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**To: Renfrewshire Integration Joint Board**

**On: 16 September 2016**

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**Report by: Chief Officer**

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**Heading: Strategic Planning in Renfrewshire HSCP**

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**1. Summary**

- 1.1. This paper describes the proposed strategic planning structure for Renfrewshire HSCP, including Community Planning and Joint Planning with NHS Greater Glasgow & Clyde for Acute services.
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**2. Recommendation**

- 2.1 It is recommended that the IJB:
- Notes the updated arrangements for Renfrewshire's Strategic Planning Group;
  - Notes the transition process for moving from current arrangements to the new planning arrangements;
  - Notes the process agreed by NHS Greater Glasgow & Clyde on 28 June 2016 to develop a strategic plan for acute services;
  - Notes the National Clinical Strategy.
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**3. Strategic Planning Group**

- 3.1 The Strategic Planning Group was established in accordance with section 32 of the Public Bodies (Joint Working) (Scotland) Act 2014. The main role of the SPG is to report views gathered during the development, implementation and review of the strategic plans of the Renfrewshire Integration Joint Board (IJB) on behalf of the Renfrewshire HSCP. The SPG is the main forum within the strategic planning process that represents the interests of different local stakeholder groups in relation to health and social care services. It has a wide membership with representation from both statutory and non statutory organisations. The aim of the SPG is to develop and support engagement, communicate and share information locally to deliver the 9 national health and wellbeing outcomes in Renfrewshire.
- 3.2 The Health and Social Care Partnership requires that the SPG will continue to be a key partner in developing and supporting engagement, communicating and sharing information locally in order to deliver the national health and wellbeing outcomes in Renfrewshire. The SPG reports directly to the Integration Joint Board (IJB).

- 3.3 The Strategic Commissioning Plan guidance describes an ongoing role for SPGs beyond the development of the first Strategic Plan. If the IJB plans to make a decision that would have significant effect on the provision of an integrated services (outwith context of strategic planning cycle), the SPG must be consulted. In addition, the Strategic Plan must be reviewed at least every 3 years, considering views of the SPG.
- 3.4 The Renfrewshire Strategic Planning Group is currently chaired by the HSCP Chief Officer and consists of 24 members with representation from:
- Renfrewshire Council
  - NHS Greater Glasgow and Clyde
  - Health professions representing: doctors, allied health professionals, nurses, pharmacists and optometrists
  - Social care professionals representing: mental health officers, social workers and occupational therapists
  - A third sector body carrying out activities relating to health and social care
  - A person who uses local social care services
  - A person who uses local health care services
  - A carer of a person who uses local social care services
  - A carer of a person who uses local health services
  - A non-commercial provider of health services
  - A non-commercial provider of social care services
  - A commercial provider of social care services
  - A commercial provider of health services
  - A on-commercial provider of social housing
  - A Nominee representing strategic housing planning
- 3.5 Where required, the Strategic Planning Group will seek input from other relevant stakeholders that will add value to its work. This input may be as a one-off, for the duration of a defined piece of work/agenda item or on a recurring basis and will be arranged at the discretion of the Chair in agreement with the individual(s) invited. All care groups are directly represented in the SPG current membership. The SPG may also set up short life working groups to take forward specific pieces of work. Renfrewshire has invited experienced Public Partnership Forum (PPF) members from the former CHP to become part of the SPG.
- 3.6 In accordance with Strategic Planning Guidance the SPG will be required to develop a work programme moving to the second year which will include a review of chairperson, terms of reference, membership and function. The SPG will plan four meetings per year to deliver the priorities of the programme. An additional public meeting will be arranged each year to communicate the progress of SPG work to a wider audience.
- 3.7 The Terms of Reference were reviewed at the first meeting of the Strategic Planning Group 2016-2017. These are attached as Appendix 1.

