REPORT AND DISCUSSION

National Board Collaboration for Transformational Redesign Project

January 2019

CONTENTS

EXECUTIVE SUMMARY

Healthcare Improvement Scotland (HIS) and NHS National Services Scotland (NSS) were asked to work together to lead the National Board Collaboration for Transformational Redesign Project, on behalf of the National NHS Boards Collaborative. The overall aim of the project was to:

Develop a co-ordinated offer and approach to system-wide transformational change within health and social care, where the transformation has potential to benefit from national support.

This work was delivered in an Agile way, over a preparation phase and three consecutive sprints. To ensure a successful collaboration, and to work at pace, independent support was commissioned to help deliver Sprints 1-3.

- The project started with a review of the evidence about transformational change which drew out a number of features of successful transformational change (see pages 8-9).
- Sprint 1 reviewed over 120 published plans, strategies and policies and identified 19 key themes which need to be addressed in the work to transform health and social care. These 19 themes are mapped against the four pillars of the Christie Commission (see figure 2) and could provide a useful framework to support the work going forward.
- Sprint 1 also highlighted that the different National NHS boards had different views on the nature of the transformation challenge. This led to a decision to reframe Sprints 2 and 3 to initially focus on developing a better shared understanding across the National NHS Boards before further engagement with the potential 'customers' and/or 'commissioners' of support.
- Sprint 2 took the form of one-to-one stakeholder interviews, primarily with the national partners. These highlighted the need to collaboratively create a **collective proposition** to inform and direct the model of support for system-wide transformational change.
- This was drafted and developed further in Sprint 3 in a workshop attended by the Chief Executives and senior teams from the National NHS Boards and the Improvement Service and Care Inspectorate. Initial actions were agreed to progress the development of a co-ordinated model of national support for transformational redesign.

Through the process the following key issues were identified:

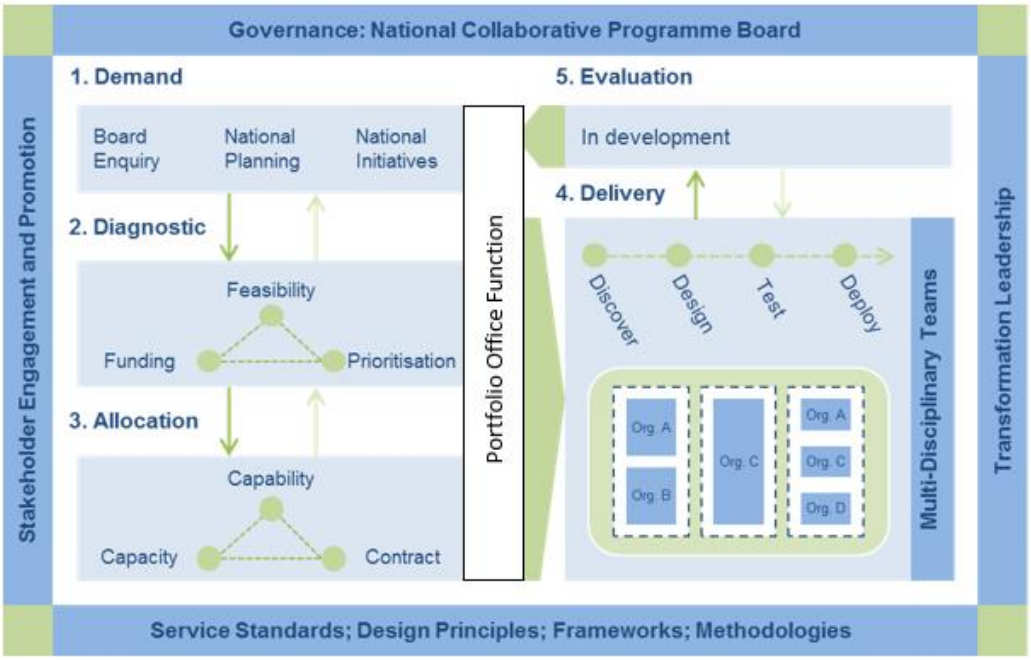
- There are different understandings of what is meant by transformational change which can lead to unhelpful and unnecessary tensions between partners. There is a need for a clear and agreed working definition of transformation.
- Transformation should be driven by a relentless focus on understanding customer needs, assets and experiences which then informs work in the domains of i) system and process redesign, ii) workforce redesign and iii) technology adoption. These three domains are all **interdependent** and must be managed as such, enabled by effective programme infrastructures combined with a focus on enabling cultural change.
- Delivering transformation will require locally led multi-disciplinary change teams (including strategic planning, service design, quality improvement, project management, organisational development, data and intelligence, etc.) which must also include the relevant subject

matter knowledge about the service being transformed. For clinical and care services, this means ensuring clinical and care professionals are core members of the change team.

