

HEALTH AND SOCIAL CARE DELIVERY PLAN

NATIONAL PROGRAMME BOARD

Minutes 8 March 2018

Welcome and Introductions

1. Shirley Rogers welcomed Members to the eighth meeting of the National Programme Board. She explained that the agenda focused on 3 main items; an update on the financial framework; a discussion regarding funding criteria; and that the Cabinet Secretary would be joining the meeting to hear an update on the Regional and National plans.
2. The Chair welcomed Vicky Irons, Chief Officer, Angus Health and Social Care Partnership representing David Williams; Matthew Neilson, Special Registrar, accompanying Jason Leitch; Peter Lock, Deloitte Consultancy, Richard McCallum, Deputy Director, Health Finance and Infrastructure; Isabella de Wit and Tina Vass, Strategic Change Division.
3. A full list of attendees and apologies are included at Annex A.

Matters Arising

4. The minutes of the 22nd January were agreed without amendment.
5. An update on action 49 was requested as to date no Chief Officer has been approached to join the group. In addition it was noted that no representation from the professional bodies has been requested. An update on actions 34 and 35 was requested. Jason Leitch confirmed that work on these items was still in progress.
6. All other outstanding actions from the Actions Log would either be picked up by the meeting agenda, or brought forward to future meetings.

Action 51: Secretariat to follow up with regards to Action 49: membership of the Realistic Medicine Oversight Group.

Action 52: Secretariat to schedule an update on the Major Service Change (Action 34) and National Planning Forum Review (Action 35).

7. Justine Westwood introduced paper NPB/2018/08-03/1 and provided a high level Programme progress update, noting that the Progress Report is due to be considered at the April meeting.
8. Andrew Scott confirmed that the GMS contract had been laid before Parliament. The next step is for Health and Social Care Partnerships to develop their associated implementation plans.

9. Geoff Huggins confirmed that the Digital Health and Care Strategy is being finalised following the last meeting of the International Expert Panel, and to take into account the recommendations from the Health and Sport Committee, and that he should be in a position to be able to describe the model of a single digital platform by the end of March 2018.
10. Part 3 of the Workforce Plan will be published later in March, and then work will commence on developing an integrated version.
11. Caroline Lamb provided an update on the development of the workforce national platform and confirmed that the Proof of Concept is now complete. The project is now engaging with workforce planners across Health and Social Care, and the Third Sector, and Caroline offered to demonstrate the platform at a future Programme Board, potentially at West Port (NES offices).

Action 53: Secretariat to work with the Chair and Caroline Lamb to agree a suitable date and location for the Workforce Platform to be presented to the Programme Board.

Action 54: Secretariat to schedule an update from Geoff Huggins on the Digital Health and Care Strategy and the single platform.

Delivery Plan Financial Framework

12. Christine McLaughlin introduced an update on the development of the Financial Framework. The framework considers current expenditure; how it has changed over the past 5-10 years; cost pressures in the system; what we are trying to change and the impact this will have on the overall health and social care system.
13. Christine noted her thanks to all those who contributed to the development of the Financial Framework
14. In the detailed discussions that followed, the Board noted:
 - An assumption about a reduction in demand as a result of Public Health initiatives by focusing on avoidable illnesses was welcomed but all agreed this requires significant activity and leadership, and noted that the activities in the emerging East Regional Plan provide a good example of what could be done;
 - there is a need to agree priorities within delivery plans with associated metrics. For example, Public Health seems like it should be a priority for the allocation of resources but will need more evidence with interim milestones to measure progress against. The use of transformational change funding will be assessed against the framework and the contribution towards the 'bridge'
 - Further work is in progress with local government to finalise assumptions in relation to social care;

- activities need to be whole system based, and resources must work collectively, recognising local care and what the citizen themselves take responsibility for are fundamental elements of that change; and
- there is a need to consider how we balance services and costs across the system and the framework provides a method by which we can do that.

