

NHS Greater Glasgow & Clyde

NHSGGC Board

16<sup>th</sup> October 2018

Jane Grant , Chief Executive



Paper No: 18/46

**'Delivering for Today, Investing for Tomorrow' - The Government's Programme for Scotland 2018-19**

**Recommendation:-**

The Board is asked to:

- To note the content of the Programme for Government 2018/19.
- Note the work undertaken to ensure the key priorities in NHS Greater Glasgow and Clyde align to the commitments made in the Programme for Government 2018/19.

**Purpose of Paper:-**

The purpose of the paper is to brief Board members on 'Delivering for Today, Investing for Tomorrow' - The Government's Programme for Scotland 2018-19. The full document can be accessed by the following link <https://beta.gov.scot/publications/delivering-today-investing-tomorrow-governments-programme-scotland-2018-19/pages/1/>

**Key Issues to be considered:-**

In order to ensure that NHSGGC respond appropriately to the requirements of the Programme for Government for 2018/19, a review has been undertaken cross referencing the agreed Board objectives and the Interim Annual Plan. Highlights are detailed within the paper.

**Any Patient Safety /Patient Experience Issues:-**

No issues identified.

**Any Financial Implications from this Paper:-**

None in addition to those already identified through the Annual Planning process.

**Any Staffing Implications from this Paper:-**

Action required detailed within the paper.

**Any Equality Implications from this Paper:-**

No issues.

**Any Health Inequalities Implications from this Paper:-**

Actions to address health inequalities are detailed within the paper and the full Programme for Government document.

**Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:-**

No.

**Highlight the Corporate Plan priorities to which your paper relates:-**

Cross check undertaken to Interim Annual Plan and Corporate Objectives.

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**Date – 16 October 2018**

**‘Delivering for Today, Investing for Tomorrow’  
The Government’s Programme for Scotland 2018-19**

**Background**

The Programme for Government is published annually and sets out the Scottish Government’s priorities for the year ahead, building on previous commitments, and details the approach to tackling key challenges. ‘Delivering for Today, Investing for Tomorrow’ was published in September 2018.

Key sections include;

- Scotland, Europe and the Constitution
- The Legislative Programme 2018/19
- Scotland’s National Performance Framework
  - Main Chapters;
    1. Building a Globally Competitive, Sustainable and Inclusive Economy.
    2. A Healthy and Active Nation
    3. The Best Place to Grow Up and Learn
    4. An Empowered, Equal and Safe Scotland
    5. A Creative, Open and Connected Nation

**Context**

Whilst this paper will focus on the main elements of relevance to the health and wellbeing, it is clear that there are many cross cutting issues which are worthy of consideration.

In her Introduction to ‘Delivering for today, Investing for Tomorrow’, the First Minister highlights the role of strong public services being an essential part of building a strong economy, indicating that this Programme for Government continues the major reforms that are under way in health, education and justice systems building on the progress made in tackling inequalities. A strong economy with growing, competitive and innovative businesses is described as essential to supporting jobs, incomes and our quality of life. The economy must also be environmentally sustainable and inclusive – involving and providing benefit and opportunity for all people and communities. In turn, a strong competitive economy depends on a skilled, healthy and flexible workforce, and rich ecological capital and natural environment are powerful assets that can help create economic value for the country as a whole.

The uncertainties caused by Brexit across many sectors are highlighted throughout the document.

Ms Sturgeon goes on to highlight that ensuring good health, both physical and mental, is not just the job of the NHS – indeed, good health is directly linked to our economic success as a nation. However, a modern, fit-for-purpose NHS, focused on prevention and swift treatment where necessary, is essential. It is acknowledged that the health service, like that of other nations, is facing the challenges of changing demographics and rising demand. The Government is determined to support it to meet those challenges.

