

**HEALTH AND SOCIAL CARE DELIVERY PLAN**  
**NATIONAL PROGRAMME BOARD**  
**Minutes 4 October 2018**

**Welcome and Apologies**

1. Andrew Scott (Chair in the absence of Shirley Rogers) welcomed Members to the eleventh meeting of the Programme Board, specifically:
  - David Garbutt, attending his first meeting; and
  - Suzanne Ferguson, representing David Williams.
  
2. Full list of attendees and apologies are at Annex A.
  
3. The Chair noted changes that are taking place within the Workforce, Leadership and Service Transformation Directorate, reporting to Shirley Rogers. There will now be three defined divisions as follows:
  - Sean Neil will continue to head up the Workforce Division;
  - Dave Caesar has moved to head up the Leadership Division;
  - the process is underway to appoint a Head of Service Transformation;
  - Rachel Jenkinson (in attendance) will head up a new Vision team which is being established as part of the Service Transformation Division.
  
4. Each area will in time provide updates to the Board.
  
5. The Chair also noted that the National and Regional discussion documents are continuing to be shared amongst key stakeholders. Discussions are in progress with the Implementation Leads regarding when wider engagement will take place.

**Matters Arising**

6. The minutes of the 7<sup>th</sup> June were agreed without amendment.
  
7. Andrew Scott confirmed that the Financial Framework is being published later today by the Cabinet Secretary along with a statement in parliament (Action 55). The Framework sets out the scale of the activity in the Delivery Plan from a financial perspective, and demonstrates the scale of challenge to manage the gap between available funding and funding required. It will provide the basis for the Cabinet Secretary to take forward the wider reform agenda which will be required to help address the gap (including those activities under the oversight of this Programme Board).

8. The Board discussed:

- whether it would be helpful for groups such as the Chairs and Chief Executives to understand if the framework has made a difference to the finance available for transformational change;
- the financial gap for the regional plans has not been amended yet to reflect the new Financial Framework and it would be helpful to discuss how to address the financial issues in the engagement process;
- additional funding may be required for improving Waiting Times, and that it was challenging to shift the balance of care (and funding) whilst improving hospital services at the same time;
- clarification around the publication timescales for the Regional and National Plans would be helpful, noting that previously the publication of the plans would follow no later than 48 hrs from the publication of the Financial Framework;
- that it would be helpful to have early clarification around the governance structure that will run alongside the national and regional plans and what that means for the National Programme Board.

9. Phil Raines responded to the points made:

- there is now no expectation for the plans to be published within 48 hours of the Financial Framework;
- the new Cabinet Secretary sees her priorities within the longer term context of transformational change and it would potentially be helpful to have a session with the Implementation leads now that the Financial Framework has been published and link that with other emerging plans in order to establish how they feed into the engagement process;
- there are no indications that the Transformational Change fund will be used for anything other than transformational change activities at present or that the focus on the regional and national plans has changed.

10. The remaining outstanding actions from the Actions Log would either be picked up on the agenda or brought forward to future meetings.

**Progress report**

11. Justine Westwood introduced paper NPB/2018/04-10/01 which provided the National Programme Board with a progress update on the key programmes within the Delivery Plan and noted that work on the High Level Tracker was underway and that a draft had been established following discussions with Geoff Huggins, Jason Leitch and Angiolina Foster. A more established proposal will be brought to the next meeting. In the discussion that followed, the Board:

- noted the progress of the underlying programmes and the escalated risks and issues;
- agreed the changes proposed to the milestone dates;

- confirmed that communications and engagement sits with the Regional and National Leads; and that engagement is underway with staff side and NHS Board Area Partnership Fora.

**Action 66: High Level Tracker update to be provided at the November Programme Board meeting.**

**Action 67: Phil Raines to provide an update on the Communications and Engagement approach at a future Programme Board meeting**

### **Primary Care Update**

12. Richard Foggo and Niamh O' Connor presented an update on the Primary Care Programme and specifically the implementation of the 2018 GMS Contract. Richard Foggo noted that the Cabinet Secretary had restated today at the UK RCGP Conference, her personal commitment to Primary Care reform and the context of General Practice within that, and that she wants to build more of the collaboration and opportunities that provides.
13. The update provided the background to the agreement of the Memorandum of Understanding (MOU), and the recent development of the Primary Care Improvement Plans. Key messages from the plans include:
  - there is a clear acceleration in pace and scale in the development of the Multidisciplinary team;
  - the previous models of care testing was critical for the MOU – everything in the MOU reflects activities already in place in parts of the country;
  - the GP profession was heavily involved in creating and agreeing the Improvement Plans with generally a very good collaborative approach;
  - relationships and trust are key – the SG team has been visiting and attending various Primary Care Implementation Boards and note that a strong Programme Management environment is being put into place;
  - where integration is strong, the Improvement Plans tend to be strong. There are mutual gains in terms of integration and Primary Care reform;
  - there is potential for increased collective national board contribution to the plans. This area is currently underdeveloped but there is potential to increase the contribution the national boards can play;
  - the fundamental risks to the activity remain around workforce, infrastructure, and digital investment.
14. During the discussion that followed the NPB noted that:
  - we are starting to see better engagement between the GP community and Integration Authorities;
  - digital infrastructure is going to be key and the NPB is committed to establishing how to increase the pace of transition from the “old” to the “new” world with regards to technology for Primary Care;

