NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

The new Scottish Government’s health priorities.

2. **Author(s) of Paper**

Donald Cameron - Head of Planning and Performance Management.

3. **Purpose of Paper**

To provide the Board with an analysis of the commitments made within the new Scottish Government’s manifesto and other documents, with particular reference to health, social care, education and training, and the potential policy implications for NES of a new administration with a full working majority.

4. **Key Issues**

A key focus for the new Scottish Government will be public sector reform, quality and efficiency in a period of financial austerity. This is likely to be accompanied by a degree of measured change guided by the forthcoming Christie Commission recommendations. Based on the accompanying analysis of the new government’s commitments at the end of May 2011, the key areas of consideration for NES future planning are identified as;

- Quality improvement.
- Healthcare associated infection.
- Health and social care integration.
- Access to primary care
- Development of community based teams and practitioners.
- Integrated information communications technology.
- Cancer treatment.
- Existing clinical priorities - dementia, early years and mental health.
- Family nurse partnership scheme.
- Access to NHS dental services.
- Health improvement and health inequalities.
- Carers’ strategy.
- Child protection.
- New technologies and tele-health.
- Organisational change within NES.
5. **Educational Implications**

This paper describes in summary the educational implications for NES of the policy commitments made by the new Scottish Government and how it could affect our future planning priorities.

6. **Financial Implications**

None at present.

7. **Which NES Strategic Objective(s) does this align to?**

This paper is relevant to all the six strategic themes and ten objectives within the NES strategic framework approved by the Board on 18th November 2010.

8. **Relevance to ‘Better Health, Better Care’**

This paper reflects the current Scottish healthcare policy framework.

9. **Key Risks and Proposals to Mitigate the Risks**

Some of the challenges facing our future planning priorities are as follows:
- financial resourcing issues
- organisational culture, capacity and capability

Policy analysis is an on-going feature of the planning process along with strong feedback from stakeholder engagement. We are also now engaged in planning and delivering a range of service improvement programmes which are designed to reduce our costs and improve integration and efficiency as one of the key objectives within our strategic framework for 2011-14.

10. **Equality and Diversity Impact Assessment**

Not required.

11. **Communications Plan**

A communications plan has been implemented and a copy sent to the Head of Communications for information and retention:

Yes [ ] No [x]

12. **Recommendation(s) for Decision**

This paper is for information and discussion.
New Scottish Government’s Health Priorities

1. Introduction

The historic SNP victory at the polls on 5th May 2011 has changed Scotland’s political landscape in a way that seemed unimaginable a few months ago. This paper provides an analysis of the commitments made within the new Scottish Government’s manifesto, with particular reference to health, social care, education and training, and the potential policy implications for NES of a new administration with a full working majority. The election results provide a clear mandate for the government on which we can make some comment and assumptions for our planning and this paper is designed to inform our future priorities.

2. Background and summary

We are currently in a period of uncertainty with financial planning based on 2011-12 budgets and medium to long-term planning unclear until the findings of ‘The Commission on the Future of Public Services’ (the Christie Commission), reports at the end of June 2011. The Christie Commission is considering the options for public service reform over the next 5-10 years and with no financial allocations yet set for 2012-15 the commission’s recommendations will be crucial to developing our plans over this period.

The new government remains committed to a public sector NHS and to improving the availability of local services. There is also a strong emphasis on protecting resources for the NHS while making efficiency savings for reinvestment in frontline services. In this climate it seems inevitable that health policy will be severely constrained by the economic climate and that the focus will be on quality and efficiency going forward. Public sector spending in Scotland is forecast to fall by 15% in real terms over the next 5 years and equivalent resource levels to 2008-09 are not expected to return until 2023. Where there are indicators for change the new government focus on integration of health and social care, as evidenced by the £70 million ‘Change Fund’ which requires NHS Boards and local authorities to redesign services for older people.

