Health and Social Care Delivery Plan

Progress Report

November 2019

Healthier Scotland
Scottish Government

Contents

1 Introduction

1.1 In December 2016 the Scottish Government published the Health and Social Care Delivery Plan[1] (DP) which set out our programme to increase the pace of improvement and change within Scotland's health and social care services.

1.2 The DP sets out a series of key actions for government and local health and care services to deliver better patient care, better health and better value for the people of Scotland, so they live longer, healthier lives at home or in a homely setting, and we have a health and social care system that:

- is integrated;
- focuses on prevention, anticipation and supported self-management;
- will make day-case treatment the norm, where hospital treatment is required and cannot be provided in a community setting;
- focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions; and
- ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

1.3 This document describes the progress that has been made since the NDP was first published, and reflects the subsequent publication of the Medium Term Financial Framework[2] and Workforce Plans[3]. It sets out what we have delivered in five main areas, or "pillars":

- Integration of Health and Social Care Support;
- Implementation of the National Clinical Strategy;
- Public Health Improvement;
- NHS Board Reform; and
- Cross Cutting Activities.

1.4 Out of the 50 Actions in the plan, 22 are completed and with the remaining 28 progressing well towards completion.

[1] https://www.gov.scot/publications/health-social-care-delivery-plan/
[2] https://www.gov.scot/publications/scottish-government-medium-term-health-social-care-financial-framework/
[3] https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-1-framework-improving/

1.5 Key to the success of the Delivery Plan will be the impact of the actions on outcomes for the population of Scotland. In 2018, an updated National Performance Framework was launched (NPF)[4].

1.6 The Delivery Plan's key objectives of better health, better care and better value have been mapped at a high level to the NPF outcomes (see Annex A). The refresh of the Delivery Plan, later this year, will map each specific action to the NPF.

1.7 It is crucial that the delivery plan does not remain a simple statement of intent, but a continuing process of monitoring, challenge and review, throughout its five year lifetime. As such, we will publish an updated Delivery Plan to reflect developments and the Programme for Government priorities (see 7.1 – 7.4 for more information).

[4] https://nationalperformance.gov.scot/

2 Integration of Health and Social Care

2.1 Since 2016, work has been underway across Scotland to integrate health and social care support services. This is to ensure those who use services get the right care and support for their needs, at the right time, and in the right setting at every point in their care journey. It is also about increasing the focus on community-based and preventative care.

2.2 The people most affected by these developments, and for whom the greatest improvements can be achieved, are older people, people who have multiple, often complex care needs, and people at the end of their lives. Older people, in particular, are admitted to institutional care for long periods when support in the community – and support for their carers – could better fulfil their needs and wishes.

What we have done – Health and Social Care Integration[5]:

2.3 Positive progress is being made with a number of Integration Authorities reporting good performance across key national indicators such as unplanned bed days and delayed discharges. Between the 12 months ending December 2016 and the 12 months ending December 2018 approximately 319,000 unplanned hospital bed days were saved across all specialties in acute, mental health and geriatric long stay (5.6% reduction), including reduced bed days associated with delayed discharges.

2.4 The number of unplanned hospital bed days has reduced since the launch of the Delivery Plan, and projections from Health and Social Care Partnerships suggest it will continue to do so. However, there are ongoing challenges in reducing, or mitigating against projected increases in, the numbers of A&E attendances and emergency admissions in the context of increased demand due to demography.

2.5 Between the 12 months ending December 2016 and the 12 months ending December 2018, the number of A&E attendances increased by 2.5% overall whilst the reduction in emergency admissions was very small, at 0.02%. Meanwhile, the estimated percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency has remained fairly constant (25.1% in 2017/18), indicating ongoing challenges for Integration Authorities in shifting the balance of spend towards community settings. The reduction in bed days noted above is to some extent reflective of a gradual reduction (shortening) of average lengths of stay in hospital over the past few years.

[5] Note: We have reported some elements of progress to December 2018 as although some performance measures are available to more recent time periods, others are not. This update has focussed on reporting different measures across a consistent time period, for clarity.

2.6 The percentage of older adults (aged 65+) living at home rather than in an institutional setting has increased from 95.6% in 2015/16 to 95.9% in 2017/18. Although the percentage change appears small, it represents an additional 31,000 people aged 65 and over living at home (up from around 940,200 in 2015/16 to around 971,200 in 2017/18). Statistics also show an encouraging increase in the percentage of people who are spending the last 6 months of their life in their own home or in a community setting, from 86.7% in 2015/16 to 87.9% in 2017/18. For the 6 months ending September 2018 there was a further improvement, to 88.2%.

2.7 Enabling people to live and die comfortably, which for most, is usually at home or in a homely setting, is a key aim of our work to ensure seamless support and services in Scotland. We have put in place a number of steps to ensure that by 2021 everyone in Scotland who needs palliative care can access it. These are set out in our Strategic Framework for Action on Palliative and End of Life Care[6]. As part of this work we have focussed on supporting medical and other professionals to have and record the necessary anticipatory care planning conversations with people to allow them to stay at home or in a homely setting where possible.

2.8 Despite the progress made above, a number of challenges remain that need to be addressed to ensure continued improvement. A recent Ministerial Strategic Group for Health and Community Care (MSG) review of progress with integration of health and social care, published in February 2019, concluded with 25 practical proposals to achieve this.[7] The proposals sets a challenging and ambitious agenda for Integration Authorities, NHS Boards and Local Authorities, working with key partners, including the third and independent sectors to increase the pace and effectiveness of integration by March 2020.

2.9 Since the publication of the MSG review, extensive work has been underway to address all of the proposals. Progress reports are provided regularly to the MSG and the Review Leadership Group (co-chaired by the Scottish Government and COSLA). The Leadership Group meets every 6 weeks to oversee progress. The review report contained an expectation that Integration Authorities, Health Boards and Local Authorities would collectively evaluate their current position in relation to the proposals. The completed self-evaluations demonstrated that there is a considerable range of work underway within and across local systems, with considerable variance in where local systems had evaluated themselves in delivering integration. We have recently requested improvement action plans which are being developed as a result of the self-evaluation process, to ensure work is taken forward in a systematic way and at pace.

[6] https://www.gov.scot/publications/strategic-framework-action-palliative-end-life-care/
[7] https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/

Integration in Action: an illustrative example

DUNDEE ENHANCED COMMUNITY SUPPORT ACUTE TEAM (DECS-A)

Mr A is over 70 years old with a history of multiple long term conditions including dementia. He was referred by the acute frailty team with functional decline over the past month with further decline over the past week associated with 2 falls but no head injury or loss of consciousness. He also had to pass urine frequently, and was suffering hallucinations and a reduced appetite. His GP had treated Mr A with antibiotics to cover a urinary tract infection but requested he be admitted to hospital as it was unclear why Mr A had deteriorated so rapidly over the course of the week.

Following an initial assessment Mr A was found to be unable to leave his bed but able to stand using a handrail and required the assistance of 2 people to move around. He had symptoms suggestive of a lower respiratory tract infection and from previous records it was noted he had a poor swallow and was at risk of aspiration.

The main carer was his wife and their grandson was providing assistance with bathing and showering. Power of Attorney was already in place and the family had agreed for a DNACPR[8] with the GP just prior to referral to the service.

Mr A was looked after at home by the DECS-A team and he continued to be treated with antibiotics for aspiration pneumonia. The team was able to speed up his physiotherapy referral and brought him into day hospital for follow up and to perform x-rays of his hips as he was complaining of hip pain which confirmed osteoarthritis in both hips. He significantly improved, however it was felt his conditions were progressing so the DECS-A team liaised with the Parkinson's disease palliative care nurse and his geriatric consultant who agreed to no further increase in medication. The team felt he would benefit from follow up from the specialist nurse to educate the family, as per their wishes, on the progression of his condition and how they could prepare for the future as they were aware that he was on the whole deteriorating.

Mr A was medically discharged from DECS-A after 14 days, however he remained on the caseload as his family requested ongoing input from the team. A referral to the speech and language therapist was also put in place regarding Mr A's potentially deteriorating swallow.

Lessons learned

If DECS-A had not been available, Mr A would have required a long in-patient stay and required step down to some form of rehabilitation and would have been exposed to hospital acquired infections and other potential further conditions.

The Red Cross and community rehabilitation team were integral to prevent admission to hospital. Had this patient been admitted to hospital he may not have been able to return home and may have required step down to a nursing home following rehabilitation.

[8] Do Not Attempt Cardiopulmonary Resuscitation

The family was grateful that Mr A was supported to stay at home and felt involved in their management.

Summary

Prevention of admission ultimately allowed better use of resources and avoided a long inpatient stay with the high probability of step down to 24 hour care. This also reduced the chances of Mr A contracting further infections and allowed health and social care professionals to work collaboratively taking a patient centred approach keeping the patient at the heart of all conversations.