- the health finance group is looking at how to track the three financial commitments although there is still work to do on identifying the further £250m investment;
  - there are still some challenges to overcome e.g. strengthening the relationships between Integration Authorities and the National Boards; ensuring placements for nurses for clinical practice with GPs; resolving the accountability and governance issues with regards to integration (noting that there is a review of the progress of integration underway, and interim recommendations from the review group have been requested by the Cabinet Secretary prior to the Audit Scotland report in November);
  - it would be helpful to understand what the priorities for the Digital programme are (the Primary Care priorities are the clinical systems for GPs but noted that when the GP IT business case comes for approval there is a need to recognise the short and long term requirements to ensure alignment with the Digital Strategy);
  - there is recognition that the Cabinet Secretary will need to understand how the Primary Care work supports her immediate priorities and it is therefore for the NPB to continue to focus on progress and drive system change. There is a need to understand the reason behind the current waiting times challenge in order to identify how Primary Care can help; and
  - an additional risk is the potential loss of quality e.g. misdiagnosis / polypharmacy / and referral rate variation. To mitigate this there is significant focus on activity and data; on improving the infrastructure to help clinicians interpret the data; peer reviews etc. Discussions are underway with HIS around the next steps for quality improvement and insurance, and around social care governance.
15. The points from the discussion will be used to inform the upcoming meeting between the Director of Population Health and the Cabinet Secretary.

**Action 68: Caroline Lamb to discuss with Primary Care Colleagues how to address the issue in terms of placements (for medical and nursing professions).**

**Action 69: Caroline Lamb to discuss digital priorities for the platform and transitions work with Primary Care Colleagues.**

**Action 70: Richard Foggo/Niamh O'Conner to discuss plans to focus on quality with Jason Leitch**

## Delivery Plan Modelling

16. Phil Raines provided an update on the development of a modelling tool which has been created to better understand the comprehensive system wide effects of what the actions in the Delivery Plan might achieve (compared to what the plan set out in terms of objectives). The tool can help the NPB in deliberations and decisions regarding how change takes place at system level.

17. The Model serves several functions:

- brings the 50 actions in the Delivery Plan together into 15 “initiatives”;
- provides an opportunity to interrogate the impact, evidence and limitations of the Delivery Plan; and
- helps understand the connections between the 3 sides of the “stool” e.g. how to; achieve reform and the change needed; how to ensure we remain financially sustainable; and how to ensure we maintain quality and performance.

18. The Model can be used to generate predictions for:

- change in activity (typically in terms of beds/bed days);
- capacity in system;
- workforce impact in terms of numbers;
- cost/finance;
- performance

19. Work is now underway to review the output with key policy areas. Once this has been completed it would be helpful to come back to the NPB (and potentially the Implementation Leads) to understand how the different pieces of work are starting to shape the scale of the financial challenge and how activities are contributing to meeting that challenge. Outputs from the tool should come to the NPB.

20. The Model could lend itself well to linking key programmes of change more widely. A user group has been established to identify how to share the tool and its results and to help people start thinking systemically about the impact of activities underway. It complements the current Programme Management arrangements but will also help inform NPB discussions.

21. In the discussions that followed, the NPB noted:

- it would be helpful to present the model in detail to the Implementation Leads to help them understand what the regional and national plans will deliver. It would also be helpful to present the model to the wider Chief Executives group in terms of supporting wider change initiatives;
- as the outcomes work develops, there is a requirement to look at what the model needs to support, but it can also help inform elements of the high level tracker currently being established;

- the model will be used to support decision making. It was created with the intention to steer and understanding as to whether the activities currently planned will be sufficient but it should also be the catalyst to start more scenario planning;
- there are limitations e.g. it looks at the impact at a system wide level, but recognise there is local variability;
- the model is future proofed to support any changes required.

**Action 71: Phil Raines to provide a demonstration of the model and bring the outputs to a future meeting.**

**Action 72: Phil Raines to discuss the model with wider stakeholders.**

### **AOB and Next Meeting**

22. The next meeting of the Board is 12 November, 12.30-15.00, in Room 4 ER, St Andrew's House.

### **Secretariat**

15 October 2018

**Annex A****National Programme Board Members Attendees:**

<b>Name</b>	<b>Role</b>
Chair: Andrew Scott	Director of Population Health
John Burns	Regional Implementation Lead for the West
Angiolina Foster	National Implementation Lead
Lilian Macer	Staff Representative
Alison Taylor	Health and Social Care Integration (representing Geoff Huggins)
Elizabeth Ireland	Chair NHS National Services Scotland
Jason Leitch	Director for Health Care Quality and Improvement
Caroline Lamb	National Implementation Lead
Tim Davison	Regional Implementation Lead for the East
David Garbutt	Chair NHS National Education for Scotland
Suzanne Ferguson	Representing David Williams

**Apologies:**

Shirley Rogers	Director of Health Workforce, Leadership and Service Transformation
Geoff Huggins	Director for Health and Social Care Integration
Theresa Fyffe	Staff Representation
Andrew Kerr	Health and Social Care Lead for SOLACE
John Wood	Health and Social Care Policy Lead for CoSLA
Christine McLaughlin	Director of Health Finance
David Williams	Chief Officer, Glasgow City, and Chair of the Chief Officers' Group
Robert Spratt	Service Transformation Division
Malcolm Wright	Implementation Lead

**Attendees:**

Phil Raines	Head of Transformational Change Policy
Richard Foggo	Deputy Director, Primary Care
Niamh O'Connor	Head of GMS Contract Negotiation Team
Tina Vass	Service Transformation Division
David Bedwell	NHS Executive Support
Justine Westwood	Service Transformation Division
Rachel Jenkinson	Head of Future Vision, Service Transformation Division
Roseanne MacQueen	Service Transformation Division