

NHS Greater Glasgow & Clyde



NHSGGC Board

18 December 2018

Dr Jennifer L Armstrong, Medical Director  
Jonathan Best, Chief Operating Officer,

Paper No: 18/60

## **MOVING FORWARD TOGETHER: PROGRAMME UPDATE**

### **Recommendation:-**

The Board is asked to:

- Note that an update on MFT has been provided to the F&P Committee on the 4<sup>th</sup> December.
- Note the attached progress update made toward implementing the Moving Forward Together Blueprint for the Future Delivery of Health and Social Care approved by the NHSGGC Board on 26th June 2018
- Confirm the approach is consistent with the agreed direction of travel

### **Purpose of Paper:-**

To update the Board on the progress made during the implementation phase of the MFT Programme.

### **Key Issues to be considered:-**

The requirement for GGC to develop an implementation plan, for the West of Scotland Regional Plan, the National Clinical Strategy and the National Health and Social Care Delivery Plan.

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

No issues in the immediate term, however the outcome of the completed Programme will contribute to GGC's delivery of the Scottish Government aim of Better Health and Better Care.

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

No issues in the immediate term, however the outcome of the completed Programme will contribute to GGC's delivery of the Scottish Government aim of Better Value.

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

No issues in the immediate term, however the outcome of the completed Programme will contribute to GGC's delivery of the Scottish Government aim of Better workforce

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

No issues.

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

No issues in the immediate term, however the outcome of the completed Programme will contribute to GGC's delivery of improved health equality.

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

Not appropriate at this stage.

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

Develop a new five year Transformational Plan for the NHS Board working in partnership with other key stakeholders and taking cognisance of the key local regional and national strategies, including the Health and Social Care Delivery Plan

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**Date – 18 December 2018**

## **MOVING FORWARD TOGETHER: BLUEPRINT FOR HEALTH AND SOCIAL CARE SERVICES**

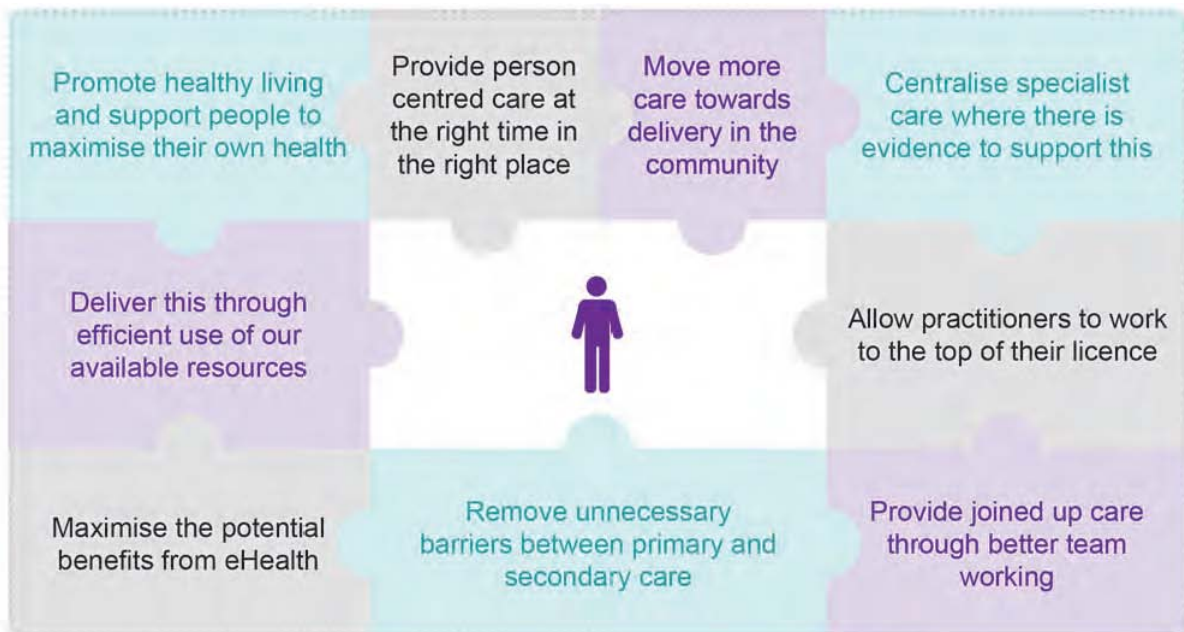
### **Strategic Context**

On 24 June 2018 the NHSGGC Board approved the Moving Forward Together (MFT) Vision for Health and Social Care services as the blueprint for the development of future models of care.

