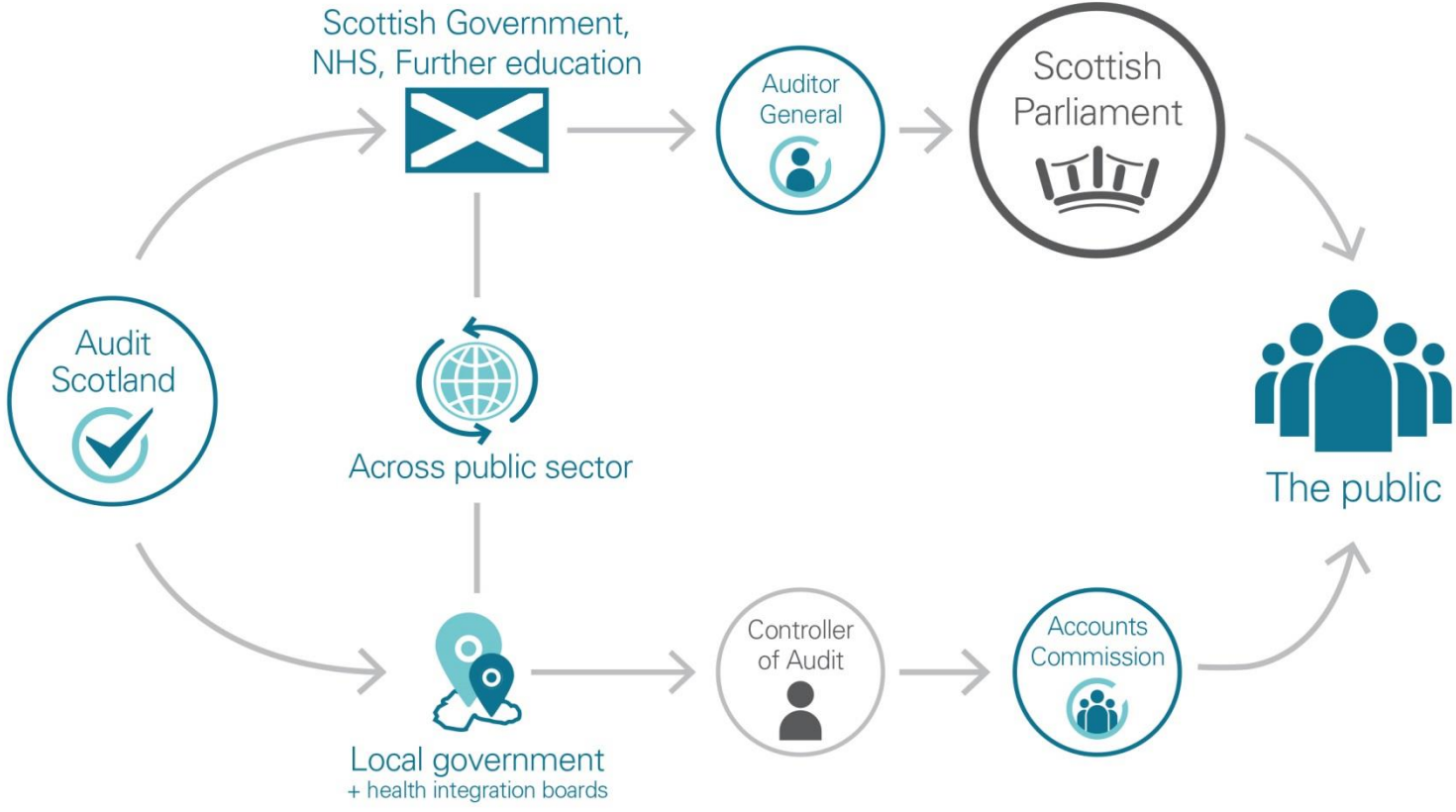
Through the looking glass – what's value for money, what works and what matters for people who use services:

an Audit Scotland perspective on health and care.

