Health, Social Care, and Sport Committee

Winter planning 2023-24 – Summary of Evidence

Contents

Introduction

The Health, Social Care and Sport Committee is undertaking a short inquiry into winter preparedness and planning within health and social care.

The aim of the inquiry is to review the effectiveness of last year's winter preparedness plan Winter Resilience Overview 2022-23 and make recommendations for the forthcoming 2023-24 winter plan.

The Committee issued a targeted call for views to organisations that ran from 2 June 2023 to 14 July 2023. The Committee received 44 responses. 43 responses were from organisations and one response was from an individual, a GP from Moray.

Organisations responding:
Union – 1
Joint submission (NHS board/Health and Social Care Partnership(HSCP)/Local Authority) - 1
Charity – 8
HSCP – 11
Professional bodies – 11
NHS board/healthcare organisation – 11

The full list of submitted responses has been published and can be accessed here: Winter planning 2023-24 - Scottish Parliament - Citizen Space

Respondents were asked to respond to questions in the following areas.

Winter Resilience

- How effective were government actions to support winter resilience across health and care systems last year?
- What additional priorities should inform actions to support winter resilience across our health and care system this year?

Capacity and system flow

- What were the key factors limiting capacity and delivery in the NHS and social care last winter?
- Was the flow through the NHS and social care adequately maintained last year?
- How can capacity be maximised to meet demand, and maintain integrated health and social care services, throughout the coming autumn and winter?

Workforce and staff wellbeing

- What factors affected the wellbeing of those providing health and social care support, including both paid and unpaid carers, over the 2022-23 autumn and winter periods?

- What should be done this year to ensure staff wellbeing, and ensure those providing support (in all settings) are able to continue to do so?

Outcomes

- Were patient outcomes affected last winter, either positively or negatively?

- What recommendations would you make to ensure services best support vulnerable communities and achieve positive outcomes this year?

Open question

All respondents were invited to set out if there was anything additional they would like to tell us in relation to winter planning.

Winter planning 2022-2023

Respondents were asked to describe how effective government actions were to support winter resilience in health and social care systems during 2022-2023.

Responses were mixed with some highlighting areas that worked well last year, but most respondents answering negatively about the pressures over the winter period and within the health and social care system in general. Many of the responses felt that capacity was insufficient and the demand and pressures in health and social care over winter 2022-23 were 'extreme'. The BMA Scotland reported that the challenges are manifesting as a negative effect on patient lives:

> *"The challenges facing the NHS in Scotland are unprecedented as demand exceeds capacity, and it cannot deliver the level of care required, putting the wellbeing and lives of patients at risk".* [BMA Scotland]

This was also noted in several other submissions in response to questions around patient experiences. In its submission, Age Scotland reported that this was reflected in key performance reporting[1]:

> *"According to National Records of Scotland data, 'by the end of March 2023, there were 31,498 waits longer than 52 weeks'*
>
> *"At 31 March 2023:*

[1] Members should note that this quotation refers to data from Public Health Scotland not National Records of Scotland. The full waiting times data is available here: Stage of treatment waiting times - Inpatients, day cases and new outpatients 30 May 2023 - NHS waiting times - stage of treatment - Publications - Public Health Scotland

- *There were 479,725 patient waits that were still ongoing, a slight increase (+0.5%; +2,617) compared to the end of the previous quarter.*

"Provisional National Records of Scotland data shows 2022 excess deaths were 4,646 during 2022, and 606 in January and February 2023." [Age Scotland]

South Lanarkshire Health and Social Care Partnership and South Lanarkshire Council stated in a joint response that while there were many examples of very positive outcomes for patients last winter, there were *"far too many occasions where the service failed to meet the standards expected and outcomes for individuals were therefore adversely affected".*

Responses were cognisant that Scotland was still in recovery from the COVID-19 pandemic during winter 2022-23 and, as such, government actions to support winter resilience needed to evolve and respond to changing national and localised pressures.

There were differing views on the Scottish Government Resilience Overview 2022-23 guidance itself. The Argyll and Bute Health and Social Care Partnership noted that it found the *"Winter Resilience plan to be good in theory, but falling short in practice, leaving room for improvement".* Some thought the national guidance did not reflect the local situation and local need, while others felt it was reflective of the approach needed and offered a good framework to enable public sector partners to develop their own local plans. Some felt that there was less structured support and guidance from the Scottish Government compared to previous years, particularly in comparison to pre-pandemic winter planning. Others preferred the flexibility offered by such an approach.

Several common themes emerged and these are detailed below.

Theme 1: Whole system approach

Many submissions set out the case for a whole system approach and noted that there needs to be integrated and co-ordinated planning involving all partners in each region.

Earlier on this session, Matthew McClelland from the Nursing and Midwifery Council gave evidence to the Health, Social Care and Sport Committee stating: *"People do not experience primary care, secondary care, social care or nursing care; they experience care. The boundaries and divisions that we impose over the top of that are constructs of management and the way in which we operate, rather than the way in which people experience care."*

This sentiment was reflected throughout the submissions to this call for views, with many respondents articulating the need for coordination, collaboration, and integration.

While the introduction to the Winter Resilience Overview 2022-23 set out the Scottish Government's intent to support winter resilience across the whole health

and care system, many respondents did not feel that a whole system approach was provided for in the plan.