#### **4. Previous Arrangements and Transition to New Arrangements**

- 4.1 This section summarises the main changes to the strategic planning arrangements. It proposes the formal ending of previous planning structures,

including the Public Partnership Forum (PPF) and social work/health joint planning arrangements. The role and functions of these previous arrangements are replaced by the Strategic Planning Group and a supporting structure which includes the Alcohol and Drugs Partnership (ADP). The HSCP continues to have a key role in Community Planning and in Adult and Child Protection arrangements.

#### Public Partnership Forum (PPF)

- 4.2 Within the former Renfrewshire Community Health Partnership (CHP), the PPF was the primary mechanism by which the CHP engaged, communicated and maintained contact with the community, stakeholders, service users and carers. The PPF network included in excess of 200 members living or working in Renfrewshire.
- 4.3 The PPF nominated two members to sit on the CHP Committee, ensuring a strong voice in the decision making process for community representatives. PPF members were involved in service redesign and planning across a range of care groups and were central to the public involvement process in building the new Renfrew Health and Social Work Centre.
- 4.4 PPF members have been invited to join the Strategic Planning Group. A Third Sector, Providers and Community Group will be established to ensure that these communities of interest continue to have a strong voice in influencing the work of the HSCP.

#### Joint Planning Arrangements

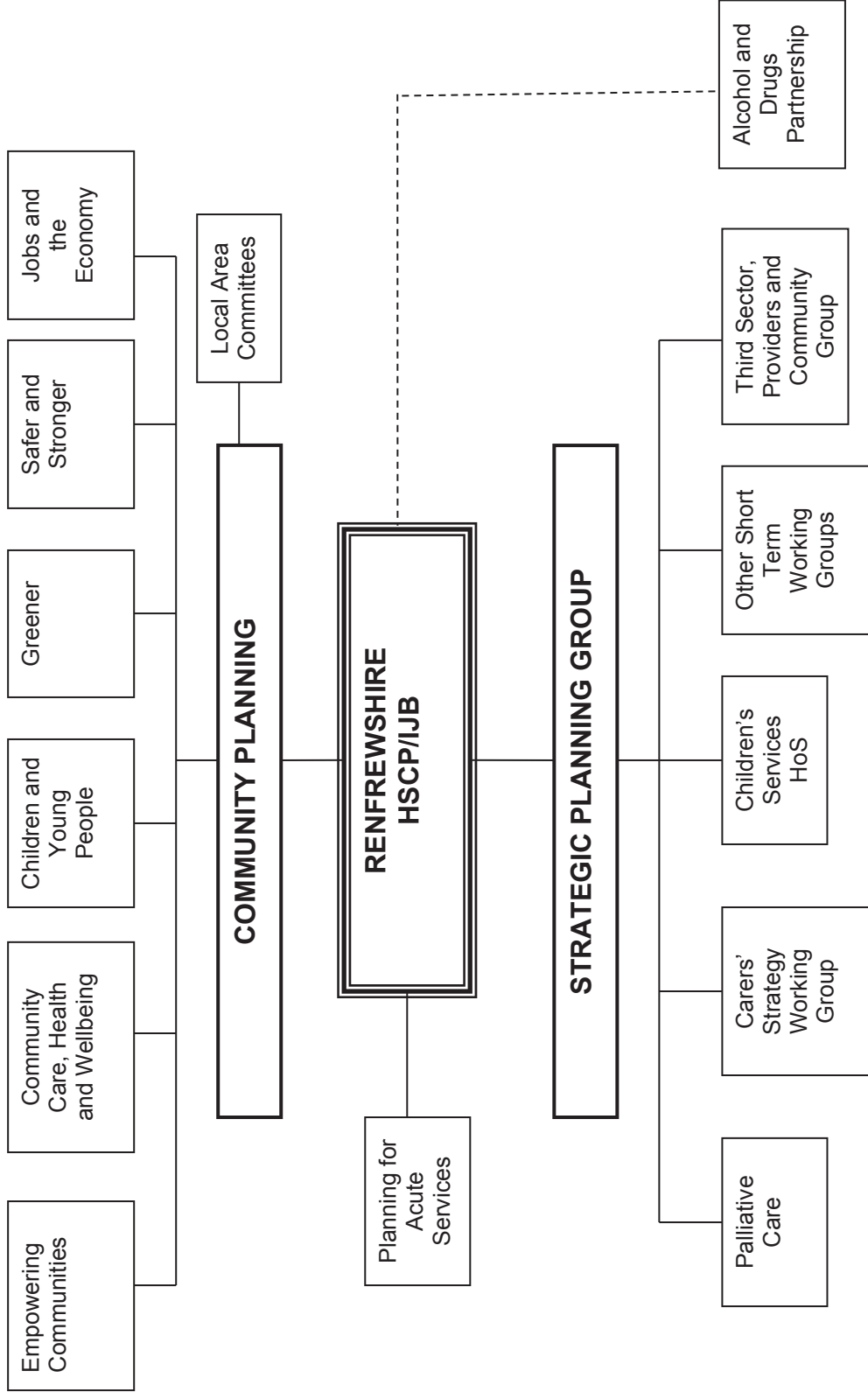
- 4.5 Within the CHP structure Joint Planning and Performance Groups (JPPIGs) were established in 2007 to provide a joint planning structure to enable agencies to work together to plan the delivery of services that are provided within people's own homes and local communities across health and social care. The JPPIGs reported and were accountable to the Joint Management Group (JMG) which brought together the former NHS CHP senior management team together with the former Council Directorate of Social Work senior team.
- 4.6 A recent review of joint planning arrangements concluded that the role of JPPIGs had now been superseded by the establishment of the Strategic Planning Group where there is representation from all key stakeholders and care groups.
- 4.7 For now, existing chairs of JPPIGs will review current work programmes to ensure that there is a smooth transition to new arrangements. It is considered important that some care groups will continue to require planning meetings. For example, the Carers' JPPIG will continue to meet as a working group to develop a Carers' Strategy. The Palliative Care JPPIG will meet quarterly with a new focus on the changed planning and commissioning arrangements for hospices. Terms of reference and membership for the planning groups will be developed and agreed as soon as possible. These Groups will report into