Lorraine Gillies
November 2017

AUDIT SCOTLAND

Public Audit in Scotland



Audit Scotland's work across H&SC

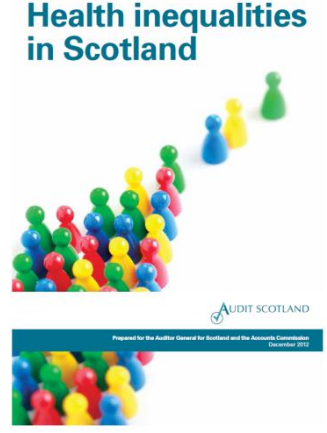
- Annual NHS Overview
- Statutory reports (S22)
- Annual audits – all health boards and integration authorities

- Performance audits (S23):
  - Principles for a digital future
  - Scotland's NHS workforce
  - Changing models of health and social care
  - Social work in Scotland
  - Health and social care integration

Audit Scotland's work relating to public heath

Lots of our work has links with public health and inequalities, including:

- Health Inequalities, 2012
- Modernisation of the planning system, 2012
- School Education, 2014
- Social Security, increasing financial powers, 2017 and ongoing



Looking forward

Our five-year rolling work programme includes:

2017/18

- Child and adolescent mental health services
- Self-directed support
- Health and social care integration – Part 2
- Early learning and childcare
- NHS Workforce

2018/19

- Prisoner Healthcare (mental health)
- Higher Education–widening access follow-up
- Housing
- Digital progress in NHS and central government
- NHS Workforce 2 (primary and community care)

- Overview reports (NHS, colleges, etc.)
- S22 reports
- Auditing new financial powers