- There is a need for both greater alignment and greater collaboration across the National NHS Boards. The concept of 'individual sports' where a National NHS Board is working independently and 'team sports' where the National NHS Boards are working collaboratively emerged. 'Individual sports' still need to be aligned and co-ordinated under common themes and priorities. 'Team sports' may require new models of collaborative working.
- There are a number of key capabilities and enablers which should underpin the development of a co-ordinated national offer of support for transformation. These are identified on pages 16-17. These draft propositions now need to be tested and further developed in collaboration with our 'customers/commissioners'.
- There is a need for the national organisations to support the cultural and attitudinal shifts which are required in transforming health and care. **For this support to be effective, the National NHS Boards need to demonstrate the cultural and attitudinal shifts themselves.**
- There is a view across the National NHS boards that national transformation support should be focused on four key topic areas, of which the first two were given the highest priority:
    1. **Supporting the development and implementation of new models of health and care**
    2. **Scaling up best practice**
    3. Supporting local priorities of NHS Boards and Integration Authorities
    4. Supporting existing/emerging national programmes and initiatives

  This proposition now needs to be tested and further developed in collaboration with our 'customers/commissioners'.

Based on the outputs and learning from Sprints 1-3, the following is a potential model for providing a co-ordinated offer and approach to system-wide transformational change within health and social care, where the transformation has potential to benefit from national support (see page 19 for more information). It will require intensive development through practical testing to determine how this broad framework could work in practice.



Proposed Next Steps

For this work to progress at pace it is proposed to take forward the next stage of co-design work in parallel with practical prototyping.

CO-DESIGNING THE MODEL

1. To further develop and validate the proposed approaches through consulting with the Integration Authorities, NHS Boards, NHS Regions and Scottish Government on:
    a. the proposed key capabilities and enablers which should underpin the development of a co-ordinated national offer of support for transformation (see pages 16-17)
    b. the top **thematic areas** for developing aligned and co-ordinated National NHS Board transformation support for 2019/20. We note that Primary Care and Mental Health are already identified as priorities for the National Board Collaborative.
2. Consider how this report of the outputs from Sprints 1-3 are useful to inform the work of the National Board Collaborative going forward.
3. Agree the mechanism and dedicated resource to map out the different capacity and capability held across National NHS Boards that could be deployed as part of collaborative models, such as bespoke support.

PROTOTYPING COLLABORATIVE APPROACHES

It is recognised that this work needs to continue to move at pace and that the most of the implementation challenges will be around how any model actually works in practice. Therefore it is proposed that, in addition to the work to develop and validate the overall approach, the following prototyping work moves forward in parallel.

1. Work progresses with Primary Care and Mental Health to develop and test practical approaches to better aligning the existing National NHS Board offers. This work is focused at the 'delivery' end of the proposed framework. As well as ensuring alignment and effective interfaces, this work will identify which of the existing offerings need to be delivered in collaboration. Learning from this can then be used to help refine our understanding of the types of commissions that need to go through a collaborative scoping and design approach. This will require an approach to capturing and sharing the learning to then apply to other priority theme areas.
2. The Primary Care and Mental Health portfolios are tested against the framework identified to ensure there is appropriate focus on a combined approach across system/process redesign, technology, workforce and culture.
3. The National Board Collaborative tests the delivery of a more co-ordinated and aligned bespoke support offering in partnership with one health and social care system. It uses this practical testing to start to work up the operational detail of how a collaborative scoping phase might actually work in practice.

RESOURCE REQUIREMENTS

It is recognised to develop this work further there is the need for dedicated resources from the national board collaborative. This may be found from reprioritisation of existing resources, such a communications support and design expertise, or require additional funding from the National Board Collaborative.

1. INTRODUCTION

BACKGROUND

The 2020 Vision and Health and Social Care Delivery Plan both require a transformational change in how the people of Scotland achieve their health and wellbeing outcomes, with greater focus on self-management, prevention and early intervention, use of technology and appropriate use of resources.

Following the publication of the Health and Social Care Delivery Plan, Scottish Government asked NHS Boards to plan how they can contribute to the delivery of the aims of the Delivery Plan in a more collaborative way. The National Collaborative Programme Board (NCPB) brought together all eight National NHS Boards to work collaboratively and to deploy resources to support the priorities described in national, regional and local plans and, identify where transformational change is required.

In order to support system wide transformational redesign across health and social care, it was agreed by the National Board Collaborative that there is a need for a coordinated approach. This needs to leverage the unique skills and assets of the National NHS Boards and other key partners (such as the Care Inspectorate, Improvement Service and third and independent sector organisations) to makes best use of scarce resources.

Healthcare Improvement Scotland (HIS) and NHS National Services Scotland (NSS) were asked to work together to lead this project, on behalf of the National NHS Boards Collaborative, co-creating the approach and bringing together the capabilities and disciplines of the two organisations – in line with service design principles.

PROJECT AIM AND OBJECTIVES

The overall aim of the project was to:

Develop a co-ordinated offer and approach to a system-wide transformational change within health and social care, where the transformation has potential to benefit from national support.

This offer will support service redesign which can be explored and supported at a national level (e.g. sharing learning about common challenges) and customised and implemented locally (taking into account local context). This project considered an offer which could be accessed by Integration Authorities, NHS Boards, Regions and Scottish Government.

The project initially sought to understand:

- The collective capability of National NHS Boards and other national organisations supporting transformational system change across the health and social care system.
- The needs of NHS Boards and Integration Authorities for external support.
- How the collective national capability can be best deployed to meet those needs.
- Any gaps in capability which require to be addressed together with plans to do this.

