

Board Meeting: 18 March 2016

OVERVIEW OF THE BOARD SEMINAR HELD ON 19 FEBRUARY 2016

Recommendation/action required:

The Board is invited to note the strategic direction discussion at the Board Seminar held on 19.2.16 and the actions to:

- create further opportunities for early non-executive strategic engagement;
- develop propositions for discussion at the planned engagement sessions with staff and Board members;
- feedback emerging themes from the external AFHS2 strategic engagement meetings to the Board

Author:

Sponsoring Director:

Della Thomas,
Executive and Governance Lead

Cath Denholm
Director of Strategy

OVERVIEW OF THE BOARD SEMINAR HELD ON 19 FEBRUARY 2016

Purpose of Paper

1. This paper provides an overview of the key discussion points from the Board Seminar held on the 19 February 2016.

Background

2. A Fairer Healthier Scotland runs from 2012-2017. The last stages of planning for the delivery year 2016/17 are underway. It is important that a new strategic plan is developed and is in place by the autumn of 2016 in time for 2017/18 delivery planning.
3. At the Board meeting 5 January 2016, the Board Seminar held on 4 December 2015 was discussed. It was agreed that the February Board Seminar should give further opportunity for the Board to shape the strategy and that a timeline presented for producing the next strategy particularly highlighting non-executives opportunities to engage.
4. The 19 February 2016 Board Seminar Programme, including seminar outcomes are attached as Appendix 1.
5. Pre-reading papers were circulated prior to the seminar and PowerPoint presentations. The papers used to develop discussion during the session were circulated after the meeting.
6. The Seminar notes, (including Seminar attendance) are included as Appendix 2.
7. The revised non-executive and Board AFHS2 engagement timeline developed following the Board Seminar is attached as Appendix 3.

Detail

Timeline

8. The timeline and opportunities for Board influence needs to take account of the time and availability of non-executives. It was proposed that engagement could be worked around existing governance committees (before or after) in March/April and May and might be included as part of the agenda of a governance meeting if appropriate e.g. Staff Governance. As a result of these discussions a timeline has been reworked (Appendix 3).
9. Opportunities for staff and external stakeholder engagement will also be included as part of the process.

Themes for decision and action: general comments

Insert File Name	Page 2 of 14	Version:
	Date:	Status:

10. It was proposed that we need to change to a more positive language using the terms “fairer and healthier”. Our Chair’s recommendation that we base our work on the right to health, as expressed at the last Board meeting, provides a clear steer about how we develop our narrative
11. It was agreed that determining the strategic approach and the ambitions for our national leadership position from which the delivery model would flow was key. This should take account of the political landscape and horizons (including the Public Health Review). From this our workforce and financial plans and stakeholders and partners will flow.
12. It was proposed that taking an action orientated approach; having a pace to the change and measuring impact were all givens. Many of these themes flow on from AFHS1 and so the importance of addressing these for AFHS2 was stressed. This will include what we prioritise and what we will stop doing.

Delivery Model

13. It was agreed that the delivery model must be fully aligned to our next strategic plan and also drive improvements in effectiveness and efficiency. The strategic plan should determine whether we are predominantly a leadership or a service organisation. The delivery model – including the extent to which our work would be national or local, the extent to which we would focus on disseminating seeds of learning or putting significant resource into doing ‘one thing once’ – should flow from this.
14. It was recognised that we cannot do it all and that we need to connect and collaborate with other organisations, particularly the third sector and not just those in Public Health.

Workforce

15. It was recognised that change is easier if staff are signed up to the strategy and understand their roles. We want a workforce that is agile and adapts quickly to our external operating environment and to new methods of delivery such as digital technology trends.
16. Planning our workforce to enable and influence application of knowledge in real world operating contexts in real time will be important. For example, applying the economic case for prevention to service planning and delivery has been a recurring theme.

Stakeholders

Insert File Name	Page 3 of 14	Version:
	Date:	Status:

17. The EFQM Stakeholder Framework was welcomed as it helps give us agreed definitions, and enables us to use the term stakeholder as an overarching term to encapsulate the range of partners, customers, suppliers we work with and from which to identify specific relationships depending on what we need to achieve from the engagement activity.
18. The strategic communication and engagement plan listing people to meet with the executive team and the Chair for AFHS2 early engagement was welcomed.
19. Food Standards Scotland were identified as missing from the plan and there was agreement that they should be added.
20. Themes and feedback from the strategic engagement meetings will be fed back to the Board, once phase 1 has been completed.