Key issues facing Scotland

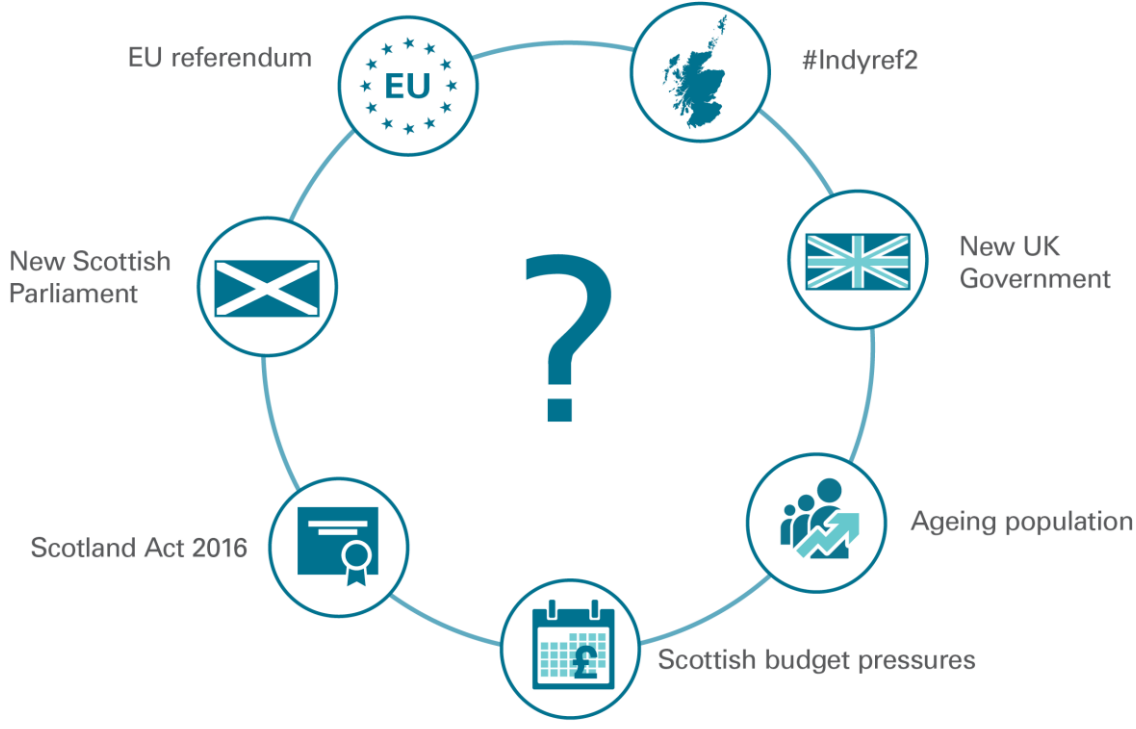
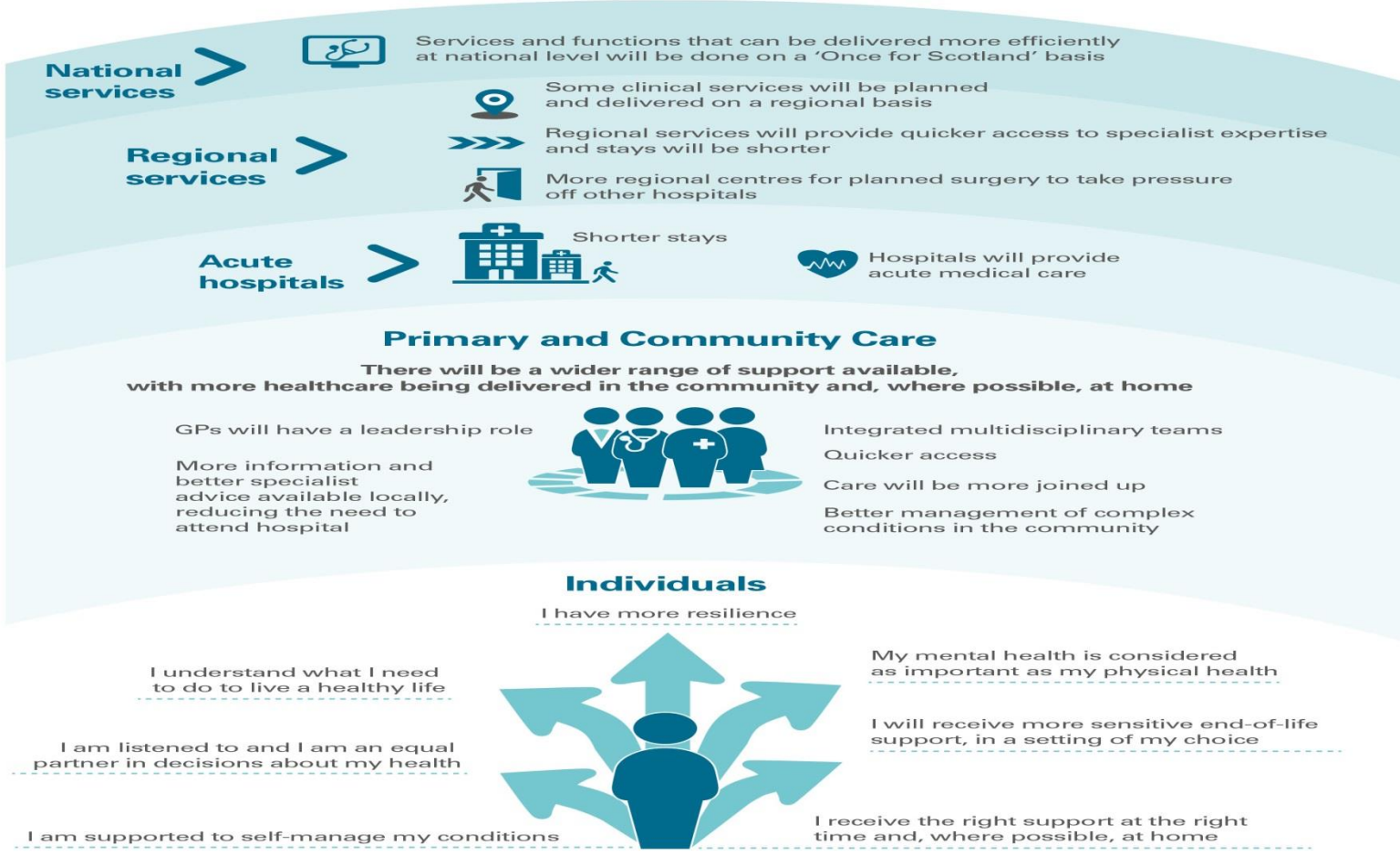


Exhibit 1
The Scottish Government's vision for how healthcare will look in the future
The way people will access and use health and social care services is changing.