The offer seeks the ability to deliver:

- National programmes of transformational change focused on common priorities for redesign across Scotland. These programmes will use a 'Once for Scotland' approach, with regional and local contextualisation and implementation.
- Bespoke support delivered to Integration Authorities and NHS Boards for local strategic priorities for redesign.

PROJECT APPROACH

This project was delivered in an Agile way, over a preparation phase, and three consecutive 'sprints'. This enabled value to be created quickly and at every stage of the process, and allowed the project to flex to respond to available evidence and emerging issues.

To ensure a successful collaboration, and to work at pace, independent facilitation and support was commissioned.

STAKEHOLDERS

The National Board Collaboration for Transformational Redesign was led by HIS and NSS on behalf of the National Boards Collaborative. A core group was established to manage and lead the work, supported by project sponsors across both organisations.

Two key stakeholder groups were identified with regards to the project aims; **providers** (i.e. delivery organisations – for example, each of the National NHS Boards, Improvement Service, and Care Inspectorate amongst other) and **customers** (i.e. users of the end product, for example territorial NHS Boards and Integration Authorities).

Appendix I provides more details on the project stakeholders, roles and responsibilities.

2. EVIDENCE REVIEW

Following initiation of the project a pre-discovery phase was undertaken in order to identify and understand current evidence and emerging thinking about transformational change and how this might be achieved. Healthcare Improvement Scotland's Evidence Directorate compiled an evidence review of transformation. The evidence review used the following definition of transformation in the context of health and social care:

> *"Transformation is a deliberate, planned process that sets out a high aspiration to make dramatic and irreversible changes to how care is delivered, what staff do (and how they behave) and the role of patients, that results in substantial, measurable improvement in outcomes, patient and staff satisfaction and financial sustainability."* [1]

The evidence review identified a number of common features or principles of successful transformational change:

- **Communicating a vision of change –** leaders should be able to effectively communicate (and inspire people to work towards) a vision for transformation that is fundamentally different but also something that people find relatable and meaningful.
- **Distributing leadership** – leadership should be distributed across multiple levels of a system to build momentum and ensure sustained engagement. Power and responsibility for change can be held across autonomous professional groups that collectively lead the change.
- **Learning and capability** – transformational change requires a strong focus on learning, reflective practice, and building the skills and confidence required for staff to be effective agents of change.
- **Emergent change in behaviours and processes** – transformational change involves multiple, emergent changes in a system that connect and build on each other requiring a reframing and shifting of attitudes and behaviours.
- **Service user and community engagement** – the involvement of service users and their families/carers in the process of change is a key feature of transformation since the more involved they are the more user-centred services can become.

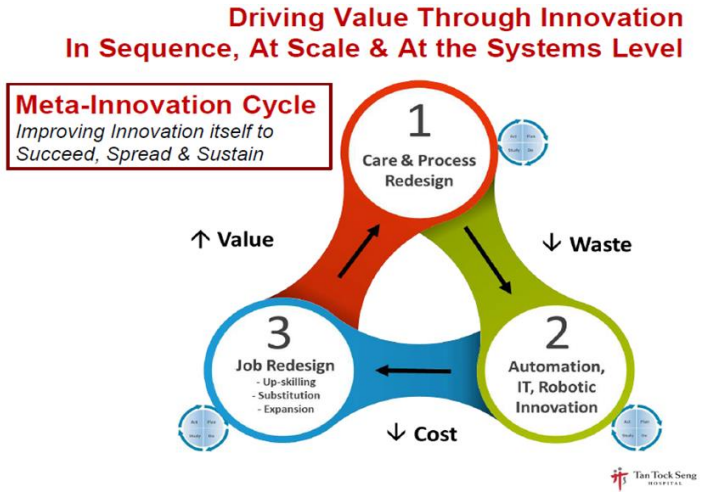
The King's Fund describes the outcome of transformation as:

> *"The emergence of an entirely new state prompted by a shift in what is considered possible or necessary which results in a profoundly different structure, culture or level of performance."* [2]

[1] The Health Foundation, 2015. *Transformational change in NHS providers*. Available from: https://www.health.org.uk/sites/default/files/TransofrmationalChangeInNHSProviders_CCsupplement.pdf
[2] The King's Fund, 2018. *Transformational change in health and care: reports from the field*. Available from: https://www.kingsfund.org.uk/publications/transformational-change-health-care

The key elements of innovation required to drive value at scale and at system level are described by Tan Tock Seng Hospital's Healthcare Innovation Programme (Singapore).

