NHS Greater Glasgow and Clyde	**Paper 23/76**
Meeting:	**NHSGGC Board Meeting**
Meeting Date:	**Tuesday 31st October 2023**
Title:	**Medium Term Plan**
Sponsoring Director/Manager	**Jennifer Armstrong, Medical Director**
Report Author:	**Fiona MacKay, Director of Planning**

1. Purpose

The purpose of the attached paper is to share the Medium Term Plan with the NHSGGC Board for approval. The MTP was approved by the NHSGGC Finance, Planning and Performance Committee and submitted to Scottish Government (SG) on 7th July 2023.

2. Executive Summary

The paper can be summarised as follows:

- The MTP was developed in response to the Delivery Plan guidance issued by SG in February 2023 and incorporates key GGC priorities
- The MTP covers the 3 year period from April 2023 to March 2026
- The MTP was informed by the 10 recovery drivers as outlined in the delivery plan guidance
- The plan links with:
  - The Board's 3-year Workforce Plan
  - The Digital Delivery Plan 2023–26
  - Turning the Tide
  - Sustainability Strategy 2023-28
  - Quality Strategy
  - 3-year Financial Plan
- GGC corporate objectives and operational priorities are embedded in the MTP

- The plans were developed on a cross system basis, linking with IJB Strategic Plans and local strategies
- SG have advised they will not be providing formal sign off on the MTP however feedback is expected

3. Recommendations

The NHSGGC Board is asked to approve the MTP.

4. Response Required

This paper is presented for **approval.**

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- Better Health Positive impact
- Better Care Positive impact
- Better Value Positive impact
- Better Workplace Positive impact
- Equality & Diversity Positive impact
- Environment Positive impact

6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

The ADP was developed across health and care systems with planners (corporate and HSCP) and was informed by operational colleagues. Directional statements and drafts were produced for each section with approval through the Tactical Recovery Group, Strategic Executive Group, Corporate Management Team and the Finance, Planning and Performance Committee.

7. Governance Route

This paper has been previously considered by the following groups as part of its development:

- Recovery Tactical Group

- Strategic Executive Group
- Corporate Management Team

8. Date Prepared & Issued

20th October 2023

Fiona MacKay, Director of Planning

NHS
Greater Glasgow and Clyde

Medium Term Plan

2023-26

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1 Introduction- Moving Forward Together (MFT)

1.1 Planning Framework

The Medium Term Plan (MTP) is part of a comprehensive planning framework which ensures consistency across the health and care system in GGC. The MTP covers the 3 year period from April 2023 to March 2026. The first year of the plan is described in more detail, with an action plan, in our Annual Delivery Plan. Both plans sit in the context of our long term clinical strategy, Moving Forward Together.

The Board's purpose, values, aims and objectives are articulated in our Corporate Statements, and these are embedded in all our planning processes. A summary is shown in **Appendix 1.**

1.2 Developing the Clinical Strategy

In 2018, NHSGGC approved and published the 'Moving Forward Together' blueprint. The key driver for the blueprint was to achieve transformational change in services by creating:

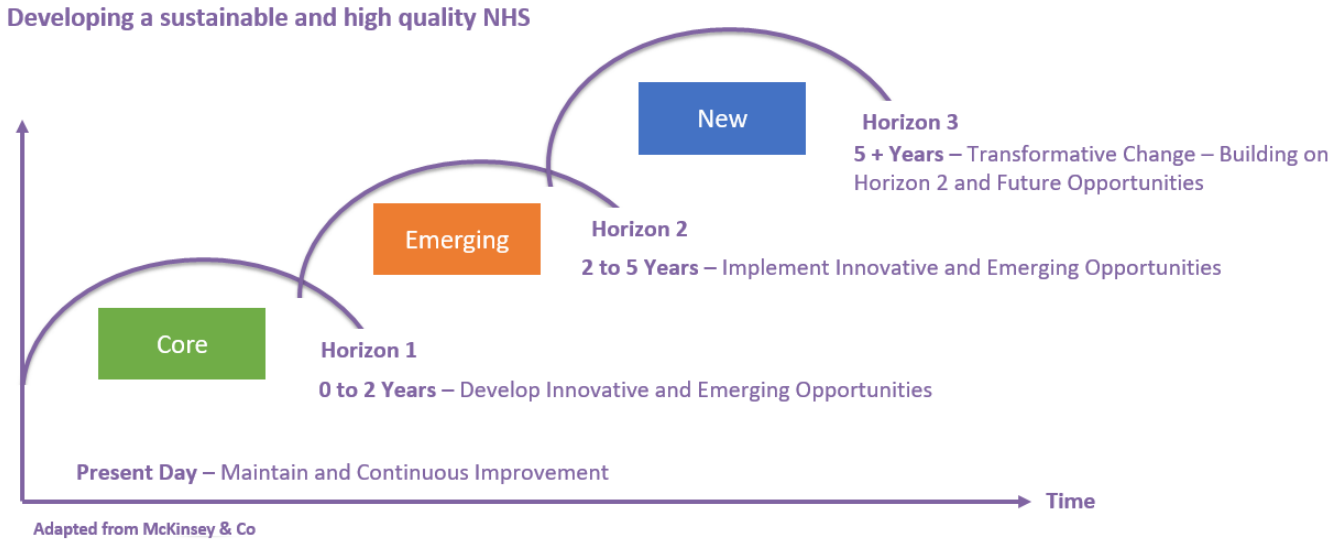
- Services in communities to reduce dependency on hospital beds
- A tiered model of care with a small number of specialist centres and provision of care in homes and communities.

From an estates perspective, the delivery of the MFT blueprint is dependent upon flexible, adaptable, and compliant estate infrastructure that is in the right place and aligned to service needs. An Implementation Strategy is being developed to support the delivery of services to meet the MFT vision of care closer to home, improved outcomes, and supporting a resilient workforce.

Following a competitive tendering exercise, in April 2022 the Board appointed an external team to support the development of the Implementation Strategy. The team are taking a collaborative approach and have been reaching out and working with both our clinical and estate teams to translate our data, knowledge, and expertise into a plan to transform and align the healthcare estate to support our future clinical needs across the short, medium, and long-term.

The final Implementation Strategy is due for completion in Autumn 2023. MFT is a whole system approach, covering acute, community, primary care and mental health services. We are working across three timescales/horizons to develop this strategy. **Figure 1** below describes these horizons.

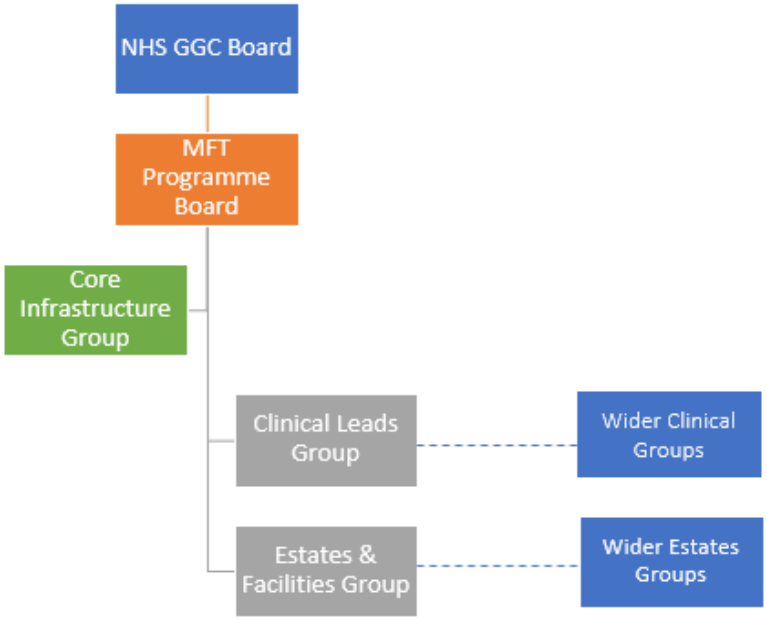
Figure 1: The Three Horizons



Our Annual Delivery Plan (ADP) articulates the priorities for horizon 1. This document (our MTP) describes horizon 2, and Moving Forward Together is our overarching transformation programme which takes us from our current position through to horizon 3 and beyond.

Wide clinical engagement has been key to the development of our clinical strategy but to develop the Implementation Strategy, a small internal Core Group from existing resources was mobilised to work with the external consultants to ensure communication and information flows with NHSGGC stakeholders. The Core Group reports into the Moving Forward Together Programme Board and is supported by a Clinical Leads Group and an Estates & Facilities Group as illustrated in **Figure 2.**

Figure 2: MFT Governance Structure



1.3 Engagement

To progress the development of the Implementation Strategy, an engagement plan was developed. This builds on the extensive clinical and public engagement which took place in the early development of the MFT Strategy. In the last 12 months, over 15 clinical and manager engagement events reaching over 500 members of staff have sought out views and ideas from our workforce.

1.4 Clinical Roadmap and Target Operating Models

We are developing a clinical roadmap to set the future model of care. The roadmap is based on the direction of travel set by the 2018 MFT Clinical Strategy and is being updated through learnings from the Covid-19 pandemic, existing good practice and innovation within the Board, continued engagement with clinical and non-clinical teams and national and international best practice.

Based on key service challenges and opportunities the roadmap proposes new Target Operating Models (TOM) for care across GGC Primary and Community Care, Mental Health, Women's & Children's Services, Unplanned Care and Planned Care. These TOMs are described in the future sections of this plan. They set out how services will be delivered across the three planning horizons.

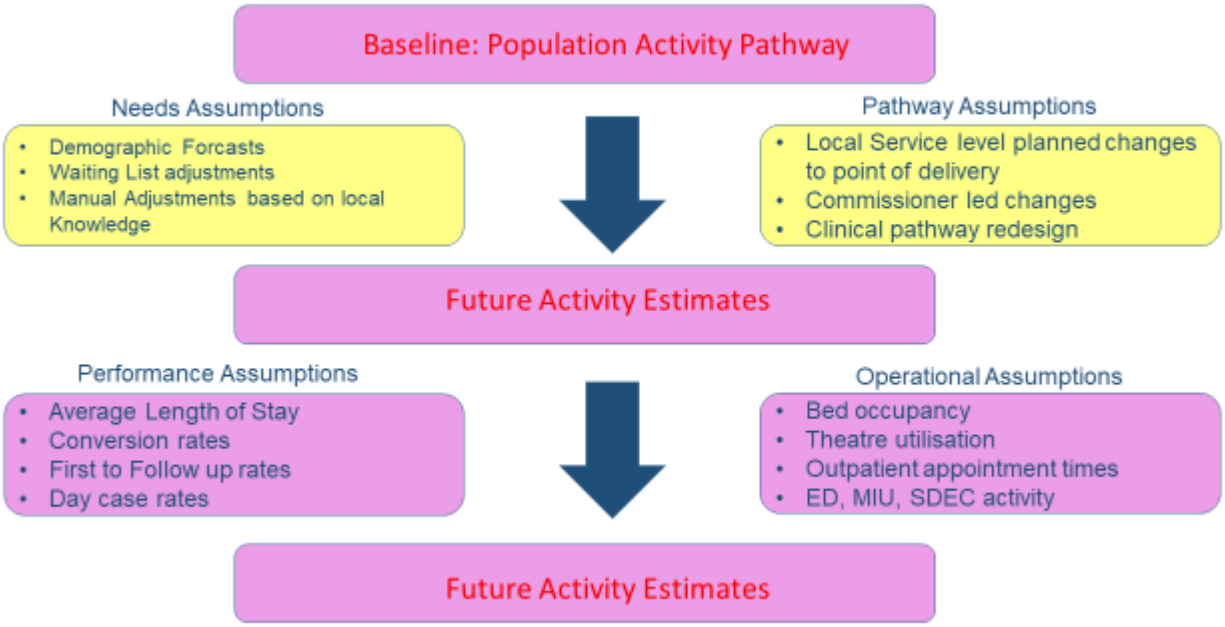
The roadmap is being developed iteratively, and is being updated as key findings are delivered and decisions made, such as the proposed TOMs the delivery of care across the key specialism of the Board. The models of care set out in the roadmap are being translated into a series of estates building blocks which will enable these models of care to be delivered.

