

Health and Social Care Winter Preparedness Plan 2024/25

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Joint Foreword by the Cabinet Secretary for Health and Social Care, Neil Gray and COSLA Spokesperson for Health and Social Care, Councillor Kelly

The value and importance of our health and social care services has never been clearer, and the people who deliver these vital supports are the pillar of Scotland's public services. Most if not all individuals across Scotland will interact with health and social care services at some point in their life, and we are committed to ensuring that everyone experiences consistently high-quality care when they do. This plan sets out how we as COSLA and Scottish Government will jointly seek to address the exceptional pressures facing our health and care services over the winter, to support local systems to deliver quality services. However, we cannot understate how challenging the environment is for our health, social care, and social work services, with the demand on the system rising, and the complexity of support many people require increasing.

Last year we committed to moving from annual winter planning to year-round surge planning, in recognition that surges don't just occur in winter but can happen at any time and are increasingly sustained. In last year's plan, we talked about how we had started the planning process earlier than ever before. Now we have gone a step further, moving towards this as a continual process in which our key partners including in the independent, third and voluntary sectors are equal partners who can shape this planning activity.

We have engaged more widely than ever before as part of this process. This is not simply a one-off change, but a commitment to more effective partnership working; a process where we listen and respond year-round, building and adapting our plans to ensure they most accurately reflect Scotland's diverse needs and facilitate preparedness for whatever surges we may face. To those who have contributed to this goal and this plan, a genuine heartfelt thank you, we hope that you can see your contributions and your voice reflected within this document.

Ultimately, what we have heard is important, and what this plan is about, is people. The people who access our health, social care and social work services but also the people who work tirelessly to ensure that those services deliver the best possible standard of care. A person's right to the highest attainable standard of physical and mental health, as well as their right to live independently in their community, has been the overarching focus in the development of this plan.

Despite this planning now being a continuous process, we are clear that winter is a specific period of increased pressure, in which people require additional support from our health, social care and social work services. Increases in respiratory illnesses, such as flu, covid and RSV, as well as weather-related injuries from falls and accidents, make what is already a challenging environment in which to deliver services even more difficult.

As we have outlined, this plan is about people, and it could not be realised without our incredibly dedicated and hard-working workforce. We know that those who work in the NHS, our local authorities, care homes and care at home services, and community based organisations work incredibly hard year-round, but particularly in

winter, to make sure that everyone gets the safe, timely care they need in the appropriate setting. This workforce protects, cares for and nurtures the wellbeing of the people of Scotland, and it is right that this plan outlines actions taken to support these individuals so they can continue to care for our population.

We also recognise the wellbeing and support needs of Scotland's hugely valued unpaid carers, ensuring that those who provide critical care to their loved ones are appropriately cared for.

A key element of this winter plan is ensuring that people are cared for in the right place at the right time. This begins with the prevention work to keep people well, and keep them from needing hospital care, this includes work underway in our social care system, the hard work of volunteers and unpaid carers, our extensive vaccination programme and utilising our primary care system effectively.

Within our hospitals, this plan targets key priorities critical to an efficient and resilient system, such as admission, a steady and consistent flow through the system and the joint efforts of our health, social care and social work systems to ensure timely discharge.

Our hospitals provide specialist high quality, safe, clinical care, and while the vast majority – nearly 97% – of people are discharged without delay, some people remain in hospital after it is clinically necessary. Much attention is given to these 'delayed discharges', but this is not about statistics, it is about people. People who will not sleep in their own bed tonight and who will have poorer outcomes as a result. We must do everything in our power to ensure that people receive the support that is right for them, in the right place, at the right time, and that there is strong collaboration and leadership across health, social care, and social work to ensure a timely and safe discharge from hospital.

Beyond the hospital setting, this plan clearly articulates our priority of supporting people to live well in our communities, providing care as close to people's homes as possible. This may be in a care home, through our dedicated care at home services or through self-directed support, all of which play a vital role in seeing this priority realised.

Whilst we should not underestimate the additional challenges that winter can bring to our increasingly pressured health, social care and social work services, the priorities set out in this plan support systems to ensure that appropriate preparations are in place. By working together as a whole system, we can continue to deliver safe, timely and high-quality care for people across Scotland, supporting them to live healthy happy lives.

Introduction

This Winter Plan represents a whole system approach to addressing a surge in demand for health, social care and social work services. Whilst it is recognised that over recent years there has been increasing and sustained pressures on our health and social care system, there are also periods, such as winter, where demand increases even further. Winter is not the only period this can occur and surge pressures can happen at any time; therefore we are transitioning to year-round surge planning and the measures outlined in this plan are applicable throughout the year as well as the winter months.

However, we also recognise there are unique challenges for health and social care services throughout the winter period that result in increased pressure on our services, including increased respiratory infections, higher risk of slips and falls, and staff absence. Insofar as is possible, systems should adopt a preventative approach to managing pressures and to mitigate and reduce harm by ensuring people who need health, social care and social work services are receiving the right care, in the right place, at the right time. We also recognise that pressures on the system are not confined to increased demand but are increasingly exacerbated by the position of public finances. Our partners across health boards, local authorities, Integration Joint Boards and the third and independent sector are all facing extremely challenging financial pressures, and it is within this context that we are setting out a national approach to supporting local systems to address some of these challenges, whilst recognising the impact that the current financial position has on our ability to achieve sustained improvements.

Building on last year's plan, our focus has been on enhancing partnership working across health and social care, going further in our engagement, with a particular focus on working alongside our independent, third and voluntary sector partners, recognising the significant contribution they make within our communities.