Source: Audit Scotland based on *Health and Social Care Delivery Plan,* Scottish Government, December 2016.

Planning levels in the health system

AUDIT SCOTLAND

Exhibit 2
Planning levels in the Scottish health system
Multiple planning levels for healthcare are being developed.

Planning levels	Breakdown	Delivery
National planning 	The Scottish Government and eight national NHS boards 	Services that can be delivered more efficiently nationally will be done on a 'Once for Scotland' basis.
Regional planning 	3 regions North West East	Some specialist services will be planned and delivered on a regional basis. The aim is that services should be provided more quickly, will take pressure off other hospitals, and mean fewer delays for urgent or emergency care.
NHS boards 		These will continue to provide a range of acute services to their population.
Community Planning Partnerships (CPPs) 		Each CPP is responsible for improving outcomes and tackling inequalities of outcome in their area. Each CPP must identify smaller areas in their local authority which experience the poorest outcomes, known as localities, and develop a plan to improve outcomes in these areas.
Integration authorities (IAs) 		In control of a range of health services, for example primary care and adult social care. They are responsible for planning and commissioning services in their area. IAs are statutory members of CPPs.
Localities 	 Each integration authority must have at least two localities	Localities are responsible for planning how their IAs' resources will be spent to best meet the needs of the local population. These are not necessarily the same as the CPP localities

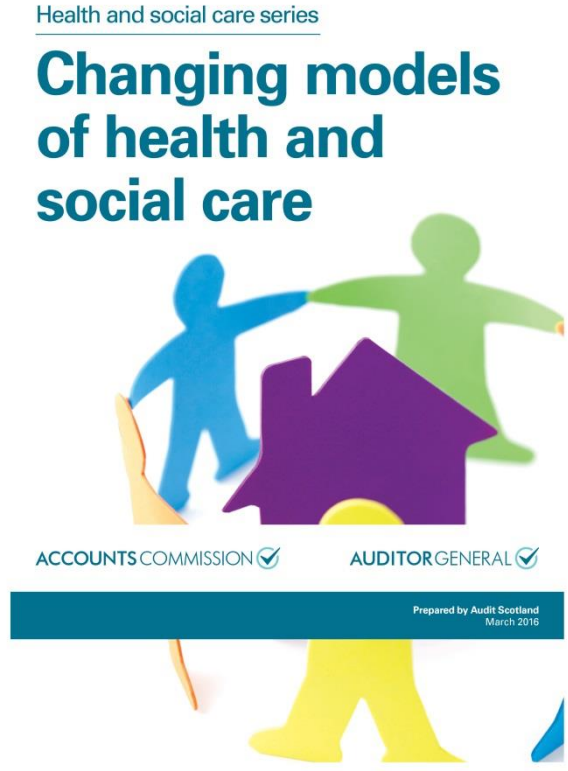
Source: Audit Scotland

Key findings from NHS in Scotland 2017

- Challenges facing the NHS continue to intensify:
  - Increasing cost pressures
  - Lack of financial flexibility
  - Growing demand for services
  - Significant issues facing general practice
- Overall public health is not improving and significant health inequalities remain
- Lots of activity underway to transform healthcare BUT
- Crucial building blocks still need put in place

Changing models of health and social care (March 2016)

- Major transformational change needed to deliver the Scottish Government's 2020 Vision for health and social care.
- The shift to new models of care is not happening fast enough to meet the growing need.
- Growing number of people with complex health and social care needs, and continuing tight finances, means that current models of care are unsustainable.
- New approaches to health and social care are being developed in parts of Scotland, but these tend to be small scale and not widespread.



