



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
27 FEBRUARY 2018**

**REPORT ON: TAYSIDE INTEGRATED CLINICAL STRATEGY**

**REPORT BY: CHIEF OFFICER**

**REPORT NO: DIJB5-2018**

### **1.0 PURPOSE OF REPORT**

The purpose of this report is to provide the Integration Joint Board with an update on progress toward the development of an Integrated Clinical Strategy for Tayside.

### **2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the progress made to date on the development of an Integrated Clinical Strategy and the Staging Report that was approved by NHS Tayside Board in December 2017 (attached as Appendix 1).
- 2.2 Endorses the ongoing development of the Integrated Clinical Strategy in collaboration with Tayside Health and Social Care Partnerships.
- 2.3 Notes the intended public informing and awareness raising whilst a plan for long term, ongoing engagement with our stakeholders is developed.

### **3.0 FINANCIAL IMPLICATIONS**

A detailed financial plan will be developed in line with the Partnership's Commissioning Strategy to support the delivery of the Integrated Clinical Strategy.

### **4.0 PURPOSE OF REPORT**

- 4.1 NHS Tayside and the three Integration Joint Boards are developing an Integrated Clinical Strategy (the Strategy) that will set out a collective vision of how high quality, efficient and accessible clinical services will be delivered for the people of Tayside over the next five to ten years. The Integrated Clinical Strategy will complement the Joint Strategic Commissioning Plans of the three Health and Social Care Partnerships and provide a shared vision of how services will be configured to meet future demand.
- 4.2 The starting point for the Strategy is that the status quo is not sustainable. Clinical services will have to adapt to cope with the ageing population and ever greater patient needs and expectations. The future clinical model needs to shift the balance of care into the primary and community care setting whilst ensuring that high quality; safe and sustainable acute hospital services are maintained. The presumption throughout the Strategy is that changes to service configuration will streamline how our systems function and that this will translate into care provision at a lower cost; reflecting the challenges we face in terms of affordability, workforce and sustainability.

4.3 The Staging Report sets out the challenges that health and social care systems face in Tayside, and outlines the proposed strategic direction of travel for clinical services. The main points are summarised below:

- NHS Tayside will continue to promote population health, by supporting early intervention and disease prevention and the health improvement agenda;
- There will be a sustained investment in primary care services, with an increase in multidisciplinary team working as well as investment in new technology to support patient access;
- The majority of care provision will continue to be provided within the community through the strengthening of primary, community and social care teams. This will involve creating locality hubs providing health, social care and third sector services which will ensure the appropriate use of existing facilities and maintain a sustainable workforce model;
- A key priority over the clinical strategy period will be to ensure that there is a sustainable workforce across the system. Service models will need to reflect this, for example, Perth Royal Infirmary will continue to provide hospital services across the locality, including emergency services, medical services for the elderly and surgery. These service models will be developed as part of the Strategy;
- Robust clinical pathways will be put in place to ensure that the most severely injured patients are routed directly to Ninewells Hospital which will become one of four major trauma centres in Scotland and has the widest range of interdependent services on site;
- Ninewells Hospital will continue as a specialist hospital working in close partnership with the University as a teaching hospital, as well as building its reputation as a centre of excellence for innovation and research;
- Regional services will replace local services where there is a clear rationale supporting better patient outcomes and more efficient ways of working;
- There will be a bias towards investment in new technology and alternative models of care delivery rather than hospital buildings to promote self-care, such as, telecare and other digital forms of care delivery. The focus will be on patient pathways rather than physical hospital estate;
- These changes need to be made within the context of the current financial framework. The future clinical model should offer a more cost effective and lower cost method of care delivery as well as reducing the duplication of services within NHS Tayside.

4.4 Further work will be required jointly with public, patients and clinical teams to define and develop the strategic direction into options and proposals. In addition, it will be important to develop high level estimates of the potential impact of these changes on patient experience, on our workforce and our finances.

## **5.0 POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues apparent at this time.

## **6.0 RISK ASSESSMENT**

A risk assessment had not been carried out as the Integrated Clinical Strategy has yet to be developed.

## **7.0 CONSULTATIONS**

The three Chief Officers of the Tayside Health and Social Care Partnerships, Chief Operating Officer, and Chief Executive of NHS Tayside were consulted in the preparation of this report.. The Integrated Clinical Strategy was commissioned by the Medical Director of NHS Tayside. The Staging Report updating on the work of the Strategy has been presented to and approved by Tayside NHS Board.

## **8.0 BACKGROUND PAPERS**

None.

David W Lynch  
Chief Officer

DATE: 31 January 2018

Sue Muir  
Programme Lead, Integrated Clinical Strategy  
NHS Tayside



# NHS TAYSIDE AND TAYSIDE INTEGRATION JOINT BOARDS

## An Integrated Clinical Strategy for Tayside

### STAGING REPORT

December 2017





## 1. Our Task

NHS Tayside and our three Integration Joint Boards are developing an 'Integrated Clinical Strategy' to reflect the changing needs of its population, guided by <sup>1-7</sup>national policy drivers that focus on:

- Prevention, maintaining existing health through anticipation, co-production and self-management;
- Joined up pathways of care between primary and secondary care and between clinical services and social services.
- Enhanced community provision;
- Preventing hospital admissions or keeping them as short as possible and enabling people to go home as soon as it is appropriate;
- Safe, effective, high quality and person-centred care;
- Ensuring we have the infrastructure, workforce and organisational culture with the capacity and capability.

At the core of our work is a drive to work with people through realistic discussion on expectations and impacts of healthcare treatments, enabling people to care for themselves and care for each other in communities.

The ICS will provide a collective 'vision' of a future together that will provide a strategic guide for how changes to health and social care services will be consulted upon and ultimately delivered for the people of Tayside.

Our ICS will incorporate the co-dependencies and inter-dependencies between individual service areas and across partner organisations. It will reflect how service delivery for the future will be informed by population need, and a focus on realistic, affordable, effective and efficient ways of working. The ICS will describe the change opportunities that will map sustainable service delivery across acute care and health and social care over the next 5-10 years.

