The Scottish Parliament
Pàrlamaid na h-Alba

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Via email only

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Dear Cabinet Secretary,

Winter planning 2023-24

1. The Health, Social Care and Sport Committee has recently undertaken scrutiny of winter preparedness and planning within health and social care.

2. The aim of this scrutiny was to review the effectiveness of last year's winter preparedness plan Winter Resilience Overview 2022-23 and to make recommendations to inform the forthcoming 2023-24 winter plan.

3. The Committee launched a call for views over the summer, which received 44 responses. The summary of written responses highlights a number of concerns. We took evidence on 5 September from representatives from NHS and social care, and the Chief Executive of NHS Scotland and Director-General for Health and Social Care. The official report of both sessions is now available on the Committee's website.

4. I have set out the Committee's findings and recommendations below.

Proactive planning

5. Representing the Academy of Medical Royal Colleges and Faculties in Scotland, Dr John-Paul Loughrey told the Committee that "last winter was the worst that we […] have experienced for a generation, and that it was probably the worst in the history of the national health service." He went on to set out his view on what he felt were inadequacies in previous winter planning efforts:

> "Last year's winter plan focused on crisis mitigation and some short-term measures, but there has been no longer-term strategy to avoid more winters like the last one and we have not really seen abatement of the pressure."

6. There was broad agreement among stakeholders that last year's winter plan (published in October 2022), and associated funding, was too late in the calendar year to ensure the Scottish Government actions to address winter resilience would be effective.

7. Moreover, stakeholders representing organisations across health and social care agreed that the current concept of winter planning was now considered redundant. Many expressed a view that pressures ordinarily associated with winter are now a common feature of the health and social care system throughout the year and called for a different approach rather than the traditional concept of winter planning:

> "It is time to move beyond reactive winter planning and adopt a proactive year-round approach that addresses chronic capacity shortages. It is essential to invest in staffing and provide more support for social care and reduce the burden on healthcare workers […]. [British Medical Association response]

8. During oral evidence, witnesses echoed the sentiment that moving away from planning based around winter pressures towards planning that can address year-round pressures and capacity issues is required:

> "[…] planning for small bumps is not what we require. Instead, we must be able to plan for the full year, and we must be thinking now about 2025-26 and looking at what we need to put in place." [Nicky Connor, Fife Health and Social Care Partnership]

> "[…] the unanimous view is that this is no longer a winter problem but an "NHS in crisis" problem, and that short-term winter reactions are merely crisis mitigation. We know that we have a workforce problem as well as an overall capacity problem, which is partly a product of the tenacious delayed discharges numbers in hospitals" [Dr John-Paul Loughrey, Academy of Medical Royal Colleges and Faculties in Scotland]

9. In response to questioning around the Scottish Government's approach to winter planning and whether alternative approaches to improve future planning for winter surges were required, Caroline Lamb, Chief Executive of NHS Scotland and Director-General for Health and Social Care, told the Committee:

> "We recognise that we need to focus on improving the systems year round, but there will always be points of surge and additional pressure."

10. The Director-General went on to note that, based on learning from previous years, the approach has been adapted this year, stating:

> "We have reflected on the planning that we did last year and have learnt lessons collectively, having engaged others in the process. This year, the approach that we have taken has been to start much earlier and to engage in a whole-system planning approach."

11. The Director-General confirmed that this year's winter plan is to be published in October, in line with previous plans, yet highlighted that the difference to preceding years will be work with systems that has been undertaken throughout the year, which has gone into developing that plan. She stated that "There are no surprises for anybody in that plan" and highlighted work undertaken so far, including:

    - Starting planning in March 2023, focusing on actions to improve flow through hospitals and issuing a "Delayed Discharge and Hospital Occupancy Action Plan"
    - Holding the first winter summit led by the Convention of Scottish Local Authorities and the Scottish Government, bringing together leaders from across health, social care, local government and the third sector
    - Setting up a system oversight group responsible for delivering improvements and seeking assurance from local systems
    - Year-wide unscheduled care improvement work
    - Producing a winter assurance checklist to enable boards to collaborate with partners on "critical assurance points" to "assess where each system is as regards winter readiness"

12. The Committee also note your evidence to the Committee on 12 September acknowledging the 'significant challenges' the health and social care system will face this winter and actions to address those. You shared your view that good progress has been made but noted there is more to do.

