



E: dghsc@gov.scot

NHS Chief Executives
NHS Chairs
IJB Chief Officers

Date: 5 June 2024

Dear Colleagues

REFORMING SERVICES AND REFORMING THE WAY WE WORK

You are all very aware of the critical need for reform to support improved wellbeing of people across Scotland, improved access to treatment and care and to secure the sustainability of our services, in the short term, and into the future. You will also have heard the parliamentary debate yesterday where the Cabinet Secretary set out the Government's vision for reform of our NHS and social care system. This letter sets out some further information for you, particularly on how we will need to work together to deliver the Vision.

When it was established 76 years ago, NHS Scotland was visionary, bold, and radical. It transformed health services for millions of people and brought certainty and security, it made sure that services reached the same national standards for everyone, everywhere, according to need and not the ability to pay.

Scotland has changed significantly since then: we now live longer, medicine can do much more, technology is transforming the way we live, lifestyles and expectations have changed. We also know that renewed focus on improving the health of our population, addressing inequalities, prevention and early intervention is required to ensure that we can provide services that will be able to meet the forecasted demand.

These are significant challenges and there will be difficult decisions for us to collectively navigate. There are also non-negotiables for this Government. The founding principles of Scotland's NHS will not change and we remain committed to access to healthcare based on clinical need and free at the point of need. It is also critical that our reform delivers improvements in health outcomes, reduction of health inequalities that persist in our communities, and reduction in unwarranted variation across our services.



The programme of reform, as set out by the Cabinet Secretary during the parliamentary debate, seeks to deliver a health service that is fit for the 21st century. In setting out his proposals, the Cabinet Secretary restated our vision for health and social care in Scotland - *A Scotland where people live longer, healthier and fulfilling lives*. This builds on the strategic foundations developed over the past decade or so, including the 2010 Quality Strategy, the 2016 National Clinical Strategy, 2016 Realistic Medicine and the 2022 NHS Scotland climate emergency and sustainability strategy.

The vision that will drive this reform, to enable people to live longer, healthier and more fulfilling lives, is underpinned by the four key areas of place based population health improvement; early intervention and prevention; improved access; and high quality service provision; all with people at the heart of our decision making.

Now is the time to drive forward the reform activity that will ensure that we deliver this vision. It has never been more urgent and requires concentrated action across our system and wider government to maximise efforts across portfolios. It is also vital that this period of reform and improvement proceeds on a national basis and with a strong spirit of collaboration, which builds on existing long standing responsibilities for NHS Boards to work together across boundaries.

I have set out additional context and detail in Annex A. This will be supplemented by further information on the reform programme and development of the National Clinical Framework over the next month or so. We are also working with Board Communication Leads and with HIS Community Engagement to ensure coherence and consistency of messaging across NHS Boards, our workforce and population.

I have no doubt that we will face a number of challenges as we progress on our journey of reform, however, with your support and leadership, I am optimistic that together we can build forward and deliver services and outcomes that meet the needs of our population today and into the future.

Yours sincerely



Caroline Lamb

Director General Health & Social Care, Chief Executive of NHS Scotland

FURTHER DETAIL ON REFORMING SERVICES AND REFORMING THE WAY WE WORK

REFORMING SERVICES

Overview

Our intention to reform health and social care is now well established. The vision that will drive this reform, to enable people to live longer, healthier and more fulfilling lives, is underpinned by the four key areas of place based population health improvement; early intervention and prevention; improved access; and high quality services; always with people at its heart.

The case for change has never been more urgent and it will require concentrated action across government to maximise efforts across portfolios. This will include education, housing and communities, transport, and economic development. It is clear that we need to work not only across government, but across NHS Boards, IJBs, HSCPs, Local Government, community planning, education, and business and industry.

Our vision is focussed on change and improvement within current NHS structures, maximising current assets, and delivering a population-based approach to the planning of acute services that will transcend traditional boundaries. This task will crucially need to harness the potential of proven technological and scientific innovations, whilst also maintaining focus on the outcomes that really matter to people. Rapid national adoption of innovation will be critical to ensure that health services in Scotland are more sustainable, address health inequalities and deliver improved patient outcomes.

Key elements of reform

In this initial update, we focus on the proposals emerging from the development of the *National Clinical Framework*, for population-level planning for acute services, and delivering more in community settings, alongside specialist centres of excellence. We will work with HIS-Community Engagement to determine how we ensure meaningful engagement with communities is undertaken of any changes.