Supporting the Capacity of Community Care

2.10 Social care support is essential for thousands of people in Scotland to live independently; be active citizens; participate and contribute to our society; and maintain their dignity and human rights. It employs a workforce of over 200,000 – just under 8% of all employment in Scotland. However, we are facing significant challenges. Scots are enjoying longer lives, and with that often comes more complex care needs. Demand for social care support is growing faster than our traditional services were designed for, and change is needed to ensure positive outcomes for people, their unpaid carers, and staff.

2.11 In the Delivery Plan, we committed to working with COSLA and partners on the National Care Home Contract, models of home care, and social care workforce issues.

2.12 Substantial progress has been made to address the social care workforce issues, and agreement on the care home model for direct care costs has been reached, with COSLA and Scotland Excel shortly seeking a mandate from COSLA leaders to commence negotiations with providers. New models of care are also in development, including Neighbourhood Care approach pilots modelled on Buurtzorg.

2.13 Progress in these areas has emphasised the need for a more comprehensive consideration of social care reforms. This has led to a whole system approach being taken through the development of a partnership programme to support local reform of adult social care, which was formally launched in June 2019.

2.14 The programme has been co-produced with a wide range of people, professionals, and organisations, in particular people with lived experience of adult social care support and unpaid carers, and people who run services. Central to this has been the People-led Policy Panel, a group of 50 people who use social care support and unpaid carers. Since the Panel was established in October 2018, it has been working side-by-side with leaders from across the sector to develop programme priorities and workstreams.

2.15 The programme has joint political leadership from the Cabinet Secretary for Health and Sport and COSLA's Health and Social Care spokesperson.

2.16 The following are the programme priorities:

- A shared agreement on the **purpose of adult social care support**, with a focus on human rights.
- Social care support that is **centred on a person**, how they want to live their life, and what is important to them – including the **freedom to move to a different area of Scotland.**
- Changing attitudes towards social care support, so that it is seen as an **investment in Scotland's people, society and economy.**
- Investment in social care support, and **how it is paid for in the future.**
- A valued and skilled **workforce.**
- Strengthening the **quality and consistency of co-production** at local and national level with people with lived experience and the wider community.
- **Equity of experience** and expectations across Scotland.
- Evaluation, **data and learning**.

2.17 The co-production process has led to the development of a set of documents which set out the programme vision and framework. These were published on 12 June 2019[9].

2.18 The full implementation of self-directed support is integral to the programme for adult social care reform. We recognise that self-directed support is not yet fully embedded as Scotland's approach to social care support and are taking action to accelerate change. This has involved co-developing a refreshed implementation plan for self-directed support (2019-2021)[10], engaging over 350 people across Scotland in the process.

2.19 Embedding carers' new rights under the Carers Act is equally relevant to adult social care reform - improving outcomes for unpaid carers and those they care for by expanding preventative support. We are one year into supporting the implementation of the Carers Act, in line with priorities agreed with carers, carer organisations, COSLA and health and social care partnerships.

2.20 The reform programme is a long term programme which will take several years to make the changes it is aiming towards. The next step is to develop plans for the projects and activities in the programme and set milestones to track progress. This will be done by co-production and will happen over the summer. The intention is for all plans to be in place by end December 2019.

2.21 A key aim set out in the Delivery Plan is that our health and social care system focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions.

[9] https://www2.gov.scot/Topics/Health/Support-Social-Care/Support/Adult-Social-Care
[10] https://www.gov.scot/publications/self-directed-support-strategy-2010-2020-implementation-plan-2019-21/

2.22 The “Health and Social Care Standards: my support, my life[11]” were published in June 2017 and took effect on 1 April 2018. The Standards seek to provide better personal outcomes for everyone and to ensure that the basic human rights we are all entitled to are upheld. Underpinned by five principles: Dignity and respect; Compassion; Be included; Responsive care and support; and Wellbeing, the Standards are focused on the individual experiences of people using health and social care services.

2.23 The Care Inspectorate is rolling out new inspection methodologies to reflect the Standards and to help ensure the needs and choices of individuals are met. The Standards are being embedded to continually improve the quality of services across health, social care support, early learning, childcare, children’s services, social work and community justice.

Shifting resources to primary and community care

2.24 Increasing investment by £500 million for primary care over the lifetime of the Parliament will take spending on primary care to at least £1.28 billion and to 11% of the frontline NHS budget by 2021-22. £250 million of the increase will be in direct support of general practice. The next step towards this in 2019-20 will see £941 million to support the new GP contract and primary care reform. We are also investing to support wider primary care services. In 2019-20 we project that total spending on primary care will represent approximately 9% of the frontline NHS budget.

[11] https://www.gov.scot/publications/health-social-care-standards-support-life/

3 National Clinical Strategy

3.1 The National Clinical Strategy[12], set out a framework for developing health services across Scotland for the next 10-20 years. It envisaged a range of reforms so that health care across the country could become a more coherent, comprehensive and sustainable high-quality service – one that is fit to tackle the challenges we face.

3.2 At its heart was a fundamental change in the respective work of acute and hospital services and primary and community care, and a change in the way that medicine is approached. As a result, the Strategy aimed to:

- Strengthen primary and community care.
- Improve secondary and acute care.
- Focus on realistic medicine.

3.3 **Primary and Community Care**

What we have done

3.3.1 A key element supporting the reform of primary and community care services is the **new GMS contract** which came into force on 1 April 2018. It set out the distinctive new direction for general practice in Scotland which will improve access for patients, address health inequalities and improve population health including mental health, provide financial stability for GPs, and reduce GP workload through the expansion of the primary care multidisciplinary team.

3.3.2 It also increases support for GPs and GP infrastructure, increases transparency on funding, activities and workforce to assist strategic planning and quality assurance; and makes general practice a more attractive profession for existing GPs, junior doctors and undergraduate medical students.

3.3.3 New **models of primary care** in every NHS board have been tested and evaluated to assess their stage of implementation. Following early evidence of mutually supportive sharing of experience, collaborative learning across different parts of the system, and sharing of good practice, these models are now being implemented by Health and Social Care Partnerships through their Primary Care Improvement Plans, which support the implementation of the new contract. Initial Primary Care Improvement Plans covering all 31 Integration Authority areas in Scotland have been developed and shared with the Scottish Government. This represents a significant collective achievement of local partners, and a strong endorsement of the collaborative approach between Health and Social Care Partnerships, Health Boards and the GP profession in creating and agreeing the plans in a short period of time.

[12] https://www.gov.scot/publications/national-clinical-strategy-scotland/

3.3.4 As well as emerging local networks of support, learning and best practice sharing continues to happen in a number of key national networks such as the National Chief Officer Special Interest Group on Primary Care and the national Primary Care Leads group. In addition to the mutual support offered through these networks, the Scottish GP Committee of the BMA is engaging with local GP Sub Committees to support their critical role in collaborating and developing plans.

3.3.5 The majority of the recommendations of the **Improving Practice Sustainability Short Life Working Group** have been implemented, or are being actioned as part of the implementation of the 2018 GMS contract, or are an integral part of the service redesign underway.

3.3.6 Three of the five recommendations made by the **GP Premises Short Life Working Group** have been fully implemented (a survey of GP premises to understand the state of the GP estate; moving to a service model which does not entail GPs owning their practice; and the development of a national Code of Practice for NHS Boards). Revised Premises Directions are due to be issued by the end of 2019, and Integration Authorities and NHS Boards are ensuring that GP premises are included within integrated capital plans. The GP Premises Sustainability Loan Scheme was launched at the end of 2018, and loan offers will be issued to practices shortly.

3.3.7 We have made good progress to implement the vision of the Improving Together Advisory Group. There are now 147 **GP Clusters** around Scotland with the intention of learning, developing and improving together for the benefit of local communities. There has been dedicated national funding in place since 2016 to enable Practice Quality Leads to participate in GP Cluster working. The important role of GP Clusters is referenced in the 2018 GMS Contract and supported by a MoU[13] that sets out the key role they will serve in quality improvement. The Scottish Government will shortly publish national guidance on GP Clusters that will set out recommended minimum expectations for Clusters and the wider system support required to enable and develop the Cluster role and function.

[13] https://www2.gov.scot/Resource/0053/00534343.pdf

3.3.8 We are building up capacity in Primary and Community care through a range of measures:

- We now have at least an additional **509.1 whole time equivalent Health Visitors** in place, meaning that the commitment to have an additional 500 WTE Health Visitors has been achieved.
- We now have 320.2 whole time equivalent **pharmacists** and 90.6 whole time equivalent **pharmacy technicians** in place, providing direct pharmacy support to over two thirds of Scotland's GP practices.
- Over 700 additional **paramedics** have been recruited and trained since 2016.
- We have agreed a refreshed role for **district nurses**; almost 500 nurses have been funded to undertake **Advanced Nurse Practitioner** modules since 2016; and we have created an additional 2,145 **training places for nurses and midwives** since 2016/17.
- From 2016 we **increased** the number of **undergraduate training places** by 50 meaning that by 2022 we will have an additional 250 undergraduates studying medicine.
- The ScotGEM **Graduate Entry Programme** commenced in October 2018. The programme, designed to develop doctors interested in a career as a generalist practitioner in Scotland, offers 55 places on a unique and innovative four-year graduate entry medical programme tailored to meet the contemporary and future needs of the NHS in Scotland and focuses on rural medicine and healthcare improvement.

