



**Item No. 17**

**Meeting Date Wednesday 13<sup>th</sup> June 2018**

**Glasgow City  
Integration Joint Board  
Finance and Audit Committee**

**Report By: Sharon Wearing, Chief Officer, Finance and Resources**

**Contact: Allison Eccles, Head of Business Development**

**Tel: 0141 287 6724**

**NHS IN SCOTLAND 2017 (AUDIT SCOTLAND): FINAL UPDATE**

<b>Purpose of Report:</b>	The purpose of this report is to provide a final update on the actions taken to meet the recommendations from Audit Scotland's report 'NHS in Scotland 2017' where there is relevance to the Glasgow City Integration Joint Board (IJB) and Glasgow City Health and Social Care Partnership (HSCP).
---------------------------	---

<b>Background/Engagement:</b>	'NHS in Scotland 2017' is Audit Scotland's annual report on how the NHS in Scotland is performing, which was published on 26 October 2017. The full report and accompanying supplements are available at <a href="http://www.audit-scotland.gov.uk/report/nhs-in-scotland-2017">http://www.audit-scotland.gov.uk/report/nhs-in-scotland-2017</a> . A previous update report was considered by this Committee at its meeting on <a href="#">6 December 2017</a> , which outlined the IJB's/HSCP's actions to date in meeting Audit Scotland's recommendations as they related to Integration Authorities/HSCPs.
-------------------------------	--

<b>Recommendations:</b>	The IJB Finance and Audit Committee is asked to:  a) note the final update on progress made to address the audit recommendations as they relate to Integration Authorities/HSCPs.
-------------------------	---

## Relevance to Integration Joint Board Strategic Plan:

The NHS Scotland 2017 audit report and its recommendations are relevant to the IJB's strategic vision for health and social care services in Glasgow City as outlined in page 3 of the Strategic Plan, and in particular through designing and delivering services around the needs of individuals, carers and communities and by showing transparency, equity and fairness in the allocation of resources.

## Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	The NHS Scotland 2017 audit report and its recommendations directly relate to what Integration Authorities are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care. Therefore all nine National Health and Wellbeing Outcomes are encompassed.
<b>Personnel:</b>	Audit Scotland makes a recommendation in relation to workforce planning. A joint three-year IJB Workforce Plan (2017-20) was approved by the IJB at its <a href="#">June 2017</a> meeting.
<b>Carers:</b>	A number of recommendations relating to the design and delivery of services will have a positive impact on patients, service users, carers and communities.
<b>Provider Organisations:</b>	None.
<b>Equalities:</b>	No EQIA carried out as this report does not represent a new or revised plan, policy, service or strategy.
<b>Financial:</b>	Audit Scotland makes a number of recommendations in respect of resource planning, particularly in respect of capital investment strategy by Integration Authorities.
<b>Legal:</b>	Audit Scotland makes a number of recommendations that relate to the statutory functions of the IJB.
<b>Economic Impact:</b>	None.
<b>Sustainability:</b>	None.
<b>Sustainable Procurement and Article 19:</b>	None.
<b>Risk Implications:</b>	None.

<b>Implications for Glasgow City Council:</b>	Audit Scotland makes a number of recommendations that are relevant to the Council and NHS in the delivery of health and social care services.
---	---

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Audit Scotland makes a number of recommendations that are relevant to the Council and NHS in the delivery of health and social care services.
--	---

## 1. Purpose

- 1.1 The purpose of this report is to provide a final update on the actions taken to meet the recommendations from Audit Scotland's report 'NHS in Scotland 2017' where there is relevance to the Glasgow City Integration Joint Board (IJB) and Glasgow City Health and Social Care Partnership (HSCP).

## 2. Background

- 2.1 'NHS in Scotland 2017' is Audit Scotland's annual report on how the NHS in Scotland is performing, which was published on 26 October 2017. The full report and accompanying supplements are available at <http://www.audit-scotland.gov.uk/report/nhs-in-scotland-2017>. The overall aim of the audit is to assess how well the NHS managed its finances and performance against targets in 2016/17 and how well the NHS is adapting for the future.
- 2.2 The reports has two parts:
- 'The NHS in Scotland in 2016/17,' which examines how different parts of the healthcare system in Scotland currently performs and why healthcare needs to change and
  - 'Achieving Change,' which identifies the progress being made and the barriers that urgently need to be overcome to ensure the NHS can continue to provide high-quality care in the future.
- 2.3 Audit Scotland also reviewed service performance information at a national and Board levels with the aim of presenting the national picture and highlighting any significant variances between Boards.
- 2.4 Based on Audit Scotland findings, a number of recommendations were made directed to the Scottish Government, NHS Boards and/or Integration Authorities. A previous update report was considered by this Committee at its meeting on [6 December 2017](#), which outlined the IJB's/HSCP's actions to date in meeting the recommendations as they related to Integration Authorities/HSCPs.