The overall *purpose*, *values* and *national outcomes* of the Scottish Government are outlined in the new National Performance Framework which was launched in June 2018. The aim of

the Framework is to set out a clear purpose for Scotland which is defined as; ‘a focus on creating a more successful country with opportunities for all Scotland to flourish through increased wellbeing, and sustainable and inclusive economic growth’; with the values described as; ‘a society which treats all our people with kindness, dignity and compassion, respects the rule of law, and acts in an open and transparent way’. The recrafted National Outcomes are noted below;

#### *National Outcomes*

- We respect, protect and fulfil human rights and live free from discrimination
- We have a globally competitive, entrepreneurial, inclusive and sustainable economy
- We are open, connected and make a positive contribution internationally
- We tackle poverty by sharing opportunities, wealth and power more equally
- We live in communities that are inclusive, empowered, resilient and safe
- We grow up loved, safe and respected so that we realise our full potential
- We are well educated, skilled and able to contribute to society
- We have thriving and innovative businesses, with quality jobs and fair work for everyone
- We are healthy and active
- We value, enjoy, protect and enhance our environment
- We are creative and our vibrant and diverse cultures are expressed and enjoyed widely

### **The Healthcare Focus**

Chapter 2 of the Programme for Government (PfG) is entitled ‘A Healthy and Active Nation’. In order to ensure that NHS GGC respond appropriately to the requirements of the Programme for Government for 2018/19, a review has been undertaken cross referencing the agreed Board objectives and the Interim Annual Plan. In addition, the Cabinet Secretary has clearly outlined her 3 top priorities as Mental Health, Integration and Waiting Times and this is acknowledged in the priorities.

### **A Healthy and Active Nation – Key areas**

#### **Improving support for good mental health**

The PfG highlights that improving support for good mental health is not just about specialist services but that all public services can support better mental health and wellbeing. The approach needs to change to meet the demands of modern day Scotland. Key areas of focus in the PfG include:

- *Support during pregnancy and after birth.* Commitments include; development of a 3 tiered approach to support, acknowledging 1 in 5 women face mental health problems during their pregnancy.
- *Children and young people.* The Task Force on Children and Young People’s Mental Health Improvement, announced in June, will now oversee and further develop priority action. There is a strong focus on support through education, including £60m investment in additional school counselling, increasing school nursing by 250 posts by 2020 and putting systems in place to fast track those with specialist needs. In addition, suicide prevention training will be made mandatory in the NHS. In respect of specialist support, the findings of the audit into rejected referrals in CAMH

services will be implemented to ensure GPs and others have clear and consistent guidelines for referral to specialist services.

- *Adults.* The linkages between good mental health, employment and a healthy population are highlighted. Focus is given to access to online CBT support and strengthening self-help platforms as well as enhancing the skills of NHS 24 Call Handlers with more specially trained staff providing mental health advice. The target to reduce suicide by 20% by 2022 is underlined and highlights the plan for refreshed training on suicide prevention and reviews of all deaths by suicide to ensure lessons are learned.

### **NHS Greater Glasgow and Clyde Action**

HSCPs, working with NHSGGC, are responsible for the provision of mental health and addiction services across the Board area, including provision of inpatient mental health care. The strategic direction for mental health services set out in Moving Forward Together (MFT), anticipates a new emphasis on prevention in mental health, improvements for inpatient and community services, and a renewed emphasis on recovery and trauma-informed approaches to care. The Board's public health strategy "Turning the Tide through Prevention" includes improving mental health and well-being as a priority.

Close working with primary care, health improvement, third sector, social work and local authority services will seek to harness community assets and strengthen access to non-clinical resources to support good mental health.

In relation to Child and Adolescent Mental Health Services (CAMHS), we continue to develop our service provision offering assessment and intervention for children and young people, who are often at risk, including risk of severe self-harm and suicide. The service is community based in all NHSGGC localities, with specialist teams operating Board wide. The service accepts approximately 5220 referrals on an annual basis. Work is underway to respond to the national audit of rejected referrals with an Action Plan created for approval at CMT in November.