the SPG. As agreed by Chief Officers on 19 May 2016, the Alcohol and Drugs Partnership (ADP) will report directly to the Integration Joint Board.

- 4.8 Similarly the function of the Joint Management Group has been superseded by the new arrangements of the Health and Social Care Partnership and no longer meets. To maintain a strong interface with Children's Services, a Joint Heads of Service interface group has been established with senior managers from the Council's Childrens Services Directorate.

#### Community Planning

- 4.9 Renfrewshire HSCP continues as a key Community Planning partner and contributes to all the Thematic Boards. The Chief Officer is the lead officer for the Community Care, Health and Wellbeing Thematic Board. The governance arrangements and role of the Alcohol and Drugs Partnership (ADP) has been reviewed and were approved by our IJB in June 2016. This is now the key planning mechanism for all addictions within the HSCP. Its accountability is now through the IJB and its work will clearly link into the wider planning role of the SPG. The ADP also links closely with the Community Planning arrangements locally.
- 4.10 The diagram overleaf details the planning arrangements for 2016/17 and beyond.



## **5. Acute Planning**

### Background and Purpose

- 5.1 The paper at Appendix 2 has been approved by the NHS Board as the basis to develop a strategic plan for acute services. Responsibility for strategic service planning is now shared between the NHS Board and Integration Joint Boards. Work to shape how this joint working will progress has now commenced through the NHS Board Whole System Planning Group.
- 5.2 The NHS Board is responsible for the overall planning for acute services, working with IJBs on planning the delivery of unscheduled care and on the shaping of the primary care and community services which are critical to the delivery of acute care. The IJBs are responsible for strategic planning for the health and social care services for which they are responsible and for the strategic commissioning of unscheduled care services. The set aside budget for unscheduled acute services is £32.3m.
- 5.3 The paper acknowledges the importance of the relationship to IJBs in this regard as:
- Integration of planning for acute services with the planning led by IJBs for community and primary care services;
  - Shaping of acute services to respond to IJBs Strategic Commissioning Plans, including forward financial planning.
  - Achieving early patient and public engagement;

### Current Position

- 5.4 The paper outlines the local, regional and national position on planning for acute services.
- 5.5 At national level, there are a series of programmes of work which will inform strategic planning and the National Clinical Strategy (NCS) was published in February 2016 following an extensive programme of development and engagement. The Strategy sets out a framework for the development of health services across Scotland for the next 10-15 years. It gives an evidence-based high level perspective of why change is needed and what direction that change should take. The Strategy sets out the case for:
- Planning and delivery of primary care services around individuals and their communities;
  - Planning hospital networks at a national, regional or local level based on a population paradigm;
  - Providing high value, proportionate, effective and sustainable healthcare;
  - Transformational change supported by investment in e-health and technological advances.

- 5.6 The full strategy can be found at <http://www.gov.scot/Publications/2016/02/8699>
- 5.7 A further critical part of the national scene, particularly critical to the IJB, is the work to develop a new GP contract which needs to provide the platform to enable the transformation of primary care.
- 5.8 There are well established regional planning arrangements which set the direction for a number of our services which are provided to populations beyond the Board area.
- 5.9 At NHS Board level there is a comprehensive Clinical Services Strategy approved by the NHS Board in January 2015 and endorsed by the IJBs.
- 5.10 The key aims of that strategy are to ensure:
- care is patient focused with clinical expertise focused on providing care in the most effective way at the earliest opportunity within the care pathway;
  - services and facilities have the capacity and capability to deliver modern healthcare with the flexibility to adapt to future requirements;
  - sustainable and affordable clinical services can be delivered across NHSGGC;
  - The pressures on hospital, primary care and community services are addressed.
- 5.11 Renfrewshire's first Strategic Commissioning Plan has been developed and highlights the need to establish a real focus on changing the way our population uses hospital services.

#### Proposed Process

- 5.12 The NHS Board proposes a two stage process with the aim of developing and describing the changes we need to make in 2017/18 in the context of describing a longer term strategic change programme.
- 5.13 The first stage, to be completed by October 2016, is to update the key elements of the Clinical Services Review including:-
- Population health analysis;
  - Drivers for change;
  - Future clinical models;
  - Progress on implementation;
  - An informed forward look at population and other changes which will require service transformation;
  - A joint appraisal with IJBs of the implications of their strategic commissioning plans for the delivery of acute services;
  - Analysis of service changes emerging from regional and national planning to deliver the National clinical strategy;
  - An outline of proposed service changes for 2017/18 from the Acute Division's clinical planning processes, which are focussed on delivering high quality, safe and sustainable care;
  - A strategic service and estate appraisal of our hospital sites;
  - an initial forward financial framework for acute services, developed with the Integration Joint Boards;

- 5.14 The NHS Board proposes extensive clinical engagement and engagement with wider stakeholders during this stage.
- 5.15 The output of this first stage would enable further discussion with IJBs with the aim that this work can be finalised to move to a second stage with the NHS Board approving for publication, and formal public engagement, proposed service changes for 2017/18 set in the context of a longer term strategic plan.

#### Conclusion

- 5.16 The shape and delivery of acute services are critical to the responsibilities of the IJB and will also be an important issue for local people. Therefore active engagement as this work develops is important.
- 5.17 The NHS Board has committed to work with IJB Chief Officers to establish the detail of the required processes to develop robust planning framework.

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### Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** - None
4. **Legal** – None.
5. **Property/Assets** – None
6. **Information Technology** – None
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** – None
11. **Privacy Impact** – None

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**List of Background Papers** – None.