The government manifesto highlights no prescription charges, minimum alcohol pricing and addressing the needs of an ageing population. There is a strong focus on health improvement and health inequality which envisions an NHS where inequalities are reduced and patient care and wellbeing are a priority. Specifically there is a continuing commitment to the ‘NHS Scotland Quality Strategy’ and to reform which delivers better public sector integration and shared services. There is a continuing emphasis on waiting times, care close to home, better access to primary care, ‘Healthcare Associated Infection’ (HAI), access to NHS dental services, mental health, children and young people (CYP) and older people’s services (with an initial priority placed on dementia), as well as action on alcohol, tobacco and obesity. Finally there

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1 The Institute of Chartered Accountants in Scotland – Faith in the Future.
are new commitments which include early detection and treatment of cancer, new guidance on child protection, implementing the ‘Family Nurse Partnership’ (FNP), supporting carers and improving access to services in remote and rural communities. In broader policy terms the drive for quality and cost efficiency will need to be enabled by the improved use of information technology and innovation. New technologies such as ‘telehealth’ are likely to feature as an important priority going forward and have the potential to transform how healthcare is delivered by giving people tools for independently managing their health.

3. Conclusions

It seems clear that the economic climate will limit what can be achieved over the term of the new parliament and it is likely that the new government will continue their commitment to health policies and priorities which were developed during the term of the previous parliament. It is also be worth noting that the SNP’s experience in government to date has been defined by competent administration and we may therefore see a measured approach which aims to prioritise existing resources and use them to their best effect, rather than to embark on major structural change within health which might divert resources away from frontline services. Since the election the decision to reappoint the same cabinet team further strengthens the impression that the new government will aim for continuity and managed change. Where change is referred to it appears to signal a move to better integrate health and social care based on models such as the developing ‘Highland Single Outcome Agreement’, and to service modernisation and shared support functions across public sector organisations.

In saying that, with a focus on quality and efficiency we should expect the current period of financial austerity to be accompanied by a degree of structural change which will require us to improve our preparedness for change as well as the pace at which we make it happen in our organisation. We may also need to respond quickly to the Christie Commission recommendations, although it should be noted that any change will have to be achieved within the context of the government’s ‘social partnership approach’ which will build on existing models of partnership working in the NHS and embed a policy of no compulsory redundancies which is designed to protect employment in exchange for public sector wage freezes.

We currently have a range of work that is well aligned with the government’s manifesto which we should continue to support and it seems that current health policy, such as the ‘NHS Scotland Quality Strategy’ and national clinical priorities already identified, will remain central to future plans. However we will also need to consider what more we can do to support the push on early detection of cancer and child protection as well as integration across health and social care and primary and secondary care. We should also be aware of a growing need for educational support in the use of ‘telehealth’ technology which aims to enable people to take more control of their care and to live independently. Our challenge is to continue to respond to these themes and to do so with less funding. This is why some of the conclusions below focus
on driving forward improvement within our organisation to ensure the its sustainability, while also developing and investing in a programme of strategic change to achieve the improved integration and efficiency which is central to delivering our strategy. Based on what is contained within the government’s manifesto potential implications for NES are summarised as follows;

- Continue to invest in and develop our educational support for the ‘NHS Scotland Quality Strategy’ and embed a consistent approach for all the staff groups we support.
- Continue to invest in and develop our work on ‘Healthcare Associated Infection’ (HAI) as one of the key cornerstones of quality improvement and patient safety and a stated government priority.
- Step up our partnership working with social care with the emphasis on older people and in particular dementia. It should also be noted that the 4 regional ‘Scottish Social Services Learning Networks’ have recently had their funding withdrawn and we need to be aware of developing pilots of the ‘Integrated Resource Framework’, which aims to align resources to support new models of care and improved outcomes in the community.
- Explore the potential for a more joined up approach to education and training for community based teams and practitioners to support the commitment to improving healthcare closer to home, better access to primary care and the integration agenda.
- Integrate our information communications technology (ICT) resources so that key portals such as ‘The Knowledge Network’ operate as a responsive and adaptable access point for online resources which support health policy priorities as well as integration across health and social care.
- Develop educational support for the early diagnosis and treatment of cancer which is specifically prioritised by the Scottish government and continue to invest in and develop our ‘cross cutting’ work on national clinical priorities such as mental health, CAMHS and CYP.
- Provide educational support for roll out of the ‘Family Nurse Partnership’ (FNP) scheme of home visiting for low-income, young, first-time parents and their children which will help to reduce inequalities and better integrate health and social care.
- Continue to invest in and develop educational initiatives which support improved access to NHS dental services and increased capacity in the dental workforce across the whole dental team.
- Step up our partnership working to develop health improvement education (with NHS Health) focusing on alcohol, tobacco and obesity and be aware of the bariatric surgery and weight management review which may lead to requests for support.
- Progress work to support ‘Caring Together: The Carers Strategy for Scotland 2010’ to produce a good practice guide to support carers through workforce training and education.
- Continue to engage in the child protection agenda and in particular the commitment to provide guidance and training across a range of services and professions (not just health).
• Explore the potential of increased educational support for the proposed expansion of *telehealth* and new technologies. As well as improving access to specialists in remote and rural communities, it is anticipated that the increasing use of new information technologies will allow older people and people with long term conditions to live independently at home with greater control of and responsibility for their own health.
• Drive forward existing service improvement programmes within NES such as activity based costing (ABC), LEAN, and the property and ICT strategies to achieve financial balance and to prepare for the Christie Commission recommendations and reduced financial allocations over the remainder of the comprehensive spending review period.
• In tandem with the above, progress a measured programme of strategic change covering existing improvement programmes allied to new initiatives which will help us achieve our aim of becoming an integrated, efficient and sustainable organisation through a flexible workforce with a better mix of skills.