NHSGGC achieved the CAMHS RTT target in October 2014 and has performed consistently well since then and is in the process of increasing the percentage of referrals seen in accordance with early guidance from the task force and other reports (Audit Scotland, 2018; ISD Scotland and SAMH, 2018). To help achieve this, NHSGGC have initiated a CAMHS Quality Improvement Programme in April 2018 which focuses on four distinct work streams:

- Review of overall service provision,
- Leadership and culture;
- Service Improvements;
- Training and support including supervision.

As part of the redesign, we are in the process of planning the development of a CAMHS Central Choice Team. This is a redesign of the current CAPA model (Choice and Partnership Approach), to help ensure all children who are referred to the service will be seen (aside from inappropriate referrals). Other CAMHS developments include the development of an Early Intervention TIPS Project (Training in Psychological Skills for the Children's Workforce) and plans to establish a Young person's engagement group. In addition, the Scottish Government has commissioned a taskforce to improve the mental health support for children and young people. This will include improving access to CAMHS, with a suggested waiting time target for help to be received of 4 weeks.

NHSGGC will respond to requirements regarding suicide prevention training working in partnership across sectors.

Work is underway in respect of perinatal mental health acknowledging the tiered approach within the Programme for Government document.

### **Getting the right care in the right place at the right time**

The PfG highlights that the priority on community health services continues, and focusses on providing more multidisciplinary teams of healthcare professionals in the community. Key areas include:

#### **Primary care**

Delivery of the GMS contract and the £30m GP Premises Sustainability Fund are both highlighted, as well as the role of Community Pharmacy and Pharmacy First, referencing the pilot undertaken in Inverclyde. A refresh and strengthening of the Chronic Medication Service is indicated, along with a focus on dental health, particularly in the care home environment and support to families through the Community Challenge Fund.

#### **Greater Glasgow and Clyde Action**

Primary Care Improvement Plans (PCIP) have been agreed in each HSCP area to set out how the multi-disciplinary team will be developed in support of general practice. The PCIP's have been developed in the context of a range of challenges and drivers for change, including increasing demand associated with an ageing population and increasing multi-morbidity and service sustainability linked to recruitment and retention particularly in the GP workforce. The new GP contract represents the start of a significant transformation of general practice, with a refocusing on the expert medical generalist role and the development of multi-disciplinary teams working together with practice populations, building on the list based system of primary care, to ensure that people can access the right professional at the right time.

The national Primary Care Outcomes Framework sets out a clear vision for the future of primary care as being at the heart of the healthcare system, linking to the 2020 Vision, Health and Social Care Integration, the National Clinical Strategy and the Health and Social Care Delivery Plan. This vision applies across the *four primary care contractor* groups and the wider multi-disciplinary team working in primary care and is a key focus of activity.

We have been working with community pharmacists across GGC on enhancing their role as initial contact for care or advice (treatment and triage, signposting). This will include accessible programmes such as nicotine replacement therapy, emergency hormonal contraception, free condoms, healthy start vitamins and flu treatments. This could be further developed to include Travel Vaccinations and advice, blood pressure monitoring and blood and cholesterol testing amongst other services. Specific developments being looked at within GGC include advice/counselling on medication at point of supply informed by the Acute Medical Service electronic transfer of prescriptions; Minor Ailment Service – eligibility for this was extended as a pilot in Inverclyde and this is expected to be rolled out nationally. Chronic Medical Services – collaboration between prescribing support pharmacists in GP practices and Community Pharmacists to identify those who would most benefit. Further services are being developed to enable local access to medication for support with conditions such as hep C, HIV, oncology, opiate dependency and coeliac disease.

There has been a focus in GGC on supporting Optometrists to be the first port of call for any eye problems and this will be further supported and developed, with appropriate training where required. The expansion of direct referral (using SCI Gateway) to hospital services and the increasing number of independent prescribers in Community Optometry increases the ability to manage the full episode of care. Being part of the wider network of community-based services gives the potential to identify vulnerable frail adults during assessment and link to other appropriate services. Other opportunities come from provision of optometry within care homes and to housebound people in helping to maintain independence.