The MFT principles through which the blueprint was developed are summarised below;



The vision contains the following key delivery elements which together form the Blueprint:



## **MOVING FORWARD TOGETHER: IMPLEMENTATION PHASE UPDATE**

### **Summary**

Since the last update in October 2018 the Programme has had five main areas of focus

- The bringing together of the Programme Senior leaders as the Executive Group
  - The Executive Group has met on 12 October, 23 October, 5 November and 23 November
  - The focus has been on identifying the first 3 key change proposals for each work stream
  - These key change areas were approved by the Programme Board on 4 December
- The establishment of work stream management groups for each of the 6 work streams
  - To develop the initial case for change with each associated change proposal
  - To work with the wider group of stakeholders in the work stream reference group to coproduce options for consideration
- The establishment of the Strategic Reference Group to support the Programme's public, patient, carer and locality engagement
  - To review and advise on the key messages which are to be used in locality and staff engagement sessions in December and January
- The appointment of members of the Programme Management Office team to support the Programme Director
  - An open recruitment process has been completed resulting in the appointment of two experienced change and improvement managers to the Programme Team
- The ongoing development and delivery of development the Communications and Engagement Framework
  - Locality engagement sessions planned for January 2019
  - Staff engagement process to commence in December 2018

There has also been progress on a number of West of Scotland Programmes including work on the development of a WOS Cancer Strategy and work to progress the emerging model for the Major Trauma Network the implications of which are examined in this update.

### **The Executive Group**

The MFT Executive Group, led by the Programme Director, have met frequently since the first meeting on 12 October 2018, both as a group and through a series of individual work stream meetings and discussions with the Programme Director, in order establish a way of working and to identify the first 3 focus areas for the development of change proposals for each work stream.

Each work stream has been developing a core team with the skills and experience to take forward the focus areas. The work stream core teams came together on 5 November in a priority setting work shop to start to work through the complexities of the implementation phase and to make decisions on the leadership of areas which overlapped various work streams and this was followed up on 23 November at a further session.

The agreed high level priorities that the work streams have been directed to align their change proposals are:

- **Maximising Primary and Community Care and Virtual Care Opportunities**
- **West of Scotland Service Configuration**
- **Optimising Hospital Based Services**

#### **Maximising Primary and Community Care and Virtual Care Opportunities**

- An assessment which takes into account the **projected changes already set out in the IJB Strategic Plans** and current reviews.
- For each of the 6 IJB's; the production of detailed, costed options and proposals for new models of care, new workforce and new facilities which would support the MFT Vision of an enhanced integrated community based network of services.
- A consequential impact assessment of these proposed changes in terms of activity movement between primary, community and hospital based care.

#### **West of Scotland Service Configuration**

- Actively participating in WoS planning, and assessing the opportunities and impact on GGC of the Regional Design proposition, including but not limited to;
- Major Trauma Network
- WOS Cancer Strategy, including SACT Surgery and Radiotherapy, Community Outreach Cancer Units and the Cancer Centre
- WOS Clinical reviews for Vascular, Ophthalmology and Urology.
- Other priorities emerging from the four WoS work streams.

#### **Optimising Hospital Based Services**

- Concluding the current service reviews as part of the extant LDP
- Using the projected changes across the WOS, the future demand and the intended shift in the balance of care to develop options for the future hospital care.

These areas of focus are common to all work streams.

In developing proposals under these three priorities, the work streams will be focussing on developing detailed and costed proposals, which are aligned to the MFT principles and contribute to the whole system delivery of the approved Blueprint for health and social care services. There will be particular emphasis on designing new clinically driven models which bring the benefit of sustainable, high quality patient care through the agreed MFT Programme structure.

The Executive Group have now established an agreed set of focus areas which are detailed below which were been agreed by the Programme Board on 4 December 2018.