15. The next steps in the development of the framework will be to complete the social care element, and then circulate a draft document to the Programme Board for comment, noting that at this stage it remains draft and not for wider circulation.

16. The Programme Board noted that the development of the Regional and National Delivery Plans is linked to the publication of the financial framework.

Action 55: Christine McLaughlin to issue the draft framework to Programme Board members for comment.

Transformational Change Fund Criteria

17. Phil Raines provided an update on the criteria for allocating the Transformation Change Fund and suggested that the criteria should not just apply to the allocation of the Health and Social Care Transformational Change fund, but potentially for all elements of transformation funding that is available. In the discussion that followed, the following areas were noted:

- the criteria are deliberately broad so as not to exclude approaches to transformational change, at this stage;
- additionality is extremely important;
- partnership working over the lifetime of delivery plans will influence the delivery of the actions;
- working in partnership with the Scottish population is crucial together with testing of key milestones with service users; and
- there is a need to identify a way of determining if activity isn't working early and a decision as to whether to continue.

Cabinet Secretary for Health and Sport

18. The Chair welcomed the Cabinet Secretary to the meeting and noted that she was particularly interested to hear an update from the Implementation Leads on progress.

19. John Burns introduced the update on behalf of the Implementation Leads and welcomed the opportunity to share high level messages regarding the regional and national plans. He noted that the approach taken was resulting in a significant shift in the way we think about planning and delivering services, which is now looking across a wider population. There is strong collaboration underway

as a result of the focus on building strong relationships, and the Leads are now seeing alliances emerge to support delivery. The approach has also provided a greater opportunity for stakeholder engagement.

20. High level themes were emerging from the plans as follows:

- the need for a whole system approach;
- the importance of our Workforce;
- digital as a key enabler; and
- access to services.

21. A range of challenges to success were noted:

- capacity and capability within the system;
- how to co-produce appropriate elements of the plan;
- significant engagement and consultation with the public, staff and partners/interest groups will be required;
- the need to recognise existing governance arrangements is important, but they cannot become barriers to change; and
- need to have courage in our convictions to take forward actions and be deliberate and intentional in what we are doing.

22. Each of the Leads then provided examples of what will be contained in their plans.

Malcolm Wright:

- noted that the scale of the challenge in the North is now much better understood in terms of finances, demand, public health and workforce, and there is now a sense in the region of moving at pace;
- there is likely to be a move towards a more integrated system, where there is real collaboration with IJBs; and
- next steps will be around further engagement with local authorities and determining how to work through the current governance arrangements.

Tim Davison:

- noted the East plan would focus on genuine transformative change and has identified Type 2 Diabetes, Mental Health and Smoking as priorities;

- collaborative working is underway with the 6 Chief Officers and 3 Chief Executives; and
- the Infrastructure to take the diabetes initiative forward is being established, with activity being led by a council Chief Executive.

Caroline Lamb:

- confirmed that she and Angiolina Foster are working very closely with the regions and highlighted two aspects to be included in their plan;
- improving access and managing demand through the implementation of in-hours GP triage, which started with a test of change in Forth Valley, and is now being rolled out to practices in Lothian and Lanarkshire; and
- development of a national workforce platform to provide data to support workforce planning. This platform will offer a single source of workforce data, whether at local/regional/national level, to allow planners to self-serve and run their own workforce planning scenarios.

John Burns:

- noted that the West is focusing on the development of a Model of Care working with 5 Health Boards and 15 IJBs, noting that the IJBs are working together to look at developing the key features of the local care element of the model. The model will also be informed by work underway on the planned care and unscheduled care work streams contained within the plan; and
- the model will start with the individual, linking to local services, and then to hospital services with the development of an inclusive network to support more remote communities and teams to work more effectively. Early work is testing this approach with ophthalmology and urology specialities. John noted that there is early clinical support for the approach, but further engagement will be required to take it forward.