3.3.9 The **Best Start Plan**[14] a five year forward plan for the improvement of maternity and neonatal services in Scotland - set out a number of recommendations which are being taken forward either locally, or at a national level. A number of recommendations have been completed, which are already delivering benefits, including:

- Combining the three regional neonatal Managed Clinical Networks (MCNs) into one single neonatal MCN, which is creating a more joined up, coherent approach to neonatal care across Scotland taking a 'Once for Scotland' approach across all regions and providing a better opportunity for shared learning. Building on the experience of the three region MCNs, the national MCN is bringing together a range of stakeholders from across the neonatal landscape.
- The launch of a neonatal expenses scheme to have consistency in approach to out of pocket expenses which is enabling parents whose babies are in neonatal care to spend more time bonding with their baby rather than worrying about the financial concerns that come with travel and additional meals costs as a result of having a baby in hospital.

[14] https://www.gov.scot/publications/best-start-five-year-forward-plan-maternity-neonatal-care-scotland/pages/1/

- The publication of a revised edition of Ready Steady Baby[15] as a 'one stop shop' for parental information on pregnancy and early parenthood. A wide range of stakeholders have worked together to develop this refreshed comprehensive information guide for parents which every pregnant women receives from her midwife. We have also now given every midwife a copy of Ready Steady Baby to allow them to signpost women to relevant information when required.

3.3.10 Five "Early Adopter" Boards were selected to lead a package of recommendations to deliver the national actions including introducing continuity of the carer; local delivery of care, and a focus on keeping mother and baby together in neonatal care where possible. The Boards are currently testing the new models of care prior to establishing full implementation plans. Some Boards are also testing the use of technology in maternity care and this is having positive feedback from staff and women, especially in rural areas where their travel time to consultant appointments has been replaced by a virtual clinic with the consultant which also allows their midwife to be part of the appointment and hear first-hand the plan of care.

3.3.11 In addition we are moving towards a new model of **neonatal care** that will see development of neonatal community outreach services, supporting well, preterm babies to be discharged home earlier to be with their family. The implementation of Transitional Care across Scotland means that babies with moderate additional care needs (for example, late preterm) can be kept with their mother and cared for in postnatal wards. The implementation of Transitional Care is already underway in five Boards and results are showing this is having a positive impact in reducing admissions to neonatal care – by around 25% in some areas- and we intend that all of our Early Adopter Boards will have Transitional Care established by the end of 2019.

3.3.12 For the most preterm and sickest babies, evidence tells us that their outcomes are improved when they are born and cared for in a centre with a high throughput of activity. Based on the numbers of these babies in Scotland, The Best Start recommends we should move to three neonatal intensive care units in Scotland.

3.3.13 We are testing this approach in two areas in Scotland covering four units, between Edinburgh Royal Infirmary and the Victoria Hospital in Kirkcaldy, and between Glasgow Queen Elizabeth University Hospital and Crosshouse Hospital in Kilmarnock. Babies who require care in one of these units will only stay in the designated intensive care unit for a short period of time for specialist treatment and will return back to their local neonatal unit as soon as possible for follow up care. The pilots started in August and will run for several months before review. The learning from the pilots has already been very useful in considering wider roll out of the model.

[15] https://www.nhsinform.scot/ready-steady-baby

3.3.14 The ambitious programme of work contained within our **Oral Health Improvement Plan**[16] builds on some substantial achievements to date, including the record figure of 5.1 million people registered with a NHS dentist, equating to over 94% of the Scottish population. The Plan focusses on three key priorities: Prevention; Inequalities; and the Ageing Population. Key areas of focus include:

- The expansion of the Childsmile Programme to ensure that all children in the 20% most deprived areas benefit from tooth-brushing instruction and fluoride varnish application.
- The Oral Health Community Challenge Fund was launched in February to allow organisations to bid for funding to work in deprived communities and support people to change their oral health behaviours. There are 22 projects from across Scotland which received funding to deliver a range of oral health interventions. Projects will run from 1 July 2019 to 31 March 2022.Two initial engagement events with all the funded projects have also taken place in Glasgow and Dundee, bringing together funded projects to build networks, connections and raise their awareness of Scottish Government's public health priorities and its link to their funded work.
- Work is underway to establish a formal training and mentoring programme in order to accredit General Dental Practitioners with the necessary skills and equipment to see patients in care homes. 30 dentists were selected by NHS Boards for inclusion in the early adopter programme of training and mentoring for enhanced skills in domiciliary care. All these dentists have successfully completed the training element. The process of designating the domiciliary care dentists and assigning them to care homes continues. The roll out of the national programme commenced in June 2019. NHS Boards have identified 27 dentists for the next cohort of training and mentoring.

3.3.15 We have rolled out the **Family Nurse Partnership Programme** to all territorial NHS Boards in Scotland. The programme is an intensive, one-to-one, home visiting activity that is delivered to young, first time mothers aged 19 and under by specially trained nurses and lasts from early pregnancy until the child reaches the age of two years old. Its main aims are to improve pregnancy outcomes, child health and development and the economic self-sufficiency of the family. The Family Nurse Partnership has brought a new approach to nursing, working with the parent to help them build up their own skills and resources to parent their child well, but also to think about their own future aspirations.

[16] https://www.gov.scot/publications/oral-health-improvement-plan/

3.4 Secondary and Acute Care

3.4.1 The Delivery Plan committed to take intensive and coordinated action in several key areas of secondary and acute care: reducing unscheduled care; improving scheduled care; and improving outpatients, in order that people should only be in hospital when they cannot be treated in the community and should not stay in hospital any longer than necessary for their care.

What we have done

3.4.2 In order to help address the challenges around **unscheduled care**, the national roll out of the 6 Essential Actions (6EA) is underway, focussing on systems and processes across the hospital to support patient flow for every patient every time. Implementation is almost 90% complete with every health board engaged in the programme. Work continues with the boards to support further implementation. Elements of the 6EA have been implemented in community hospitals where appropriate as some of the actions are specific to emergency departments.

3.4.3 A significant amount of work has been delivered both locally and nationally that has resulted in performance improvements. There is a correlation between compliance with 6 Essential Actions (6EA) and performance and therefore a series of activities has commenced to ensure sustained improvements against each of the 6EA locally and nationally. There will also be a greater focus on whole system working and collaboration including arranging regional events to share the plans and encourage peer review with partners across the health service – NHS, IJB and primary care and out of hours.

3.4.4 The **Modernising Outpatient Programme** (MOP) commenced in 2017 in order to support the reduction in unnecessary attendances and referrals to outpatient services. To date the programme has focused on opportunities to maximise current capacity, create capacity and manage demand generated out with and within secondary care. Significant activity has taken place focusing on the following areas:

- Working with the Digital Health and Care Division to develop proof of concept decision support tools and a “mega-app” bringing together pathways, tools and resources to support clinical decision making. As part of this pilot phase, the first version of these tools was launched in October 2018, and the Beta-version was released in July 2019. A national Decision Support Oversight Group has been established to take this forward and will be co-chaired by the Chief Executive of the Digital Health and Care Institute and by the Clinical Lead for Quality and Safety in the Scottish Government Planning and Quality Division.
- The Modern Outpatient Programme has used these tools to develop a mobile app for new Gastrointestinal Pathways, and an alerting system for coeliac disease risk factors, for future embedding in primary care clinical systems. These tools are being tested and reviewed in early adopter sites.

- Supporting the implementation of Active Clinical Referral Triage (ACRT) to ensure patients do not wait in a queue to attend unnecessary appointments. This involves ensuring, either as a one-off or dynamic process, that all referrals received into secondary care are considered by a senior clinical decision maker who has both the systems and the organisational expectation to support person-centred referral triage to any one of a number of locally and nationally agreed pathways including virtual attendance, opt-in, diagnostic or face-to-face appointment. We are working to measure the current and potential impact of ACRT. A minimum dataset has been established to capture data from those sites carrying out ACRT with a view to understanding the opportunities across specialties to avoid patients waiting unnecessarily for outpatient appointments. Further development of ACRT is now being taken forward through the Access Collaborative.
- Where appropriate, there is an opportunity to avoid patients attending for follow up unnecessarily by offering patients the opportunity to initiate their own interaction with the service when they require input. As with ACRT, many areas are already doing Patient Initiated Reviews (PIR) and are seeing clinic attendances decrease, freeing up capacity. Work is underway to understand the potential impact of PIR across NHS Scotland.