FIGURE 1



To add to the pre-discovery a National Board Strategic Advisory Group for Integration formed of key stakeholders from customers and partners organisations noted that transformation in terms of shifting the balance of care means:

TABLE 1

	From	Towards a greater focus on
Shifting the location of care	Support provided in institutions	Support provided in communities and homes
Shifting our investment from	Acute	Community
Shifting the focus of care	Episodic care	Personalised, continuous and integrated support
Shifting who delivers care	Individual professionals working in isolation	Cross-sector, multidisciplinary teams
	Statutory services	Self-management, communities, and third and independent sectors
Shifting how we make decisions about care provision from	Professionals making decisions for individuals	Shared decision-making and individual choice and control
Shifting the planning and design of services	Centralised decision-making	Community engagement and co-design
	Medical models	Human-centred models
	Reactive	Proactive/preventative
Shifting the value we place on individuals providing support	Prioritising investment in acute clinical	All individuals providing health and social care support (including unpaid carers)

The evidence review highlights the scale and complexity of the challenge; that in order to drive the innovation and change needed to shift the balance of care in Scotland and deliver against the ambitions within the Health and Social Care Delivery Plan there is a need to transform our structures, culture and models of care, combining process and systems, digital and technology, and formal and informal workforce redesign.

3. REPORT FROM SPRINTS 1-3

Sprint 1 – Policy and Context

Sprint 1 delivered an in-depth report commissioned to support this work: **Developing a Coordinated Offer for Transformational Change across Health and Social Care: A Review of the Strategic Environment of Transformation.** This report reviewed over 120 published plans, strategies and policies, and highlighted that the core emerging themes built on the four pillars identified by the Christie Commission which must shape a programme of reform.

FIGURE 2

The report noted that transformational change is enabled through a shift in culture/behaviours **and** radical change in key processes and ways of working.

The report also noted the significant complexity of the landscape; local and national systems are required to take into account c. 60 acts of legislation, strategies and policies. However, despite this complexity there appears to be a shared understanding at both a national and local level of what constitutes 'transformation'.

> *"The overall strategic direction and vision is strongly consistent, albeit – and rightly – expressed according to local (and often intensely local/neighbourhood) priorities. However, there is a clear message that the direction of travel is highly complex and intensely challenging."*

Understanding the spectrum of change was helpful as context, but less so in understanding **what** external support 'customers' need to meet their transformational challenges and **how** 'providers' may deliver this. Published plans focused largely on descriptions of service change, rather than the process itself. The nature of the plans meant they were a very high level articulation of what was clearly a complex mix of activity.

> *"Some have very clear linkage between vision and implementation, in others the linkages are less clear and may appear as series of projects or reactions to operational problems."*

This lack of clarity extended to the role of national organisations in providing transformation support. Two key areas were identified as issues:

- The **need/demand** for support:

  "Health and care organisations may be progressing with the agenda without the need for support or existing supports may be adequate – priorities for support need to be tested and areas where integrated national solutions may be beneficial identified."

- The **awareness of, or access to,** support:

  "Organisations may be unaware of the supports that exist or unable to access them when required or there may be issues with the support offered which could suggest change in the way it is delivered or co-ordinated."

The report made clear that leadership from the national organisations on cultural and attitudinal shift required in transforming health and care, as well as mechanisms of support, was a significant consideration in shaping a collective offer to support transformation.

Sprints 2 and 3 – Engagement with National Health and Social Care Transformation Delivery Organisations

OVERVIEW

Sprint 1 identified the complexity of the transformation challenge and the broad scope of issues that need to be addressed to deliver a transformed health and care system. It also highlighted that different National NHS Boards had different views on the nature of the transformation challenge and hence the importance, as a next step, of sharing the Sprint 1 outputs and developing a common understanding of the nature of the challenge. As such this led to a reframing of Sprints 2 and 3 which had initially intended to move towards development of a 'once for Scotland' model of support towards increasing engagement with the 'providers of support' - the National NHS Boards, Care Inspectorate and Improvement Service - to move towards this shared understanding before further engagement with the potential 'customers' or 'commissioners' of support.

Sprint 2 took the form of one-to-one stakeholder interviews. For the National NHS Boards the discussion focused on understanding:

- The offer
- The approach and methodology
- How support is accessed
- How support is funded
- The available capacity for delivery
- Where it has worked well
- Key challenges

Other providers of support, such as the Improvement Service and Care Inspectorate, were also engaged to further develop understanding.

The engagements highlighted the need to collaboratively create a **collective proposition** that reflected the overall findings to inform and direct the model of support for system-wide transformational change.

This was drafted and developed further in Sprint 3 in a workshop attended by the Chief Executives and other key stakeholders from the National NHS Boards and other key national partners where agreement was reached and initial actions were identified to mobilise model development.

PROPOSITION

The refined and validated proposition was detailed as follows:

Service transformation in the Scottish health and social care system could be brought into existence 'once for Scotland' by funding service transformation work on a recurrent basis, establishing a single means of prioritising the service transformation work and deploying capabilities, tools and approaches in a coordinated way.

This represents a substantive change from the way that change and improvement work is currently funded, prioritised and delivered by the National NHS Boards and is based on four supporting themes:

- Demand for service transformation
- Skills and capabilities
- Funding and prioritisation
- Other contributing factors

In addition, there emerged alignment across particular areas:

- **There was strong agreement that the National NHS Boards should be collaborating to deliver support for service transformation on a 'once for Scotland' basis.** Two paradigms emerged: 'individual sports' i.e. where a National NHS Board should work independently and 'team sports' where the National NHS Boards should work fully collaboratively. This recognising the spectrum of informing, aligning, coordinating to co-delivering would need to be established for each piece of work.