1.5 Demand & Capacity Model, including Clinical Assumptions

A Demand & Capacity (D&C) Model has been developed to predict future demands on the system across a 15 + year horizon, and the capacity required to meet this demand – known as the Clinical Model.

Figure 3: Demand & Capacity Model

As shown in **Figure 3**, the model is produced using existing healthcare data, key population growth, demographic, and public health data sets, in addition to applying key assumptions to the model using statistical methods.



The outputs are fundamental to the development of both the clinical roadmap, the TOMs and the Implementation Strategy and feed into the design brief for healthcare facilities with data converted into functional content (e.g., number of theatres, number of CT scanners, or the number of virtual or face to face appointments per service, and the space required).

To analyse the D&C model, assumptions needed to be agreed and are broadly categorised into two groups:

- **Operational assumptions** – Examples include working hours, occupancy / utilisation rates
- **Performance assumptions** – more complex assumptions to be underpinned by clinical pathway and model changes, e.g. redirection of Emergency Department (ED) attendances to Urgent Treatment Centres (UTC) / Minor Injuries Unit (MIU), use of virtual wards etc.

1.6 Next Steps

This work will conclude in Autumn 2023 with an updated clinical plan and a prioritised development plan for our whole estate.

2 Primary & Community Care

2.1 Developing Our Primary Care Board Strategy

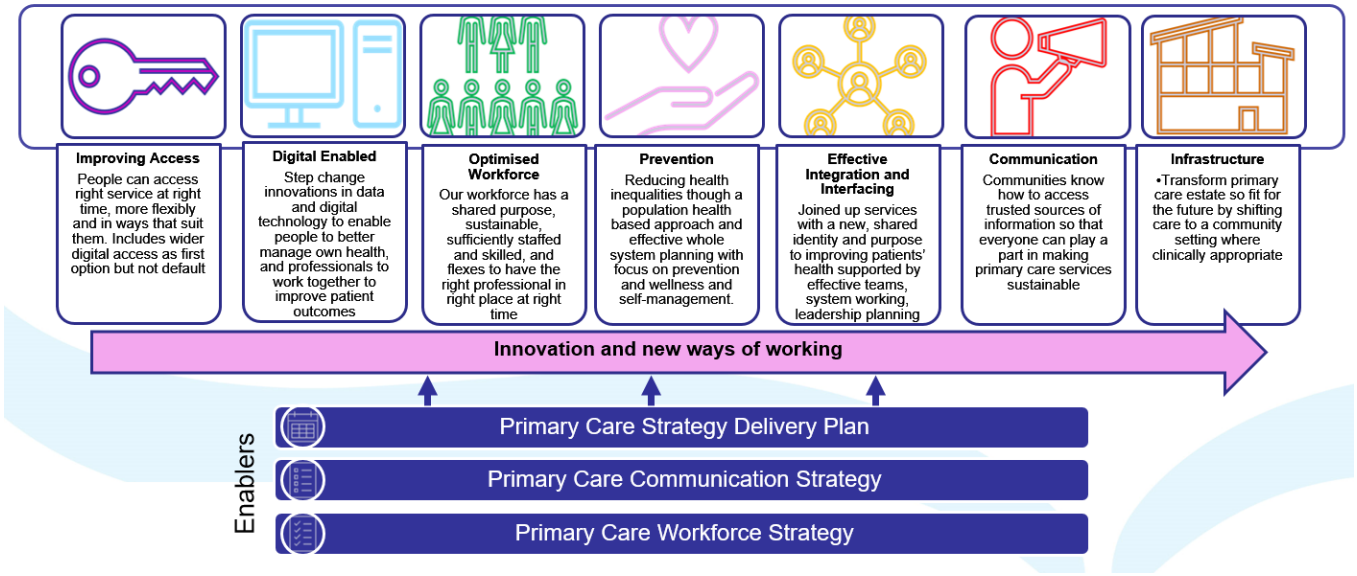
During 2023/24 we will complete the development of our first Primary Care Strategy which will shape and inform our improvement plans for primary care for the next five years (from 2024/25 to 2029/30).

Our strategy will be developed using the three horizons methodology as set out in **Section 1**.

As part of our primary care strategy we will continue to develop the role of primary care as community advocates, and build primary care health intelligence to inform service planning, public health interventions and strengthen the evidence base in relation to inequalities.

The work to date has identified seven key strategic themes for our primary care strategy, these are set out in **Figure 4.**

Figure 4: Key Cross Cutting Strategic Themes of our Developing Primary Care Strategy



This section of our MTP focusses on the specific asks within the MTP guidance, pending the further development and approval of our Board strategy for primary care services.

2.2 Developing Community Treatment and Care (CTACs) and the wider MDT to Support Patients

Since 2019, through the Primary Care Improvement Plans (PCIPs), there has been investment to support the development of the extended multi-disciplinary teams (MDTs). This has included

investment in new and extended roles such as Pharmacotherapy, advanced physiotherapy, and community link workers. In addition general practice has access to wider Health and Social Care Partnership (HSCP) delivered services including vaccinations and CTAC services.

As we build and develop these services, there is variation in coverage for the extended MDT team. This is due to available funding, workforce and premises.

We look forward to receiving the Scottish Government (SG) 'Future CTAC Framework' in Autumn 2023. Pending this, during 2023/24, we have committed to develop a Quality Improvement (QI) approach to improving efficiencies within allocated resources, with appropriate skill mix to inform our workforce plan and refine our service delivery model for CTACs. This will then inform our future planning to further refine service delivery model Standardised reporting across the 6 HSCPs in place - to enable us to measure CTAC activity and capacity.

In the medium term we will review and develop the Board wide approach for acute/ mental health and domiciliary phlebotomy in line with our MFT vision to improve access for patients.

To support the refocussed role of General Practices on providing complex continuity of care we will continue to work with Public Health Scotland (PHS) and SG through the national primary care data intelligence group to further develop the General Practice data set to identify potential opportunities for change.

2.3 Developing Shared Care Function to Support MDT Working

In line with our digital strategy (subject to the delivery and implementation of Vision Anywhere during 2024/25) we will then develop shared care function between the extended MDTs including CTACs and General Practices as part of the new GP IT Electronic Patient Record (EPR) system. This will require over 200 NHSGGC practices, encompassing circa 7,000 staff to be retrained on completely new systems and all clinical information migrated between platforms.

This will offer the opportunity to review the shared care function within care homes in line with the national healthcare framework for adults living in care homes 'my health my care my home'. The role of GP Practice Nurses as part of the wider MDT will be crucial in developing the shared care function.

2.4 Delivery of Diagnostic Services within Communities, particularly for areas of highest inequality

Primary care will contribute to the planning and implementation of the Board's MFT vision, which will involve considering opportunities to move services into community settings and deliver care closer to home – this will include potential opportunities for delivering general diagnostic services within communities.

2.5 Approach to Prevention

Our plans and approach to secondary prevention will be informed by the Scottish Government national framework for tackling secondary prevention across the Scottish population which is due to be shared during 2023/24.

Prioritising the prevention of cardiovascular disease:

- **Use of technologies -** we will explore and assess how we may be able to support self-management through use of technology to enabling us to support early detection and improved management of cardiovascular risk factors e.g. diabetes, high blood pressure and high cholesterol e.g. through use of blood pressure (BP) monitors, support for diabetic control and weight+ cholesterol management through accessible and user friendly virtual platforms for support. Our assessment will incorporate a review of evidence of success of any existing technologies, patient feedback and clinical evidence
- **Diabetes Improvement Plan** - Prevention, Early Detection & Early Intervention - our care planning approach will include improved access for all for pre diabetic, newly diagnosed and existing Type 2 Diabetes Mellitus (T2DM) patients to Control it Plus Diabetes Education and Weight Management Programmes and we will increase access to self-management support and self-care tools including community based digital support to address digital access barriers.

Reducing Cardiovascular Risk:

- **We will continue to develop our pre-habilitation focus** and embed secondary prevention interventions into chronic disease patient pathways across primary care to promote smoking cessation, weight management, alcohol intervention and physical activity
- **Primary care will play a key role in identification and management of cardiovascular disease (CVD) risk factors.** The role of the GP practice nurse will be critical in supporting 3 key areas such as hypertension, lipids and atrial fibrillation (AF) treatments
- **There will be substantial push towards digital/app technology.** This will require not only resource but also tools to support practices in identification of patients, prioritisation and also recording of data. This should be developed nationally as a 'Once for Scotland' approach, to ensure data is comparable and easily extractable across NHS Scotland

Strengthening access to non-clinical support:

- **Social Prescribing Model:** In recognition of the impact of wider determinants on health, and building on the Community Link Workers programme we will strengthen the social prescribing model to support primary care and reduce inequalities with a focus on distress and mental health wellbeing and Welfare Advice in Healthcare settings

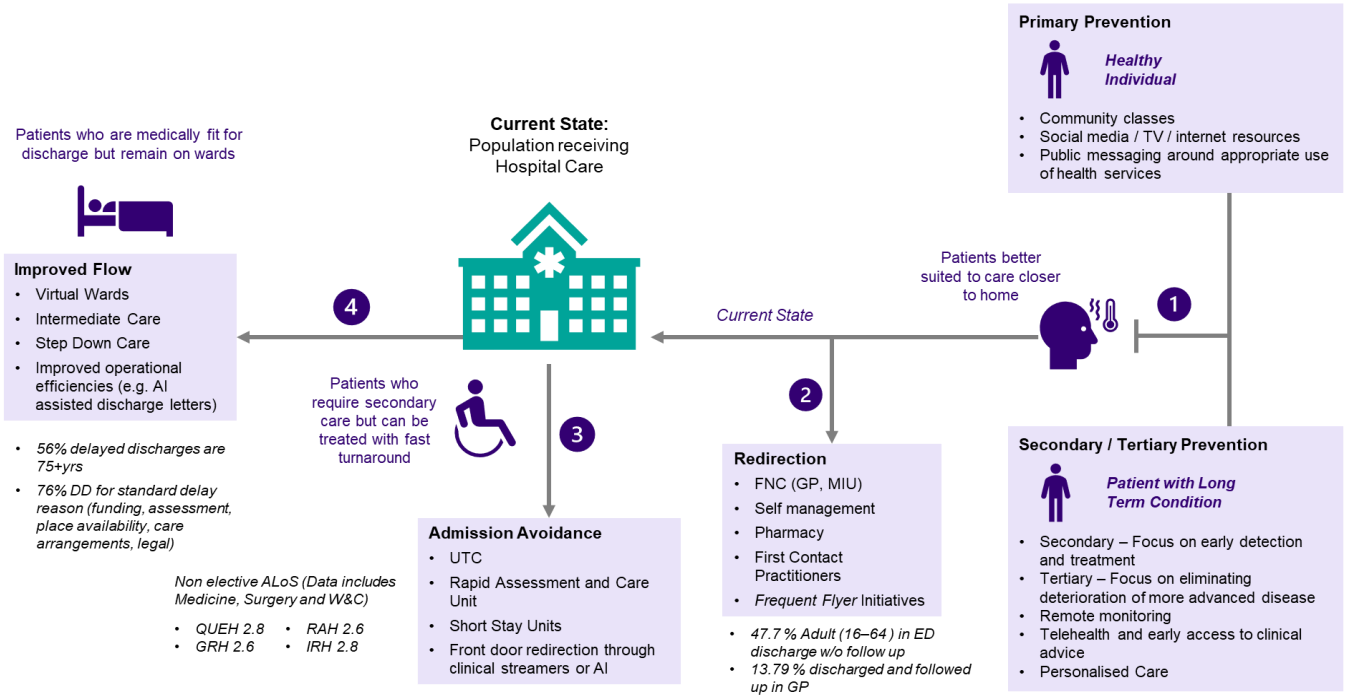
Key Priorities for Primary and Community Care include:
• Develop a Primary Care Strategy for GGC which will inform improvement plans • Review and develop approach to acute/mental health and domiciliary phlebotomy to improve access for patients • Develop shared care function between the extended MDTs including CTACs and General Practices as part of the new GP IT EPR system • Prioritise prevention of and reduce the risk of CVD • Improve access to the diabetic service through diabetes improvement plan • Strengthen social prescribing model

3 Urgent & Unscheduled Care

3.1 Moving Forward Together Strategy - Developing our Target Operating Model for Urgent and Unscheduled Care (UUC)

In developing the MFT implementation strategy we have further developed our TOM for UUC. The TOM is set out in **Figure 5**. The TOM demonstrates how the current state can be expanded to identify opportunities to deliver care in the most appropriate setting.