3.4.5 Some of the ongoing work of the Modernising Outpatient Programme now supports the **Scottish Access Collaborative** (SAC). The SAC is a Scottish Government initiative that started at the end of 2017. The focus of this ambitious programme is to seek a sustainable balance between demand and capacity in the NHS by safely reducing demand, developing new models of care or increasing capacity within existing resources. Involving a wide range of health and care partners including NHS, patients, professional organisations and third sector representatives the Collaborative seeks to maximise the connections between existing initiatives as well as develop new links to support the nine current challenge areas:

- Active Clinical Referral Triage (ACRT, building on the work carried out under the Modern Outpatient Programme)
- Enhanced Recovery After Surgery (ERAS)
- Waiting List Validation
- Effective and Quality Interventions Pathways (EQuIP)
- Flying Finish
- Accelerating the Development of Enhanced Practitioners (ADEPt)
- Clinical Pathways Infrastructure
- Virtual Attendance
- Team Service planning

3.4.6 A series of workshops through 2018 and early 2019 focused on specialty and clinical pathway issues for a range of clinical areas which have been summarised in a suite of Specialty Group Reports.

3.4.7 In order to ensure there is longer term high-quality and adequate provision of elective care services to meet the needs of an ageing population, investment in a number of **Elective Treatment Centres** is taking place. In addition to the implementation of two additional MRI scanners at the Golden Jubilee Foundation, which are providing additional capacity of around 7-8000 scans per year, construction has now commenced on the expansion of the hospital to provide additional Ophthalmology capacity.

3.4.8 Business Cases for centres in NHS Highland, NHS Lothian, NHS Grampian, NHS Tayside and for Phase 2 of the Golden Jubilee expansion (Orthopaedics, General Surgery and Endoscopy) are progressing as planned.

3.4.9 The work of the Scottish Access Collaborative and the Outpatient Programme now forms a key part of the **Waiting Times Improvement Plan**[17], which was launched in October 2018, in order to substantially and sustainably improve waiting times by Spring 2021.

3.4.10 As part of the improvement work through the Scottish Access Collaborative we are undertaking a national piece of work to consider the causes of the current variable rate of cancelled planned operations across NHS Scotland. This work will include identifying causes, timing and impact of cancellations as well as the process of re-filling cancelled slots. This work, which aims to compete within six months, will produce a series of recommendations that will support the sustained reduction of cancelled operations.

3.4.11 While initiatives from the **Patient Flow Programme**, and other improvement programmes, continue to yield benefits such as improving Enhanced Recovery After Surgery, optimising Intravenous Fluids, and reducing Pre-operative Anaemia, the spend in private care spending in relation to elective waiting times is unlikely to have reduced since 2017 as a result of the publication of the Waiting Times Improvement Plan (WTIP). Through the WTIP, published in October 2018, we committed to move to a new single contract for any use of the independent sector. The new approach, which ensures an equitable approach to available capacity as well as value for money, will only be used while NHS capacity is expanded over the longer term. It is intended that following the lifetime of the WTIP plan that the use of the independent sector will taper off as NHS capacity comes on stream at a national level.

3.4.12 In 2019/20 we have invested almost £20 million in the national contract. However, Health Boards have also utilised some of the waiting times funding to secure capacity through the private sector.

[17] https://www.gov.scot/publications/waiting-times-improvement-plan/

3.4.13 The 5 year **Cancer Strategy**[18], published in 2016 committed to investing £100 million to support the aims of more people surviving cancer; closing the gap in survival rates; reducing inequalities; ensuring a better patient experience; and reducing the growth in the number of people diagnosed. To date, £59 million has been invested, with early successes including:

- a simpler “FIT” test introduced for Bowel Screening across Scotland in November 2017, which has led to an increase in participation; statistics show that from November 2017 to April 2018, 64% of those eligible returned their FIT. This is up from 56% in the same period the year before and has exceeded the Health Improvement Scotland standard of 60%[19] for the first time.
- To date we have invested £2.7 million through the Screening Inequalities Fund to fund 26 projects across Scotland aimed at reducing inequalities in access to the three cancer screening programmes.
- a 90% reduction in the incidence of pre-cancerous cells since the HPV vaccine was introduced in 2008, with the incidence of cervical cancer in women aged 20-24 reducing by 69% since 2012.
- Improved attitudes around early detection of cancer since the Detect Cancer Early Programme was launched, for example of people with bowel, breast or lung cancer, over 25% were diagnosed at the earliest stage (Stage 1) – an increase of over 8% from 2010/2011. The largest increase has been in the most deprived areas which have seen an increase of over 11%.

[18] https://www.gov.scot/publications/beating-cancer-ambition-action/
[19] https://www.isdscotland.org/Health-Topics/Cancer/Publications/2019-02-05/2019-02-05-Bowel-Screening-Publication-Summary.pdf

Detect Cancer Early – a Real Life example

William Laidlaw, 63 from Govan, was diagnosed with lung cancer after going to see his GP with a tickly cough he'd had for a while.

William had ignored the symptom as he thought it was just a winter cold, but his family pressured him into getting it checked out. His GP sent him for an x-ray and following a CT scan he was diagnosed with lung cancer.

William underwent surgery a month later at the Golden Jubilee National Hospital where a third of his lung was removed. The forklift driver required no further treatment as the cancer hadn't spread.

William said:

"When I found out I had lung cancer, it was a big shock, but I tried to stay positive and let the doctors do their magic.

"The tumour was removed in February, on my birthday. The treatment was fantastic with everything going to plan and I wasn't in a great deal of pain after. Now, apart from the odd twinge in my side and needing an inhaler, I'm back in my old routine.

"I'd say to anyone, if you think there's something wrong, get it checked out. The quicker they get it, the better your chances."

3.5 Realistic Medicine

3.5.1 Realistic Medicine aims to deal with the dual challenge of providing care that has greater worth to individuals, while also addressing the need to improve health and wellbeing at a population level. To do this we need a strategic approach to strengthening relationships between professionals and individuals and tackling unwarranted variation. We also need to provide our healthcare professionals and individuals with the information, tools, training and support they need to help realise the Chief Medical Officer's vision for Realistic Medicine.

What we have done

3.5.2 In order to support everyone in Scotland to have the confidence, knowledge, understanding and skills we need to live well with any health condition we have, we published a refreshed **Health Literacy Action Plan** "Making it Easier" in February 2018. As part of this, we committed to develop a citizens' jury to explore how we further strengthen relationships between healthcare professionals and individuals. The Our Voice Citizens' Jury on Shared Decision Making[20] was held over three weekends in October and November 2018. The Chief Medical Officer has considered and responded to each of its findings.

3.5.3 A key element in transforming the relationship between individuals and medical professionals is the enhancement of the current **consent process** for patients. The General Medical Council has carried out a consultation on draft updated consent guidance which is likely to be published by the end of 2019.

3.5.4 A **collaborative training programme** for clinicians to help them to reduce unwarranted variation has been established, with the first two workshops covering the key concepts of value based healthcare evaluating well. Work is now underway to look to embed and expand the training across Scotland.

3.5.5 The **Professionalism and Excellence in Medicine Action Plan** has been refreshed and high-impact actions aligned to Realistic Medicine.

3.5.6 In order to incorporate the principles of realistic medicine as a **core component of lifelong learning in medical education**, we have worked with key stakeholders to co-produce a framework of Realistic Medicine principles and values. Medical Education providers are now reviewing their curricula to ensure it is in line with the agreed principles, identify any gaps and develop associated plans to address those gaps.

3.5.7 We are also working with stakeholders to develop a **Single National Formulary** (SNF) for medicines to reduce unwarranted variation in the medicines prescribed in different parts of the country.

[20] https://sharedfuturecic.org.uk/wp-content/uploads/2019/02/CitizensJury_InterimReport_Feb19-1.pdf

3.5.8 There are currently 11 individual local formularies used by the 14 Health Boards in Scotland. There is a high degree of commonality in the medicines included within the existing formularies, but elements of variability remain in prescribing practice across some therapeutic areas. In some cases this variation is warranted in that it reflects local care pathways.

3.5.9 Work to develop an initial version of the new national formulary website platform has been completed. This has been achieved with wide stakeholder input and utilises the NHS Dictionary of Medicines and Devices (dm+d)[21] as the underlying medicines dictionary to support future interoperability with prescribing systems. The website evolves the traditional 'list of medicines' approach into a condition-based formulary organised by therapeutic 'chapters' that aligns recommendations to the treatment of the patient.

3.5.10 Condition-based chapter structures and content have been developed for four therapeutic areas to date (endocrine, gastro-intestinal, infections and respiratory) and work is underway to complete this for all the other therapeutic areas. This will provide a complete content platform ready to receive formulary recommendations for all the therapeutic chapters. The formulary recommendations themselves have still to be agreed.

3.5.11 The next steps will be to transition from the 11 local formularies towards the new National Formulary, building upon proven local formulary governance and decision making and working closely with existing local formulary teams. Implementation has commenced in the East Region with learning being regularly shared with the other Boards and Regions. The SNF will be rolled out to the North and West in 2020.

