

DH MANAGEMENT COMMITTEE MEETING
19 May 2011, 09:00-12:30
Boardroom, Richmond House
Summary Note

Present

Title
Permanent Secretary
Director General, Policy, Strategy & Finance
Director General, Social Care, Local Government & Care Partnerships
Director General, Workforce
Director General, Health Improvement & Protection
Director General, Communications
Director General, Transition for the Department of Health
Director General, Chief Nursing Officer

In Attendance

Apologies

Director, Human Resources	National Director, Improvement and Efficiency
Managing Director, Transition - Public Health England	Director General, Chief Information Officer
Managing Director, Provider Development	Director General, NHS Finance, Performance & Operations
Director, Transition	
Director, Quality Framework Programme and QIPP Programme	
Director, Research and Development	
Director Business Services & Governance	
Directorate Operating Officer	
Director of Policy, Commissioning & Primary Care	
Director of Social Care Policy	
Director, Professional Standards	
Director of Public and Patient Experience and Engagement	
Deputy Chief Nursing Officer	
Director of Health and Wellbeing	
Principal Private Secretary to the Permanent Secretary	
DH Non Executive Director	

Secretariat

Deputy Director, DH Corporate Management
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No	Issue
1	Welcome & Introduction and Minutes and Action Note of March DHMC Meeting
	<p>1.1 Members were welcomed to the meeting. The Minutes from the March meeting were agreed with no amendments. Actions from previous meetings were complete or underway.</p>
2	Scene Setter – what will the future be like for the Department of Health?
	<p>2.1 The Director of the Strategy Unit, presented this session using slides that were tabled at the meeting. The presentation set out some of the changes that might affect DH's operating environment, including: economic trends, the fiscal position, ways in which health and care were delivered and social trends.</p> <p>2.2 During the presentation, colleagues were asked to consider the implications of these changes on: the department's knowledge and skills requirements, culture and mindsets and the way in which DH would want – and need - to do business over the coming years.</p> <p>2.3 The Deputy Director of the Strategy Unit, assigned colleagues to three groups and asked them to consider the following questions in the context of what they had just heard in the opening presentation:</p> <ul style="list-style-type: none"> • What were the key characteristics of a department that was fit for the future? • How would this feel for staff? • What three words described the department of the future?
3	DH Transformation Projects
	<p>3.1 The Permanent Secretary explained that she had asked six Director Generals (DGs) to lead projects on DH transformation. To bring everyone up to speed with the projects, DGs or their supporting Directors, were asked to give a very quick summary of the work explaining the objectives of their project and why it was important.</p> <ul style="list-style-type: none"> • The DG of Social Care, Local Government and Care Partnerships was leading work to consider how a "life course approach" could best be reflected in the work of the future DH, • The DG of Workforce project was focussed on improving the efficiency & effectiveness of DH, including how to meet running cost pressures over the next three years, • The Director of Business Services & Governance explained that the DG and Chief Operating Officer's project would be examining the future of patient and public engagement, • The Director of Research and Development said that the DG for Research and Development had been asked to look at how DH could best manage relationships with ALBs, OGDs, NHS & Local Government across the new system, • The DG of Policy, Strategy and Finance was leading a project on the

	<p>future of clinical & professional advice in DH, and finally</p> <ul style="list-style-type: none"> • The DG of Health Improvement and Protection's project was about improving people processes and ways of working within DH, covering things such as L&D, flexible working and secondments.
4	Refining project scopes – moving work on
	<p>4.1 The Deputy Director of the Strategy Unit assigned colleagues to six groups each of which would consider one of the transformation projects. In light of the earlier discussions on drivers of change and what type of organisation a future DH might be, the groups were asked to consider the projects scopes as they were currently drafted and to ask:</p> <ul style="list-style-type: none"> • Is the “why is it important” still right? • Are the criteria for success still correct? • Are the key stakeholders the right ones? • Are the planned outputs correct and will they move the department on? <p>4.2 A summary of the feedback from the groups is attached at annex A.</p> <p>4.3 The Permanent Secretary thanked colleagues for their active participation and suggestions for refining the projects. She explained that she would be holding a teleconference for all senior staff on Monday 23 May during which she would refer to the transformation work that the group had done today. A face to face guide would also be produced after the teleconference and staff would have an opportunity to engage with the projects at transformation fairs in London and Leeds and 25 and 26 May respectively.</p> <p>4.4 The Director General of Transition in DH said the next steps in the projects would be to pin down key short, medium and longer term deadlines.</p>
5	Capability Implications
	<p>5.1 The Deputy Director of Business Planning and Organisational Design gave a brief overview of the next phase of the Capability Review process. Departments would be required to undertake a self-assessment and there were no plans for external reviewers to be involved. The Cabinet Secretary would be invited to attend the October Departmental Board meeting to discuss the findings of the self-assessment.</p>
6	Close
The meeting closed at 12:30	

Annex A – Feedback from the groups on refining the project scopes.

Improving people processes within DH

Is the “Why is it important?” still important?

Yes – all the discussions about the project to date and at today’s DHMC underlined the importance of this work. All successful organisations take these issues seriously.

Are the criteria for success still correct?

