Agenda Item 3.1

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**10th July 2024**
Title:	**Transformation Overview**
Responsible Executive/Non-Executive:	**Pamela Cremin, Chief Officer**
Report Author:	**Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well	X	Live Well	X	Respond Well	X	Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		**All** Well Themes			

2 Report summary

2.1 Situation

This report and presentation (Appendix 1) provides an overview of the transformation work streams currently being undertaken by Highland Health and Social Care Partnership.

2.2 Background

The Highland Health and Social Care Partnership joint Adult Services Strategic Plan 2024 – 27 is in it's first year of implementation. The plans sets out the direction for Health and Social Care in Highland for the next 3 years and also the way in which the plan will be delivered, through engagement and collaboration with communities and partners. The plan acknowledges the challenges facing health and social care delivery, including financial and workforce challenges, and states that:

"In terms of delivering the outcomes set out in this plan we will consider the following key imperatives:

• Does the proposal deliver an effective, efficient, equitable and best possible plan to meet Highlands and Islands needs based on current evidence, benchmarking and best practice?

• Is the proposal affordable?

• Can the proposal be safely and sustainably staffed?"

The plan committed to taking forward implementation in Districts and a strategic Charter, "Home is Best" was developed to assist with local service planning through District Planning Groups.

To enable progress with efficiency, strategic and transformational change NHS Highland has developed a governance structure in which the HSCP transformation work streams sit and are overseen. The HSCP Community Senior Leadership agree workplans, priorities and ensure collaboration and involvement in workstreams at regular Transformation Group meetings which are a standing item on the SLT Senior Leadership Team agenda.

2.3 Assessment

Highland HSCP are taking forward an extensive work plan of transformational change to develop safe, sustainable and affordable services across Highland.

The work sits within the NHS Highland performance and governance structure and work streams interconnect with acute transformation work streams to address whole system challenges.

Transformational work streams are being taken forward under the strategic direction, and in delivery of, the HHSCP joint Adult Services Strategic Plan 2024-2027 .

The work is extensive and the risk presented by limited leadership and management capacity to deliver is being managed by the Senior Leadership Team Transformation Group. Organisational collaboration is ensured through the NHS Highland performance governance structure.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

The report provides moderate assurance in that transformation work is occurring, is managed, monitored and has oversight. The work is at an early stage and therefore does not provide assurance of achievement.

3 Impact Analysis

3.1 Quality/ Patient Care

Quality and patient care are expected to improve as a result of the transformation work. Work is undertaken through Project Implementation Plans which identify quality and patient care benefits.

3.2 Workforce

Transformation work may affect the way in which the workforce is structured and the way in which they work, including the development of new processes and roles. Workstreams may aim to improve conditions for the workforce including new development opportunities and improved staff experience.

3.3 Financial

Financial efficiencies are expected as a result of transformation work.

3.4 Risk Assessment/Management

Risks are identified and managed in the transformation work streams through project management methodology and risk and impact assessments for each work stream.

3.5 Data Protection

The work described in this report does not use person identifiable information.

3.6 Equality and Diversity, including health inequalities

Transformational workstreams are managed through a project management approach which includes an impact assessment for each work stream.

3.7 Other impacts

3.8 Communication, involvement, engagement and consultation

State how his has been carried out and note any meetings that have taken place.

- Transformational work streams include stakeholder working groups

3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- The extent of the transformational work in the HSPC is shared at HSCP Senior Leadership Team
- The work is an integral part of the NHS Highland Performance Governance Structure

4 Recommendation

- **The overview is presented for member's awareness**
- **The report is presented for discussion regarding the impact of the transformation work for the HSCP.**

4.1 List of appendices

The following appendices are included with this report:

- Appendix No 1
  Presentation: Transformation Overview July 2024

Transformation Overview

Highland Health and Social Care Partnership

Health and Social Care Committee

July 2024

Strategic Context

- Joint Strategic Plan

NHS Highland

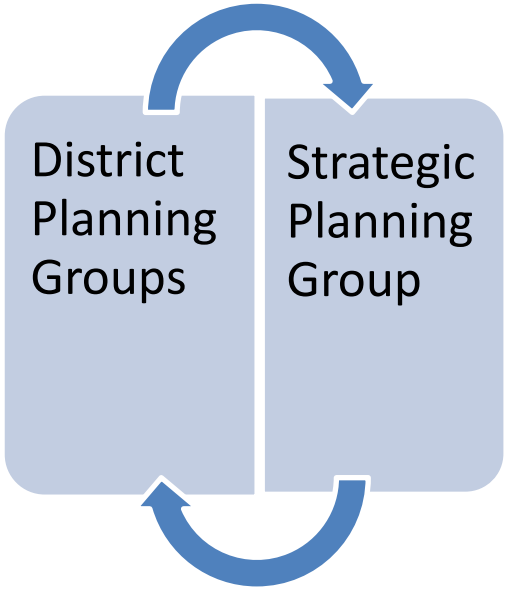
The Highland Council
Comhairle na Gàidhealtachd

