31 October 2018

Dear Jenny,

NHS SCOTLAND: FURTHER RESPONSE TO PUBLIC AUDIT AND POST-LEGISLATIVE SCRUTINY COMMITTEE ON AUDITOR GENERAL REPORTS

Thank you for your letter of the 28th of September seeking clarification on responses previously provided by my predecessor on the 20th of April.

Please find detailed responses to the Committee’s questions in the attached Annex A, covering points dealt with in NHS Workforce Planning; and Annex B, covering those in NHS in Scotland 2017.

I hope this is helpful in providing clarification.

[Signature]

JEANE FREEMAN
Annex A

NHS Workforce Planning

The Committee asked if the Scottish Government’s work on productivity would examine particular posts or particular health boards (ie examining links between staff shortages and NHS Boards performance). The response received appears, to the Committee, to be modelling the effect of changes in the delivery of care under different scenarios rather than examining specific posts or particular health boards.

The Committee would be grateful if you could clarify whether or not the work being undertaken on productivity will examine particular posts and particular health boards and in doing so examine the links between staff shortages and board performance.

Scottish Government Response:

At national level, we are working closely with NHS Boards to further develop the capacity to model and scenario plan the health and social care workforce in response to a range of service challenges. Key to this is the development and implementation by NHS Education for Scotland of a data platform, enabling workforce information across health and social care to be combined. National workforce planning also takes account of opportunities to improve productivity – for example, recent work on numbers of Radiology clinicians has also taken into account the impact of developments in IT.

At local level, workforce planning is undertaken by individual NHS Boards in line with Scottish Government guidance. The guidance requires Boards to use a 6 step methodology to determine their staffing needs, and to set out annual workforce projections in some detail. These projections enable Boards to make links between numbers of staff (by staff group) and how the existing workforce will meet future predicted population and service needs, aligning with the actions they are required to set out in annual workforce plans. NHS Board projections are collated and published at national level by the Scottish Government, and also inform national work to determine required training numbers across nursing and midwifery and medical specialties.
NHS in Scotland 2017

Page 9 of the Scottish Government’s response addresses the Committee’s question on added value and refers to the need for stronger overall objectives for the health and social care delivery system within the wider National Performance Framework. However, the Committee is still not clear what is meant by ‘added value’ or what actions will be taken forward to address these issues. The Committee seeks further clarification on this point.

Scottish Government Response:

We have been clear about our priorities for improving health and social care. The objectives of our reform programme were set out in the Health and Social Care Delivery Plan, published in December 2016, and presented in terms of achieving the Triple Aim of Better Health, Better Care, and Better Value. The Delivery Plan set out our programme of reform and the key activities contributing to those different objectives. This has been reaffirmed by our Medium Term Health and Social Care Financial Framework, published in October 2018 and which set out how we will drive financial sustainability through different strands of reform. Within the wider National Performance Framework, which was refreshed in earlier this year, we have set out the health and care measures that will help to capture our progress in achieving these objectives.

Health and the wider Scottish Government

The final point on which the Committee seeks clarification in respect of its question on how the Scottish Government ensures that other department and agencies are aware of the role they play in improving public health and how they maximise these opportunities.

The Committee asked if all relevant departments and agencies will be required to report on how they contribute to improving health and reducing spending by the NHS.

However, it is not clear from the Scottish Government’s response who has oversight of the various activities across the departments and agencies and whether or not the activity is co-ordinated. Again, the Committee seeks further clarification on this point.

Scottish Government Response:

Since the launch of the Public Health Priorities for Scotland in June 2018, the focus of Scottish Government and COSLA has been on building consensus and support for the priorities, and in developing the structures and relationships that will support delivery of progress in the coming years.

Some of the key steps that have been taken include establishing a Public Health Priorities Team within the Scottish Government with the purpose of providing focussed capacity to support and connect activity across Government and the wider system. This team will

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot
monitor activity across Government (or supported by Government) which supports delivery of the priorities. A Whole System Steering Group (WSSG) has been established by Scottish Government and COSLA to help partners at national and local levels to work collaboratively and to identify approaches to build connections. A measurement framework, currently in development, will outline how the Priorities Team will seek to ensure and measure progress over the short-term (year 1), medium-term (years 4-5) and long-term (year 10) to provide expectations against which Scottish Government and COSLA can measure progress.

Once established, the new public health body, Public Health Scotland (PHS), will measure impact across the population of all our efforts, and coordinate key activities in support of progress against the priorities.

However it is unlikely that we will establish a requirement on all parts of the system to routinely report on what they are doing individually in relation to public health. This would be a significant undertaking and framing such a requirement in the context of NHS spending may be difficult for some parts of the system. Our approach is to build and strengthen partnerships which focus on improving Wellbeing; ensuring ownership of the agenda across the system and upstream of the NHS; and targeted monitoring/focus on specific activities where appropriate by, or with the support of, Public Health Scotland.

Regarding coordination, Public health improvement is one of the four pillars of the Scottish Government’s Health and Social Care Delivery Plan. Delivery of the Plan continues to be overseen by the National Programme Board, which is chaired by the Scottish Government Director for Health Workforce, Leadership and Service Transformation.