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### Renfrewshire Health & Social Care Partnership



### Renfrewshire Strategic Planning Group Terms of Reference

The Renfrewshire “Strategic Planning Group” (SPG) is established in accordance with section 32 of the Public Bodies (Joint Working) (Scotland) Act 2014.

These Terms of Reference are the procedures of the Strategic Planning Group as determined by the Integration Joint Board in accordance with section 32(11).

#### Purpose of the Group

The main role of the Strategic Planning Group is to give its views during the development, implementation and review of the strategic plans of the Renfrewshire Integration Joint Board on behalf of the Renfrewshire Health and Social Care Partnership.

The Strategic Planning Group is the main group within the strategic planning process that represents the interests of different local stakeholder groups in relation to health and social care services.

#### 1. Objectives

To fulfil its purpose, the Strategic Planning Group should aim to:

- Make representations to the Integration Joint Board in a timely manner at each stage of the strategic planning process.
- To consider the following questions to inform the Group’s representations:
  - How many people will need services and what type will they need?
  - What is the current provision, is it the right level, quality and cost?
  - How can these services improve people's lives?
  - Which services will best achieve this?
  - How do we develop these services at an affordable cost?
  - How do we procure and deliver these services to best effect?
  - How do we monitor and review these services?
- To shape and develop the Integration Joint Board’s strategic proposals, policy documents, plans and services by giving due consideration to the draft materials produced by the Integration Joint Board.
- To identify gaps in the evidence base or in the mechanisms identified to address the gaps and suggest ways to deal with these gaps.

The Health and Social Care Partnership envisages that the SPG will be a key partner in developing and supporting engagement, communicating and sharing information locally to deliver the national health and wellbeing outcomes in Renfrewshire.

## **2. Membership of the Group**

The Renfrewshire Strategic Planning Group consists of the following full time members:

- Chief Officer of the Renfrewshire Health and Social Care Partnership
  - 2 Nominees from Renfrewshire Council
  - 3 Nominees from NHS Greater Glasgow and Clyde
  - Health Professionals representing: doctors, allied health professionals, nurses, pharmacists, and optometrists
  - Social Care Professionals representing: mental health officers, social workers and occupational therapists
  - A third sector body carrying out activities related to health and social care
  - A person who uses local social care services
  - A person who uses local health care services
  - A carer of a person who uses local social care services
  - A carer of a person who uses local health services
  - A non-commercial provider of health services
  - A non-commercial provider of social care services
  - A commercial provider of social care services
  - A commercial provider of health services
  - A non-commercial provider of social housing
  - A nominee representing strategic housing planning
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- During the period of a strategic plan, representatives of the relevant localities will also be members of the Strategic Planning Group

In addition, the Strategic Planning Group may invite input from other relevant stakeholders that it considers will add value to its operations. This input may be on a one-off, for the duration of a defined piece of work/agenda item or on recurring basis and will be arranged at the discretion of the Chair in agreement with the individual(s) invited.

## **3. Operation of the Group**

### **3.1 Work Programme and Meetings**

The Strategic Planning Group will determine its programme of work in line with the national [Strategic Commissioning Plans Guidance](#) on an annual basis and agree a schedule of meetings sufficient to deliver the priorities of the programme. Work planning will be undertaken at the first meeting of a calendar year, except in the first year of operation, when it will be undertaken as reasonably practicable.

### **3.2 Chair**

The Strategic Planning Group will elect a Chair and Vice Chair to hold office for a one year term. The Chair and Vice Chair will be elected at the first meeting of a calendar year, except in the first year of operation, when Health and Social Care Partnership Chief Officer will assume the Chair and nominate a Vice Chair. Holding the Chair or Vice Chair position in one year will not prevent these individuals from also being elected in the following year.

