26th June 2018

Dear Lewis,

Thank you for your follow up letter of 13th June 2018 regarding Neurological Conditions in relation to the Committee’s investigations into the Preventative Agenda.

The Scottish Government is committed to improving services, treatment and outcomes for everyone in Scotland living with a neurological condition. That is why we are currently working with partners to develop Scotland’s first National Action Plan on Neurological Conditions (NAP).

I welcome the Committee’s additional questions which I have addressed in turn below.

**Standards**

Q: Can you indicate what the NACNC is doing to improve outcomes for people, how improvement will be embedded and what body will be ensuring this is happening?

Q: Can you confirm how monitoring of the new standards will occur and indicate who will be responsible for monitoring and reporting on the new standards and how it is envisaged that will be undertaken and reported to Parliament?

Q: Are HIS developing indicators to underpin the new standards being developed?

The NACNC includes representatives of all the key partners with a role to play in improving the quality of outcomes and experiences for those living with a neurological condition. This includes local clinical leaders, NHS Boards, Health and Social Care Partnerships, third and independent sector service providers, advocacy groups and people, families and carers living with neurological conditions. All the NACNC partners, including the Scottish Government, agree there is a need to work together to better understand current service provision and experiences, in order to support further quality improvement. The Scottish Government is working with NACNC partners to develop a National Action Plan for Neurological Conditions which will take stock of current services and agree the priorities for quality improvement. All partners will then have a role to play in taking forward the actions they are responsible for delivering.
NHS Boards and Health and Social Care Partnerships are responsible for ensuring that relevant clinical standards are taken into account as part of their clinical governance systems. Robust clinical governance and leadership is one aspect of focus in the Healthcare Improvement Scotland Quality of Care Reviews which is being rolled out across Scotland as the framework for scrutiny of NHS Boards. Similarly, focus on safe, effective and person-centred care is a key element of Care Inspectorate provision.

The new Health and Social Care Standards were introduced on 1st 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. Officials are also considering with Care Inspectorate and Healthcare Improvement Scotland and other partners how best to evidence the impact of embedding the Standards across these services.

Within the standards, all criteria are considered ‘essential’ or ‘required’ in order to demonstrate the standard has been met. While all NHS boards and IJBs are expected to meet all the standards, the detailed implementation of the criteria will be for local determination. Local determination enables services to consider how best to respond to the needs of their local communities.

HIS will not be developing indicators to monitor standards at present. Before indicators can be considered there must a period of time to allow the bedding in of the new standards.

Reflecting on how the standards have been received and then implemented allows indicators to be more thoroughly explored.

I can confirm the National Action Plan on Neurological Conditions will include a timeframe for review which will be reported to Parliament.

Data Collection
Q: Under this heading you provided detail of work by ISD to publish existing information can you indicate the extent to which those existing systems are capable of producing adequate data and any timescales involved in any necessary redesign required to automate collection.

Q: Can you also advise when the data will be published and to what frequency?

As previously advised, on behalf of the NACNC, ISD were recently commissioned by the Scottish Government, to provide summary data for a landscape analysis of an extensive list of neurological conditions.

This data included inpatient and outpatient hospital activity, hospital waiting times, mortality data and prevalence data (for a limited number of neurological conditions). This work involved pooling across national health data collections already collected by ISD. These sources can provide useful information on the extent and impact of neurological conditions. This data will be used to inform the recommendations of the NAP and therefore some of the gathered information will be published within the action plan.

The committee may be interested in reviewing the information available on the Source Analytical Outputs. This can be found at http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Health-and-Social-Care-Integration/Analytical-Outputs/

ISD have not been asked to redesign any neurological data collection systems and therefore no timescale for redesign can be commented upon at present.
ISD has been working with the Scottish Government on an important initiative to merge the Scottish Government Social Care Survey and the ISD Source Social Care data. Social care data will now be collected nationally in a single solution via a revised Source Social Care dataset which will meet the combined purposes of the two previous arrangements.

Under this new streamlined approach ISD will assume responsibility for the publishing of official statistics on social care, previously the remit of the Scottish Government. The original main purpose of the Source Social Care data, to support Partnerships' information and intelligence requirements, will be advanced considerably on the strength of the new arrangements.

The Scottish Care Home Census publication should be published in October 2018.

