Briefing Report
Scottish Government: Health and Social Care Delivery Plan

16 May 2017

Introduction

This briefing report aims to provide an overview of the Scottish Government's Health and Social Care Delivery Plan. The scope of this briefing is to highlight areas of interest and key thinking points for the voluntary health sector. We are focusing on the four thematic areas that are drivers for VHS's work: health inequalities, public health, health and social care integration, and mental health. A full chronological list of activities detailed in the plan has been developed by the Health and Social Care Alliance.

Background

In December 2016 the Scottish Government published its 39 page-long national delivery plan, outlining a range of actions for the government and local health and social care services to deliver better care and improve population health. The plan was published in response to Audit Scotland's report 'NHS in Scotland', which recommended that the Scottish Government "provide a clear written plan for implementing the 2020 vision and National Clinical Strategy".

The Health and Social Care Delivery Plan is not a year zero plan or one that supersedes earlier plans and strategies, its aim is to pull together government activities based on a checklist approach. The document sets out these activities with a focus on four major programmes of activity: Health and Social Care Integration, ensuring Integrated Joint Boards and localities are able to deliver priorities; the National Clinical Strategy and Realistic Medicine; public health improvement and NHS Board Reform, which involves regional planning of clusters of Health Boards.

The checklist structure of the Health and Social Care Delivery plan emphasises the fact that different programmes of change cannot work in isolation from one another and that health reform can only happen by different policy areas and strategies working together.

It is important to note that the plan is not comprehensive; however, this provides us with an opportunity to shine a spotlight on the areas which are not included. The plan does not look beyond public services to the role of the third and private sectors or indeed social care, an area that although is in the title is underdeveloped throughout the plan.

The Health and Social Care Delivery Plan

The Health and Social Care Delivery Plan is underpinned by the 'Triple Aim': Better Care, Better Health and Better Value.

Better Care: *Improving the quality of care by targeting investment at improving services.*

This relates to the Chief Medical Officer's *Realistic Medicine* vision, as it recognises the need for services to involve people in all aspects of their care and support and states that people should be regularly involved in and responsible for their own health and wellbeing.

Better care also realises that services must have the capacity to adapt to the increasing pressures of our changing society.

Better Health: *Improving everyone's health and wellbeing by promoting and supporting healthier lives from the earliest years, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management.*

This section recognises the need to tackle causes of preventable ill health at an early age and refers to a comprehensive cross sector approach to create a culture in which healthy behaviours are the norm.

The plan gives equal weight to physical and mental health. The Scottish Government recognise that this aim can only be achieved if health and other key public services such as social care and education work together systematically.

Better Value: *Making effective use of resources available, with efficient and consistent delivery, ensuring that the balance of resources is spent where it achieves the most and focusing on prevention and early intervention.*

This aim focuses on the *National Clinical Strategy* and its case for the planning and delivery of primary care services to be made around communities.

It also discusses relocating services in secondary care so that they are organised and delivered at the level where they can provide the most effective service for individuals and that this should be supported by NHS Boards. This does not mean a structural change to NHS Boards delivering services but emphasises that boards should work more collaboratively across boundaries.

Analysis and Commentary

VHS welcomes the Health and Social Care Delivery Plan and its triple aims which will help enhance health and social care services. It is admirable to see the plan bring together different programmes of work and provide a joined up policy approach to developing services that have a focus on prevention, early intervention and supported self-management. All the actions stated within the plan are clear and have timescales.

However, the major focus of the plan is on the health sector and how health services can be adapted or created to improve people's health. Apart from the National Health and Social Care Workforce Plan, the Review of the Health and Social Care Targets, and a Digital Health and Social Care Strategy (all of which are relatively small sections of the report) there is very little direct action or outputs relating to social care.

Although the plan concentrates on health services, there is some recognition that change can only be delivered through collaboration with a range of sectors that provide support and

services. However, this 'cross sector approach' seems largely to signify health and other public services whereas there is no mention of the role of the third sector.

Whilst there is reference to the need for a continued focus on innovation, improvement and accountability across the whole health and social care workforce, which VHS assumes would include third sector, it is given no formal recognition.

The delivery plan follows on from the Chief Medical Officer's *Realistic Medicine* vision, public health improvement and Health and Social Care Integration, all of which make reference to the role of the third sector and our contribution; however, this is not apparent in the plan. It is difficult to understand how the third sector can engage and input into the activities listed in the plan if its role is not recognised. This is important as the aims of the plan can be better achieved with the support and services that the third sector provides.