We will provide new and innovative ways of working that challenge traditional service delivery. We are working together to support new pathways of care that are built around those who need our support to maintain their lives in the way they wish to live. People needing care and support will be at the heart of decision-making as equal partners in care; informed, included.

Many of our systems are configured in a way that prevents person-centred care and treatment. Systems are set up to treat specific diseases or medical conditions and not those with a range of health care needs. Our aim is to ensure that our services can provide timely and appropriate support and treatments that avoid multiple visits to hospital sites and deliver more services at home or closer to home; moving resources out of hospitals and delivering them in our communities.

Our new pathways will address the financial and workforce challenges currently impacting on our ability to provide new models of care. By changing the way we work and collaborating to grow our workforce, we can provide care and treatment in new ways.

### 1.1 Our Healthcare Financial Challenge

We know that in Tayside over the next 20 years there will be more older people and at the same time, the number of young people will also increase. These changes to the make-up of our communities tell us that the demands for health and social care need to change and must look very different in future years.

Where we deliver our services must also reflect these changes. NHS Tayside is paying to maintain many properties; some are unsustainable, others unviable to be upgraded to deliver safe, modern healthcare. Working collaboratively with our partners in communities; our local

authorities, the voluntary sector, and charitable organisations; we can make more of how and where we base our care and support; hold clinics, health and well-being sessions, provide health education and focused leisure activities in centres that are locally based.

We are currently overspending the funding available to us. This means radical rethinking on how we maintain our services and keep delivering them to the highest quality. We cannot keep overspending public money in this way. The resources allocated for health and social care are precious and we need to ensure we are making best use of public funds, whilst ensuring services meet demand and expectation.

We cannot keep providing services in the way we are doing; the status quo for health and care services in Tayside is not an option.

## **1.2 The Change Challenge**

Health and social care services do not, and cannot, stand still. Services change, grow, develop and improve, to respond to local needs. We continue to review our services and adapt and adjust to deliver safe and effective care and support.

The ICS will provide an overarching framework for change. Any changes we make will be based on best evidence to provide safe and effective care, with a rationale for change supported by experienced and informed health and social care professionals, as well as our communities. Our communities will be partners in any changes we propose. Our overriding priority and our decisions will never compromise the quality of care and treatment we provide.

Changing demographics present challenges to health and social care systems as more people with complex needs and multiple conditions require health and social care support.

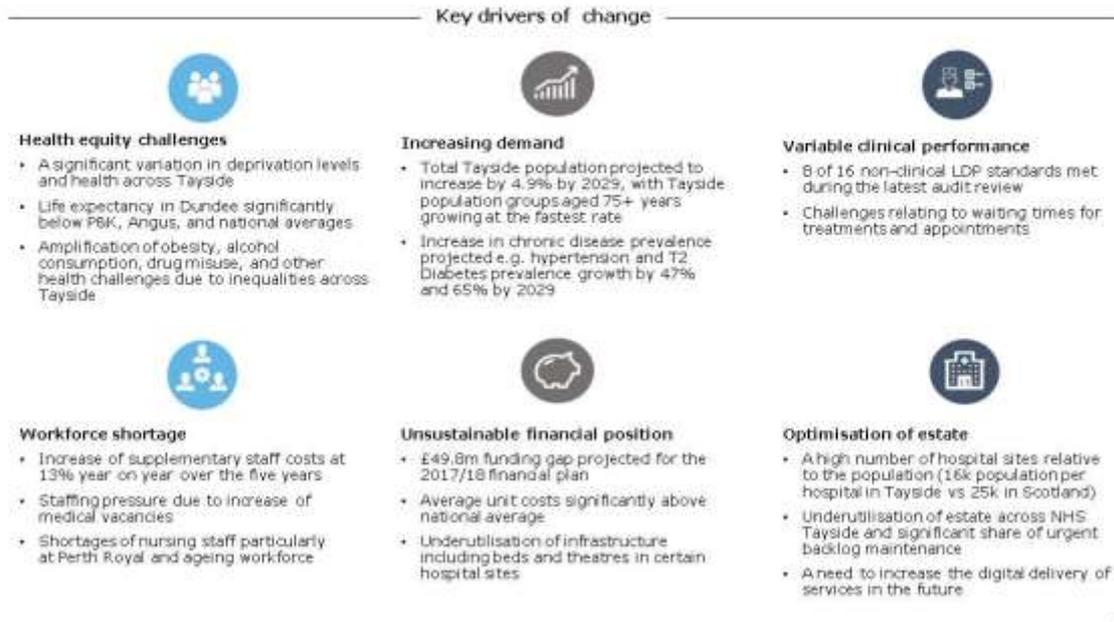
Unplanned hospital admissions account for a high proportion of healthcare expenditure and a reduction in these could allow a redirection of resources to enable a shift in the balance of care from in-patient to community services. Too often we resort to hospital based care as the 'norm' and now we will look to how care and treatment can be delivered out with hospital settings to bring them closer to communities.

Extended lengths of stay in hospital as a result of inefficient pathways, lack of seven day working and a reliance on systems that perpetuate medical only models of care, prevent opportunities for shared care between practitioners, agencies and people themselves to take a more effective and targeted focus on treatment and pathways of care.

We wish to ensure that the public are aware of the scale of change and what actions we need to consider, so we can make real progress in delivering collaborative and reconfigured services. We are developing a programme of public engagement events to share our thoughts and views, and hear the views of our communities.

## Case for change

A set of drivers of change, including growing demand for healthcare services, unsustainable financial position, are workforce shortages, suggest current status quo for healthcare services in Tayside is not an option



### 1.3 Why this report

We need to clearly state our intentions as the providers and commissioners of health and social care in Tayside. We need to focus on what we can deliver and achieve more effectively through a joined up approach to provide a whole system view.

