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To: Local Authority Leaders,
Chairs & Vice Chairs Integration Joint Boards
Chairs NHS Boards

CC: Local Authority Chief Executives & Directors of Finance;
Health and Social Care Partnership Chief Officers
NHS Territorial Boards Chief Executives;
NHS Territorial Boards Directors of Finance;
COSLA Chairs; Chief Social Work Officers;
NHS Territorial Boards Nurse Directors;

via email

12 October 2022

Dear Colleagues

Supporting our Health and Social Care System

You will no doubt be as concerned as we are about the pressures currently being experienced by the NHS and Social Care system across Scotland. We are in a precarious position and must make every effort to maximise capacity to ensure resilience of these services, as we head into winter. We know this is a shared concern and we are very keen to get in the room with key COSLA and Solace representatives to work together on this collectively, as a matter of urgency. However, given the urgency of situation we feel there are a number of actions we have already identified as necessary.

In conversations with health and social care partnerships, we have heard many examples of good practice and are aware of a range of interventions being applied across the country to address these challenges. However, we are also aware that these evidence based good practices are not yet being applied consistently, and we now need to see an acceleration in spreading and scaling these evidence based good practices across the country.

Therefore, my officials have reviewed interventions and activities already being implemented in part by Health Boards, Local Authorities and Health and Social Care Partnerships; the Winter Pressures Funding Quarterly Key Performance Indicator returns; and wider improvement work across Scotland. The interventions set out in **Annex A** have been shown to have a positive impact.

We must now redouble our efforts and we ask for your support in immediately implementing all of the listed actions, to tackle the challenges that are being faced.

Funding to support the demands of winter pressures, particularly in supporting capacity for Social Care, are set out in **Annex B**.

Assurance and Oversight

We recognise both the need to support each other, and the importance of good information to support our actions. For this reason, we want clearer assurance of the readiness of local planning and resourcing and evidence that winter pressures funding has had any significant impact on system pressures is unclear. In particular, we seek assurance that all possible action is taken to ensure a rapid reduction in the number of patients delayed in hospital who no longer have a clinical need to be there.

An invitation to attend a meeting will be issued in the coming weeks, which will offer an opportunity for us to meet with you to collaboratively gain the necessary assurances that these actions are being effectively implemented across the country. These meetings will also offer opportunity to agree how we can work together to identify solutions to the pressures being faced.

In addition, we ask for your support in ensuring that that social care data relating to outstanding assessments and hours of unmet need at Local HSCP level are made public. This reasoning behind this release of data, currently classified as “management information” is threefold:

- a) The data is regularly shared internally and is FOI-able, and pro-active publication is always preferable;
- b) If we are looking at pressures across the whole system, the lack of social care data hampers decisions about where investment is required to ease patient flow;
- c) It will assist Integration Joint Boards and Local Authority Leaders’ understanding of the risks being carried at a local level.

A programme of work is underway to review these data in more detail with Health and Social Care Partnerships and Public Health Scotland, to improve the quality, completeness, accuracy and consistency of these data.

The current situation requires immediate action to minimise the increasing the impact of pressures on the NHS and Social Care system. By working collaboratively, we can seek to ensure that the system has capacity to serve the people of Scotland approaching winter.

Yours sincerely,



HUMZA YOUSAF



SHONA ROBISON

All Health Boards, Health and Social Care Partnerships and Local Authorities **must renew their focus on the following actions:**

- Home First
- Discharge without Delay (Use of Planned Date of Discharge [PDD] compulsory)
- Criteria Led Discharge
- Hospital to Home transition teams with re-ablement focus / Discharge to Assess
- Hospital at Home
- Anticipatory Care Plans
- Effective End of Life pathways in strong collaboration with our Hospice colleagues.

Additional Measures to support improved flow.

In addition, we will require **Discharge co-ordination to be extended to all Emergency Departments.** It is our view that placing a Discharge Co-ordinator, as a single point of contact (SPOC) to arrange rapid discharge from ED, enables ED staff to focus on seeing and treating patients in the department. This co-ordinator role will take responsibility for co-ordinating community support to enable swift decision making at the front door to prevent admission where it is safe to do so. Arranging discharges from ED can take considerable clinical time, which will be released by having a focussed Discharge Co-ordinator on site.

Support for Care Homes: Building on the successful support provided to care homes during the pandemic; Care Homes must be supported by having timely access to professional support and clinical advice (particularly in the OOH period) to enable admission prevention and more planned interventions to keep residents safe in their own home. This includes proactive contact on at least a weekly basis to discuss any residents the care home staff are concerned about and agree a plan of care and interventions if these should be required. This prevents unnecessary ED attendances, which are distressing for residents.