- Strategic Charter

  “Home is Best”

Place Based Planning and Engagement

- District Planning Groups and Strategic Planning group
- DPG inaugural meetings



- Relationship to SPG
- Role and development of SPG

HHSCP Strategic Commissioning Charters

Title: Home is Best Care Programme	SRO	Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP
Working together to support our communities in Highland to live healthy lives and to achieve their potential and choice to live independently where possible.	Exec Lead	Pam Cremin, Chief Officer, HHSCP
	Author	Pam Cremin
	Board/Group:	NHS Highland/Executive Directors/JMC

Problem Statement/Challenge

- Increasing demand/complexity
- Decreasing and imbalance in workforce, rate of decrease in community is higher in community vs acute, profile is changing towards an older workforce. Need to get the balance right for where the need is.
- Decreasing funds
- Need to reshape and prioritise
- Multiple restructures resulting in lack of clarity on responsibilities and processes
- Challenges in creating the conditions for integrated working
- Remote and rural challenges in service delivery

Impact on Outcomes & Health Inequalities
Impact on Performance & Finance

- Reduced burden of disease - increased years of life and increased quality of life.
- Improvement in Health and Wellbeing Outcomes:
- Shift of resource to prevention and reduce resource required in direct support with resultant efficiencies.

Aims & Objectives

Aim:

- To reshape services starting from a District level to be able to meet the future needs of the local population, delivering care at home or as close to home as possible in a three year programme of change.
- Working with our partners to support our communities in Highland to live healthy lives and achieve their potential and choice to live independently where possible
- Support care closer to home, improve outcomes and improve the experience of everyone including staff, volunteers and carers

Objectives:

- Focus our attention on prevention and early interventions to support people to maintain independence at home for as long as possible.
- Ensure we empower people to exercise choice and independence through codesign and coproduction and include unpaid carers as partners in the planning and provision of care and support.
- Make it straightforward to access services and ensure that health and social care professionals are able to direct people to the right organisation and service for their needs
- Commission services in a way that supports a diverse market for providers of care with reduced administrative burden, moving from contract monitoring approach to quality and effectiveness discussions based on person centred outcomes.
- Maximise the use of existing and emerging technology in supporting people and staff and utilising support of organisational infrastructure to support delivery.
- Plan and deliver person-centred services which can respond quickly to support people who are in urgent need. Redesign across acute/community boundary to facilitate post-acute assessment, rehab and care at home
- Build strong partnerships between community teams, hospitals, third sector and independent providers of care, and develop further horizontal integration.
- Support different delivery of services traditionally delivered in acute hospitals, through new and emerging professional roles and making use of technological advances.
- Implement intermediate care options that support preventing admission to hospital and avoiding a stay in hospital for longer than is necessary.
- Develop our workforce to be more adaptive and flexible and embed workforce plans in Districts
- Build public awareness and understanding enabling change
- Improve data collection and data quality to provide intelligence for better decision making

Scope

- All adult services, including integrated health and care services, mental health, learning disability and primary care services, delivered to the population at District level. Reshaping and prioritising across the Districts to meet local need, utilising a human rights and inclusive approach working to the principles of the Public Bodies 2014 Act.
- Adult services to be seen a part of cradle to grave services working to achieve this with the Highland Council as partners.
- Services delivered by district teams and those more centralised services serving district populations.
- Commissioned and board delivered services.
- The scope will build on existing redesign progress including redesigns in Lochaber and Caithness.
- Using Double Diamond methods at a District level, developing change plans with key milestone and outcomes.

