

## HEALTH AND SOCIAL CARE DELIVERY PLAN

### NATIONAL PROGRAMME BOARD

**Draft, Minutes 22 January 2018**

#### **Welcome and Apologies**

1. Shirley Rogers welcomed Members to the seventh meeting of the Programme Board. She explained the agenda focused on early 2018 priorities. Ministers have recognised the importance, and the need to up the pace of change, identifying investment of £126 million as part of next year's proposed budget, to accelerate and support Transformational Change.

2. The agenda also provided an opportunity to reflect, given it is just over 12 months since the Delivery Plan was published; and 9 months since the Programme Board was established. It is recognised good practice for large scale transformational change programmes to look back and assure themselves they are achieving what they set out to – making any course directions as necessary. To ensure this, the Board agreed each Scottish Government Director would work with Justine Westwood as Programme Manager to undertake a 'light touch' review of the progress against the actions in the Delivery Plan for 2017.

3. The Chair welcomed back Gregor Smith for the Realistic Medicine update and welcomed Deborah Jones representing Malcolm Wright, Gareth Brown for the public health item, Karen Fraser and Peter Donachie from the Strategic Change Division. The Chair welcomed John Wood, CoSLA who will be replacing Paula McLeay on the Board. The Chair thanked Paula for her contribution to the Board and her significant input to support the wider Integration of health and social care services.

4. Full list of attendees and apologies are included at Annex A.

**Action 45: Justine Westwood to work with Scottish Government Directors to review progress against the 2017 actions in the Delivery Plan.**

#### **Matters Arising**

5. The minutes of the 9 November were agreed without amendment.

6. Outstanding actions from the Actions Log would either be picked up by the meeting agenda or brought forward to future meetings.

7. Justine Westwood introduced paper NPB 2018/22-01/1 and provided a Programme Progress update, including risks and issues. The Realistic Medicine status had dropped to 'amber' after securing funding for the Atlas programme. The overall assessment for the programme remained at 'amber'.

8. Andrew Scott confirmed the BMA had voted to accept the new GMS contract. The Chair noted the BMA agreement paved the way for Part 3 of the Workforce Plan to be published later this year.

### **Delivery Plan Financial Framework**

9. Christine McLaughlin update the Board on the development of a Financial Framework for the Delivery Plan. Deloitte's have been appointed to support this work together with the wider work on modelling the Delivery Plan impacts as a whole. The Financial Framework will be open and honest about the pressures on the health and social care systems; identify opportunities to do things differently; areas of variation; and what this means to the workforce. Christine confirmed she will continue the engagement with Board members' organisations and would invite Deloitte's to the meeting on 8 March to update the group on progress.

**Action 46: Deloitte's to be invited to the 8 March meeting to update the Board on the Financial Framework and wider whole-system modelling work for the Delivery Plan.**

### **Aligning Resources and Planning In Transformational Change – NPB/2018/22-01/2**

10. Phil Raines introduced paper NPB/2018/22-01/2 on Aligning Resources and Planning. He explained Ministers recognise the changes that are happening to sustain and improve our health and social care services. They propose to significantly expand the Scottish Government budget for transformational change to £126 million. This will provide support to the regional delivery and national Boards plans for implementation of new service delivery models, improved elective performance and investment in our digital capability. This offers the Programme Board the opportunity to align resources and delivery of the Delivery Plan more effectively.

11. At the same time, the next versions of the regional delivery and national Boards plans will be submitted at the end of March and present the areas where additional activity will accelerate delivery of the Delivery Plan.

12. The Programme Board discussed the criteria required to assess how the transformational change resources should be used; and how these resources can be aligned with the plans to be submitted at the end of March, and concluded:

- The assessment framework should give due weight to activity that aligns with the key pillars of the Delivery Plan, demonstrates additionality and sets out significant, measurable impact.
- Transformational Funding needs to provide a demonstrable and significant return on investment.
- The Programme Board should regularly advise on where new commitments can best support transformational change.
- Digital infrastructure and support for the digital strategy are crucial.
- Health and social care workforce solutions should be prioritised.

- Robust analytics is required to be clear on what works.
- Organisational development, culture and leadership change management support is key.
- Funding needs to support the joining-up of local, regional and national approaches and solutions.
- Transformational funding needs to move quickly and accept the risks of new approaches; but equally needs to identify projects that are not / won't deliver and move on quickly from these ("fail quickly").