> *"The publication, which was purportedly about an integrated, whole system approach to health and social care through the winter was, in content, decidedly not. The words "social care" were scattered through the document, but the actions committed to were almost exclusively focused on ensuring the resilience of the NHS. This clearly set the tone for the Scottish Government's entire response which, in our experience both as a member of the national resilience group at ministerial level, and through our members' experiences locally, focused resource and effort into attempting to prop up an NHS system creaking at the seams." [CCPS]*

"The whole document reflects a focus on secondary and social care, with very little attention given to primary care or the pressures and limits of general practice which would be expected to prevent these impacts upon other sectors". [Royal College of General Practitioners (RCGP Scotland)]

Respondents argue that winter planning needs to include primary care, secondary care, tertiary care, community care and social care. Many submissions advocated the need for a whole system approach to improve winter planning. The Aberdeen Health and Social Care partnership submission described their view of the optimal approach:

> *"We would recommend the system is seen as a whole – hospital-based services, community-based health and social care services (including Scottish Ambulance Service and Primary Care), private and third sector commissioned providers, the voluntary sector, businesses and the general public and that all are involved in providing and improved experience not just for the winter period but all year round"* [Aberdeen City HSCP]

Primary care

Many submissions highlighted that last year's winter resilience plan was primarily focused on secondary care and managing hospital capacity, without sufficient consideration or resourcing of the role of primary care and the subsequent effects this can have on acute services.

> *"[…] the narrative that planning should prioritise minimising A & E presentations or admissions, or social care bed blockages massively understates the importance of supporting primary care and the role it plays in propping up the entire healthcare system. It is frustrating that the focus on secondary care, fails to then recognise that a well-resourced and functioning primary care prevents unnecessary admissions and benefits secondary and social care, including flow through the system. For patients, all flows potentially both begin and end with their GP, and as such, primary care must be a major focus and pillar of winter resilience".* [Royal College of General Practitioners (RCGP Scotland)]

As part of the Committee's previous inquiry into alternative pathways to primary care, the Committee recognised the role of multi-disciplinary teams and other healthcare professionals working in communities, such as physiotherapists, nurses, and podiatrists in a more preventative approach to healthcare. Respondents to this call for views argue that such a preventative approach would be beneficial to ease pressures in both primary care and secondary care.

Many submissions highlighted the role of community pharmacy, as a part of primary care, and as a route to provide additional demand and take pressure from primary and secondary care services. However, Community Pharmacy Scotland caution of the impacts of failing to take a whole system approah, that includes investing resource in developing and funding community pharmacies:

> *"Without immediate external action and support […] CPS advise that the coming Winter Challenges and beyond will be intensified for our network. This will add further pressure to the wider healthcare system and result in negative impacts on patient care. Without a strong and stable CP workforce, the bedrock of the NHS will falter and the ripples will be felt throughout Healthcare. Patients will present at the wrong place at the wrong time, seeking help from the wrong healthcare provider*". [Community Pharmacy Scotland]

Tertiary care

NHS Shetland highlighted the importance of including tertiary services in winter planning considerations:

> *"One of our greater areas of concern is the interface between secondary and tertiary services when there are significant pressures".* [NHS Shetland]

Tertiary care provides highly specialised treatments and is not typically seen within seasonal considerations. However, this can impact on service delivery and capacity, especially when patients are delayed in hospital awaiting further specialised treatment. The NHS Golden Jubilee shared an example of specialised cardiac provision in its submission, noting that repatriating patients can be key to capacity management:

> *"From our perspective, at the time of finalising the plan, we had not concluded discussions, formal agreement and financing of non-repatriation of cardiology patients with other NHS Board colleagues. While this was successful when implemented, it took time to work out and therefore had a knock on effect on the potential impact opportunities of other NHS GJ specialties. We are pleased to say that discussions started early this year with draft planning in place for next winter. In addition, there is now a proposal in place to provide additional bed capacity to address this issue at the Golden Jubilee University National Hospital on a permanent basis."* [NHS Golden Jubilee]

Social care and community care settings

The majority of submissions highlighted the crucial role of social care and community care[2] in winter planning (and indeed year-wide planning). Many argued for the need for immediate actions and investment to improve social care in the short term, in addition to longer-term reform of the sector.

> *"There clearly needs to be national prioritisation of community care if we are to realise a winter plan that provides additional resilience. This also needs to focus on social care as well as healthcare. The inability to source timely social care is a major factor in people ending up in the wrong place. This needs addressed if there is to be a change in approach. The plan always focusses on acute and needs to prioritise primary care in and out of hours."* [NHS Ayrshire and Arran]

The BMA Scotland call for "*Ring fenced funding to increase community nursing and social care",* while CCPS highlight fundamental concerns over last year's response to winter planning that did not, in its view, respect social care for its unique contribution to ensure people received the services and support they needed.

