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23 October 2023

Dear Clare,

Winter planning 2023-24

Thank you for your letter of 21 September 2023. I am writing to respond to the questions asked following the Health, Sport and Social Care Committee hearing of 5 September 2023.

1. 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.

The Winter Plan, which we are publishing jointly with our partners in COSLA on 24 October, is the articulation of the huge amount of planning and preparatory work which has been underway across the whole system for several months.

The Scottish Government and COSLA have been supporting the system to be as ready as possible for the pressures it will face since the end of last winter, so that people can continue to access health and social care services and support when they need it most.

There are a number of key differences in our approach to winter planning this year.

- The planning cycle for this winter started in early Spring - earlier than ever before - and recognises that surges in demand for health and social care services do not only happen in winter.
- We issued a Delayed Discharge and Hospital Occupancy Action Plan to NHS Boards and HSCPs in March this year. The actions and best practice this outlines are critical to improving outcomes for patients, flow through the system and capacity in our hospitals. These fundamentals are reiterated in the Winter Plan and it is vital that the system focuses its efforts on adopting and sustaining those actions.

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- We have issued a self-assessment tool linked to the Action Plan which is being completed by NHS Boards and Health and Social Care Partnerships quarterly – the first returns came back at the end of June. We are analysing the second round of returns and addressing issues and gaps identified through that self-assessment directly with local systems.
- Additionally, we convened the first NHS and Social Care Winter Summit on 22 August. This Summit brought together more than 300 leaders from across the country to share best practice and local plans for this winter. Social care providers, local government leaders and the third sector were present. Views from all sectors were incorporated into our winter planning following the Summit.
- We held a round table meeting with social care representative bodies, including CCPS and Scottish Care, in September to gather their feedback on the draft Winter Plan.
- We also issued a winter preparedness checklist to local systems in September and have subsequently been taking action on returns from that checklist, ensuring we have a clear understanding of risks to the system both locally and nationally.
- Additionally, we have vastly improved the quality of the data and reporting needed to support local and national assurance and help us and the system spot issues as they begin to emerge, and for us to understand when escalation is appropriate.

Our approach this year has built on our response to previous winters, including the most recent, where we adopted a whole system approach to managing the extreme and unprecedented pressures we experienced. Last winter, we saw unacceptable waits for ambulances, queues of ambulances outside A&E, long delays in A&E departments, high levels of hospital occupancy, high levels of delayed discharge, high levels of unmet need within our communities, increased demand for GP appointments and increased demand for social care packages and assessment.

Local systems, and the individuals and organisations that work within it to deliver health and care to our most vulnerable individuals – worked hard to meet high levels of demand and ensure people received care when they needed it most. However, we know that complex challenges remain and there is still work to be done to ensure people can access the care they need. I trust though that Committee is assured of the early and proactive approach to winter planning we have adopted this year.

2. 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.

It is our intention that in future years, we undertake surge planning on an ongoing basis given the sustained pressure the system is under year-round, rather than with a specific focus on the winter months.

This Winter Plan clearly seeks to address the specific operational pressures experienced across the health and social care system over winter. We continue to engage separately with COSLA, local government, care providers and other key partners on the wider improvement and reform of social care, as part of the ongoing engagement in development of the National

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Care Service (NCS). Establishing the NCS is an investment in those who deliver and receive social care support. Stakeholders and people with direct experience have repeatedly told us the system needs to change to address standards and consistency across Scotland.

Winter planning takes place within the context of wider NHS Board Planning, and all NHS Boards produce Annual Delivery Plans based on Scottish Guidance. These set out the setting out how Boards will deliver operational priorities and key actions, with 2023/24 planning being intended to move planning forward from the volatility of the pandemic and make further progress along the path towards recovery and renewal as set out in *Re-mobilise, Recover, Re-design: the framework for NHS Scotland*.