Health Inequalities

INCLUDEM described the impact that social determinants can have on people's health in our *Living in the Gap* research. "Poverty and difficult life experiences can affect physical and mental health in so many ways – through the cumulated impact of things like exposure to violence, low quality housing, bad diet, low mobility and limited social activity".

The Health and Social Care Delivery Plan is focused on health and does not consider directly tackling its social determinants and how these could be a barrier to people accessing services. The *Realistic Medicine* approach means avoiding a medical response to social problems. For example, it is not sufficient to have only biomedical support[1], good housing and social support are also required. To avoid barriers to accessing services, co-production needs to be at the forefront. This involves engagement with service users and community organisations to make sure they are equal partners in their health and care.

The plan includes the Scottish Government's *Alcohol Framework* and *Active and Independent Living Improvement Programme*. Whilst these are really positive interventions, unless they are implemented in a way that reduces barriers for the most deprived, they could exacerbate health inequalities. ASH Scotland, in our *Living in the Gap* report talks about the "unintended effect whereby interventions aimed at the general population result in widened health inequalities, because lower income groups may be least likely to respond to health information campaigns and are therefore 'left behind' in terms of unchanged behaviour." Smoking cessation programmes/interventions are proven to be less effective for deprived communities. It is, however, positive to see the plan incorporate initiatives such as refreshing the *Health Literacy Plan, Making it Easy*, as this will ensure that people are supported to have confidence, understanding and the skills necessary to live well with their health conditions.

Nonetheless, more consideration needs to be given to how to engage people who are most deprived. It is widely recognised that the third sector is often able to engage and develop the trust of vulnerable people in a way that statutory services sometimes find it hard to. One of the respondents to our *Living in the Gap* research, the family charity CIRCLE, talked about providing "information and support to help people engage with health services… including

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[1] It is important to factor in social, environmental and economic circumstances as well as biological and medical issues.

support for families to register with the local GP…encouraging someone to engage with mental health services… or building confidence so that an individual is more likely to participate in medical interventions".

Health inequalities are formally mentioned only twice in the Health and Social Care Delivery Plan. Firstly under *Better Health*, which the Scottish Government aims to achieve by reducing health inequalities. Secondly, under the *Realistic Medicine* section, where by 2019 the Scottish Government aims to develop a single *National Formulatory* to further tackle health inequalities by reducing variation in medicine use and cost. There is, however, scope for reduction in health inequalities if the actions detailed within the plan are designed and implemented through genuine co-production and by recognising and utilising the resources and support of all partners: third, public and community sectors.

Public health improvement

The plan recognises the challenges to public health arising from lifestyle behaviours, wider socio-cultural factors, modern environmental impacts and also social determinants such as Adverse Childhood Experiences that impact on health and wellbeing. In the plan, the Scottish Government recommends increasing public and service knowledge of where avoidable harm can be reduced, including a wider understanding of physical and mental health and the right actions to promote and strengthen healthy lifestyles. It is important to add that services themselves need to be flexible to the needs of the people that use them and that there needs to be a shift towards adapting services so that they are accessible to all people who need them.

The document sets out a plan to establish a clear set of national public health priorities alongside COSLA and SOLACE and to establish a consensus between NHS, local authorities, public, third and private sectors around a public health direction, in 2017. From a presentation delivered by Gareth Brown, Head of Health Protection Division at the Scottish Government VHS have learned that the Scottish Government would also be interested in co-branding the priorities with public, private and third sector organisations. There will be up to 10 priorities in total and these will be developed using a framework that looks at the impact of behaviour, place and the environment as well as systems such as the planning of places and licensing on public health.

By 2019 the Scottish Government aims to support a new single, national body to strengthen national leadership, visibility and critical mass to public health: Public Health Scotland. This new body will be made up of NHS Health Scotland and NHS National Services Scotland's Information Services Division. This body will provide leadership backed with intelligence to drive national priorities and provide an evidence base to underpin immediate and future action.

The plan also sets out the aim to set up local joint public health partnerships between local authorities, NHS Scotland and others to drive public health priorities and adapt them to local contexts across Scotland. This will be set up by 2020 and will mainstream a joined-up approach to public health at a local level. VHS is of the strong view that the third sector should be involved in these local partnerships in the same way as within Community Planning Partnerships and Health and Social Care Partnerships. This will provide an opportunity for the third sector to gain recognition for the range of services they provide that positively impact public health. There

needs to be further clarity around the relationship between these local partnerships and the existing partnerships and how these will differ or indeed contribute to locality planning groups.