Many submissions set out a need to increase capacity in adult social care to meet demand, and the impact of this on secondary care. One of Unison's branches responded to its consultation around winter planning with the following: *"the NHS will not survive another winter unless more care home beds and care packages are identified".* [UNISON Scotland]

In its submission, the Royal College of Emergency Medicine call for *"expansion of social care capacity […] to allow for quicker discharge from hospitals to the community".*

In its response, CCPS highlight that addressing support in the whole system, which focuses on people's outcomes and independent living, would ensure people received the right support in the right place at the right time, and almost as a symptom of a different way of operating rather than the main goal, would lead to reduced pressures and maintain system flow:

> *"Flow through the system is not the priority for many. Consistent, relational support in a system which matters to the individual is. If we could address this, and the right to independent living genuinely, flow in relation to the NHS would be far less of a pressure".* [CCPS]

2 The term social care includes residential, home care and day care services. Community care includes any care that is provided in the community, including for example, pharmacies, hospices, voluntary sector services and carers. voluntary sector services and carers. The terms are often used interchangeably.

Hospice and palliative care

In similar rhetoric, Hospice UK set out the role of hospices and palliative care services as frontline services in responding to winter pressures. Its submission notes that "*While last year's winter plan prioritised supporting people at home and makes a reference to end of life pathways, the contribution of hospices within this was not recognised or valued".* The submission went on to argue that hospices have an important role in preventative care which can reduce pressure on statutory services:

> *"There is scope for greater partnership working with third sector providers, including hospices, and opportunities to pool resources together. Everyone is facing the same challenges and the same issues and working in partnership gives much more opportunity for wider impact. For example, hospices might be able to offer available staff to the NHS to respond to winter pressures, or social work and allied health professional resource within hospices could be used more creatively and effectively across the system if there was a partnership approach.".* [Hospice UK]

In its submission, NHS Grampian also highlighted the importance of *"including non-healthcare/social care interventions like community empowerment and community resilience work to further reduce attendances at acute hospital sites, enable earlier discharge and reduce re-admissions."*

Third sector

A number of submissions also pointed to the role of other third sector organisations and the lack of inclusion around winter planning, despite the contribution these organisations can make regarding both prevention and easing pressures on other services. NHS Ayrshire and Arran detailed the benefits of whole sector interventions, including the third sector, as part of its submission

> *"Across NHS Ayrshire and Arran practitioners undertook several 'Whole System Interventions' over the winter months. These focused on working together to identify barriers to discharge and flow within our health and social care system […] This improved involvement in multi-disciplinary discharge planning, with participation from Third Sector partners. There were benefits from closer working with colleagues at the frontline in wards helping to improve discharge planning. The shared understanding and relationships resulting from this approach have provided valuable learning to continue to improve systems, processes and outcomes.* " [NHS Ayrshire and Arran]

Different sectors and external factors

Some submissions highlighted the impact of other sectors on health and social care, highlighting the rising cost of living, poverty and food insecurity, housing support services and social security systems and their role in both protecting people during the winter months and providing preventative support. Those highlighted include:

- The increased cost of living, including for example, a negative effect on salaries, operating costs, transport, food costs and childcare provision
- High levels of fuel poverty and the subsequent inability to keep homes warm
- The lasting effects of the pandemic
- Climate change and its effects on human health

The BMA Scotland submission states that wider planning is needed to address health inequalities to ease pressures on health and social care systems:

> *"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]

In its submission, Age Scotland highlighted the need for a range of policy initiatives outside of health and social care systems to support individuals throughout the winter months, emphasising that without addressing these winter preparedness and resilience plans across health and care systems are unlikely to be effective. Its submission includes the following recommendations:

- *"Critical to success this winter will be a comprehensive and coordinated approach across different sectors (including health, social care, energy, social security), ensuring support is provided at the appropriate point, to prevent the escalation of potentially dangerous situations for vulnerable older people."*
- *"Adequate cost of living support for vulnerable households and individuals."*
- *"Long-term and sustained measures from the Scottish Government to tackle poverty amongst older people."* [Age Scotland]

Theme 2: Timing

Winter planning activities

There was consensus among respondents that the timing of winter planning activities, and associated funding/resource was too late in the calendar year. Published on the 4 October 2022, many thought that the Winter Resilience Overview 2022-23 was too late to ensure the Scottish Government actions to address winter resilience would be effective.

Responses outlined that recruiting additional seasonal staff, commissioning additional services, and implementing additional reporting systems all take time.

> *"Fellows highlighted their concern that winter planning never starts early enough and that the funding promised for allocation often comes too late. […] Health boards could be better assisted if offers of additional support were made up front, and it would be beneficial if funding could be provided over a*

> *longer period of time i.e. 6 months instead of 3."* [The Royal College of Physicians of Edinburgh]

Social work was highlighted in the responses as being particularly problematic, with one respondent noting that winter planning activities don't take into account the legal functions social workers are required to carry out. Social Work Scotland stated in its submission that that often the integrated work needed to support individuals cannot be achieved with only 12 weeks of planning.

Respondents call for early joint integrated planning and a timely release of resource to be able to support effective planning. One NHS board suggested that winter planning should start in April each year to enable plans to be developed and measures put in place by the winter. Another HSCP emphasises that decisions on whether to fund and how much funding is allocated need to be communicated much earlier, ideally not later than the end of July, to be meaningful.

From the responses, it was clear that some areas developed earlier planning in attempts to mitigate the effect of delays:

> *"Our winter planning started in July, so that by the time government funding was identified we knew where the additional resource would be spent to best support care, capacity and flow".* [Perth & Kinross Health & Social Care Partnership: Older People's Services]

Seasonal planning vs year-wide systemic pressures

Many of the submissions expressed views that the term 'winter planning' is now redundant, with respondents looking for recognition from the Scottish Government that pressures ordinarily associated with winter are now a common feature of the health and social care system throughout the year.