The national Oral Health Improvement Plan was published in January 2018 and sets the direction of travel for oral health services which will be taken forward across Greater Glasgow and Clyde, with Health and Social Care Dental disease is almost entirely preventable. In future this will be better reflected within the system of payments and monitoring for practices to ensure there is a strong focus on prevention at all ages. As a key point of contact, dentists may also identify wider health needs. The extended community network model set out in Moving Forward Together is an opportunity to enhance how GDPs can link to wider services when required. The role of GDPs and the PDS in supporting older people will be further developed, in particular to identify challenges in domiciliary care provision, both in care homes and for patients who may be confined to their own homes. It is necessary to ensure that the balance of care between hospital and GDPs is appropriate; this can be achieved by ensuring that we have a quality clinical information for decision making, clear referral criteria and an appropriate escalation pathway. Work is ongoing to develop the standard of NHS oral health information on self care, treatments available, costs and services to be made available to the public by dental practices and dentists.

In addition NHSGGC have a number of programmes operating across the Board. The Child Smile Programme focuses on the needs of children, with HSCP specific action plans to meet specific needs e.g. within the Roma community or where there is significant substance abuse in the young. Caring for Smiles provides education and support to care homes with GGC exceeding the target of having 30% of care home staff receiving additional oral health training. Mouth Matters operates to support the prison population. The overall aim of is to enable prisoners to actively care for their own oral health both inside and outside prisons. Finally, Smiles for Life - Better Oral Care for Homeless People. Smile4Life is a training pack for staff working with people who are homeless.

#### Acute and Secondary Care

Key areas of focus in the PfG relate to the creation of the Major Trauma Centres across Scotland and, in addition, investment to enhance elective capacity with reference to the construction of extra capacity at the Golden Jubilee hospital in the West of Scotland in early 2019. It is highlighted that a plan will be published to substantially, and sustainably, improve waiting times performance in the face of rising demand for services. This will complement the existing range of activities in support of waiting times, including the additional funding provided to NHS Boards earlier this year and the Access Collaborative launched last year.

Consideration is also given to support the improvements to person-centred visiting in NHS establishments so that patients can be with the important people in their lives while in hospital – flexible visiting will be in place across our NHS by 2020.

Progress is also planned on the Health and Care (Staffing) Bill through Parliament and the provision of additional investment to expand workforce planning infrastructure in the NHS and in social care.

In addition, plans to progress the Human Tissue (Authorisation) Bill through Parliament, changing the current 'opt in' to an 'opt out' system and consult on proposals to reform the law on adults with incapacity with the aim of people receiving more support to make their own decisions and better access to the right care and support.

### **NHS Greater Glasgow and Clyde Action**

Board members received an update in respect of the trauma centre for the West of Scotland at the recent Board Seminar. At present, NHSGGC is committed to achieving the March 2019 performance trajectories as outlined in the Annual Operational Plan. However, it is acknowledged that this represents a significant challenge to the Board and therefore a programme of improvement work is underway to ensure progress is made towards meeting the agreed targets.

The Access Performance Improvement Programme includes a number of workstreams which will increase productivity to ensure the Board is making the most efficient and effective use of base resources and capacity for Daycases, Inpatients and Outpatients. Considerable outpatient productivity analysis has been undertaken and the Board is working towards realising the identified productivity gains during this year. In addition to this work, a suite of metrics is being analysed to identify further areas for improvement, these include analysis of Outpatient Clinic Templates, Theatre Templates, Workforce Job Plans and the development of Specialty Capacity Plans. The potential for e-health to be utilised in areas such as virtual clinics is also being explored.

The Modernising Outpatient Programme will also bring key benefits to NHSGGC performance by aiming to optimise outpatient capacity and make more effective use of resources. A Programme Board has been established to examine how we reduce return outpatient appointments whilst ensuring patient care is delivered in the most appropriate location.

