

Proposed Planning Framework for Services Delegated for Strategic Planning

Aim

To seek endorsement from the three Integration Joint Boards (IJBs) and NHS Grampian on the proposed strategic planning framework for those services delegated to the IJBs for cross-system strategic planning across Grampian.

Overall Ambition

In order to ensure as accountable services we are well positioned to deliver effective outcome focussed person-centred, sustainable care which responds to population need and is proactive in current and future challenges, it is essential that there is a clear understanding that delivery of care in many parts of the system will require to be fundamentally different to the current approach. This will require a significant change in thinking, engagement and ownership by the public, staff and organisations which is open to an ambitious approach to whole system thinking. The facilitation of this approach is to be owned, led and commissioned by the IJB.

Background

The Integration Schemes for the IJB sets out the services which are delegated in terms of service delivery and strategic planning. The service delivery and strategic planning arrangements for most of the services are straightforward as they are already provided in the IJB areas for the IJB populations. There are, however, some services that are provided on a cross IJB/Grampian wide basis resulting in a requirement to agree hosting arrangements. See appendix 1 which sets out the definition and principles of hosting.

There are two types of hosted services which are:

- a. *services delegated for strategic planning*, which entails;
 - strategic planning leadership provided by an IJB
 - development of strategic vision and strategic plan focussed on whole patient pathway for the population of Grampian – this is done in partnership with all IJBs, acute services and other agencies
 - resources and operational management/delivery retained by acute management team
 - responsibility for delivery remains with NHS Grampian

As set out in the legislation, the acute hospital based services which are delegated for strategic planning are outlined in the Table 1 below, along with the IJB with the lead responsibility agreed back in 2015.

Service Delegated for Strategic Planning	Agreed Host IJB
Accident and Emergency services provided within hospitals	Moray IJB
General Medicine hospital services	Aberdeenshire IJB
Geriatric Medicine hospital services	Aberdeen City IJB
Rehabilitation Medicine hospital services	Aberdeen City IJB
Respiratory Medicine hospital services	Aberdeenshire IJB
Palliative Care services provided within hospitals	Moray IJB

Table 1: Outline of Delegated Services for Planning and Agreed Host IJB

- b. *services delegated for planning and operational delivery* entails;

- full responsibility of the IJB for the planning and operational delivery of the service
- resources/operational budgets are agreed by IJBs
- agreed performance management arrangements by the IJBs for the hosted services

c. services not yet delegated for planning

NHS Grampian intends to delegate the planning of mental health services with immediate effect to ensure it is compliant with the Public Bodies (Joint Working) (Scotland) legislation. It is proposed to follow the same process which is set out within this paper. NHS Grampian will undertake discussions, with the IJBs, to establish who will take the lead responsibility for this planning.

This paper sets out the proposed framework underpinning (a) the development of strategic plans for the hosted services.

Proposed Framework

The Framework (contained within Appendix 2) has been developed by the Chief Officers Group in partnership with local strategic planning groups, the NHS Grampian Acute Sector and NHS Grampian Senior Leadership Team, facilitated by the Modernisation Directorate. Key features of the Framework are outlined below.

i. Scope

The Framework will be used to support strategic planning of those hosted services outlined in the background section. This will focus on a whole system pathway approach (through primary prevention, self management, planned/ unscheduled care to end of life) based on the needs of the people across Grampian, taking into consideration the unique aspects of the service itself, populations and local service delivery within individual geographical areas.

A key focus will be around sustainable delivery of population needs which ensures the best possible outcomes and experiences within the total resource envelope available across the pathway of care. In order to achieve this, it is anticipated that for many this will mean a radically different approach to the provision of care within specific parts of the system and also across the whole pathway of care.

i. Commissioning

The IJB who has delegated responsibility for strategic planning will have the leadership and responsibility to commission the development of a cross-system strategic plan which meets the needs of the local populations, achieves the national strategic outcomes and is deliverable within the available resource envelope. It will be important that this supports the different approaches required to ensure individual HSCPs have the appropriate level of buy-in and ownership of the strategic planning process and therefore the output and delivery of this.

In order to commence the process the IJB will agree a clear commissioning brief in collaboration with the partner IJBs and other statutory partners as appropriate. As a minimum, the commissioning brief will be agreed by the Strategic Planning Groups of each of the IJBs, NHS Grampian Acute Sector and NHS Grampian, prior to submission for approval to the North East Partnership Steering Group and the Joint Chief Officer Group. The host IJB will then formally endorse and sign this off.

