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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>18 August 2016</b>
<b>Report By:</b>	<b>Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No:</b>	<b>IJB/39/2016/BM</b>
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<b>Subject:</b>	<b>Strategic Service Planning</b>		

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## **1.0 PURPOSE**

1.1 The purpose of this paper is to enable the Integration Joint Board to:-

- Give early consideration to the Board's proposed approach;
- Consider how the IJB wishes to engage in the proposed process;
- Respond to the NHS Board's request that early engagement in the process is established through the HSCPs patient and public engagement arrangements

## **2.0 SUMMARY**

2.1 This attached paper has been approved by the NHS Board as the basis to develop a strategic plan for acute services (Appendix 1). Responsibility for strategic service planning is now shared between the Health Board and Integration Joint Boards and IJBs have been asked to consider how they wish to engage in the planning process.

2.2 The Health Board is responsible for the overall planning for acute services, working with IJBs on planning the delivery of unscheduled care and on the shaping of the primary care and community services which are critical to the delivery of acute care.

2.3 The IJB's are responsible for strategic planning for the health and social care services for which they are responsible and for the strategic commissioning of unscheduled care services.

2.4 The paper acknowledges the importance of the relationship to IJBs in this regard as:-

- Integration of planning for acute services with the planning led by IJBs for community and primary care services;
- Shaping of acute services to respond to IJBs Strategic Commissioning Plans, including forward financial planning.
- Achieving early patient and public engagement;

## **3.0 RECOMMENDATIONS**

3.1 That the Integration Joint Board :-

- Note the process proposed by NHS Greater Glasgow and Clyde to develop a

- strategic plan for acute services;
- Note the local arrangements established by the HSCP for engaging with the Acute sector.

**Brian Moore**  
**Corporate Director (Chief Officer)**  
**Inverclyde HSCP**

## **4.0 CURRENT POSITON ON STRATEGIC PLANNING FOR ACUTE SERVICES**

4.1 The paper outlines the local, regional and national position on planning for acute services.

4.2 At **national level**, there are a series of programmes of work which will inform strategic planning and the National Clinical Strategy (NCS) was published in February 2016 following an extensive programme of development and engagement. The Strategy sets out a framework for the development of health services across Scotland for the next 10-15 years. It gives an evidence-based high level perspective of why change is needed and what direction that change should take. The Strategy sets out the case for:-

- Planning and delivery of primary care services around individuals and their communities;
- Planning hospital networks at a national, regional or local level based on a population paradigm;
- Providing high value, proportionate, effective and sustainable healthcare;
- Transformational change supported by investment in e-health and technological advances.

The full strategy can be found at:-

<http://www.gov.scot/Publications/2016/02/8699>

4.3 A further critical part of the national scene, particularly critical to the IJB is the work to develop a new GP contract which needs to provide the platform to enable the transformation of primary care.

4.4 There are well established regional planning arrangements which set the direction for a number of our services which are provided to populations beyond the Board area.

4.5 At NHS Board level there is a comprehensive Clinical Services Strategy approved by the Board in January 2015 and endorsed by the IJBs.

4.6 The key aims of that strategy are to ensure:

- Care is patient focused with clinical expertise focused on providing care in the most effective way at the earliest opportunity within the care pathway;
- Services and facilities have the capacity and capability to deliver modern healthcare with the flexibility to adapt to future requirements;
- Sustainable and affordable clinical services can be delivered across NHSGGC;
- The pressures on hospital, primary care and community services are addressed.

4.7 IJBs have published their first Strategic Commissioning Plans; these highlight the need for Partnerships to establish a real focus on changing the way their populations use hospital services in their future planning.

## **5.0 DEVELOPING THE STRATEGIC PLAN: PROPOSED PROCESS**

5.1 The Board proposes a two stage process with the aim of developing and describing the changes we need to make in 2017/18 in the context of describing a longer term strategic change programme.

5.2 The first stage, to be completed by October 2016, is to update the key elements of

the Clinical Services Review including:-

- Population health analysis;
- Drivers for change;
- Future clinical models;
- Progress on implementation;
- An informed forward look at population and other changes which will require service transformation;
- A joint appraisal with IJBs of the implications of their strategic commissioning plans for the delivery of acute services;
- Analysis of service changes emerging from regional and national planning to deliver the National clinical strategy;
- An outline of proposed service changes for 2017/18 from the Acute Division's clinical planning processes, which are focused on delivering high quality, safe and sustainable care;
- A strategic service and estate appraisal of our hospital sites;
- An initial forward financial framework for acute services, developed with the Integration Joint Boards;

5.3 The NHS Board proposes extensive clinical engagement and engagement with wider stakeholders during this stage.

5.4 The output of this first stage would enable further discussion with IJBs with the aim that this work can be finalised to move to a second stage with the NHS Board approving for publication, and formal public engagement, proposed service changes for 2017/18 set in the context of a longer term strategic plan.