There was a good discussion about the extent to which DH should challenge itself on being an ‘employer of choice’. The group felt strongly feeling that the department needed to move beyond having an *aspiration* of being a top 100 employer to actually following this through in practice. By committing to do this, senior leaders would send a clear and confident signal that people matter to the organisation.

Are the key stakeholders the right ones?

Yes, the discussion circled round other stakeholders but concluded it always came back to staff.

Are the planned outputs correct and will they move the department on?

There was a need to set expectations about shorter and longer-term outputs. In the short term this included the recommendations from some of the HR projects already underway on things like: secondments and flexible working (although these might propose longer-term work in their own right), a probable recommendation to aim for becoming a Top 100 Employer as well as any outputs relating to transition programme (eg induction perhaps). Longer-term work might include the HR/people strategy needed for new DH. Two elements to a good HR strategy were identified; the crunchy stuff or work programme and then a workforce strategy/plan and a clear vision for the sort of organisation we want to be.

Other points

One of the DH Non Executive Directors talked persuasively about his experience as a CE recognising 60% of his time should be spent on people issues – a sign of the importance and the value of people to an organisation, and the need to set a leadership example on this.

Improving the efficiency & effectiveness of DH

Following their discussion the group were proposing the following key refinements to the project scope

1. Key stakeholders: to be more outward facing and to engage with a wider range of stakeholders
2. Criteria for success: They needed to be two-fold: -
 - Success for the project within the six week deadline: how to generate energy, and how to position this while going through the transition process
 - Success for the longer-term outcome: How do people shape thinking around the operating models of the other new organisations?

That work needed to be seen as more than “just what to cut” and not too tied to finance alone.

3. Planned outputs:
 - A ‘roadmap’ for how the work would be taken forward (to respond to “What does this mean for me?”
 - A clear account of how the transformation activity meshes together and where a more sustainable organisation fits into this

The future of clinical & professional advice in DH

The group proposed three areas where the project scope could be adjusted:

- Need to look at a broad range of professional and clinical advice including across mental health, public health and social care. Also need to look at the other areas where professional advice/ leadership were currently given
- To explore further how clinical / professional advice is shared across DH and ALBs and what the operating model would be
- Need to do more at engaging with ALBs and at mapping need with stakeholders including policy teams as customers

Life course approach

The group concluded that the answer to all of the questions was yes, and probably even more relevant in light of the Director of the Strategy Unit's presentation earlier in the DHMC meeting.

However, the group discussion did highlight two key changes in this project:

- This project was currently set up to focus on the life course approach (a means). But it was really about exploring how DH could better reflect - in the way in which the Department worked - the needs of the people who use health and care services in the way; that is, putting the citizen at the heart of our work (the end).
- A citizen-centred DH would entail a shift away from viewing health and care from an exclusively supplier-based, sectoral (NHS, social care, public health) perspective towards a position where we had more of a focus on the needs of the citizen as the user of services. These needs would vary from user to user and change over the course of their lives. A key feature of this project would, therefore, involve looking at how the development of the life cycle approach might contribute to this shift, together with consideration of other changes that would be needed to support its adoption.
- Consistent with the above, the group also considered that the project shouldn't look to 'lurch' from our current sector-based approach to a wholly new form of organisation and working. Evolution, not revolution, would be the order of the day, particularly as incorporation of a life course approach would require a variety of other changes to make it a success. The timeline for the project would, therefore, be presented as a transformation over time rather than one bound to a new *modus operandi*.

Group: The future of patient public engagement

Scope - yes its still valid but would want to make clear that it is about public / citizens not just patients and service users. Also want to explore what in terms of scope are the questions *DH* would focus on, versus the broader system.

Stakeholders - Handling this theme would need us to consider senior officials and Ministers in particular because of time horizon – it would be asking questions and seeking responses that go beyond political cycles.

On what the outputs / success might look like - a DH that is aligned with other bodies requests for this type of insight (currently our efforts are tactical and ad hoc, we need more strategic approach)

The needs a common sense of vision and a powerful consumer voice

Planned next steps

- The project would need to capture what is currently done by whom, where and at what cost.

- To set out a vision that could unite a common purpose for getting this insight
- IT as an enabler not a driver for gaining insights

Group: Managing relationships with ALBs, OGDs, NHS & Local Government

Key points made by the group were:

- the scope should be widened to include everyone/every organisation that the department has strategic relations with; OGDs and ALBs was too narrow. *(there was some recognition, however, that a broader scope might overlap with Christine's project on Public and patient engagement)*
- if the scope is widened a broader stakeholder group would need to be identified (the group specifically mentioned the BMA as an example of an organisation that should be included)
- it might be helpful to explicitly divide the work into three sub project: ALBs, OGDs and other. Key themes would run across all three but each would benefit from a different focus.
- "relationship" should be defined as "engagement with a purpose" i.e. the project was not concerned with the transactional
- culture stems from the very top of DH and the Permanent Secretary had been clear on the importance of developing better relationships and being an excellent neighbour in Whitehall so the project should exploit this
- DG job descriptions should include specifics on what would be expected from DGs in the way they work with and engage OGDs, ALBs and other stakeholders
- culture change would take time to embed across the department
- our non-executives should be asked to play a key role in helping to get relationships right
- not all engagement would need to be on the same timescales – DH would want to adopt short, medium and long term approaches depending on the organisation and nature of the issues