Figure 5: TOM for Urgent and Unscheduled Care



3.2 Whole systems Governance and overview of change and improvement

Following the launch of the SG UUC Collaborative in June 2022 – the Board now has a well-established whole systems governance structure for the redesign of urgent care programme. This new structure ensures all potential changes and improvements are developed with the whole system impact in mind and ensures there is a whole systems assessment of our key changes and improvements.

The new whole systems governance structure for UUC consist of four key workstreams as set out in Figure 6:

Figure 6: Key UUC Redesign Workstreams

Workstream	Key Change and Improvement Work
Virtual Pathways	• Flow Navigation Centre (FNC) Pathways • Call Before Convey (incorporating Signposting & Redirection & clinical advice) • GP Out of Hours (OOH) Interface with FNC • Interface Care (IC) – Outpatient Parenteral Antibiotic Therapy (OPAT), Heart Failure & Respiratory IC pathways
Community Focused Integrated Care	• Hospital At Home • Home First Response Service • Integrated Community Falls Pathway
Rapid Acute Assessment	• Early Assessment and Access to Senior Clinical Decision Makers • Wait times and Demand Management for Diagnostics • Continuous Flow Model (GlasFLOW)
Discharge without Delay	• Discharge planning for simple pathways • Planned Date Discharge (PDD) • Communication • Delayed Days & Length of Stay (LoS) Scrutiny & Support

3.3 Development of Frailty Programme and caring for people closer to home

We are committed to the further development of our Frailty Programme and supporting people to access care closer to home. In support of this as part of our MTP we will:

- Take forward a major campaign focussing on how to age well across a range of media to better inform the public; aiming to empower the public to engage fully in all activities of daily life to prevent or compress periods of decline and frailty. The campaign will also raise awareness of wider opportunities such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services and improved connection to community resources
- Develop a whole system digital resource to connect the GGC population to locality/community assets to support self-assessment and supported self-management. Enabling signposting to prevention and early intervention resources; and ensuring required interventions are provided by the right person first time. This will optimise appropriate use of community/3rd sector assets and effective use and access to directly managed services. We will practice 'Digital by Default' to integrate digital, AI and eHealth technologies to offer all patients an alternative to face to face consultations in line with Scotland's Digital Health and Care Strategy
- Further develop our Home First Response Service and integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital conveyance, a reduction in emergency admissions and a reduced length of stay for patients admitted with frailty. In parallel to developing frailty prevention and early intervention programmes and resources, GGC are committed to the building of a community of advanced practice through our Frailty Practitioner Network. These Advanced practitioners will work across the 4 pillars of practice, delivering specialist clinical knowledge, leadership and education to the wider HSCP teams and General Practice. The frailty network will ensure links with GP and Geriatrician colleagues to

manage complex presentations and enable frail individuals to be supported within their home

- Hospital at Home (H@H)– we will maximise activity and throughput within current available capacity. Subject to the completion of the evaluation of the service and available funding, there is potential to scale up H@H geographically and there are options to increase the interventions and create additional pathways for H@H level patients to be cared for at home or in their care setting. There is support for this approach and discussions are underway around the revenue funding of any future provision as well as developing the model within each acute sector and Partnership across the Board area. Services are enthusiastic to deliver the service whilst recognising the lead in time with recruitment & training to deliver this level of provision.
- Continue to implement a systematic programme of anticipatory care planning across NHS GGC with aim of increasing the use and digital access to ACPs supporting patient centred care and realistic medicine
- Further develop the GGC Integrated Falls Pathway developed in 2022/23 in collaboration with Scottish Ambulance Service (SAS), HSCP Falls Leads and other key stakeholders to safely manage the care of patients who have had a fall without injury within their own home or care home who do not need to be conveyed and seen in the Emergency Department (ED)
- Further develop our Care Home Pathways to support 'Call Before You Convey' model, building on the success of the Care Home Falls Pathway. The model will support Professional to Professional consultations in addition to supporting communication between Scottish Ambulance Service (SAS) and FNC/Advance Paramedics. Both are aimed at reducing ED attendances

3.4 Sustaining and Maintaining Impact of Improvements to Date

3.4.1 Measuring and reporting the Impact of Change and Improvement

Work is continuing to address some of the key parameters around unscheduled care (USC) performance, and the data outlined within the board's USC Measurement Framework reflects the impact this work has had. Performance data shows a greater level of improvement and demonstrates higher levels of sustained improvement over time. This is reflected in a positive impact on Board wide metrics.

Over the next 3 years, our MTP will continue to build upon:

- work to demonstrate the impact of changes and improvements at both a site and speciality level and use regional and national benchmarks to agree future trajectories for further improvement
- addressing key parameters around unscheduled care performance with a quality improvement and patient safety focus that aims to provide evidence-based care to support the wider USC landscape in NHSGGC

Specific work over the next 2 to 3 years will include:

Developing our Virtual Pathways and Delivering Care Closer to Home:

- Maintaining our high discharge rate (40%) from our FNC and developing new pathways to increase our virtual urgent care options and reduce ED attendances and where possible provide alternatives to in-patient care

- Implementing the 'Call Before You Convey' - the model will support Professional to Professional consultations in addition to supporting communication between SAS and FNC/Advance Paramedics. Both are aimed at reducing ED attendances
- Digital by default to integrate digital, AI and eHealth technologies to offer all patients an alternative to face to face consultations in line with Scotland's Digital Health and Care Strategy
- H@H – we will maximise activity and throughput within current available capacity. Subject to the completion of the evaluation of the service and available funding, there is potential to scale up H@H geographically and there are options to increase the interventions and create additional pathways for Hospital at Home level patients to be cared for at home or in their care setting. There is support for this approach and discussions are underway around the revenue funding of any future provision as well as developing the model within each acute sector and Partnership across the Board area. Services are enthusiastic to deliver the service whilst recognising the lead in time with recruitment and training to deliver this level of provision.

Optimising Flow

- Improving discharge pathways, accuracy of PDD and reducing delayed days within acute hospitals to improve patient experience and hospital flow
- Delivering consistency in short stay patient pathways and waiting times for diagnostics across NHSGGC for patients with a LoS of < 48-hour

3.4.2 Use of National Tools and Best Practice

Our programme of redesign is one of continuous development and we are committed to measuring the impact of the changes and to benchmarking our progress, locally regionally and nationally.

We are committed to utilising and supporting the development of national tools and we are keen to work with other Board teams to share learning and wherever possible help shape best practice at a national level. We will ensure that we benchmark standard practice as a point of reference in order to measure our success following change.

3.5 Resources to Support Change and Improvement

The UUC redesign programme continues to be supported by SG non-recurring annual funding. Our assumption is that this will continue to enable us to support and fund key elements of the work including the FNC, UUC improvement posts etc.
Availability of funding will impact our ability to scale up developments – measuring the impact will be key to our investment decisions

Key Priorities for Urgent & Unscheduled Care:
• Maintain our high FNC discharge rate • Implement the Call Before you Convey model • Continue to develop our virtual UUC capacity - offer all patients an alternative to face to face consultations • Improve our rapid assessment and short stay pathways • Optimise our hospital flow – through further improving our discharge pathways

4 Mental Health

4.1 Introduction

During 2024/25 and 2025/26 we will focus on improving the delivery of mental health support and services, reflecting key priorities set out in the Board's refreshed Strategy for Mental Health 2023 - 2028.

The outline key themes/direction of the strategy includes:

- A joint approach to and strengthening the relationship with, strategies covering the whole complex of mental health services in NHSGGC (perinatal and infant mental health, child and adolescent mental health, learning disability, adult and older peoples mental health, alcohol and drug recovery services, forensic psychiatry mental health
- Shift the balance of adult and older adult mental health care through a model that proposes an enhanced community mental health service provision and a related reduction and rationalisation of retained mental health inpatient beds
- Creation of a regional Child & Adolescent Mental Health Service (CAMHS) Adolescent Intensive Psychiatric Care Unit (IPCU) adjacent to the existing adolescent inpatient facilities, Skye House located on the Stobhill site in NHSGGC
- Reflects changes in context and policy drivers, and identifies changed or new recommendations in response
- Recognition of and response to the significant impact of the Covid-19 pandemic both in terms of those needing, and the staff and services delivering, mental health care and support

4.2 Mental Health Strategy – Adult and Older Adult Services

The requirement for significant adult and older adult service change was identified before the Covid-19 pandemic and has formed the basis of the NHSGGC 5-year Mental Health Strategy from 2018

The extant Mental Health Strategy proposes a system of stepped/matched care, allowing for progression through different levels of care, with people entering at the right level of intensity of treatment. The aims of the strategy include:

- Integration across services to provide a condition-based care approach
- Shifting the balance of care further into the community

A more community based model will be more cost effective and deliver services earlier, reducing the need for acute inpatient care; and better meet the needs of the patients in the community as people access more care through and wholly within those community-based services. The projected population trends for NHSGGC suggest a contraction of the working age population along with a small increase in the over 65 population, mostly occurring in the 65-69 age range. The vision for the future of health and social care in NHSGGC is based on demographic changes that do not currently evidence a major increase in demand for admission to psychiatric

inpatient services to 2028. The demographic trend indicates more of a need for a shift in the balance of care to community psychiatric services and separate future investment in wider mental health, wellbeing, social care, and public health and promotion services

Engagement has taken place, including user and carer representatives, on a number of occasions in developing the strategy. An ongoing and further stepped process for implementation (in accordance with guidance from His Majesty's (HM) Treasury) has been identified which will be subject to prior consideration and approval including HSCPs and Health Board. The first tranche of community changes will be supported by optimising the use of our inpatient beds. This, as a first step, will include progressing discussions with Healthcare Improvement Scotland (HIS) to inform proportionate engagement and/or consultation

4.3 Learning Disability

As set out in our 'Coming Home' Implementation plan we will continue to:

- work with the six HSCPs to develop community capacity and infrastructure to ensure people delayed in our in-patient services are discharged to homes in their communities with support from our community learning disability services

- close our remaining long-stay provision and reduce assessment and treatment beds to release resources to develop support in communities to prevent unnecessary admission

4.4 Improving Access to Mental Health services

Adults/Older People and CAMHS will aim to meet the 18 week referral to treatment time (RTT) to ensure people are waiting less than 18 weeks. We will continue to focus on reducing the numbers waiting longest. We will monitor demand and capacity, along with vacancies and long term leave to ensure a balance of need and support is achieved. This should allow us to meet and maintain the 18 week referral to treatment standard. We will align the management arrangements and associated budgets in to a single system to support flexibility.