In addition to this productivity work, a significant programme of service re-design has also commenced and will continue across 2018-19. This programme includes patient pathway redesign, best practice benchmarking and process standardisation and aims to improve performance against both the Unscheduled and Scheduled Care Access targets.

The impact and requirements of the Health and Care (Staffing) Bill will be considered at a Board Seminar in early November.

The approach to Person Centred visiting is currently being rolled out across NHS Greater Glasgow and Clyde.

### *Social Care and support*

Social care is highlighted as providing vital support for thousands of people in Scotland, however, the requirement to redesign and think differently about how it is provided is emphasised. Focus is given to embedding the recently established rights for Scotland's 790,000 unpaid carers under the Carers (Scotland) Act and giving people greater choice and control over what their social care support is and how it is delivered. In addition, work will continue to implement Frank's Law, which will see people of all age groups who need it be eligible for free personal care by April 2019, rather than only those over the age of 65 as was the case in the past.



## **NHS Greater Glasgow and Clyde Action**

As noted above, it is clear that Integration is a key priority for the new Cabinet Secretary and increasing the pace of change seen as critical. The PfG underlines accelerating work at a local level to make sure that those working in social services and healthcare, local organisations and communities can work together to support people to live independently for as long as possible.

The six Health and Social Care Partnerships in the NHS Greater Glasgow and Clyde Health Board area have a responsibility for delivering community health and social care services in their local authority area. They work in partnership with NHSGGC, Councils, third Sector organisations, Community Planning partners and local communities to improve health and wellbeing. Each HSCP has developed a three year strategic plan which dovetails with NHS Board corporate objectives, local acute hospital priorities and Council/ community plans. HSCPs are working on key areas with acute colleagues to reduce demand for hospital based services. This work is being progressed at weekly delivery group meetings and through the Board-wide unscheduled care planning structure as described earlier. As a system, we aim to reduce demand for unscheduled care bed days by 10% by focusing on delayed discharges, reducing emergency admissions, reducing A&E attendances and supporting people to make informed decisions around end of life care within a community setting.

Acute services continue to work closely with HSCPs to complete the transition from NHS continuing care to Hospital based complex care (HBCC). Work has been undertaken to:

- Assess the number of HBCCC beds which will be required on our Acute hospital sites
- Transition our contracted former NHSCC beds to HSCPs
- Develop new models of extended nursing home care and new approaches to clinical support to underpin that approach
- Work with HSCPs to continue to reduce delayed discharges so that we can ensure acute hospital beds are occupied only by patients who require acute care, including HBCCC; and
- Develop a new financial framework for the resources which funded NHSCC to enable a shift in the balance of care.

The Finance and Planning Committee received an update at its October meeting.

Significant activity is underway at present in preparation for the winter across the acute services and the HSCPs.

### **Improving our population health**

This section of the PfG acknowledges the unacceptable gap that exists between life expectancy and that of Western European – and the health gap between the most deprived communities and the wealthiest is too large. One of the greatest health challenges is acknowledged as poor diet and obesity. Commitment is made to halving the level of childhood obesity by 2030 meaning that approximately 56,000 fewer children will be at risk of being obese.

The document focuses on 3 key areas;

- *Public Health*, highlighting issues such as banning smoking in prisons for November 2018 and creating Public Health Scotland.

- *An Active Nation*, focussing actions to address the range of priorities in the World Health Organization's Global Action Plan, which put forward a target of a 15% relative reduction in the global prevalence of physical inactivity in adults and adolescents by 2030. Examples include; expanding the 'cycling without age' project across Scotland encouraging walking and cycling for recreation and travel via the Active Nation Commissioner role.
- *Tackling key health challenges*, focusing on how improving population health has a direct link to preventing two of the biggest health challenges, cancer and diabetes.