Our primary focus for annual planning continues to be on our areas of recovery and immediate improvement. Alongside this, we need to set out a common approach for the long term reform of the NHS to improve population health and system sustainability to meet the needs of our diverse population of Scotland. This includes the work on our NCS, alongside how we attract the best people to work in our services, and deliver on our person-centred health and care approach which seeks to improve health, reduce waste and build in greater levels of prevention and early-intervention.

In the coming months, we will be working with key partners across the Health and Social Care landscape to continue to shape and refine our approach. Our focus will be on delivering change; the challenge set out in the Independent Review of Adult Social Care, and many reports before it, that acknowledge world-leading policy and strategy, so our focus will be on how we deliver this with our partnerships, health boards, workforce, Royal Colleges, and other key stakeholders.

3. 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.

I trust that the answer given to point 1. above addresses this concern. This year's Winter Plan is far more whole-system focused than in previous years, and testament to that is the support we have received from COSLA in development and joint publication of this plan. We are aware, of course, of concerns from Scottish Care and CCPS in particular that social care is not fully represented in our winter planning. The sector has been fully engaged throughout as set out above, and the plan has been drafted incorporating comments from them and other stakeholders, as well as from COSLA, Chief Officers and Local Authority Chief Executives.

Longer term, our joint work towards establishing the NCS is the answer to the sustained and unsustainable challenges we know are facing our social care system this winter and beyond, and will have benefits for our healthcare system too.

4. 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

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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.

Priority 8 in the Winter Plan is to **Prioritise care for the people in our communities who need it most**. This acknowledges that some people are more vulnerable to the pressures and challenges brought about by winter, the colder weather, and Covid-19. The Plan recognises the issues of the cost of living crisis and of poorly heated homes as a driver of poor health and almost £3bn has been allocated during the ongoing cost of living crisis to tackle poverty and protect people as far as possible. This includes £350 million this year for heat, energy efficiency and fuel poverty mitigations.

Unpaid carers, alongside other community-based health and social care services, play a vital role in supporting people to live well at home. Ensuring safe, effective person-centred care through an integrated and co-ordinated health and social care approach which accounts for the vital contribution of unpaid carers is critical year-round, but particularly over winter, and there are actions we expect to be undertaken to support this vital group of around 800,000 people over winter and indeed year-round.

5. 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.

To deliver on our commitments, we have put in place a national governance system with strategic oversight across health and care to recognise and mitigate evolving risks (including system pressures), maintain a flexible approach, and enable an effective response and support to whole-system winter pressures. Governance arrangements to facilitate this request are as follows:

- The Chief Operating Officer for NHS Scotland and Director for Social Care Resilience and Improvement, supported by Health and Social Care Directors and COSLA Officials, will report to Ministers and COSLA Leaders on progress of addressing whole-system pressures throughout the winter period.
- A Whole System Oversight and Planning Group (WSOPG) has been in place for several months and has met on multiple occasion. This is co-chaired by NHS Board Chief Executives, LA Chief Executives and Chief Officers and has strategic oversight of health and social care pressures through the winter period.
- Where further assurance and escalation for joint decisions between Scottish Ministers, COSLA and the Co-Chairs of the Whole System Oversight and Planning Group on the deployment of options that support the resilience of Health and Social Care are required, a Collaborative Response and Assurance Group (CRAG), co-chaired by the Cabinet Secretary and COSLA Health and Social Care Spokesperson, will be stood up.
- A Whole System Improvement Group (WSIG) co-chaired by the Minister for Social Care, Mental Wellbeing and Sport and the COSLA Health and Social Care Spokesperson is being stood up to look at medium- and longer-term solutions and innovative approaches, which will be fed into the CRAG as appropriate should those potential solutions have merit to address the short-term challenges of winter surge. Membership of this group includes Scottish Care, CCPS and other valued stakeholders, as well as the Office of the Chief Social Worker to ensure a whole system approach.