Risk

21. The overall approach of closely aligning the corporate risk register with delivery planning was welcomed with the following steer:
 - A closer link to the overall strategy is needed
 - Recognise that cultural and behavioural changes are required, as well as process improvement
 - The challenge of working in low risk appetite – it may be we need to be more open about risk
 - Use internal audit and their insights to our advantage
22. A refreshed Corporate Risk Register for 2016/17 will be presented to the Board for approval in March 2016 as an integral element of the Delivery Plan for 2016/17. A session for the Board to work through revised risk appetite will be scheduled.

NHS

23. The NHS is involved in so many parts of Scottish society, not only as a provider of care. We need to identify the interventions where we will have impact and where we have or can effectively create a voice/influence.
 - We need to focus our work with the NHS and be very clear about what our priorities are. For example, areas could include procurement, employment, quality of care and access. The importance of primary care, of prevention and of maximising the economic value of the NHS were also highlighted as strategically important.

Insert File Name	Page 4 of 14	Version:
	Date:	Status:

- It was agreed that we need to return to the subject of the NHS following this seminar. A strategic statement for the NHS is being finalised. It is proposed to bring this and an outline proposition for Health Scotland focus and priorities back to the Board for further discussion.

Conclusions and next steps for AFHS2

24. Attention will be paid to the use of “fairer” and “healthier” terms. The value of a human rights based approach to reducing health inequalities will be further explored during the next Board Seminar April 2015.
25. The economic case for prevention and the implications for AFHS2 will be explored as a theme at the Board seminar in April.
26. Three propositions to support the Board in exploring the above themes further during specific engagements (March – May) will be produced as follows:
 - National Leadership
 - Future Delivery Model
 - Workforce
27. A strategic statement and outline proposition for Health Scotland’s work with the NHS will be brought for further discussion proposed for April 2016.
28. An AFHS2 Progress paper will be prepared for the Board Meeting 27 May 2016

Finance and Resource Implications

29. The Board will continue to need to monitor, debate and think about the balance of finance that we allocate to different functions and resource and how we prioritise in different economic and operating climates

Partnership

30. Internal staff engagement sessions have taken place prior to the Board Seminar. A staff communication and engagement plan has been discussed at a Partnership Forum meeting. A blog-based discussion forum for staff on the Public Health Review and AFHS2 has been launched.

Communications

Insert File Name	Page 5 of 14	Version:
	Date:	Status:

31. Staff are updated re Board meetings and seminars via the monthly Corporate Cascade. The communications and engagement plan includes internal and external engagement throughout the development of the strategy and leading up to its launch.

Risk

32. There is a risk that the uncertainty regarding how the public sector landscape will look following the public health review and the next Scottish parliament election will constrain our ability and delay the development of our next strategic plan. The Board has set an open risk appetite for our public affairs work careful risk management should mitigate risk and enable us to continue to develop our strategy in a dynamic and ambitious way.
33. The Board will consider and revise risk appetite as appropriate in the autumn.

Equality and Diversity

34. The development of our next strategy will be based on the principles of equality, diversity and the human right to health. The development of our Board has included recruiting a more diverse membership.

Sustainability and Environmental Management

35. Our digital first approach will continue, as will our commitment to our social responsibilities for sustainability and efficient use of resources.

Action/ Recommendations

36. The Board is invited to note the strategic direction discussion at the Board Seminar held on 19.2.16 and the actions to:
 - create further opportunities for early non-executive strategic engagement;
 - develop propositions for discussion at the planned engagement sessions with staff and Board members;
 - feedback emerging themes from the external AFHS2 strategic engagement meetings to the Board

Della Thomas
 Executive and Governance Lead
 10.3.16

Insert File Name	Page 6 of 14	Version:
	Date:	Status:

Appendix 1

NHS Health Scotland Board Seminar

19 February 2016

10:30-16:30

Meridian Court Office, Ground Floor, Rm 1/2

Outcomes for the Seminar

Decision Making for AFHS 2

Board members will have a clear understanding of:

- The timeline and process for Board involvement in the drafting of AFHS 2
- The Key Decisions to be reached by the Board in drafting AFHS 2
- The revised Corporate Risk Framework which will be used to assess and manage those decisions in the context of drafting AFHS 2
- The Stakeholder Framework which will be used to identify and prioritise stakeholders for AFHS 2