Last year's plan enabled us to save more than 50,000 unnecessary ambulance journeys for individuals. By the end of 2023/24 we had created 495 older people and acute Hospital at Home beds across Scotland, which supported over 14,400 people without them needing ambulance attendances, emergency care or to spend time in hospital. This service provides additional support for the system at periods of peak pressure, for example last winter more than 1,700 individuals were supported by older people / acute adult hospital at home in January 2024 alone, providing them with critical care when it was needed most. This represented a 54% increase on provision in January 2023. We also know the crucial role that community supports play in keeping people well and enabling people to live independently, preventing many individuals from requiring hospital care in the first place. Public Health Scotland's (PHS) Care at Home statistics tell us that in 2022/23, 89,620 people received 37.7 million hours of care which was an increase from the year before.

We have strengthened and embedded a person-centred and person-led approach to the development of this Plan as well as our work at a national level, with the aim of equipping our health and social care services to deliver safe, timely and high-quality care by working collaboratively with all parts of the system. This focus on people is

critical to ensuring that individual's human right to the highest attainable standard of mental and physical health and their right to live independently as part of a community are upheld and that every person in Scotland can continue to expect high quality care, despite the incredible pressures on the system.

Whilst this plan provides a national overview, it also seeks to address the specific operational pressures experienced and support our local partners to continue to provide the specific services required by their local population and deliver the high-quality care that individuals rightfully expect. We know that the delivery of these services requires close partnership working across multiple agencies and organisations. We and our partners work hard to include delivery partners, including those in the third and independent sectors, in the planning and preparedness activity but there is always more we can do to ensure that all partners are active members of this process.

From dashboards created last year, we are using data to better understand local variations, to determine local and national actions and target interventions where there is greatest need.

Our approach to surge planning incorporates ongoing improvements and continues work to maximise capacity and improve flow through all parts of the system. It also utilises effective monitoring of enhanced data to bolster our understanding of the resilience of the system.

Key components of our approach towards a more resilient health and social care system and, in turn healthier communities:

- An approach that is whole system, prioritising prevention, improving system flow and embedding a home first approach.
- Leadership at all levels, both nationally and locally, supported by appropriate governance arrangements.
- Preparedness checklist for local systems.
- Community capacity and surge capacity planning.
- Continued use of and development of the data and dashboard to inform improved surge reporting and modelling work year-round.
- Winter vaccination programme including roll out of the new Respiratory Syncytial Virus (RSV) vaccination programme for older adults aged 75-80 and infant protection via maternal vaccination.
- Continued monitoring of performance of Primary Care system.
- Protecting planned care through increased use of day surgery units.
- Reducing the time people spend in hospital by delivering optimal discharge planning based on Centre for Sustainable Delivery (CfSD) evidence.
- Reducing delays through the delivery of our Hospital Occupancy and Delayed Discharge Action Plan and actions under our Joint Mission to Reduce Delayed Discharges.
- Working together, through our Joint Statement of Intent Commitment, to overhaul the current mechanism of eligibility criteria to ensure an approach to social care support that is based on human rights and needs, whilst also recognising that community waits for care and support and assessment are inextricably linked to challenges with workforce and finances.

- Supporting our vital workforce in both health and social care, as well as unpaid carers across Scotland.
- Supporting people to live well in the community, through the provision of high-quality care, in care homes and care at home services and through investment in care and support, including self-directed support and support for unpaid carers.

Learning from Last Winter

As in previous years, 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. This work has informed and shaped our planning this year.

We have met with valued partners from across the NHS, Local Authorities, Health and Social Care Partnerships (HSCPs), the third, independent and voluntary sectors to listen to their concerns and identify gaps in last year's winter plan. We have implemented many of the requested changes and will continue to work alongside those most affected by the plan, to make necessary improvements, so that our plan can best reflect the current context and support our system.

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 timely care they need in the appropriate setting.

Last winter and in previous winters, we have seen unacceptable waits for ambulances, assessments and care packages, long ambulance queues and delays in A&E departments, and hospitals more broadly. We have experienced high levels of hospital occupancy, delayed discharge and unmet need within our communities, as well as increased demand for GP appointments and for social care packages and assessment.

We know that all aspects of our health and social care system are interconnected. Increased pressure in one part of the system is not isolated but impacts more widely across the whole system. Increased occupancy within our hospitals for example can increase the individual's length of stay and impact on levels of delayed discharges. This also leads to poorer outcomes for individuals which in turn can have a knock on impact on the demand for social work assessment and, in particular if an individual has a prolonged hospital stay, the level of care they require when they do leave hospital. It is important to recognise the significant impact longer lengths of stay have on individuals, causing deterioration, reducing independence and in some cases resulting in life-changing decisions such as admission to institutional care.

We have also seen that these are not limited to the winter period with increased pressure on our health and social care system at all times of the year. This has, since the Covid-19 pandemic, regularly continued throughout the summer months and we have, this year, seen delayed discharges remain at peak levels long after they would normally begin to reduce. It is also important to note that Covid has not gone away, but simply added to the pressures experienced, at points this summer we have seen over 600 hospitalisations from Covid, Scotland wide. These pressures are only exacerbated by challenges with workforce availability, demographic and population issues, and budget constraints.

This all indicates that we will enter this winter with a health and social care system under more extreme pressure than ever before. This has provided the context for the development of this plan and the initiatives contained within.

Critically, the report highlighted that to be effective, planning for periods of surge should be a year-round and not limited to the winter months. That is why this year, we have a dedicated team responsible for working across the health and social care system to determine actions to be implemented and delivered throughout the year, to build resilience and capacity in our systems.

A Continued Approach

Despite these challenges, the feedback received did highlight several key strengths of the planning process in 2023/24. The improvements to the data available to local systems and new dashboards were highlighted as particular assets, which provided an overview of the performance of both the health and social care systems throughout winter. This also provided the Scottish Government and COSLA with key oversight data to identify where support could be most effectively targeted.

Actions driven by our Whole System Oversight and Planning Group such as our Delayed Discharge and Hospital Occupancy Action Plan were also welcomed, and this work has been embedded and built upon by the new Joint Mission to Reduce Delayed Discharges. Similarly, increased monitoring through the winter preparedness checklist and local self-assessments ensured partners were better informed and prepared than in previous years. The quarterly self-assessment returns from local systems provided a national overview of whole system discharge planning that required focus. Assurances were also provided by local systems in relation to service delivery, resourcing and business continuity over winter.