4. Detailed analysis of health commitments

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<th>GOVERNMENT COMMITMENT</th>
<th>IMPLICATIONS FOR NES</th>
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<td>Continue to implement the NHS Quality Strategy and a strong commitment to ‘treatment that continues to improve’.</td>
<td>The manifesto signals continued commitment to the ‘NHS Scotland Quality Strategy’ and our strategic theme of ‘improving quality’ specifically supported by objective 4 ‘Providing education in quality improvement (QI) for enhanced safety’. There may also be an expectation that we take the national lead on QI education and that we develop a consistent quality focus across all the education we provide. This will require us to develop an integrated and consistent approach across all the staff groups for which we provide services. We are currently providing a range of multi-professional QI education covering areas such as a core curriculum, clinical skills, patient safety and online resources. We also provide QI education focused on specific professional groups and it is important that we develop collaborative working and internal communication so that all QI education is identified and reported on.</td>
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<td>Investment to tackle ‘Healthcare Associated Infection’ (HAI).</td>
<td>We will be required to continue to support HAI as a key aspect of patient safety and QI. This was identified as an important priority during our strategic review and has been a constant feature of our engagement with NHS Boards. At present we provide educational infrastructure supported by learning resources for infection control teams and the wider healthcare workforce. This covers a ‘Cleanliness Champions Programme’, induction programme, online courses and decontamination learning resources.</td>
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<td>Integrate health and social care supported by the change fund.</td>
<td>Our strategic theme of ‘responding to new patient pathways’ supported by strategic objective 6 ‘Providing education for care which is closer to people in their communities’ aligns with the government’s commitment to health and social care integration. It is therefore important that we step up partnership working with social services and to assess how we can better support community health partnerships, particularly in view of the recent closure of the ‘Scottish Social Services Learning Networks’, due to cuts in funding. We acknowledge that the government has put the initial emphasis on older people’s services and in particular dementia. Currently we provide a range of online resources for health and social care through ‘The Knowledge Network’ and we work closely with the Scottish Social Services Council (SSSC) to support implementation of Scotland’s national dementia strategy and to support health and social care professionals working with older people and children and young people. We also need to be aware of new approaches to public services, such as the ‘Integrated Resource Framework’, for health and community care which is aiming to realign resources to support new models of care. The framework will be further developed in a number of pilot sites to test which model best deliver improved outcomes.</td>
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<td>Provide healthcare close to home and continue to invest in new health centres, and other health and social care facilities.</td>
<td>Strategic objective 6 also covers our work for community based practitioners and supports the government’s ‘Delivering Quality in Primary Care’ (DQPC) action plan. For the future we may wish to consider more integrated approaches wherever possible to promote the development of community teams. For example we might consider a team based approach to continuing professional development, building on the ‘Practice Based Learning’ work we have developed. Going forward we aim to establish a NES ‘Primary Care Group’ to support DQPC. We should also maintain and develop our support for community facilities such as ‘Teach and Treat’ centres and continue to invest in already successful examples of integrated resources on a national scale such as ‘The Knowledge Network’.</td>
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<td>Deliver faster and better treatment, including the earlier detection and treatment of cancer.</td>
<td>We should maintain our investment in support for referral to treatment times and be prepared to increase our focus on the early detection and treatment of cancer as a stated government priority. Other than medical training programmes for doctors to work in cancer services, at present our operational planning includes few activities which can be aligned to supporting cancer. Increasing our efforts in this area also present an opportunity to develop a multi-professional approach which cuts across our professional directorate structure which could help us to further establish a more integrated approach generally.</td>
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<td>Mental health continues to be a priority and in particular child and adolescent mental health services (CAMHS).</td>
<td>Mental health and CAMHS remain a priority. We should continue to invest in and develop the infrastructure for mental health and CAMHS to improve skills and increase workforce capacity across multi-professional groups. We may also need to prepare ourselves for the possibility of a new Mental Health Bill which will keep this high on the agenda. Currently we are involved in improving the national framework for pre-registration mental health nursing; we also provide regional learning networks to help develop recovery focused mental health services and learning packages based on the ‘Essential Shared Capabilities’ (ESCs) for mental health. Specifically for CAMHS we are committed to providing clinical psychology trainees and to rolling out new learning materials; improving leadership and increasing undergraduate nursing opportunities. All this work cuts across our professional directorates and therefore could serve as an example of new ways of working and improved integration in support of strategic objectives 8 ‘Developing flexible, connected and responsive educational infrastructure’ and 10 ‘Improving the sharing of knowledge across our organisation’. We may therefore wish to look closely at our cross cutting work such as CAMHS and CYP as examples of integrated working which could provide a model for how we deliver priority elements of our business going forward.</td>
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<td>Improve early years services including parenting, family support and child and maternal health.</td>