### **NHS Greater Glasgow and Clyde Action**

NHSGGC underlined its commitment to be a Public Health organisation with the publication of its 10 year Public Health Strategy, "Turning the Tide through Prevention", approved in August 2018. The Strategy recognises the preventable health inequalities that persist within our population and sets a vision to accelerate improvements in Healthy Life Expectancy and reduce the gap between affluent and deprived areas for both men and women.

There are 6 programmes in the strategy namely:

- Understand the health experiences of our population;
- Work with partners to tackle the fundamental causes of poor health, including poverty, housing and challenging personal circumstances;
- Promote health and wellbeing at all stages from early childhood to healthy ageing;
- Create a culture of health and wellbeing in our communities to help people make healthy choices;
- Improve health services to ensure they are fair, accessible and effective for all;
- Protect the public health from risks.

The actions within each programme are also aligned to national public health priorities for Scotland which include:

- Promotion of mental health and wellbeing;
- Contributing to a reduction in child poverty;
- Reviewing our health improvement programmes;
- Delivery of the vaccination transformation pre-school programme,
- Increasing uptake of screening programmes and
- Strengthening our engagement with communities.

### **Using research, innovation, digital and data capabilities to improve health**

The PfG underlines that Scotland is a leading nation in research and innovations in healthcare, and commitment is made to continue to supporting the development of excellence in medical innovation in Scotland. Examples include;

- The establishment of a genomics data facility
- Work with stakeholders to develop the single national formulary for medicines during 2019, to reduce unwarranted variation in the medicines prescribed in different parts of the country.
- Implementation the Digital Health and Care Strategy, launched in April 2018, to ensure that digital enhances the delivery of health and care services.

- Support to technological solutions for managing health and wellbeing, e.g. the 'Attend Anywhere' video consultation service which allows for a secure clinician to patient consultation, work is under way to scale up this service across Scotland as soon as possible.
- Promotion of more innovative solutions such as those led by the Digital Health and Care Institute (DHI), the example of their work moving away from the traditional colonoscopy for the inspection of gastroenterology to a camera contained in a pill that can be swallowed is referenced.

### **NHS Greater Glasgow and Clyde Action**

NHS Greater Glasgow and Clyde leads the way nationally in terms of research. The number of studies has steadily increased over the past 3 years, as has the number of principal investigators. In 2017-18 there were 958 eligibly funded studies, of which 309 (32%) were commercial studies. In total more than 12,000 patients were recruited. This research activity generates over 8 million of income annually. In addition, a proposal is in development to establish a West of Scotland Innovation Hub, and team, to be funded through the CSO regional Innovation funding also the creation of West of Scotland Innovation Entrepreneurs Group to be led by the New Regional Innovation Lead. It is envisaged that these will be aligned to the West of Scotland Health Science Network and Glasgow Health Science Partnership.

It should be noted that the impact of Brexit on Research locally and nationally is currently being assessed.

The NHS GG&C Digital Strategy 2018 – 2022 was approved by the Board in August 2018 and was developed alongside the Moving Forward Together programme. The strategy will position the Board to deliver a range of digital programmes including:

- An appropriately shared health and care record that is available to the team looking after the patient
- Creating opportunities where patients are able to engage in their health and care by having access and contributing to their digital record and having access to appointment information. There will be opportunities to enable real time advice to patients and also between health and care professionals.
- Patients will have the ability to attend consultations virtually using digital tools from home.
- Where information and data is exploited to support new models of care and the use of precision medicine in relation to prevention and early diagnosis and decision support.

### **Working across public services for better health**

The PfG recognises that people's health and wellbeing is more than the services the NHS can provide, with a focus to join up work across public services to meet the goal of increased wellbeing for all.

Building on the success of the Navigators programme in Glasgow and Edinburgh Royal Infirmarys, expansion is planned the Queen Elizabeth University Hospital and Crosshouse Hospital in Ayrshire. The Navigators work alongside NHS staff within A&E and hospital

wards reaching out to people living chaotic lifestyles and providing support that continues after the person has left hospital.