**Action 47 - The Programme Board agreed to consider a detailed criteria proposal on funding decisions for the Transformational Change budget that directly support the Delivery Plan at their 8 March meeting.**

### **Realistic Medicine – NPB/2018/22-01/3**

13. Gregor Smith introduced paper NPB/2018/22-01/3 and his presentation providing an update on Realistic Medicine, that aims to deal with the dual challenge of providing care that has greater worth to individuals, while also addressing the need to improve health and wellbeing at a population level. A focus on value based healthcare within NHSScotland is essential to tackle unwarranted variation, with potential savings of c. £500m. In the detailed discussions that followed the Board agreed:

- Important to challenge the perception that the Realistic Medicine agenda is only focused on health.
- More work required on analysis of savings and on how the Atlas of Variation will be used as a decision making tool to eliminate entirely unwarranted variation.
- National Implementation Leads and Gregor to consider accelerating ISD analytical / data support to develop the Atlas of Variation.
- Gregor to consider extending membership of the Realistic Medicine Oversight Group to include IJB Chief Officer and representation from the North region.

**Action 48: Caroline Lamb and Gregor Smith to discuss acceleration of ISD support on the development of the Atlas of Variation.**

**Action 49: Gregor Smith to consider extending membership of the Realistic Medicine Oversight Group to include a Chief Officer and a representative covering the North region.**

### **Public Health – NPB/2018/22-01/4**

14. Andrew Scott and Paula McLeay highlighted the collaborative and ambitious approach to public health which is looking to change behaviours and cultures to reduce demand and public health through a holistic approach to issues in health, care, housing, justice etc.

15. . Gareth Brown introduced paper NPB/2018/22-01/4 providing an update on the work to date to improve the health of the population and to create the conditions for good health, specifically:

- Work to build awareness and momentum across the public sector to fully embed public health thinking in all we do.
- Work to strengthen the professional public health function and to make the best use of our national assets.
- Our approach to delivering high quality support and expertise to local areas, to enable them to make the best use of evidence and data in creating the conditions for good health.

16. In the discussions that followed, the Board:

- Recognised the collaborative approach and how this was demonstrated throughout the update, which 'felt' positively different.
- Robust and clear analytics are required.
- Recognised the holistic approach and challenges of addressing issues such as poverty, housing, location and lifestyle.
- Noted the importance of the communications with the public and stakeholders to explain the tangible and less-tangible changes.
- Recognised the key role public health has in delivering the Delivery Plan and is a critical pillar supporting a range of transformational change strategies.

## **AOB**

17. The Chair confirmed that Cabinet Secretary for Health and Sport is due to attend the next meeting. The Board agreed to provide the Cabinet Secretary with a progress update on early successes and the challenges ahead to accelerate delivery of transformational change to health and social care services across Scotland.

**Action 50: Secretariat to commission progress update from Board members to the Cabinet Secretary for the next meeting.**

## **Secretariat**

29 January 2018

**National Programme Board Members:****Attendees 22 January 2018**

<b>Name</b>	<b>Role</b>
Chair: Shirley Rogers	Director of Health Workforce and Strategic Change
John Brown	Chair of NHS Greater Glasgow and Clyde
Tim Davison	Regional Implementation Lead for the East
Angiolina Foster	National Implementation Lead
Theresa Fyffe	Staffside Representative
Caroline Lamb	National Implementation Lead
Jason Leitch	Director for Health Care Quality and Improvement
Christine McLaughlin	Director of Health Finance
Paula McLeay & John Wood	Health and Social Care Policy Lead, COSLA
Andrew Scott	Director Population Health Improvement
David Williams	Chief Officer, Glasgow City Health and Social Care Partnership
Deborah Jones, representing Malcolm Wright	Regional Implementation Lead for the North

**Apologies:** none

John Burns	Regional Implementation Lead for the West
Geoff Huggins	Director Health and Social Care Integration
Elizabeth Ireland	Chair NHS National Services Scotland
Andrew Kerr	Health and Social Care Lead for SOLACE

**Attendees:**

Phil Raines	Head of Strategic Change Division
Anne Aitken	Directorate Support and Delivery
Gregor Smith	Deputy Chief Medical Officer, Realistic Medicine
Gareth Brown	Head of Health Protection
Justine Westwood	Programme Manager, Strategic Change Division
David Bedwell	Director NHS Executive Support
Peter Donachie	Strategic Change Division
Karen Fraser	Strategic Change Division
Robert Spratt	Secretariat, Strategic Change Division