<td>Over the past few years, policy such as ‘Better Health, Better Care’, ‘Early Years and Early Intervention’, and ‘Equally well’ have emphasised the importance of quality care in pregnancy and the early years. We also note an intention to introduce legislation that creates an obligation on councils and the health service to work together and place the child at the centre of services focusing on our most deprived communities. Our work to support parenting, child and maternal health should continue to be a priority. For example we are developing resources to improve access to multi-professional education for staff working with children and young people (CYP). We also plan to provide a parenting workforce development plan, national training resources on maternal and infant health, new roles to support modernisation of the specialist children’s services, CYP emergency care education plus a range of learning for the maternity workforce to support clinical skills development, neonatal and midwifery services and ‘A Refreshed Framework for Maternity Care in Scotland’. We should also continue to invest in health psychology trainees working on, child healthy weight, breastfeeding and keeping well as well as support for the oral health ‘Childsmile’ programme. Finally we provide information, resources and education for NHS Scotland staff working with children and young people through ‘The Knowledge Network’.</td>
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<td><strong>Provide access to NHS dental services.</strong></td>
<td>This commitment reinforces the importance of the expansion of our training and education for dental graduates and dental care professionals to ensure they are trained and able to work in the general dental service improving access to NHS dental care in the community.</td>
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<td><strong>Roll out of the ‘Family Nurse Partnership’ (FNP) scheme.</strong></td>
<td>We need to be aware of the continuing emphasis on health inequalities and high quality care in pregnancy and the early years which is reflected in the stated intention to roll out the ‘Family Nurse Partnership’ (FNP) scheme across Scotland. FNP is a nurse home visiting programme designed to improve the health, well-being and self-sufficiency of low-income, young, first-time parents and their children. It is offered from early pregnancy until the child is 2 years old and has been piloted in the NHS Lothian and City of Edinburgh Community Health Partnership. In addition this supports the imperative of health and social care integration.</td>
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<td><strong>Action on Alcohol, Tobacco and Obesity.</strong></td>
<td>We need to maintain and develop our work in improving health and reducing health inequalities. We currently work in partnership with NHS Health Scotland to provide postgraduate specialist training posts in public health and to provide resources for healthy weight, healthy lifestyles, alcohol and smoking cessation and it is increasingly important that we step up partnership working. We also provide education for health psychologists to specialise in health inequalities and we support health psychology trainees working on specific programmes such as, child healthy weight, breastfeeding and keeping well. It should also be noted that there is an ongoing review of bariatric surgery and weight management provision and this may lead to requests for educational support once the options for progression are outlined.</td>
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<td><strong>Provide carer information strategies delivered through the NHS and training for carers.</strong></td>
<td>In 2010 ‘Caring Together: The Carers Strategy for Scotland 2010 – 2015’ was published and the provision of information and training to support the strategy has been explicitly mentioned in the government’s manifesto. The strategy commits NES, along with national carer organisations to produce a good practice guide to workforce training. We are tasked with supporting carers and young carers through workforce training and education and we need to progress the work we have recently outlined to review existing training materials; identify core competencies for NHS staff and identify materials to be incorporated within core induction, education and training curricula. The aim is to embed carer awareness training in all stages of pre and post qualification training and continuing professional development.</td>
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<td><strong>Provide new child protection guidance with specific guidance for health professionals as well as child protection professionals across all services.</strong></td>
<td>In January 2011 we published a 'Core Competency Framework for the Protection of Children'. The government’s manifesto specifies a commitment to developing guidance for professionals across all services, starting with the development of a national competency framework. There will be implications for how the NES framework can be used across a broader range of services and we should be prepared to consider the best way for delivering this.</td>
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<td><strong>Expand ‘telehealth’.</strong></td>
<td>A significant health policy driver is reflected in the government’s commitment to new technology to help older people and people with long term conditions live more independently. Currently we plan to provide a ‘telehealth’ education programme to help remote and rural practitioners use technology. We may wish to strengthen the scope of our support for ‘telehealth’, to help initiatives move from pilot to mainstream in order to improve access to specialists and people’s ability to take care of themselves at home.</td>
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<td><strong>Protect resources for the NHS and achieve efficiency savings for reinvestment in frontline services.</strong></td>
<td>This signals a period of austerity and a requirement for NES to protect resources for frontline services while achieving public value and sustainability through quality improvement and cost reduction. Working with a one year budget for 11/12 we will require a review of our position when budgets for 2012 onwards are finalised and the Christie Commission reports. In the short term we need to drive quality improvement within our organisation through areas such as our property strategy, ABC and LEAN, as well as better integration of ICT and less duplication in our support services. In addition we should formally plan out a programme of strategic change to support delivery of our objective 10 ‘Improving the sharing of knowledge across our organisation’ to develop a flexible workforce ‘supported by structures, systems, and processes which promote and embed integrated working and knowledge sharing’. This programme will build on the work already done to integrate our ICT, property and workforce (AIM) functions and will look at new leadership approaches and new ways of delivering services such as quality of the learning environment, assessment, educational supervision, continuing professional development and practice education.</td>
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No compulsory redundancies in the NHS and a reduction in the number of NHS managers by 25%.