4.5 Tackling inequalities

4.5.1 Adults and Older People

As outlined in our five year mental health strategy, we will continue to:

- Develop programmes of work to address mental well-being within vulnerable groups and communities and support Third Sector Interface (TSIs) in the dispersal of Scottish Government Community Mental Health and Wellbeing funding to projects that benefit many people facing socio-economic disadvantage, have a mental illness diagnosis, affected by psychological trauma, experiencing bereavement or loss and people with protected characteristics

- Develop new or expand community based developments aimed at supporting more people in the community in areas such as borderline personality disorder, mental health rehabilitation, care home liaison and community mental health acute care which will aim to contain crisis and avoid hospital admission

4.5.2 CAMHS

We will ensure CAMHS are available to all children and young people, taking into account all protected characteristics, as well as ensuring CAMHS is delivered in timely, age-appropriate, accessible, and comfortable settings, as close to home as possible. The implementation of the national CAMHS specification will support this and this will be monitored through the year

4.6 Developing Primary Mental Health teams

4.6.1 Adults and Older People

We will revisit paused planning/development when funding allocation is identified with SG on proposals for Mental Health and Wellbeing in Primary Care Services (MHWPCS) that were submitted to SG in 2022 to inform 2023/24 - 2025/26 funding decisions. Currently there is no direction on the level of funding for 2023/24 (or beyond) and slippage in timing will require refreshed local plans to be developed, realistically limiting any substantive implementation in 2023/24.

4.6.2 CAMHS

The CAMHS teams are already multi-disciplinary and have strong links between Tier 3, Tier 4 and Inpatient CAMHS.

4.7 Delivering a coherent system of forensic mental health services

We already have a Forensic CAMHS service which works closely with Secure Care and other specialist CAMH services. As part of the Mental Health Recovery & Renewal (MHRR) we will establish the delivery of regional Forensic CAMHS services for children and young people with forensic needs and those who are in secure care and prison. We will work with CAMHS and planning colleagues across the West of Scotland region to develop this service.

4.8 Improve data collection on service performance

Adults & Older People and CAMHS are working with SG, NHSGGC eHealth and Public Health Scotland on the development of the Child & Adolescent Psychological Therapies National Dataset (CAPTND) core dataset. This will be supplemented by work on the wider CAMHS specification standards. We aim to be able to report, either routinely or on an ad-hoc basis for each standard in the specification.

4.9 Involving Workforce in developing, updating and evaluating Strategic Workforce Plans

CAMHS – Review current workforce in place within teams/professions. Plan for expansion in line with recommendations from the SG with the total whole time equivalent (wte) minimum to be 14wte aspiring to 20wte per 100k population. Develop a Board wide 3-5 years CAMHS Workforce plan with recruitment, retention and sustainability strategies.

4.10 Summary of immediate challenges with the quality and safety of the mental health-built environment

4.10.1 Adults and Older People

As we develop enhanced community services, assessment of the quality and safety of the built environment will be a key criteria in educating how we approach a related reconfiguration and rationalisation of mental health inpatient beds, include specific needs such as eating disorder, secure rehabilitation facilities, and mitigation against suicide risk.

4.10.2 CAMHS

At present there is a gap in CAMHS inpatient care as there is no adolescent IPCU in Scotland. As part of the MHRR, the SG have asked GGC CAMHS to lead on the creation of a regional CAMHS IPCU adjacent to the existing Adolescent inpatient facilities, Skye House located on the Stobhill site in NHSGGC. This development will increase patient safety for inpatients and improve the services offered to those in need for mental health care.

The work packages to be delivered or planned on a regional basis are included in phase 2 as are some board wide work strands. A summary of each is set out in **Figure 7.**

Figure 7: Mental Health Recovery and Renewal – Phase 2

CAMHS (IPCU)	To be delivered on a regional basis by NHS Tayside, Lothian and GGC, as recommended by the IPCU Review. Planning work has commenced with some actions including, gathering information such as clinical best practice evidence and national standards and initial identification of potential sites for an adolescent IPCU in Stobhill campus, linking to Adult Mental Health and Capital Planning. Plans to develop a business and economic case for the development of an adolescent IPCU are underway.
Intensive Home Treatment Teams	To be delivered locally but with links to regional and national inpatient services. There should be an agreement with regional inpatient units on the regional care pathway and standards of care. Discussion on this is ongoing at regional planning groups as required.
Learning Disabilities CAMHS, Forensic CAMHS and CAMHS into Secure Care Community	Services are delivered regionally with links to local CAMHS services. The delivery arrangements, regional care pathway and standards of care will be agreed at Regional Planning Groups, which host and support boards identified in due course for each pathway.
Out of Hours unscheduled care	The CAMHS Service Specification requires all territorial boards to have clear arrangements for access to unscheduled multidisciplinary care for under 18 year olds ‘in’ and ‘out of’ hours. These will have national, regional and local implications and the options appraisal will be shared with regional groups for discussion and agreement. NHSGGC already have this in place and further discussions with the Regional Planning Group is required to assess regional options.

CAMHS Liaison Psychiatry Teams	There are a range of national, regional and local acute paediatric services and therefore the arrangements for provision of CAMHS liaison will require national, regional and local elements. Proposed delivery arrangements, care pathway and standards of care to be agreed at Regional Planning Groups.
Specialist Neuro-developmental Capacity	Establish capacity to provide access to specialist neurodevelopmental professionals to support the implementation of the recently published National Neurodevelopmental Specification. This is underway in Specialist Children's Services and full implementation of the new neurodevelopmental pathway is expected in 2023.
Eating Disorders	Emergency funding has been utilised to support management of the increase in presentations for eating disorders across all age ranges. The funding is based on the recommendation of the national review into the delivery of eating disorder services.
Pharmacy	Help address the current shortfall in mental health pharmacy services; and provide community mental health pharmacy support to improve medication use and prescribing practices in areas where there is predicted to be an increasing mental health support need as well as support non-pharmacological interventions. A transformation programme is at the planning stages
CAMHS Data Improvement	National Children & Young People data and information programme: funding to deliver a national Child & Young People Mental Health (C&YPMH) data and information programme to gather and report on a range of data items, including outcomes to be hosted in NHSGGC. Future prioritisation for adult and older people's mental health will be influenced by the current refresh of the extant NHSGGC Mental Health Strategy reflecting and responding to changes in policy context, Covid-19 recovery and renewal, national strategy, standards and specifications.

Throughout 2023/24, CAMHS will work to implement the national CAMHS specification and alongside this, will work with Neurodevelopmental colleagues who are closely linked to CAMHS to implement the national Neurodevelopmental specification. CAMHS will continue to plan and develop services as part of the Mental Health Recovery and Renewal plan and all of those will contribute to actions within the ADP and MTP.

Key Priorities for Mental Health include:
• Strengthen relationships across the whole complex of mental health services • Enhance community mental health provision, subsequently reducing and rationalising inpatient beds • Create regional CAMHS Intensive Psychiatric Care Unit • Develop CAPTND core dataset • Develop a Board wide 3-5 years CAMHS Workforce plan with recruitment, retention and sustainability strategies • Note changes in context and policy drivers and identify changed or new recommendations

5 Planned Care

5.1 Introduction

Reducing waiting times for outpatient and inpatient/daycase remains the central focus of our Planned Care plans. Our ADP outlined the specific challenges for Planned Care service delivery in 2023/24 and these challenges will continue to feature over the next 3 years. These include capitalising on opportunities for increasing efficiency, continuing to balance the demands of unscheduled and elective care, and proactively building the levels of workforce required for future service delivery.

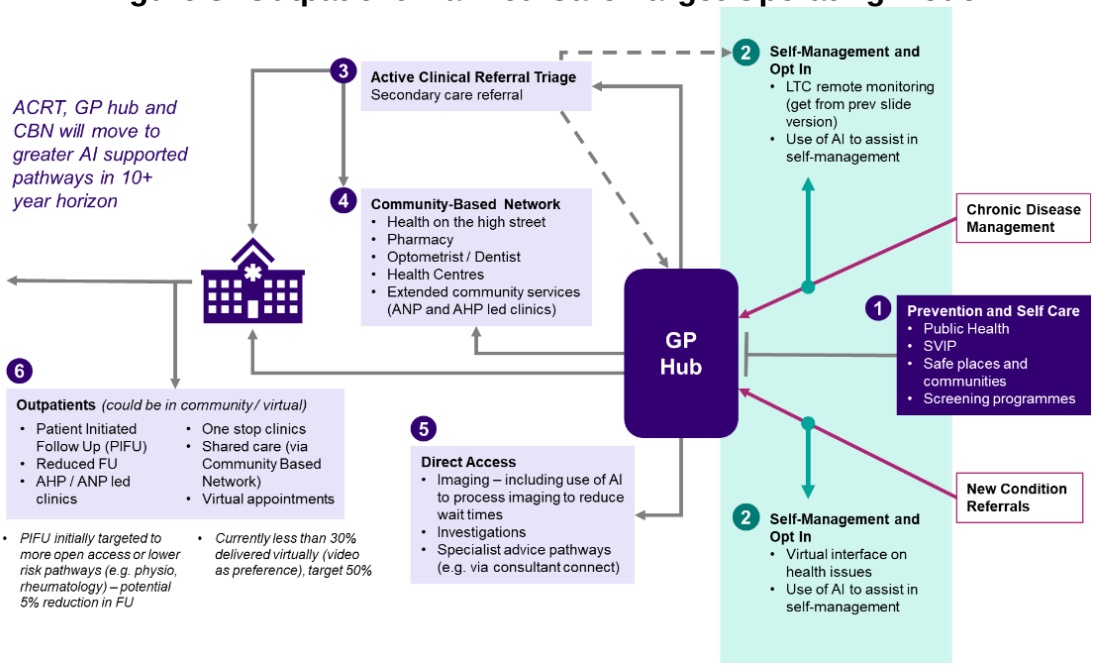
As outlined in **Section 1**, the Board's Clinical Strategy describes a tiered model of care across NHSGGC. Over the next 3 year of the MTP we will continue building towards this future model.

5.2 Outpatients

Our outpatient planned care strategy over the next 3 years aims to optimise our interactions with patients and improve patient access to information at every part of the patient journey. Where appropriate we will use technology to support this; for example extending our automated validation of waiting lists, increasing patient access to digital information about their referral and treatment, and increasing web based information to help patients and GPs access information at an early stage for greater patient self-management.

The Target Operating Model (TOM) in **Figure 8** describes our future vision for patients. Whilst Active Clinical Referral Triage (ACRT), including direct access and one-stop clinics, are already well embedded in NHSGGC, there is further opportunity to extend and improve consistency of use to reduce variability of patient pathways within services.

Figure 8: Outpatient Planned Care Target Operating Model



Nurse and Allied Health Professional (AHP) led pathways are also well established across NHSGGC but again we believe there is further opportunity to invest in staff and expand nurse led pathways, knowing these pathways evaluate well with patients and deliver efficient and effective care.

The Diagnostic Hub model is recognised as providing efficient one-stop management of Urology patients. To date development of the Diagnostic Hub model in NHSGGC has been relatively limited but this will be an area for expansion over the coming years. In establishing this model more widely we will also help to release some theatre capacity for other surgical patients.