Increase care and support in community by increasing / supplementing workforce:

- Work with local **college and HEI student workforce** to offer holiday shifts and regular part time contracts, Medical students as support workers for medical teams (NHSAA example);
- **Invest in and fund local voluntary and third sector** organisations to support care@home teams and provide practical support to people who are ready for discharge, and across the wider community. This practical support (previous home help role for example) is not the provision of personal care, which would be inappropriate for volunteers. This support

will release time for care@home staff. Some HSCPs have already focussed on this intervention with good impact.

Increase capacity in social work teams, including retirees. There is an urgent need to focus on assessments and reviews in order to ensure people are receiving the right level of support and release potential capacity in the care system. This includes the wider MDT and key staff such as OTs and OT assistants, and MHO roles to focus on AWI / guardianship processes.

Commission beds in care homes as NHS beds to support transfer of care from hospitals to release capacity. This must be supported by re-ablement so that people move on to their correct destination. Some HSCPs have already addressed this and will have learning for others, which we will document and share across the system. Identify designated beds within current footprint. This would enable focussed care for patients experiencing delays with a different model of staffing to meet their care needs, including a focus on re-ablement using OT assistants. This could reduce the care@home demand in the longer term.

Streamline processes for patients on the AWI / Guardianship pathway. There are opportunities to streamline this pathway and ensure that all elements of the process are completed in a timely manner. Discussions are currently under way with the Director of Mental Health that will enable guidance to be given describing the required practice to move any patient from a hospital bed. Guidance is targeted at those areas with the highest AWI delayed discharges. SG officials will continue to meet with these areas to pinpoint and offer assistance in easing their particular difficulties, which differ in each area. A decision to move under AWI MUST be focussed on the individual and each patient must have their own assessment, which agrees the move is in their interests (jointly by MHO and clinician).

The use of NHS commissioned / procured beds may be possible. This was attempted a few years ago by NHS GGC, resulting in reversal of their position following a court case brought by the Equality and Human Rights Commission (EHRC), with the support of the Mental Welfare Commission (MWC). The support of the EHRC and the MWC will be essential to ensure the rights, will and preferences of the person are respected. Officials will be meeting both organisations to explore this.

Funding

In addition to the £300m allocated in 2021/22, additional funding has continued to be allocated to support the demands of winter pressures, particularly in supporting capacity for Social Care.

This funding for 2022-23 is aimed at the following measures:-

- £124 million to enhance care at home;
- £20 million to support interim care arrangements;
- £40 million to enhance multi-disciplinary teams;
- £30 million for Band 2-4 recruitment;
- £144 million for the full year impact of the pay uplift to a minimum of £10.02 per hour in adult social care commissioned services;
- A further £200 million in 2022-23 to uplift adult social care pay in commissioned services to a minimum of £10.50 per hour, as well as providing non ring-fenced additional support to the sector.

You will be aware that the UK Government held a fiscal event on 23 September 2022. Scottish Government has committed to reviewing the 2022/23 budget in light of this and will follow up with more detail on this in the coming weeks.

It is crucial that you review the available funding allocation to consider how it can be appropriately directed to alleviate the current pressures, including targeted recruitment to the sector. The funding must be used for the purpose in which it was awarded and must not be redirected to other pressures, which do not meet the aims of increasing capacity in the community, reducing delayed discharge, or increasing care at home services.

I appreciate that some Authorities may have concerns over the impact of recruiting, when a recruitment freeze exists in other areas of your Authority. I reiterate that local recruitment freezes or delays must not inhibit recruitment to the Social Care sector. All mechanisms for recruitment should be utilised, including collaboration with your Local Employability Partnership and cross partnership working with other Authorities.

Purpose of Funding

The funding is part of measures being put in place to support current system pressures. It is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response. In particular, this funding is available for the following purposes:

- i. standing up interim care provision to support significant reductions in the number of people delayed in their discharge from hospital;
- ii. enhancing multi-disciplinary working, including strengthening Multi-Disciplinary Teams and recruiting 1,000 band 3s and 4s;
- iii. expanding Care at Home capacity; and
- iv. expanding support for unpaid carers.

The spend will be monitored against the above measures in the form of expected quarterly reports using outcomes and Key Performance Indicators contained in the Schedule 1-3 attached to this letter. A template was provided to enable this to be done consistently and as easily as possible.

Ministers are seeking significant reductions in delayed discharge, with an early return to the levels that were sustained in the nine-month period up to August this year.

Distribution of Funding 2022-23

The £20 million for interim care and £124 million to enhance care at home capacity were made available to support permanent recruitment and longer term planning. This additional funding was distributed to local authorities via the 2022-23 Scottish Local Government Finance Settlement on a GAE basis, with a requirement to be passed in full to Integration Authorities.

The £40 million to enhance multi-disciplinary teams and £30 million for Band 2-4 recruitment is to cover the period from 1 April 2022 to 31 March 2023 and will be distributed via NHS Boards.

It will be up to Chief Officers, working with colleagues, to ensure this additional funding meets the immediate priorities to maximise the outcomes for their local populations, according to the most pressing needs. The overarching aim must be managing a reduction in risks in community settings and supporting flow through acute hospitals.