As we have already set out for Board Chairs and Board Chief Executives Groups, there are a number of components to reform of services. These include the development of a Population Health Framework, being led by Public Health Scotland and Directors of Public Health, changes to our primary care and community health sector in the context of wider preventative reform (aligned to the development of the National Care Service) and reform being delivered through the recent Mental Health Strategy, and developing our National Clinical Strategy into a National Clinical Framework to inform the redesign of acute services. In summary, the reform of our acute services will:

- Drive person-centred values through connected care
- Drive further integration with primary care, community health and social care, delivering holistic care in the community
- Improve quality and safety
- Create centres of excellence which will attract and retain the best talent
- Strengthen the 'NHS Scotland' planning approach, maximising the collective power of delivering *once for Scotland* whilst increasing agility in responding to local population need

- Feed innovation hubs that will not only serve Scotland but develop economic opportunities for Scottish enterprise
- Drive common approaches to digital technologies and innovation.

Phasing of reform

- In the **immediate term** we must ensure that our services are delivered in a way that optimises our current arrangements, continue to improve standards and make significant headway in waiting times and productivity improvement.

Engagement with NHS Boards over the last year identified a number of areas in which services are persistently fragile and/or at imminent risk of collapsing as a result of an unsustainable workforce and/or service model. The first phase of work relates to planning and delivery of vascular, oncology, diagnostics and remote, rural and island healthcare. The aim is that they should serve as a catalyst for action at an NHS Scotland level about the way services are delivered now and in the future.

- In the **medium term** we need to reform how acute services are planned, organised, and delivered in order to optimise resources and transform how we work together across services. This will involve more national and cross-boundary provision where specialities can be delivered with greater consistency and an ongoing commitment to quality.
- In the **longer term** we need to fundamentally change how our acute system is structured to respond to the changing needs of the population; concurrently, we must reduce demand and not simply improve services. We will drive further investment in prevention and early intervention, and not just treatment.

In delivering on the reform, we will drive new models of care, and improve productivity through innovation, technological advancements, and workforce models that directly respond to the challenges in our system. In the future this may require structural changes, but the immediate focus must be transformation of services within the existing structure and maximising current assets; delivering a population-based approach to healthcare that crosses traditional boundaries and parameters.

Delivering on the National Clinical Strategy

As highlighted by the Cabinet Secretary, our reform programme is not about development of a new strategy. We already have that in the 2016 *National Clinical Strategy*, which sets out the need to move to plan at a population level, supported by care closer to home, and greater adoption of digital innovation. The focus now has to be on transformation delivery building on the foundations of our current system.

We have been working, over the past few months, with clinical advisers, to review the National Clinical Strategy, and to translate this into an action focussed National Clinical Framework. The National Clinical Framework is at the centre of reforming our services and sets out the clinical direction of travel. Our initial assessment with clinicians outlines that a great deal of acute activity can be undertaken in the community and/or remotely. This increases access, can reduce additional costs, and positions NHS Scotland as a country-wide network of clinicians rather than place-bound care.

The National Clinical Framework will act as an enabling framework against which other core components will be reframed as we consider:

- Volume and safety
- Population based planning
- Clinical operating models

With the core principles of Value Based Healthcare and Healthcare Quality at its core, the National Clinical Framework aims to ensure any service provided by our NHS remains safe, effective and person-centred.

The National Clinical Framework will set out operating models at a service level, rather than the current geographical planning of acute services. In practice, this will build upon the national planning approach that we already undertake successfully for specialist services. We will plan our acute services at a Scotland population level that takes into consideration high volume/low complex procedures through to low volume/high complex procedures. The framework will be responsive to the changing needs of the population; it is not a fixed destination point, rather a framework to guide year-on-year planning of services.

Further information will be provided over the next few weeks in terms of engagement and implementation of the National Clinical Framework.

In parallel to the clinical operating models we will develop an overall 'ecosystem' model for *how and where* services are delivered. This will provide the planning guidance for Boards at local and national levels, e.g. the delivery of diagnostics will show a year-on-year move to community settings.

This transformation of acute services places greater emphasis on a *NHS Scotland* approach; in order to achieve this we will require stronger digital infrastructure to support the revised way of working, alongside harnessing the productivity benefits that streamlining our infrastructure will yield. Reducing lost time from skilled clinicians and staff who are having to navigate analogue systems will be fundamental to our digital approach.

The clinical operating models will be underpinned by data and modelling to ensure continual right sizing of our services, while factoring in local variation to ensure we are targeting health inequalities. Equality impact assessments will be undertaken to ensure the sum total of our revised service model continues to provide equity and fairness.