- **There was agreement that service transformation effort should be focused on four key topic areas** (supporting existing/emerging national programmes and initiatives; supporting the development and implementation of new models of health and care; supporting local delivery by NHS Boards and Integration Authorities; and scaling up best practice). Of these, 'supporting the development and implementation of new models of health and care' and 'scaling up best practice' were given the highest priorities.

- **There was agreement that there is a need for greater collaboration and alignment across both health and social care.** A great deal of the discussion on the day focused on health, however it was recognised that achieving service transformation would require change across both health and social care organisations.

- **Funding, in absolute terms, was not considered to be a barrier to service transformation.** The senior leaders in attendance confirmed that funding could be made available for high priority work and key areas of focus. However, it was recognised that the prevalence of non-recurrent funding for specific initiatives can be challenging for teams and individuals and that this can drive poor behaviours and act as a barrier to creating capability. Clarity was required on service transformation priorities, as was strong leadership and a focus on cultural change.

SUMMARY

The collective identified four priority actions.

TABLE 2

Four priority actions	
1.	**Co-create with customers a working definition for a service transformation offer which includes support delivered on both an 'individual' and 'team' basis, and also areas for prioritisation.**
2.	Establish a firmer understanding of the skills and capabilities that are currently available across the National NHS Boards to support service transformation, as well as the assets that are available outwith the National NHS Boards.
3.	Design an approach for deploying multidisciplinary service transformation teams from across the National NHS Boards, with a proposal that we test the concept initially through the National NHS Board work focused on Primary Care.
4.	Establish and agree with Scottish Government a clear and easy to do business with proposition of the National NHS Boards' service transformation offers and raise awareness of this with NHS Boards and Integration Authorities.

More detail is available in National Boards Collaboration for Transformational Redesign Sprints 2 and 3 Report.

4. REFLECTION AND NEXT STEPS

Sections 2 and 3 above outline the findings from the evidence review and Sprints 1 and 2. This section focuses on identifying the learning from this work and the principles and potential collaborative models that have emerged, and which have informed the proposed next steps.

Review of Learning

The use of Agile methodology with regular reflection by the project team has enabled key insights for taking this work forward. These insights are outlined below:

- The complexity of the current landscape meant that the scoping and discovery phase was more intensive and complex than initially understood. This both reinforces the need to invest in the 'understand' phase of any new design and to recognise the importance of the relational (i.e. people) and technical (i.e. process/system) elements of working in a complex system.
- The Core Team have invested a significant amount of time in building trust, relationships and understanding. Investing up front in relationship building enabled the Sprints to move forward productively.
- The Core Team had to create the time for this work by reprioritising existing commitments. In practice this was not always possible and hence much of this work progressed on the basis of additional hours. For the next phase of this work it is recommended that dedicated resource is identified to support the further development and ongoing management of a new collaborative transformation framework.
- As noted by the King's Fund:

  > *"Transformation is multi-layered, messy, fluid and emergent … It requires a shift in the power balance within relationships, in mind sets and in ways of working, at every level of a system. [There is a] need for a better understanding about this and acceptance that achieving transformational change requires a new approach."* [3]

  This learning needs to be applied to a collaborative framework for transformation, which needs to provide support for this new approach, but also be formed and managed in transformational way.
- Lastly, there is a requirement for objectivity in delivering a collaborative approach for transformation. The National NHS Boards have differing remits, structures and funding mechanisms which all impact on their understanding of the transformation challenge. As a result potential solutions are also seen from the frames of reference of those involved. The King's Fund highlights:

  > *"The importance of keeping an open mind: being aware of our experiences and biases, our own perspective, and remaining open and curious, despite this."* [3]

  Being able to step back from these frames of reference and make insightful and objective decisions and plans is vital.

[3] The King's Fund, 2018. *Transformational change in health and care: reports from the field*. Available from: https://www.kingsfund.org.uk/publications/transformational-change-health-care

Underpinning Principles

The work undertaken to date has supported the identification of a number of capabilities and enablers which should underpin the development of a coordinated national offer of support for transformation. These principles are those which emerged from the stakeholder work with National Board Collaborative. They now need to be tested and further developed in collaboration with our 'customers/commissioners'.

CAPABILITIES

This work has identified the need for the following to be in place nationally:

1. A **clear and agreed working definition of transformation**, in relation to the scope of this work, and a **robust process of working with commissioners in a planned discovery/ understand phase** to enable decision-making about the support that is required.
2. An **agreed understanding of the capabilities and capacity** that each National NHS Board has or could develop to meet the customer need for a multi-disciplinary transformation approach.
3. **Support for designing and implementing new models of working** which focus on **designing (and delivering) services for and with their users** to meet their needs and make best use of existing individual and community assets. For clinical/care services this means a focus on user-led design is critical.
4. **Support for locally led multi-disciplinary change teams** (including strategic planning, service design, quality improvement, project management, organisational development, data and intelligence, etc.) which must also include the relevant subject matter expertise about the service being transformed. For clinical and care services, this means ensuring clinical and care professionals are core members of the change team.
5. An **open commissioning process** that allows all organisations to have sight of Scottish Government commissions enabling National NHS Boards and partner organisations to make **best use of their unique skills and assets**.
6. An **integrated 'front-door'** and **timely 'triage'** and decision-making process based on **transparent assessment criteria** and supported by **robust portfolio management** (for bespoke support which requires a multi-organisation response).
7. **Dedicated resource** to manage the coordinated approach, which is able to capture learning and adapt/flex the offerings in response to that learning.
8. A **digitally supported proposition** which is clearly **integrated with workforce redesign and process/system redesign** (digital first should be the default position).
9. Mechanisms that enable effective and efficient resolution of key disagreements between National NHS Boards when delivering support collaboratively.