Link to Strategic &Legislation/ Policy Objectives

Gov policy/Directorate	Public Bodies 2014. See Appendix 1	Legal Requirement	
Board Strategy	See Appendix 1	TWC Delivery Plan	
Corporate Objective		Local Policy	
Operational Issue		Other	
Well Theme	Care Well and Live Well In Partnership and Our Population		
Risk Register	YES/NO		
Risk Detail/Rating			

Deliverables / Targets / Timeline

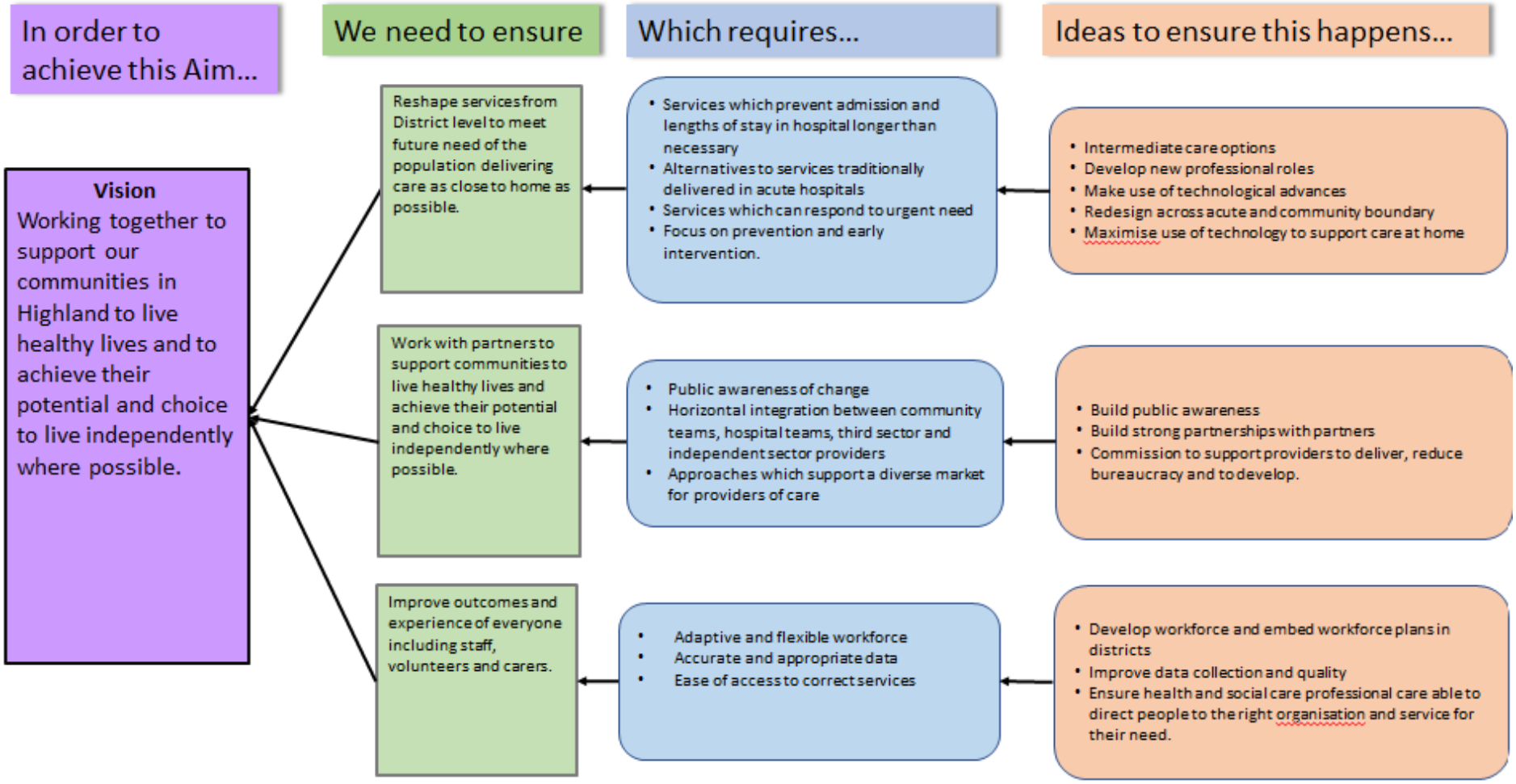
By January 2024: Delivery structures and roles in place. Parallel running progress on existing plans and schemes while starting ongoing engagement.