The submission from BMA Scotland articulates an overview of the issues:

> *'Winter resilience' is now a meaningless term – it used to be the busy time that had to be struggled through. Winter pressures are what the NHS now experiences every single day regardless of season. The fundamental problem over last winter was not just planning, but the significant lack of capacity and chronic understaffing within the healthcare system. Staffing shortages have reached unsustainable levels, placing immense pressure on healthcare workers in specialties such as emergency medicine, acute and general care, and care of the elderly […].*
>
> *"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 […].*
>
> *"The problems now exist all year. But specifically in winter, the epidemic of boarding often frail elderly patients into multiple areas of the hospital*

generates additional poor outcomes. Expecting some specialties to simply increase their workload over winter and expecting them to cope is woefully optimistic at best, and is almost certainly contributing to low morale, ill health and high staff turnover." [BMA Scotland]

Responses across many health and social care organisations suggest that demand is outstripping capacity throughout the year and that expected periods of respite have not materialised:

- Many health and social care partnerships and NHS boards report in their submissions that there are now spikes in demand and pressure across the whole year. For example, Aberdeen City HSCP emphasised that NHS Grampian saw its busiest days in May 2023 and NHS Fife noted the impact of climate change meant that NHS services need summer planning was needed as well as winter planning.

- The Academy of Medical Royal Colleges and Faculties in Scotland report that the respiratory virus "season" now begins at the beginning of August. They also report that *"Currently (in the summer) there are more than 600,000 people waiting to see a doctor and the government is spending £560 million per year on temporary NHS staff."* [Academy of Medical Royal Colleges and Faculties in Scotland]

- The Royal College of Physicians of Edinburgh note personal observations from their members. One of these by a Medicine for Elderly consultant reports that *"those people becoming delayed in hospital in January are likely to be beginning to quietly teeter now (July)".* Another personal noted that *"the demographic and clinical profile of adult patients with acute respiratory illness is broadly similar in summer and winter."* [The Royal College of Physicians of Edinburgh]

- Dr Robert Lockhart, A GP in Moray *states "I cannot emphasise enough the precariousness of the current situation in General Practice. Typically, demand starts to decline during this time of year, allowing our staff to recuperate during the summer months. However, this expected respite is simply not materialising."*

- The response from the Public Health Scotland and Scottish Directors of Public Health notes that there is no fluctuation in demand for dental services and that high demand for emergency dental care remains at a high all year round. Similarly. the Royal College of Paediatrics and Child Health (RCPCH) notes that paediatrics and child health services also tend to see a lot less seasonality.

- The Royal College of Nursing (RCN) Scotland emphasise that *"It is important to note that over the last few years, pressures in the health and care systems have not let up over the summer."*

- COSLA emphasises the levels of unmet need in communities that leads to system pressure all year round.

UNISON Scotland emphasises that short term planning is not helpful and does not bring about the support or change that is needed:

> *"Short term planning within health and social care settings is almost always reactive in nature and does not work. Developing a long term, pro-active whole systems approach, which re-designs both Acute In-Patient Services and clinical pathways, and supports Community Health and Social Care to deliver strong and well-designed pathways focusing on the delivery of care within the community settings, will ultimately keep many patients away from 'front door' acute settings and result in enhancing flow through those acute in-patient settings."* [UNISON Scotland]

This view was prevalent in several other submissions, with respondents emphasising that often short-term funding comes too late, and short-term positions intended to help bolster capacity are often difficult to recruit to and organisations lack the capacity to train new recruits in time to make a meaningful impact.

Theme 3: Funding

Workforce and funding were identified as key limiting, and related, factors inhibiting last year's winter planning efforts.

System funding

Several submissions highlighted the scale of funding and financial constraints on the health and social care sector, outlining that the system has insufficient capacity to meet rising demands and that limited funding is increasing pressures on staff recruitment and retention, infrastructure, and increased service provision to meet demand. Many noted that this was a year-round issue, but that increased demand during the winter leads to increased cost-pressures for providers.

A number of submissions also noted the limited availability of resources across the sector, such as beds and equipment, and the negative impact this has on patient safety and quality. This too was noted as year wide, but also crucial for addressing resource constraints and maintaining capacity during winter.

In its submission, the Royal College of Paediatrics and Child Health (RCPCH) also highlighted the role of services to promote prevention and early intervention as a means of addressing capacity.

Several respondents argued the case for year-round improvement work to support resilience, calling for the Scottish Government to give a financial commitment to increased funding:

- to support the recruitment and retention of staff across health and social care,
- for the maintenance of estates and facilities to prevent closures,
- to develop the capacity of operational services and delivery, and

- to support both preventative healthcare to reduce admissions and integrated discharge planning.