3.5.12 Although initially not formally part of the Delivery Plan, we have also developed the "**Atlas of Variation**" for Scotland, highlighting any geographical variation that exists in the provision of health services and associated health outcomes. A range of indicator based maps are presented at Health Board of Residence and Local Authority of Residence level, by financial year. It is designed to facilitate discussion and raise questions about why differences exist and help to promote quality improvement through this conversation. There are also opportunities to align this with the National Formulary work programme.

[21] https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dictionary-medicines-and-devices-dmd

4 Public Health Improvement

4.1 A shift to prevention, integration, and closer collaboration to deliver improved population health outcomes is one of the central themes of the Plan. The key priorities of the Public Health Improvement pillar are to identify national priorities; establish a new Public Health Body; and to address public health issues including smoking; alcohol; diet and obesity; substance misuse; and mental health.

What we have done

4.2 Scotland's **public health priorities** have been developed through a process of engagement with stakeholders from across the country. The agreed priorities reflect public health challenges that are important to focus on over the next decade to improve the health of the nation. This process identified six public health priorities for Scotland, where by working together we can improve healthy life expectancy and reduce inequalities, the priorities are:

- A Scotland where we live in vibrant, healthy and safe places and communities.
- A Scotland where we flourish in our early years.
- A Scotland where we have good mental wellbeing.
- A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
- A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
- A Scotland where we eat well, have a healthy weight and are physically active.

4.3 Work is well underway with COSLA and SOLACE to develop the new public health body, **Public Health Scotland**, that will direct public health improvement across the whole of Scotland. It will enable us to make best use of Scotland public health assets – data and intelligence and our public health professionals – in supporting local areas to create the conditions for health and wellbeing.

4.4 Public Health Scotland will be formed from NHS Health Scotland, Health Protection Scotland and Information Services Division of National Services Scotland and will be established during 2019/20. A programme of work has already started on designing the organisation which will be jointly accountable to both Scottish Ministers and COSLA Leaders. This includes the establishment of joint public health partnerships between local authorities, NHS Scotland and others to drive national public health priorities and adopt them to local contexts across the whole of Scotland.

4.5 We have continued the delivery of the ambitious targets we set out in our 2013, with smoking prevalence **rates** down to 18% according to the latest Scottish Health Survey[22] (compared to 21% in 2016).

[22] https://www2.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey

4.6 Smoking is still the most significant cause of avoidable death and disease in Scotland. Our most important target is to achieve a reduction in smoking rates to 5% or less by 2034. To support our aim, we published our new five year Tobacco Control Action Plan[23] in June 2018. As part of that plan we have already removed tobacco from prisons in November 2018 and run national campaigns encouraging smokers to get support to quit from our newly-branded stop-smoking services: Quit Your Way.

4.7 Following the Supreme Court's ruling in 2017, we introduced Minimum Unit Pricing for alcohol on 1 May 2018 and published our refreshed Alcohol Framework and our new Drug and Alcohol Strategy in November 2018.

4.8 There are huge preventable costs to NHS Scotland and society associated with poor diet, as one of the critical health issues we are facing, and it requires a different approach to diet and obesity. Following a consultation process, the Diet and Healthy Weight Delivery Plan was launched in July 2018 containing a range of actions to combat this, including the consideration of restricting the promotion and marketing of foods high in fat, salt and sugar within premises where these foods are sold to the public.

4.9 In addition, funding was allocated to Early Adopter Health Boards in 2018 to support them in the delivery of Phase 1 of the delivery of the implementation of the **Type 2 Diabetes Framework**. All Early Adopter boards are prioritising services and education to support the following high risk groups:

- Pregnant women with gestational diabetes (GDM) and those with high risk pregnancies due to complex obesity.
- Those diagnosed with pre-diabetes or at high risk of development of type 2 diabetes.
- Those diagnosed with type 2 diabetes, where remission may be possible, including the provision of "Counterweight Plus" - an evidence based, total diet replacement programme that has produced successful remission results for patients with type 2 diabetes.

[23] https://www.gov.scot/publications/raising-scotlands-tobacco-free-generation-tobacco-control-action-plan-2018/

4.10 The **Active and Independent Programme**[24] was launched in 2017, detailing six ambitions to drive significant culture change in how people can access and receive Allied Health Professional (AHP) support for self-management, prevention, early intervention, rehabilitation, and enablement services. Significant progress has been made including:

- AHPs across Scotland are prioritising prevention and early intervention to ensure access to interventions at the earliest time for maximum benefit, this includes:
  - the development of a self-management resource for those living with dementia, in partnership with Alzheimer Scotland and the Royal College of Occupational Therapists, which will soon be available online;
  - home based memory rehabilitation, a specialist occupational therapy intervention, now available in 13 NHS Boards across Scotland;
  - development of a speech and language therapy on-line resource to enable Health Visitors to be confident and informed in supporting children and families with speech, language and communications needs; and
  - collaborative work with Downs Syndrome Scotland to develop red flag postcards covering weaning, vision, posture and positioning to increase parental understanding of the key issues to look out for in their baby or toddler with Downs Syndrome.
- In addition, development of a national Falls and Fracture Prevention Strategy is underway which will provide an opportunity to present an achievable vision of a joined up, whole system approach to falls and fracture prevention and management which will help to deliver on strategic objectives to support people to age well.
- The 'Take the Balance Challenge' campaign which raises awareness of age-related loss of muscle strength and balance. It invites people to check their balance, provides six simple exercises to improve strength and balance, and sign posts to a range of resources providing information about keeping active and well, improving bone health and preventing falls. This was developed in partnership with Age Scotland and the Care Inspectorate, and over 400 partners locally to deliver the campaign across Scotland.

4.11 As part of the delivery of the **Maternal and Infant Nutrition Framework**[25] we rolled out universal vitamins to all pregnant women in 2017. In addition, a draft competency framework to promote and support breastfeeding was published in June 2019.

[24] https://www.gov.scot/publications/allied-health-professions-co-creating-wellbeing-people-scotland-active-independent/pages/4/

[25] https://www.gov.scot/publications/improving-maternal-infant-nutrition-framework-action/

4.12 The **Mental Health Strategy**[26] set out the strategic direction for Mental Health but did not set out specific expectations of how the national ambition will be translated into local delivery, recognising that Integration Authorities are responsible for local service redesign. Since the publication of the Strategy it has become apparent that new models of support that are less specialist, available for significantly more people, and that are delivered across different services and settings are needed, and that a different leadership approach is required to deliver whole system change.

4.13 Going forward, activity to deliver the Mental Health Strategy has been restructured into four priority areas: Children and Young People; Adult Mental Health Service Redesign; Public Mental Health and Suicide Prevention; and Rights and Mental Health.

4.14 In addition, we published the **Mental Health PfG Delivery Plan**[27], which sets out our approach to the commitments in the 2018/19 Programme for Government, and is the blueprint for the next phase of implementing the Mental Health Strategy. This Delivery Plan is complemented by the **Children and Young People's Mental Health Taskforce Delivery Plan**[28], and the **Suicide Prevention Action Plan**[29], all of which were published by the end of 2018. This year, working jointly with COSLA, we will take forward the Taskforce's concluding recommendations. We are establishing community wellbeing services across Scotland, focusing initially on children and young people from ages 5-24. This will be an open-access model and referrals can be made by those who work with and support children and young people. Crucially, children and young people will also be able to self-refer to the service. We will also scope out how this service can be made available in the future to people of all ages across Scotland.

4.15 The full national rollout of the **Computerised Cognitive Behavioural Therapy** (cCBT) service across all 14 territorial health boards was achieved in July 2018. Referral rates continue to rise with 16,761 being received in 2018 and this compared to 10,552 in 2017. Currently over 1,387 referrals are received per month across all services with a total of 38,427 referrals having been received since start of the implementation process in 2013. Patient wait no longer than 5 working days before being given access to treatment and cCBT services monitor the suicide ideation of over 2,300 patients a month.

4.16 **Effective and sustainable models** of supporting mental health in primary care are now being rolled out nationally through the Primary Care Improvement Plans. An additional 186 mental health workers are now in place within Primary Care, including 66 in GP practices, as part of the five year commitment (Action 15 of the Mental Health Strategy) for an additional 800 workers in four key settings to be in place by 2022 to support that activity.[30]

[26] https://www.gov.scot/publications/mental-health-strategy-2017-2027/
[27] https://www.gov.scot/publications/programme-government-delivery-plan-mental-health/
[28] https://www.gov.scot/publications/children-young-peoples-mental-health-taskforce-delivery-plan/
[29] https://www.gov.scot/news/suicide-prevention-plan/
[30] As at 1st April 2019

4.17 22 Community Planning Partnership areas have adopted the **Psychology of Parenting Project** model (PoPP) to support parents of 3 and 4 year olds with conduct disorder. 775 PoPP groups have been delivered (or are currently being delivered) to almost 5,000 families (including over 6,000 caregivers)[31]. Currently 62% of those children (for whom we have pre and post intervention data) whose behaviour at the start of the group was rated by their parents to be at an elevated level of concern, had moved out of this high-risk range when their parents had finished attending a group. From August 2016 the PoPP age range was extended to include 5 and 6 year-old children.