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- The third and voluntary sectors and organisations representing unpaid carers will be integral to these governance structures to assist with identification of issues and co-production of solutions
 - In addition, established National Incident Management Plans will enable a multi-agency team including the Scottish Government and COSLA to assist Boards and HSCPs in responding to any emergencies or major incidents through established procedures. This will include a shared escalation plan between the Scottish Ambulance Service and NHS 24 for early identification and management of surge and risks.
- 6. 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.**

We remain firmly committed to addressing health inequalities in Scotland, especially in view of last year's Inquiry and its findings. The Committee will be aware that tackling inequality and poverty, and improving people's wellbeing are key priorities in the Scottish Government's policy prospectus, published in April, "New Leadership – A Fresh Start", which has a clear focus to target and deliver for those communities who need it most.

We are working closely with our key stakeholders, including Public Health Scotland, to develop and implement a systematic approach to embed consideration of health inequalities across government - including our actions in response to the inquiry. This work will include developing a toolkit and associated guidance for key stakeholders - aligning with other similar approaches being taken across government, and promoting a more robust approach to assessing the impact of our policies. We will develop appropriate monitoring and evaluation processes to assess the impact of this work.

The Committee should also note that we are taking forward a programme of work to create a system that better aligns with local needs. This includes a range of work to support local level action to improve health and wellbeing and reduce health inequalities, with a long-term preventative focus. Through all this work we are seeking to mitigate against the drivers of health inequalities.

We recognise that access to health and social care can be more challenging for patients who experience social and economic disadvantages that cause health inequalities. We know that general practice has unique capacity to address entrenched health inequalities. We are actively exploring how to maximise that potential and deploy resources across practices most effectively.

One of the aims of new Inclusion Health Action in General Practice investment, which we announced in April this year, is to help practices in Glasgow's most deprived populations tackle barriers to accessing healthcare. We continue to work with stakeholders to realise the unique potential of general practice, at the heart of our communities, to tackle the consequences and the causes of health inequalities.

We remain committed to supporting Community Link Workers, and their role aligns strongly with the Prospectus 2023 missions on Equality and Community and in the Programme for Government we committed to "work with local areas to ensure vital, specialist service

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provision such as Community Link Workers is configured and stabilised in response to evidenced local population need.”

Eighty per cent of practices now have access to a Community Link Worker. Community Link Workers are an established component of multidisciplinary teams in primary care and are central to ensuring that people get the right care at the right time. Community Link Workers are fundamental to our efforts to tackle health inequalities.

We have provided up to £1,300,000 of new Inclusion Health Action in General Practice funding to general practices in NHS Greater Glasgow and Clyde with the highest levels of poverty and disadvantage. This is to enable practices to take practical actions to tackle challenges they are facing in relation to health inequalities within their patient populations. We are working with a Reference Group of key stakeholders to respond to the far-reaching recommendations in the Primary Care Health Inequalities Short Life Working Group report, which was published in March 2022. Those recommendations will have a sustained impact on health outcomes, especially for those facing the most significant barriers to good health

7. 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.

Priority 3 within the Winter Plan is a commitment to **Focus on recruitment, retention and wellbeing of our health and social care workforce.**

Under this priority sit a number of strategies which recognise the value of our highly skilled and committed workforce and aim to nurture and grow the workforce in both health and social care over the long term.

The Scottish Government, in partnership with COSLA, published the [National Workforce Strategy for Health and Social Care](#) in March 2022, which sets out our long-term strategic approach to delivering a sustainable, skilled workforce, with attractive career choices, where all are respected and valued for the work that they do. The strategy is built on a five pillar framework: Plan, Attract, Train, Employ, Nurture. It is through this framework that we undertake our strategic planning and delivery activity for the workforce, including not only our supply planning and recruitment activity, but our training and development activity to support maximising skills, capacity and flexibility within the workforce. At a health board level, workforce recruitment and development priorities, which are informed by the National Workforce Strategy, are reflected in their Annual Delivery Plans.