ENABLERS

1. **Shared values** based on the Health and Social Care Standards which seek to provide better outcomes for everyone and to ensure that individuals are treated with respect and dignity and that the basic human rights we are all entitled to be upheld.

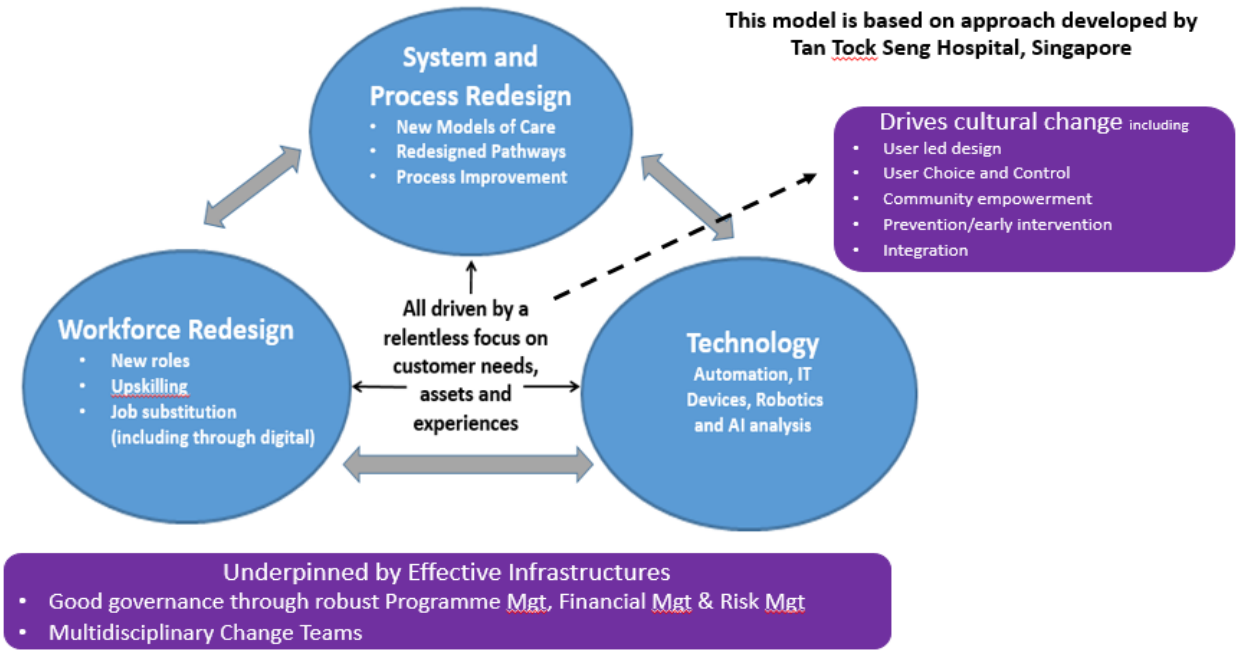
2. A culture of **collaborative leadership** with all organisations taking responsibility for the success of the health and social care system as a whole – not just for their own organisation's success. Leadership power should be distributed to wherever expertise, capability and motivation sit. This must be supported by **trusting and transparent relationships**, recognising and valuing other organisations' contributions within work delivered.

3. Shared understanding of the **core capabilities** and **unique skills and assets** of National NHS Boards and partner organisations.

4. **Flexibility** to enable **responsiveness** to a complex and ever changing health and social care landscape.

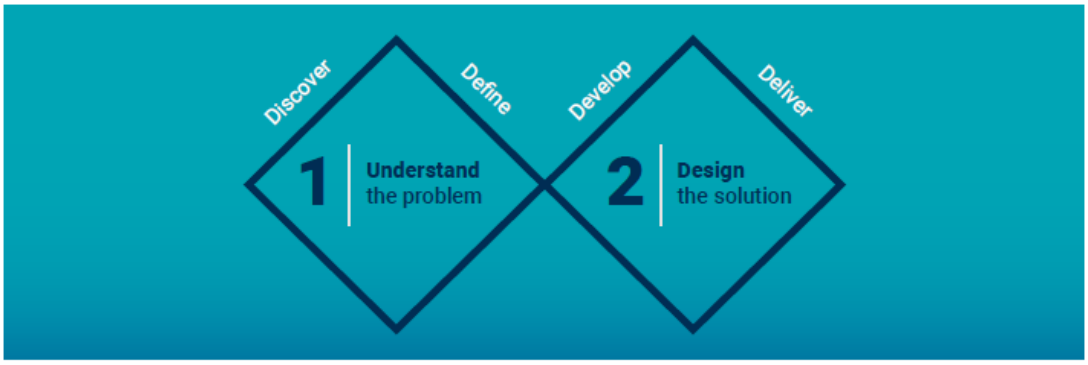
5. Shared understanding that transformation should be driven by a relentless focus on **customer needs, assets and experiences** and of the vital interdependencies between **system and process redesign**, **technology**, and **workforce redesign** underpinned by **culture change** and **effective infrastructure** (as illustrated in figure 3 below).