The Chair whom failing, the Vice Chair will coordinate the efficient operation of Strategic Planning Group meetings to ensure appropriate consideration of agenda items in the time available. The Chair whom failing, the Vice Chair will manage discussions during meetings to ensure these are balanced, productive and on point.

The Chair whom failing the Vice Chair will be responsible for facilitating consensus within the group and articulating the conclusions reached for the purpose of the Minutes.

### **3.3 Role of Members**

Members are expected to attend Strategic Planning Group meetings and to have read reports and papers in advance of meetings so that the time available can be used for productive discussions. Members are expected to actively contribute to the Strategic Planning Group's discussions in a way that represents the interests of their stakeholder group.

The Health and Social Care Partnership will offer members reasonable support, including expenses, to enable them to attend meetings and fulfil their duties.

### **3.4 Removal or Replacement of Members**

Members will be expected to: attend meetings regularly to progress the Strategic Planning Group's work programme timeously and effectively, actively contribute to the discussions of the Strategic Planning Group, fairly represent the interests of the relevant stakeholder group, act and behave in such a way that supports the Health and Social Care Partnership's public reputation and to support the Health and Social Care Partnership to deliver the national health and wellbeing outcomes via its strategic plans.

The Integration Joint Board may remove or replace members where these expectations are not met.

Where this is the case, the Integration Joint Board will notify the member in writing.

A member of the Strategic Planning Group may ask the Integration Joint Board to be removed or replaced at any time for any reason, should they wish to stand down. Where the member has identified a potential replacement for themselves, they should provide details of that person to the Chair whom failing the Vice Chair. Appointments are at the discretion of the Integration Joint Board, which may choose to appoint by other means.

### **3.5 Quorum**

The Quorum for the Strategic Planning Group will be one third of the members, at least 3 of whom will be from the non-statutory partner organisations. If inquorate, agenda items may be discussed however no representations may be made to the Integration Joint Board on these matters until such times as a quorum of members have acceded to them.

If necessary to deliver the Strategic Planning Group's work programme, the Chair whom failing the Vice Chair will be responsible for obtaining the agreement of enough members to

achieve a quorum outwith scheduled meetings, in order to make representations to the Integration Joint Board.

### **3.6 Apologies and Substitutes**

Strategic Planning Group members are expected to submit their apologies in advance of any meeting they are not able to attend.

It is permissible for members to nominate another individual who represents their stakeholder group as a substitute to attend meetings. Members will be asked to nominate their substitute at the first meeting they attend. It will be for the IJB to decide on the suitability of the substitutes nominate. Substitutes are expected to be representative of their stakeholder group and otherwise display the same behaviours expected of members, as detailed in paragraph 3.3.

## **4. Support**

Support will be provided to the Strategic Planning Group by Health and Social Care Partnership staff.

This support will include; arranging meetings, producing meeting agendas, taking minutes and action notes and circulating papers to members to facilitate the Group.

## **5. Minutes**

The minutes of the Strategic Planning Group will be submitted to the Integration Joint Board for information at its next meeting following their approval by the Group.

## **6. Terms of Reference**

These Terms of Reference will be reviewed at least annually, at the first meeting of the Strategic Planning Group in each financial year, or at any time the IJB considers a review to be necessary in the light of experience or emerging issues. The findings of the review will be recorded in the minute and submitted to the Integration Joint Board as above. The final determination on the suitability for purpose of the Terms of Reference rests with the Integration Joint Board.

NHS Greater Glasgow & Clyde



NHS BOARD MEETING  
28<sup>th</sup> June 2016

Paper No: 16

Catriona Renfrew  
Director of Planning and Policy

## Strategic Service Planning

### Recommendation:

The Board consider the approach to Strategic planning for acute services.