**Delays in Treatment**

*Q: Does the Scottish Government, within the national guidance that is issued, have any proposals to set as a priority for boards the funding of neurological treatment?*

The Scottish Government expects NHS Boards to provide safe, effective and person-centred treatment to everyone, no matter the condition they are living with, and agrees funds on annual basis to enable them to do this. With Health and Social Care partnerships, funds are agreed annually for delivery against the Health and Wellbeing Outcomes. It is for NHS Boards and HSCPs locally to prioritise funding to ensure delivery of agreed outcomes against the funding provided by Scottish Government.

Through the NACNC, Scottish Government is working with partners to take stock of current systems, identify unhelpful and unwarranted variation, and agree priorities for improvement action.

**Role of IJBs**

*Q: The Committee notes the responsibilities of Integration Authorities are set out in the Integration Scheme for each area. Does the Scottish Government consider the IJBs have under the legislation responsibility for commissioning neurological services?*

Each Integration Authority must produce a strategic commissioning plan and the Scottish Government would expect to see the principles set out in the legislation applied in such plans. The Integration Joint Board (IJB) should then commission services from the Health Board and Local Authority through the use of directions in line with the strategic commissioning plan and allocate resources accordingly. Under the legislation the Local Authority and Health Board must comply with these directions. The Scottish Government expects any organisation delivering a service commissioned under the strategic plan of an Integration Authority to apply the integration principles. Where services for neurological conditions are delegated responsibilities of an Integration Authority we would expect planning and commissioning of these services to be included in the overall strategic commissioning process in the same way.

**Short Term Funding**

*Q: Can you indicate what steps have been taken to evaluate pilots and thereafter mainstream successful pilot projects more widely?*

The Scottish Government published its 3 step model for improving public services in 2010. This outlined the need to consider new ways of supporting change and improvement within
services. Traditionally pilot projects are commissioned and evaluated in the expectation that the work can be ‘mainstreamed’, ‘rolled-out’ or implemented at scale across the country. However, the Scottish Government recognises that small scale testing is required to learn about what works best, to reduce risk and that the transferability of lessons needs to vary depending on local contexts. The ability to flex and respond to the needs of different communities across Scotland is central to the health and social care integration approach.

At a national level the Scottish Government has recognised the need to support local systems to adopt and test improvements in the best way to meet local needs. That is why we have invested an additional £2.5million, merging three predecessor bodies to create the Improvement Hub within Healthcare Improvement Scotland. This capacity helps Health and Social Care Partnerships and NHS Boards to lead quality improvements using Scotland’s approach to improvement. The development of the self-management fund and integration of Neurological Voices within the ALLIANCE further reflect this recognition that the delivery of sustainable improvements will require a move away from traditional approaches to delivery of change across the country.

**Specialist Provision shortages**

*Q: The Committee recognise the role of the IJBs in this area and share your belief that care should be delivered as close to home as possible. The concern they have relates to the around 250 young adults and others who are in residential care homes for the elderly. Is this an area in which the Government will consider issuing statutory guidance?*

The Scottish Government believes that everyone living with a neurological condition should receive care and treatment which is appropriate to their needs. We welcome the range of service redesign work which is underway across Health and Social Care Partnerships in Scotland to improve care available. HSCPs recognise the need for improvement and have already published statutory guidance on strategic commissioning plans and provided an overview of all published strategic commissioning plans, which identified key areas for attention in next iterations of plans.

**Carers**

*Q: As part of the work the Scottish Government is undertaking as part of the work on NAP does the Government consider there are adequate respite provisions available for people with neurological conditions which also have the benefit of allowing time off for their carers?*

The Scottish Government has a strong commitment to supporting carers and, as noted in my recent letter to the Committee, we are currently considering how our forthcoming NAP can best contribute to that. The Carers Act, which took effect in April, puts in place a system of carers’ rights including the right to a plan to identify their needs and personal outcomes so that their eligible needs are supported. Under the Act, there is also a requirement for the responsible local authority to consider whether this support should include a break from caring.

There is also a duty for the local authority to prepare and publish a short breaks services statement, which sets out information on the breaks available in Scotland for the carer and cared-for person. This will help people living with long term conditions and their families be better informed about what support is available to them locally.

**Cost benefits**

*Q: Can you indicate how clinicians and others can be incentivised by allowing them to accrue benefit they can apply to the services they deliver from the identification of savings?*
The value management work currently being tested in NHS Highland is an example of clinicians taking the lead in collecting data on value alongside other quality indicators, and early indications are that this is helping clinicians to take the lead in delivering quality at reduced cost. Scottish Government is working with Healthcare Improvement Scotland to consider next steps.

I trust that this letter will be helpful to the Committee.

Best wishes,

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