## 3. Audit Summary Findings: Part 1 and Part 2

- 3.1 The primary finding from the audit is that significant activity is under way to transform Scotland's healthcare system, but a number of crucial building blocks still need to be put in place. The Scottish Government has had a consistent and

long-standing vision of how it wants healthcare to look in the future. Its aim has been that everyone should live longer, healthier lives at home or in a homely setting by 2020. To achieve this vision, the way that people access and use health and social care services across Scotland needs to significantly change, services will need to be delivered differently and there will need to be a significant change in how people manage their own health.

### 3.2 Key points highlighted in Part 1, 'The NHS in Scotland in 2016/17' include:

- funding for the NHS continues to increase and accounted for 43% of the Scottish Government budget in 2016-17;
- lack of long-term planning and financial flexibility are barriers to moving more care into the community: NHS Boards made unprecedented levels of savings but failed to meet the overall planned savings target and NHS Boards' increasing use of one-off savings is unsustainable;
- rising operating costs continued to make it difficult for NHS Boards to manage their finances: most NHS Boards overspent on their pay budgets and agency costs continued to be high, backlog maintenance costs have reduced but remain considerable, spending on drugs continues to rise and clinical negligence costs have increased;
- previous approaches of treating more people in hospital and speeding up treatment are not sufficient any more and a different approach is needed;
- there are signs that the NHS' ability to maintain quality of care is under pressure and this needs to be closely monitored;
- Scotland's health is not improving and significant inequalities remain (for example, life expectancy is lower than most European countries and drug-related deaths have increased and are the highest in the European Union) and
- general practice is central to the changes that are needed to the healthcare system but difficulties in recruiting and retaining GPs and low morale are among many challenges.

### 3.3 Key points highlighted in Part 2, 'Achieving Change' include:

- the national Health and Social Care Delivery Plan sets out the main ways the Scottish Government aims to achieve change;
- Integration Authorities are beginning to have a positive impact but challenges remain (for example, budget-setting, development of clinical governance processes and development of agreed financial reporting timescales)
- progressing 'realistic medicine' will support the culture change necessary to transform healthcare (that is, putting the person receiving health and care services at the centre of decision-making, creating a personalised approach to their care and promoting responsibility for looking after one's own health)
- action is needed as a priority in several key areas if meaningful change is to happen including governance arrangements for overseeing activity and scrutiny; financial framework for moving healthcare into the community; strategic approach to capital investment and developing health and social care facilities; workforce planning and staff involvement; agreeing the new GP contract with more care in the community; open and regular involvement with local communities in the design of services; more information available to staff and communities to support their involvement and shared commitment and

actions by all parts of the public sector to improve the health of the public in Scotland.

#### **4. Audit Scotland Recommendations and Update**

4.1 Audit Scotland made four recommendations that were directed to the Scottish Government in partnership with NHS Boards and Integration Authorities/HSCPs:

- Develop a capital investment strategy to ensure the NHS Scotland estate is appropriate for delivering more regional and community-based services
- Continue to develop a comprehensive approach to workforce planning that reflects forecasts of future staffing and skills requirements to deliver changing models of healthcare provision at regional, local and community level and provides a clear breakdown of transitional and future costs to meet projected demand through additional recruitment and training
- Continue to work with the public, local communities and staff to develop a shared understanding and agreement on ways to provide and access services differently and
- Work together to embed the principles of 'realistic medicine' in the way they work, monitor progress in reducing waste, harm and unwarranted variation; and creating a personalised approach to care.

4.2 The final update on the IJB's/HSCP's actions to date to meet the four recommendations are outlined in the table at Appendix 1. The previous [December 2017](#) update is also included.

#### **5. Recommendations**

5.1 The IJB Finance and Audit Committee is asked to:

- a) note the final update on progress made to address the audit recommendations as they relate to Integration Authorities/HSCPs.