The leadership for the commissioning process and overall process sits with the Chief Officer of the IJB delegated to host the service/pathway of care – this is outlined in Table 1.

The lead Chief Officer, along with other expert leads will be supported by a team which includes both local HSCP and NHS Grampian staff, including the acute sector, to take forward the process to develop a robust strategic plan. Details of the support are outlined in section *iv.* below.

Given the number of potential areas for development, there will be a phased programme to take these forward. The proposed phasing of this is summarised in Appendix 3.

ii. Stakeholder Engagement

Meaningful and robust engagement of service users, the public and staff across organisations is critical in order to ensure understanding, the active shaping and ownership in terms of delivery of the future model and the key priorities to be taken forward.

It is recognised that although we aspire to an approach which ensures meaningful engagement, collaboration and ownership by service users and the wider public, this is an aspect we will continue to enhance as part of this process and will require to continue to build on over time.

Key stakeholders for engagement will be set out in the commissioning brief agreed by the host IJB and will be reviewed again after the initial workshop.

The process for engagement will be flexible to reflect the differences in need and the approaches to delivery by individual HSCPs.

iii. Governance

The process outlined in Appendix 2, sets out the key stages for this;

- Setting of the parameters for delivery will be the focus of the Commissioning Brief which will be informed by the Joint Chief Officers Group.
- Approval of the Commissioning Brief will be sought via the HSCP and Acute Sector Strategic Planning Groups, Acute Sector, NHS Grampian Strategic Groups, NHS Grampian Senior Leadership Team and the North East Partnership Steering Group.
- Sign off of the Commissioning Brief will be via the Joint Chief Officers Group and then the Host IJBs.
- The Commissioning Brief will be rechecked after the first workshop by the Joint Chief Officers Group to ensure this remains valid. Any amendments would be re-submitted to the Host IJB for sign off.
- The HSCP Strategic Groups and Acute/NHS Grampian Strategic Group will approve the draft strategic plan for submission to the Chief Officers Group and host IJB prior to wider consultation
- Approval of the final draft of the strategic plan will be undertaken by each IJB/statutory organisation (as per their agreed governance structure) along with the North East Partnership Steering Group.

The overall governance for the development of the strategic plan sits with the commissioning IJB. As part of this they will require to provide assurance that prior to sign-off of the strategy,

each IJB and partner organisation has confirmed the strategic plan has gone through their relevant governance structure.

iv. Support

Key to the delivery of the process itself (and supporting the lead Chief Officer) a range of experts and support functions will be required. It is proposed that a dedicated team will facilitate the work and will include the following skills and capacity which will be commissioned from a range of both corporate and local teams across a range of organisations. This will support effective and efficient management of capacity across the system.

- Relevant clinical and non-clinical expertise relating to the subject area and whole pathway, spanning multi-agency organisations
- Leadership from each of the key organisations relating to the subject area
- Strategic and service planning
- Health intelligence
- Organisational development
- Service improvement
- Public health
- Communication and engagement
- Workforce
- Finance
- Staff side

It is recognised that based on the specific area, the range and level of expertise will require to be tailored as appropriate.

v. Timescales

It is anticipated that there will be a phased programme of delivery, initially focussing on those areas of highest priority as guided by the Joint Chief Officers Group and the NHS Grampian Senior Leadership Team.

It is hoped that for the full process, from initial commissioning to approval of the strategic plan by IJBs will take no more than six months. It is anticipated that due to the nature of the process that where there is unanimous agreement around areas for immediate improvement, these will be taken forward with adequate review and feedback mechanisms in place.

See Appendix 3 for the proposed timeline. This will be flexible and reviewed on a regular basis and will be informed by the evaluation of the process/framework as it is implemented.

vi. Resources

As highlighted in the scope section (i), an agreed principle is that the focus of the strategic plan is on the whole pathway, including secondary care and therefore includes the total

resource envelope which can be attributed to this. This will also require clarity early in the process in terms of the specific funding linked to the "set aside" budgets for individual delegated large hospital services hosted where Integrated Joint Boards have strategic planning authority.