Given the pressures experienced within the system and the increasing levels of delayed discharges, there has been enhanced scrutiny and assurance of local areas progress in relation to their performance against national objectives, with a focus on supporting those local areas experiencing the most challenge. Over a third of areas now have delays per 100,000 which are below their pre-pandemic levels and many more are on track to deliver this goal by October. We will continue to work closely with local systems to maintain this positive progress and will target improvement activity in those areas that are struggling to replicate this trajectory. At the heart of these efforts is a collective need to improve the experience and outcomes of individuals who access health, social care and social work services across the entire patient journey.

Partners referenced the international recruitment pilot undertaken in social care as providing vital support for employers and critical learning. Although this has not been without its challenges with previous Home Office changes presenting barriers for the sector. Moving forward, the Scottish Government have committed to further funding which will enable the Centre for Workforce Supply Social Care (CWSS), in NHS Education for Scotland (NES) to continue to support Adult Social Care Organisations in Scotland in their efforts to recruitment internationally by continuing the universal support offered through the established networks¹².

We continue to build and develop upon lessons learned, maintaining the key benefits and approach to planning from previous years in the following key areas:

¹ [International recruitment into adult social care | Turas | NES](#)

² [Scottish Code of Practice for the international recruitment of health and social care personnel: March 2023 | Scottish Government](#)

Working in Partnership

To deliver on our commitment that people receive the right care, in the right place at the right times and have access to high quality services, we have continued to strengthen our joint governance and assurance mechanism between the Scottish Government and COSLA, working closely with Chief Executives from health boards, local authorities and Chief Officers represented through Health and Social Care Scotland.

We continue to work with local systems to support them to make necessary changes to drive forward improvement programmes such as the work of the CfSD around over-14-day hospital stays as well as the Delayed Discharge and Hospital Occupancy Action Plan, and to monitor the resulting impact. These programmes and actions are vital to free up capacity as we head towards a period of higher demand, ensuring people and families are seen to when they need it most.

The Collaborative Response and Assurance Group (CRAG), co-chaired by the Cabinet Secretary and COSLA Health and Social Care Spokesperson, provides assurance and escalation for joint decisions on the deployment of options that support the resilience of health and social care. This membership and frequency of the group has recently expanded to support increased activity under the joint mission to reduce delayed discharge, engaging system leaders from across health, social care and social work and supporting improvements in performance and practice around discharge.

The Whole System Oversight and Planning Group has made a significant contribution to tackling delayed discharge and supporting the health and social care system to be better prepared for surges, such as winter. Throughout the year they have supported planning for anticipated surges and peak leave periods, driven the Action Plan and promoted best practice in Discharge without Delay principles, such as setting a planned date of discharge. They continue to play a vital role as part of the expanded CRAG mechanism.

In order to progress the medium- and long-term improvements the work of the Whole System Strategic Improvement Group and the Joint Social Care and Social Work Workforce Taskforce are both driving change in the resilience of the social work and social care sector, working closely with our statutory, third sector and independent partners.

Local leaders and services have already begun their planning for winter and are maximising the capacity of systems to meet the increased pressures experienced over this period. We will continue to work closely with NHS Health Boards, Local Authorities and HSCPs to support them in this planning and preparedness activity, and to ensure those that require care and support – whether that be at home, in a community health setting or a GP practice, a hospital or a care home – are able to access it.

It is also vital that effective partnership working extends beyond our statutory partners to effectively involve our independent and third sector partners, who play a critical role in supporting people across Scotland. We will work to ensure that their

expertise, leadership and knowledge is valued, trusted and respected and that they are engaged in national and local planning and delivery in an open and transparent way. The contribution that they make should never be underestimated and the specialist support and advocacy they provide must be recognised within our response to surges.

Improved Data Collection and Reporting

Last year a whole systems dashboard was developed, in partnership between PHS, National Services Scotland (NSS) and Scottish Government, which has improved oversight and knowledge of health and social care. The dashboard is being used routinely for situational awareness and has been a key component of planning for periods of high demand. In addition, to support winter and surge planning. To further support local systems a Social Care Dashboard has also been developed which provides a more granular level of detail on various elements of social care. Work was undertaken and published on how these products were received and how to improve them for winter 2024/25³ with an aim to merge the two dashboards.

Recent changes to the TURAS Care Management have reduced the data burden on Care Homes, providing a picture of available beds, occupancy and the pausing of some duplicate data collections, standardising data on care homes within the Care Home data review framework.

Through the WSOPG, local areas have also been undertaking regular self-assessments against the key standards contained within the Delayed Discharge and Hospital Occupancy Action Plan, supporting whole-system benchmarking.

Winter Engagement

Critical to whole system surge planning is better engagement with systems, providers and key stakeholders. They can offer rich intelligence and insight to help shape the plan and actions based on lived experience and knowledge of what works well. We have strengthened stakeholder engagement and partnership working to ensure we incorporate that expertise into improvements for this year.

Winter Preparedness Checklist

The Winter Preparedness Checklist aligns with the priorities set out in this Winter Plan and covers 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 will be using the outputs of this checklist along with the Hospital Occupancy and Delayed Discharge Action Plan self-assessment returns, dashboard data and other

³ [Near time data service: dashboard user engagement research findings | Scottish Government](#)

factors to create a holistic system assurance 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.

Our Priorities for Winter 2024/25

We have continued to develop upon the priorities set out in last year's winter preparedness plan, to strengthen our approach to whole system planning and delivery. In keeping with our commitment that the focus of this plan is people, we have adjusted our priorities this year to reflect how people experience our health and social care system.

This approach recognises that pressures in one system area can have a knock-on effect on other parts of the system, and meaningful action should consider how services are interdependent on each other.