Continuing pressures on services

Exhibit 1

The projected population of older people in Scotland, 2014-30

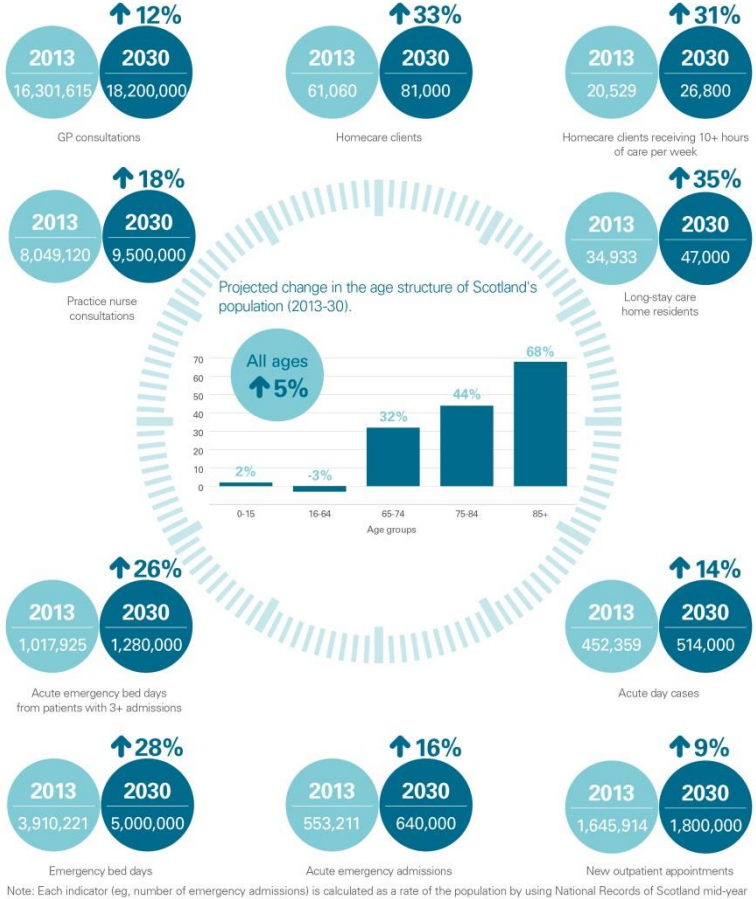
The percentage of the population aged 75 and over is set to increase considerably over the next 15 years.

Source: *Projected population of Scotland (2014-based)*, National Records of Scotland, 2015

Exhibit 4

Pressures on health and social care services, 2013-30

If current rates of activity continue, it is unlikely that health and social care services will be able to cope with the effects of the changing population unless they make major changes to the way they deliver services.



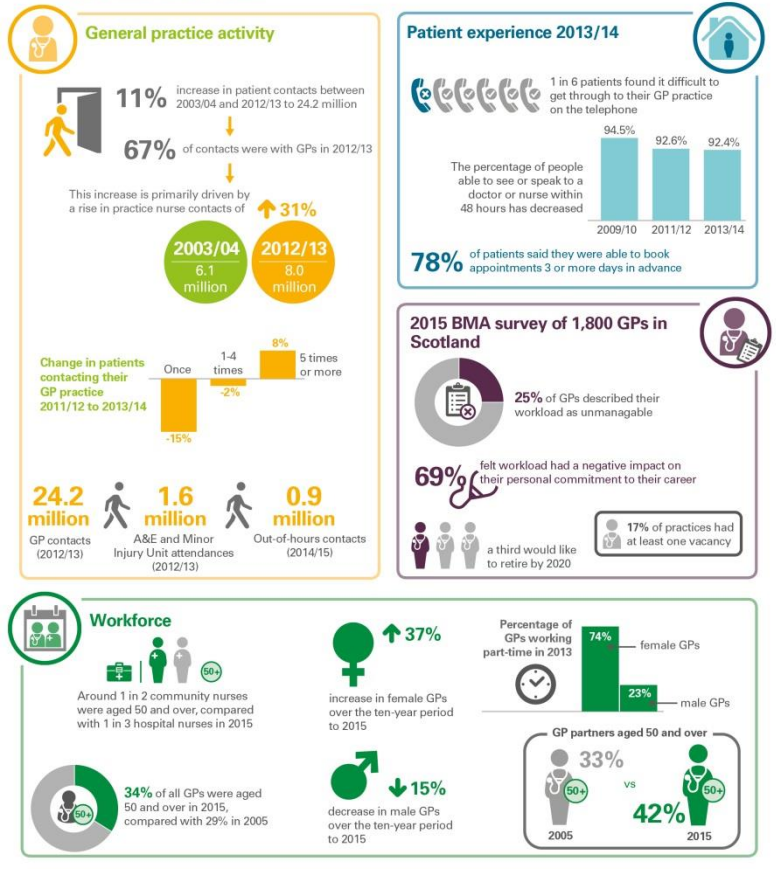
Note: Each indicator (eg, number of emergency admissions) is calculated as a rate of the population by using National Records of Scotland mid-year population estimates. The rate in 2013/14 is assumed to continue over the projection years. Over each of the projected years, the estimated rate is multiplied by the estimated projected population to find the number for that indicator.