8. 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

Over the course of the last two winter periods, we have sought to progressively build workforce capacity and resilience, taking forward priority recruitment activity to expand the workforce in areas most susceptible to the emergence of extreme pressures, including both in acute settings and in the community. To assist with A&E pressures, with occupancy levels, with managing delayed discharge, and enhancing community based healthcare, in Winter 2021 we recruited an additional 1,000 health care support workers across Scotland, supported by recurring funding to permanently enhance capacity. We also trialled a new approach to international recruitment in 2021, successfully recruiting an initial cohort of over

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200 international nurses, before expanding this activity in 2022, by recruiting a further 800 nurses, midwives and Allied Health Professionals (AHPs). Limited further funding has been made available in 2023 to continue with this approach, and to build on the 1,000 international staff already successfully recruited.

In addition to strategic recruitment activity, we have sought to enhance workforce flexibility, efficiency and resilience through progressively updating and modernising a whole suite of workforce policies. These support, variously, recruitment to Staff Banks across Scotland, the recruitment and deployment of healthcare students, and retire and return arrangements to support those clinicians with the most experience to work with us for longer, in roles appropriate for the stage they are at in their careers. We continue to support efforts to ensure that all health boards are using this suite of policy flexibilities consistently, on a Once for Scotland basis, and these are of course available to health boards to make use of year-round.

Going forward, we will continue to deliver the activity set out in the Workforce Strategy's Action Plan. In doing so we will continue to consider not just overall staffing numbers, but workforce configuration, and the reform of service delivery to maximise capacity and deliver person-centred care in appropriate settings, such as through the on-going delivery of our expanded Hospital at Home services.

The Scottish Government is acutely aware of current workforce and workload pressures within Social Work and remain committed to continued joint working with COSLA, Social Work Scotland and the Scottish Association of Social Workers to address short- and longer-term recruitment and retention challenges.

A Workforce Improvement Plan was developed to address the recruitment and retention challenges facing the Social Work profession which include, developing national workforce planning. This will facilitate and accurately model future demand for services as well as the resources needed to meet that demand. Other initiatives include:

- Maintaining a Reserve List of social workers with a view to refreshing the current scheme
- Reviewing pay disparities aligned with a framework that remunerates qualifications and experience alongside a defined career pathway;
- Facilitating international recruitment and,
- Improving access to SW education.

In addition to longer term planning, a Joint Social Care and Taskforce was established to deliver further improvements on priority issues for the social work and social care workforce. The social work initiatives being considered by the Taskforce include investment in the student infrastructure and the "Grow your own" scheme.

Our proposals for the NCS includes the establishment of a National Social Work Agency which will also support and invest in the profession by providing national leadership, raising the status of social work as a profession and considering the future needs of the workforce.

From 2021-2023, the Scottish Government provided the Scottish Association of Social Work (SASW) with £200,000 to invest in a Social Work Professional Support Service to provide peer support for career development, promote wellbeing, and the development of a stronger professional identity.

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Enhanced wellbeing support services, have been in place, including the National Wellbeing Hub which is currently being considered for a further extended period. The Hub includes resources specifically for social workers and to support home working.

9. 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.

NHS Boards submit three year financial plans each year setting out expected resource requirements. This includes winter pressures. A separate winter return is also completed and returned to Chief Operating Officer of NHS Scotland. We work closely with the system to understand current pressures and opportunities. We are committed to updating the Health and Social Care Medium Term Financial Framework, this will be complete in 2024. Scottish Government has already published its Medium Term Financial Strategy.

10. 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 longstanding commitment to publish an updated Medium Term Financial Framework for health and social care.