At the heart of our four priorities for winter, are three key principles which ensure we retain our focus on the individual. These are:

1. Person centred and person led care as embodied through the Getting it Right for Everyone Principles, which aim to ensure a personalised way to access care and support. Ensuring that people are at the centre of decisions that affect them.
2. Strong leadership and partnership working across the whole system.
3. Implementing local and national actions we know work to improve the patient journey, and ultimately which improve outcomes for individuals, such as Discharge Without Delay principles

The four winter planning priorities outlined follow a journey through the health and social care system.

- **Priority One:** Prioritise care for all people in our communities, enabling people to live well with the support they choose and utilise effective prevention to keep people well, avoiding them needing hospital care.
- **Priority Two:** Ensure people receive the right care, in the right place at the right time, this includes prioritising care at home, or as close to home as possible, where clinically appropriate.
- **Priority Three:** Maximise capacity and capability to meet demand and maintain integrated health, social care and social work services, protecting planned and established care, to reduce long waits and unmet need.
- **Priority Four:** Focus on supporting the wellbeing of our health and social care workforce, their capacity and improving retention, as well as valuing and supporting Scotland's unpaid carers.

Priority One: Prioritise care for all people in our communities, enabling people to live well with the support they choose and utilise effective prevention to keep people well, avoiding them needing hospital care.

Social care and support services, social work and Unpaid Carers, 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 approach is critical year-round but particularly over winter. Health and social care professionals operate in numerous community settings, operated by public bodies, independent providers and third sector organisations. These professionals work with thousands of people across Scotland, helping them to stay well, flourish and live independent lives year-round and particularly in the winter period, reducing the pressure on our health and social care system and ensuring that individuals continue to receive the best possible care in challenging circumstances.

Primary care is the first point of contact with the NHS. This includes contact with community-based services provided by GPs, community nurses, dentists, dental nurses, optometrists, dispensing opticians, community pharmacy and general practice-based pharmacists and pharmacy technicians. Each week in Scotland there are around 680,000 General Practice consultations, with 25,000 people attending our hospital Emergency Departments.

Likewise, the Council social work department and community based organisations are often an individual's first point of contact for care and support whether as someone seeking additional support for themselves or as an unpaid carer. It is vital that we recognise the key role our partners play in enabling people and communities to live well through preventative, holistic, and place based support.

How we will jointly deliver this priority:

- Proactively support people at highest risk in our communities to keep well and prevent the need for hospital care, supporting the community services which deliver this critical work. This includes:
 - Supporting the health and social care professionals working in every care home and care at home service, who maintain the health and wellbeing of thousands of people across Scotland by taking forward activity under the Joint Social Services Taskforce (JSST) which has the most valuable impact on the social care and social work workforce in partnership with Scottish Care, NES, the Scottish Social Services Council (SSSC), Social Work Scotland, Coalition of Care and Support Providers in Scotland (CCPS) and unions.
 - Enabling the delivery of high quality, effective and personalised care in care homes across Scotland, with dedicated health and social care professionals providing a safe and nurturing environment. We ensure that the best care is provided through a range of improvement activity, and the Healthcare Framework. The Health and Social Care Standards set out what should be expected when using health, social care or

social work services in Scotland and these underpin the Care Inspectorates inspection frameworks⁴⁵⁶.

Providing excellent care for individuals in their own homes through dedicated care at home services, which provide care tailored to the needs of almost 90,000 people across Scotland⁷, enabling people to live as independently as possible in their own homes.

- Ensure there is clear communication at a national level that a care package may be - home care, either long term or to support reablement, or it could be a mix of home care; digital technology and aids and adaptations or in some situations, just digital or aids and adaptations.
- Supporting individuals to live their lives in ways that are meaningful to them, maintaining their own and their carers' health and wellbeing through self-directed support and support for unpaid carers COSLA and Scottish Government recently published the Self Directed Support (SDS) Improvement Plan to support progress of implementation of SDS so that people consistently experience choice and control over their care.
- The provision of free personal and nursing care payments to over 10,000 adults across Scotland⁸.
- Critical to this is the strong partnership working between Integration Authorities and local providers and third sector interface.
- Writing to all local areas in advance of winter to reassure them of the flexibility available in the statutory guidance, when considering the employment of a family member as personal assistant under SDS option 1. This will support local decision making and development of processes which will mitigate, manage or reduce risks when it is in the best interests of the supported person to employ a family member with Power of Attorney (POA) / guardianship as a personal assistant.
- Ensure that existing programmes of work being progressed by Digital Health and Care (DHAC) and COSLA are utilised fully to support system pressures, including
 - Maximising the benefits of the shared Alarm Receiving Centre (ARC) - the shared ARC is now live with several HSCPs and 7 more to be onboarded over the next few months. The shared ARC is a cloud-based common platform for ARCs across Scotland supports the required shift towards more proactive and preventative approaches to supporting citizens, including the integration of Telecare data to support assessment, anticipating need, and supporting early interventions. With standardised data, telecare providers can anticipate citizen needs and tailor interventions, accordingly, ensuring timely and targeted support.

⁴ [A quality framework for care homes for adults and older people | Care Inspectorate](#)

⁵ [Health and Social Care Standards: My support, my life | Scottish Government](#)

⁶ [Health and Care \(Staffing\) \(Scotland\) Act 2019 | Legislation UK Government](#)

⁷ [People requiring a social care assessment and care at home services | PHS](#)

⁸ [Free Personal and Nursing Care, Scotland, 2022-23 | Scottish Government](#)