By April 2024 First version of District Model identified and move to implementation. Target setting and action planning,

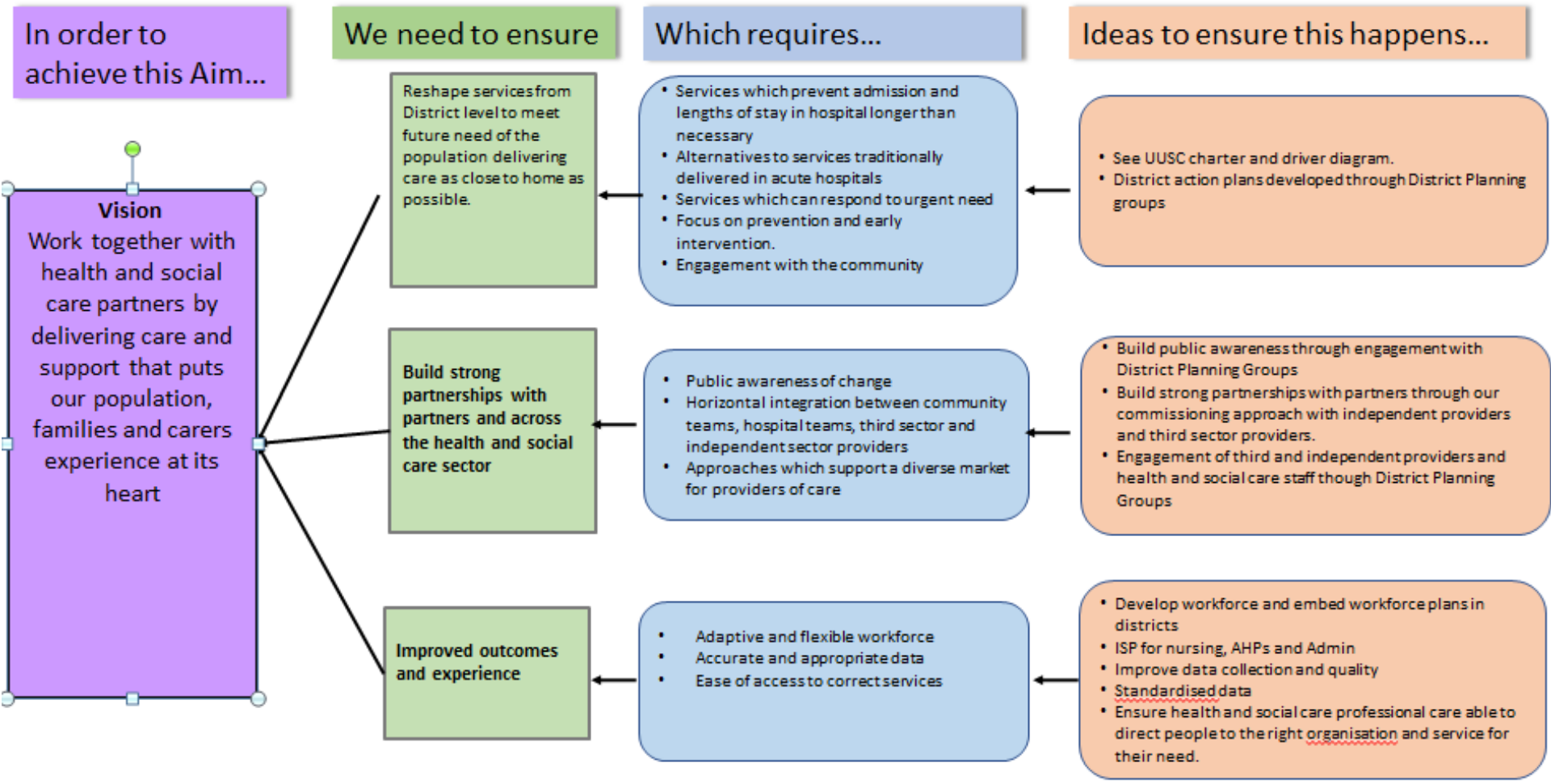
By ?- Development of district level data set

By ? - Performance indicators developed at district level aligned to national indicators