13. **The Committee notes the level of concern from stakeholders on the timing of winter planning activities and a perceived lack of proactive work through previous plans to address year-wide systemic pressures in health and social care.**

14. **The Committee would further welcome assurances from the Scottish Government that there are plans in place to move away from a short-term approach to winter planning. In particular, it asks the Scottish Government to set out how it plans to build long-term resilience, and improved service planning, to be able to deal with the additional pressures created by changing demographics and an ageing population.**

Whole systems approach

15. A common thread in the evidence to the committee was that stakeholders did not feel that a whole system approach was provided for in previous winter plans.

16. Many stakeholders felt that any future planning must include all sectors and partners including primary care, secondary care, tertiary care, community care and social care.

17. The Committee heard that effective integrated care and coordination between all areas was needed within each region. Pamela Milliken from Aberdeenshire Health and Social Care Partnership spoke about the need for preventative support in communities:

    "I am aware that people spend the majority of their time in the community, so the more we do around prevention and support in the community, the more people will not have to go into hospital— as others have commented, hospital can be the wrong

place for people to be and is certainly the wrong place for those who are waiting there because of delayed discharge"

18. The Committee was told in written evidence that where there are gaps in provision, such as primary care or social care, this has led to impacts on service delivery and capacity in other parts of the health and social care system. However, there was broad agreement amongst stakeholders that secondary care, such as that provided in hospitals, tends to be the default and primary consideration in winter planning, for example:

    "[…] when we talk about flow in a system, we are largely focusing on flow from emergency departments and receiving units into hospitals and out into the community; rarely do we focus on the flow back into primary care of some of the complex work that has traditionally been done in secondary care but is increasingly being performed by GPs." [Dr John-Paul Loughrey, Academy of Medical Royal Colleges and Faculties in Scotland]

19. This was further emphasised by the language used by officials when speaking about the work underway to address winter pressures, with the Director-General focusing her remarks primarily on hospitals:

    "We started the planning in March coming off the back of last winter with a really clear focus on the actions that were necessary to improve flow through our hospitals."

20. There was further agreement between stakeholders about the impact of other sectors on health and social care. The Committee heard evidence of the impacts of the rising cost of living, poverty and food insecurity, and the role of housing support services and social security systems in both protecting people during the winter months and as part of a preventative approach. Pamela Milliken highlighted the impact of the cost-of-living crisis on presentations to services and on the health of the general population, highlighting higher levels of need for treatment for mental ill-health, a need for greater complexity in care and dependency among individuals requiring support. She also highlighted the additional effects the increased cost of living is having on staff groups.

21. The Committee also heard from stakeholders that, to ease pressures on health and social care systems, wider planning is needed to address health inequalities:

    "In noting the pervasive health inequalities across Scotland, a whole system approach is needed to meet the clear need for improved preventative healthcare measures, ensuring equitable access to care and priority on the basis of need. Currently, the service is simply firefighting." [BMA Scotland]

22. During oral evidence, witnesses touched on the impact of deprivation on utilisation of services. This was described as a systemic issue across health and social care, but one that can be exacerbated by the challenges experienced during winter months. For example, individuals from the most deprived populations are reportedly greater users of both primary care and emergency departments due to complex healthcare requirements. This reliance applies year-wide but creates a challenge during the winter months as demand for these services across the population as a whole is increased during that time. Dr Loughrey stated:

> "Dr McHenry […] recently published work examining the association between deprivation and ultra-long waits of more than 12 hours in emergency departments. That found that patients from the most deprived backgrounds are facing longer and longer waits in emergency departments—the association between the two is clear. Therefore, it is a truly whole-system problem. Patients from the most deprived communities not only require more healthcare from their GPs and emergency departments, but are receiving a poorer healthcare experience and facing an increased risk when they come to our doors." [Dr John-Paul Loughrey, Academy of Medical Royal Colleges and Faculties in Scotland]

23. Stakeholders responding to the Committee's written call for views highlighted the vital role of unpaid carers in supporting winter resilience. Many submissions highlighted additional challenges and pressures on unpaid carers, particularly in relation to the cost of living, fuel poverty and lasting effects of the pandemic. Some stakeholders believed these pressures have pushed people away from unpaid caring roles towards paid work, adding to the pressure on statutory services. Other stakeholders also felt that some initiatives to shift care into the community and improve service 'flow' has the effect of shifting the burden and risk onto unpaid carers. Fife Health and Social Care Partnership noted that "unpaid carers […] reported requiring to manage more risk and support on their own."

24. **The Committee is concerned that the implementation of a whole systems approach to both winter planning, and health and social care planning, can be viewed as piecemeal. The Committee recommends that the forthcoming winter plan should set out what specific measures the Scottish Government will put in place to apply a whole systems approach to health and social care planning, and the contribution such an approach will make towards mitigating additional winter pressures.**

25. **The Committee is equally concerned by further pressures on services that are likely to be exerted by external forces, such as the cost of living and fuel poverty, over the coming winter months. The Committee would welcome further detail within the forthcoming plan on specific actions and mechanisms to ensure a joined-up, preventative approach across the Scottish Government, the NHS, local government and other relevant bodies to address these additional pressures. The Committee also calls on the Scottish Government to set out actions to support unpaid carers within this year's winter plan.**

26. **The Committee would also welcome further detail about what the Scottish Government is doing to facilitate cross-government working, including with local government and other key stakeholders, to progress the preventative agenda.**

27. **The Committee would welcome further detail within the forthcoming plan on how the Scottish Government intends to address inequalities of access to health and social care services, particularly during periods of additional pressure during the winter. The Committee refers the Scottish Government to its inquiry on Tackling health inequalities in Scotland and recommendations within its report in relation to public service reform.**

Workforce

28. There was agreement from every professional group responding to the Committee's call for evidence that the challenges currently facing the health and social care workforce remain a source of major concern:

    - The RCN highlight Scotland's current staffing crisis as the worst on record for NHS services
    - Social Work Scotland note the falling numbers of the social work workforce
    - CCPS report that almost three quarters of social care providers saw a significant increase in staff turnover with more than half of current turnover consisting of people leaving the sector altogether
    - BMA Scotland report that every area in Scotland is facing a medical staffing crisis, with rural areas facing even starker challenges

29. Stakeholders are clear in describing health and social care workforce capacity as a year-wide systemic issue, yet winter remains a particular pressure point. The consensus throughout the evidence was that workforce capacity is not sufficient and not resilient enough to cope with pressures. The word 'crisis' was used repeatedly throughout both oral and written evidence.

30. Significant concerns were raised around difficulties recruiting and retaining staff, a lack of people qualified or prepared to work in health and social care roles, and the effects on staff wellbeing and morale. During oral evidence, this was particularly highlighted as a problem in remote and rural areas and many advocated a different approach:

    > "one thing that must be pointed out is that, when serving rural and island communities, we are often robbing Peter to pay Paul. If the third sector is successful in recruitment, they will have come from us. It is also more than likely that the public sector and the NHS have taken staff from the third sector. We have a fundamental problem—we do not have enough people to look after all the people— so we need to ask how we can do things differently. We do not have enough social workers or social care workers […] The workforce is the key restriction as we move forward. As one of my other colleagues said, it is not just about recruitment, because there are not enough people to recruit; it is also about training and so forth." [David Gibson, Social Work Scotland]

31. There was general agreement among witnesses during oral evidence that long-term planning is required, with reference again made to the need to move away from winter planning as a short-term concept:

    > "When we talk of winter planning, we get into short-termism and planning for a few months ahead. We need to plan for not just the next year but the next five or 10 years, because we cannot develop the workforce and services with short-term funding that is provided almost on an emergency basis. I will put on my Argyll and Bute hat, although that is not why I am here. When we get short-term money, it is almost impossible to recruit for short-term posts in our rural and island areas. No one will move to an island or some of our most remote areas for a six-month or three-month contract. Short-term planning and funding are damaging the system. Money is not the main restrictive factor any more—people are. Therefore, we have to consider

how we get those people in place. That is a four or five-year plan; it is not even a one-year plan, never mind a plan for the next three months." [David Gibson, Social Work Scotland]

32. Pamela Milliken raised concerns around the social care workforce and the high levels of stress and burn-out experienced. She also highlighted the importance of ensuring social care is seen as an attractive sector to work in:

> "I touched on the fact that social care needs to be an attractive proposition for staff to come into. As is the case for other staff groups, people have had a stressful and challenging time. The number of our people who are off with stress is still relatively high. Across the whole gamut of social work, nursing, allied health professions, general practice and care management, we need to make careers attractive for people to come into and stay in."

33. During oral evidence, the Committee also explored the effects of the process of withdrawal of the United Kingdom (UK) from the European Union (EU) on the Scottish health and social care workforce. This followed research published by the Nuffield Trust in November 2022 which suggests Brexit is having negative effects on the UK's health and social care workforce. In response, the Director-General recognised the need to focus attention on international recruitment, alongside ways to boost local recruitment in Scotland. However, she noted ongoing challenges in sourcing appropriate housing for newly recruited individuals and additional challenges in the recruitment of international workforce for social care due to the number of employers involved in the sector.

34. The Committee's scrutiny also touched on training of student paramedics, nurses and midwives and whether systems were in place to track subsequent employment following funded training.