BOARD SENSITIVE

Work Stream	Priority Projects	
	Title	Outline Description
Planned Care	OP Transformation	Focus on reducing the number of OP attendances in hospital via changes to referral criteria, review of practices, the use of attend anywhere and self monitoring post treatment.
	Maximisation of Community Health Centres	Focus on providing OP consultations and follow up in a community health centre rather than an acute hospital and taking advantage of new HC developments to transform
	Diagnostic One Stop Shop Model	Development of one stop shop specialist diagnostic services for clinically appropriate pathways at single centres of excellence in each sector
Unscheduled Care	ED Redirection and Alternatives to ED Attendance	Focus on providing and utilising the alternatives to ED attendance in the community and supporting people to self care
	Support to and interface with Care Homes	Focus on anticipatory and preventative interventions in care homes as to avoid hospital
	OOH Provision	Take forward the recommendations of the OOH review and establishment of the OOH Resource Hub Model
	Management of Frequent ED Attendees	Focus on developing local processes to support these people appropriately in the community or at home in order to prevent avoidable attendance at ED
Local Care	Long Term Condition Management	Testing the principles of self care, supported self care and remote self management, using Diabetes as a case example with a future roll out to other LTC Self management and use of technology
	Palliative and end of life care	A comprehensive cross system review of palliative care and end of life care in primary community and hospital facilities
	Self Management Health Literacy and Technology	A comprehensive cross system programme provided support and education to enable people to manage their own conditions and to utilise the opportunities presented by the use of self monitoring technologies
	Anticipatory Care Planning	The expansion of anticipatory care planning across the system via a joined up shared care plan for people maintained by the team across primary community and secondary care.

Work Stream	Priority Projects	
	Title	Outline Description
Mental Health	Unscheduled Mental Health Care	Implementation of the unscheduled care review developed as part of the MH strategy, working in partnership especially with EDs, Primary Care OOH and community alternatives. Effective use of "Action 15" funding to meet patient need and support wider system.
	Mental Health in Primary Care	Work plans developed as part of the MH Strategy and Primary Care Improvement Plans need to align; redesign with a particular focus on responding to "stress and distress" as well as clinical conditions.
Older People's Care	Community Intensive Supports	Testing the emerging model for the maximisation of intensive community base support including geriatrician outreach into communities and use of frailty practitioners. A move to providing support and administering care in people's homes or in care homes
	Early Identification of Preventative Frailty	A population health and intelligence based approach to risk identification through risk stratification using frailty tools for anticipatory care to prevent avoidable admissions and promote community based care
	Dementia Framework	An examination of new approaches to delivering dementia care as an alternative to inpatient care with an investment in community based facilities or using existing community facilities and infrastructure to provide locality based care.
West of Scotland	Development of a comprehensive WoS Cancer Strategy	Work with WoS colleagues to develop a surgical, other specialist treatment and radiotherapy strategy which together with the extant SACT Strategy provides a clear vision for all cancer services across WoS and provides context for the future configuration of the BWOSCC.
	Neuroscience Services	A comprehensive review of Neurosciences to develop a strategic plan including the development of a tiered model of care for Neurology which can be applied across all NHS Boards. The development of a new service for Interventional Neuroradiology including Stroke Thrombectomy,
	Regional Paediatric Services	Work to be developed to take forward the Best Start Strategy in GGC and across WOS and examination of other regional paediatric services

## **The Work Streams**

A change proposal mandate for each area will be submitted for discussion at the MFT Executive Group and then for approval to the Corporate Management Team.

A series of work stream meetings will be convened in December and January with a view to taking forward the initial change focus proposals and coordinating existing projects and pieces of improvement work to ensure that clear governance, reporting and decision making structures are in place across the whole of the extended cross system scope of the work stream.

Each work stream will also bring together a wider reference group in January in order to discuss and further develop the emerging change proposals in partnership and in the context of whole system delivery as described in the Blueprint.

The generic composition of the reference groups is detailed below:

### **Workstream Reference Group Membership**

#### **To be agreed by Workstream Lead**

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| • Workstream Chair (PB/CMT)       | • HSCP Head of Planning             |
| • Deputy Chairs (Clinical Leader) | • HSCP Representatives              |
| • Programme Management            | • EHealth lead                      |
| • Acute Clinical Lead             | • Workforce Lead                    |
| • GP Clinical Lead                | • Capital Planning Lead             |
| • Community Clinical Lead         | • Finance Lead                      |
| • Diagnostics Lead                | • Business Intelligence             |
| • Pharmacy Lead                   | • Partnership Representative        |
| • Nursing Lead                    | • Scottish Ambulance Service Lead   |
| • AHP Lead                        | • NHS 24 Representative             |
| • Acute Division General Managers | • Community Planning Representative |
| • Acute Head of Planning          | • West of Scotland Planning         |
| • Acute Planning Manager          |                                     |