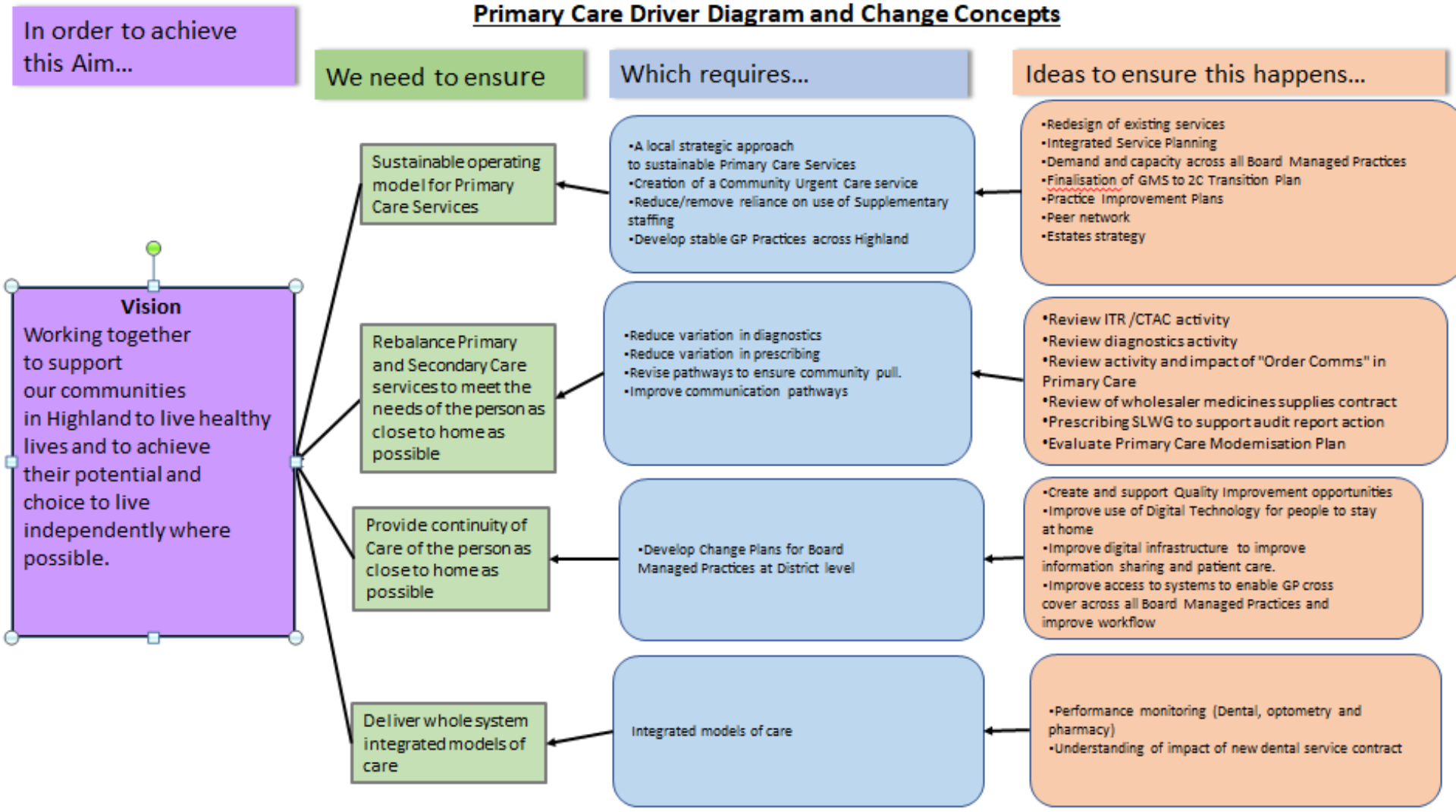
Home is Best Driver Diagram and Change Concepts