- Use data more effectively to support early intervention using the Telecare Information Framework (TIF). Through the adoption of this data set, telecare service providers will gain access to valuable insights that support early intervention and preventive measures. By leveraging data analytics, providers can proactively identify individuals at risk and intervene promptly, ultimately improving outcomes and enhancing citizen wellbeing.
- Through the Mental Health and Wellbeing Strategy we will ensure we have the right activity in place to meet changing need this winter and in coming years, with a strong focus on prevention and early intervention, to allow people to access care in the most appropriate setting or pathway.
- Through the Mental Health and Wellbeing Delivery Plan, continue to build on work underway to improve unplanned and urgent mental health care, including for those in mental distress, by utilising a multi-agency response and alignment with the national rollout of the Distress Brief Intervention (DBI) programme and;
 - Continuing to invest in NHS 24's Mental Health Hub.
 - Support Boards providing access to a mental health clinician 24 hours a day, seven days a week.
 - Embed the Time, Space, Compassion principles.
 - Increase access to existing and developing services by developing a mental health unscheduled care resource pack by Autumn 2024.
 - Continue to increase awareness of available pathways into support and care through developing tailored messaging for specific population and equalities groups in 2024.
 - Continue to invest in the Enhanced Mental Health Pathway and promote partnership working to increase Police Scotland and Scottish Ambulance Service (SAS) access to local clinical support.
 - Take an evidenced based approach to improvement work to better understand how people are accessing and receiving unplanned mental health care, ensuring that improvements to unplanned and urgent care are underpinned by robust data, including person demographic data.
- Respond to recommendations by Her Majesty's Inspectorate of Constabulary in Scotland's (HMICS) thematic review of Policing and Mental Health published in Autumn 2023, and the subsequent Police Scotland actions on mental health.
 - Through the multi-agency Partnership Delivery Group (PDG) on mental health and policing established to drive forward activity aimed at improving outcomes for people in mental health need, as well as those experiencing distress or crisis, publish a Framework for Collaboration supporting partnership working at a local level for police, health, social work, social care services and across public and third sectors, in the Autumn, as well as a cross-sector Action Plan before the end of 2024, which will detail how long-term ambitions are to be achieved.
 - A national review of Psychiatric Emergency Plans by the Mental Health Unscheduled Care Network by November 2024, followed by the development of national guidance in 2025 to ensure reasonable consistency across 14 Health Boards.
- Maintain consistent engagement with Boards, sponsored bodies and key groups such as Primary Care leads, National Out of Hours (OOH) oversight

group, SAS and NHS 24 to continually monitor the performance of the Primary Care system through regular performance reporting on:

- GP capacity and resilience
- OOH availability
- SAS and NHS 24 performance

Report on-going performance to Ministers and highlight any issues through CRAG, escalating and taking any action as appropriate.

- Provide ongoing support through the Scottish Dental Access Initiative (SDAI) to facilitate the opening of new or expansion of existing General Dental Services (GDS) dental practices to register new NHS patients for care, by engaging with boards to understand local issues and facilitate local solutions, such as Public Dental Service (PDS) providing alternative care to patients who cannot access GDS.
- Ensure the Primary Care system is as resilient as possible heading into winter and that people are able to access the care they need, in their community, where appropriate. One such example is the SAS Integrated Clinical hub, which helps to direct patients to the most appropriate point of care, without automatically directing them to A&E.
- Build resilience in social care through the invaluable work of our Local Authority and Health and Social Care Partnership resilience leads and existing Resilience Partnerships to facilitate effective business continuity planning, emergency preparedness and development of our resilience infrastructure.
- Ensure that Community Pharmacy are able to deliver core services, including NHS Pharmacy First Scotland, both in and OOH.
 - Health Boards ensure that there is adequate provision of NHS Pharmaceutical Care services and support to local health care needs, including winter.
 - Health Boards and local contractor committees continuing to work collaboratively to address any pressures across local community pharmacy networks such as cluster working.
 - Community pharmacies continue to provide appointment free access to pharmacists and the wider pharmacy support team for advice and treatment for minor ailments and every day common clinical conditions.
 - Ensuring that patients continue to have access to the prescribed medicines and services such as NHS Pharmacy First and a range of Public Health Services.
- Work to embed the Getting It Right For Everyone (GIRFE) principles through our 'Team around the person' toolkit, which has been co-designed with partners and people with lived experience. This will support Health and Social Care professionals to provide holistic support to people, alongside the My Health, My Care, My Home healthcare framework for adults living in care homes⁹.

⁹ [Framework for Adults Living in Care Homes: My Health, My Care, My Home | Scottish Government](#)

- DHPs are made by local authorities to eligible individuals where they need help with their rent or housing costs. Eligible individuals can find out how to apply by visiting mygov.scot or contacting their local authority.¹⁰

Protecting people through the delivery of vaccination programmes that reduce serious illness, hospitalisation and mortality.

Protecting people who may be most impacted by severe illness, hospitalisation or death from RSV, Covid-19 and flu, through vaccination, is a key means of reducing demand on our health and social care systems.

The new RSV programme, launched in August 2024, demonstrates the value of vaccination. This programme will be offered to pregnant women to protect babies and to older adults aged 75-80 RSV is the leading cause of emergency respiratory admissions to hospital in Scotland in infants, with 1,516 children aged under one hospitalised with the virus last year. There were also over 1,000 cases of RSV recorded in adults aged 75 and over in Scotland between October 2022 and September 2023, with more than half (535) having to spend time in hospital as a result. It is therefore anticipated that a successful programme will help to reduce these numbers.

We also want to see as many eligible people as possible protected from Covid-19 and flu this winter. Our eligible cohorts continue to be guided by independent advice from the Joint Committee on Vaccination and Immunisation (JCVI) who assess who is most at-risk from these viruses, and therefore would benefit from vaccination.

Our adult Flu and Covid-19 vaccination programme will launch for winter, with all those over the age of 65, residents in care homes for older adults and all those in a clinical risk group, eligible for both vaccines. Both vaccines will be offered at the same appointment for efficiency.

This winter, the JCVI does not advise an offer of Covid-19 vaccination for frontline health and social care workers, staff working in care homes for older adults, unpaid carers and household contacts of people with immunosuppression. However, they do say that Health and social care service providers may wish to consider whether vaccination provided as an occupational health programme is appropriate, and ahead of such considerations, health departments may choose to continue to extend an offer of Covid-19 vaccination to frontline health and social care workers and staff working in care homes for older adults in winter 2024. Under this flexibility, Scottish Government has decided to offer frontline health and social care workers, including all staff working in care homes for older adults, Covid-19 vaccination this winter. It's important that we do everything we can to ensure those who are eligible for the vaccine, including frontline staff, take it up if they wish. We will work with partners including Public Health Scotland to promote and encourage uptake.