Further activity is planned to reduce unintentional harm, including targeted safety messages for new families, to reduce the 500,000 A&E visits and one million GP appointments it is estimated result from accidental injury.

Work to improve health and social care services in Scottish prisons is detailed to help reduce inequalities and tackle health-related causes of offending such as drug and alcohol misuse. NHSGGC public health directorate works with prison healthcare services to ensure identification and treatment of prisoners with blood-borne virus infections.

The Glasgow City Health and Social Care Partnership pilot is highlighted in the PfG, which aims to provide a safer drug consumption facility in the city centre – designed for an estimated 400-500 people who inject publicly in the city centre and experience high levels of harm. In particular, it is anticipated that the facility will significantly reduce the risk of further outbreaks of blood-borne viruses.

### **NHS Greater Glasgow and Clyde Action**

NHS Greater Glasgow and Clyde is an integral partner to all these activities. Key examples are noted below:

- NHSGGC is a member of the Glasgow City Council Alcohol and Drug Partnership supporting prevention and harm reduction. The public health directorate is working with addiction services on implementation of new guidance on Alcohol related Liver Disease.
- The Directorate of Public Health and Local Authority Leisure Trusts jointly provide exercise referral and works with a range of agencies on tobacco control. Our corporate objectives include review of these programmes to ensure maximum efficiency and effectiveness.
- NHSGGC, as part of the National Hub on Adverse Childhood Experiences (ACES), seeks to raise awareness of ACES and support for practitioners across public services including education and housing.
- The NHS GGC Healthier Wealthier Children programme brings together health staff, financial inclusion services and DWP to ensure parents receive all the benefits they are entitled to.

### **Our NHS workforce**

The PfG acknowledges that the workforce is the greatest asset of the NHS. Key issues noted in the NHS Workforce section include:

- The pay award to 147,000 NHS staff earning under £80,000 with a minimum pay rise of 9% over three years with a total additional investment of £989 million.
- NHS salaried doctors and dentists earning under £80,000 were awarded a pay rise of up to 3% this year with a total additional investment of over £60 million.

- Plans to progress work on Transforming Nursing Roles to maximise the potential of nursing, midwifery and health professional workforce to help meet the current and future needs of Scotland's health and social care system.
- Support through the Brexit process for the valued pool of EU workers that Scotland has been able to attract, particularly in hard-to-recruit specialisms and rural areas.

### **NHS Greater Glasgow and Clyde Action**

The annual Board Workforce Plan for 2018/19 has recently been published on NHSGGC's website and reflects changes in national, regional and local healthcare strategy and identifies the actions required to deliver these strategies and plans.

NHSGGC's workforce plan incorporates the key themes and aims of the national clinical and workforce direction including:

- National Health and Social Care Delivery Plan
- National Health and Social Care Workforce Plan – Parts 1, 2 and 3
- NHSGGC's 'Moving Forward Together' transformational programme
- Audit Scotland's report on NHS Workforce Planning
- CEL 32 (2011) – Revised Workforce Planning guidance
- NHS 6 Steps to Workforce Planning Methodology

The planning environment is both complex and evolving with national, regional, local and locality level arrangements which need to be coordinated effectively. NHSGGC's Board workforce plan highlights the themes and challenges across all of NHSGGC's Acute Directorates, 6 HSCPs and Corporate areas and their associated workforces.

In relation to recruitment, we continue to face challenges within specific professions including, Radiologists – particularly Breast and Neuro Interventional, Clinical Technologists, Clinical Geneticists, Consultant Biochemists, Sonographers, Paediatric Nursing, Health Visiting, District Nursing; and geographic based vacancies such as Inverclyde Royal Hospital.

Many of these reflect national recruitment challenges and a number of different strategies and approaches are underway locally to mitigate the associated risks:

*New Roles:* As part of service redesign many areas are exploring or introducing new or extended roles to mitigate some of the recruitment challenges highlighted above. Examples include Advanced Practice in both nursing and across Allied Health Professionals, particularly Physiotherapy, Physician Associates and a range of new roles to support the implementation of the GMS contract.