We provide a number of forward looking commitments, for example the commitment to increase social care spending by over 25% over the course of this parliamentary term. Budgets are set annually by UK Government, therefore we cannot make multi-year spending commitments across all areas without a change from the approach by UK Government. We are committed to updating the Health and Social Care Medium Term Financial Framework, this will be complete in 2024. Scottish Government has already published its Medium Term Financial Strategy.

11. 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.

The Winter Plan sets out the range of measures that have been assessed over previous years that we, COSLA and system leaders believe to be the most effective in achieving our joint aims of ensuring safe and timely access to health and social care for people when they need it, and of building capacity to meet demand and reduce pressure on our systems and our workforce.

To give two examples of measures we have previously deployed and evaluated, in January 2023, NHS Scotland Chief Executive Caroline Lamb and Sally Loudon, Chief Executive of COSLA issued instruction for NHS Boards, IJBs and HSCPs to work together to undertake a focused and rapid discharge intervention to ensure as many people who were delayed in acute settings when they clinically no longer needed to be there as possible were discharged safely. Data over this period demonstrated this had an impact on delayed discharge figures

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in the short term, but that longer-term, this was not sustained. Monitoring data on a daily basis provides us and the system with an overview of whether measures are working, and working sustainably, or not.

In addition, last winter Scottish Government provided £8m additional funding for interim care beds as a short-term solution for Boards and HSCPs to move people who were awaiting discharge from hospital but could not be due to a lack of social care and/or social work capacity to free up hospital bed capacity and improve flow. This option is not off the table this year, however, from our evaluation we know that to be effective, communication with staff and early discussion with individuals and their families and carers is critical. A further learning was that this solution must be deployed early enough in the financial year for the system to utilise the beds effectively. Both of those lessons have been taken on board and the potential for interim bed provision is currently being considered alongside a package of other possible interventions should those be needed.

12. 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.

To inform our approach moving forwards, we undertook a comprehensive exercise to understand the lessons learned from last winter which focused on the development, delivery, and governance of the published actions. The report makes several recommendations which have been considered and incorporated into the current winter planning work.

The report highlighted that some actions and interventions had greater impact than others. However, even those with lower impact were still instrumental in building the resilience of the system to respond to surges in demand so should not be discounted. For example, Scottish Government made additional funding available for international recruitment in October 2022. We have learned that earlier communication of this intervention may have allowed local Boards and Partnerships to begin recruitment so that this could provide additional capacity in time for winter. For this year, we have worked with partners to bring forward recruitment campaigns.

Ahead of finalisation of this Winter Plan, we asked local systems to undertake a state of readiness check. We are now using the outputs of this checklist along with the Delayed Discharge and Hospital Occupancy Action Plan self-assessment returns (both referred to at Point 1. above) together with dashboard data (see Point 13.) to create a holistic system overview of what is working and what is not, and provide targeted and tailored support to those areas identified as having scope to improve and increase resilience. This approach also encourages benchmarking across and within the system, and identification and sharing of best practice between areas.

As we come out of winter there will be an evaluation of winter that will help future planning. Details of this are still being developed.

13. 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.

As part of our winter planning and work to support system resilience we are deploying two new dashboards, one on Social Care and the other covering Whole Systems data, with 25

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and 35 indicators respectively. These dashboards utilise both published data and management information and will allow for national and local level comparisons, identification of trends across a range of indicators and, support timely deployment of targeted interventions as pressures increase. Engagement with stakeholders will continue over the winter which will help inform ongoing development and use of these two dashboards.

14. 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.

We have worked with health boards, health and social care partnerships and local authorities to have data sharing agreements signed for specific internal management information. This covers data on specific health and social care indicators such as delayed discharges, outstanding assessments and admissions and discharges within hospital wards. This data sharing agreement allows partnerships and boards to understand how delivery compares across Scotland on those measures and help facilitate discussions on best practise within health and social care delivery.

15. 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.