4.18 Ensuring people can access mental health services is a key priority. A comprehensive package of support is being implemented to improve access to **Child and Adolescent Mental Health Services** and **Psychological Therapies**. This includes the establishment by Healthcare Improvement Scotland of a Mental Health Access Improvement Support Team which is working in partnership with Boards to improve access to mental health services. Most recently, this includes £4 million of additional support to enhance the workforce and capacity of CAMHS in 2019/20.

4.19 Continued investment in mental health services and the examples of good practice, have not, to date, seen all the improvements in performance required. As a result, additional activities will be taken forward through the PfG Delivery Plan for Mental Health.

4.20 The **Active Scotland Delivery Plan**[32] was launched in 2018, with implementation and investment underway. Key deliverables to date include:

- Funded the Scottish Women's National Team to go full-time ahead of the World Cup which has huge potential to inspire women and girls across the country.
- Established a £300,000 Women and Girls in Sport fund administered through sportscotland. This fund awarded projects that will increase participation levels of women and girls across Scotland.
- The number of operational hubs across Scotland increased to 197 during 2018-19, and sportscotland is on track to meet the target of 200 by 2020. Eight hubs are located in the 5% most deprived areas and 30 hubs are in the 20% most deprived areas. Through the Go Live! Get Active programme and Women and Girls in Sport Fund, sportscotland has provided additional support and resource to Community Sport Hubs, Scottish Governing Bodies and Local Authorities to provide new opportunities for people from underrepresented groups in sport and those at risk of inactivity to get active through participation in sport.

[31] As at December 2018
[32] https://www.gov.scot/publications/active-scotland-delivery-plan/

- NHS Tayside have developed a business case for a Social Prescribing Service that has broad support from Health & Social Care Partnerships, senior clinicians and the GP contractor body. It is recognised that the opportunity to address Healthy Weight and Physical Inactivity through Social Prescribing and Green Health Prescriptions is a key part of establishing a credible prevention agenda in the board. Connecting people with community support and reducing reliance on medication is an important feature for implementation of Realistic Medicine. Tayside will continue to engage with stakeholders, Voluntary Sector and communities and colleagues in Scottish Government as we progress with this work which is part of the transformational change for service improvement.
- We continue to work with the Daily Mile Foundation to broaden participation of The Daily Mile initiative within and beyond the education sector since the reinvigoration of the initiative across Scotland in August 2017. We now have two thirds of schools across Scotland participating as well as many NHS Boards, local authorities and private companies, all contributing to Scotland becoming a Daily Mile Nation.

5 NHS Board Reform

5.1 The objective of the Board Reform activity is to review the functions of existing national NHS Boards, exploring the scope for more effective and consistent delivery of national services; and the support provided to local health and social care systems for delivering services at a regional basis. A further priority is to ensure current leaders are equipped to drive the changes required, and ensure sustainability of approach by identifying the next cohort of future NHS Scotland leaders.

What we have done

5.2 **Territorial and Special NHS Boards** are collaborating in a number of ways, including with Integrated Joint Boards (IJBs), to allow service reform on the basis of population needs as set out in the National Clinical Strategy. NHS Board Chief Executives, supported by programme teams, have been working to develop more standardised, harmonised approaches across Scotland to improve equity of care and access, improve the use of resources and improve the sustainability of services. Progress is now gaining traction with items including the development of Once for Scotland workforce policies and the commitment in Programme for Government 2019 to improve consistency in employee experience and workforce practices.

5.3 Work is also taking place to enhance workforce capacity, improve the employment experiences of staff, and make services more efficient and convenient through better use of digital technology.

5.4 Much of the work taken forward through **regional collaboration** is particularly focused on supporting actions to deliver the outcomes required by our Waiting Times Improvement Plan during the next 18 months, and in the longer term. Other activities support the drive to reduce demand (now and in the future) on services. Particular initiatives underway include:

- The East of Scotland Diabetes Partnership has been established as a whole system approach to tackle the prevention and reversal of Type 2 Diabetes (T2D) supported by the six Councils, six IJBs and three NHS Boards along with other agencies such as Diabetes Scotland and Health Scotland. The Partnership forms one of the Early Adopter sites implementing the T2D Prevention Framework (see Page 21).
- Enhancing workforce capacity in key specialties, for example, by developing a 'Once for Scotland' approach to NHS workforce policies across Boards, where appropriate.
- Patients seeing the right healthcare professional at the right time is one of the key aspects of primary care reform. Work is underway in East Lothian working with NHS 24 to triage GP patients to the most appropriate healthcare professional. Not only has this seen a reduction in GP workload, allowing them to focus on the most complex cases, but patients are seeing the most appropriate healthcare professional quicker, and referrals into secondary care have reduced.

5.5 One of the priority areas of the 2018 General Medical Services Contract Offer and associated Memorandum of Understanding was urgent care services within general practice being carried out by other healthcare professional than GPs. While this work is still in the development phase, some areas have seen the use of paramedics carrying out home visits to improve GP workload, and seeing great patient satisfaction rates. Evaluation of this work is currently underway to allow for learning to be shared.

5.6 The **Practice Admin Staff Collaborative** have piloted improved workflow optimisation for admin staff to improve their direction of patients to the most appropriate healthcare professional. This has worked successfully in four pilot areas, with work underway to roll out this approach.

5.7 We have developed a new approach to recruit, retain, develop and manage talent within Health and Social Care in Scotland to ensure the very best and most able leaders reach boardrooms. There are 4 key strands to the approach, launched under the banner of **Project Lift**[33]: The project has progressed four main area as follows: Leadership Development; Talent Management; Performance Appraisals; and Values Based Recruitment.

5.8 The leadership development framework recognises that 'one size does not fit all' and promotes a more nuanced and meaningful approach, with a talent management database being used to match individuals to new/existing openings.

5.9 The new and bespoke Scottish **Leadership Development** offer for aspiring directors, Leadership[3,], has had a full cohort of 20 aspiring directors from all across Health and Social Care in Scotland in place since October 2018, and live collaborative projects are core to this initiative. A further cohort started in May 2019, with plans for a third cohort starting November 2019.

5.10 An inclusive approach has been designed to help identify and develop future leaders at all levels, by encouraging colleagues from all backgrounds and at all levels of seniority to participate, rather than relying on a traditional 'top down' approach. As at June 2019, over 2800 staff from across Health and Social Care have accessed the **Talent Management** process with more than 1,400 having completed the Self-Assessment Questionnaire.

5.11 A communities page has been added to the Project Lift website as one of many ways for individuals to engage in conversation. Several community events have already been held and others will follow throughout the year.

5.12 A national **performance appraisal** form for executives/senior managers in NHS Scotland was introduced in April 2018 to support consistency nationally, and was trialled throughout the year. We have actively sought feedback through 4 Remuneration Committee Roadshows which took place in April and May 2019.

[33] https://www.projectlift.scot/

5.13 In June 2018, we introduced recruitment processes for senior leaders in NHS Scotland using a Once for Scotland **Values Based Recruitment** approach. This means that the values of leaders, and how they relate to the values of NHS Scotland, are as important as their skills and experience. A significant number of recruitment processes have followed this approach, including the recruitment of 7 new NHS Board Chief Executives.

5.14 We are currently undertaking a pilot with Scottish Social Services Council to widen the scope of Project Lift further to include Social Care staff from Local Authorities.

6 Cross Cutting

6.1 Supporting the desired improvements detailed in the Delivery Plan are a number of Cross Cutting activities including:

- Our approach to improving the services for children and young people through Getting It Right For Every Child.
- The National Health and Social Care Workforce Plan.
- A focus on research and development, innovation and digital health.;

6.2 **Getting it Right for Every Child**

6.2.1 In addition to actions contained in the rest of the Delivery Plan, we continue to be committed to the principles of our **Getting it Right for Every Child** (GIRFEC) approach. A GIRFEC Practice Development Panel was asked to develop an authoritative and accessible information sharing Code of Practice for children, families and the people who work with and support them. The GIRFEC Practice Development Panel concluded their meetings and engagement with stakeholders on 21 March 2019 with their final recommendations in relation to a draft Code of Practice for Information Sharing. Minsters responded to their recommendations in September this year[34].

6.2.2 Development of a **Child and Adolescent Wellbeing Action Plan** is underway with significant engagement having taken place. A draft plan has been produced, with the final version being published shortly.

6.3 **Workforce**

6.3.1 The National Health and Social Care Workforce Plan was published in three parts between June 2017 and April 2018. Part 1 focuses on NHSScotland Workforce planning (June 2017); Part 2, published jointly with COSLA, focuses on the social care workforce, including those working in adult social care, children's social care, criminal justice services and mental health services (December 2017); and Part 3 reflects the requirement for a multi-disciplinary workforce supporting the new GP contract to deliver Primary Care services (April 2018).