NHSScotland as a Key Stakeholder in AFHS 2

- Board members will have a clear understanding of the role the NHS can play in reducing health inequalities
- The priorities for the NHS as a stakeholder, customer and partner under AFHS2 will have been explored

PROGRAMME

Please note coffee will be available from 10.00

10.30 Introductions and Welcome

David Crichton, Chair

10:35 Timeline for AFHS2 highlighting Board involvement

Christine Duncan, Head of Strategy and Communications, HS

10.40 Key decisions to be reached by the Board in drafting AFHS 2

Christine Duncan

Insert File Name	Page 7 of 14	Version:
	Date:	Status:

11.40 TEA/COFFEE

11.50 Revised Corporate Risk Framework to manage those decisions

Tim Andrew, Organisational Lead for Improvement, HS

12.15 Stakeholder Framework for AFHS2: Insights from EFQM

Aileen Simpson, Assistant Director/Head of Delivery & Laura Brown, Improvement Officer, HS

12.45 LUNCH

13.30 The Marmot principles and the NHS Role

Lorna Renwick, Organisational Lead, NHS, HS

13.45 Local NHS Boards' response to Marmot

Elaine Young, Assistant Director of Public Health, Ayrshire and Arran

14.00 Challenges and opportunities – NHS work in AFHS2

Wilma Reid, Head of Learning and Improvement & Lorna Renwick

15:00 TEA/COFFEE

15.15 Future focus and priorities for NHS in AFHS2

Wilma Reid and Lorna Renwick

16:15 Summing up the day

Gerry McLaughlin, CEO

16:30 FINISH

Insert File Name	Page 8 of 14	Version:
	Date:	Status:

Appendix 2

Board Seminar Notes

19 February 2016, 10.30-15.30

Seminar attendance:

Note of those present, those in attendance and apologies:

Present:

David Crichton
 Russell Pettigrew
 Ali Jarvis
 Paul Stollard
 Betty Fullerton
 Michael Craig
 Paul McColgan
 Gerry McLaughlin
 Cath Denholm
 Andrew Fraser

In attendance:

George Dodds
 Steve Bell
 Christine Duncan
 Della Thomas
 Jenny Kindness
 Wilma Reid
 Lorna Renwick
 Laura Brown
 Mark McAllister (AM)
 Tim Andrews (AM)
 Aileen Simpson (AM)
 Nicola Thomson (12.15-12.45)
 Elaine Young (Ayrshire and Arran Health Board 12.45-15.00)

Apologies:

Andrew Patience
 Cath Denholm

1. TIMELINE FOR AFHS2

Mark McAlister presented a timeline proposing opportunities for the Board and non-executives to influence the shape of AFHS2. The Board advised that this needs to take account of the time and availability of non-executives.

It was proposed that engagement should be scheduled around existing governance committees (before or after) in March/April and May. It was proposed that it and might be included as part of the agenda of a governance meeting if appropriate e.g. Staff Governance

Insert File Name	Page 9 of 14	Version:
	Date:	Status:

Need to be thoughtful about timing for additional seminar. The first 2 weeks in August was considered too late, plus it's holiday time. Preference to have an opportunity to influence earlier.

Need to align with Horizon scanning group.

Opportunities for staff to be involved also will be included.

The timeline will be re-worked and re-issued

2. AFHS2 – KEY DECISIONS AND ACTIONS

Christine Duncan offered a short presentation and the following discussion then emerged.

Generally

These are the right decisions, but we still haven't bottomed them out from AFHS1 and so we are still looking at them now in AFHS2. We need to move on this now. The implications are not this **and** this. We need to be clearer about priorities and what we will stop doing.

A re-occurring theme in the discussion was a steer to change our language sooner rather than later. Change to using a positive language of "Fairer and Healthier". The right to health was also highlighted.

Political landscape

Need alignment with Horizon scanning group

PSR and welfare powers for Scotland to be considered

After May think about what might we have to take on very quickly in the first 100 days and how this intelligence plays into AFHS2

Health Scotland as an NHS Board – presents a challenge and opportunity

Public Health intelligence and fit with Knowledge into Action (KIA) and lived experience, is something for further exploration particularly within the context of the Public Health Review

Public - Health Review

The Board questioned if we being pro-active enough in the domain of the public health review? In response a number of illustrations came forward that identified we were. This led to the steer for us to be more thoughtful about how we communicate our position to the Board. If we are being pro-active then we should illustrate this.

Are we a solution for SG in terms of the Public Health Review? We have more to offer than Public Health – e.g. our role with third sector.