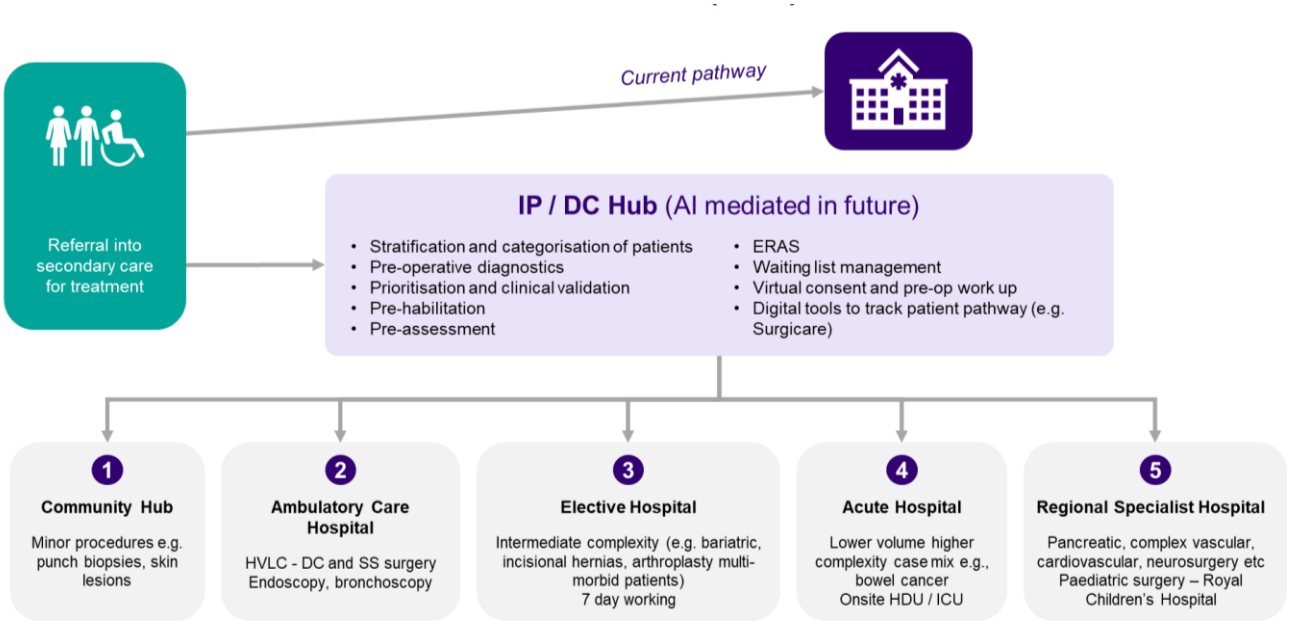
Our approach to Patient Initiated Review (PIR)/Patient Initiated Follow Up (PIFU) is now clearly set out and there are automated processes now in place to support expansion across more patient pathways. This will be a key focus for NHSGGC over the next 3 years, helping to strengthen patient-led decisions in their own care.

NHSGGC has been an early adopter of the EQUIP programme with all current EQUIP pathways implemented across NHSGGC. Similarly, we have adopted patient opt-in approaches over recent years and see this as an area that will continue to expand over the coming years.

5.3 Inpatients and Daycases

For inpatient and daycase services the clinical strategy describes a tiered approach to elective centres that help to protect elective capacity and maximise productivity, alongside specialist centres undertaking regional/national work, for example the Institute of Neurosciences. This is outlined in **Figure 9**.

Figure 9: Inpatient and Daycase Planned Care Target Operating Model



Over the next 3 years we aspire to increase capacity in planned care by increasing the separation of scheduled care from unscheduled care and, where appropriate, streamlining areas of higher volume activity (e.g. Cataracts and Arthoplasty).

This will see NHSGGC expand our tier 3 elective centres through the Surgical Hubs at Inverclyde Royal Hospital (IRH) and Gartnavel General Hospital (GGH), and increase the complexity of patients able to be managed at sites such as GGH and Stobhill Ambulatory Care Hospital (SACH). We will continue to build on successes in daycase and short stay surgery and extend the number and range of procedures able to be managed in this way. As we take this work forward we will look to learn from experience across the UK and wider.

Our more complex surgical activity will continue to be delivered through our tier 1 acute sites supported with further innovation in areas such as robotic surgery. This tiered approach may require some changes to the profile of specialties across different sites and we will involve both clinicians and our patients as we work through any reconfiguration required.

Underpinning this model for inpatient and daycase surgery will be patient prioritisation, clinical validation and a redesign of pre-operative services to target resources more selectively to match a patients' individual needs. This will include identifying more patients at an earlier stage before surgery to offer patients ways to better prepare for surgery. An example of this is already in place for some of our Urology patients through the 'Getting Better Faster' programme.

NHSGGC recognises the need for staffing to be at the centre of these plans for recovery and redesign. Investment in skills and training takes time but is essential to ensure we have the workforce we need for future service delivery. Over the next 3 years we will continue to develop our theatre nursing model, expanding the use of band 4 roles and increasing Operating Department Practitioners (ODPs) and dual training of staff, alongside work with the anaesthetics team to build capacity and resilience for the future service.

5.4 Achieving Greater Efficiency

It is essential that across both outpatient and inpatient/daycase services we maximise efficiency to make best use of all out resources. Over the next 3 years we aim to increase the range of eHealth solutions that support improved efficiency of services. This will include improved performance dashboard analytics providing planned care services with easier access to real time information; the potential for new service scheduling tools to streamline patient surgical management alongside patient pre-operative applications and consent for surgery that help reduce late cancellations for surgery and improve the patient experience.

5.5 Endoscopy

The medium term plans for endoscopy focus on generating incremental increases in capacity by making best use of our existing estate and targeting those resources to patients in greatest need.

We will continue to use the clinical evidence base to evolve our approach validation of patients on the waiting list and ensure resources are directed to patients in greatest need. The latest evidence base will also help inform our evolving approach to use of the new modalities such as Cytosponge and Trans Nasal Endoscopy and help to further increase existing capacity.

In order to make full use of available capacity NHSGGC recognises the need to continue investment in Endoscopy staff training and development. Local programmes are underway but this will require a coordinated approach locally and nationally to ensure we are building the levels of Endoscopy workforce required for the sustainable delivery of services over the medium and longer term.

Key Priorities for Planned Care include:
• Reduce waiting times across outpatient, inpatient and diagnostic services • Increase efficiencies • Balance demands of unscheduled and elective care • Build on levels of workforce required for future service delivery • Build towards a future tiered model of care

6 Cancer Care

6.1 Embedding optimal cancer and clinical management pathways

Recovering performance against the national cancer waiting time standards is a key objective for the Board. As part of this strategic aim, clinical services will continue to embed optimal cancer and clinical management pathways. A robust framework for the review and improvement of cancer pathways has been established with Director and Chief of Medicine leadership.

The Board recognises the improved clinical outcomes linked to early diagnosis. Facilitating the implementation of the new NHS Scotland Optimal Lung Cancer Diagnostic Pathway remains a key deliverable and work has commenced on embedding the key elements of the new pathway. We are exploring options to expand rapid access to key diagnostic tests, including PET-CT, working to ensure long term sustainable capacity is available.

We welcome progress on the national Head and Neck pathway and will actively support focused work to improving flow across this pathway.

Work has also commenced on implementing the National Haematuria pathway across NHSGGC, to streamline the bladder cancer patient pathway. Clinical services are engaged in improvement work across the whole Urology pathway and has highlighted this as a key priority within our improvement plan.

6.2 Delivering a single point of contact service for cancer patients

NHSGGC recognises the patient benefits of having a main point of contact throughout their cancer pathway. This access point allows patients to easily discuss their clinical care, receive advice on their appointments, investigations and results, and feel empowered to input into their own care. The Board aims to ensure all cancer patients are supported by a Clinical Nurse Specialist throughout their cancer pathway to act as a key contact. In addition, a programme to establish Navigator posts has commenced. Navigators communicate with patients, carers and primary care regarding appointments, facilitate navigation to diagnostic tests and investigations and signpost to appropriate services. Navigator posts have been implemented in the key cancer tumour groups of Urology and Gynaecology with plans to expand these roles to further pathways in 2023/24.

6.3 Configure services in line with national guidance and frameworks on effective cancer management

The Board is committed to further embed the Framework for Effective Cancer Management, supporting clinical leadership across the cancer agenda and ensuring clinically prioritised patients remain the focus for timely consultation and treatment. Significant work has been undertaken to implement a robust governance structure to support effective cancer

management. This includes a focus on optimal diagnostics, dynamic tracking and escalation, appropriate treatment and rigorous cancer performance management.

Prehabilitation programmes have commenced within NHSGGC for the most complex patients with specialist AHPs and Psychology staff providing this specialist intervention to optimise treatment outcomes and support people to better cope with cancer and non-cancer treatment. This approach to prehabilitation is part of our broader, well established Enhanced Recovery After Surgery (ERAS) Programme.

NHSGGC is committed to augmenting the current prehabilitation provision for Oncology patients and to agree a programme of expansion to ensure access to this important support can be offered to more cancer patients. Prehabilitation is an essential part of the treatment pathway which can be started before the systemic treatment pathway has been confirmed.

6.4 Support the Oncology Transformation Programme

NHSGGC welcomes the focus on Oncology services as a key priority to ensure optimal service provision for cancer patients. The Board recognises the importance of sharing data and best practice to inform ambitions for cancer care across NHS Scotland.

We note the Scottish Cancer Network as a dedicated national resource to facilitate a 'Once for Scotland' approach to cancer services, which will potentially assist in delivering equitable access to care and treatment across Scotland. We will continue to engage with national forums to develop services in line with national standards and in partnership with NHS Scotland Boards.

6.5 Increasing Diagnostic Capacity

6.5.1 Diagnostic Pathway in PET-CT

A PET-CT scan uses a low dose of radiation to check the activity of cells in different parts of the body. It can give more detailed information about cancer or abnormal areas seen on x-rays, CT scans or MRI scans and therefore is a key diagnostic test for patients on the cancer pathway.

West of Scotland patients receive their scan in NHSGGC. There are two PET-CT scanners based in GGH. In addition, the radioactive tracer is manufactured on site within NHSGGC in the PET Production Unit.

The Scottish Clinical Imaging Network (SCIN) group identified two significant pressures on the capacity requirement for PET-CT across NHS Scotland; an increasing demand from cancer referrals and the need to reduce from a 14-day to a 7-day turnaround time.

In 2018 the SCIN group projected a significant growth in demand. They recognised that capacity on the current two scanners and the PET Production Unit would not match the demand and identified the need for a 3rd PET-CT scanner for the West of Scotland together with a Production Unit upgrade. Their projections require the scanner to be operational within NHSGGC by 2025, and at that point funding was identified for both the scanner and revenue costs.

It is evident that the demand is already matching these projections therefore it is imperative that a 3rd scanner with supporting tracer activity is available pre-2025.

The MTP is a capital development to both install a 3rd scanner and upgrade the PET Production Unit.

6.5.2 Workforce Development

Workforce development and redesign has already been established in 2023/24 with in-house training of Reporting Radiographers and Band 5 Radiographers receiving full training in CT scanning. In addition to the three Sonographers who are currently being trained and are due to qualify in September 2023, a further 3 Sonographers are due to complete training in September 2024. The 3 Sonographers due to qualify in 2024 will provide further additional capacity of 90 slots per week (360 per month) following preceptorship, which would be expected to be complete in Q3 of 2024.

As demand continues to rise, it would be beneficial for the diagnostic service to train additional Assistant Practitioners, Sonographers and Reporting Radiographers as this would provide further capacity, flexibility and resilience within the service. Further training however would require additional funding and our MTP would therefore be to develop a business case outlining the need to train additional staff to support growth in demand.

6.5.3 Renewal of Equipment

The diagnostic service has a rolling replacement plan in place to renew outdated and 'not fit for purpose' equipment. In the event of any unexpected failures of equipment, any resultant downtime could adversely affect our ability to deliver a service. We will therefore seek further capital funding to procure, install and commission equipment, as per the rolling replacement plan.

Key Priorities for Cancer Care include:
• Progress Head and Neck pathway and support work to improve flow across the pathway • Clinical Nurse Specialist for all patients and Cancer Navigator role to be expanded to further pathways • Augment current prehabilitation provision and agree programme of expansion • Expand rapid access to key diagnostic tests to ensure long term sustainable capacity • Develop diagnostic workforce to support growth in demand • Renew equipment as per rolling replacement plan, including capital development to install 3rd PET-CT scanner and upgrade PET Production Unit

7 Health Inequalities

7.1 Turning the Tide

The Public Health Strategy for 2018-28 'Turning the Tide through Prevention' sets out the strategic direction for reducing health inequalities across NHSGGC. Work is ongoing with key partners to develop a 3-year delivery framework for Turning the Tide, strengthening whole systems working for population health and wellbeing and primary prevention across our 6 local authority areas. The delivery framework will build to sustain our 2023/24 priorities whilst setting direction for our medium-term priorities in order to address wider challenges associated with deteriorating trends in both healthy life expectancy and life expectancy and increasing health inequalities. The delivery framework will consider workforce and resource considerations alongside ways of working to promote population health.