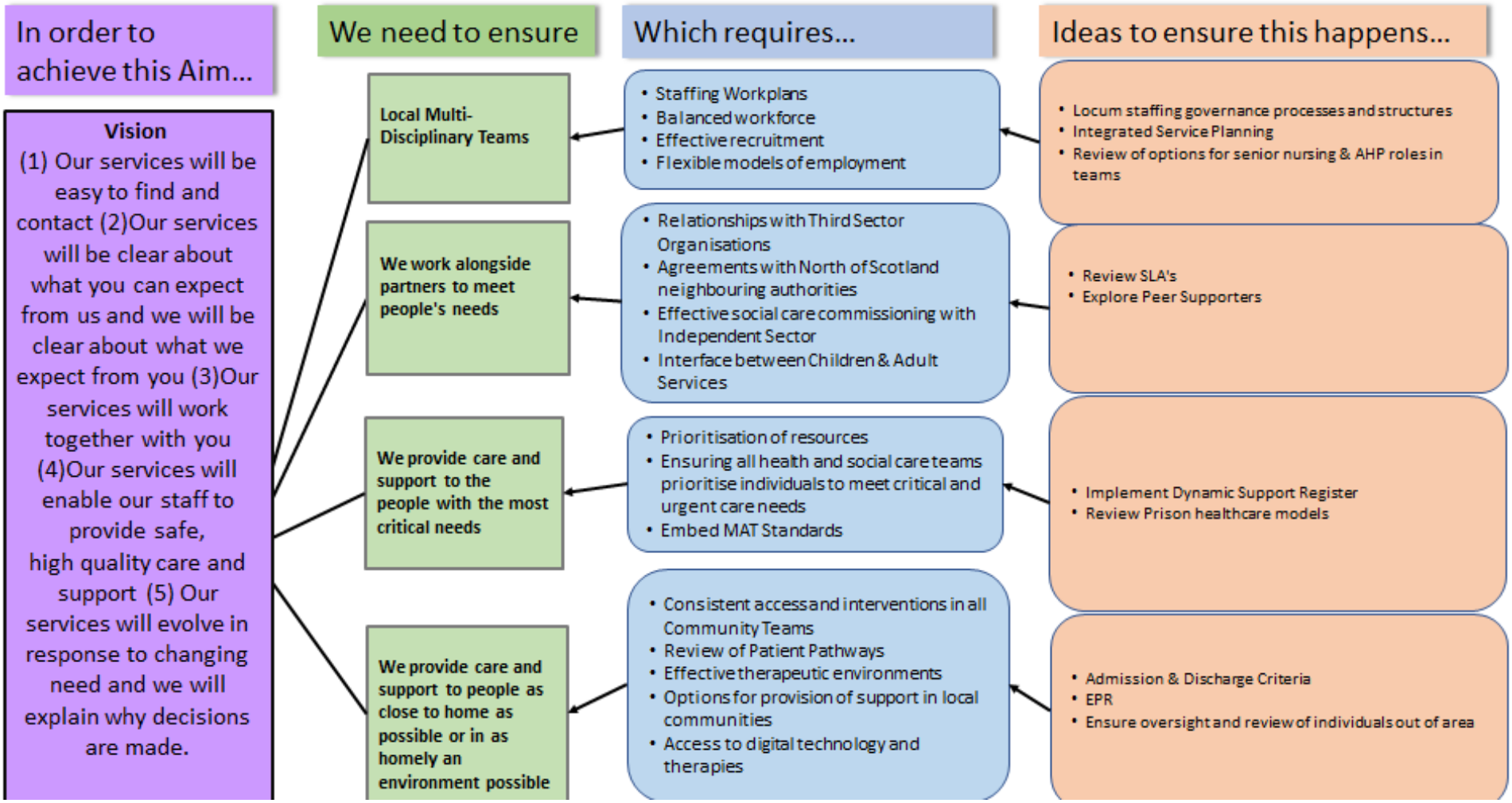
Care Programme Driver Diagram and Change Concepts