Are we a leadership organisation or a service organisation? What's the balance of our roles in this regard?

Workforce

Insert File Name	Page 10 of 14	Version:
	Date:	Status:

Change is easier if staff are signed up to strategy and can understand their roles

A workforce:

- With more generic skills is required
- That is agile and can adapt
- That can respond to social media and other technological approaches
- That can include the economics of prevention in arguments and approaches to work

An agenda item at Staff Governance Committee on 13 May proposed to develop this further.

Stakeholders

The EFQM framework was presented by Aileen Simpson and this was welcomed. It was felt that it helps us be more specific about our relationships, other than the very broad term of stakeholders.

- Our approach to the general public was questioned? What is our approach? It was clarified that we still tend to work through intermediary bodies and not usually directly with members of the public. Does this remain our focus?
- The dynamic of co-production does not appear to feature well in the EFQM framework. Is this a problem for us?

The strategic engagement focus listing people to meet with for AFHS2 early engagement was welcomed.

- FSS identified as missing and agreement that they should be added
- The relationship with Audit Scotland was questioned as they appear as an organisation in the strategic engagement meetings but don't appear in the stakeholder map. Following discussion it was agreed Audit Scotland were a useful strategic partner and how our work follows through with them should be made clearer.
- Board asked for the outcomes from the strategic engagement meetings to be fed back to the Board

Delivery Model

Key to AFHS2

How do we make model more effective/efficient?

Local vs. National – balance of this rather than one or the other. Again the question of are we a predominantly a leadership or a service organisation?

This is key and it requires a significantly different focus, we won't do it all, how do we connect/collaborate with other organisations – not just those in Public Health?

Insert File Name	Page 11 of 14	Version:
	Date:	Status:

Some propositions for the delivery model will be developed – the theme of the NHS could be used as one of the areas to illustrate a delivery model.

These propositions need to be tested with non-execs

The implications are not this **and** this

Action orientated, pace of change and impact

The above mentioned areas of taking an action orientated approach; have a pace to the change and measuring impact are all givens and the Board would expect this to flow from the Delivery Model. The Delivery Model needs to take account of the political landscape and horizons (including PHR).

Further to the Delivery Model the strategic planning of the workforce flows and then the priority partners and customers should be identified.

3. RISK

Tim Andrews outlined a revised approach to risk for 2016/17. The overall approach was welcomed with the following steer:

- A fuller link to the overall strategy is required
- It seems to be very much about process improvement what about the cultural and behavioural changes required?
- The challenge of working in low risk appetite – it may be we need to be more open about risk
- Use internal audit to our advantage and their insights

Note, we still need to schedule a session for the Board to work through revised risk appetite.

4. NHS

A presentation was given by Lorna Renwick based on the Marmot principles and this was followed by insights into NHS working locally; challenges, demands and priorities from Elaine Young, Ayrshire and Arran NHS Board.

Following this the Board raised the following points in discussion:

- CPPs rather than IJBs
- Primary Care and include influence around GP contracts
- Public Health
- Explain balance of focus between strategic and practitioner support (National v local)
- Are we a leadership or service organisation?
- Influence performance frameworks – not just about waiting times
- Fairness and access
- Fit for work – we can structure a good business case around the workforce

What does this mean we will stop doing?

Summary (Wilma Reid and Lorna Renwick)

Insert File Name	Page 12 of 14	Version:
	Date:	Status:

- We need to accept the need to stop and let go of some things we have enjoyed doing.
- We agree about sing our position to influence the top tables; however, need to reference the practitioners and to ensure we are continually testing our practice.
- We do need to think more about building new stakeholder relationships and learning to work differently with existing ones.
- We do have well established programmes of support for practitioners; the difficulty is around assessing and demonstrating their impact.
- The health economics and preventative knowledge we have is much needed, it's about how this is applied.
- We need to build links with Health Improvement Scotland around inspection improvement.
- Scenarios and concrete/tangible priorities requested. This should be over 5 years and needs to cover preventive interventions/assessment of success/demonstrating the economic value and the impact
- NHS is involved in so many other parts of Scottish society, identify the aspects where we will have impact and the ones where we have a voice/influence.
- Need to limit our work with the NHS and be very clear about what our priorities are. Where will we make the biggest difference?
- Pick one generic 'thing' that everyone could do differently right across the system; we have to move away from spreading ourselves too thin.