35. **The Committee recommends the forthcoming winter plan should set out details of the Scottish Government's strategic approach to workforce planning, and how this approach is intended to mitigate additional winter pressures.**

36. **The Committee would welcome further detail on improvements that have been put in place to support the health and social care workforce to prepare for winter staffing pressures and how these improvements might feed into a year-round approach to managing staffing pressures and improving workforce resilience.**

Funding

37. Stakeholders responding to the call for evidence criticised the overall level of funding in health and social care as being inadequate to address year-round service pressures. Specific issues in relation to funding associated with winter planning included the timing and the short-term and non-recurring nature of the funding. This was felt to result in service insecurity and difficulties with recruitment, resulting in an over-reliance on expensive agency staff.

38. There was agreement among witnesses that funding is more effective if planned in advance, and that medium to long-term funding and planning is required within health and social care.

39. The Director-General recognised the challenges associated with short-term funding during oral evidence, also highlighting the effects of this on staff recruitment and system capacity. Ms Lamb noted that the Scottish Government is increasingly moving towards recurrent rather than non-recurrent funding where possible "whether it is for winter resilience or planned care." However, she added that this continues to be a "work in progress to try to ensure that we are baselining the funding that is needed."

40. **The Committee would welcome further detail on work underway to determine what funding is needed to ensure health and social care services can operate well as a whole system, and effectively respond to winter pressures.**

41. **The Committee is also of the opinion that the Scottish Government should be able to offer long-term, recurrent funding commitments to health and social care services. The Committee calls on the Scottish Government to set out longer-term funding decisions in a way that enables health and social care services to improve resilience and implement sustainable long-term service change. The Committee reiterates previous calls on the Scottish Government to fulfil its long-standing commitment to publish an updated Medium Term Financial Framework for health and social care.**

Reporting and monitoring

42. Some of the written submissions expressed a view that the rate and frequency of the reporting of performance data has been a challenge given current resource constraints. In her evidence, the Director-General outlined the use of a dashboard approach and engagement work to address the reporting burden:

> "We have worked with partners so that everybody understands what the data requirements are and, where possible, we have tried to ensure that we pull data from sources that are already available to Public Health Scotland rather than looking to have people return separate sets of data to us."

43. A number of stakeholders also suggested that additional data, not currently captured, would be useful to inform future planning. Suggestions include:

    - "Available data on contract hand-back [in social care], which could give a crude indication of pressure on service availability in social care with the potential to impact negatively on outcomes." [CCPS]

    - "Use demand modelling over the last couple of years (not just actual but considering 'hidden demand' i.e., backlogs of work in all of the acute specialities, community, unscheduled care and inpatient mental health and learning disability services, and community health and social care) and predict actual demand across the whole year, funding appropriately." [Aberdeen City HSCP]

    - "Additional resource to do focused data analytics to identify where blockages occur within integrated pathways across the whole systems which contribute to reduced flow." [NHS Grampian]

44. Some stakeholders also questioned how data from previous years has been used to evaluate the impact of winter planning and to identify gaps and opportunities for

improvement. One of the recommendations from Public Health Scotland and the Scottish Directors of Public Health Group is to “Stop things that have not worked and not introduce anything that has not been evaluated in a robust way.”

45. The Director-General outlined how this year’s winter planning approach has sought to “learn lessons” from last year’s plan, noting:

> “Through working with our partners much more closely to understand what will make a difference and what has been tried and tested—this goes back to the question about how we spread good practice so that people understand which things work—we have emphasised much more the importance of focusing on the things that we know to work and bearing down on those things in individual systems.”

46. **The Committee is concerned that the Scottish Government may not have suitably robust evaluation processes in place to gain a clear understanding of which measures have worked in previous winter plans, and which have not. The Committee would be interested to see examples of measures that have been ruled out of this year’s plan as a result of being found to be ineffective through previous evaluation.**

47. **The Committee recommends that the forthcoming winter plan should provide detail from the outset as to how the Scottish Government intends to evaluate its winter planning actions to help inform future decision-making.**

48. **The Committee recommends further engagement with stakeholders to pinpoint what support from data organisations may be needed to evaluate actions taken as part of this year’s winter plan and to inform future planning.**

Information systems

49. The Committee heard how data sharing and connectivity of IT systems can make a difference at the local level in terms of planning and delivering care. Pamela Milliken told the Committee about a case where this had significantly improved practice:

> “We had a good news story last year in that we were able to get our care managers across our communities on to the hospital information technology system, which, by giving live records, allowed us to reduce the time for assessment from 15 hours to one and a half hours. You are absolutely right to say that more connectivity between records can save people’s time. More investment needs to be made in information technology, in relation to both people’s capacity to be more agile in how they are working and connections between the different IT systems that we have.”