FIGURE 3



6. Shared understanding of the need for a **'discovery' or scoping phase** to any transformation offer and the need for **co-production and co-design** with service users (people and communities) and (service delivery) partners through the discovery, define, develop and deliver phases (in line with the Design Council Double Diamond model – see figure 4 below).

FIGURE 4



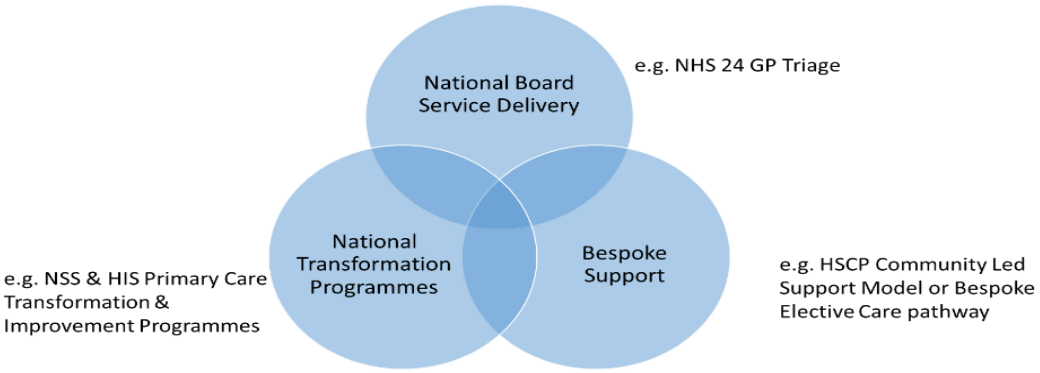
7. Continuous **evaluation, reflection and learning** to enable to ongoing development and improvement of the offer and approach.

FOCUS OF SUPPORT

The above principles apply to a range of offerings which might include:

- Transforming National NHS Board service offerings
- Delivering national programmes to support 'delivery partners' to transform their offerings
- Delivering bespoke support to 'delivery partners' to transform their offerings

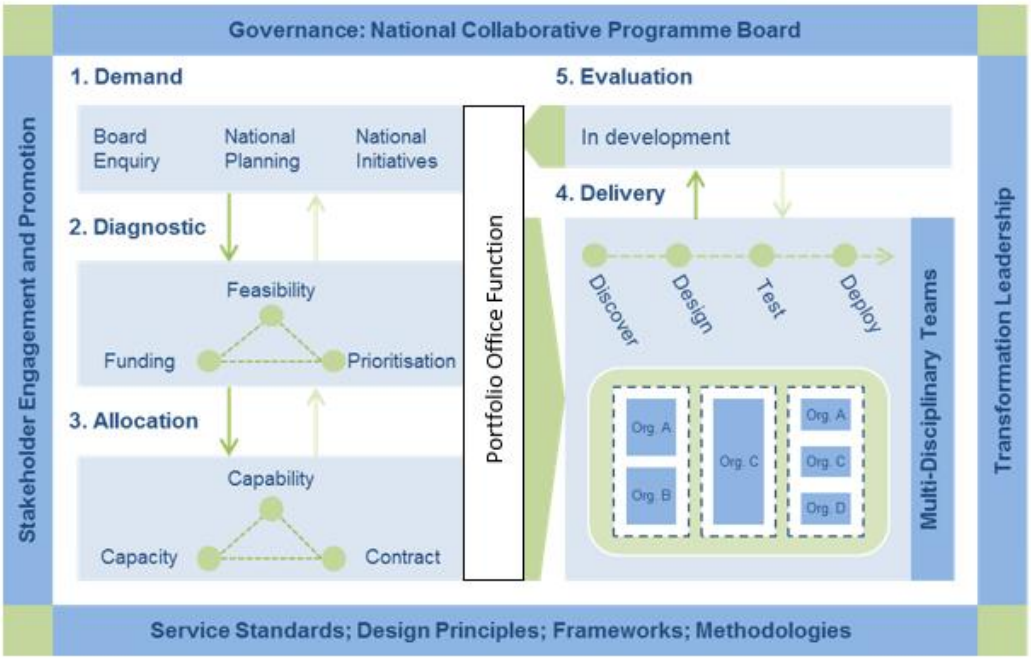
FIGURE 5



A Model for Commissioning and Delivering Collaborative Transformation Support

This is a high level model, based on the outputs and learning from Sprints 1-3 which will require intensive development through testing, in terms of scope and practicalities.