The Board requested propositions. These should be concrete and tangible. This should be over 5 years and needs to cover preventive interventions/assessment of success/demonstrating the economic value and the impact

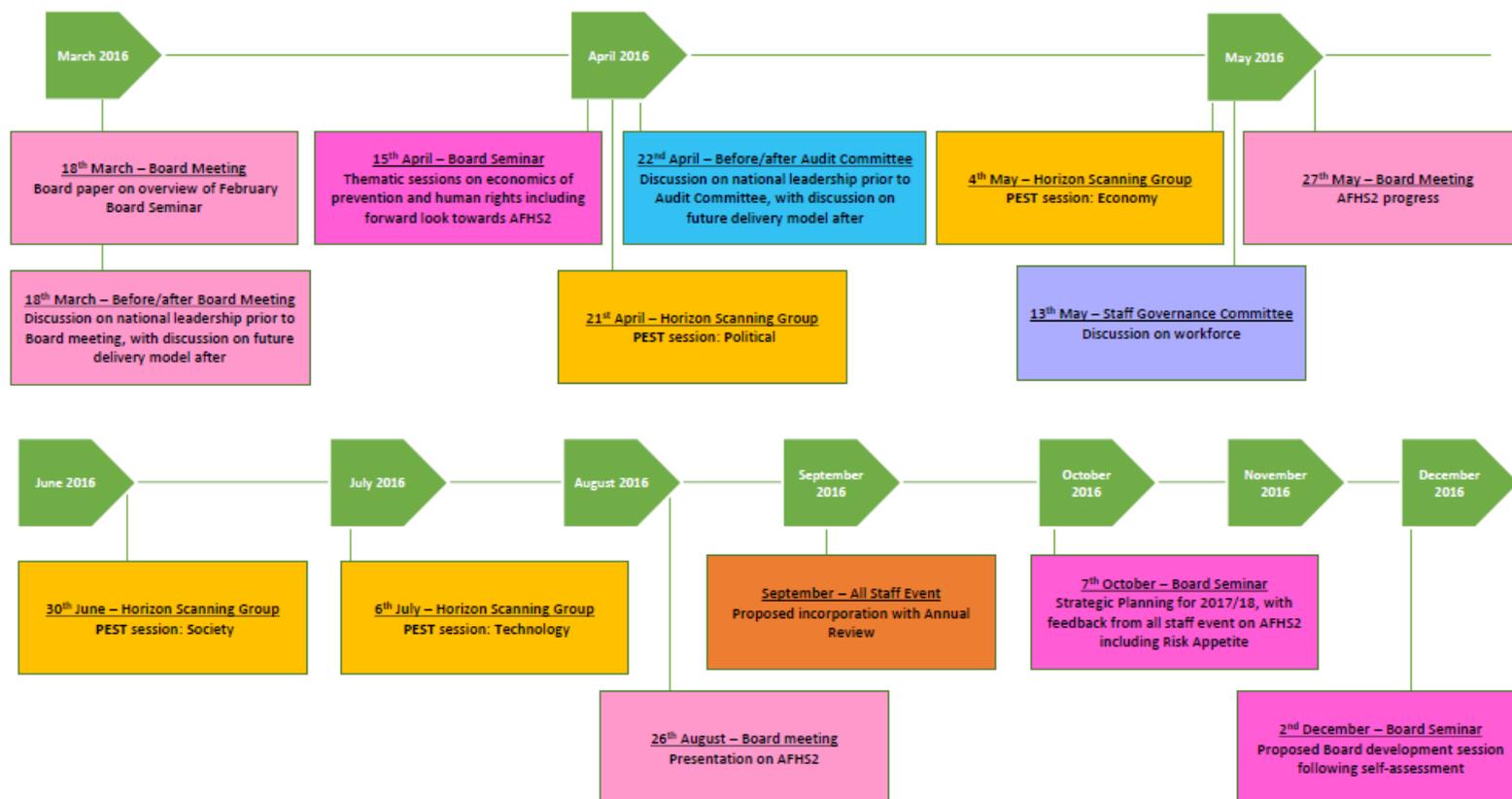
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- Pick one generic 'thing' that everyone could do differently right across the system; we have to move away from spreading ourselves too thin.

Insert File Name	Page 13 of 14	Version:
	Date:	Status:

Appendix 3

A Fairer Healthier Scotland 2: engagement of Non-Executive members in the strategic development process



Insert File Name	Page 14 of 14	Version:
	Date:	Status: