winter.
- NHS Scotland has welcomed over 200 new nurses from overseas, thanks to £4.5 million of Scottish Government being made available in 2021/22. We are making £8 million funding available to support Boards in recruiting up to 750 additional nurses, midwives and allied health professionals from overseas, to boost our NHS workforce this Winter.
- We are progressing work in relation to developing opportunities for a career framework for Band 2-4 staff, with a particular focus on the development of new Band 4 assistant practitioners, as part of the Scottish Government's Nursing, Midwifery and Allied Health Professionals Task and Finish Group. An initial 250 Band 4 posts have been identified and we will now work with Boards to support the recruitment and training of staff into these posts, which are across acute, primary care and mental health settings.
- We are enabling retiring employees to continue in employment that is suitable to them and the service through the recently introduced NHS Scotland Interim National Arrangement on Retire and Return, which has been developed by the 'Once for Scotland' Workforce Policies Programme. The programme offers a process that supports retiring employees to return to employment in their Health Board on a part-time basis if they wish to do so.
- The Chief Nursing Officer working with NHS Boards will ask that Boards write to every retiree within their Board area asking them to support us with their skills and expertise this winter as set out in the recently published, Once for Scotland, Retire to Return policy.
- We have written to all health and care students encouraging them to explore opportunities for paid part-time work of relevance to their studies and have requested that Boards take steps to facilitate their employment.
- We are waiving the fees for PVG checks using the trialled eligibility criteria starting from 1 October 2022 until 31 March 2023, in order to alleviate the financial cost of undertaking the required PVG checks prior to joining the social care sector, which in turn will help recruitment.

Priority Two.

Focus on the expansion of our workforce over the course of Winter, through recruitment, retention and wellbeing of our health and social care workforce.

- We are accelerating this year's national social care recruitment campaign, using materials and learning from previous campaigns to deliver in the Autumn.
- We are continuing to provide a range of resources including the National Wellbeing Hub, confidential mental health helpline through the Workforce Specialist Service and funding for additional local psychological support.
- We are expanding our trainee doctor workforce by increasing the number of available medical training places. 139 additional trainee doctor posts were created for Autumn 2022 in a variety of specialties, creating additional workforce to meet winter pressures as well as future consultant supply.
- We are incentivising out of hours working for Final Year General Practitioner Training (GPST3s) to increase OOH GP staffing resilience.
- We will continue funding the National Volunteering Coordination Hub run by the British Red Cross until the end March 2023, which acts as a complementary function to NHS Volunteering and Third Sector Interface volunteering mechanisms, and has thus far delivered c.7,500 volunteers equating to c. 59,000 volunteering hours.
- We are implementing our national leadership development programme 'Leading to Change', which will include a range of targeted leadership offers for those working in health, social care and social work in order to proactively manage culture change, which will in turn alleviate pressures on retention and recruitment

Priority Three.

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.

We know that waves of Covid and a potential resurgence of Flu could place further pressure on a health service that is already facing significant challenge. Given the continued impact of Covid and other winter viruses, effective and timely delivery of the seasonal flu vaccine and Covid vaccines is crucial; both in protecting people in health and care settings, and in safeguarding wider society. Vaccination remains our best line of defence against Flu and Covid-19, and we are working to ensure that more than two million eligible people in Scotland are offered and able to receive vaccines, in turn helping to protect the public and relieving pressure on the NHS.

How we will deliver this priority:

- Healthcare Improvement Scotland will continue to deliver the Scottish Patient Safety Programme (SPSP), working with teams across the NHS in Scotland and in social care to apply quality improvement methodology to improve the quality and safety of care and reduce harm.
- We have already commenced roll out of the Autumn/Winter 2022-23 Flu and COVID Vaccination Programme in line with JCVI advice. This builds on our existing vaccination programme, which has delivered more than 12.6 million Covid-19 vaccines since the start of the pandemic.
- We are working with Health Boards and expert stakeholders to ensure that vulnerable individuals have access to the necessary winter vaccinations. As at 25 September, we have administered around [308,00 Flu vaccinations and 288,000 Covid-19 vaccinations](#); with over 94% of these being by co-administration of Flu and Covid vaccination in one appointment which minimises the impact on vaccination services.
- We are committed to legislating for a Patient Safety Commissioner who will champion the voice of the patient within the patient safety system.
- We are working with Boards to deliver a safe, resilient and sustainable out of hours service across Scotland to ensure patients have access to urgent primary care 24/7.

Priority Four.

Maximising capacity to meet demand and maintaining integrated health and social care services throughout autumn and winter.

This SNP government led the way in integrating health and care, recognising that actions and improvements would be best and most sustainably delivered in an integrated and co-ordinated way across the whole system. Our Home First approach is not only better for patients, but supports our acute and primary care services too. 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.

How we will deliver this priority:

- Additional funding of £528m was allocated directly to Health and Social Care Partnerships for 2022-23. This funding was aimed at the following social care measures:
 - £124m to enhance care at home;
 - £144m to support the December 2021 uplift to £10.02, as well as a further £200 million to increase the minimum hourly rate of pay in adult social care;
 - £20m to support interim care arrangements; and
 - £40m to enhance multi-disciplinary teams.
- Through our £50 million Urgent and Unscheduled Care Collaborative programme we are increasing out of hospital-based capacity to drive down waiting times. We are providing a range of alternatives to A&E such as expanding our Hospital at Home service, further developing a network of Flow Navigation Centres to deliver virtual access to an A&E team and ensuring people are discharged more quickly by working with patients, families and carers, to ensure patients are treated in their home where appropriate.
- We are supporting NHS 24 with additional investment through the Redesign of Urgent Care programme, backed by £15.1m of investment, to increase capacity at the times patients need them most, expecting 100 whole time equivalent staff to join the service in coming weeks.
- We are investing £45 million for the Scottish Ambulance Service this year to support recruitment and service development, this includes work done throughout the year to plan for this winter. SAS not only bring patients to hospital when they need it, they are increasing the number of patients that they see and treat in the community.
- We are introducing improved ways of accessing care online and on the phone via NHS 24-111, from home to a clinician, and provide planned slots for care in an alternative setting to busy emergency departments. The team will offer rapid clinical triage directing patients to the most appropriate care.
- We have delivered additional virtual capacity through four priority pathways: Hospital at Home; Respiratory Rapid Response Pathway; Out-patient Parental Antibiotic Therapy (OPAT); and Covid Remote Health Monitoring. These pathways will continue to provide additional capacity over winter and others will be developed in response to local need. By the end of December, we are aiming to save 6000 bed days per week.

Priority Four.

Maximising capacity to meet demand and maintaining integrated health and social care services throughout autumn and winter.

- We continue to work to transform the integration of mental health within the unscheduled care setting by enhancing pathways for mental health presentations. National Guidance has been developed to support Health Boards to implement this approach and significant progress has been made. For example, referral routes from NHS 24 to local services for urgent care during the out of hours period and increased availability of mental health clinicians providing professional support to Police Scotland and the Scottish Ambulance Service.
- We are working intensively with Health and Social Care Partnerships across the country to reduce delayed discharges for complex patients moving from inpatient treatment to the community, including Forensic, Adults with Incapacity and Complex Care patients. We continue to meet, listen and offer assistance to those with higher levels of delays taking into account the current pressures on social care services.
- We are supporting Health Boards, Health and Social Care Partnerships and Local Authorities to increase the provision of intermediate care to impact positively on patients and services over the winter; and also to work towards building sustainability for the future. We will do so by ensuring:
 - continued implementation of Home First, Discharge without Delay, Discharge to Assess and effective End of Life pathways to prevent an increase in patients who are delayed in our health and care system
 - increase in community capacity to enable patients to be discharged to their own home (or as homely a setting as possible) as the default ambition. This increase in capacity will be context specific according to need and be a mixed model of an increase in health and care community services, and/or bed based services dependent on patient and service need.
 - continued and swift mobilisation of their local voluntary and third sectors to maximise support to community services enabling people to be discharged and avoid readmission.

Priority Five.

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 patients 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, Health Boards have made [significant progress in reducing the number of people waiting more than two years](#) for an outpatient appointment by end of August, 71% (10 of 14) of territorial Health Boards reported five patients or fewer waiting more than two years. We will continue to work closely with the Boards to maximise planned care capacity; and where the majority of long waits in some specialities remain, to ensure these are cleared as quickly as possible.

How we will deliver this priority:

- We are working to deliver ambitious targets to eliminate long waits through a joined-up NHS Scotland approach, which includes cross boundary working and maximising use of national boards, such as the Golden Jubilee Hospital.
- Through the Centre for Sustainable Delivery, we are developing 'Once for Scotland' pathways to deliver additional capacity across Scotland, harnessing digital opportunities and new options to access and deliver patient care.
- We are developing a Waiting Well framework to support people as they wait for treatment.
- We are working with Boards to open four new National Treatment Centres within the next year – in NHS Fife, NHS Forth Valley, NHS Highland and NHS Golden Jubilee.
- We are continuing to implement the Endoscopy and Urology Delivery Plan.
- We are working with Boards to implement Diagnostic Imaging recovery plans to increase diagnostic capacity, workforce and activity across Scotland.
- Through our routine engagement and tailored support we will continue to work with Health Boards to reduce Child and Adolescent Mental Health (CAMHS) and Psychological Therapies (PT) waiting times, including very long waits and improve overall performance.
- We are providing tailored support to Boards via weekly calls with NHS Cancer Teams and hands-on support to most challenged Boards.
- We are working with Boards to embed the Framework for Effective Cancer Management.

Priority Six. Prioritise care for the most vulnerable in our communities.

Some people are more vulnerable to the pressures and challenges brought about by winter, the colder weather, and Covid-19. The impact of the cold weather is likely to be particularly acute this year, and we estimate that the increase in the energy price cap to £2,500 will force an [estimated 150,000](#) more Scottish households into extreme fuel poverty. As we take forward actions to support winter resilience, we will always act to mitigate the impact on people who fall within at-risk groups, including older people, children, disabled people, and pregnant women.

How we will deliver on this priority:

- We are putting in place measures to help people to stay well this winter, and by the end of March 2023, we will have allocated almost £3 billion in measures that will help to mitigate the impact of the cost crisis on households. This package spans a range of support for energy bills, childcare, health and travel, as well as social security payments that are either not available anywhere else in the UK or are more generous.
- UK Government policies mean that staying safe and warm will become difficult, and sometimes impossible, for many this Winter. We have put in place measures to mitigate the impact of soaring energy costs on the most vulnerable during the cold weather:
 - We are helping those in need this winter through our £214 Child Winter Heating Assistance which supports families of severely disabled children and young people with their energy costs.
 - We are introducing a new Winter Heating Payment which guarantees a £50 annual payment to around 400,000 low income households.
 - We are introducing emergency legislation to protect tenants by freezing rents and imposing a moratorium on evictions until at least 31 March 2023. We also intend to act to prevent immediate rent increases.
- We will provide advice and support to Health Boards, Health and Social Care Partnerships and Local Authorities to ensure that suitable care and accommodation packages are in place for forensic patients moving from inpatient treatment to community, including advice for individual patient circumstances.
- We are continuing to meet with Health and Social Care Partnerships to listen to the issues they have with the guardianship process in their areas and provide assistance where there are delays in discharging patients.
- We are investing an initial £3 million from our long COVID Support Fund over this financial year to provide NHS boards and partners with additional resource to deliver the best local models of care for assessment, diagnostic tests, and support for the ongoing management or treatment of symptoms.

Priority Seven.

Ensure people who provide unpaid care are supported in their caring roles, recognising the value of unpaid care in alleviating pressure across health and social care.

One of the key benefits of a National Care Service (NCS) will be to ensure our social care and social work workforce are valued, and that unpaid carers get the recognition they deserve. In developing the NCS, our aim will be to draw on the knowledge and lived experience of unpaid carers so that the service is shaped by those who best understand the many challenges faced. Whilst we continue to develop the NCS, we will continue to take forward work to support carers who play such an important role in our system.

How we will deliver this priority:

- We have allocated £124m million to assist with health and social care partnerships in expanding care at home capacity. This will support people to maintain or even reduce their current levels of need and help to ease the pressure on unpaid carers.
- Building on efforts earlier in the pandemic, we have extended our partnership with the British Red Cross to host our National Volunteer Hub up until April 2023. This work complements an already well-developed national programme to support volunteering in the NHS in Scotland, supported by the Scottish Government through Healthcare Improvement Scotland.
- We are encouraging local authorities to use the full range of self-directed support options, especially to enable family and friends to function as Personal Assistants, and to allow recipients to use self-directed support in the flexible way intended by the Social Care (Self-Directed Support) Scotland Act 2013.

Priority Eight.

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

In order to deliver on our commitments, we have put in place a governance system with strategic oversight across health and care to recognise and mitigate evolving risks; maintain a flexible response; and enable an effective response to whole-system winter pressures.

The Chief Operating Officer NHS Scotland (COO), supported by Health and Social Care Directors, will report to Ministers on the progress in terms of the delivery of response options and their impact in addressing whole-system pressures throughout the winter period.

That reporting will enable us to actively monitor and evaluate strategic risks to allow timely national-level decision making that is closely coordinated with Health Boards and Social Care partners across Scotland.

National Oversight

- NHS Scotland National Response Group (at GOLD level)
- Regular NHS Scotland-SG Meetings
- Social Care GOLD Command
- System Response Group (combined Health and Care GOLD)

Local Monitoring

- Local Health Board Command at BRONZE/SILVER/GOLD levels
- Health and Social Care Partnership (HSCP) Command at BRONZE/SILVER/GOLD levels
- NHS Scotland Health Board and HSCP Local Resilience and Operational Plan



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