As part of the development of the strategic plan, this will include an underpinning resource framework which takes account of a number of factors. It is likely that these will focus on:

- whole resource envelope (includes funding, people, infrastructure etc)
- resource will follow agreed activity shifts - this is applicable for any part of the pathway
- maximised efficiency and productivity related to agreed outcomes
- resource shifts based on individual historic and projected IJB population use of acute or other cross-system wide services
- delivery remains with the operational service and any changes in cost base which are not linked to changes in activity (e.g. locum to cover staff vacancy or use of generic drugs in place of branded drugs) will sit with this service.
- resource variation due to agreements around forecasting predicted seasonal changes in activity
- clarity of impact, benefits and risks of such changes in resource flow/allocations
- later, mature discussions that will ensure no unintended consequences such as any impact on training/research/clinical trials

The draft principles outlined above will require further consideration, debate and development as part of a robust resource framework which will then be submitted to the IJB's, Acute Sector, NE Partnership Steering Group and NHS Grampian in the coming months for endorsement.

vii. Evaluation

The Framework will be reviewed and further developed based on learning as we adopt, review and share learning. This will be flexible to ensure it delivers the ambition in the most effective and efficient way possible.

Risks

There are a number of risks which have been identified –these are summarised in the Table 2 overleaf, along with the proposed actions for mitigation/management of these.

Key Risks	Proposed Actions to Mitigate/Minimise Risk
Inadequate workforce capacity to take this work forward in order to ensure it develops and delivers robust strategic plans fit for the future.	Through a collaborative approach by key organisations to prioritising some existing capacity to the support team which will ensure

	delivery but maximise cross-system working, ownership and impact.
Those who are likely to be affected by changes or who are fundamental to making the agreed change have no/little ownership.	Deliver of a robust engagement plan which sets out key stakeholders and the various mechanisms to ensure a high a number of people are meaningfully engaged as possible.
Plans developed are not ambitious enough to ensure delivery of sustainable pathway of care which meets future needs.	Leadership by the Chief Officers and Acute Sector GM, along with the clear commissioning brief by host IJBs should challenge and reinforce this requirement.
Solutions and the ability to take forward whole system transformation may be constrained due to the inability to support the shift of resources across the pathway.	Framework requires to be agreed in how this can be achieved in a safe and transparent way.
Due to capacity and other priorities, the six services will require to be phased over a period of time.	Clear prioritisation of order based on risk.

Table 2: Summary of Key Risks and Potential Actions to Mitigate/Minimise Risk

Recommendations

The IJB is asked to:

- Endorse the recommended Framework which has been developed jointly by the Chief Officers and the Strategic Planning Groups within Aberdeenshire, Aberdeen City and Moray HSCP's;
- Note that the Framework requires those IJBs which have host responsibility to lead on the commissioning of strategic plans and this will be done in consultation with all IJBs; and
- Note that this Framework will be initially tested and revised as appropriate in the coming months with the development of the strategic framework for the provision of care to the elderly population linked to the service hosted by Aberdeen City.

Executive Lead

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Definition and Principles of Hosting

Definition

Hosting is where one IJB will take the lead responsibility on behalf of the other two IJBs for the planning and delivery of services. Through this arrangement the lead IJB which is hosting will be accountable for the delivery of the agreed outcomes which will be set out in the IJB Strategic Plans.

General Principles

The principles for hosting are proposed as follows;

- appropriate service consistency for the Grampian population
- there will be no resource fragmentation
- planning and delivery will be achieved through a cooperative approach
- there will be single point of leadership for the hosted service
- the work associated with hosting is appropriately distributed across the three IJBs
- the operational budgets for these services will be agreed by the parties prior to the implementation of the hosting arrangements.