Alongside the development of the National Clinical Framework, Boards will continue the extensive work being undertaken in improving processes and productivity of acute services. Through the support of the Centre for Sustainable Delivery, work will continue to standardise processes where it is appropriate and redesign processes where required.

These changes are complex and will require consideration of workforce, inter-relationships between specialties, pathways from acute back into community settings, finance and impact on wider systems, such as transport. It will also require careful conversations with our population. Failure, however, to change will limit improvement of outcomes and limit the potential to strengthen world-class standards of care.

Engagement Framework

An important part of taking forward reform will be a robust and meaningful engagement approach. We will engage at an early stage and provide ongoing opportunities with a wide range of stakeholders, community interest groups and the people of Scotland on reform plans. The scope of the national engagement will be our population health, primary and community care reform, and changes to acute services.

This programme of national engagement was launched by the Cabinet Secretary for Health and Social Care during the debate in parliament on NHS reform. A comprehensive engagement plan is now under development, with the support of Board Communications and Engagement Leads, to ensure that our programme of transformation is discussed widely and benefits from a wide range of voices: workforce and service leaders, royal colleges, third sector groups, and people in Scotland more broadly.

The engagement framework will set out the approach we will take across the health social care sector and non-health public services, as well as with the public. We seek to utilise established engagement pathways; this enables reach to a broad range of stakeholders without placing further burden on agencies and bodies that at times struggle to engage with the full range of consultations from Government. We will partner with agencies that have extensive networks to gain insight across different groups. This framework will outline key audiences, outlining how they have been identified and reached.

We are also committed to working *with* our workforce: hearing the voices of experience of those who have been treating and caring for people in Scotland is paramount. This will include the insight from clinicians on responding to health demand, professionals who support how our system operates, through to innovators and digital colleagues. We are currently working through development of staff engagement with Boards.

The engagement strategy will outline the identification and approach for hard to reach and marginalised voices; engagement with Social Justice officials will support the development of engagement plan.

In partnership with Public Sector Reform colleagues, we will also look to work with agencies and bodies outside of the health and social care ecosystem, such as transport, local authorities and education. As an example, a workshop took place earlier this month with Transport Scotland and Regional Transport Partnership (RTP) colleagues to explore how we strengthen our collaboration across transport to health planning. This also supports the Government's intentions on broad public service reform.

A parallel communications strategy will be developed, including the use of social media to start telling the story of the reform work; this will build understanding and confidence with public and the service.

The engagement approach sets out the opportunity for us to be clear about the evidence for change, some of the difficult choices we will have to make, and the improved outcomes we are working toward, whilst at the same time offering hope and renewed enthusiasm to those working within our systems.

The key elements are:

a) Expert reference group

To provide challenge and ensure we benefit from the experience of similar systems outwith Scotland. This will have CMO leadership and draw from CMO's existing Advisory Group.

b) Stakeholder advisory group

Convening a multi-stakeholder advisory group which the Cabinet Secretary will chair. This group will be similar to the Mobilisation Recovery Group used during COVID-19 response, which was welcomed across the system.

c) Professional advisory groups

Confidence with our clinicians and professional groups will be critical to success. We will strengthen our engagement across our advisory groups to engage proactively with clinical experts, including the Royal Colleges, CMO Medical and Public Health advisory forum, and CNO groups.

d) Staff side engagement

Staff side engagement will be essential for insight into strategy, in addition to advise on tactical implementation of change. We will build this based on established engagement through the Scottish Partnership Forum (SPF) and associated Board Area Partnership Forums.

The SPF has been operating for over 20 years and provides a forum to work together on strategic issues affecting Health and Social Care. SPF also provides the strategic link with other Partnership Groups, such as the Scottish Terms and Conditions Committee (STAC), and discussions are shared with Board local Area Partnership Forums (APFs) to improve awareness of National Level discussions.

e) Wider staff engagement

We are working with Board Communications and Engagement Leads to develop a co-ordinated programme of engagement with all levels of staff across all Boards and to ensure the national and local narratives are consistent.

This will also build on the extensive direct engagement with NHS staff most recently through the work of the Listening Project linked to the Nursing and Midwifery Taskforce which I chair. The Listening Project has engaged with nursing and midwifery workforce through survey work and focus groups held in every territorial health board in Scotland and its methodology could be utilised for wider engagement with staff beyond those professions. Findings indicate significant concern felt by staff that the wellbeing of staff and patient outcomes are not considered equally along with organisational and fiscal priorities and a lack of trust that the system is able to improve under current systems. This provides a further sense of urgency to the reform now required.

f) Citizen engagement

Citizen engagement will be in two phases. Early engagement will be focused on the wide themes of NHS reform. In the first instance, we are working with HIS and The ALLIANCE to further analyse the extensive engagement they have already undertaken with the public on their needs for health and care services. We will also draw on other engagement work, such as that undertaken by YoungScot with young

people on delivery of future health and care services. In addition, we have commissioned HIS to undertake a Citizens' Panel on NHS reform. Following this initial work, we will consider what additional public engagement is needed on key questions within the plans for NHS reform.