Short term and non-recurring funding

Many submissions emphasised the precarious and unhelpful nature of short-term and non-recurrent funding for a variety of reasons, including:

- **Commissioning and decommissioning services** - "*Year to year one off funding reacting to particular circumstances presents challenges (particularly in commissioning and decommissioning services).*" [Aberdeen City HSCP]

- **Costs (and risk) for providers when short-term funding ends** - "*We were unsure how the financial risk to providers would be managed after the short-term funding came to an end, if there were no onward journey secured.*" [CCPS]

- **Recruiting to short term posts** - Edinburgh Community Health and Social Care Partnership: *"We have only been provided with short term funding to support surge during winter months and recruiting to 4 months posts has now become almost impossible particularly for anything requiring specialist skills. Most initiatives require yearly funding as opposed to only winter period".* [Edinburgh Community Health and Social Care Partnership]

- **Achieving system change required** - *"Recurring funding would assist in developing sustainable workforce models and embedding transformation in order to deal with a new demand profile in certain conditions eg stroke, respiratory, cardiac services. It is very challenging to change systems with non-recurring funding because without certainty about future resource colleagues may lack confidence that the change process will be worth pursuing."* [NHS Grampian]

- **Increasing instability and insecurity within the sector** – *"There is clear evidence of the detrimental impact of non-recurring funding on the ability of services to provide consistent, good quality support to individuals. Social Work Scotland would like to highlight the impact of recruitment and retention on the workforce where non- recurring funding is offered. Rather than increasing capacity it introduces additional challenges including difficulty filling posts due to the short-term nature of any contract, and the unintended consequence of greater insecurity in the sector with more temporary posts overall, created by both backfill and the short-term posts themselves.*" [Social Work Scotland]

- **Increasing operating and staffing costs** – *"Some Fellows suggested the current short term winter resilience funding models prevent appropriate recruitment and lead to the NHS relying on expensive and less effective agency staffing models."* [The Royal College of Physicians of Edinburgh]

- **Increasing competition between providers** – *"It was suggested that the process to apply for short term funds for extra bed capacity created*

> *competition with other areas for resources, which was a negative outcome when this extra bed capacity was essential to services and safety, rather than a desirable extra."* [The Royal College of Physicians of Edinburgh]

Several submissions highlighted that temporary funding was reactive and seen as 'fire-fighting' in a stretched system, whereas long-term and recurring funding would support organisations to effectively develop and implement preventative action, which would lead to positive benefits for individuals during the winter months.

Many submissions also noted that additional funding was welcome, but came too late, was short term and was not enough. Earlier notice of additional funding was highlighted as a key area for action. Health and Social Care Moray noted that receiving Primary Care Out of Hours Board Funding for 2022-23 late exacerbated winter pressures:

> *"Allocation of Primary Care OOH Board Funding for financial year 22/23 in December 2022, just before the festive period, was an additional challenge to manage. In the future, these allocations could be made earlier to ensure maximising benefits of this resource."* [Health and Social Care Moray]

Allocated vs flexible funding

Many respondents called for allocated or ring-fenced funding for specific actions to support, such as:

- Care at home and care home provision
- Interim care placements[3]
- Surge Capacity[4]
- Supporting patients with delayed discharge, through transport, Adults with Incapacity issues and other issues.

This was seen as particularly important in relation to social care. The Argyll and Bute Health and Social Care Partnership noted in its submission:

> *"Shifting the focus to community is essential. Funding for flexible workforce initiatives based on outcomes rather than narrow funding streams allows for creativity at a local level. A clear focus on what would allow support and growth in adult social care particularly care at home. Additional funding needs allocated to care at home provision essentially the rate paid to staff per hour and funding for this needs allocated. Lack of recognition for this sector is adding to fragility."* [Argyll and Bute Health and Social Care Partnership]

[3] An interim care placement is made when a patient is ready for hospital discharge but is delayed waiting for a care at home package, or when their first-choice care home is temporarily unavailable.
[4] Surge capacity refers to the ability to evaluate and care for an increased volume of patients.

While others thought the funding should be integrated and fully flexible. Many responses noted that tight controls on what funding should be spent on can prevent it from being effectively used.

> *"Additional winter funding should not be focused in specific areas (eg: Interim beds) across the whole system but make funding available to different parts of the system to facilitate additional resources in areas that would have better impact in place (eg: community based crisis prevention/crisis management teams or Intermediate Care Teams)."* [NHS Shetland]

Withdrawal of specific funding

The RCGP Scotland accentuated the effects of removing sustainability funding last year, which was fully flexible and not subject to any conditionality:

> *"The partial withdrawal of the sustainability funding was an astonishing and deeply damaging decision, and it is difficult to understand the public health or strategic rationale for this approach, considering the stated government intentions regarding its vision for the Scottish NHS. This funding was welcome as it had no strings attached, allowing practices to deploy it in a flexible and targeted manner. Such flexibility is also needed in regard to the type of health care worker because of workforce availability, for example allowing 'internal locums' (when existing practice staff cover by doing extra hours as the practice is unable to employ external locums due to availability) to cover sessions. Restoration of this funding would be impactful and welcomed."* [Royal College of General Practitioners (RCGP Scotland)]

Similarly, NHS Shetland spoke about the withdrawal of remobilisation funding following the pandemic:

> *"Funding to support remobilisation had started to taper off from October 2022 onwards, so some of the services that has been put in place as tests of change during the pandemic were closed at a critical point in planning for winter. This meant that some services which actively supported and managed the redirection of patients away from urgent care pathways were withdrawn or much more limited in Q3-Q4 of 2022-23."* [NHS Shetland]

In their submissions, NHS Lanarkshire, and the South Lanarkshire Health and Social Care Partnership and South Lanarkshire Council, both questioned whether additional funding to support remobilisation, which provided additional staff to be able to be support the wider system pressures across health and social care, would be available this year.

Community Pharmacy Scotland noted the lack of funding for community pharmacy services in the Scottish Government Resilience Strategy for 2022/23 and cautioned on the effects of lack of funding in supporting the healthcare system:

"*Without immediate external action and support […] CPS advise that the coming Winter Challenges and beyond will be intensified for our network. This will add further pressure to the wider healthcare system and result in negative impacts on patient care. Without a strong and stable CP workforce, the bedrock of the NHS will falter and the ripples will be felt throughout Healthcare. Patients will present at the wrong place at the wrong time, seeking help from the wrong healthcare provider."* [Community Pharmacy Scotland]

Theme 4: Workforce

Workforce issues were highlighted as a major concern for many respondents.

- The RCN highlight Scotland's current staffing crisis as the worst on record for NHS services.
- Social Work Scotland note the deterioration 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 those moving jobs, 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.
- COSLA report the effect of staffing and funding challenges on the social care sector, with some providers unable to continue providing care: *"Providers in the third and independent sector unable to deliver packages of care, and some withdrawing from the market due to challenges recruiting and retaining social care workers and, in some cases, financial viability due to rising inflationary pressures."* [COSLA]
- NHS Ayrshire and Arran emphasise the effects of winter pressures on an already pressured health and social care workforce: *"The health and social care workforce experienced a tremendous intensity of pressure in winter 2022/23 with relentless effort throughout the period. These was an intense focus on system flow. Areas of service were vulnerable to burnout, absence rates increased."* [NHS Ayrshire and Arran]

There was consensus among almost all respondents that current workforce capacity across all areas of the health and social care system is insufficient to deal with the level of demand. As a result, health and social care in Scotland is not seen to be resilient enough to respond to further winter pressures. Highlighted issues, across all professional groups, include (this list is not exhaustive, in no particular order and applied to year-round pressures):

- Staff shortages and unfilled vacancies
- Inability to recruit due to lack of available workforce, terms and conditions, and low pay

- Staff leaving the sector for 'better' jobs
- High staff absences
- High caseloads
- High pressure due to increased patient numbers, with backlogs in acute and community health
- Repeated asks to undertake additional shifts
- Burnout and exhaustion
- Reported low wellbeing and mental health of staff
- Lack of training opportunities or protected learning time
- Trainees having to plug the gaps of a struggling workforce to the detriment of their development
- Lack of time for planning
- Feelings of not being appreciated
- A sense of not having the time to provide the care staff would like to
- Patient safety concerns due to low staffing levels
- No time for respite breaks away from patients
- No facilities for hot food and drink (including during night shifts)

In its submission, Healthcare Improvement Scotland reported work undertaken to change its approach to inspections in relation to patient safety, as requested by the Scottish Government, to take account of the changing risk considerations and unprecedented pressures during the winter of 2021-22. It further outlines work in in April and November 2022, writing to the Chief Executives of all NHS boards across Scotland highlighting key inspection findings to date, particularly in relation to patient safety:

> *"The concerns we noted were extreme overcrowding in several emergency departments (EDs) and other admission units, and a lack of application of risk-based approaches in assessing and caring for patients being placed in non-standard care areas. This also had implications for patient and staff safety in the planning for and awareness of emergency fire evacuation procedures in these overcrowded areas. We also continued to observe the impact on patient care of higher-than-normal levels of supplementary staffing. Staff expressed feelings of exhaustion and highlighted concerns around their ability to provide safe patient care, escalate concerns, and feel that they were being listened to. We also identified instances of unsafe practices around medicines governance."* [Healthcare Improvement Scotland]

In its submission, UNISON Scotland, set out several concerns around staffing and the workforce, including the need to ensure *"quality decent jobs delivering the high-quality care service that our elderly and vulnerable relatives deserve"* and highlighting that "*If you do not have the staff, you cannot open winter beds. They deplete one service to support another causing stress, anxiety and burn out for our members."* [UNISON Scotland]

Its submission also included the following ask of the Health, Social Care and Sport Committee as part of this inquiry:

> *"UNISON asks the Health and Social Care Committee to look at this from a wider perspective, while also trying to prepare for the winter season. For the longer term, a whole systems approach with re-design of all the services is required. Along with that re-design, the Committee needs to develop a vision of the required workforce as the NHS moves forward over the coming years. This involves looking at the depleted, fatigued and burnt out post-Covid workforce, and designing and planning the future NHS workforce."* [UNISON Scotland]

The Argyll and Bute Health and Social Care Partnership call for a national conversation on the whole public sector workforce.

Unpaid carers

Responses noted the vital contribution of unpaid caring in supporting health and social care.

