

T: 0300 244 4000
E: scottish.ministers@gov.scot

Gillian Martin MSP
Convener, Health, Social Care and Sport
Committee
The Scottish Parliament
Edinburgh
EH99 1SP

2 March 2022

Dear Convener,

Thank you for your letter dated 17 January 2022 requesting further information on interim care measures following my appearance at the Committee's meeting on 16 November 2021.

The interim care measures you refer to, consisting of the temporary, short-term placement of people in care homes, were an option for Health and Social Care Partnerships (HSCPs) to urgently address unprecedented pressures across the whole health and social care system. It was made clear that any decision about where an individual is best placed for recovery should be made on solid clinical grounds. This is to ensure that the most appropriate care for people should include a re-abling element with a professionally-led rehabilitation programme, and that regular reviews should be conducted to ensure that individuals are able to be discharged home or to their care home of choice as quickly as possible.

In anticipating further increased system pressures, need, and acuity over the winter period, the measures were put in place for two reasons – to ensure we maximise NHS acute capacity by avoiding unnecessary delays in people's discharge, but equally to provide a more appropriate setting for people to continue their recovery and recuperation. Remaining in an acute hospital after treatment is complete is evidenced to be harmful to people's physical and mental wellbeing.

I would like to re-iterate my previous comments that these interim measures are not a desirable long-term approach and it is the Scottish Government's ambition to return people to living independently, with support where required.

I have addressed Ms Webber's questions and your broader query on steps taken to reduce the use of interim care measures below.

How many people are currently in what are classed as interim care facilities?

Scottish Government officials are currently working with HSCPs and Public Health Scotland on the best methods of tracking how many people are in interim care.

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Where is this data recorded?

Scottish Government officials are in dialogue with HSCPs on the viability of producing and submitting this information to the Scottish Government. We hope to have further information on this in due course, but recognise that each partnership will have different reporting cycles and methods of recording this data, and there is no single method to count the number of interim placements.

Are people in this situation still classified as delayed discharges?

People in interim care, where this is provided in a care home, are not classified as being delayed in their discharge, as they have been discharged from hospital. A delayed discharge is “a hospital inpatient who is clinically ready for discharge from inpatient hospital care who continues to occupy a hospital bed beyond the ready for discharge date”¹.

Steps the Scottish Government is taking to reduce the number of people in interim care situations over the longer term.

The Scottish Government has taken – and will continue to take – a range of measures that will reduce the number of people in interim care over the longer term.

The winter pressures funding for the health and social care sector includes £62 million to expand HSCP Care at Home capacity. This funding is designed to ensure more people can be supported in their home, which will reduce the need for interim care measures. However, we recognise that this will take a number of months due to lags in recruitment and the backlog of people waiting for a care at home service following the recent pressures on social care.

Similarly, the winter pressures funding package included £20 million for enhancing Multi-Disciplinary Teams (MDTs) and £15 million for NHS boards to recruit 1000 additional staff. With enhanced capacity, MDTs will be positioned to ensure people can be supported to live independently at the correct time.

Overall, there is a great degree of flexibility within the winter pressures funding provided to partnerships, which provides HSCPs with the opportunity to employ local insight and use the funding to reduce current system pressures in ways that best meet the needs of local communities.

The Scottish Government has also undertaken other measures designed to address system pressures and consequently reduce the use of the interim care measures. Upon closely monitoring the COVID-19 Omicron situation, the Scottish Government updated the self-isolation rules for social care staff. This means that more staff are able to safely return to work and will be available to care for people in their own home, which should contribute to a reduction in the need to exercise interim care options. Moreover, the Scottish Government has committed to cover the entry costs for new staff joining the sector and increase adult social care staff wages, measures which further aim to reduce staffing pressures, increase caring capacity, and in turn move away from the use of interim care measures.

¹ Public Health Scotland (PHS), (2016). ‘Delayed Discharge Definitions Manual’. Version 1.2. URL: [Delayed Discharge Data Definitions Recording Manual V 1.1 \(isdscotland.org\)](#)
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Moving forward, the Scottish Government will work closely with HSCPs to monitor the situation and gain an understanding of what further can be done to reduce the need for uptake of these interim measures.

Once again, thank you for the opportunity to provide further information to the committee on this important issue. I hope you and wider committee members find this information useful.

Yours Sincerely,



Kevin Stewart

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St Andrew's House, Regent Road, Edinburgh EH1 3DG
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