6.3.2 Key recommendations from parts 1-3 have been taken forward, including the creation and population of a digital platform (TURAS) with workforce data to support and improve workforce planning and scenario planning capability.

6.3.3 The next iteration of this work will the production of a fully integrated Health and Social Care Workforce plan.

[34] https://www.gov.scot/publications/getting-right-child-girfec-practice-development-panel-report-scottish-government-response/

6.4 Innovation and Digital Health and Care

6.4.1 Digital technology is key to transforming health and social care services so that care is person-centred. Following a review led by international experts of our approach to digital health, use of data and intelligence, which will support the development of world-leading, digitally-enabled health and social care services, we published our Digital Health and Care Strategy[35]. A National Strategic Portfolio Board has been set up to oversee this work. Work is underway to implement the activities under six key areas, or "domains". The Scottish Government has commissioned a review of the current financial landscape for funding digital and IT systems across NHS Scotland and, in time, social care. A national review of information governance is also under way to develop agreed and consistent standards for information management across health and social care in Scotland.

6.4.2 Key activities to date include the continued roll out of **Attend Anywhere**; the scale up **of Home and Mobile Health Monitoring**; and the commencement of work on a **National Digital Platform**.

6.4.3 During 2018, a Scale-Up Challenge was launched with the intention of supporting the expansion of video consultations in order to provide more people with the opportunity to consult with a health and care professional without having to travel long distances. Funding of around £1.6m was paid out across 14 bids for 2018/19 and 2019/20. By March 2019, **Attend Anywhere** clinics have been established within 13 of the 14 territorial board areas and the Golden Jubilee National Hospital. The number of consultations has increased significantly over the course of the programme and now stands at over 1500 consultations per quarter. Over 7000 consultations have been held to date with 98% of users saying they would use the service again. Service users indicated that on average they saved a 93 mile round trip, if they were based in NHS Highland. Of these journeys, 14% would have been paid for by the local Health Board. Work will continue to extend the usage of virtual consultations across Scotland.

6.4.4 **Home and Mobile Health Monitoring**, in particular the FLORENCE simple telehealth system (FLO for short)[36], is used to inform self-management decisions by the patient and to support diagnosis, treatment and care decisions by professionals through simple low cost SMS text messaging. For example it allows for readings to be sent to clinicians by patients and sends reminders to patients to take critical medicines. Over 23,000 people have now benefitted from this with particular success being found in monitoring and managing high blood pressure and the benefits this can bring – particularly optimising medication management and reducing time for diagnosis.

[35] https://www.gov.scot/publications/realising-scotlands-full-potential-digital-world-digital-strategy-scotland/

[36] https://www.mediaburst.co.uk/florence/

6.4.5 Measuring blood pressure is the third most common reason for attending Primary Care appointments with 1.2 million appointments per year in Scotland for nothing but BP. 15-20% of appointments report “white coat syndrome” (where someone’s blood pressure rises as a result of just being at a doctor’s surgery) and remote monitoring helps reduce this in diagnosis. Blood pressure measures taken at home are more accurate than in a GP surgery and technology can help give patients control of their own wellbeing.

6.4.6 Over 10,000 people have already used FLO to manage their blood pressure in Scotland, with the system reaching over 20% of Primary Care Practices in Scotland – with some health boards reporting over 50% of practices using it.

6.4.7 As a result, a further Scale Up Challenge was launched by the Cabinet Secretary for Health and Sport in May 2019 to further develop the remote management of people with high blood pressure.

6.4.8 The establishment of a National Digital Platform is underway. This system will allow for a patient’s health and care information to be available to the right person, at the right time, in the format that they need it in. Access will be based on the individual patient’s choice. This approach will prevent the need for a patient to have to constantly repeat their health information to each individual health or social care professional. This work is being taken forward by the NHS NES Digital Service (NDS). The first use-case being developed will deliver a digital version of the ReSPECT form providing improved access to end of life information, both for carers and clinicians.

6.4.9 June 2019 has also seen the Scottish Government’s TEC Programme working alongside Digital Scotland on an exciting project. Using the Scottish Approach to Service Design, four lead Pathfinders have been identified to look at shifting local delivery toward prevention and self-management. A successful launch event was held on Monday 17 June 2019 by Cabinet Secretary and NHS Scotland Chief Executive Malcolm Wright.

FLORENCE in action

Flo technology the icing on the cake for top baker Julie

A year ago, Julie Chambers, a mum-of-two who bakes everything from wedding to intricate novelty cakes, discovered she was living with high cholesterol and blood pressure during a routine health check.

Julie, from East Kilbride in South Lanarkshire, was referred by her GP into a Physical Activity Programme (PAP), which included a six week exercise course at a local gym – and use of Florence Simple Telehealth text messaging system, or 'Flo' for short.

"When I discovered I had high blood pressure, it was concerning," said Julie. "I've got to admit, however, that the prospect of having to go to a Doctor's surgery or clinic to get it regularly checked was enough to raise my blood pressure even higher! Between work and family I lead a very busy lifestyle. I felt like I didn't want to be taking up the valuable time of clinicians either. Being offered the use of Flo was a brilliant alternative – and I think the hassle free-nature of it, without having to commute and take time out of a busy day, probably have a truer reflection of my day-to-day readings."

Julie was equipped and taught how to self-monitor her blood pressure and texted readings from home – where she also works from – every day.

A digital system was specifically programmed. If Julie's readings were outwith prearranged parameters she was advised of what action to take via text message. Clinicians were also able to view real time information about Julie at any time.

Through the PAP, run by South Lanarkshire Leisure & Culture, Julie also established a regular fitness regime attending her local gym four times a week.

Julie said: "Regular exercise has really provided me with sense of wellbeing. The high blood pressure is now under control and I'm in great health.

"Throughout the process, I had the peace of mind that I was linked to professionals and supported through the Flo text system.

"I also liked the fact it was responsive to the data I was providing. My job is all about accurate quantities and ingredients. Inputting my readings and receiving confirmation I was on track was really reassuring."

7 Conclusion

7.1 This progress report forms part of the commitment within the delivery plan to:

> "…..continually assess whether the measures and approach being taken are appropriate and sufficient to secure our Vision."

7.2 As can be seen from this report, there are already many positive impacts, making a real difference to people's health and social care.

7.3 It is crucial that the delivery plan does not remain a simple statement of intent, but a continuing process of monitoring, challenge and review, throughout its five year delivery. As such, the initiatives and activities in the Delivery Plan continue to evolve. Building on the progress to date (set out in this report) and to ensure it aligns with the National Performance Framework[37], we will publish an updated Delivery Plan.

7.4 This will focus intent and sharpen activity, provide a further update on actions in progress, together with new initiatives that support our Programme for Government, our immediate priorities of Integration, Access and Mental Health, that support our vision for health and social care during the remaining lifetime of the delivery plan.

[37] https://nationalperformance.gov.scot/

8 The Actions

8.1 The following table summarises progress for each of the actions in the Delivery Plan. The updated Delivery Plan, available later this year, will provide an update for those actions currently in progress for delivery by 2021.

Health and Social Care Integration	
What we said we would do by now	
Reducing Inappropriate Use of Hospital Services Ensure Health and Social Care Partnerships make full use of their new powers and responsibilities to shift investment into community provision by reducing inappropriate use of hospital care and redesigning the shape of service provision across hospital, care home and community settings.	
Agree with partners how to deliver an ambition of raising the performance of the whole of Scotland on delayed discharges from hospitals to the performance of the top quartile of local areas.	
Reduce unscheduled bed-days in hospital care by up to 10 percent (ie. by as many as 400,000 bed-days) by reducing delayed discharges, avoidable admissions and inappropriately long stays in hospital.	
Supporting the Capacity of Community Care Continue to take forward a programme of work to deliver change in the adult social care sector, together with COSLA and other partners.	
What we said we would do by 2021/22	
Reducing Inappropriate Use of Hospital Services Ensure that everyone who needs palliative care will get hospice, palliative or end of life care. All who would benefit from a 'Key Information Summary' will receive one. More people will have the opportunity to develop their own personalised care and support plan. The availability of care options will be improved by doubling the palliative and end of life provision in the community.	
Shifting Resources to the Community Ensure Health and Social Care Partnerships increase spending on primary care services, so that spending on primary care increases to 11 percent of the frontline NHS Scotland budget.	