¹⁰ [Access to public services in Scotland | Scottish Government](#)

Unpaid carers and household contacts of the immunosuppressed will remain eligible for flu vaccination this winter, but will not be offered Covid-19.

The primary aim of the national Covid-19 vaccination programme remains the prevention of severe illness (hospitalisations and deaths) arising from Covid-19. As currently available Covid-19 vaccines provide limited protection against mild and asymptomatic disease, the focus of the programme is on offering vaccination to those most likely to directly benefit from vaccination, particularly those with underlying health conditions that increase their risk of hospitalisation following infection.

This year's flu programme aims to protect those most at risk of severe illness, reduce transmission of the infection and support the resilience of the health and care system, particularly during the winter months. Alongside this, it will be important for us to continue to closely monitor 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 PHS Covid-19 Guidance.

How we will jointly deliver this programme:

- Work with Boards to introduce the new year-round maternal RSV vaccination programme from 12 August 2024 to protect infants.
- Offer the flu vaccination to all school age children in Scotland, including secondary school pupils as part of the seasonal child flu programme.
- Promote child flu vaccination uptake, especially in children aged 2-5 years, 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.
- Work with Boards to vaccinate all cohorts as advised by JCVI as part of the seasonal flu and Covid-19 vaccination programme.
- Frontline health and social care workers will be eligible for both Covid-19 and flu vaccination, but we will work with PHS and Boards to assess a return to peer-to-peer flu vaccination delivery models in clinical settings.
- Boards will continue to offer frontline Health and Social Care Workers the opportunity to drop into any community clinic, without the need to book, but workers can also book via the online portal and the national vaccination helpline if they would prefer.
- Although frontline Health and Social Care Workers are eligible for both Covid-19 and flu this winter, they will be more active promotion of flu vaccination uptake in that group, as well as non-frontline NHS worker groups, to help build resilience within the health and social care system. Continuing to encourage high vaccination uptake for both Covid-19 and flu, within care homes and care at home providers specifically is vital.

- Focus on key messaging to encourage uptake of the winter vaccination programme, with a focus on the individual properties and benefits of each vaccine, to target vaccine hesitancy and inclusion:
 - There will be no national Flu Vaccine Covid Vaccine (FVCV) marketing campaign in winter 2024 and no paid for media or marketing activity
 - Instead, PHS Comms will develop an inhouse creative for a predominantly digital campaign for all eligible groups.
 - There will be specific focussed assets designed to reach those who support vaccination but are hesitant or are not prioritising getting vaccinated¹¹.
 - PHS will develop more clinical flu and Covid-19 messaging for the frontline Health and Social Care Worker group.
 - All PHS FVCV assets and toolkits will be distributed via established stakeholder networks.
 - There will be a PHS led seasonal child flu programme updated national marketing campaign - 'A Wee Skoosh'.
- Replenishing covid test stocks at regular intervals to meet projected demand. As a positive test is required to access Covid-19 treatments for those eligible, additional orders of new tests can be placed in line with demand.
- Continue to work with partners such as PHS, to ensure the delivery of a robust respiratory surveillance programme that quickly identifies signals or trends that are of concern and provide infection prevention and control advice and guidance as required.
- Continue to work with Executive Board Nurse Directors, and other professional leads, such as Chief Social Work Officers, Chief Officers and Care Homes to collaborate on the delivery of person-centred safe care and support to Improve the health and wellbeing of people living in care homes in line with the Healthcare framework for adults living in care homes.¹²
- Continue to work with local partners to support people living in care settings to remain connected to their loved ones.

¹¹ [Guidance for public health management of COVID-19 in the community | Public Health Scotland](#)

¹² [Framework for Adults Living in Care Homes: My Health, My Care, My Home | Scottish Government](#)

Priority Two: Ensure people receive the right care, in the right place at the right time, this includes prioritising care at home, or as close to home as possible, where clinically appropriate.

For many, Emergency Departments 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 reduces pressure on acute and primary care services too. This includes maximising admission avoidance through initiatives such as reducing conveyance of people from care homes where it is clinically appropriate, expanding hospital at home services and discharge to assess. The principle of right care, right place, right time does not just apply to health care however, we know that it is also important to apply this principle to social care and social work assessments, as assessments are most effective when completed in a person's own home. Occasionally during period of exceptional demand, individuals with 'critical' or 'substantial' social care needs are prioritised for support, but we know it is also important for people with lower or moderate levels of risk to be signposted to lower level support.

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.

To ensure that people receive the most appropriate care and are empowered to support themselves and those they care for, the Scottish Government and HSCPs are continuing to deliver communications programmes to increase awareness of high-quality accessible healthcare information. 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:

- Continue to work with Healthcare Improvement Scotland and Boards to expand the Hospital at Home Older People's service to improve the resilience and efficiency of services that will enable people to be treated at home, where appropriate.
- Providing alternatives to hospital attendance and admission through the enhancement of local Flow Navigation Centres which provide virtual access to the A&E team to support patients to be seen in the right clinical care setting.
- Reduce ambulance turnaround times by improving front door processes and optimising services such as Flow Navigation Centres and the Integrated Clinical Hub which provide care for patients at or near home, reducing pressure on A&E departments.
- Produce a scoping report in summer 2024 on the feasibility of implementing an additional safe space as an alternative to people being conveyed to an

Emergency Department when in a mental health crisis and the use of Emergency Departments as a legal place of safety.

- Develop and optimise accessible and effective pathways and referral routes to enable OOH services to redirect as appropriate.