## Appendix 1: Recommendations and Final Update on Progress

Recommendation	December 2017 Update	May 2018 Update (Final)
<b>To provide the foundations for delivery of the 2020 Vision and changing the way healthcare services are provided</b>		
<p>1. Develop a capital investment strategy to ensure the NHS Scotland estate is appropriate for delivering more regional and community-based services.</p>	<ul style="list-style-type: none"> <li>• a five-year IJB Property Strategy (2017-22) with an action plan has been developed, and was approved by the IJB at its November 2017 meeting, making sure that the use of property supports the aim of delivering high-quality, effective health and social care services to people in their own communities</li> <li>• a Property Strategy Board has been established to progress the Strategy, chaired by the Chief Officer, Finance and Resources and attended by key stakeholders from the GCHSCP, the Council Family and NHSGGC</li> </ul>	<ul style="list-style-type: none"> <li>• previous update remains</li> <li>• the HSCP's Property Strategy Board and Capital Board continue to meet four-weekly, and the Capital Board, chaired by the Chief Officer, Finance and Resources, is now joint (both Health and Social Work) and attended by key stakeholders from the GCHSCP, the Council Family and NHSGGC</li> <li>• the HSCP is represented on NHSGGC's Capital Planning Group, which contributes to the development and delivery of the NHS's capital investment strategy. This includes capital investment to deliver community-based services</li> </ul>
<p>2. Continue to develop a comprehensive approach to workforce planning that reflects forecasts of future staffing and skills requirements to deliver changing models of healthcare provision at regional, local and community level and provides a clear breakdown of transitional and future costs to meet projected demand through additional recruitment and training.</p>	<ul style="list-style-type: none"> <li>• a joint three-year IJB Workforce Plan (2017-20) has been developed, and was approved by the IJB at its June 2017 meeting, supporting the GCHSCP to deliver the IJB's Strategic Plan priorities and ensure appropriate staffing arrangements are in place, within the context of the GCHSCP's and IJB's transformation programme</li> <li>• elements of the Workforce Plan are progressed, monitored, reported and/or scrutinised within the GCHSCP via the Chief Officer-led Integration Transformation Board, SMT, Staff Partnership Forum and</li> </ul>	<ul style="list-style-type: none"> <li>• the previous IJB Workforce Plan is currently being updated to reflect ongoing service change/ reform and an updated version will be brought to the IJB for approval</li> <li>• a Workforce Planning Board and Workforce Planning Subgroup are established and continue to meet quarterly and four-weekly respectively to strategically plan and manage the HSCP workforce in supporting the delivery of the IJB's Strategic Plan priorities, and are part of the Business Architecture for the</li> </ul>

Recommendation	December 2017 Update	May 2018 Update (Final)
	<p>other stakeholder forums and IJB Finance and Audit Committee</p>	<p>HSCP's governance and decision-making arrangements</p> <ul style="list-style-type: none"> <li>• the Business Architecture for the HSCP's internal governance and decision-making arrangements to support the delivery of the IJB's Strategic Plan priorities has been reviewed and revised to ensure it is effective and efficient to meet business needs</li> <li>• transformational change programmes for Children and Older People reported to November 2017 IJB and Adults reported to January 2018 IJB included consideration of staffing needs</li> <li>• available detail regarding staffing changes within Health will also be fed in the workforce planning process for NHSGGC to meet with national timescales as required</li> </ul>
Recommendation	December 2017 Update	May 2018 Update (Final)
<b>To promote the culture change necessary to move to new ways of providing and accessing healthcare services</b>		
<p>3. Continue to work with the public, local communities and staff to develop a shared understanding and agreement on ways to provide and access services differently.</p>	<ul style="list-style-type: none"> <li>• an IJB Participation and Engagement Strategy has been developed, and was approved by the IJB at its October 2016 meeting with an associated action plan approved by the IJB Public Engagement Committee at its November 2016 meeting</li> <li>• there has been the development and establishment of Locality Engagement Forums within each of the GCHSCP's localities (North East, North West and</li> </ul>	<ul style="list-style-type: none"> <li>• previous update remains</li> <li>• draft one-year Locality Plans for 2018-19 for North East, North West and South have been in development in consultation and engagement with Locality Engagement Forums and will be reported to the IJB Committee structure</li> <li>• individual Locality Engagement Forum updates will continue to be reported to the</li> </ul>