5.5 A series of meetings with colleagues from Acute Services in Clyde, including Clinicians, Planning and Operational managers, have already taken place over the last 12 months. These have focused on how we share information, develop services and plan for the future, as well as beginning to develop further the relationships required to effectively underpin the strategic responsibilities of the IJB. Close working on a range of operational issues, such as Winter Planning, Delayed Discharges and pathways supporting Older People, as well as the impact of interface working to improve the appropriateness of Orthopaedic Referrals, has already proven to assist our use of resources and improve the care and experience of our population.

## **6.0 CONCLUSION**

6.1 The shape and delivery of acute services are critical to the responsibilities of the IJB and will also be an important issue for local people. Therefore active engagement as this work develops is important.

6.2 The NHS Board has committed to work with IJB Chief Officers to establish the detail of the required processes to develop proposed process.

## **7.0 IMPLICATIONS**

### **FINANCE**

#### **7.1 Financial Implications:**

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 There are no legal issues within this report.

## HUMAN RESOURCES

7.3 There are no human resources issues within this report.

## EQUALITIES

7.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
	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 Assessment is required.

## 8.0 CONSULTATION

8.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with Greater Glasgow & Clyde Planning Team.

## 9.0 BACKGROUND PAPERS

9.1 None.

## Strategic Service Planning

### Recommendation:

The Board consider the approach to Strategic planning for acute services.

### 1. Background and Purpose

- 1.1. This paper proposes a process for the strategic planning for acute services. The approach outlined will enable:-
  - Coordination of our planning with the developing regional and national approaches.
  - The wide engagement of our clinical staff in strategic planning;
  - Integration of planning for acute services with the planning led by IJBs for community and primary care services;
  - The shaping of acute services to respond to IJBs Strategic Commissioning Plans.
  - The further development of our existing extensive planning;
  - The delivery of early patient and public engagement;
- 1.2. This purpose of the paper is to enable the Board to contribute at this early stage to shaping the strategic planning process, informing the further development of the process.

### 2. Planning Roles and Responsibilities

- 2.1. Responsibility for strategic service planning is now shared between the Health Board and Integration Joint Boards.
- 2.2. The Health Board is responsible for the overall planning for acute services, working with IJBs on planning the delivery of unscheduled care and on the shaping of the primary care and community services which are critical to the delivery of acute care.
- 2.3. The IJB's are responsible for strategic planning for the health and social care services for which they are responsible and for the strategic commissioning of unscheduled care services;

### 3. Strategic direction and principles for planning

- 3.1. The Board already has a clear strategic direction which sets out our purpose as:

***“Deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities.”***

3.2. That purpose is amplified with five strategic priorities, these are:

- Early intervention and preventing ill-health.
- Shifting the balance of care.
- Reshaping care for older people.
- Improving quality, efficiency and effectiveness.
- Tackling inequalities.

3.3. In planning for 2016/17 the Board also developed a series of principles to establish a clear framework for planning. These principles, set out below continue shape our approach to planning, particularly our approach to the assessment of available resources and how they should be deployed.

- Make financial decisions which are in line with and enable us to move in coherence with our purpose, strategic direction and related strategies all of which are focussed on ensuring our services are focussed on the needs of patients.
- Continue to play our part in trying to reduce the inequalities which affect our population and have a strong focus on equality impacts in making our decisions.
- Ensure that our decisions do not have unintended consequences such as unplanned transfers of pressures, responsibilities or costs to other parts of the system.
- Aim to continue to deliver the key Scottish Government targets.
- Focus first on changes which make clinical and service sense and increase efficiency and productivity and reduce our unit costs.
- Ensure that where we propose to restrict access to services or stop planned developments we will have a clear framework for prioritisation of patient care linked to clinical benefit.
- Shift the balance of care and resources but also recognise the pressures on acute services.
- Test all new national initiatives and proposals which have financial implications against our strategy and report to Board for decision.
- Underpin our decision making with evidence about what delivers the safest, highest quality and most cost effective healthcare.
- Explicitly consider risks and benefits in making decisions.
- Remain committed to the importance of innovation and research to shape changes in the way we deliver care.
- Work across boundaries with other Health Boards and public bodies to identify ways in which we can deliver services more efficiently.
- Take a whole system approach not localised savings targets, that approach driven by:
  - cost scrutiny in every part of the organisation, led by the local teams; and
  - a whole system programme of change to deliver cost reduction.
- Commitment to engagement with patients and the wider public.
- Commitment to fully engage with our staff and their representatives in shaping, planning and delivering the changes to services which will be required

3.4. The Strategic Direction, strategic priorities and principles will underpin our approach to strategic planning for acute services.