The second phase of citizen engagement will take place on specific service changes that result from NHS reform. This engagement will be developed and undertaken on a service by service basis, and will comprise both national and local engagement. We will work with HIS and Participation and Engagement teams in NHS Boards to develop engagement activities. This will be in accordance with the recently updated *Planning with People* guidance which provides greater clarity on engagement on nationally determined service change and on ensuring proportionate public engagement on service change.

g) System Leaders' Engagement

Similar to the Winter Planning Summit that was convened in August 2023, we will bring together system leaders to focus on the vision for reform delivery and the changes needed to secure sustainability of services.

h) Ministerial roundtables

Ministerial roundtables on specific topics, with clinicians, professionals, unions and staff representatives and people who use services.

i) Cross-party engagement

In recognition of the need to build cross-party engagement in the development of a future sustainable and person-centred model of health services, quarterly events will take place, starting after summer recess. This will be supported by local engagement already undertaken by Boards with their respective political representatives.

We are already engaging key stakeholders including Public Health Scotland and COSLA on the development of a 10-year population health plan. In doing so, we will look to reset the relationship between the people of Scotland and the state around health, and to promote a discussion about how we collectively take responsibility for a healthier Scotland. This builds upon a renewed focus on improving the physical and mental health of the population, recognising that despite the progress we have made, and the many influences contributing to health harming behaviours, too many of us still smoke, drink too much alcohol, do not exercise enough and are overweight.

Engagement will continue on the development of National Care Service alongside the engagement underway in primary care and community health. An external Steering Group for Primary and Community Health has been established to provide advice into this, and wider health and social care reform programmes.

NHS Boards have a statutory duty to involve people and communities in the planning and development of services, and in decisions that will significantly affect how services are run. Where service change will be occurring at a local level, the Board will be responsible for consultation on how the change will be applied locally.

REFORMING THE WAY WE WORK

Delivering sustainable, resilient, accessible and efficient services for the population of Scotland can only be achieved by a significant change in the way we plan, organise, deliver

and fund services. We have begun over the past few months to reset and reform our ways of working, for example:

- Established the NHS Scotland Planning and Delivery Board and associated Strategic Planning Board and National Programmes Sub Group
- Development of single NHS Scotland plan for fragile services with national, regional and local service and planning teams working collaboratively. The first phase is developing single plans for oncology, vascular, diagnostics services. A Remote, Rural and Islands Task and Finish Group has also been established to determine a sustainable model of care for these communities
- Agreed new construct for our networks, aligned to portfolios of care.

We will also need to consider our ways of working and organisational change in a number of areas. Critically, cross boundary approaches will become a more substantive and important part of what we need to do and will challenge some aspects of the way we currently do business.

In doing so, Boards will be expected to engage closely with this endeavour and establish ways of working which will see significant progress on cross boundary working in the short and medium term, reflecting this work in Annual Delivery and Medium-Term Plans. In support of this, a Directors Letter (DL) setting out a Single Planning Framework will be issued to Boards in July. This will also consider how we move from discrete to more collaborative commissioning between National Board Sponsors, with enhanced co-ordination of commissioning to ensure a coherent set of delivery plans that support the drivers for change across NHS Scotland.

In considering how we plan for our population of Scotland, we will also identify the conditions for success and key enablers as we determine what is best planned and/or delivered collaboratively. As a core component of this, we will look to identify what more we need to do to achieve more coherent working between national, regional and local levels of planning and delivery. This would include the role in reform of regional transport partnerships, regional innovation hubs and community planning partnerships.

Collaboration across partners and wider public services

There are many interdependencies across the health and social care system, therefore many strands of transformation are required to run in parallel. Initial planning is progressing in the following areas, with further detail to follow:

- Renewed cross-government and cross-sector efforts to improve population health
- Population level planning for acute services
- New models of care that support more people to be treated as close to home as possible
- Improvements to planned care, mental health, prevention, primary, community and social care, aligned with the work being taken forward to establish the National Care Service, and wider reform outlined in this paper
- Ongoing work on delayed discharges
- A step change in innovation and the use of digital technologies
- Alignment of other enablers of change such as workforce and finance to support the transformation programme
- A framework for focussed national engagement.