How we will support this plan with effective communications:

- Ensuring appropriate public messaging such as the NHS 24 winter messaging campaign as well as up to date information on NHS inform is delivered throughout the winter period so that people know how and where to access all primary care services.
- Increase awareness of the key sources of information that will support the public with their care needs, whether that information is delivered in person (for example, through social workers, care home and care at home providers, community pharmacists or local GPs), 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).¹³¹⁴
- Resources developed by Scottish Government, PHS and NHS 24 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.
- Increase awareness of the role for Home First and delivery of services (such as Hospital at Home or assessments for longer-term care needs) at home through media relations, social media and operational communications.
- Collaborative working across Boards, Local Authorities, Primary Care Contractors, providers, carer centres and Partnerships to consistently redirect and signpost people to the appropriate service for their needs, whether through national, regional or local communications.

¹³ [Scottish health information you can trust | NHS inform](#)

¹⁴ [Home | Care Information Scotland](#)

Priority Three: Maximise capacity and capability to meet demand and maintain integrated health, and social care and social work services, protecting planned and established care, to reduce long waits and unmet need.

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 our communities, integral to the successful integration of health and social care to deliver better experiences and outcomes for the people who access services.

We recognise the challenge in increasing capacity across the system during periods of sustained pressure and are committed to working with all partners to do everything we can to support local systems to meet demand and deliver high quality services. We have maintained our national focus on addressing pressures across the whole system and reducing levels of delay from hospital, with enhanced oversight and assurance arrangements to ensure targeted support where systems need it most. Behind every delayed discharge, is a person who will not sleep in their own bed tonight. Critically our focus on these delays is centred around ensuring the best possible care for that individual.

Each delayed discharge has been clinically assessed, and a determination made that hospital is not the best place for them to receive the ongoing care that they may need. If a person is kept in hospital longer than clinically necessary, their outcomes and overall health will be affected.

There are many reasons a person's discharge from hospital can be delayed, from lack of discharge planning, awaiting an assessment, to difficulty in ensuring a suitable care package is in place, or to legal challenges that may be experienced where an individual does not have the capacity to make decisions for themselves. There is also significant variation across the country. Our new mission to reduce delayed discharge is focusing in on this variation, supporting local systems to improve their performance and ensuring that good practice is replicated to give each person the best experience possible. This also requires us to focus attention to the 6000 people awaiting a social care assessment, highlighting the significant challenge ahead in addressing levels of unmet need in our community – which inevitably impacts on levels of delay in hospital.

How we will jointly deliver this priority:

- Support the First Minister and COSLA's Joint Mission to Reduce Delayed Discharges:
 - Continue to deliver a whole system approach in improving system flow and reducing delays in services for mental health, learning disabilities and adults with incapacity.
 - Support people to live well in the community, only being admitted as an inpatient when necessary and discharged in a timely manner.

- Embed good practice discharge processes, such as the Discharge without Delay principles, as set out in the Hospital Occupancy and Delayed Discharge Action Plan.
- Deliver effective discharge planning for patients admitted to acute or community hospitals to protect established care at home packages, allowing discharge without further delay for assessment.
- As part of the CRAG, work in partnership with Health Boards, HSCPs, Local Authorities, the third sector and people with lived experience to reduce mental health, learning disability and adults with in-capacity delays and improve system flow. This will be delivered through a dedicated multi-agency working group, which will focus on deploying targeted improvement and performance support to local systems to reduce delays, as well as generating an evidence base regarding the medium and longer term interventions required to address systemic challenges. The group will also consider approaches to reducing inappropriate out of area placements identified through the Coming Home work.
- Continue to work with Health Boards to deliver improvement and implementation of key actions to ensure improved A&E performance. A focus on reducing length of stay over 14 days for non-delayed patients and increasing short stays less than 72 hours to improve occupancy and flow. This will be delivered through the work of CfSD, Urgent and Unscheduled Care Collaborative Programme, actions include:
 - Increased senior decision makers at front door, which will support prompt decision making.
 - Strengthening the patient discharge processes.
 - Discharge without Delay through daily, or twice daily where appropriate, ward-rounds with senior-decision-makers.
 - Daily multi-disciplinary team (MDT) board rounds with a plan for every patient, every day.
 - Whole-System MDT reviews of long-stay patients.
- Continue to make progress on delivery of commitments within the Joint Statement of Intent, with our shared aim continuing to be to improve the experience and outcomes of people who access social care support and those who work within the sector.
- Continue to drive forward wider system improvement through the Scottish Learning Improvement Framework, with joint political oversight through the Whole System Strategic Improvement Group.
- Monitor performance and delivery of social care response and improvement measures and provide assurance to Scottish Ministers and COSLA on the actions being progressed to improve local performance, our management of winter pressures and sector viability.
- Design and deliver a programme of improvement work targeted at embedding home first approaches in health and their intersection, in the short and medium-term.
- 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.

- Use of home-based assessments such as discharge to assess for all Home Support packages to ensure accurate person-centred assessments, in familiar and homely environments.

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

Over the past few years, Boards have tried, where possible to protect planned care, however they sometimes have had to take the difficult decision to step down planned care in order to deliver 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.

Long waits are regrettable, but we are determined to provide Health Boards with the support necessary to drive improvements and will continue to target resources to reduce waiting times, particularly for those waiting longest for treatment. In addition, we are working closely with Health Boards to implement alternative pathways and new models of care which will support patients to be seen more quickly and increase capacity and sustainability.

Despite an exceptionally challenging winter period last year, new outpatient activity was up by 2.9% in the quarter ending March 2024 when compared to the previous quarter, and inpatient/day-case activity for the quarter to March 2024 was the highest since the start of the pandemic; the 9th quarterly increase in a row with 63,900 patients seen.

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, ensure we continue to work hard to reduce these 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, to reduce waits prior to winter 2024/25. Maximise capacity through regional and national working: Maximise theatre capacity including National Treatment Centres through expanded sessions in evenings and weekends.
- Support Boards, including through the National Elective Coordination Unit (NECU), 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 and standardise pre-operative assessment to reduce the need for unnecessary appointments and cancellations, thereby 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 Four: Focus on supporting the wellbeing of our health and social care workforce, their capacity and improving retention, as well as valuing and supporting Scotland's unpaid carers.

