
Report To: Inverclyde Integration Joint Board **Date:** 7 November 2017

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IJB/67/2017/HW

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Subject: Moving Forward Together: NHS GGC's Health And Social
Care Transformational Strategy Programme

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Integration Joint Board of work being carried out by NHS Greater Glasgow and Clyde to develop a Transformation Strategy for NHS services within the Health Board area.

2.0 SUMMARY

- 2.1 A system wide core transformation team is in place, comprising cross system clinical, managerial, HSCP, planning, public health, communications and public engagement, data analysis, finance and estates. Wider stakeholder consultation is expected to commence from November 2017

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to:
- a) note this report;
 - b) agree to ongoing involvement of officers from the HSCP in work to develop the Moving Forward Together Strategy;
 - c) Delegate authority to the Chief Officer to identify an appropriate member(s) to represent the IJB and HSCP on the Stakeholder Reference Group.

Louise Long
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4.0 BACKGROUND

4.1 There are a number of local, regional and national drivers around development of a Transformation Strategy for NHS Greater Glasgow and Clyde. These include:

- Conclusion of the acute services review for Glasgow in May 2015, with the opening of the new Queen Elizabeth University Hospital.
- The clinical services strategy for NHS Greater Glasgow and Clyde (2015).
- National strategies published by the Scottish Government, including the national clinical strategy, strategies for mental health, major trauma services, cancer services and the health and social care delivery plan.
- Emerging work around regional planning across health boards in the west of Scotland.
- The Public Bodies (Joint Working) (Scotland) Act 2014, and the establishment of 6 Integration Joint Boards within the NHS Greater Glasgow and Clyde area, with responsibility for the strategic planning of, as a minimum, social care, primary and community healthcare and unscheduled hospital care for adults.

4.2 In 2016, the Audit Scotland report 'NHS in Scotland' identified a set of key messages for the NHS in Scotland, as outlined below:

- There have been significant improvements both in population health and healthcare over the last decade.
- The demands on health and social care services are escalating and NHS funding is not keeping pace.
- NHS boards are struggling to meet the majority of national standards and it is increasingly difficult to balance the demands of hospital care alongside providing more care in the community.
- There are significant workforce pressures due to an ageing profile and difficulties in recruitment and retention.

4.3 The report goes on to recommend that NHS Boards should '*take ownership of changing and improving services in their local area and, working with partner agencies, develop long term workforce plans and work with the public about the need for change*'.

4.4 The Scottish Government published a response to this report with 3 main aims: reducing inappropriate use of hospital services; shifting resources to primary and community care; and supporting capacity of community care.

5.0 NHS TRANSFORMATION STRATEGY

5.1 In response to the drivers outlined in section 4.1, NHS Greater Glasgow and Clyde have initiated work to develop a health-board wide Transformation Strategy. A Glasgow City IJB paper, considered by the Health Board on 17 October 2017, is appended to this report.

5.2 The aim of this work is to develop a medium term transformational plan for NHS Greater Glasgow and Clyde, (to be known as the Moving Forward Together Strategy). The scope of this work will include development of a system-wide strategic framework, with associated implementation plans for acute, primary care and community health services.

5.3 It is anticipated that this work will be carried out in 4 phases, with completion expected

in mid-2018:

- Phase 1 - Establishing baseline position, and mapping against current strategy / work-streams and gap analysis.
- Phase 2 – Establishing gaps and commissioning work-streams to inform those gaps. Clinical discussion on principles leading to the development of plans to implement new models of care and the quantification of the impact of those changes.
- Phase 3 - Drawing together and quantifying the impact of predicted demand changes and new models of care to describe options for a new service configuration across primary, community, secondary and tertiary care.
- Phase 4 - Engagement, consultation and revision.

- 5.4 Governance arrangements are currently under discussion, however it is expected that Executive-level governance will be carried out by a programme board, chaired by the Chief Executive and with membership comprising Executive Directors, Chief Officers, Acute Services, clinical leads and Regional Planning representation.
- 5.5 The programme board will review outputs and provide guidance to the project team and will report to the NHS Greater Glasgow and Clyde Senior Management Team, Health Board and the six Integration Joint Boards.
- 5.6 Project activity will be undertaken by a system wide core transformation team comprising cross system clinical, managerial, HSCP, planning, public health, communications and public engagement, data analysis, finance and estates. This team will be responsible for developing the project plan and taking forward the 4 phases of the programme.
- 5.7 The core transformational team had their first meeting in early September and have begun initial activity to take forward Phase 1 of this project. Further updates will be provided to the Integration Joint Board in due course.