Primary and Community Care	
What we said we would do by now:	
Building Capacity in Primary and Community Care Have increased health visitor numbers with a continued focus on early intervention for children through addressing needs identified through the Universal Health Visiting Pathway. As a result of this, every family will be offered a minimum of 11 home visits including three child health reviews by 2020.	
Have commenced Scotland's first graduate entry programme for medicine.	
Supporting New Models of Care Negotiate a new landmark General Medical Services contract, as a foundation for developing multi-disciplinary teams and a clearer leadership role for GPs.	
Test and evaluate the new models of primary care in every NHS Board, which will be funded by £23 million, and disseminate good practice with support from the Scottish School of Primary Care.	
Taken forward the recommendations from the Review of Maternity and Neonatal Services.	
Launch Scotland's Oral Health Plan.	
Have rolled out the Family Nurse Partnership programme nationally.	
What we said we would do by 2021/22	
Building Capacity in Primary and Community Care Continue the investment in recruitment and expansion of the primary care workforce which began in 2016, and which will mean that, by 2022, there will be more GPs, every GP practice will have access to a pharmacist with advanced clinical skills and 1,000 new paramedics will be in post.	
Have implemented the recommendations of the Improving Practice Sustainability Short Life Working Group, the GP Premises Short Life Working Group and the GP Cluster Advisory Group.	
Have strengthened the multi-disciplinary workforce across health services. We will agree a refreshed role for district nurses by 2017, train an additional 500 advanced nurse practitioners by 2021 and create an additional 1,000 training places for nurses and midwives by 2021.	

Primary and Community Care	
Have increased the number of undergraduates studying medicine by 250.	
Have increased spending on primary care and GP services by £500 million by the end of the current parliament so that it represents 11 percent of the frontline budget.	

Secondary and Acute Care	
<u>What we said we would do by now:</u> **Reduce Unscheduled Care** Complete the roll out of the Unscheduled Care Six Essential Actions across the whole of acute care.	
Undertake a survey on admission and referral avoidance opportunities.	
Improve Scheduled Care Reduce cancellations and private care spend in scheduled care by rolling out the Patient Flow Programme from the current pilots across all NHS Boards.	
<u>What we said we would do by 2021/22</u> **Improve Scheduled Care** Complete investment of £200 million in new elective treatment capacity and expanding the Golden Jubilee National Hospital.	
Complete investment of £100 million in cancer care.	
Improve Outpatients Have reduced unnecessary attendances and referrals to outpatient services through the recently-published Modern Outpatient Programme. The aim is to reduce the number of hospital-delivered outpatient appointments by 400,000, reversing the year-on-year increase of new appointments.	

Realistic Medicine	
What we said we would do by now: **Strengthen relationships between professionals and individuals** Refresh our Health Literacy Plan, Making It Easy	☑
Review the consent process for patients in Scotland with the General Medical Council and Academy of Medical Royal Colleges	🕒
Commission a collaborative training programme for clinicians to help them to reduce unwarranted variation	☑
Refresh the Professionalism and Excellence in Medicine Action Plan	☑
Reducing the unnecessary cost of medical action Incorporate the principles of realistic medicine as a core component of lifelong learning in medical education	🕒
Develop a Single National Formulary	🕒

Public Health Improvement	
What we said we would do by now: **Supporting National Priorities** Set national public health priorities with SOLACE and COSLA, that will direct public health improvement across the whole of Scotland.	☑
Supporting key public health issues Continue delivery of the ambitious targets set out in our 2013 Strategy, Creating a Tobacco Free Generation.	🕒
Refresh the Alcohol Framework.	☑
Consult on a new strategy on diet and obesity	☑
Introduce the Active and Independent Living Improvement Programme	☑

Public Health Improvement	
Supporting Mental Health Improve access to mental health support by rolling out computerised cognitive behavioural therapy services nationally.	☑
Active Scotland Publish a new delivery plan to support the Active Scotland Outcomes Framework and the Vision for a More Active Scotland.	☑
<u>What we said we would do by 2021/22</u> **Supporting National Priorities** Support a new, single, national body to strengthen national leadership, visibility and critical mass to public health in Scotland.	🕒
Have set up local joint public health partnerships between local authorities, NHS Scotland and others to drive national public health priorities and adopt them to local contexts across the whole of Scotland.	🕒
Supporting key public health issues Deliver the Maternal and Infant Nutrition Framework	☑
Supporting Mental Health Have evaluated the most effective and sustainable models of supporting mental health in primary care, and roll these out nationally by 2020.	☑
Have rolled out nationally targeted parenting programmes for parents of 3- and 4-year olds with conduct disorder.	☑
Have improved access to mental health services across Scotland, increased capacity and reduced waiting times by improving support for greater efficiency and effectiveness of services, including Child and Adolescent Mental Health Services and psychological therapies.	🕒
Have delivered new programmes promoting better mental health among children and young people.	🕒
Have invested £150 million to improve services supporting mental health.	🕒
Active Scotland Have embedded the National Physical Activity Pathway in all appropriate clinical settings.	🕒

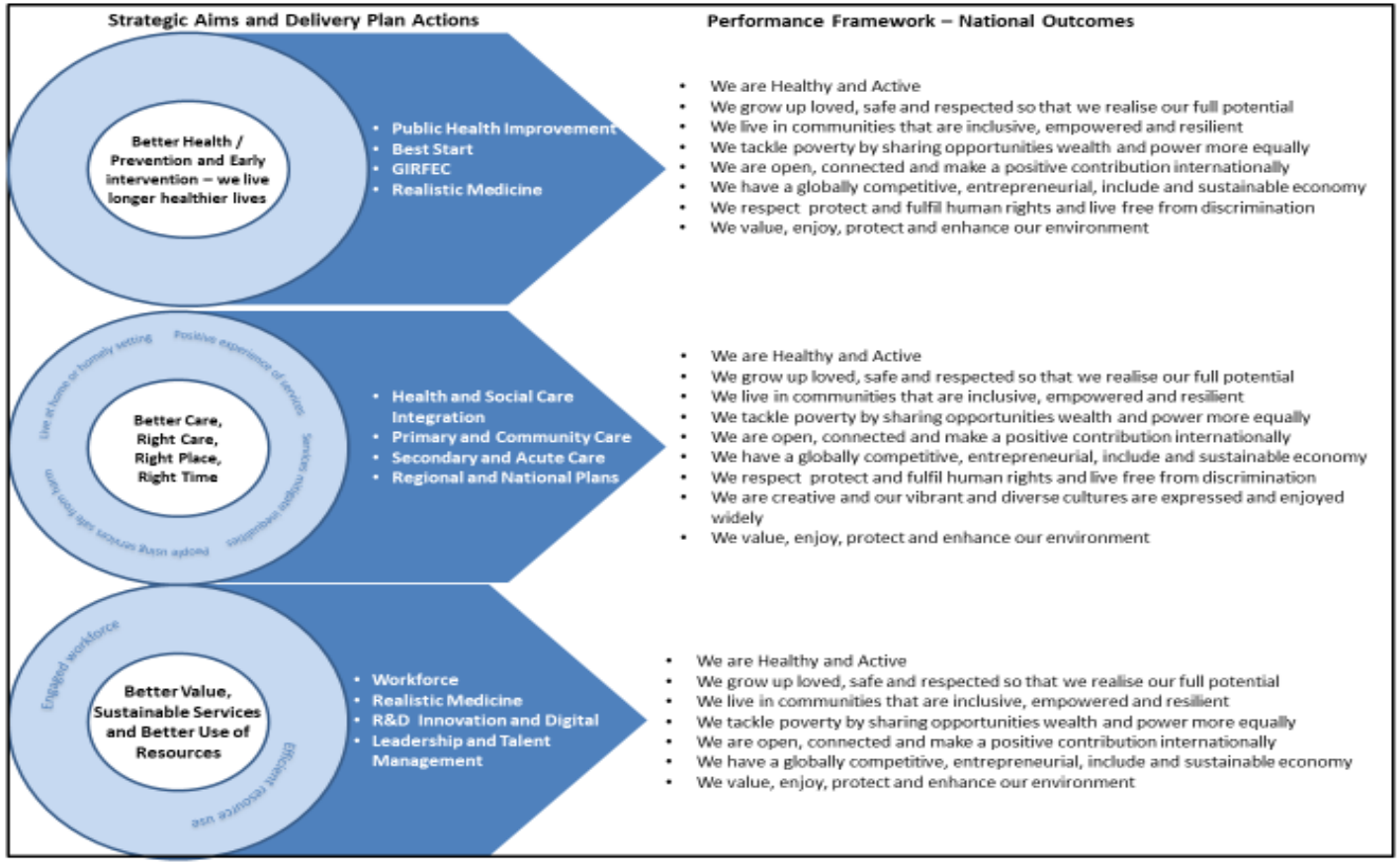
Board Reform	
What we said we would do by now:	
Review the functions of existing national NHS Boards to explore the scope for more effective and consistent delivery of national services.	☑
Ensure that NHS Boards expand the 'Once for Scotland' approach to support functions.	🕒
Put in place new arrangements for the regional planning of services.	☑
Start a comprehensive programme to look at leadership and talent management development within NHS Scotland.	☑

☑ Action completed

🕒 Action in progress

9 Annex A – National Performance Framework

9.1 The following maps Delivery Plan's strategic aims of Better Health, Better Care and Better value to the National Performance Framework outcomes.



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