Our priorities will be informed by data from our 2023 Health and Wellbeing Survey (Adults) and subsequently the BME Health and Wellbeing Survey reporting early 2024. The data will support local profile development as well as underpin our strategic population needs assessment and planning

Focus across NHSGGC. As we work towards implementing the guidance that will emerge from the Public Sector Equality Duty (PSED) review for our next NHS Equality Scheme, NHSGGC will maintain our focus on mainstreaming actions within whilst utilising data from the 2022 census and our health and wellbeing survey, and lived experience data to inform additional targeted actions for our population

Drivers of health inequalities are well understood across local partnerships. Expectations of Health Boards to undertake proactive inclusion in an effort to reduce health inequalities underpins the premise of Turning the Tide and extends to wider partner aspirations with a particular focus on areas of highest deprivation and ethnicities with lower uptake of services and health improvement interventions.

Turning the Tide will provide the backdrop to support a focus on implementation or 'action into practice' working closely with Community Planning Partners; Glasgow City Region Economic Partnership; Third Sector and Voluntary Partners and wider Health and Social Care Services to deliver:

- Community Wealth Building and NHSGGC role as an anchor organisation
- Poverty mitigation and child poverty impact
- Capacity building within our communities / strengthen community health assets
- Reduce inequalities in relation to health care impact and access to services/ intervention
- Trauma informed approach to those with multiple disadvantage

The following elements of this section describe our response to the key asks in the guidance.

7.2 Tackling local health inequalities, reflecting population needs and local joint Strategic Needs Assessment

NHSGGC Health and Wellbeing Survey and subsequent BME survey will provide first post pandemic population data. Consideration of Local and Board-wide trends pre and post

pandemic along with wider Public Health (PH) intelligence sources such as the census will facilitate the delivery of:

- NHSGGC public health intelligence programme
- Director of Public Health (DPH) strategic needs assessment
- Partner and Community Engagement as part of Turning the Tide priority setting

7.3 National Mission on Drugs to reduce death and improve lives, including the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation

NHSGGC has developed a Framework for Addressing Drug Harms in order to support a coherent and comprehensive approach across GGC partnerships. This will support local delivery against the range of national policies and strategies that are relevant to drug use and drug harms including drug-related deaths, blood-borne virus transmission, implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation, 'Rights, Respect and Recovery' (Scotland's alcohol and drug treatment strategy) and Scotland's Hepatitis C Action Plan.

This framework will provide oversight across existing reporting structures provided by our 6 Alcohol and Drug Partnerships; MAT standards implementation group and NHSGGC Residential Rehab Improvement Hub and other services. This aggregated position will be reflected back to the Alcohol and Drug Partnerships to enable cohesive strategic planning and decision-making processes.

https://www.gov.scot/publications/national-drugs-mission-plan-2022-2026/

7.4 Actions set out in the Women's Health Plan

Beyond 2023/24 commitments we will continue to review women's health priorities in the context of inequalities and premature mortality to ensure service delivery is reflective of health need and lived experience data, in alignment with the national action plan.

7.5 Transport to Health

Our reducing Inequalities in Healthcare workstream will focus on innovation and testing new ways of working to address barriers such as transport using both universal and targeted approaches.

Key Priorities for Health Inequalities include:
• Deliver NHSGGC Public Health Intelligence Programme, DPH strategic needs assessment and engage with partners and the community • Utilise NHSGGC framework for addressing Drug Harms and increase access to residential rehabilitation • Continue to review women's health priorities • Innovate and test new ways of working to address barriers including transport

8 Innovation Adoption

8.1 Strategies

NHSGGC recognises that Innovation has the potential to significantly enhance disease prevention, further enable patient centred pathways, deliver cost-saving and efficiencies and a more resilient and higher skilled workforce. The NHSGGC Research & Innovation Strategy and Digital Strategy are designed to further develop and build on our outstanding research & Innovation ecosystem, allowing Glasgow to play a key role in making the UK the leading Hub for life sciences. A future Artificial Intelligence (AI) Strategy is currently under development.

8.2 The WoS Innovation Hub

Established in 2019, the WoS Innovation Hub supports delivery of the National Health and Social Care Innovation objectives set by the Chief Scientists Office (CSO) and Scottish Health and Industry Partnership (SHIP) and works in collaboration with NHS Scotland innovation partners including the Centre for Sustainable Delivery (CfSD), NHS National Services Scotland (NSS), and the Innovation Test Beds of the North and East regions. The WoS Innovation Hub acts as a “front door” and single point of contact for innovators, academia and industry and provides end-to-end support for innovation projects in the region. The aim is to transform delivery of health and social care by driving forward the early adoption, or early rejection of novel devices, products, and services through an end-to-end pathway.

8.3 ANIA

NHSGGC welcome the establishment in 2022 of the Accelerated National Innovation Adoption (ANIA) collaborative which is led by the National CfSD. ANIA aims to enable rapid scaling of innovation adoption to deliver wider improvement in patient care. NHSGGC is working closely with ANIA to take forward a number of projects including the OPERA heart failure clinical pathway and a digital platform for remote management of patients with Chronic Obstructive Airways Disease. A key priority for NHSGGC is to ensure robust evidence generation through the careful design of Innovation projects to support decision making for subsequent adoption based on value, risk, potential impact, and cost. The Chief Executive of NHSGGC and the Research & Innovation (R&I) Director are members of the Innovation Design Authority which advises on which projects should progress through the ANIA pathway and Board adoption.

8.4 Workload & Cost-recovery

The WoS Innovation Hub team are currently supporting 42 Innovation projects. This includes large programmes of work such as Industrial Centre for Artificial Intelligence Research in Diagnostics (iCAIRD), Strength in Places and the National Consortium of Intelligent Medical Imaging which have a number of large work packages running and more in the pipeline. In addition, 15 projects at the setup stage and 5 at the scoping stage. The total value of the active projects is greater than £83m. In NHSGGC the Glasgow Biomedicine model managed through R&I finance enables revenue generated by industry funded research and innovation to be re-invested into research, enabling capacity building. This cost recovery through external funding will enable capability to respond to the board’s delivery needs. NHSGGC innovation continues to expand at pace, along with the infrastructure, skills and expertise in data governance processes, clinical evaluation and validation and AI capability.

8.5 Innovation Approach

Innovative approach within the Board includes:

- Robust evidence generation through hosting the regional test bed to support decision making for adoption based on value, risk and potential impact
- Cost recovery through external funding to develop capacity and capability to respond to boards delivery needs
- Establish functional, clinical and technical requirements to inform future business case development / transformation based on innovation activity
- Develop infrastructure and workforce to support innovation adoption

Key risks	Mitigation
Recruitment and retention of staff and knowledge given all involved funding is temporary / fixed-term	We continue to seek sustainable core funding from Scottish Government Chief Scientist Office
Capacity of WoS Boards to support innovation priorities	All Boards are engaged at senior-level through WoS Regional Innovation Governance Group where continue to seek their support, and explore on a project-by-project basis opportunities for them to build capacity
Lack of national roadmaps, interoperability standards and capabilities for underpinning services such as Patient Reported Outcomes hence each innovation project risks re-invention and less focus on new innovation	Continue to engage with national programmes and Scottish Government Digital Health & Care, support their work on progressing national approaches, and share lessons and evidence from innovation projects

It is worth noting that these risks are Scotland wide and applicable to all three National test beds.

8.6 Future Plans

AI research activity and evaluation is continuing through externally funded projects such as Dynamic–AI Chronic Obstructive Pulmonary Diseases (COPD) and others in breast cancer screening, osteoporosis, and heart failure and pathology. In 2022, NHSGGC pathology department the recipient of the 2022 Holyrood Connect Data Driven Innovation for the digitalisation of pathology images enabled through iCAIRD. Currently, 98.2% of all hematoxylin and eosin (H&E) pathology cases are now reported using digital pathology. Post iCAIRD NHSGGC will work with industrial partner (Philips) to transition to a fully digital workflow, staged over the next two years. A near-clinical digital pathology research environment with dedicated scanning capability has been established, enabling on going AI research discovery and evaluation studies.

Key Priorities for Innovation and Adoption include:
• Further develop and build on outstanding R&I ecosystem • Continue to work with NHS Scotland partners to host the WoS Innovation Hub and transform delivery of Health and Social Care through innovation • Work closely with ANIA to take forward a number of projects • Cost recovery through external funding and re-investment of revenue generated by industry funded research

9 Workforce

NHSGGC are focused on delivering the actions contained within the NHSGGC Workforce Plan 2022-25. The ambitions within this action plan are all underpinned by the desire to address and reduce barriers to delivering exemplar workforce practice. NHSGGC is utilising a range of approaches to enhance recruitment from all markets, from local to international and from traditional media to emerging channels. NHSGGC has deployed a range of initiatives to improve staff retention and to protect the health and wellbeing of our workforce.

9.1 Recruitment and Retention

NHSGGC have undertaken a number of approaches to establish and retain the required workforce. Nursing & Midwifery is particularly challenging, with a 16.1% vacancy rate among Band 5 nurses in Acute and HSCPs. All recruitment routes are open, with over 600 newly qualified nurses and midwifes targeted for recruitment and on boarding this summer. We have recently offered more than 230 internationally trained nurses a substantive role along with 30 Radiographers and we look forward to welcoming them during the spring and summer. Newly qualified AHPs are currently being recruited to a Band 4 role, in advance of graduation and registration later in the year.

There is currently a 6.1% vacancy gap in the Consultant workforce, with hard to fill roles noted in older people's services, mental health services and imaging.

Routine recruitment of registered nurses over the winter, through recruitment fairs, on site events, using social media and new career videos, we have been able to maintain the nursing establishment over the winter. This provides a strong base from which to build, using the larger campaigns to close the vacancy gap.

NHSGGC continues to focus on staff retention, noting that the staff turnover rate has reduced from 12.4% last year to 11% year to date. This is anticipated to reduce further over the next year as the rate of leavers continues to stabilise.

As part of our whole system approach, NHSGGC also recognises the current vacancy rate and upcoming challenges expected within the social care sector. Recent and upcoming NHS Scotland pay deals (now 20% above the Living Wage) and improved terms and conditions will continue to attract carers away from the social care sector. Any further reduction in care home staff and care at home workers will reduce community capacity and further impact our ability to discharge from Acute services.

9.2 New Roles

NHSGGC has created multiple routes for training, development and to attract people into new roles. The Assistant Practitioner, Assistant Perioperative Practitioner and Associate Practice Educator roles have all been developed and aligned to the National Education Scotland (NES) Development and Education Framework for HCSW, with the first candidates starting in August (in line with the academic year and college provision of training). Recognising the administrative duties which Senior Charge Nurses (SCNs) undertake, a SCN Administrative Assistant role is being introduced at band 4, which has been mapped to 15 hours per ward

area, thus releasing time for the SCN to provide clinical leadership and supervision to the clinical team.

In terms of advanced practice the Board remains active through the Transforming Nursing Roles work; continuing to support Advanced Nurse Practitioners (ANPs), District Nurse ANP roles, Clinical Nurse specialists and have successfully trained and are training additional Emergency Department Advanced Clinical nurse Practitioners.

9.3 International Recruitment

International nurses are being supported initially as Band 4 as they are coached and supported to complete the required OSCE and gain registration with the Nursing Midwifery Council (NMC). The Board are also actively supporting return to practice nurses, with a guarantee of a post following successful re registration with the NMC. Operating Department Practitioners are recruited using Annexe 21, allowing them to train while working, with a guaranteed post following successful registration with The Health and Care Professionals Council (HCPC). NHSGGC also encourage HCSW to undertake the Open University pre-registration programme with success in both Acute and Mental Health Nursing through this opportunity. Work also continues to introduce Medical Associate Practitioners into multi-disciplinary teams across our Board.