6.0 IJB / HSCP INVOLVEMENT

- 6.1 A range of individuals have been co-opted to the core transformational team on a temporary basis, including a number of officers from HSCPs representing primary and community care. Further, it is expected that two Chief Officers will be appointed to the Programme Board, representing the six IJBs in the NHS Greater Glasgow and Clyde area.
- 6.2 The role of HSCP officers on the core transformational team, and of Chief Officers on the Programme Board, will be to provide support, advice and scrutiny of development of the Moving Forward Together Strategy from an HSCP perspective. This will include for example, articulating the aims of the strategic plans of the six IJBs and how the Moving Forward Together Strategy can align with these, and describing the scale of the financial challenge facing IJBs and the extent of the transformation work already underway within Partnerships.
- 6.3 To support wider engagement in development of the Moving Forward Together Strategy, a Stakeholder Reference Group will be established. The purpose of this group will be to:
- Act as a sounding board for testing plans, and materials;
 - Advise on the development of information for wider public use;
 - Communicate back to stakeholder groups;
 - Strengthen and play a significant role in wider public communication.
- 6.4 Membership of the Stakeholder Reference Group is currently under consideration by the core transformation team; however it is expected that representation from each of the six IJBs in the NHS Greater Glasgow and Clyde area will be sought. The IJB is

therefore asked to delegate authority to the Chief Officer to identify an appropriate member(s) to represent the IJB and HSCP on the Stakeholder Reference Group.

7.0 IMPLICATIONS

FINANCE

7.1 Financial Implications:

An outline of the 2018/19 budget position presented to the IJB in September 2017 indicated that within both the Council and the Health Board there will be significant financial challenges for 2018-19 and beyond, and that as with previous years the transformation programme will be the main vehicle for the delivery of future savings and efficiencies.

One off Costs

| Cost Centre | Budget Heading | Budget Years | Proposed Spend this Report £000 | Virement From | Other Comments |
|-------------|----------------|--------------|---------------------------------|---------------|----------------|
| | | | | | |

Annually Recurring Costs/ (Savings)

| Cost Centre | Budget Heading | With Effect from | Annual Net Impact £000 | Virement From (If Applicable) | Other Comments |
|-------------|----------------|------------------|------------------------|-------------------------------|----------------|
| | | | | | |

LEGAL

- 7.2 A number of functions which may be considered 'in scope' for the Moving Forward Together Strategy are delegated to the IJB, therefore statutory responsibilities for decision making in relation to the Strategy may rest with both the IJB and Health Board.

HUMAN RESOURCES

- 7.3 No immediate impacts, however the outcome of the completed programme could recommend changes to the workforce. Some HSCP officer time is currently being utilised to support development of the Moving Forward Together Strategy.

EQUALITIES

- 7.4 No immediate impacts arising from this paper. It is expected that the final draft Moving Forward Together Strategy will be subject to a full Equality Impact Assessment by the Health Board.

Has an Equality Impact Assessment been carried out?

| | |
|---|---|
| | YES (see attached appendix) |
| X | NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact |

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|-------------------------|
| Assessment is required. |
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7.4.1 How does this report address our Equality Outcomes.

- 7.4.1.1 People, including individuals from the above protected characteristic groups, can access HSCP services.
- 7.4.1.2 Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.
- 7.4.1.3 People with protected characteristics feel safe within their communities.
- 7.4.1.4 People with protected characteristics feel included in the planning and developing of services.
- 7.4.1.5 HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.
- 7.4.1.6 Opportunities to support Learning Disability service users experiencing gender based violence are maximised.
- 7.4.1.7 Positive attitudes towards the resettled refugee community in Inverclyde are promoted.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

7.5 There are no immediate clinical or care governance issues within this report.

7.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes.

- 7.6.1 Any new NHS strategy which impacts on functions delegated to the IJB will invariably impact on the IJB's delivery of the National Health and Wellbeing Outcomes
- 7.6.2 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 7.6.3 People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 7.6.4 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 7.6.5 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 7.6.6 Health and social care services contribute to reducing health inequalities.
- 7.6.7 People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.
- 7.6.8 People using health and social care services are safe from harm.
- 7.6.9 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

8.0 CONSULTATION

8.1 None

9.0 LIST OF BACKGROUND PAPERS

9.1 Glasgow City IJB Paper considered by NHS GGC Board on 17 October 2017.