We will be required to operate with a reduced budget and to make efficiencies without compulsory redundancies. The government are committed to a ‘social contract’ of no compulsory redundancies which is designed to compensate for the decision to freeze wages for those earning over £21k in the public sector. We will also be required to identify a cohort of managers from a balanced group of consultant/clinical and senior manager grades from which the 25% reduction will come. We need to develop a more flexible workforce with a better mix of skills and to use tools to redeploy staff into other areas of our business. We will require a workforce plan and systems, processes and structures which enable flexible working and redeployment as tools to deliver more with the same, the same with less or indeed more with less. It should be noted that the scope of organisational change and efficiencies will be constrained by the commitment to no compulsory redundancies. Again this area of our work will support the outcome we are committed to under our strategic objective 10.

5. Other commitments of note

In terms of higher education the government remain committed to no tuition fees and this presents funding challenges for universities. There is also a commitment to new pathways from school into 2nd year degree courses and to modernising governance through a new ‘Higher Education Bill’. Further education is referred to through an intention to make it more ‘outcome-focused’.

‘Youth Employment Scotland’ will offer 100,000 training opportunities including 25,000 modern apprenticeships each year and companies receiving government contracts will be required to produce a training and apprenticeship plan. The manifesto also proposes the creation of a ‘Graduate Apprenticeship’ to establish links between business, students and universities.

The government seek to improve employment prospects for young people as an important priority in difficult economic times. The aim is to provide ‘work opportunities’ in the third sector by using charitable and voluntary organisations to help young people develop skills and experience. This could have implications for the design of education and training within third sector organisations which provide services to the NHS.
APPENDIX - Sources of Information

5. The Institute of Chartered Accountants in Scotland – Faith in the Future.
7. NES Corporate Plan 2011 to 2012.