#### **4. Current position on strategic planning for acute services**

- 4.1. This section describes the local, regional and national position on planning for acute services, which set the context within which this next phase of our planning will be developed.
- 4.2. At **national level**, there are a series of programmes of work which will inform our strategic planning. These include:-
  - The work of the Transformation Board which is overseeing a range of reviews including for planning for seven day services, the review of out of hours services and the current maternity and neonatal services review.
  - Service strategies including for cancer;
  - Planning being established for future scheduled care capacity;
- 4.3. In addition to these elements of national direction, the National Clinical Strategy (NCS) was published in February 2016 following an extensive programme of development and engagement. The Strategy sets out a framework for the development of health services across Scotland for the next 10-15 years. It gives an evidence-based high level perspective of why change is needed and what direction that change should take. The Strategy sets out the case for:-
  - Planning and delivery of primary care services around individuals and their communities;
  - Planning hospital networks at a national, regional or local level based on a population paradigm;
  - Providing high value, proportionate, effective and sustainable healthcare;
  - Transformational change supported by investment in e-health and technological advances.

The full strategy can be found at <http://www.gov.scot/Publications/2016/02/8699>  
The programme to establish the framework, which will enable implementation of the strategy, bringing together Scottish Government Directors with Board Chief Executives, is currently being established.

- 4.4. A final a critical part of the national scene is the work to develop a new GP contract which needs to provide the platform to enable the transformation of primary care.
- 4.5. At **Regional level**, there are well established planning arrangements which set the direction for a number of our services which are provided to populations beyond the Board area. The Regional Planning Group is discussing how to extend the range and depth of planning done at regional level to respond to the NCS and the growing reality that a wider range of services need to be planned for larger populations and that we need to create clinical networks for service delivery beyond Board boundaries.
- 4.6. At our **Board level** we have a comprehensive Clinical Services Strategy approved by the Board in January 2015 and since endorsed by the IJBs.
- 4.7. The key aims of the strategy are to ensure:
  - care is patient focused with clinical expertise focused on providing care in the most effective way at the earliest opportunity within the care pathway;
  - services and facilities have the capacity and capability to deliver modern healthcare with the flexibility to adapt to future requirements;
  - sustainable and affordable clinical services can be delivered across NHSGGC;
  - The pressures on hospital, primary care and community services are addressed.



- 4.8. This strategy provides a framework to ensure that best clinical outcomes are achieved for patients and that services are:-
- safe and sustainable;
  - patient centred;
  - integrated between primary and secondary care;
  - efficient, making best use of resources;
  - affordable, provided within the funding available;
  - accessible, provided as locally as possible;
- 4.9. We have also developed a delivery plan for the Acute Division which focuses on resolving short term challenges but also describes a series of strategic service issues which we need to address.
- 4.10. IJBs have published their first Strategic Commissioning Plans, these highlight the need for Partnerships to establish a real focus on changing the way their populations use hospital services in their future planning.

## **5. Developing our Strategic Plan: proposed process**

- 5.1. We know from our planning for 2016, and from the material outlined in the previous section, that it is imperative that we reshape acute services in the short, medium and longer term. Our proposed approach is to bring together those three horizons for planning into an integrated process so that we develop and describe the changes we need to make in 2017/18 in the context of describing a longer term strategic change programme.
- 5.2. To begin this process it is proposed that we complete a series of strands of work for consideration by a Board seminar in October 2016. The proposed strands are:-

An update of the key elements of the Clinical Services Review including:-

- Population health analysis;  
Drivers for change;
  - Future clinical models;
  - Progress on implementation;
  - An informed forward look at population and other changes which will require service transformation;
  - A joint appraisal with IJBs of the implications of their strategic commissioning plans for the delivery of acute services;
  - Analysis of service changes emerging from regional and national planning to deliver the National clinical strategy;
  - An outline of proposed service changes for 2017/18 from the Acute Division's clinical planning processes, which are focussed on delivering high quality, safe and sustainable care;
  - A strategic service and estate appraisal of our hospital sites;
- 5.3. We also need to produce an initial forward financial framework for acute services, developed with the Integration Joint Board's;
- 5.4. The development of each of these strands will include extensive clinical engagement and engagement with wider stakeholders including other Boards and Scottish Government

- 5.5. The Acute services Committee will receive regular updates as this work develops to ensure continuing Non Executive input. Following the October Seminar, enabling the Board to consider and shape this material, there would be further discussion with IJBs with the aim that this work can be finalised to enable the Board to approve for publication, and public engagement, proposed service changes for 2017/18 set in the context of a longer term strategic plan.

## **6. Conclusion**

- 6.1. Subject to the Board discussion the Board Executive team will work with IJB Chief Officers to establish the required processes to develop the material outlined in this paper.