**TECHNICAL ADVISORY GROUP ON RESOURCE ALLOCATION**

**Note of 27th meeting held at 13:30, 5th December 2016**

**Room 7, Waverley Gate, Edinburgh**

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| **Attendees**Angela Campbell (Chair) – SGMartin Cheyne ­– Ayrshire & Arran Health BoardAndrew Daly – NHS Greater Glasgow & ClydeHelene Irvine – NHS Greater Glasgow & Clyde |
| Richard McCallum ­– SG |
| Paudric Osborne – SGLynne Jarvis – ISDSarah Touati – ISDPeter Martin – ISDRoger Black – ISDJohn Raine – NHS BordersDiane Skåtun – HERU**By Video Conference:**Alan Gray, NHS GrampianProfessor Stephen Logan, NHS GrampianNick Kenton, NHS HighlandFiona Ramsay, NHS Forth Valley **Apologies**Christine McLaughlin – SG Matt Sutton - Manchester UniversityKirsty MacLachlan - NRS |

**AGENDA ITEM 1 – Welcome and apologies**

Angela Campbell (AC) – welcomed the group and noted apologies from those listed above. She also informed the group that, following the completion of the Review of the Acute MLC, Karen Facey had resigned from TAGRA.

**AGENDA ITEM 2 – Minutes of last meeting and updates on actions**

The minutes were accepted as a clear and accurate record of the last meeting.

**AGENDA ITEM 3 – Acute MLC review: Impact Assessment** – **TAGRA(2016)07**

Lynne Jarvis (LJ) presented Paper TAGRA(2016)07 which summarises the impact assessment work following the completion of the Acute MLC review. The group were reminded that the shares are due to be published as official statistics on Tuesday 13th December and that the results of the formula run should not be shared until then.

For the impact assessment three runs of the formula were undertaken, with the effects presented at NHS board level. It was explained that the three runs allowed ISD analysts to separately identify the main changes to the shares at NHS board level resulting from population change, updates to the small area boundaries and refreshing the MLC indices, and the incorporation of the recommendations of the Acute MLC review. LJ noted that, overall, the majority of the change in target shares was contributed by the updating, rather than the changes introduced following the Review of the Acute MLC.

The discussion largely focussed on the specific drivers of the changes to health board shares. LJ referred to the effect that the updating had on the relative magnitude of the values of the indicators of need across health boards.

It was noted that the post-2011 census pattern of small area geographies and the shift to the use of data zones (rather than intermediate geographies) would allow the formula to better capture pockets of deprivation within more affluent areas. There were concerns about the possible flattening of the deprivation curve, however, the coefficients estimated for indicators of need showed material increases across the three runs.

There were requests for further information on what lies behind the changes for individual board’s shares to be provided.

**Action – ISD analysts to produce more specific information on the drivers of changes in individual board’s shares and circulate it to the group.**

**AGENDA ITEM 4 – Future work and evolving role of TAGRA –** **Discussion note**

Angela Campbell (AC) reminded the group of the discussion at the last meeting: the proposal to run the formula to produce target shares for the next three years and then to have a ‘maintenance phase’. During this phase only essential formula maintenance work would be undertaken and ISD would run the formula once per year to ensure that a three year perspective on target shares remained available for boards. This would also serve to maintain ISD’s capacity and the knowledge base required to run the formula.

Members noted that there will be substantial structural change in the context for the formula, including:

* the new national trauma centres and their implication for the current work in health boards;
* integration and the balance between the funding streams from health boards and local authorities.

There was a wide ranging discussion of the funding of Integrated Joint Boards.

The group also suggested a number of areas where the knowledge and expertise of the group could be used to provide input, including:

* sanity checking ISD’s response to transformational change, e.g. Discovery;
* maintaining oversight of equality in the context of the drive for efficiency;
* representing the focus on outcomes in the context of alternative models of care;

AC summarised the discussion as, broadly, that: people saw value in keeping the group and its expertise; population-only updates would not be brought to TAGRA; one paper a year could be provided to describe any other updates. She agreed to discuss the various ideas of the group and to come back with a proposal for the role of the group.

**Action – SG to draft a proposal for the future contribution of TAGRA.**

**AGENDA ITEM 5 – A.O.B**

Helene Irvine requested that TAGRA retain an interest and involvement in the Scottish Allocation Formula. AC noted that a response to HI’s letter to the TAGRA chair would issue shortly.