9.4 Enhancing local supply pipelines

NHSGGC is engaged with all 6 Local Employability Partnerships and has an Employability Action Plan in place along with supporting procurement who equally can enhance job opportunities through local suppliers. Our work is well underway. NHSGGC offers a number of employability routes, using our Healthcare Academy model to build core skills and provide confident and capable candidates for HCSW roles, trained and supported by our internal practitioners. Supported internships are also used to provide opportunities for specific groups, for example long term unemployed, 16-24 year olds with a learning disability. This work also supports the Glasgow City Deal.

9.5 Technology and automation

The Board's commitment to sustainability delivered by improved processes and use of technology, is embedded within all of the 2022-25 Workforce Plan actions. The plan remains aligned with the Board's Sustainability and Value Programme, aiming to deliver savings and efficiencies. The Boards recently approved Digital Strategy also commits to our approach to a digitally enabled workforce.

9.6 National and local workforce priorities

NHSGGC recruitment services are utilising all available channels for recruitment. In the local area we host on site recruitment events, utilising social media as well as traditional newspaper and journal advertising, complemented with radio advertising for specific initiatives. NHSGGC is represented at all key Royal College of Nursing (RCN) fairs and events. NHSGGC Staff Bank operates an 'always open' approach to recruitment, continually recruiting and onboarding new workers who prefer a more flexible approach. NHSGGC is committed to reducing and removing all high cost agency spend.

Staff retention is more challenging as a result of the increased opportunities presented by other territorial boards, primary care and agency work. In addition there is the challenge of the increased opportunity within the job market for entry level posts within and outwith health and

social care, where similar earning potential exists in less demanding environments. The Retire and Return scheme has been successfully used in NHSGGC with over 400 people accessing this pathway so far. Other key initiatives in staff retention include:

- New roles and routes to careers
- Staff engagement through a new Internal Communication and Employment Engagement Strategy
- Enhance iMatter participation and action planning
- Increased training and development opportunities
- Succession and Career Planning
- A focus on Diversity and Inclusion, in liaison with our Equality Networks

9.7 Staff Wellbeing

Our mental health and wellbeing plan is embedded without our Staff Health Strategy, with a key action ensuring that there are a number of preventative initiatives in place, including:

- Occupational Health Counselling and Psychological Therapies
- LearnPro module – introduction to psychological health and well being
- Peer Support framework
- Let's talk webinars with topics including stress, sleeping better and psychological first aid
- Training - Mentally healthy line manager training, stress awareness sessions and mindfulness
- Rest and relaxation hubs – introduced early in the pandemic and continuing based on staff feedback
- Health and wellbeing groups (previously Healthy Working Lives (HWL)) undertake a wide range of initiatives for example there are planned stress awareness road shows which will be taking place at different sites across NHSGGC in April
- Online staff health and wellbeing resource (HR Connect)
- Following a recent staff health survey a new action plan is being finalised in partnership and will have a focus on Mental Health, in work poverty, Fair Work and reinforcing staff support at local level
- Addressing and reducing barriers to delivering exemplary workforce practice

Key Priorities for Workforce include:
• Deliver actions within the 3 year workforce plan • Continue various approaches and utilise all channels to recruit and retain staff • Introduce Band 4 SCN Administrative Assistant role • Continue Transforming Nursing Roles work • Enhance job opportunities through local suppliers, support development of HCSWs and training of international nurses • Continue preventative initiatives to ensure staff wellbeing

10 Digital

10.1 Digital Strategy

A core principle of NHSGGC's Digital Strategy 2023-2028 – Digital on Demand is to maximise the benefits of technology. We will innovate and exploit the potential for digital technology to transform service delivery, and measure the benefits to track our progress. We will achieve this while educating and up-skilling staff, to ensure they do not feel left behind. We will build on our existing Digital tools to maximise value, for example by implementing TrakCare's Active Clinical Notes functionality to replace paper notes on inpatient wards. We will design for digital equality from the start, including the requirement for non-digital alternatives where needed, to avoid digital exclusion.

We will continue to support NHSGGC's recovery plan by providing reports and live dashboards to help clinical services monitor and optimise the delivery of planned and unscheduled care. We will work with Mental Health to support the new CAMHS and CAPTND.

We will support clinical services to expand the reach and grow the uptake of virtual consultations and remote monitoring. The patient hub and "print and post" proof of concept will enable citizens to access services and manage their appointments electronically, while reducing environmental impact and the costs of paper and postage. Following the proof of concept stage a business case will be prepared to support wide rollout of these capabilities.

10.2 Digital Literacy

NHSGGC eHealth have resourced a dedicated team to support the Workforce Digital Literacy & Skills Programme within the NHSGGC Digital Strategy. This team will work with services to document and then develop solutions using the M365 toolkit and other capabilities. All NHSGGC staff have access to the national 'Skills Hub' via their Microsoft Teams home page, which provides guidance, hints and tips as well as access to training on the M365 toolset. We will continue to build the library of learning resources and improve signposting, and develop new opportunities to support staff in getting maximum value from M365 and other key tools. NHSGGC will engage with NES to maximise development and sharing of learning resources.

10.3 Digital Priorities

Throughout 2023-2025 we will transition GP practices to the new Cegedim Vision system, providing training and support and validating the migration of data from the old system to the new. We will seek opportunities to use the capabilities of Vision to deliver additional value, for example an integrated system for GP practices to book clinical services including phlebotomy. NHSGGC will continue to engage nationally to support the implementation of the new CHI and Child Health systems.

Digital Clinical Notes will be implemented across NHSGGC, initially for nursing documentation then expanding to include medical documentation. E-Observations will be delivered in a subsequent phase. In parallel with the introduction of the Dental Electronic Patient Record, a new dental charting system will be procured and implemented, and the Open Eyes Ophthalmology EPR will be rolled out more widely. We will continue to enhance data sharing with HSCPs via Clinical Portal and electronic referral management.

Following implementation of the new national eRostering system in early adopter wards during 2023, the system will be rolled out more widely across NHSGGC including both nursing and medical staff.

NHSGGC is hosting the national programme to support implementation of a single Laboratory Information Management System (LIMS) across a consortium of 12 NHS Boards. NHSGGC will implement the new LIMS following the implementation of the new NHSGGC Laboratory Managed Services Contract which includes replacement analysers and infrastructure. In addition, NHSGGC are leading on the specification of the Genetics Module within the LIMS product. Digital Pathology is live within NHSGGC with the current contract taking us to 2026. Next stage is to explore options to sustain and enhance this capability post 2026.

NHSGGC are fully committed to ongoing compliance with the Network and Information Systems regulations in accordance with the refreshed Scottish Government Public Sector Cyber Resilience Framework.

NHSGGC will build on the successful rollout of electronic prescribing Hospital Electronic Prescribing and Medicines Administration (HEPMA) across inpatient wards and theatres, spreading use of the system to selected outpatient areas. A new integrated Pharmacy Management System will be implemented which will streamline the process of ordering medicines stock in hospitals. The HEPMA system will be upgraded to the latest version, providing new and improved functionality for clinical staff.

10.4 Digital and Innovation

We will build on NHSGGC's leading role in the innovation space, to transition key programmes to "business as usual" (BAU) and maximise benefits by rolling out more widely. This includes scaling up the Heart Failure pathway, COPD remote management and Orthopaedics digital pathway. Through establishment of a Programme-led approach, we will further progress our experience of AI research and innovation into operationalisation focused on corporate priorities and development of an organisation strategy for AI.

Key Priorities for Digital Services and Technology include:
• Innovate and exploit the potential for digital technology to transform service delivery whilst educating and upskilling staff • Provide reports and live dashboards to monitor and optimise delivery of planned and unscheduled care • Expand virtual consultations • Support the Workforce Digital Literacy & Skills Programme • Transition GP practices to the new Cegedim Vision system • Implement new national eRostering system, single LIMS system and HEPMA in OP setting • Transition key programmes to BAU and develop and AI strategy

11 Climate

11.1 Sustainability Strategy 2023-28

NHSGGC approach to the MTP objectives is captured in the core of its forthcoming Sustainability Strategy 2023-28 to be launched at the end of August. Working groups have been established to progress all areas of the National Climate Change and Sustainability Policy (DL38). Each working group lead owns and develops a charter which is their respective 5 year work plan aligned to and capturing national policy, MTP and NHSGGC Strategy obligations and commitments respectively.

MTP objectives will be led by the following groups:

The Sustainable Travel & Transport Group leads on decarbonisation of fleets in line with targets (2025 for cars / light commercial vehicles and 2032 for heavy vehicles (at the latest)).

NHSGGC's Waste Management Group oversee the waste agenda and form part of the broader sustainability governance framework.

The Groups focus is on implementation of Dry Mixed Recycling (DMR) and waste segregation within clinical areas (please also refer to clinical sustainability Bundle A Actions). They ensure collaboration with Facilities and Clinical colleagues and support the culture change required on waste management through the development of new training materials, modules communications.

NHSGGC's Clinical Sustainability Group links with clinical governance to ensure the smooth and effective delivery of the Green Theatre Bundles. This also includes non-clinical participation from facilities, estates, procurement and energy, which is supported within the wider sustainability governance framework.

The Energy Management Group works with capital and estates colleagues to set policy, benchmarks and targets to deliver savings and develop large multi-stakeholder capital schemes for heat and power decarbonisation.

Implementation of the Scottish Quality Respiratory Prescribing Guide is incorporated within the Meter Dose Inhaler (MDI) initiatives and will be delivered by the primary care delivery group, which forms part of ***NHSGGC's Clinical Sustainability structure*.**

11.2 Environmental Management System (EMS)

Q-Pulse is being utilised as NHSGGC's Estate & Facilities Business Management System upon which to build our EMS and Quality Management System (QMS), ensuring legislative compliance and risk and opportunity management across all working groups.

Key Priorities for Climate Emergency and Environment include:
• Launch Sustainability Strategy 2023-28 at end of August 2023, which will ensure progress across all areas of the National Climate Change & Sustainability Policy through various working groups • Utilise Q-Pulse as a management system to ensure legislative compliance and risk opportunity management – monitor and report every 6 months

Section B: Finance & Sustainability

Identify any risks and issues to delivery of the ADP, with reference to the need for financial balance and associated improvements through, for example, Sustainability and Value Programme.

12 Finance & Sustainability

12.1 Three Year Financial Plan

The Board's Annual Delivery Plan detailed the three-year financial plan for 2023/24 to 2025/26, which was submitted to Scottish Government in March 2023 and approved by the Board on 25th April 2023. The financial plan highlights a deficit of £71.1m for 2023/24 and a deficit of £79.8m and £54.5m for the subsequent years.

On further review the forecasted deficit for 2023/24 has now been reduced to £53.3m which is predicated on £75m of recurring savings and £50m non-recurring savings.

The position that we are currently facing is challenging but the Board is taking a number of actions to reduce this further, detailed below:

- Additional controls implemented around agency spend
- Enhanced governance, target decisions and choices are being made
- Further review of current financial plan 2023/24 for any further opportunities for flexibility
- Review of all remaining spend in relation to Covid-19 expenditure and additional beds

12.2 Sustainability and Value Programme

As we transition from the post pandemic environment, we need to recalibrate how we manage and deploy our resources to ensure we can continue to provide excellent levels of care and continue to innovate, invest and excel. To achieve this the Board has commenced its transition from a Financial Improvement approach to a wider Sustainability and Value approach, this move reflects the nationwide approach and collaborative models of working and the need for a wider and more holistic approach to sustainable service provision over a prolonged time scale.

The approach that we are taking is aligned to the wider NHS Scotland aims and targets:

Aims

- Being environmentally and socially sustainable
- Delivering better value care
- Making effective use of resources
- Optimising capacity within available resources

Targets

- 3% recurring efficiency savings per annum
- Productivity Gain
- Net carbon zero (by 2038)
- Value based health and care

To address the scale of 2023/24 financial challenge the Sustainability and Value programme will look to deliver circa £55m of savings from our well established processes and work streams such as Prescribing, Non-Pay, local and service specific changes. In addition to this a further £20m of recurring savings will be delivered from service wide packages of work encompassing: workforce planning, major service redesign, efficiency and productivity gains, estate rationalisation, medicine management and clinical pathway optimisation.