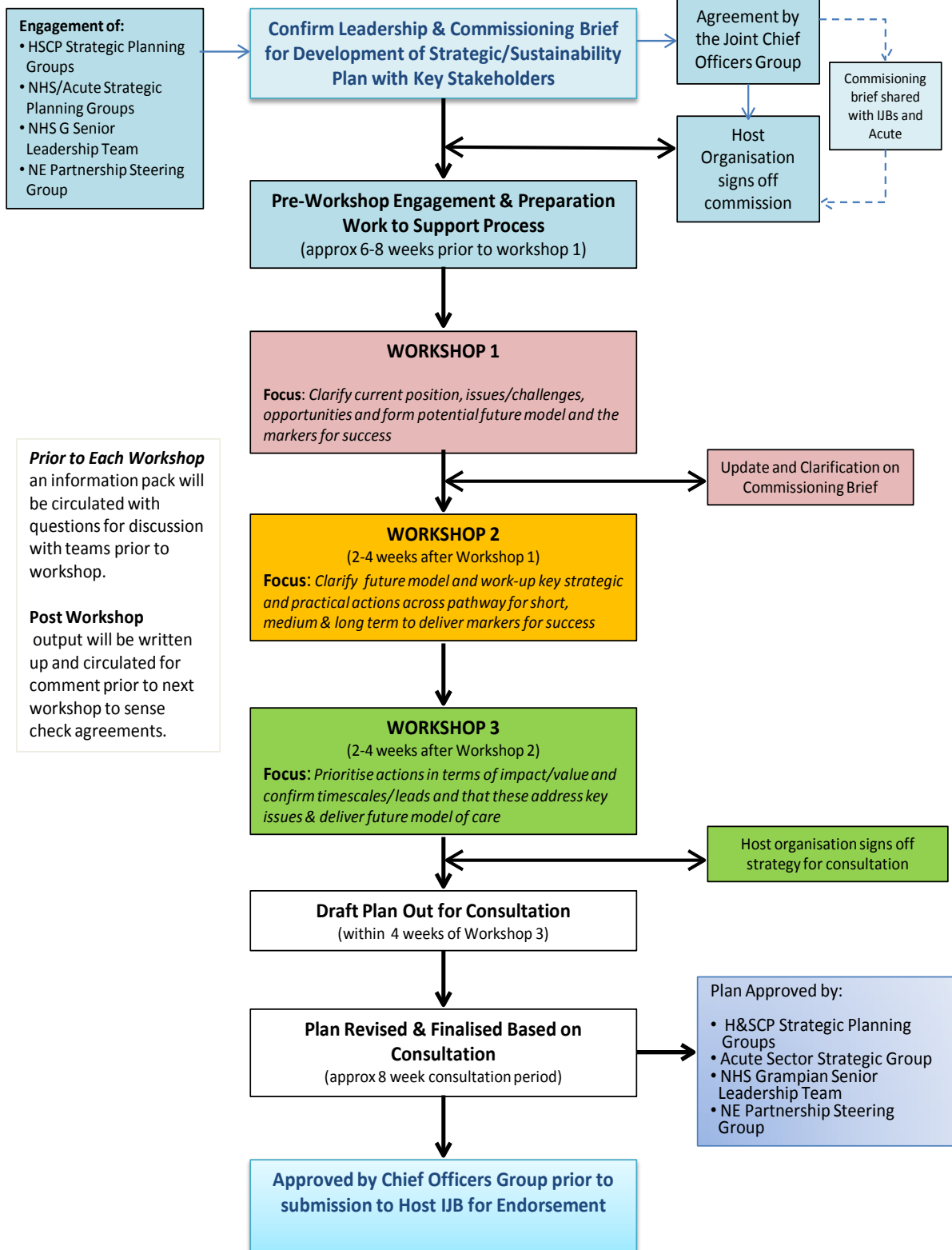
Principles for Hosting of Acute Hospital Based Services for Strategic Planning

The IJBs and NHS Grampian will adhere to the following general principles in relation to the hosting of acute hospital based services;

