



Angiolina Foster
Chief Executive
NHS 24
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Dear Angiolina,

Thank you for everything that you and your team at NHS 24 have done in planning for and implementing Remobilisation against our Remobilise, Recover, Redesign Framework and for our discussion with you on Thursday 17 September. We agreed some specific actions and decisions to be taken during that meeting and these are documented below.

Our four priorities for Remobilisation are:

1. Securing exit from the acute pandemic phase through an effective mass population vaccination programme;
2. Suppressing the virus through sustainable precision public health measures such as Test and Protect, Surveillance and Response;
3. Keeping people alive and well through provision of essential health and social care services including those that promote wellbeing; and
4. Supporting people through incentives and clear communication to comply with public health guidance.

NHS 24 will play a key role in delivering those priorities, and in order to do so, we identified the following specific areas of focus for NHS 24:

1. Sustaining the high performance and continued demand management of the 111 service and other helplines;
2. Maintaining and strengthening links to COVID-19 hubs and testing infrastructure which will need to be kept in place as we move into a potential COVID-19 resurgence;
3. Considering what continued support can be provided to GP practices as restrictions on GP led services begin to be removed;
4. Supporting the development and delivery of first phase of a new urgent care pathway by autumn 2020, including adequate staffing and accommodation;
5. Expansion of the mental health hub;
6. Sharing of data and intelligence to support wider health planning;
7. Building digital capacity to support all of the above work; and
8. Development of a designated helpline for health and social care workforce.

24/7 Mental Health Hub

We recognise the success of the expansion of the Mental Health Hub to 24 hour operation, as well as other mental health offerings such as the health and social care workforce mental wellbeing support line and the roll out of the enhanced mental health pathway with Police Scotland. We discussed that your mental health funding is provided on a non-recurring basis. We will consider



how we can assist with consolidating funding in light of the range of services NHS 24 now offer and your criticality to the COVID-19 response.

Redesign of Urgent Care

We were pleased to hear about the work underway within NHS 24 in preparation for the redesign of urgent care, which is an important element of service reconfiguration and winter/ resurgence planning.

Clinical workforce was identified as key risk to your successful delivery of the redesign of urgent care, whilst ensuring a good patient experience. You raised with us that despite ongoing recruitment efforts and your pursuit of other avenues, you will need to draw resource from other NHS Boards to deliver sufficient capacity. We acknowledge that it has been recognised from the outset of the redesign process that recruiting the number of clinicians in the required timescale would not be feasible and that you have already raised the issue of drawing additional resource with fellow Board chief executives. We discussed that the numbers in question are reasonably small, about 20 clinicians, but do have geographic restrictions.

We know that that this is not an NHS 24 specific issue, but is a systemic concern as we consider winter/resurgence preparedness. You were intending to raise direct with NHS Boards, but we also stand ready to support NHS24 in sourcing these staff from territorial boards if these efforts fail.

Winter Preparedness

We discussed your concerns regarding winter readiness over the festive period should a multiplicity of potential risks eventuate (e.g. influenza, COVID-19, adverse weather). This is part of ongoing winter planning discussions and careful thought is being given to service resilience over public holidays on a whole system basis.

Digital

We were encouraged to hear of NHS 24's collaboration with NHS Boards regarding further developments in building digital capacity. We would be grateful for more information about how this collaboration, and NHS 24's role as the "Digital Front Door", can share good practice with all Territorial NHS Boards, who have had to adapt quickly to different ways of working and are looking at digital first approaches wherever possible.

We would also be grateful for more information regarding NHS 24's experience with Chat Bots and whether there are any plans to develop this service beyond the immediate COVID-19 response and winter period.

Key Performance/ Delivery Indicators

We are aware that plans to look into alternative performance targets better suited to NHS 24's current service had to be put on hold due to COVID-19, but we hope that this topic will be able to be re-opened in the new year.

We discussed in this regard that you are keen to ensure that Key Performance Indicators regarding your mental health offerings are qualitative rather than solely quantitative. This is something that we will take forward.

Finance

Following close working with NHS Boards, Integration Authorities, and COSLA, we have developed a funding allocation to reflect actual costs incurred in Quarter 1 and to agree parameters to support ongoing activity throughout this financial year. Following the Cabinet Secretary's announcement to

Parliament on 29 September 2020 of £1.089 billion to support health and social care costs, we are now allocating funding for your Board as set out at Annex 1. This funding is made in line with the following approach:

- It is essential that all action is taken to mitigate additional financial pressure as far as possible and to make best use of resources across the system. We are requesting that all Boards reassess **options for savings** that can be delivered in this financial year and beyond. We request that a formal reassessment is submitted following Quarter 2, and will revisit at that point our approach for provision of financial support. We are therefore not making any funding allocation at present in recognition of under-delivery of savings.
- We will allocate all funding for National Boards based on actual expenditure levels.
- Given the level of uncertainty that is currently reflected in financial assumptions, the allocation for funding beyond Quarter 1 reflects a **general contingency of 30%** that will be retained by the Portfolio at this stage. We will continue to work closely with Boards over the coming months to review and further revise financial assessments, and as part of this we intend to make a **further substantive funding allocation in January**. This will allow identification of the necessary additional support required, and realignment of funding in line with actual spend incurred.
- We discussed at our meeting that your board were carrying significant financial risk regarding the redesign of urgent care, due to the need to recruit in advance of funding allocation. This allocation includes the funding for NHS 24's role in the redesign of urgent care, and we hope therefore alleviates any concern on this point

Any initial queries on individual allocations should be directed in the first instance to your regional member of the Corporate Finance Network Peer Review Group.

Finalising the Plan

We can confirm that this concludes the review phase of the NHS 24 Remobilisation plan. We would ask that you do not publish the plan on your website at this stage, as the details regarding the redesign of urgent care are not yet in the public domain. We will confirm the timescale for publication of the Remobilisation Plan as soon as possible.

If you have any queries relating to any the subjects covered in this letter, we would be grateful if you could submit these to the AOP mailbox so that we can ensure they receive a prompt response: NHSAnnualOperatingPlans@gov.scot.

Yours sincerely



CHRISTINE MCLAUGHLIN
Director of Planning



AIDAN GRISEWOOD
Interim Director, Primary Care

Annex 1: Funding Allocation

	NHS 24 (£000s)	
	Allocation Basis	Total
Q1 Total as per COVID-19 Finance Return		2,42
<i>Less Exclusions</i>	Actuals	0
Q1 Allocation		2,42
Q2-4 Total as per COVID-19 Finance Return		16,83
<i>Less adjustment for forecast uncertainty (30%)</i>		5,04
Total Q2-4 Allocation		11,78
Total Q1-4 Allocation		14,20