The linkages between S&V and other areas of strategic work such as MFT, value based health care and climate change along with the Board's infrastructure strategy will be developed so that these strategies can inform or be informed by the S&V programme and incorporate the overall financial position and constraints.

Alongside this there will be the requirement to make choices on what outcomes are prioritised, as well as a wider programme of reform to achieve and maintain financial sustainability.

Key priorities for Finance & Sustainability include:
• Undertake actions to reduce the forecasted deficit and deliver savings • Continue with a Sustainability and Value approach • Maintain financial sustainability

Section C: Value Based Health and Care

Approach to embracing and adopting Value Based Health and Care.

13 Value Based Health & Care

13.1 NHSGGC Approach to embracing and adopting Value Based Health and Care

Building on progress to date, our aim is to ensure the practice of Realistic Medicine (RM) enables the delivery of Value Based Health and Care (VBH&C) across NHSGGC. Our approach will focus on areas such as, Clinical Sustainability, the promotion of outcome measures and use of data, reducing unwarranted variation, elective transformation pathways such as ACRT, EQuIP and PIR and further growing the practice of RM which underpins VBH&C. We recognise the importance of the SG VBH&C and Care Action Plan and plan to ensure local work is aligned to those principles.

13.2 Realistic Medicine

RM is a well-established key programme of work and our vision is to ensure that all our staff understand the principles of RM and are equipped to embed it in their daily practice across our whole system. Some of the areas of focus in the months and years to come are:

- **RM Networking Group** - A local Realistic Medicine Network Group is well established. The group is led by our RM Clinical Leads and is key to embedding the practice of RM. The group has wide, active membership across primary and secondary care and meets regularly to oversee the implementation of an agreed programme of work. We will continue to ensure active participation in the network, reviewing and expanding membership when necessary, to create the conditions for an effective team working approach to support the embedding of RM principles and promote VBH&C

- **RM Champions Network** – The RM Champions are crucial to embedding RM across NHSGGC. The network continues to expand and gather momentum with 25 champions now recruited across several specialties including Pharmacy and Dentistry. We are working to proactively increase membership of the group with plans to enhance representation across primary and secondary care specialties and aim to expand the role with more targeted support to emerging pathways. As the RM Champions Network grows, adoption of a Community of Practice ethos is envisioned

- **Realistic Conversations Training** – The NHSGGC Realistic Conversations Communication Skills Training with support of ec4H continues to be extremely well attended and in high demand with feedback consistently rated ‘excellent’ or ‘very good’. This is a key vehicle for further embedding RM across NHSGGC and going forward focus will be further development of our model of training including plans for scaling up delivery. This will include wider promotion of the training along with the enhancement and expansion of the portfolio of training sessions. A recent innovation has been the development of bespoke realistic conversation training to meet areas of clinical need. In primary care, polypharmacy and de-prescribing sessions have recently been introduced and bespoke training is in development with emergency medicine and

surgical colleagues. In the longer term, work will continue to improve and tailor these sessions and respond to bespoke requests to embed shared decision making and patient centered conversations at the heart of in health and care discussions

- **Shared Decision Making –** We continue to encourage the practice of shared decision making in clinical consultations and it is our intention to better understand the impact of including the Benefits, Risks, Alternatives and do Nothing (BRAN) questions on our outpatient leaflets, of which we currently send to approximately 25,000 patients per month alongside appointment letters. Work has commenced with the Patient Experience Public Involvement Team (PEPI) and proposals are in place for short and medium term approaches to this work. In the short term we are preparing a digital survey for all staff with the aim of gauging their understanding of RM and shared decision making. In the medium term, it is expected that the results of this will lead to some targeted improvement work and guide our future engagement approach for staff and the public

13.3 Atlas of Variation

As we move forward, the information in the Atlas of Variation will be used to strengthen and direct the collaborative working relationships with the Access team, RM team, Sustainability & Value Board and CfSD and continue to utilise tools such as the Atlas of Variation to help identify and tackle unwarranted variation in health, treatment, service provision or outcomes. We will also maintain utilisation of the formal process to review the Atlas of Variation data and will continue to use this data as a business intelligence tool.

13.4 Clinical Sustainability

We strive to deliver better value more sustainable care and utilise a number of approaches to do so. To support this, a clinical sustainability approach has been adopted and a robust governance framework established to deliver the Scottish Governments Climate Change and Sustainability Policy Targets. The Clinical Sustainability Group drives forward this work and has included RM from the outset. The clear governance framework allows change at pace and scale bringing together clinical and non-clinical staff and capturing social, environmental and financial performance. The process also ensures stringent clinical governance oversight. Given the scale of clinical services within NHSGGC, Sector Delivery Groups have been established, reporting to the Clinical Sustainability Group, to deliver the National Green Theatre Bundles and in turn our Annual and Medium Term Corporate Objectives across all clinical services.

13.5 Outcome measures

It is our aim to further develop and enhance the measurement of patient outcomes and experience helping us to make evidence based choices. Through the Cancer Medicines Outcome Programme, we have explored the feasibility of collecting and analysing Patient Reported Outcome Measures (PROMs) in routine care, and have asked patients and clinicians for their views on how technology could facilitate this. Phase 2 of this work will broaden the scope from the West of Scotland to all cancer networks in Scotland.

In addition, innovation projects have explored, measured the value of, and integrated PROMs into co-developed solutions such as Dynamic Scot COPD. Routes to scale these innovations

and embed in business-as-usual will continue to be progressed through local business / value cases, and through referral into the CfSD ANIA process.

A Citizen Access Programme Board has also been established to progress wider NHSGGC strategy and capabilities for PROMs and awaits national roadmaps such as Digital Front Door to determine if any further tactical / shorter-term local solutions will be required.

13.6 Transformation Pathways

Over the next 3 years, our outpatient planned care our strategy will see more information provided at an early stage to patients and GPs supporting greater patient self-management, and further streamlining of outpatient pathways through increased use of ACRT and PIR/PIFU. ACRT is already well embedded but there is further opportunity to improve consistency of use and reduce variability within services. Our approach to PIR/PIFU is now clearly set out and there are automated processes in place to support expansion across more patient pathways. We have also been an early adopter of the EQUIP programme with all current EQUIP pathways implemented across NHSGGC. Similarly we have adopted patient opt-in approaches over recent years and see this as an area that will continue to expand over the coming years.

Key priorities for Values Based Health & Care include:
• Review and expand membership of local and champions RM networking groups • Develop, expand and enhance training sessions • Promote outcome measures and use of data • Reduce unwarranted variation • Use of elective transformation pathways • Grow the practice of RM

Section D: Integration & Population Need

Boards are asked to set out key actions to respond to population needs and how you will work in partnership to address and respond to these needs.

14 Integration

There are six Health and Social Care Partnerships within the NHSGGC area.

Every HSCP's Board is required to produce a Strategic Plan that sets out how they intend to achieve, or contribute to achieving, the National Health and Wellbeing Outcomes. Strategic Plans are also required to have regard to the National Integration Delivery Principles. Strategic Plans consider how to best meet the particular population needs of their areas, and, taken cumulatively, the needs of the NHSGGC population for the services they relate to. An understanding of the communities and people across each HSCP area population is therefore vital and accordingly Strategic Plans of the Partnerships are underpinned by a Strategic Health and Needs Assessment for each area.

In order to ensure strong, joined up, and whole system understanding of needs, and agreement to planned ways forward, the HSCP Strategic Plans are developed through a consultative process including a wide range of stakeholders, of which NHSGGC is one, and with formal linking points into the NHSGGC strategic planning structures through the NHS Corporate Management Team and the NHSGGC Finance, Planning and Performance Committee. While the governance approval route of the HSCP Strategic Plans remains firmly with Integration Joint Boards, in line with the Public Bodies (Joint Working) (Scotland) Act 2014, this collaborative consultation and planning ensures a whole system joined up approach NHSGGC wide, and a shared understanding of areas of challenge and opportunity.

The strategic plans of each HSCP can be found on their respective websites:

East Dunbartonshire HSCP	East Dunbartonshire Health and Social Care Partnership Board | East Dunbartonshire Council
East Renfrewshire HSCP	Integration Joint Board - East Renfrewshire Council
Inverclyde HSCP	Health and Social Care Partnership Strategic Plan - Inverclyde Council
Glasgow City HSCP Glasgow City is currently drafting its new Strategic Plan	Strategic Plan 2023 | Glasgow City Health and Social Care Partnership (hscp.scot)
Renfrewshire HSCP	Renfrewshire Health and Social Care Partnership - 'Shaping our Future' - Strategic Plan 2022-25 (hscp.scot)
West Dunbartonshire HSCP West Dunbartonshire is currently drafting its new Strategic Plan	Strategic Plan - West Dunbartonshire HSCP (wdhscp.org.uk)

Links with the Public Health Intelligence function have been established and contemporaneous Population Health and Wellbeing Survey data will be considered by Integration Joint Boards as part of the refresh of the public health strategy and local population profiling activity in Autumn 23.

Key priorities for Integration & population need include:
• Each of the 6 HSCPs will implement their Strategic Plans

Section E: Regional & National

Approach to working regionally and nationally across services through collective and collaborative approaches to planning and delivery, where required.

15 Regional & National

We are committed to ensuring our plans are build based on population needs and ensuring services are planned regionally or nationally where required or where it is clear a regional or a national approach will add value for patients and staff.

We are keen to support the ongoing development of the new NHS Scotland Planning Framework, this will include ensuring we are actively represented in the new Short Life Working Groups (SLWGs) that support the further development of local, regional and national planning and delivery of services.

We are committed to continuously improving and learning from others. We are keen to work with regional and national colleagues, clinical networks and the improvement teams in HIS and CfSD to support delivery of our many service development programmes.

16 Conclusion

This Medium Term Plan describes the vision for health and care in NHSGGC over the next three years. It notes our high-level approach to the ten recovery drivers, and sets this in the context of our long-term clinical plan, Moving Forward Together.

The Medium Term Plan also builds on the short term priorities articulated in our Annual Delivery Plan. The three year planning cycle enables us to demonstrate how we will work with partners to increase the pace and scale of improvement across our health and care system.

Appendices

Appendix 1 – Corporate Statements

Purpose	**To protect and improve population health and wellbeing while providing a safe, accessible, affordable, integrated, person centred and high quality health service**			
Values	**Care & Compassion** ⟷	**Dignity & Respect** ⟷	**Openness, Honesty & Responsibility** ⟷	**Quality & Teamwork**
Aims	**Better Health** **Improving health and wellbeing of the population**	**Better Care** **Improving Individual experience of care**	**Better Value** **Reducing the cost of delivering healthcare**	**Better Workplace** **Creating a great place to work**
Corporate Objectives	• To reduce the burden of disease on the population through health improvement programmes that deliver a measurable shift to prevention rather than treatment. • To reduce health inequalities through advocacy and community planning. • To reduce the premature mortality rate of the population and the variance in this between communities. • To ensure the best start for children with a focus on developing good health and wellbeing in their early years. • To promote and support good mental health and wellbeing at all ages.	• To provide a safe environment and appropriate working practices that minimise the risk of injury or harm to our patients and our people. • To ensure services are timely and accessible to all parts of the community we serve. • To deliver person centred care through a partnership approach built on respect, compassion and shared decision making. • To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs. • To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	• To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets. • To reduce cost variation, improve productivity and eliminate waste through a robust system of efficiency savings management. • To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs. • To utilise and improve our capital assets to support the reform of healthcare.	• To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued. • To ensure our people are well informed. • To ensure our people are appropriately trained and developed. • To ensure our people are involved in decisions that affect them. • To promote the health and wellbeing of our people. • To provide a continuously improving and safe working environment.