Our highly skilled and committed workforce is the cornerstone of our response every winter. We understand the continued pressures that our health and social care workforce, including volunteers and unpaid carers, are performing under, now more than ever. In order to meet demand, we must continue to focus on supporting workforce capacity and retention of staff, unpaid carers, and our third sector partners, and ensuring that we support the wellbeing of staff through challenging periods of high demand. We are pursuing a range of different strategies to nurture the workforce in both health and social care over the long term. Within our health workforce, for example, this includes supporting the expansion of trainee doctor posts, to reflect the changing demands on our health and social care system. IMPACT have recently completed a literature review looking at what best supports wellbeing for personal assistants and their employers, this offers provide useful insight for future planning to support this key social care workforce.

The JSST was established to ensure that further meaningful progress can be made in partnership to address pressures, and with a focus on delivery of outcomes which relate to the adults', children's and the social work workforce. A key objective of the Taskforce is to identify collective and individual organisational actions required to address the challenges facing the professions through focusing on improvement opportunities across the workforce journey, and identifying where practical changes to practice, working across boundaries, can enable a step change in the delivery of integrated care and service delivery.

It is estimated that 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 enabling carers to participate in education, training or employment alongside their caring responsibilities, ensuring that carers are able to sustain their caring role with positive wellbeing. We must also continue to support the effective implementation of SDS for people who access support and their carers as the default approach to social care, ensuring people have choice and control over their care and support.

How we will jointly deliver this priority:

- Progressing workforce activity through the JSST, including development of paid college placement project which aims to develop and socialise a national paid college placement blueprint for adult social care employers such as Local Authorities, independent sector and third sector. It focuses on expanding successful practices to increase the availability of paid placements for adult social care students during their qualifications. The blueprint is currently being developed and will be implemented in future college academic sessions from 2025.
- Through Scottish Government funding to NES, fund the CWSS which supports Adult Social Care Organisations in Scotland in their efforts to recruit

internationally by establishing network platforms for sharing best practice, networking and discussion within the social care sector.

- Scottish Government is committed to working with the sector to look at options to improve rates of pay and terms and conditions for the social care workforce and we are currently working with stakeholders to develop sectoral bargaining for the sector to advance this. However, public finances are under unprecedented pressure, and we must balance the fiscal position while the demand for government support and intervention continues to rise.
- Supporting any retiring staff who wish to continue in employment suitable to them and to the service through the Retire and Return provisions outlined the NHS Scotland Retirement Policy.
- Supporting staff throughout their career, to manage demands on their time and energies at home as well as at work. The national 'Supporting Work Life Balance' workforce policies to provide staff with a range of flexible working options to help them to balance their lifestyle whilst maintaining and promoting the best possible service to our patients and service users. These include a Flexible Work Location and Flexible Work Pattern Policy.
- Encouraging Boards to promote part-time work opportunities to their health, social care and social work students, who can help to build short-term capacity as required.
- Our NHS Scotland Flexible work location and NHS Scotland Flexible work pattern policies provide staff with a range of flexible working options to help balance their lifestyle whilst maintaining and promoting the best possible service to patients and service users.
- Provide essential wellbeing support to staff across health, social care and social work suffering poor mental health through:
 - Availability of confidential mental health care and treatment for registered staff through the Workforce Specialist Service, as well as psychological therapies and interventions for all staff, supporting staff to treat anxiety, depression and improve issues like difficulty sleeping
 - Additionally the National Wellbeing Hub continues to offer a range of self-service resources for staff¹⁵.
 - Further, NHS 24 deliver the National Wellbeing helpline, offering a 24/7 compassionate listening service.

These wellbeing provisions provide important intervention options for staff suffering poor mental health, improving the likelihood of these staff returning to, or remaining in work for the longer term, and improving the quality of care they are able to provide.

- Ensure people who provide unpaid care are supported in their caring roles and supported to look after their own health and wellbeing alongside engaging in education, training and/or employment. We are implementing our National Carers Strategy to drive forward long-term changes to improve the lives of unpaid carers across Scotland. It sets out a cross-government approach to carers issues, including through social care, social security policies and supporting carers in employment and education.

¹⁵ [Home | National Wellbeing Hub](#)

- Supporting local carer centres and young carer services to build capacity and ensure all carers can access consistent and up-to-date information.
 - We will work with stakeholders to improve the availability and range of short breaks.
 - We will continue to work with local service commissioners, Shared Care Scotland and others to promote greater availability and choice of short break support in different areas.
- Continue to explore how volunteers can provide support in both discharge from hospital, in assisting people to attend appointments, and consider appropriate use of established local and national volunteer partnerships. We will also explore how the National Volunteering Hub can be best utilised to support the health and social care system to manage pressures over the winter period.

Additional Resources

- The Warmer Homes Scotland scheme, delivered by Warmworks, was re-launched on 02 October 2023 with more funding and help for households to receive a climate-friendly heating system. People can contact Home Energy Scotland to check their eligibility and receive advice on additional support. Applications are assessed by Home Energy Scotland (HES) against the eligibility criteria. For more information, visit the [Home Energy Scotland website](#) or telephone 0808 808 2282 (Monday to Friday 8am-8pm and Saturday 9am-5pm).
- The Scottish Government's [Cost Of Living website](#) 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, including links to support organisations and information about the benefits that they may be entitled to.
- The [Care Information Scotland website](#) summarises unpaid carers' rights to information, advice and support, alongside details of social work departments and local carer centres to find out more about what is available locally.
- [My Power of Attorney website](#) provides information on the importance of POA

Summary and Escalations

This Winter Preparedness 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 2024/25. 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 local basis, monitoring will continue, and health and care organisations will utilise their established governance and response structures.



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