### 1. Background and Purpose

- 1.1. This paper proposes a process for the strategic planning for acute services. The approach outlined will enable:-
  - Coordination of our planning with the developing regional and national approaches.
  - The wide engagement of our clinical staff in strategic planning;
  - Integration of planning for acute services with the planning led by IJBs for community and primary care services;
  - The shaping of acute services to respond to IJBs Strategic Commissioning Plans.
  - The further development of our existing extensive planning;
  - The delivery of early patient and public engagement;
- 1.2. This purpose of the paper is to enable the Board to contribute at this early stage to shaping the strategic planning process, informing the further development of the process.

### 2. Planning Roles and Responsibilities

- 2.1. Responsibility for strategic service planning is now shared between the Health Board and Integration Joint Boards.
- 2.2. The Health Board is responsible for the overall planning for acute services, working with IJBs on planning the delivery of unscheduled care and on the shaping of the primary care and community services which are critical to the delivery of acute care.
- 2.3. The IJB's are responsible for strategic planning for the health and social care services for which they are responsible and for the strategic commissioning of unscheduled care services.

### 3. Strategic direction and principles for planning

3.1. The Board already has a clear strategic direction which sets out our purpose as:

***“Deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities.”***

3.2. That purpose is amplified with five strategic priorities, these are:

- Early intervention and preventing ill-health.
- Shifting the balance of care.
- Reshaping care for older people.
- Improving quality, efficiency and effectiveness.
- Tackling inequalities.

3.3. In planning for 2016/17 the Board also developed a series of principles to establish a clear framework for planning. These principles, set out below continue shape our approach to planning, particularly our approach to the assessment of available resources and how they should be deployed.

- Make financial decisions which are in line with and enable us to move in coherence with our purpose, strategic direction and related strategies all of which are focussed on ensuring our services are focussed on the needs of patients.
- Continue to play our part in trying to reduce the inequalities which affect our population and have a strong focus on equality impacts in making our decisions.
- Ensure that our decisions do not have unintended consequences such as unplanned transfers of pressures, responsibilities or costs to other parts of the system.
- Aim to continue to deliver the key Scottish Government targets.
- Focus first on changes which make clinical and service sense and increase efficiency and productivity and reduce our unit costs.
- Ensure that where we propose to restrict access to services or stop planned developments we will have a clear framework for prioritisation of patient care linked to clinical benefit.
- Shift the balance of care and resources but also recognise the pressures on acute services.
- Test all new national initiatives and proposals which have financial implications against our strategy and report to Board for decision.
- Underpin our decision making with evidence about what delivers the safest, highest quality and most cost effective healthcare.
- Explicitly consider risks and benefits in making decisions.
- Remain committed to the importance of innovation and research to shape changes in the way we deliver care.
- Work across boundaries with other Health Boards and public bodies to identify ways in which we can deliver services more efficiently.
- Take a whole system approach not localised savings targets, that approach driven by:
  - cost scrutiny in every part of the organisation, led by the local teams; and
  - a whole system programme of change to deliver cost reduction.
- Commitment to engagement with patients and the wider public.

- Commitment to fully engage with our staff and their representatives in shaping, planning and delivering the changes to services which will be required
- 3.4. The Strategic Direction, strategic priorities and principles will underpin our approach to strategic planning for acute services.

#### 4. Current position on strategic planning for acute services

- 4.1. This section describes the local, regional and national position on planning for acute services, which set the context within which this next phase of our planning will be developed.
- 4.2. At **national level**, there are a series of programmes of work which will inform our strategic planning. These include:-
- The work of the Transformation Board which is overseeing a range of reviews including for planning for seven day services, the review of out of hours services and the current maternity and neonatal services review.
  - Service strategies including for cancer;
  - Planning being established for future scheduled care capacity;
- 4.3. In addition to these elements of national direction, the National Clinical Strategy (NCS) was published in February 2016 following an extensive programme of development and engagement. The Strategy sets out a framework for the development of health services across Scotland for the next 10-15 years. It gives an evidence-based high level perspective of why change is needed and what direction that change should take. The Strategy sets out the case for:-
- Planning and delivery of primary care services around individuals and their communities;
  - Planning hospital networks at a national, regional or local level based on a population paradigm;
  - Providing high value, proportionate, effective and sustainable healthcare;
  - Transformational change supported by investment in e-health and technological advances.
- The full strategy can be found at <http://www.gov.scot/Publications/2016/02/8699>  
The programme to establish the framework, which will enable implementation of the strategy, bringing together Scottish Government Directors with Board Chief Executives, is currently being established.
- 4.4. A final a critical part of the national scene is the work to develop a new GP contract which needs to provide the platform to enable the transformation of primary care.
- 4.5. At **Regional level**, there are well established planning arrangements which set the direction for a number of our services which are provided to populations beyond the Board area. The Regional Planning Group is discussing how to extend the range and depth of planning done at regional level to respond to the NCS and the growing reality that a wider range of services need to be planned for larger populations and that we need to create clinical networks for service delivery beyond Board boundaries.



- 4.6. At our **Board level** we have a comprehensive Clinical Services Strategy approved by the Board in January 2015 and since endorsed by the IJBs.
- 4.7. The key aims of the strategy are to ensure:
- care is patient focused with clinical expertise focused on providing care in the most effective way at the earliest opportunity within the care pathway;
  - services and facilities have the capacity and capability to deliver modern healthcare with the flexibility to adapt to future requirements;
  - sustainable and affordable clinical services can be delivered across NHSGGC;
  - The pressures on hospital, primary care and community services are addressed.
- 4.8. This strategy provides a framework to ensure that best clinical outcomes are achieved for patients and that services are:-
- safe and sustainable;
  - patient centred;
  - integrated between primary and secondary care;
  - efficient, making best use of resources;
  - affordable, provided within the funding available;
  - accessible, provided as locally as possible;
- 4.9. We have also developed a delivery plan for the Acute Division which focuses on resolving short term challenges but also describes a series of strategic service issues which we need to address.
- 4.10. IJBs have published their first Strategic Commissioning Plans, these highlight the need for Partnerships to establish a real focus on changing the way their populations use hospital services in their future planning.

## **5. Developing our Strategic Plan: proposed process**

- 5.1. We know from our planning for 2016, and from the material outlined in the previous section, that it is imperative that we reshape acute services in the short, medium and longer term. Our proposed approach is to bring together those three horizons for planning into an integrated process so that we develop and describe the changes we need to make in 2017/18 in the context of describing a longer term strategic change programme.
- 5.2. To begin this process it is proposed that we complete a series of strands of work for consideration by a Board seminar in October 2016. The proposed strands are:-

An update of the key elements of the Clinical Services Review including:-

- Population health analysis;  
Drivers for change;
- Future clinical models;
- Progress on implementation;
- An informed forward look at population and other changes which will require service transformation;



- A joint appraisal with IJBs of the implications of their strategic commissioning plans for the delivery of acute services;
  - Analysis of service changes emerging from regional and national planning to deliver the National clinical strategy;
  - An outline of proposed service changes for 2017/18 from the Acute Division's clinical planning processes, which are focussed on delivering high quality, safe and sustainable care;
  - A strategic service and estate appraisal of our hospital sites;
- 5.3. We also need to produce an initial forward financial framework for acute services, developed with the Integration Joint Boards;
- 5.4. The development of each of these strands will include extensive clinical engagement and engagement with wider stakeholders including other Boards and Scottish Government
- 5.5. The Acute services Committee will receive regular updates as this work develops to ensure continuing Non Executive input. Following the October Seminar, enabling the Board to consider and shape this material, there would be further discussion with IJBs with the aim that this work can be finalised to enable the Board to approve for publication, and public engagement, proposed service changes for 2017/18 set in the context of a longer term strategic plan.

## **6. Conclusion**

- 6.1. Subject to the Board discussion the Board Executive team will work with IJB Chief Officers to establish the required processes to develop the material outlined in this paper.