*Ageing Workforce:* Our staffing profile indicates an increase in the 50+ workforce as well as a general increase in staff working longer within the NHS. NHSGGC has a number of workstreams underway to build on the opportunities presented by an ageing workforce which includes the Working Longer Review and the Healthy Working Lives Strategy. This is supported by local planning arrangements to ensure succession planning and a supply of appropriately skilled workers for the future.

*Financial Context:* In common with other Boards and public sector bodies, NHSGGC faces a significant financial challenge in 2018/19 and the Financial Improvement Programme (FIP) has been established and resourced. The Financial Improvement Programme brings

together the plan for existing short-term cost reductions with a more strategic approach which delivers medium and long-term financial sustainability.

*Transformational Change – Moving Forward Together (MFT)*: MFT sets out a vision for health and social care services with the ambitious aim of working with our employees to develop new models of care delivery which will provide safe, effective and person-centred care that is sustainable in the long-term. New workforce models and clinical pathways will be integral to the implementation of Moving Forward Together and will help to meet the national strategic care aims

Workforce is a key element of Brexit contingency planning within the Board. NHSGGC is participating in the national questionnaire aimed at identifying the nationality of staff, not currently held in an effort to support Non UK EU nationals.

### **Getting the best start in life ( detailed in Chapter 3 entitled, The Best Place to Grow Up and Learn)**

Under the heading, Getting the best start in life, there 3 key areas are highlighted:

- The Best Start, aimed at transforming maternity and neonatal care in Scotland, includes plans to ensure women receiving continuity of carer throughout their pregnancy, improving relationships and outcomes. Postnatal and neonatal care will be reformed to keep families together as much as possible, supporting bonding and enabling parents to deliver more care for their baby. This will be supported by the improvements in support for women suffering from mental ill-health during pregnancy.
- The Baby Box available to every child born in Scotland, providing essential items for those earliest stages in life.
- Support for pregnant women and young children most in need to have healthy, nutritious food through our Best Start Foods Scheme and by Christmas, families on lower incomes will have received the first payments from the Best Start Grant – the Pregnancy and Baby Payment.

### **NHS Greater Glasgow and Clyde Action**

The NHS Board received an update on the implementation of ‘The Best Start’ at the August Board meeting. The Board heard that the The Best Start report identified 76 recommendations of which 23 are to be taken forward by NHS Boards locally, with the remainder being co-ordinated with other agencies on a national basis or by the Scottish Government. The 23 local recommendations have been prioritised by the Scottish Government into short term 0-12 months (January 19), medium term 6-18 months (July 19) and long term 18+ month timeframes. NHS Boards are required to provide a six monthly progress report to the Scottish Government on the 23 recommendations. Good progress is being made in NHSGGC.

The Scottish Government have sponsored 5 “Early Adopter Boards” to implement and lead learning and develop National Frameworks around Continuity of Carer, Community Hubs, Community Hubs – Freestanding Midwifery Units (FMU’s) and Neonatal Transitional Care which will be shared with non Early Adopter Boards to support implementation. The Clyde Sector of NHSGGC, with NHS Highland, has been supported as one of the Early Adopter Boards and is receiving funding to support local planning and project management.

NHSGGC is working with our 6 local authority partners on action on child poverty and producing the reports required for SG.

### **Conclusion**

The priorities detailed within the Scottish Government's Programme for Scotland 2018-19 - 'Delivering for Today, Investing for Tomorrow' align well with NHSGGC's agreed Board objectives and the priorities identified in the Interim Annual Plan. It is important that NHSGGC retains a focus on improving current performance and ensuring that we continue to deliver effective care to our population across both health and social care. The Moving Forward Together strategy is entirely consistent with Scottish Government direction and sets out the way we intend to develop health and social care services which are both high quality and sustainable through the next decade and beyond to meet the future needs of our population.