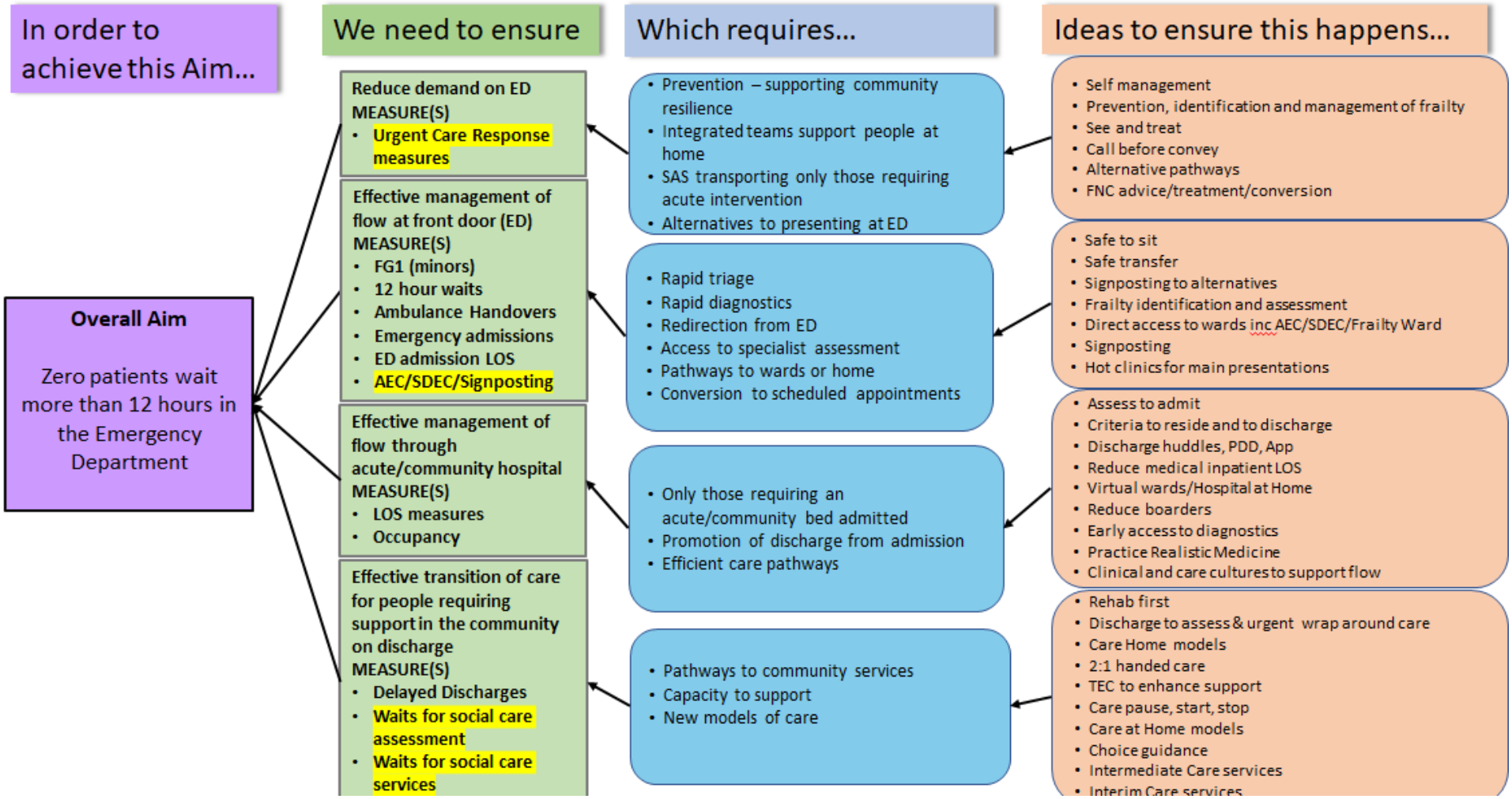
Primary Care Driver Diagram and Change Concepts



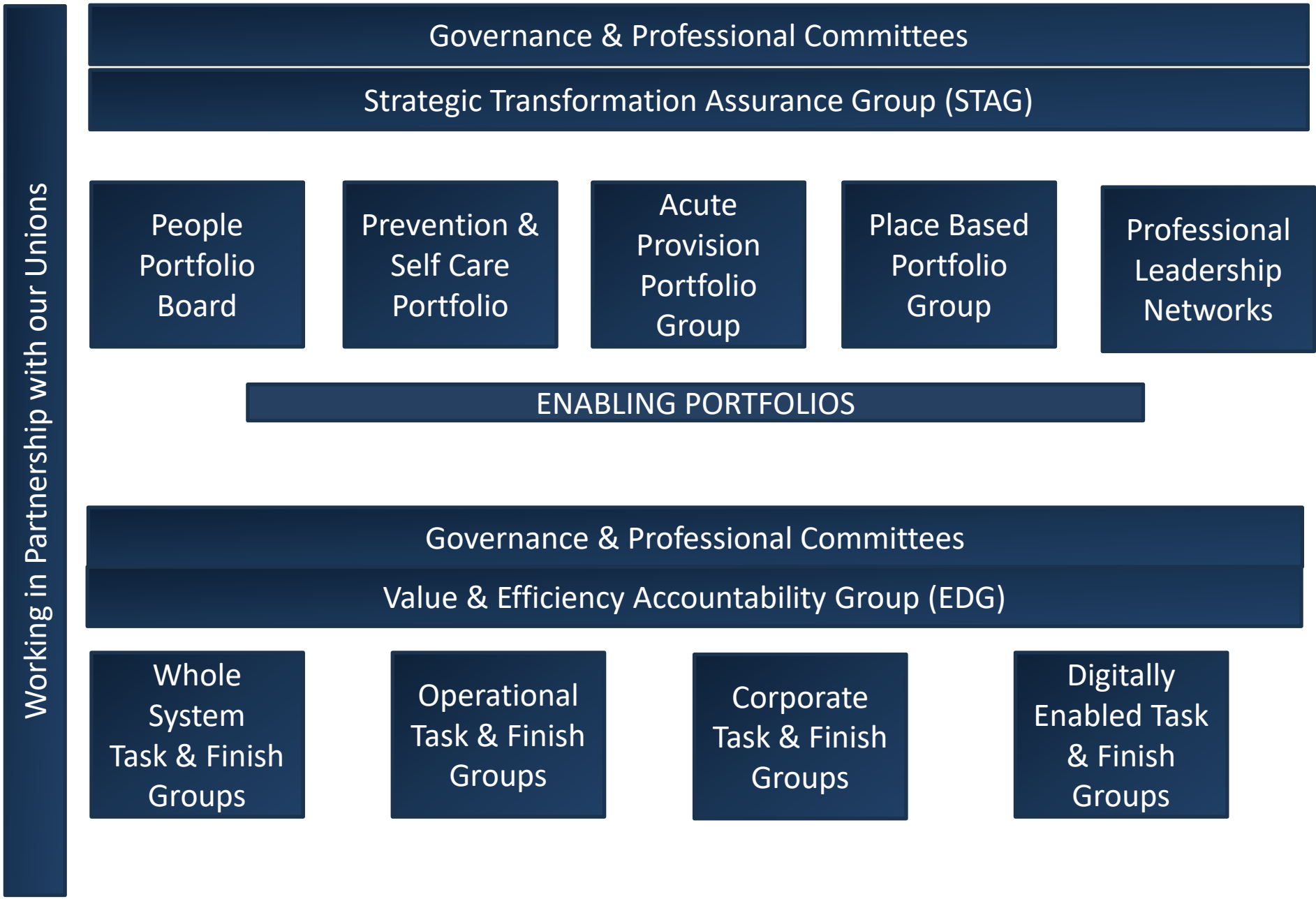
MH&LD Programme Driver Diagram and Change Concepts