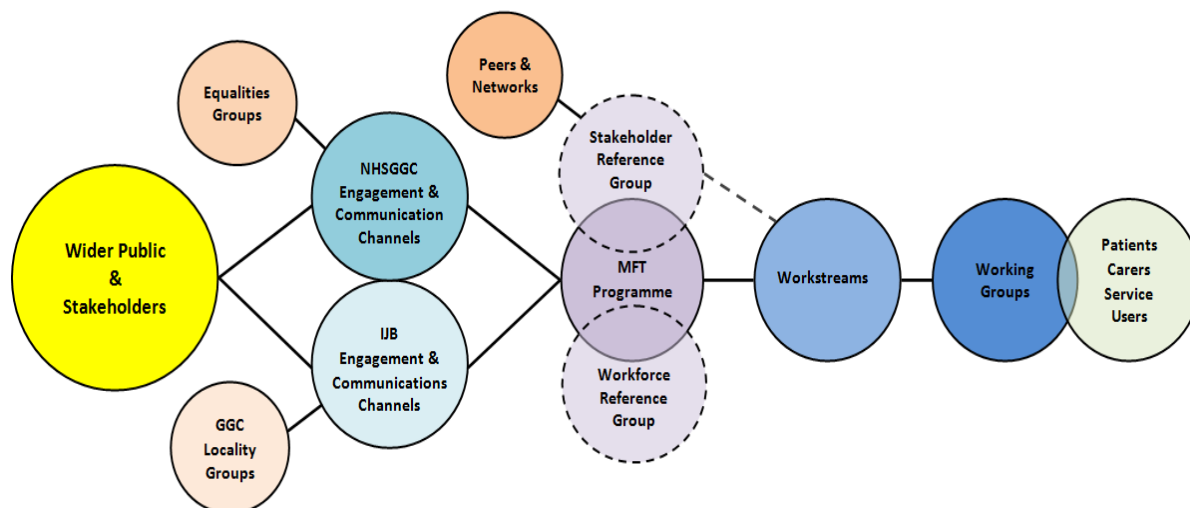


## Stakeholder Involvement, Engagement and Communication

As part of the continued MFT focus on robust and transparent stakeholder engagement, a Strategic Involvement and Communication Plan for the implementation phase has been developed, as per Scottish Health Council Guidance, and discussed by the Programme Executive Group and endorsed by the Programme Board for onward approval.

Recognising the broad scope of the programme and people affected, we will plan how we involve, engage and communicate with our stakeholders including our patients, our staff, voluntary and third sector organisations and elected officials and representatives to ensure we have a broad range of opinions and feedback. Our engagement processes have already commenced with the 16 October Board Meeting and have been designed to raise awareness of Moving Forward Together and the Vision for health and social care and to encourage and promote widespread participation and feedback about the principles that underpin the Programme.

Our approach is based on a ‘networked’ model where feedback and insight from the Programme work streams will feed into the Programme Executive, Workforce and Stakeholder Reference Groups to develop the content to inform and engage more widely on the Programme across GGC via established and trusted communication channels. In addition, there will be a focus on using social marketing as well as more traditional approaches to increase knowledge of and trust in alternatives and to contribute towards changing the pattern of demand and usage. These actions will set the scene for potential changes which are evidence based clinically supported, understood by our population and aligned to the approved MFT principles.



This approach reflects the lessons learned from the earlier communications and engagement processes adopted when developing the MFT blueprint. It covers each of the key stakeholder groups mentioned above and also extends to trade unions, our local authority partners, our professional advisory bodies and local/ national media outlets and organisations.

### **Programme Stakeholder Reference Group (PSRG)**

The Programme Stakeholder Reference Group (PSRG) met for the first time with the Programme Director on 30 October to discuss the proposed long term communications and engagement approach. Further meetings are being scheduled commencing in December 2018.

At the following meeting on 5 December 2018, the PSRG discussed and endorsed a presentation expressing the key messages from the Blueprint and how the focus change proposals identified by the executive Group align to the approved principles and contribute to the delivery of the Vision approved by the NHSGGC Board and partner Integration Joint Boards.

#### Locality Engagement

The presentation developed with, and endorsed by, the PSRG will support a series of initial locality engagement sessions which are planned for early 2019. In these open sessions the Vision and Principles in the Blueprint will be tested with local populations across GGC and there will be an opportunity for our local populations to discuss and shape the emerging key messages from each of the work streams.

#### Staff Engagement

The staff engagement programme will commence in December using the same key messages and themes as the locality sessions to promote staff understanding of and input to the development of the change proposals which will contribute to the delivery of the MFT Vision.