The plan also notes a range of actions to support key public health issues. In 2017 the Scottish Government aims to continue the delivery of targets set out in their 2013 Strategy, *Creating a Tobacco Free Generation*, reducing smoking rates to less than 5%. The plan also states that the *Alcohol Framework* will be refreshed. It will build on the progress made so far across key areas such as: reducing the harms of consumption; supporting families and communities; encouraging positive attitudes and choices; and supporting effective treatment. The plan also states there will be a consultation on a new strategy on diet and obesity. The Scottish Government also cites in the plan that they will be introducing the *Active and Independent Living Improvement Programme* which will support people of all ages to live well, be physically active, manage their own health conditions, remain in or return to employment and live independently. VHS thinks it is important to note that the third sector already makes a significant contribution in these areas both nationally and locally. Nationally, through organisations and projects such as *Drink Wise Age Well*, Paths for All, Ash Scotland and Scottish Families Affected by Drugs and Alcohol, to name a few. Locally through groups such as COPE Scotland, North Glasgow Community Food Initiative, Healthy Valleys, walking and exercise groups, as well as volunteer run sports clubs. The vast majority of Cross Party Groups focused on health are almost always managed by third sector organisations[2] which demonstrates the sector's ability to bring different sectors together to discuss complex issues.

Recognition of the third sector's contribution is lacking in the Health and Social Care Delivery Plan and is not presented as a coherent part of the public health effort. The Review of Public Health in 2015 recognised that the third sector can enhance the public's health and that responsibility for public health lay beyond the NHS, with national and local governments, the private and third sectors, communities and individuals.

Health and Social Care Integration

The Health and Social Care Delivery Plan states that optimising and joining up balanced health and care services, regardless of who they are provided by, is critical to realising the Scottish Government's aims. The plan further recognises the impact of demographic change, and states that the people for whom the greatest improvements can be achieved are older people, people suffering from multiple morbidities and people at the end of their lives.

The Scottish Government are integrating health and social care to ensure people get the right care, at the right time and in the right place. As such the plan details actions around three key areas: reducing inappropriate use of hospital services; shifting resources to primary and community care; and supporting the capacity of community care.

The plan states that to reduce the inappropriate use of hospitals, in 2017 the Scottish Government will ensure that Health and Social Care Partnerships shift investment into community provision, and redesign the shape of service provision across hospital, care home and community settings. The Scottish Government will also agree with partners how to raise the

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[2] 14 out of the 20 Cross Party Groups focused on Health or improving health have third sector Secretariats

performance of the whole of Scotland on delayed discharges from hospitals to the performance of the top quartile of local areas. VHS thinks that these are positive steps and we welcome the investment into community provision. Delayed discharges have been on the rise as hospitals struggle with a shortage of care home places or community based social care which would enable people to return to their homes safely. VHS also thinks that it would be useful if the Scottish Government could outline actions to better manage and distribute the case load of social workers which would help resolve some of the bottlenecks that contribute to delayed discharges.

The plan also details the Scottish Government aims to reduce unscheduled bed delays in hospital care by up to 10% by reducing delayed discharges, avoidable admission and inappropriately long stays in hospitals. This will be achieved by improving links between secondary, primary and community care.

The plan states that "By 2021 everyone who needs palliative care will get hospice, palliative or end of life care." VHS welcomes this statement as Marie Curie research shows that "thousands of people are missing out on palliative care across the UK, including Scotland. People with a terminal illness other than cancer, those from deprived or rural areas, people that live alone, those over 85 and people from ethnic minority communities are less likely to get palliative care when they need it." The plan also states that all those who would benefit from a *Key Information Summary* will receive one.

The plan says the Scottish Government will ensure Health and Social Care Partnerships increase spending on primary care services, so that it constitutes 11% of the frontline NHS Scotland budget, in order to shift resources to the community. VHS thinks that it is important that GPs and multidisciplinary teams within GP practices utilise the services and support provided within the community by third sector organisations. Social Prescribing can help reduce health inequalities and support the aims of the Health and Social Care Delivery Plan. Sir Professor Michael Marmot has described the 30-70 split whereby 30% of health issues are caused by disease and genetic factors or medicalised issues and the remaining 70% are due to social, environmental and economic circumstances. VHS considers that there should be investment in third sector and community organisations who provide support with social, environment and economic determinants of health.