Recommendation	December 2017 Update	May 2018 Update (Final)
	<p>South) (2017), so that patients, service users, carers and their representatives, linked with local established forums, groups and networks, can inform and influence the planning and delivery of health and social care services at a local level to reflect local priorities</p> <ul style="list-style-type: none"> <li>• draft one-year Locality Plans for North East, North West and South were considered by the IJB at its April 2017 meeting</li> <li>• summary updates on stakeholder engagement activity by the GCHSCP have been reported to the IJB Public Engagement Committee at its March and November 2017 meetings</li> <li>• draft good practice guidelines have been developed for consultation activity undertaken on behalf of the GCHSCP and IJB to ensure effective consultation; planned to be considered by the IJB Public Engagement Committee at its November 2017 meeting</li> </ul>	<p>IJB Public Engagement Committee throughout 2018</p> <ul style="list-style-type: none"> <li>• consultation and engagement guidelines for consultation activity undertaken on behalf of the IJB and HSCP were approved by the November 2017 IJB Public Engagement Committee, and are available on the HSCP's website</li> <li>• briefing sessions on the consultation and engagement guidelines took place with key staff in the HSCP in April 2018</li> <li>• a public leaflet on Health and Social Care Integration in Glasgow was produced in March 2018, and has been distributed across the city to a range of offices and centres (for example, health and care centres, social work offices, health and social care buildings, GP practices, dental practices, accident and emergency in hospitals and housing associations and local housing offices). The leaflet includes information on: the IJB and HSCP and what/who they are; services and how to access them; the vision and priorities for health and social care in Glasgow; how to get involved and how to find out more information</li> <li>• the webpages on the HSCP website for How to Get Involved have been revised, and a dedicated webpage has been developed for information on the Locality</li> </ul>



Recommendation	December 2017 Update	May 2018 Update (Final)
		<p>Engagement Forums (LEFs). The webpage will be populated with agendas and papers of LEF meetings and any events</p> <ul style="list-style-type: none"> <li>• there continued to be a range of consultation and/or engagement activity with a range of stakeholders (including LEFs) across the localities and city-wide during 2017-18, some of which included the review of Treatment Room Services; consultation on the Minor Injuries Service (which resulted in a fourth option of a local health centre being considered in the Option Appraisal process, the scoring being revisited and changed to give greater weight to the 'Access for Patients' criteria and the engagement period being extended with a third public engagement meeting organised); the review of Occupational Therapy Services; consultation on the draft Palliative Care and End of Life Care Plan; consultation on the draft Five-year Strategy for Adult Mental Health Services in NHS GGC; consultation on the HSCP's draft Volunteer Charter; consultation on the HSCP's draft Primary Care Improvement Plan; involvement in the planning, design and delivery of the new Gorbals and Woodside Health and Care Centres; involvement in the consultation process for the proposed</li> </ul>

Recommendation	December 2017 Update	May 2018 Update (Final)
		<p>Parkhead Health and Care Hub; and public-facing information, engagement and consultation sessions on issues including support for carers, mental health services, services for older people, the National Dementia Strategy 2017-20, Sandyford Sexual Health Services Review and access to health and care services for people who have historically been less engaged</p>
<p>4. Work together to embed the principles of 'realistic medicine' in the way they work, monitor progress in reducing waste, harm and unwarranted variation; and creating a personalised approach to care.</p>	<ul style="list-style-type: none"> <li>• principles of 'realistic medicine' broadly in congruence with vision, principles and priorities set out in the ADP Prevention, Harm Reduction and Recovery Strategy 2017-20 (approved by the IJB at its June 2017 meeting); Falls Strategy 2017-20, Sexual Health Strategic Plan 2017-20 and draft Palliative and End of Life Care Plan (approved by the IJB at its September 2017 meeting); Transformational Change Programmes for Children and Adults (approved by the IJB at its November 2017 meeting) and Criminal Justice and Community Justice work (reported to the IJB at its November 2017 meeting)</li> <li>• Transformational Change Programme for Adults planned to be considered by the IJB at its January 2018 meeting</li> </ul>	<ul style="list-style-type: none"> <li>• previous update remains, principles of 'realistic medicine' broadly in congruence with vision, principles and priorities set out in various HSCP strategies and plans developed over the period, particularly Children's, Adult and Older People's transformational change programmes</li> <li>• transformational change programme for Adults was approved by the IJB in January 2018</li> <li>• transformational change programmes for Children, Adults and Older People will continue to be reported to the IJB Committee structure as and when required</li> <li>• the HSCP has been engaged in the NHSGGC Moving Forward Together Strategy development, which incorporates these principles</li> <li>• five-year Strategy for Adult Mental Health Services in NHSGGC reported to the January 2018 IJB, with its implementation</li> </ul>

Recommendation	December 2017 Update	May 2018 Update (Final)
		<p>plan planned to be reported to the June 2018 IJB</p> <ul style="list-style-type: none"> <li>• the new 2018 General Medical Services Contract in Scotland reported to the January 2018 IJB, with the Primary Care Improvement Plan planned to be reported to the June 2018 IJB</li> <li>• the HSCP has been engaged in the NHSGGC Moving Forward Together Strategy development, which incorporates these principles. Planned to be reported to the June 2018 IJB</li> </ul>