23. John Burns summarised overall progress confirming that the Implementation Leads do not underestimate the scale of the challenge, but the approach has created a new interest in participation, and in a new model of delivering services. There is a need to continue to grow momentum for change, build strong alliances and partnerships. John noted that whilst opportunities to create more sustainable systems are now becoming apparent, the Implementation Leads recognise there is still much more to do.

24. The Cabinet Secretary thanked the implementation leads for the work they have done so far and noted that whilst the delivery of the plans at the end of March is important, there then needs to be a focus on engaging with the public and staff. She noted:

- that each region was testing out different activities to address specific challenges and her assumption was that if each works, the other regions to look to adopt a similar change;
- the Diabetes approach seems to have significant potential and she will be interested to see how it develops, noting that it could be world leading in its outcomes;
- the national plan for In hours GP Triage could have the potential to provide significant support for Primary Care at the same time as big reforms are taking place;
- the Cabinet Secretary is happy to work with the Programme Board to generate momentum and deliver at scale as quickly as possible;
- in terms of Digital transformation, she has met with some leaders and is seeing evidence of where change in European countries has reduced unscheduled demand. The Cabinet Secretary has asked for Scotland to do some follow up work as a result to identify any potential learning that could be implemented here; and
- the Cabinet Secretary agreed to attend a future meeting when the plans are available, and noted that it will be important to see the associated implementation plans, key milestones, and investment required to achieve the biggest impact.

25. The Chair confirmed that the next steps were for the plans to be finalised by the end of March, and an overarching narrative reflecting not only the differences in plans but also how they link together with each other will be developed. There will also be the need to implement a comprehensive communication and engagement plan. Officials are working closely with the Leads to combine the plans with the Financial Framework, and develop funding proposals to take the key developments forward.

26. Andrew Scott noted that support from other parts of central and local government will be required in order to deliver the plans and that he is keen this partnership approach could be drawn out in the next Programme for Government which may be a good public arena in which to start publicising the changes.

Action 56: Secretariat to dedicated Programme Board meeting to discuss the Regional and National Delivery Plans; and arrange for the Cabinet Secretary to attend a future meeting to discuss the plans.

AOB

27. None.

**Secretariat
12 April 2018**

National Programme Board Members:**Attendees 8 March 2018:**

Name	Role
Chair: Shirley Rogers	Director of Health Workforce and Strategic Change
John Brown	Chair of NHS Greater Glasgow and Clyde
John Burns	Regional Implementation Lead for the West
Tim Davison	Regional Implementation Lead for the East
Theresa Fyffe	Staffside Representative
Geoff Huggins	Director Health and Social Care Integration
Elizabeth Ireland	Chair NHS National Services Scotland
Andrew Kerr	Health and Social Care Lead for SOLACE
Caroline Lamb	National Implementation Lead
Jason Leitch	Director for Health Care Quality and Improvement
Christine McLaughlin	Director of Health Finance
Andrew Scott	Director Population Health Improvement
Vicky Irons, representing David Williams	Chief Officer Representation
John Wood	Health and Social Care Policy Lead for CoSLA
Malcolm Wright	Regional Implementation Lead for the North

Apologies:

John Brown	Chair NHS Greater Glasgow and Clyde
Angiolina Foster	National Implementation Lead
David Williams	Chief Officer

Attendees:

Cabinet Secretary for Health and Sport	
Phil Raines	Head of Strategic Change Division
Anne Aitken	Directorate Support and Delivery
Justine Westwood (Secretariat)	Programme Manager, Strategic Change Division
Isobella De Wit	Head of Board Reform, Strategic Change Division
David Bedwell	Director NHS Executive Support
Tina Vass	Strategic Change Division
Matthew Neilson	Special Registrar, accompanying Jason Leitch
Peter Lock	Deloitte Consultancy
Richard McCallum	Deputy Director, Health Finance and Infrastructure