

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD – 30 AUGUST 2017

NHS REGIONAL WORKING

1 Recommendation

It is recommended that the IJB:-

1.1 Consider and comment on the content of this report.

2 Risk

2.1 IJB Risk 2 (Health and Social Care Policy)

There is a risk that changes through the National Health System across Scotland undermine the approach of the Integration Joint Board to make decisions locally for the best advantage of their population.

3 Background

3.1 The Integration Joint Board were provided with a verbal update (development session on Wednesday 26th July 2017) on the NHS approach to regional working and asked for some written information to be brought forward to a formal session of the IJB. NHS Grampian Board received a report on the 3rd August 2017 updating them on regional working. This document is shown at Appendix 1 and provides a good deal of context, background and the aims of these NHS developments.

3.2 Regional working within the NHS has been in place for a considerable time. The most recent approach was through a North of Scotland Planning Board comprising Chief Executives and other senior NHS Officers who were supported by a small dedicated team who report to a 'hosting' Chief Executive. The North area comprises Tayside, Grampian, Highland, Orkney, Shetland and the Western Isles.

3.3 The attached paper provides some detail on the developments which are taking place.

3.4 **How does this approach work with our Integration Joint Board**

The Aberdeenshire IJB is a stand-alone decision making Board with its responsibilities set out through the Public Bodies (Joint Working) (**Scotland**) Act 2014 and, in turn, our Integration Scheme. Regional working makes no change to any of these powers or the expected approach of the IJB.



- 3.5 The Chief Officers of the ten Health and Social Care Partnerships, who are within the six Health Boards involved in the North, have met to consider how we might / should interact with the new emphasis on regional working for Health Boards. One aim of IJBs is to ensure that services are planned locally with the community and this crucial approach must remain at the centre of what we do. There is however, some possible opportunity to explore how the ten IJBs might share their own fully self-controlled local plans to examine what collective impact such changes could have “at scale” on the acute services.
- 3.6 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officer within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

4 Conclusion

The governance arrangements and importance of local decision making of the Integration Joint Boards is unaltered by these initial changes within the NHS Boards. The thoughts of the IJB will be welcome.

5 Equalities, Staffing and Financial Implications

- 5.1 An equality impact assessment is not required because this paper is simply updating on national changes.

Adam Coldwells
Chief Officer
Aberdeenshire Health and Social Care Partnership

NHS GRAMPIAN

Development of the North of Scotland Regional Delivery Plan

1. Actions Recommended

NHS Grampian is working with the other five NHS Boards in the North of Scotland to prepare a Regional Delivery Plan (RDP). This follows a request from the Scottish Government to all three health regions in Scotland to prepare plans which support the implementation of the National Clinical strategy and the National Health and Social Care Delivery Plan.

The Board is requested to endorse the approach being taken to the preparation of the RDP within the North of Scotland.

2. Strategic Context

The National Clinical Strategy emphasised the need for much improved levels of regional collaboration in the three health regions of NHS Scotland i.e. in the North, South East and West. The Grampian Clinical Strategy also recognises the importance of closer collaboration between the six North of Scotland Boards i.e. Shetland, Orkney, Western Isles, Highland, Grampian and Tayside.

3. Key matters relevant to recommendations

The Scottish Government took a step towards the improvement of regional working by identifying one Chief Executive from each of the regions to be the Regional Implementation Lead. These leads now have the responsibility for developing a Regional Delivery Plan for their region aimed at identifying the key issues and actions to be taken forward to implement the National Clinical Strategy and the National Health and Social Care Delivery Plan on a regional basis. The RDP also needs to reflect the regional actions that are necessary to support the implementation of the NHS Board and Health and Social Care Partnership (HSCP) plans and strategies within the regions.

The Regional Implementation Lead for the North region, Malcolm Wright, Chief Executive, NHS Grampian, is working with the other five Chief Executives to develop a revised structure for collaborative working in the North. Arrangements are also being made to prepare a draft RDP for submission to the Scottish Government by the end of September, and for a final RDP to be completed in March 2018. The actions being taken include:

- New arrangements for the North of Scotland Chief Executives Group – this Group meets monthly on a formal basis and informally on a weekly basis. The



Chief Executives Group is the main decision making group for the North of Scotland. The Chairs of the NHS Boards will also meet with the Chief executives quarterly to progress the cross Board collaboration.

- A new Regional Delivery Board (RDB) has been established with the task of overseeing the development of the regional plan and ensuring that there is a clear range of cross NHS Board and HSCP actions which move towards greater sustainability and quality improvement for the population of the North. The membership of the RDB includes representation from each of the North NHS Boards, the North HSCP Chief Officers Group, each of the professional groups and the staff partnership groups in the region. The first meeting of the RDB was held on 26 July and meeting will be held on a monthly basis to support the development of the plan.
- A communication and engagement plan is in preparation to ensure that the aims of regional working are understood and to gain wide participation in the identification of priorities and actions. In developing this plan careful consideration needs to be given to this given the range of other planning and strategy processes that are underway in the NHS Boards and HSCPs. At its meeting on 26 July the RDB confirmed the key role of local authorities in the north and this will be a significant part of the engagement process.
- Part of the initial engagement process has included commissioning each of the professional groups in the North e.g. medical directors, nurse directors, workforce directors, directors of public health etc. to identify the key regional issues which need to be considered in the planning process. Guidance has also been drawn from management teams and services to support the preparation of the draft RDB for the end of September.

The North Chief Executives and the RDB recognise that many of the current challenges related to financial sustainability and workforce availability can be mitigated by closer regional collaboration. A priority for the new arrangements and the RDP will be to identify how closer regional collaboration can support NHS Boards and HSCPs to deal with these challenges.

Consideration is currently being given to the structure of the plan by the RDB. The main elements will include:

- **Influences for change:** demography, activity projections, workforce challenges, financial environment including capital planning
- **Response to the influences for change:** actions to mitigate the impact of challenges, reconfiguration of services to meet population need and service demands, redesigning professional roles, harmonising policies and patient pathways, increasing the user of technology to support care delivery



- **Implementation and Review of the Plan:** Confirming the process for monitoring delivery at board and regional level.

The NHS Grampian Board will be involved in the development of the Regional Delivery Plan at Board meetings and seminars up to the end of March 2018 and beyond.

Risk Mitigation

This paper support the mitigation in relation to corporate risk 851 i.e. the need to develop strategies to meet the future health needs of the population. The development of improved collaboration between the North of Scotland Boards, HSCPs, Local Authorities and other stakeholders is aimed at creating a sustainable future for health and social care services for the population of the North.

4. Responsible Executive Director and contact for further information

If you require any further information please contact:

Responsible Executive Director Graeme Smith Director of Modernisation NHS Grampian graemesmith@nhs.net	
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