We need to identify the services we deliver that can move away from hospitals and build our community based resources. We need to look at scarce services that could be delivered in partnership with other Health Board areas and how very specialist skills and services are achieved by looking to local, regional and national centres of excellence.

We recognise that opportunities for working collaboratively have not been advanced as quickly as we would have hoped. Major reorganisation to achieve Health and Social Care Partnerships and the need to reduce costs in acute care and through IJBs, has been the priority and has focused our attention over recent months. We know that we need to do more together.

We have started that journey together through developing joint principles that support a collaborative approach to service developments. Our Vision, 'Guiding Principles' and our 'Principles for Care' have been developed from discussions with clinical teams, health and social care partners, patients, managers, educators and third sector agencies. The thoughts and views of over 800 people have been captured in key themes that reflect how we wish to work together for the future.

### 1.4 Our Vision and Principles

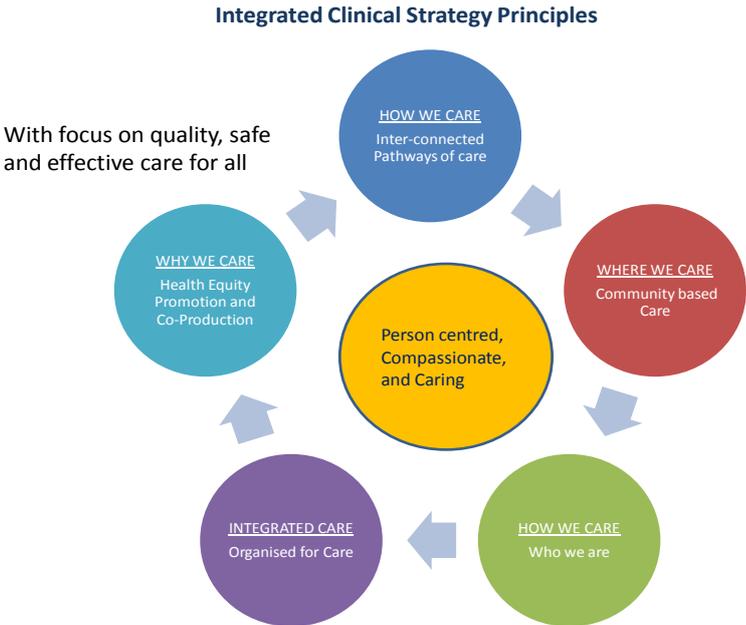
We have set out our vision for what we wish to achieve:

***"We will deliver the best possible health and social care outcomes together for everyone. We will do this by delivering clinical services where community provision is the norm, and health and care is integrated, sustainable, safe, effective and affordable."***

### Our Guiding Principles

- We will make changes to reflect current and future health and social care demand
- We will manage the impact of change but where services need to change location, the reason will be clearly stated and supported by a clear rationale
- We are partners in care, with and for you
- We recognise that we can no longer deliver all services as they are currently configured and need to make changes
- We will make decisions, and confirm actions that will ensure changes are appropriate and implemented
- We will demonstrate commitment and provide clear direction and leadership to support change
- We will provide sustainable services that are future-proofed and provide continuity of care
- Our future services will be planned and not reactive
- We will provide specialist services in centres of excellence providing care in the right place at the right time to provide the best outcomes
- We will propose how hospital sites will be configured for the future to support sustainable models of care and treatment.
- We will manage the resources we have differently to sustain our ability to provide services

### Our Principles for Care

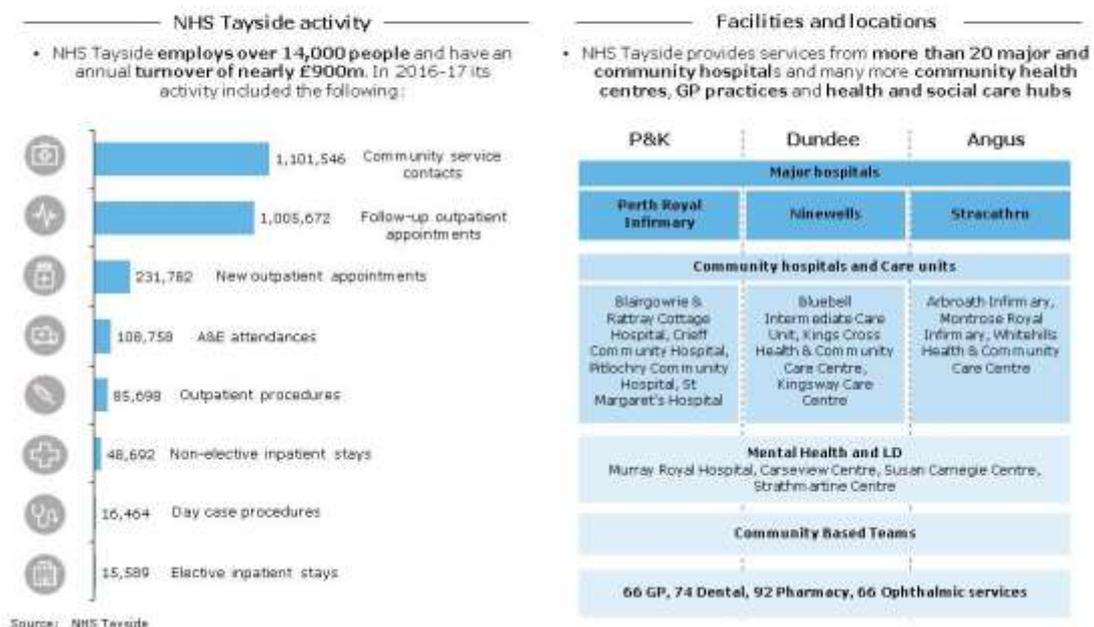


## 2.0 What We Deliver

NHS Tayside and the IJB's together provide primary, community, secondary and specialist care to around 450,000 people in Tayside and North-East Fife from more than 20 major and community hospitals and many more community health centres, GP practices and health and social care hubs. Ninewells Hospital in Dundee, Perth Royal Infirmary and Stracathro Hospital are teaching hospitals. NHS Tayside employs over 14,000 people. The figure below illustrates our activity and site configuration.

