

U zvtSçXv;vçr }Y vr }Sy D dçtz }Trçvr;u1  
TyzwW<vtçSz' v1\_Y ddtçS}ç;u1  
arç }Xçr<1  
1  
1  
1  
eKABDB>CEEICHJAIII  
VKluxyftQ xç ' çftçS



Ms Jenny Marra, MSP  
Convener  
Public Audit and Post-Legislative Scrutiny Committee  
The Scottish Parliament  
Edinburgh  
EH99 1SP

20 October 2016

Dear Ms Marra

Following the meeting of the Public Audit Committee on 15 September, you wrote to me about three commitments I made to the Committee.

**Electronic patient record**

I asked Professor Andrew Morris to write to the Committee with a detailed outline of the current position of the electronic patient record and this is attached. Please let me know if the Committee would like more information.

**National Review on Targets and Indicators**

The Committee asked to be informed about the National Review on Targets and Indicators for Health & Social Care. Sir Harry Burns is chairing the review and we expect to receive his initial recommendations in March 2017. You may be aware that Sir Harry has been invited to the Health & Sport Committee on 15 November to give evidence about the review of targets. I can confirm that we will inform both Committees when we get Sir Harry's report.

**Section 23 report – Changing models of health and social care**

The attached Annex provides my response to each of the recommendations of the Audit Scotland report on Changing Models of Health and Social Care. I will be happy to provide further details if the Committee would find that helpful.

If members would find it helpful to visit a Partnership to see directly how integration is being implemented, please contact my office; my officials would be pleased to offer any support to make such arrangements.

I hope this is helpful but please get in touch if we can provide any further information that would be of use to the Committee.



**Paul Gray**

## Responses to the recommendations of the Audit Scotland report

**1. The Scottish Government should provide a clear framework by the end of 2016 of how it expects NHS boards, councils and integration authorities to achieve the 2020 Vision, outlining priorities and plans to reach its longer-term strategy up to 2030. This should include the longer-term changes required to skills, job roles and responsibilities within the health and social care workforce. It also needs to align predictions of demand and supply with recruitment and training plans.**

The integration of health and social care, the National Clinical Strategy and our work on population health provide the basis for delivering the 2020 Vision and our longer-term strategy up to 2030. Taken together, these strategies will support the workforce developments that need to be put in place to support the 2020 vision. I will set out my plan for bringing the delivery of these policies together as a single framework by the end of this year.

On workforce specifically, I have committed to publishing an outline national healthcare workforce plan by December 2016, to be followed by a first iteration of a full national healthcare workforce plan by Spring 2017. We continue to work with partners and stakeholders to develop and up-skill the social care workforce and to improve recruitment and retention. Registration with the Scottish Social Services Council (SSSC) is resulting in a significant increase in the proportion of that workforce who hold or are working towards accredited qualifications, from around 20% in the early 2000s to approximately 50% this year. People working in care at home and housing support services (potentially another 30% of the overall workforce) will come into the scope of registration over the next few years. In addition, our transfer this year of £250m from health funding to support investment in social care includes paying adult care workers the Living Wage from 1 October.

**2. The Scottish Government should estimate the investment required to implement the 2020 Vision and the National Clinical Strategy.**

I have set out above that we will publish our plan for bringing together delivery of these policies by the end of this year, and I will include in that further information on required investment. The context for these improvements is our total expenditure on health and social care, all of which should be geared towards successful implementation of the 2020 Vision and National Clinical Strategy. Within current resources, the Committee will wish to note that we are already enabling a shift in the balance of care with our transfer this year of £250m from health funding to support investment in social care, and, over three years from 2015-16 to 2017-18, via the Primary Care Fund (£85m), the Integrated Care Fund (£300m), additional funding to tackle Delayed Discharge (£100m) and funding for technology enabled care (£30m).

**3. Support new integration authorities making the transition from focusing on structures and governance to what needs to be done on the ground to make the necessary changes to services.**

The Improvement Hub at Healthcare Improvement Scotland is providing practical support to Health and Social Care Partnerships as they move into implementation of their strategic commissioning plans. With NHS NSS, we are providing enhanced data to support better local service planning, supplemented by analytical support 'on the ground', so that colleagues in Partnerships are better equipped to make effective use of their data. We are also providing a programme of leadership development for Chief Officers in Partnerships,

and a support network for Partnership Chairs and Vice Chairs. We are carrying out a rolling programme of engagement meetings between senior Scottish Government officials and leaders within Partnerships, from which I am pleased to note that many are already making progress in terms of practical improvements to service provision.

**4. The Scottish Government should ensure that learning from new care models across Scotland, and from other countries, is shared effectively with local bodies, to help increase the pace of change.**

The Improvement Hub at Healthcare Improvement Scotland will play a key role in ensuring learning is shared effectively from within and beyond Scotland. In addition, we will continue to support topic-based learning networks – for example in relation to commissioning skills – as integration beds in. Partnerships and Chief Officers are already learning from one another; I recognise the importance of supporting them to set the achievements of other areas in the context of their own local assets and communities’ priorities.

**5. The Scottish Government should work to reduce the barriers that prevent local bodies from implementing longer-term plans.**

In terms of improving structures and processes, the Programme for Government sets out that we will begin work to examine the structure of NHS Health Boards and their relationship with Local Authorities, as part of Ministers’ commitment to facilitating lasting change, particularly in terms of reducing bureaucracy and removing any barriers to effective care. My officials are also working with Health Boards, Local Authorities and Partnerships to ensure that the budget setting process for Partnerships is better aligned in future years.

**6. The Scottish Government should be taking a lead on increasing public awareness about why services need to change.**

I recognise the role that the Scottish Government, and Partnerships, must play in building communities’ confidence in both the need for change and the plans to implement it. We are already taking a lead on this, via the engagement on the National Clinical Strategy, and our commitment to realistic medicine. Integration, with its focus on effective locality engagement and involvement in plans for change, provides the local framework for conversations with the public about the shape of health and care services in future.

**7. The NHS boards and councils should work with integration authorities during their first year of integration to carry out a shared analysis of local needs, and use this as a basis to inform their plans to redesign local services, drawing on learning from established good practice.**

In 2015, the year before integration went live, we published statutory guidance on strategic commissioning, which set out that each Partnership’s strategic commissioning plan should be based upon a Joint Strategic Needs Assessment of local people’s needs. Strategic commissioning plans have now been published by every Partnership in line with the requirements of the guidance, and we are providing support for their on-going development. Partnerships that went live early are now in year two of their integrated arrangements, and are building on the work they have already undertaken; in other areas, Partnerships have progress to make in this regard. We have shared with Partnerships a draft overview of strategic commissioning plans for 2016-19, which identifies common themes and key areas for further development. I attach the draft overview for your consideration.