> *"Fellows value the role of paid and unpaid carers but consider that unpaid carers are not recognised or supported as they should be and that this is a national political issue which needs more discussion. They would support increased efforts to identify accurately how many unpaid carers there are in the community, as these people often do not come to light until there is a crisis or hospital admission."* [The Royal College of Physicians of Edinburgh]

The BMA Scotland highlighted the contribution of unpaid caring to hospital flow:

> *"Delayed discharges reaching record levels last winter make clear that additional support is required for unpaid carers, who play a vital role in supporting vulnerable people at home and within their communities. Not only is this type of care of most benefit to those cared for, and the most cost effective, but it can also help to ensure that more medically well people can be safely discharged from hospital when a stay is required."* [BMA Scotland]

Many submissions highlighted the challenges and pressures on unpaid carers, particularly in relation to the cost of living, fuel poverty and lasting effects of the pandemic. COSLA set out the considerable challenges last winter:

> *"Unpaid carers faced unique challenges last winter. Many services that support carers and the individuals they care for, including day and respite services, were only just re-opening. There continued to be operational challenges in the full re-opening of these services, including ongoing Covid-19 outbreaks, local authorities re-designing services to be more fit for community need, workforce challenges, and the interdependency on other impacted sectors such as transport. This put increasing pressure on unpaid carers following the pandemic while services that had to close for public health reasons re-built and recovered."* [COSLA]

The effects of the rising cost of living on unpaid carers was also highlighted in many submissions. Glasgow City Health and Social Care Partnership also note the effect on services when unpaid carers are forced away from caring roles:

> *"The cost-of-living crisis presented challenges to staff and unpaid carers and it is expected that this will continue into 23/24. Unpaid carers shoulder significant burden within Glasgow City and economic pressures forcing individuals away from caring roles will only increase the pressure on statutory social care services."* [Glasgow City Health and Social Care Partnership]

Fife Health and Social Care Partnership also note how shifting the balance of care from acute to the community, and implementing some measures to improve patient flow, too shifts a burden onto unpaid carers:

> *"While focus and attention were put on moving individuals out of the hospital, using the resource available to meet this need, there were instances reported across the country of those in the community requiring support being unable to get this support, this was echoed by unpaid carers who reported requiring to manage more risk and support on their own."* [Fife Health and Social Care Partnership]

The Scottish Women's Convention set out its view on how unpaid caring is currently underappreciated:

> *"Furthermore, unpaid carers are regularly let down by government provisions, with the vital work they do, ignored and unappreciated. This group are majority women, and their continued efforts relieve stress across health and social care systems in Scotland. The increases in living costs alongside the pandemic have created stress and anxiety amongst this group, worsening their wellbeing."* [Scottish Women's Convention]

Submissions also highlighted the particular stresses for carers over the winter and festive periods, with additional stress, social and financial demands. While priority seven of the Winter Resilience Overview 2022-23 acknowledges the value of unpaid carers, many submissions call for the Scottish Government to improve local and national support for unpaid carers. Submissions state this should include:

- more work to identify and prioritise support,
- providing access to respite and short breaks,
- financial support,
- wellbeing support, and
- consider the needs of unpaid carers in winter planning.

Theme 5: Data and information

Reporting and monitoring

The burden of reporting was highlighted in several submissions. Respondents felt that the rate and frequency of reporting to the Scottish Government last year was unhelpful and was not seen as an efficient use of scarce resources. Many thought that data reporting could be simplified and that local performance indicators and reporting which would then lead to joint decision making around increasing performance and actions would be more beneficial than central reporting:

> *"The multiple asks for performance information and action planning from various government departments could often be repetitive and created significant additional workload. We are aware of our own performance and the areas we need to give attention to. We also acknowledge the Scottish Government's entitlement to receive assurance on performance. However, to ensure the most efficient and effective system of assurance, it is strongly recommended that the government from the outset identify key performance measures with the health and social care system so that these can be shared in a planned manner."* [Aberdeen City Health and Social Care Partnership]

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Many submissions focused on the need for targets that could be used to assess progress in real time. The BMA Scotland however warned of the danger of arbitrary targets:

> *"Measurable targets to reduce the backlog can be useful in assessing progress, however, when pressures on emergency and urgent care increase over winter, it's important that care is delivered on the basis of medical need, without pressure on the service to meet arbitrary targets. Balancing this with the need to address the planned care backlog requires more resource, and for the Scottish Government to better manage patient expectations of what is possible."* [BMA Scotland]

Several submissions questioned on how data has been used in previous years to monitor and evaluate the effectiveness of winter planning actions and how that data could be used to inform decision making and identify gaps for future action this year.

> *"One action that would be particularly helpful in preparing for additional winter pressure is a thorough evaluation of the success of measures previously utilised. The Winter Resilience Overview and the subsequent interventions made last winter set out a range of actions aimed at addressing pressures, building resilience, and supporting system flow. What is unclear is the extent to which specific measures were successful in achieving those aims."* [BMA Scotland]

The Public Health Scotland and Scottish Directors of Public Health submission recommends a number of actions including:

- *"Ask frontline staff and patients about priorities and address them."*
- *"Robust evaluation of 22/23 winter plans and response and a review of two sets of plans – one covering three winters during the pandemic 2019-2022 and one covering the three years pre pandemic i.e. 2016-2019."*
- *"Stop things that have not worked and not introduce anything that has not been evaluated in a robust way."*
- *"Learning from staff surveys as to what issues have been raised so that they are addressed effectively."*

Several organisations also highlighted additional data that would be useful to inform planning, such as:

- *"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]

Shared systems

Respondents felt that if centralised reporting was to continue, co-ordinated requests or a simplified and streamlined reporting structure would be beneficial to reduce the reporting burden.