50. In its written response, NHS Grampian set out the importance of data sharing during the winter months, particularly in relation to liaising with the Scottish Ambulance Service:

> “Access to 'raw' data for primary care, social care and the ambulance service, i.e., live links/daily updates rather than information/aggregated data. This would allow local boards to link data and enable greater insights.” [NHS Grampian response]

51. The Director-General provided an update on progress around data-sharing agreements across the health and social care sector:

> "First of all, I accept that we are not yet where we want to be in relation to having joined-up systems. That applies not just to the interface between A and E departments and GPs but to many other areas. As we have said, we have put in place data-sharing agreements with all our health and social care partnerships in order to share performance data on how the system is operating. Clearly, we also need to focus—and are focusing—on how we can improve connectivity across all bits of the system, including between primary care and acute care and between acute care and social care. Some progress is being made through the portal approaches, but there is not yet consistency across the country."

52. **The Committee would welcome further detail from the Scottish Government on progress with data-sharing agreements between health and social care organisations, and how these are working in practice.**

Messaging

53. Some contributors to the Committee's call for evidence expressed a view that winter resilience could be improved by:

- more effectively managing the expectations of the public
- better signposting of people to the most appropriate services
- providing more self-help advice.

54. Some respondents felt current messaging around access to services failed to set realistic expectations, resulting in patients' anger subsequently being directed at staff when those expectations were not met:

> "HSCPs are going into Winter 23/24 in a financially worse position than in 22/23 but without this acknowledged nationally or communicated publicly. This will inevitably lead to backlash against health and social care staff when demand exceeds the system's ability to cope. Publicly acknowledging the extent of the pressures on community health and social care would aid in diverting public ire away from front line staff." (Glasgow City Health and Social Care Partnership)

55. However, Dr Loughrey articulated the need for a kinder, more inclusive approach to public messaging, moving away from focusing on resources and instead helping people to better understand services and where to get support, noting:

> "A lot of public messaging is about trying to get people not to access services when, in general, those patients— our friends and family members—are only trying to access services in the best possible way."

56. Dr Loughrey also went on to set out the case for honesty and clarity around what patients and service users can expect this winter.

57. **The Committee recommends that the forthcoming winter plan should set out the Scottish Government's approach to public messaging around winter pressures. The Committee is of the view that messaging should be improved to help people**

access the most appropriate care and support at the right time. Messaging should be aimed at encouraging people to ask for help if they need it, while at the same time raising awareness of alternative pathways to care and promoting community resilience, prevention and self-help where appropriate.

58. **To inform an improved approach to public messaging, the Committee is also of the view that data could be used more effectively to assess where people are presenting for care and the extent to which that is appropriate to their needs. This could be beneficial to help target what messaging is needed and how people can best be supported to access the care they need. The Committee calls on the Scottish Government to set out more detail of how improved, better targeted public messaging can be achieved as part of the forthcoming plan.**

Digital solutions

59. Some stakeholders highlighted the role of digital tools and digital technologies, suggesting the enhanced use of these could help to maintain and improve access to services over winter. Technology was also viewed as a potential way to streamline processes and ease pressure on staff.

60. Suggestions in this area included the expanded use of digital solutions such as 'Near Me' and 'Connect Me.' However, stakeholders noted that offering these services was up to the discretion of individual service providers and therefore roll-out was viewed as being 'piecemeal.'

61. During evidence, Nicky Connor from Fife Health and Social Care Partnership, spoke of the need to combine technology with public messaging:

> "For me, the other area is technology enabled care. This goes back to the issue of public messaging. If we are going to deliver care differently, whether that is through video consultations or the use of sensor technology in people's homes to reduce the need for individuals to be responsive, we need to support people to understand and feel confident about the care that they receive in that way. It is an area that covers all parts of our lives—for example, we are much more digitally enabled when we go to the supermarket—and it should be expanding much more in our care sector."

62. In her evidence, the Director-General spoke further about the need for staff to be confident and knowledgeable about digital services:

> "[…] we need healthcare professionals to be confident about using digital technology and to understand what is available to them. Along with our digital colleagues, we need to think about how to progress that programme of work."

63. **As part of the forthcoming winter plan, the Committee calls on the Scottish Government to set out the role of digital technologies in alleviating winter pressures, alongside plans to build public and staff awareness and confidence in relation to those technologies.**

64. I would be grateful to receive a response by 21 October 2023 and look forward to publication by the Scottish Government of this year's approach to winter planning.

Yours sincerely

Clare Haughey MSP
Convener, Health, Social Care and Sport Committee