Source: Audit Scotland analysis, 2016

Exhibit 5

Indicators of building pressure in general practice

There is a lack of data on general practice activity and demand for services. But available indicators show pressures on general practice continuing to build.



Source: *Health and Care Experience Survey 2013/14*, Scottish Government, May 2015; *Practice Team Information (PTI)*, ISD Scotland, October 2013; *GP Out of Hours Services in Scotland, 2014/15*, ISD, August 2015; A&E and minor incidents unit (MIU) activity data provided to Audit Scotland by ISD, January 2014; *Primary Care Workforce Survey 2013*, ISD Scotland, September 2013; *The UK nursing labour market review 2013*, Royal College of Nursing, September 2013; *The future of general practice - survey results*, British Medical Association (BMA), February 2015; *Community nursing staff in post and vacancies*, ISD Scotland, June 2015; *Nursing and midwifery staff in post*, ISD Scotland, September 2015; BMA press release, 13 March 2015; *Number of GPs in Scotland by age, designation and gender*, ISD Scotland, December 2015.

H&SC Integration key challenges

- Budget pressures on councils, NHS boards, IJBs
- Demographic change/ increasing demand – growing number of people with complex health and social care needs, particularly frail older people
- Staffing pressures – impact of shortages & difficulties recruiting, Living Wage commitment, Brexit
- Major reform – health & social care integration, shifting the balance of care, new GP contract April 2018, health board governance/regional approach
- Legislative change affecting social work – SDS, Children's Act, Carers Act, etc – all add to financial pressures & demands on management & staff
- Lack of clarity on how shifting the balance of care will be funded

Opportunities

- Consensus on direction of travel
- Committed staff
- Examples of services being planned and delivered in different ways
- Early signs that these changes are beginning to have a positive impact in local areas.

What needs to happen

- Need for a clear long-term financial framework setting out how moving more care into the community will be funded and what future funding levels will be required.
- Important to get integration arrangements working effectively so focus is on delivering objectives and improving outcomes for local populations
- Councils, NHS boards and IJBs need to do things differently:
  - Fundamental decisions about how services will be provided and funded
  - New models of care – ensure learning shared effectively to increase pace
  - Need to work with staff and service providers to make changes
- Community engagement/ empowerment – need to work closely with communities to agree priorities, ensure meet needs and build local capacity

Other areas of interest

- Public health and inequality
- Community assets
- Place
- Leadership and culture
- Better use of data and evidence
- Engagement with the public
- Improving communication

Contact details

Lorraine Gillies, Senior Manager, PABV

lgillies@audit-scotland.gov.uk

Website: http://www.audit-scotland.gov.uk/

Health and social care hub: http://www.audit-scotland.gov.uk/our-work/transforming-health-and-social-care-in-scotland