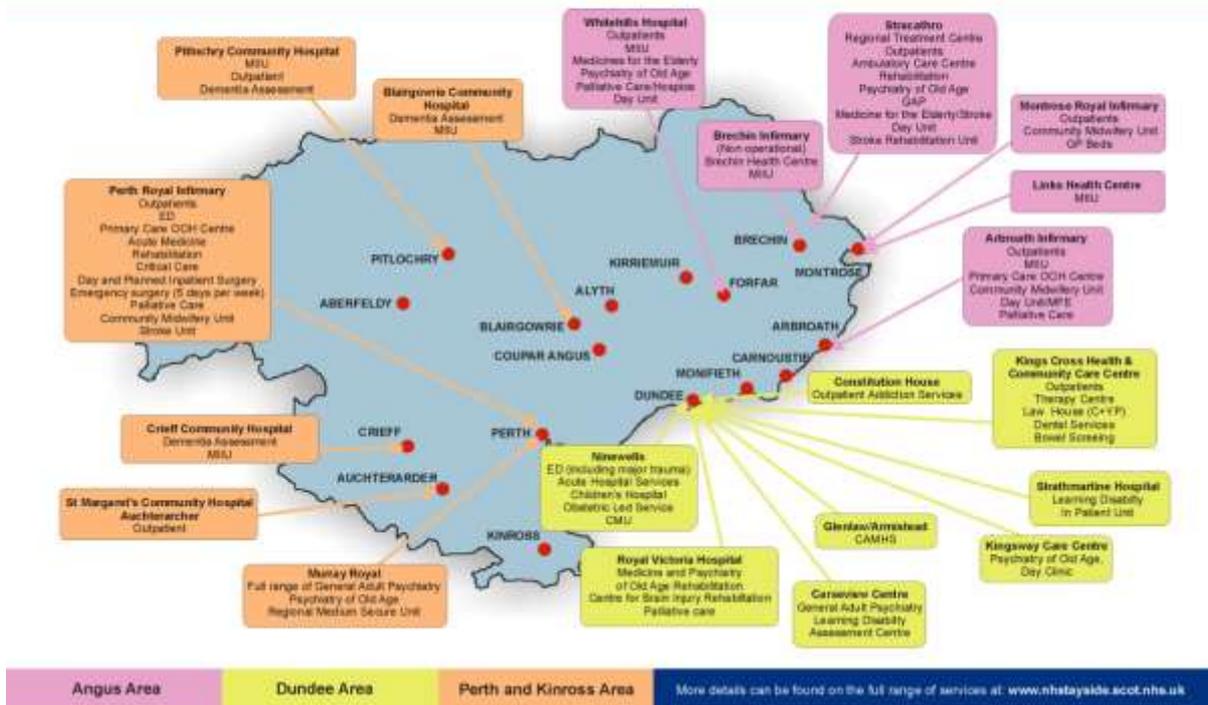
### Current Service Provision

NHS Tayside provides primary, community, secondary and specialist care to around 450,000 people in Tayside and North-East Fife



# Current Service Context

The map shows the main sites across Tayside and the respective services currently delivered in each location



## 2.1 Our population challenges

In order to plan services that will deliver our intentions it is vital that we understand our population challenges and their health and healthcare needs. This understanding will ensure that our strategic priorities supported by our initiatives, projects and programmes, are focused on where the greatest health gain can be made. Our population is likely to increase by 14% over the next 25 years as opposed to 8.8% for the rest of Scotland. This includes many older people living with complex and multiple conditions. We know that those who are disadvantaged often have poorer health and that is why tackling inequalities is one of our key priorities in Tayside, especially in the early years and with families. We will work with our experts in Public Health to anticipate how services need to be configured for future demand as well as ensuring that the messages of healthy lifestyles are embedded in our communities. Understanding and anticipating population health needs is essential to the planning and delivery of responsive and effective services for the future (a public health data pack is available to view on request). In seeking to respond to the variation in needs across our communities we will continue to support the principles of health equity described in our <sup>9</sup>NHS Tayside Health Equity strategy.

## 2.2 Collaborative Service Redesigns

We are already working together to ensure our services are better configured to meet demand.

### Health & Social Care

Our Health and Social Care Partnerships are redesigning the way in which services are provided to people in our communities. For older people, our <sup>8a,8b,8c</sup>joint commissioning plans describe how we will provide health and social care services closer to home, and support people to stay in their own home for as long as possible. Where they do require hospital treatment they will be able to return to a homelike setting as soon as possible.

### **Primary Care Services**

The delivery of modern primary and community care services is a focus for NHS Tayside and the three HSCPs. Over 90% of patients needs are met within Primary and Community care services. There is strong evidence that high quality, well-led general practice results in better and more cost effective patient care. The demographic challenges of an ageing population, with more complex multi-morbidities, combined with changing workforce, increasing shift of workload and demand means that the current model in “traditional” practices is no longer sustainable, and will not deliver a 2020 vision.

There are many demands on Primary Care services and GPs which make it difficult to deliver on all the expectations of national and local policy to deliver support to community based schemes and teams. The <sup>10</sup>Royal College of General Practitioners in Scotland has outlined the challenges in recruitment and retention of GPs and the need to grow our workforce and expand primary care teams, to meet demand. Through extended multidisciplinary working and workforce planning, shared learning and community based models of care, the GP as “expert medical generalist” plays a key role in the co-ordination and management of complex care. Our new service models will be supported by hospital based specialists supporting GPs in communities. Primary care teams must harness the power of working together in clusters in order to gain collective benefit from working at scale, whilst preserving the core values and nature of providing safe, accessible, person centred and effective care.

### **Modernising Outpatients**

Work has already commenced to transform outpatient services to ensure they are effective, clinically appropriate and sustainable for the future by looking at the way we deliver services. We have identified where outpatient assessments and reviews could be delivered more locally by specialist practitioners.

### **Redesigning Mental Health Services**

Our proposed reconfiguration of inpatient beds in Tayside will deliver and sustain more effective inpatient care. The opportunity now exists to allow us to focus on how we deliver and sustain more effective local supports for people experiencing mental health issues such as anxiety and depression through early intervention, assessment, peer support and community groups.

### **Shaping Surgical Services**

We have recently completed a consultation on where we deliver general surgical procedures in Tayside. The proposed transformation of surgical services will create a service that allows NHS Tayside to deliver high-quality care across identified sites, and where all unscheduled surgery will be delivered 24-hours a-day on one specialist site.

### **Care Pathways for unplanned admissions**

Unscheduled care pathways provide greater opportunity for integrated working across acute, health and social care, and primary care. A new medical model for patient admissions provides the provision of a seven day service, optimising our acute medical workforce. The model enhances supported pathways for older people in the evenings and at weekends.

## **3. Our Workforce**

The role of our workforce is central to successful delivery of services in both health and social care in Tayside. It is through the people who work within NHS Tayside and our Health and Social Care Partnerships, their commitment, their effort, and their talent, that our service changes will be delivered. How we deploy our workforce directly influences the ongoing safety, quality and effectiveness of the care and services on which our patients rely.

We need to build the future partnerships required for a sustainable workforce. The alternatives will require all of those engaged to think differently. Current workforce planning processes,

teaching organisations, and the infrastructure for training and development need to react swiftly and collaboratively. The future profile of care providers should be based on integration as the norm, and establish a growing peripatetic workforce which captures and supports the role of the independent sector providers, social enterprise, carers and community action.

#### **4. Working with Partners in Research and Education**

Our close working with the University of Dundee, the Academic Health Science Partnership, the School of Nursing and Health Care Sciences, and the Tayside Medical Science Centre places us at the heart of how we can support future healthcare delivery in a strong partnership that positions us as an education and research centre for the future, with access to the latest and most contemporary developments and thinking in healthcare.

#### **5. Technology**

New breakthroughs in technology offer new ways to treat patients, and to support them at home. Remote consultation and telehealthcare provide opportunities for healthcare monitoring that can be interpreted centrally by experts.

#### **6. Our Future Services**

##### **6.1 National, Regional and Local Service Delivery**

NHS Tayside is one of 6 North of Scotland Boards working collaboratively to provide sustainable services through the development of a <sup>11</sup>Regional Delivery Plan (RDP). The RDP incorporates a number of clinically led programmes that are aligned to NHS Tayside's Integrated Clinical Strategy and will help to support the delivery of high quality sustainable services now and into the future. Initial programmes of work are building on collective and collaborative modelling, planning and service models.

The Integrated Clinical Strategy will take account of regional and national opportunities and the importance of closer collaboration between the North of Scotland Boards: Shetland, Orkney, Western Isles, Highland, Grampian and Tayside and their Health and Social Care Partners to support the sustainability of services for the future.

##### **6.2 Our Delivery Objectives across Acute and Community Services**

Working together we will deliver new and innovative health and care solutions to meet the needs of our patients and communities. Our focus will be on health equity, expanding and supporting primary care, shifting more services from hospital to communities and providing easier access to services, such as assessment and diagnostics, programmes of health and wellbeing and community support for mental health. Our intention is to:

**\*Radically transform our approach to improving health, wellbeing and independence, by** developing foundations for good health, tackling risks factors, not accepting the increasing profile of some conditions and diseases as something which is beyond our control, and supporting people and communities to care for themselves and each other across the life course. This will include more systematic and proactive management of chronic diseases and co morbidity in communities.

##### **\*Build Stronger Primary Care Service**

Establishing the full range of primary care based services required to support local communities, securing access to multi-disciplinary teams and a joint approach to assessment and care for all practice populations, with an early focus on joint assessment for priority care groups.

### **\*Support Care Needs and Health at Home**

Co-producing with specialists a radical overhaul of the models of care and infrastructure required to deliver a greater proportion of anticipatory care, assessment, diagnosis, treatment and review away from the hospital and residential care settings.

### **\*Establish a new focus on mental health**

Continuing the development of options for advice, support, and care in community settings, including the scope for a more proactive and a responsive framework for supporting people with early signs of depression and anxiety associated with key life changes.

### **Securing a Sustainable Acute Service**

New integrated models of care will be sustained by reconfigured acute hospital services that focus on specialist procedures requiring an inpatient stay. Acute hospitals will provide care and treatment to patients with a length of stay that is proportionate to the intervention and promotes timely and supported discharge.

*\*These themes are captured in the Health and Social Care Partnership's 'Joint Strategic Commissioning Plans 2016 – 2019'. These plans are currently being updated.*

## **7.0 Securing a Sustainable Acute Service**

We are already celebrating a number of recent successes in moving services closer to our communities and changing how traditional care models can be achieved by innovative ways of working; our work in glaucoma, moving screening to community opticians; our GP Practice based Qfit testing for bowel cancer; our iLFT testing to identify earlier those at risk of liver disease.

Liver function tests (LFTs) are frequently asked for by GPs. LFTs are often abnormal, the reasons for this being complex. Abnormal readings are frequently under investigated as a result. A proportion of these patients will progress to fibrotic liver disease leading to death or liver transplantation. This misses the opportunity to diagnose and treat liver disease at an early stage. An automated investigation algorithm developed in Tayside provides the GP with a risk assessed diagnosis and clinical advice, allowing treatment to be targeted in the community and referral to hospital only for those who will benefit the most. **Key Results:** The project shows that you can investigate all patients increasing diagnosis of liver disease by 44%, with an overall patient lifetime saving of an average £3,216 per patient.

To ensure that services for people needing hospital based treatments can be delivered with the specialist resources we have, targeted to deliver the best outcomes for patients, we need to review how acute health services are configured. We need to review where and how we deliver some procedures, and to focus our resources on options that utilise our workforce to best capacity. We have explored how the status quo is not allowing us to stand still.

We have considered how changes to the delivery of acute care could see our service configuration focused on dedicated sites for certain procedures. We have considered how, for example, whether a hospital site that deals with operations that are planned, and a hospital site that would support unplanned or an urgent need for surgery would be viable. We have concluded that our hospital sites and facilities and the needs of our patients do not fit with this simple configuration.

We believe that a mixed model of inpatient care best meets our population needs and geography, based on the facilities we have available to us, our resources and the specialist procedures we offer. This leads us to consider how we best deliver our intentions across all our main hospital sites and those services that could be delivered on a region-wide basis.

## 7.1 Our Future Delivery Models

We have reviewed activity around our services, our theatres, outpatient clinics, admission units, specialist stroke care services and emergency medicine models. We believe that the best and most sustainable option is to focus our activity on clear site based models that best reflect the opportunities available to us to maintain and develop best practice and innovation for the future, including where our new robotic surgery unit is based.

We are proposing a series of changes that will start to build new models of health care across Tayside. We have started those changes with our reshaping of surgical services and this will be closely followed by changes to the way we deliver orthopaedic services; both redesigns focus on one site as a centre for complex surgery, and another as a centre for the management of traumatic and major injuries.

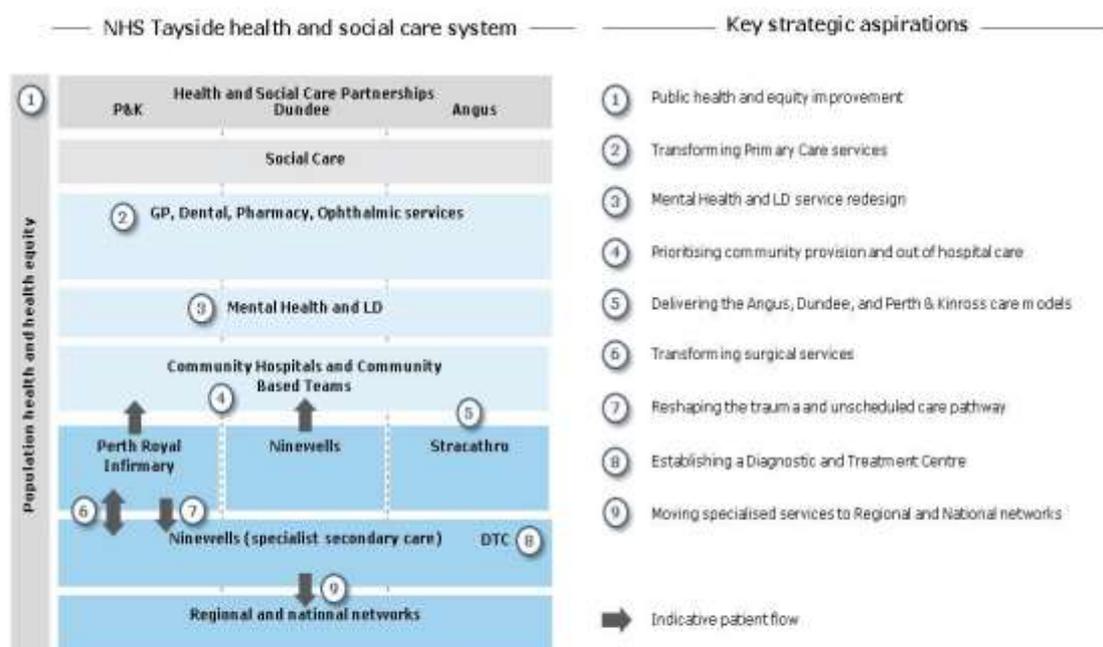
For stroke patients, our vision is for a 'hyper-acute' specialist centre to be developed on one site that provides expertise in early stroke management, and that has potential to carry out lifesaving specialist surgery that reduces the levels of post-stroke disability. Ultimately, this centre will be on one site with stroke rehabilitation delivered in our three localities.

We are reviewing our emergency medicine models to provide an Emergency Department response that is highly skilled, proportionate to patient need and built around our new trauma centre pathway to support those most severely injured.

The figure below sets out how a number of Tayside strategies will align to provide a new Tayside health and social care system model.

### Tayside Health and Social Care system

The Integrated Clinical Strategy (ICS) will synthesise key strategic aspirations from across Tayside to provide a single vision of the future clinical model



## 7.2 Key themes for change

The figure above represents the main themes underpinning the Integrated Clinical Strategy and a number of these are summarised below:

- NHS Tayside and the three Integrated Joint Boards will continue to promote population health, by supporting early intervention and disease prevention and the health improvement agenda.
- There will be a sustained investment in primary care services, with an increase in multidisciplinary team working as well as investment in new technology to support patient access.
- The majority of care provision will continue to be provided within the community through the strengthening of primary, community and social care teams. This will involve creating locality hubs providing health, social care and third sector services which will ensure the appropriate use of existing facilities and maintain a sustainable workforce models.
- A key priority over the clinical strategy period will be to ensure that there is a sustainable workforce across the system. Service models will need to reflect this, for example, Perth Royal Infirmary will continue to provide hospital services across the locality, and as such models of emergency service provision, medical services for the elderly and surgery are under review.
- Robust clinical pathways will be put in place to ensure that the most severely injured patients are routed directly to Ninewells Hospital which will become one of four major trauma centres in Scotland and has the widest range of interdependent services on site
- Ninewells Hospital will continue as a specialist hospital working in close partnership with the University as a teaching hospital, as well as building its reputation as a centre of excellence for innovation and research.
- There will be a bias towards investment in new technology and alternative models of care delivery rather than hospital buildings to promote self-care, telecare and other digital forms of care delivery. The focus will be on patient pathways rather than physical hospital estate.
- There is no new money, so these changes need to be made with the context of no real terms increase in funding in the medium term. The future clinical model should offer a more cost effective and lower cost method of care delivery as well as reducing the duplication of services within NHS Tayside.
- Regional services will replace local services where there is a clear rationale supporting better patient outcomes and more efficient ways of working.

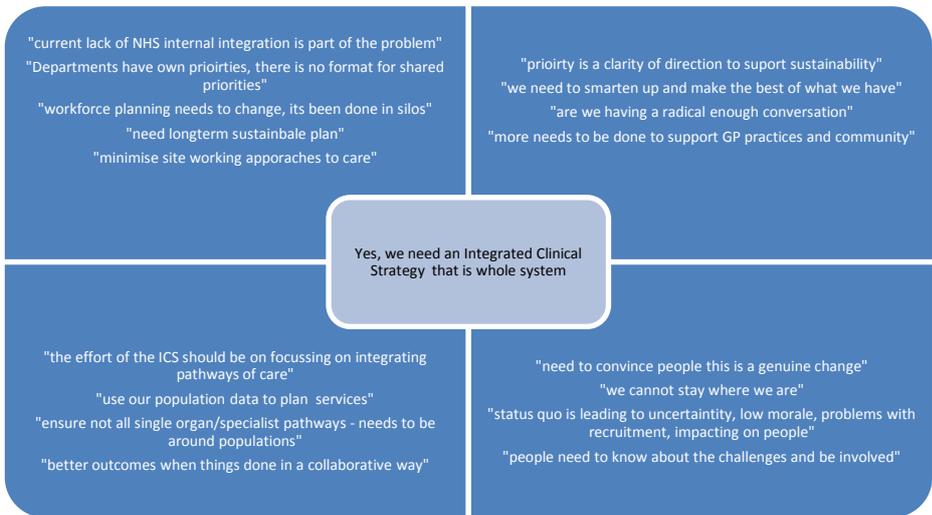
Further work is underway to estimate the impact of these changes on patient flows, bed numbers, staffing models and finances.

## 8.0 Priorities for Next steps

### 8.1 Stakeholder Communication & Engagement

Our initial stage of stakeholder engagement was with clinical staff across Tayside, we successfully met with over 80 groups and 800 key individuals. This enabled the ICS team to create a shared understanding of the challenges and have established support to work together to create change with NHS Tayside.

The diagram below gives examples of some of the views of our clinicians.



Stakeholder engagement is essential to developing new clinical care models. We know that change takes time and the messages supporting change must be consistent and clear. In relation to our internal stakeholders, we will continue to work with our clinical teams, Health and Social Care Partners, the Universities and our Transformation Programme, Organisational Development and Service Improvement teams. We will be sharing our vision and principles with those already engaged in our clinical communities to test their strength and applicability to support service change.

NHS Tayside is working in partnership with **involve**, an organisation which specialises in helping organisations to engage the public and communities in decisions which affect them. Involve are providing expert advice and guidance on the delivery of the right kind of engagement needed to develop the final published Integrated Clinical Strategy.

The work is planning for the right kind of engagement and **involve** is challenging NHS Tayside to think more strategically about its engagement and how it can be used as a powerful tool to assist strategic decision-making.

From the initial work with **involve**, including workshops with Health and Social Care Partnerships and Tayside NHS Board at its recent Board Development Day, it is clear that careful consideration must be given to the purpose, context, scope and stakeholder segmentation before deciding which methods of engagement to use and when.

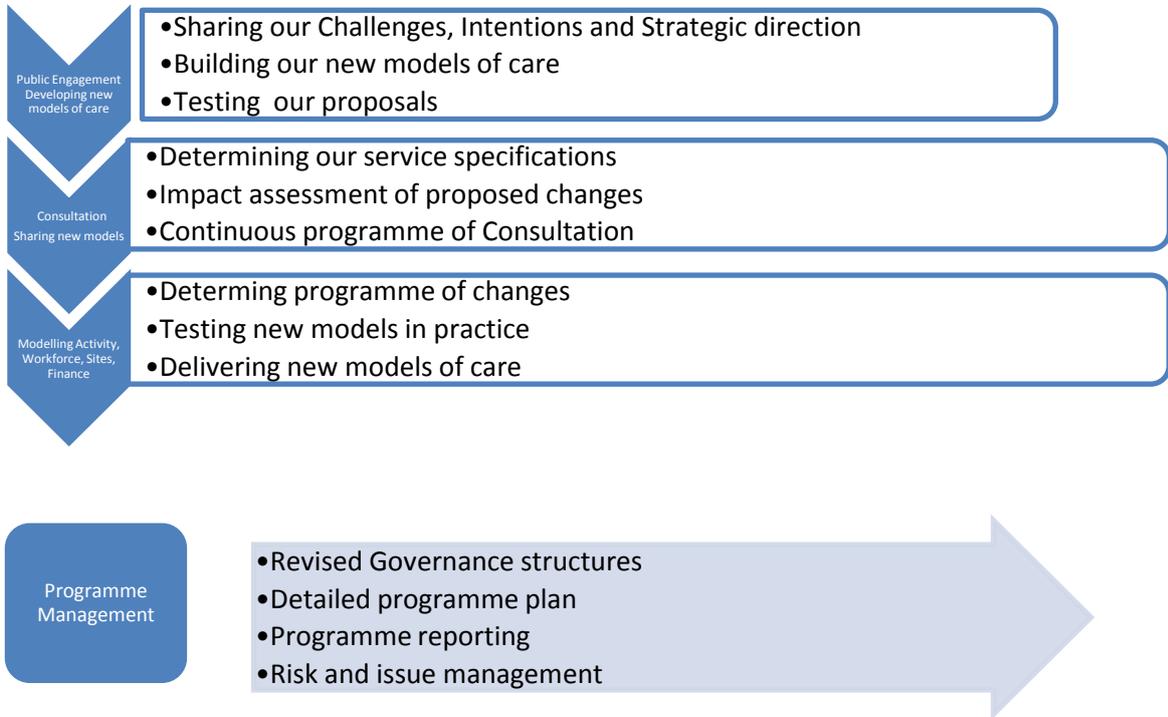
It is proposed that public engagement between January and March 2018 will be informing and awareness raising prior to the development of a plan for long term, ongoing engagement with our stakeholders about the changing models of health and social care in Tayside.

A Communications and Engagement Reference Group will be established to identify the nature and timing of public engagement which needs to be central to ongoing transformation. The reference group will have a Non-Executive Board Member as champion and will work with key stakeholders to develop an engagement plan for the Integrated Clinical Strategy and beyond.

**8.2 Phase II - Staging our work – January – March 2018**

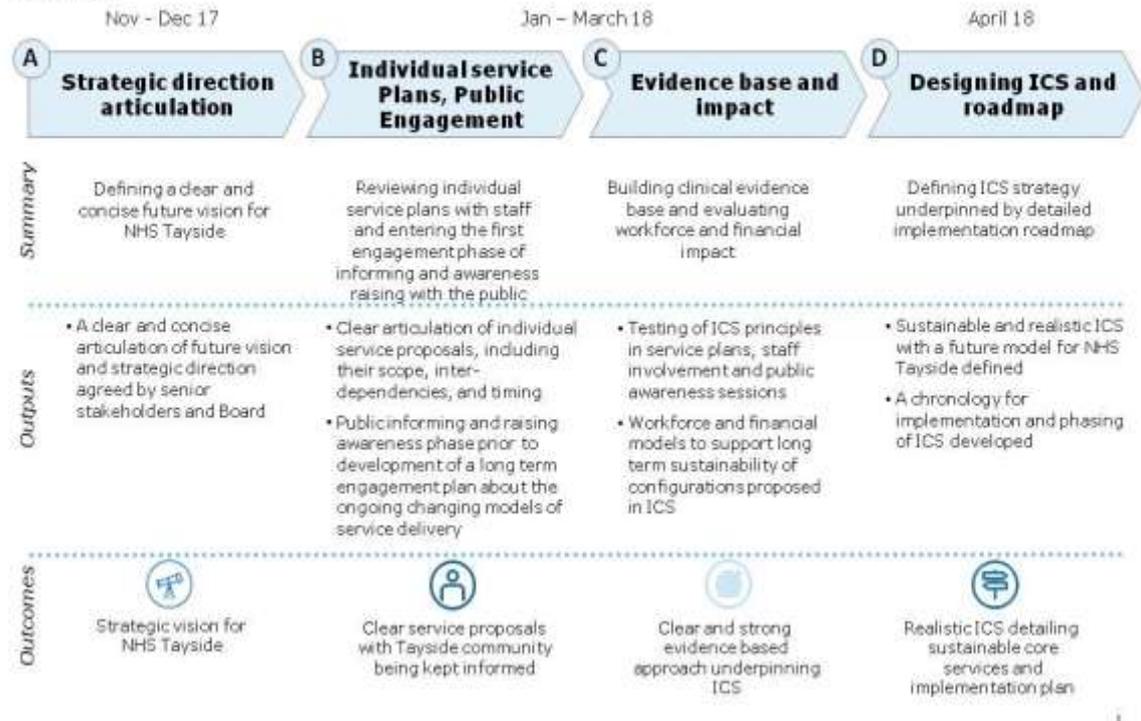
Phase II of the build of the ICS will see us enhance the programme team to further develop the strategic models, underpinned by financial and workforce planning in the development of the ICS which supports the delivery of the NHS Tayside Five Year Transformation Plan.

Outline of phase II:



## Next steps: high level overview

NHS Tayside Integrated Clinical Strategy will be developed through a rigorous four-phased approach



We will be growing our Planning Team to provide greater capacity to develop our new care pathways of care and to re-model our services. This will allow us to ensure a whole system review of service delivery and identify areas of impact.

We will work across our systems to develop new pathways of care. We will achieve this by systematic focus on service delivery and bringing those with knowledge and expertise together to achieve a collaborative approach built around the Integrated Clinical Strategy work.

We have seen the benefits of this approach in Perth & Kinross where managers and clinicians are working together across the Partnership and Perth Royal Infirmary, primary care and third sector to establish pathways that support older people at home and people to return home after a stay in hospital. The focus is on safe and effective support to older people and the system benefits are reducing lengths of hospital stay and delays in discharge.

We will test new ways of working to ensure that they are effective and that they fit with a whole system model of care. No changes will be made by partners without due consideration to the principles of the Integrated Clinical Strategy and the impact on other services.

We recognise that there is much to do to achieve our ambitions of co-produced and co-commissioned services for a more sustainable and effective future. We know that delivering more care into communities depends upon redesigning what is available in an acute hospital setting. Opportunities for regional delivery on some services will impact on our decisions for the future. This means that we need to focus on 'what is' and 'what is not' delivered by NHS Tayside and where a service is retained, where that service is delivered from.

This is a once in a generation opportunity for us to make the changes through co-production and partnership working. The case for change is compelling and through engagement we

have heard that the status quo is not an option, therefore this is an opportunity we cannot miss to make a radical shift in health and social care delivery.

1. "A Route Map to the 2020 Vision for Health and Social Care", Scottish Government (2013)
2. "NHS in Scotland", Auditor General for Scotland (2016)
3. "Health and Social Care Delivery Plan", Scottish Government (2016)
4. "Realising Realistic Medicine", Scottish Government (2017)
5. "2030 Nursing; A Vision for Nursing in Scotland", Scottish Government (2017)
6. "Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland" (2017)
7. NHS Scotland "Quality Strategy", Scottish Government (2010)
- 8a. "Joint Strategic Commissioning Plan", Angus Health & Social Care Partnership (2016)
- 8b. "Joint Strategic Commissioning Plan", Dundee Health & Social Care Partnership (2016)
- 8c. "Joint Strategic Commissioning Plan", Perth & Kinross Health & Social Care Partnership (2016)
9. "Health Equity Strategy: Communities in Control", NHS Tayside (2010)
10. "A Blueprint for Scottish General Practice", Royal College of General Practitioners (2015)
11. "North Regional Delivery Plan", North of Scotland Planning Group, NHS Scotland (2017)