FIGURE 6



The model aligns with the underpinning principles and proposes that:

- For the purpose of managing demand for the collaborative, the scope of 'transformation' is defined by the National Board Collaborative with stakeholder engagement and supported by a National Transformation Portfolio Office Function.
- There is a single view of this **Demand (1)** that is developed through strong engagement with stakeholders, national planning, surfaced initiatives and enquiries to the Portfolio Office Function.
- There is a **Diagnostic (2)** phase to incoming demand that assesses and supports the funding and feasibility of the activity, challenging where necessary. The Portfolio Office Function supports the National Board Collaborative with prioritisation of activities according to defined value criteria.
- The Portfolio Office Function works with National NHS Board partners to coordinate **Allocation (3)** of activities – aligning prioritisation with available capacity and capabilities, challenging where necessary.
- The Portfolio Office Function will support efficient **Delivery (4)**, pulling on capabilities from various bodies.
- There is strong **Evaluation (5)** of transformation activities that drive understanding of resultant value, and provide a feedback loop.
- The role of the National Collaborative Programme Board is critical in oversight and governance to the agreed principals and methodologies.

Proposed Next Steps

For this work to progress at pace it is proposed to take forward the next stage of co-design work in parallel with practical prototyping.

CO-DESIGNING THE MODEL

1. To further develop and validate the proposed approaches through consulting with the Integration Authorities, NHS Boards, NHS Regions and Scottish Government on:
    a. the proposed key capabilities and enablers which should underpin the development of a co-ordinated national offer of support for transformation (page 16-17)
    b. the top **thematic areas** for developing aligned and co-ordinated National NHS Board transformation support for 2019/20. We note that Primary Care and Mental Health are already identified as priorities for the National Board Collaborative.
2. Consider how this report of the outputs from Sprints 1-3 is useful to inform the work of the National Board Collaborative going forward.
3. Agree the mechanism and dedicated resource to map out the different capacity and capability held across National NHS Boards that could be deployed as part of collaborative models, such as bespoke support.

PROTOTYPING COLLABORATIVE APPROACHES

It is recognised that this work needs to continue to move at pace and that the most of the implementation challenges will be around how any model actually works in practice. Therefore it is proposed that, in addition to the work to develop and validate the overall approach, the following prototyping work moves forward in parallel.

1. Work progresses with Primary Care and Mental Health to develop and test practical approaches to better aligning the existing National NHS Board offers. This work is focused at the 'delivery' end of the proposed framework. As well as ensuring alignment and effective interfaces, this work will identify which of the existing offerings need to be delivered in collaboration. Learning from this can then be used to help refine our understanding of the types of commissions that need to go through a collaborative scoping and design approach. This will require an approach to capturing and sharing the learning to then apply to other priority theme areas.
2. The Primary Care and Mental Health portfolios are tested against the framework identified to ensure there is appropriate focus on a combined approach across system/process redesign, technology, workforce and culture.
3. The National Board Collaborative tests the delivery of a more co-ordinated and aligned bespoke support offering in partnership with one health and social care system. It uses this practical testing to start to work up the operational detail of how a collaborative scoping phase might actually work in practice.

RESOURCE REQUIREMENTS

It is recognised to develop this work further there is the need for dedicated resources from the National Board Collaborative. This may be found from reprioritisation of existing resources, such a communications support and design expertise, or require additional funding from the National Board Collaborative.

APPENDIX I – STAKEHOLDERS, ROLES AND RESPONSIBILITIES

STAKEHOLDERS

Two key stakeholder groups were identified: providers (i.e. delivery organisations) and customers (i.e. users or commissioners of the end product).

Providers

- National NHS Boards
- Improvement Service
- Care Inspectorate
- National third and independent sector organisations
- Scottish Government

Customers

- Integration Authorities
- NHS Boards
- Regional Planning Groups
- Scottish Government

ROLES AND RESPONSIBILITIES

The project work was led by Healthcare Improvement Scotland and NHS National Services Scotland on behalf of the National NHS Boards Collaborative.

The Sponsors of this work were:

- Robbie Pearson (Chief Executive, Healthcare Improvement Scotland)
- Colin Sinclair (Chief Executive, NHS National Services Scotland)
- Carolyn Low (Director of Finance and Business Services, NHS National Services Scotland)
- Ruth Glassborow (Director of Improvement, Healthcare Improvement Scotland)

The Sponsors were responsible for:

- Defining the direction of travel and ensuring strategic alignment.
- Creating and communicating vision for the work.
- Providing leadership and direction.
- Securing/agreeing any funding required.
- Strategic decision-making and sign-off.
- Providing continued commitment and support to the work.
- Resolving any strategic and directional issues.

A Core Group was established to lead this work:

- Colette Mackenzie (Associate Director – Portfolios, NHS National Services Scotland)

- Julie Allan (Associate Director – Digital, NHS National Services Scotland)
- Diana Hekerem (Head of Transformational Redesign, Healthcare Improvement Scotland)
- Belinda Robertson (Head of Improvement Support, Healthcare Improvement Scotland)

Key support to the core group was provided by Dayna Askew (Senior Programme Manager, Healthcare Improvement Scotland).

The Core Group was responsible for:

- The operational management of the project including:
    - Ensuring the work is progressing in line with the project brief or identifying any changes to brief as required.
    - Identifying risks and escalating to the Sponsors as necessary.
    - Maintaining the interface with key stakeholders and other pieces of work.
    - Liaising with the Sponsor in their organisation.