In line with the collaboration that has supported the development of the Winter Plan, communications professionals across the Scottish Government, Public Health Scotland, NHS 24, Scottish Ambulance Service, local health boards, local authorities and other stakeholders are working closely together this winter. This involves development of a communications strategy that identifies the key messages and how these will be delivered through the three categories of paid media (advertising), earned media (media relations and partnerships) and owned media (communication channels operated by the health and social care organisations such as social media accounts or newsletters).

The communications activity will focus on increasing awareness among the public on the options to gain the right care in the right place. For example, messaging will focus on what type of medical need each element of the health service is there to support. This will extend from self-care via NHSinform.scot, advice from local pharmacist through to use of General Practice or NHS 24 for urgent care and 999/A&E for life-threatening emergencies. The lessons from the evaluation of the 2022 Right Care Right Place campaign have been applied to the activity for 2023. There is a prioritisation placed on messaging that says, “this service is for x” in place of “this service is busy please consider an alternative” and building in advice relating to the actions to be taken if an individual has a respiratory infection. The 2023 Right Care Right Place campaign restarted on 12 October 2023 and will be active until the end of November. This will be followed by the winter preparedness campaign by NHS24 during December.

16. 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

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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.

The information from the data dashboards referred to at Point 13. above will be reviewed by the Winter Communications Group to identify any key trends and changes to key messages where required. Analytics from digital advertising, social media activity, NHS Inform analytics and call trends to NHS24 will be used to assess the impact of messaging as it is being delivered and identify topics that require additional focus.

17. 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.

We recognise that the use of digital in health and social care is a choice, and that non-digital options must remain available. However, for those who choose to use digital services, this can offer flexibility and access to support and services when needed, as well as greater empowerment. Digital can therefore also reduce pressures on Scotland's health and social care system overall, by providing the information that people require when they need it; and support in the home, in a care home, or in local communities, rather than in a hospital or other clinical setting.

The soon-to-be-published General Practice Access Principles will recognise the role of digital resources in supporting to meet people's need to access general practice services at all times, including during winter.

A number of services have been operational for several years, with additional major programmes under way to deliver the ambitions of Scotland's [Digital Health and Care Strategy](#), published jointly by the Scottish Government and COSLA, which have been included in our approach to winter planning and are set out below. The Strategy's recently published [Delivery Plan 2023-24](#) is supported by [use cases](#) that illustrate how people's experiences will be improved by successful implementation of digital services and support. Telecare is currently the most common form of care and support provided in Scotland supporting around 180,000 people. The **Near Me** service has expanded significantly in recent years and continues to achieve some 40,000 online consultations each month. The service offers flexibility and convenience to those who face lengthy, inconvenient, or expensive journeys and to date has saved some 60 million travel miles. More recently, the service has been expanded into local community hubs and libraries, providing additional accessibility for those who may not have online facilities through cost of living pressures, or lack of a private space at home. Use of group consultations has also grown in the past year, with 8,000 group sessions involving 35,000 participants.

Connect Me allows people to provide information about their wellbeing in a variety of ways such as text message, an app, online, automated telephone call, or through their routine appointment. The service offers an extensive library of support choices for a range of health conditions. It has supported over 80,000 people with hypertension alone and aims to support up to 500,000 people by 2025. Conditions supported through Connect Me also include prostate cancer, heart failure and respiratory conditions.

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Digital mental health therapies offer people access to support whenever required, with 29 computerised Cognitive Behavioural Therapy (cCBT) treatments now available, some without the requirement for referral from a medical professional. There have been some 71,000 digital mental health therapy referrals in the past year. We have also increased access to internet-enabled cCBT so that people can speak to a mental health professional online – this can be helpful for those who need out of hours support or find it difficult to attend in person.