Urgent Unscheduled Care Driver Diagram and Change Concepts



NHS Highland Performance Framework



NHS Highland Performance Framework

VEAG

Project Title	Aim
Locum Booking in 2C practices	To reduce costs associated with engaging locum GPs by improving recruitment and retention of GPs and reducing reliance on agency locums; whilst maintaining appropriate and safe levels of clinical cover within Board Managed (2c) Practices.
Nursing Supplementary Staffing	Reduce the supplementary use and spend across the Community Hospitals and Community Nursing Teams across HHSCP outwith MH and LD.
AHP Supplementary Staffing	Reduce Supplementary staffing use in community AHP services
Mental Health and Learning Disability Nursing Workforce	Reduce supplementary staffing use in MHLD nursing services
Mental Health and Learning Disability Medical Workforce	To deliver a cost effective, sustainable medical workforce in MH and LD services through workforce re-design which will result in a reduction on locum overspend
Adult Social Care Supplementary Staffing	Reduce the use of supplementary staffing in Adult Social Care Services

VEAG continued

Project Title	Aim
TEC	Redesign provision of care by creating digital solutions as an integral part of quality, cost effective, proactive care that supports more people to remain healthy and independent for longer. Use digital solutions to improve access and outcomes for people needing health and care services and to enrich and enhance their everyday lives. Address capacity issues across a range of services, releasing time to care, reducing the need for face to face interventions, providing alternative methods for consultations and patient monitoring.
TARA	To refresh the administration support functions to support all operational divisions in NHS Highland, providing a patient-focused, efficient, resilient and sustainable admin facility.
MORSE	Progress full implementation of Morse for HSCP community services
Integrated Service Planning – Mental Health, Primary Care, Community AHPs and nursing	Data led planning to enable equity of access and services able to deliver within resources.
Vaccinations	Development of a district service model with associated quality and efficiency savings
Police Custody, Forensic Medical Service and Sexual Assault Service	Delivery of sustainable workforce and finance model that will ensure the Board can fulfil is statutory duties for the delivery of healthcare in police custody, and delivery of Forensic Medical Services.

STAG

Project Title	Overview
Consolidation Options	Discovery strategic assessments in districts based on challenges and opportunities of the use of local facilities.
OOH/FNC	Development of a clear structure to support access to urgent care across Highland.
Geographical approach to Home is Best Implementation	Application of the whole suite of urgent and unscheduled care improvement actions to shape Home is Best in Inverness and Caithness intially.
End Of Life Services Projects	Review of the End of Life Together Partnership and NHS Highland's role within it.
Hospital at Home	Discovery pilot sites and evaluation now moving to inform sustainable district models.
Mental Health and Learning Disability model of Care	Implementation of the Mental Health and Learning Disability Strategy.
Proportionate Care	Reducing 2 handed care where appropriate using moving and handling techniques, assessment and training.

Discussion