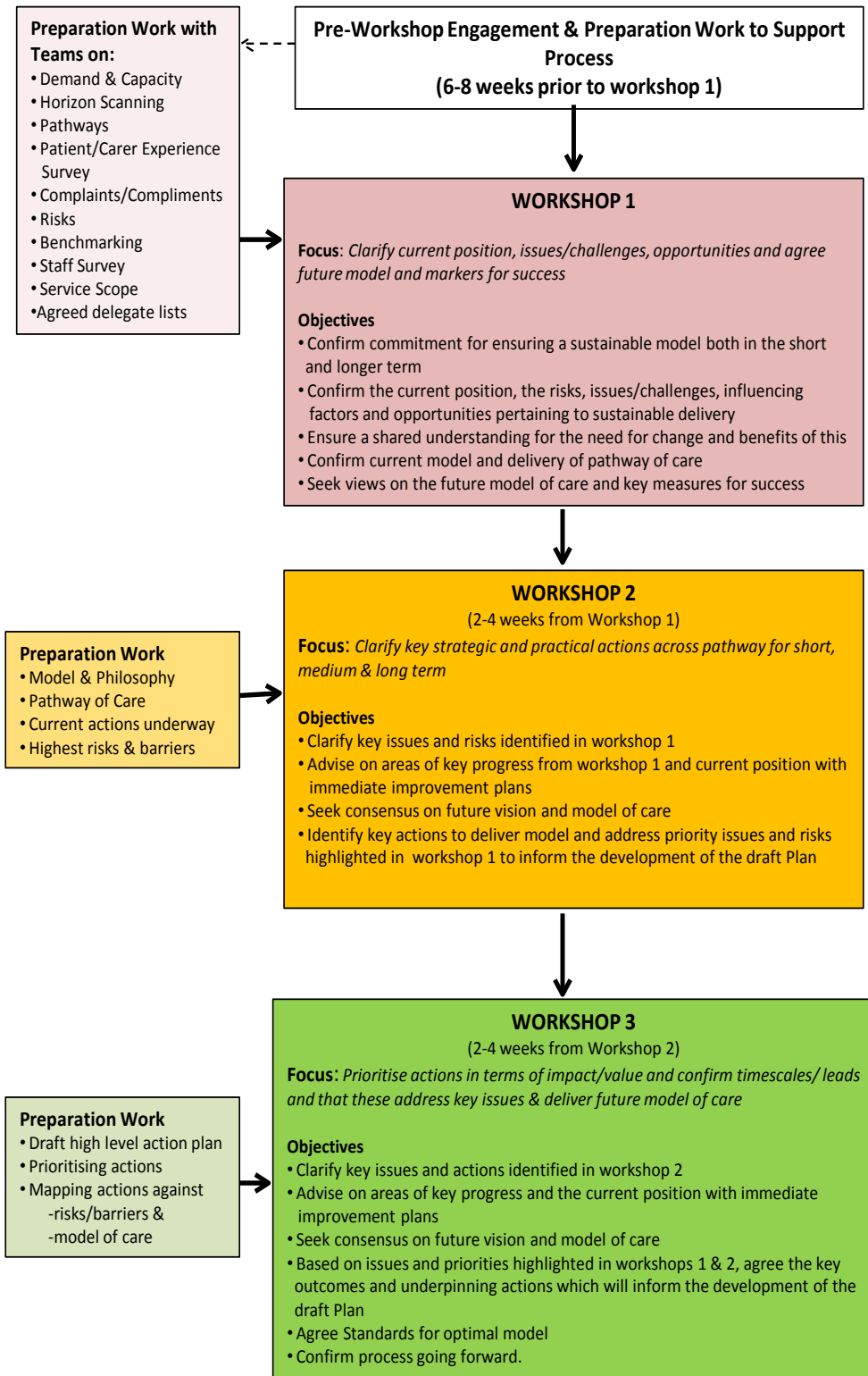
- line management and resources are retained by the Director General Manager for Acute Services
- strategic planning for agreed outcomes in certain named specialties is led and coordinated by one IJB on behalf of all
- all three IJBs will report on outcomes for their populations
- financial transparency and reporting is at all three IJBs and the Acute Sector Board
- requires formal meetings between host and other IJBs.

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High Level Process for Development of Strategic Plans in Grampian



High Level Process for Development of Strategic Plans



Proposed Scheduling for Development of Strategic Plans

The following table shows a proposed scheduled for the process as described earlier. In respiratory, existing work to determine a target operating model in line with developing a plan for capital investment in elective services offers the opportunity of already diarised workshops. In General Medicine and Accident and Emergency, further work is required to finalise the scope of functions and services included within the strategic plans, therefore proposed dates are nominal.

	Care of the Elderly	Respiratory	Palliative Care	Rehabilitation	General Medicine	Accident and Emergency
2018-19						
Oct	Confirm the brief and undertake preparatory work					
Nov	Confirm the brief and undertake preparatory work	Confirm the brief and undertake preparatory work	Confirm the brief and undertake preparatory work			
Dec		Confirm the brief and undertake preparatory work	Confirm the brief and undertake preparatory work	Confirm the brief and undertake preparatory work		
Jan	Workshop 1				Confirm the brief and undertake preparatory work	Confirm the brief and undertake preparatory work
Feb	Workshop 2	Workshop 1	Workshop 1	Workshop 1		
Mar	Workshop 3	Workshop 2	Workshop 2	Workshop 2	Workshop 1	Workshop 1
Apr		Workshop 3	Workshop 3	Workshop 3	Workshop 2	Workshop 2
May					Workshop 3	Workshop 3
June	Draft Plan out for Consultation					
July	Draft Plan out for Consultation	Draft Plan out for Consultation	Draft Plan out for Consultation	Draft Plan out for Consultation		
August		Draft Plan out for Consultation	Draft Plan out for Consultation	Draft Plan out for Consultation	Draft Plan out for Consultation	Draft Plan out for Consultation
Sep					Draft Plan out for Consultation	Draft Plan out for Consultation
Oct	Final Plan out for Endorsement	Final Plan out for Endorsement	Final Plan out for Endorsement	Final Plan out for Endorsement		
Nov		Final Plan out for Endorsement	Final Plan out for Endorsement	Final Plan out for Endorsement	Final Plan out for Endorsement	Final Plan out for Endorsement
Dec					Final Plan out for Endorsement	Final Plan out for Endorsement

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