NHS inform remains by far the most used digital resource, averaging some 10 million page views each month. In recent years, its content has expanded and accelerated considerably as it continues to provide round the clock access to publicly trusted health information, providing a gateway to services, and promoting greater self-management, thereby alleviating pressure on the health and social care system. Its recent online offering includes vaccination services information, Mind to Mind digital mental health information, Women's Health, Surviving Suicidal Thoughts, and Breast and Cosmetic Implant Registry. We are currently reviewing this national asset with NHS 24 to ensure that it continues to meet future requirements and continues to support improved choice and access to services.

Communications activity will signpost to NHSInform.scot which publishes a number of self-help guides which can be used for common winter illnesses. Use of these resources will reduce the demand placed on other services such as NHS 24 111 or General Practice as the public will be able to access approved medical advice without the need to interact with a health professional and free up capacity for more complex cases or those who are not able to access online information.

We are trialling a new, national approach to **theatre scheduling**, using digital technology to achieve an estimated 15 to 30 per cent increase in theatre availability, and a reduction in surgery waiting times year on year. The initiative is currently live in three Health Boards and discussions are taking place with Health Boards for national scale up and adoption. Naturally, we recognise the central importance of equipping our staff with the skills and confidence they need in working digitally to better support the people they care for. The roll-out of **Microsoft Office 365** across our health and social care system supports multi-disciplinary team working and improved communication, collaboration, and the sharing of information. From implementation across the NHS in Scotland in 2022, our work with the Local Government Digital Office has seen federated access between the NHS and local authorities go live in six Council areas, and will be rolled out further this year.

The **Digitally Enabled Workforce Programme** hosted by NHS Education Scotland focuses on education and learning to ensure staff are fully equipped in their understanding and use of technology. The [Digital Leadership Programme](#), previously open to Nursing, Midwifery and Allied Health Professionals, has been expanded to other professions across health and social care. This year saw the launch of Scotland's first MSc qualification in Leading Digital Transformation in Health and Care in partnership with the University of Edinburgh, with 50 applicants successfully enrolled.

Looking to our future development work that is already under way and will deliver the ambitions of the Digital Health and Care Strategy, I would highlight the Digital Front Door; and our work in ensuring the effective use of data and its efficient sharing across the health and care system to improve services, improve individuals' care experiences, and achieve

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insight in developing new treatments, methods and services – as well as reducing pressures on services.

The **Digital Front Door** currently in development will be a key component in supporting people's access to their own health and social care information, and in engaging with health and social care services, either through an app or online. It will provide greater convenience and control, including communication with health and care providers and services, and updating information such as managing appointments. We have commissioned NHS Education Scotland as the main delivery partner for this work and we expect the Digital Front Door to be delivered by the end of the current Parliamentary term in 2026.

We continue to plan for the digital and data requirements of the **NCS**, including consideration of what is required to deliver a nationally consistent integrated record across Scotland's health and social care sector, providing professional access to personal health and social care information for the improved delivery of care. This work is being developed jointly between the Scottish Government and COSLA and will be a key enabler of the NCS, supporting ethical commissioning, regulation and improvement, workforce planning and, ultimately, supporting people to live fulfilling, independent lives.

This year saw the publication of Scotland's first [Data Strategy for Health and Social Care](#), setting out within the overall Digital Health and Care Strategy how we will increase and improve the secure sharing of data across Scotland's health and social care system, and maximise the opportunities available from high quality, timely data used for insight, quality improvement, planning, and research to develop new methods and treatments.

Our Data Strategy for Health and Social Care is underpinned by a dedicated **National Information Governance Plan** that will provide a strong assurance framework both for the public and for those managing and controlling data to do so more effectively. Using management information more effectively through improved data sharing across our systems will provide decision-makers with the insights they need in improving the delivery of services and address the kind of challenges we currently see. Information sharing will be further enhanced with the recent development of the **Seer 2.0 information platform**, due for launch before the end of this calendar year. This will enable ready access for those delivering health and social care services and ensuring that timely, fit for purpose data is readily available.

I trust that the information provided sufficiently answers the Committee's questions.

Yours sincerely,



MICHAEL MATHESON

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