In its response, the Edinburgh Community Health and Social Care Partnership noted:

> *"The requests for data and information added additional work into the system and it would have been better had there been a coordinated thinking around these requests."* [Edinburgh Community Health and Social Care Partnership]

Community Pharmacy Scotland raised another issue in its response around read and write access to data:

> *"Community pharmacists did not have read and write access (with patient consent), to the patient health record. This created a workload for community pharmacists and GPs, as time was taken up in emailing or posting details of*

care from CP to GP, which then had to be manually added to the patient record. This took up time which could otherwise have been spent on patient care. In addition, it created, and continues to create a patient safety risk where the patient may present for further treatment before their record is updated, meaning the clinician does not have an up to date record of care on which to make decisions". [Community Pharmacy Scotland]

Recommendations suggested by respondents include:

- *"Early agreement and clarity on a common set of defined data, ideally things we are already capturing, to be reported to a single source at a set and manageable schedule consistently throughout the winter period".* [Aberdeen City HSCP]

- *"Simplified performance reporting for primary, secondary and community based care, including reporting a single set of data from health and care partners to a single source rather than multiple requests at short notice from several requestors across the system, to multiple recipients in local systems."* [NHS Grampian]

- *"A national dashboard that recognises the whole system, inclusive of the legal duties carried out by the social work and social care workforce is essential to capture the demand both in acute and community settings".* [Edinburgh Community Health and Social Care Partnership]

- *"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]

- *"Single version of data i.e., coding practices and definitions of measurements for various parameters (activity, workforce, performance, root causes) vary significantly and hence it can be difficult to make decisions unless a deep dive has been undertaken."* [Public Health Scotland and Scottish Directors of Public Health]

- *"Provide IT systems that allow data to be collated and shared across partnerships where necessary for major events."* [Health and Social Care Moray]

Public messaging

A range of stakeholders suggested that public messaging is a vital part of winter planning. Respondents thought co-ordinated action from Scottish Government would be key to managing patient expectation, signposting and self help.

A number of submissions highlighted a perceived negative public discourse about health and care provision, noting a potential lack of understanding as to why accessing services seems to be more challenging.

Glasgow City Health and Social Care Partnership noted:

> *"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]

NHS Lanarkshire noted:

> *"It is unhelpful when the public messages suggest that people should be able to access services 'as normal' when it is known that the system is under so much pressure. As such, raising expectation at a time when services were as stretched as they were led to even more demand and some difficult behaviours from the public when they were unable to access services as they would have wanted to. This was particularly evident in relation to GP services."* [NHS Lanarkshire]

Suggestions for the Scottish Government centred on early and timely public information campaigns to:

- encourage alternative pathways to primary care,
- promote community resilience and prevention,
- promote self-help for mental wellbeing,
- promote awareness of all common winter infections and self-management techniques,
- manage expectation about what is deliverable within the current workforce and resource constraints,
- provide easy to access to and promote information on social work and social care in same way as NHS Inform, and
- provide information about Power of Attorney (PoA) help reduce demand from Adults with Incapacity (AWI) delays.

Digital solutions

Digital investment was raised in several submissions, with respondents recommending investment in technology to streamline processes and help ease the pressure on services and staff.

Some submissions highlighted that expansion of digital routes of access, such as 'Near Me[5]' and 'Connect Me[6]' would be beneficial, as well as operational oversight of such tools at board level. In its submission, Edinburgh Community Health and Social Care Partnership noted 'piecemeal' application dependent on individual services choosing to use these initiatives or not and *"As a result of which there has been duplication of effort across the services (e.g. having to fulfil IG requirements, which could be completed once for the health board), a lack of consistency and a lack of future proofing which has resulted in barriers to expansion of their use which would arguably improve patient access and release capacity in the system."* [Edinburgh Community Health and Social Care Partnership]

Social Work Scotland noted that suggestions to improve these already exist within Scottish Government strategy:

> *"There are developments and activities contained with Scotland's Digital Health and Care Strategy and its associated Delivery Plan that if appropriately supported and sufficiently invested in, could have a significant impact upon easing winter pressures, and support increased resilience. This includes, but is not limited to: the development of a Digital Front Door to allow access to wide range of self-served health, social work and social care services; greater use of digital telecare to support more proactive and preventative services; more widespread usage of Near Me to improve access to services and reduce wait times for interventions; and the federated collaboration of Microsoft 365 across services, making it easier for health, social work and social care staff to communicate and collaborate efficiently while securely sharing information."* [Social Work Scotland]

NHS National Services Scotland shared examples of digital solutions and improvements already in place to ease pressures:

> *"NSS supports H&SC services in delivering healthcare at-home solutions to reduce pressure on acute services. Additionally NSS is continuing to assist on delivering digital solutions to improve the effectiveness of patient care. Robotic surgery infrastructure has been delivered via our National Procurement approach increasing patient flow and reducing inpatient stay periods."* [NHS National Services Scotland]

Macmillan Cancer Support also highlight use of Once for Scotland approaches:

> *"Through the Centre for Sustainable Delivery, we are developing 'Once for Scotland' pathways to deliver additional capacity across Scotland, harnessing digital opportunities and new options to access and deliver patient care."* [Macmillan Cancer Support]

[5] Near Me is a video consulting service that uses the Attend Anywhere platform.
[6] Connect Me uses a person's own devices and sometimes small basic medical equipment to enable individuals to share information with health care professionals and/or automated monitoring services.

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