The plan includes the Scottish Government initiative to take forward a programme of work to deliver change in the adult social care sector, alongside COSLA and other partners, in order to support the capacity of community care. This has already begun with work to reform the *National Care Home Contract*, which will maintain the continuity, stability and sustainability of residential care provision while embedding greater local flexibility, maximising efficiency, improving quality, enhancing personalisation and promoting innovation. The plan states this will happen alongside work on social care workforce issues and new models of care and support in home care. This approach to improving social care will mean that Health and Social Care Partnerships are better able to match care and health support for individuals.

It is important to note that according to Audit Scotland, unpaid carers exceed the number of paid carers and their wellbeing must also be supported. Although completion of an Adult Carer

Support Plan previously referred to as a Carer's Assessment is a statutory right under the *Carers (Scotland) Act 2016*, there is not always sufficient provision and many carers miss out on the opportunity to identify their own care needs. This is not incorporated within the plan.

Mental Health

The Health and Social Care Delivery Plan sets out a range of public health improvement actions that support mental health. The first is rolling out computerised *Cognitive Behaviour Therapy (CBT)* to improve access to mental health support by 2018. As noted by SAMH in their response to the mental health 10 year vision, computerised CBT is recommended for just one condition in adults: mild depression. According to the [*Matrix*](#), the NHS document which sets out the evidence base for psychological therapies, computerised CBT is by no means the only evidence-based response for mild depression. For example, recommended treatments for mild depression also include group CBT, non-directive therapy, one to one CBT, cognitive bibliotherapy and relaxation. The Matrix identifies over thirty different approaches, and rates them according to the strength of their evidence base. Computerised CBT for mild depression has the same evidence rating as guided self-help, behavioural activation, CBT and IPT, so what is the reason behind including only online CBT? VHS thinks that the Scottish Government should enable service users and carers to have a choice of evidence-based therapies, and be supported to select the most appropriate therapies.

The plan also sets out that it will evaluate the most effective and sustainable models of supporting mental health in primary care by 2019 and roll these out nationally by 2020. VHS believes that the third sector is a useful resource and could help contribute evidence to the evaluation. In the plan the Scottish Government also suggests rolling out nationally targeted parenting programmes for parents of 3 and 4 year olds with behavioural difficulties. As with the argument regarding the computerised Cognitive Behaviour Therapy we would be interested in knowing what the evidence for this particular programme is and the associated costs.

By 2020, the plan states that there will be 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. VHS welcomes the push towards greater efficiency and effectiveness of mental health services and thinks this will make a real difference for those who use the services. However we feel that this is looking at mental health through a purely clinical lens and whilst clinical interventions are important, having a more holistic approach to mental health is also needed. Third sector and community organisations provide a range of services that work alongside clinical services. During VHS's [Mental Health and Social Support Seminar](#), Support in Mind Scotland told us how their services complement clinical interventions and how there is capacity to work alongside health services to provide a more holistic approach to mental health.

The plan also notes that by 2020 the Scottish Government will have delivered new programmes promoting better mental health among children and young people across the whole of Scotland. It is important to have recognition of the third sector's contribution, for example, organisations such as Place2Be who offer therapeutic and emotional support in schools across Scotland.

By 2021 the Scottish Government plans to have invested £150 million to improve services supporting mental health through the actions set out in the *10 year Mental Health Strategy*. The third sector welcomes the strategy in principle but have expressed disappointment that the approach is still envisaged as one of clinical intervention. A more holistic assets based approach to prevention and support in the community is asked for. It is also important to recognise the role of family members, carers, peer and other social support as well as the third sector.

Key points for Voluntary Health Organisations to consider

The Health and Social Care Delivery Plan is essential reading for voluntary health organisations as it provides an overview of all Scottish Government actions on Health and Social Care from 2017 onwards. We have tried to provide an overview of this densely packed document in order to highlight opportunities within the plan for third sector organisations. There are, however, a number of disappointments in the Scottish Government's approach to improving the delivery of Health and Social Care: the lack of role for the third sector, a lack of emphasis on co-producing services and engaging service users, and the health-centricity of the Health and Social Care Delivery Plan.

As the national intermediary and network for the sector, VHS would welcome the views of other voluntary health organisations on the Health and Social Care Delivery Plan.

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