

NHS GRAMPIAN
Short Life Working Group – Renewal
Report to Grampian NHS Board – Thursday 6 August 2020

1 Actions Recommended

The Board is asked to accept the recommendations of the Short Life Working Group - Renewal, which are:

1. Agree to a strategic focus and leadership from the Board on four key issues, namely,
 - a. People powered health and care
 - b. Enhancing the North East collaborative leadership
 - c. Reducing inequalities within the population
 - d. Maximising the gains from digital opportunities
2. Agree to support and create a culture which maximises the opportunity for the delivery of these aims and supports co-production to optimize change at an accelerated pace
3. Agree the approach to progress these four strategic aims and the culture work
4. Agree that the successful delivery of much of this work will require a change in our approach to work more closely with partners and communities to shift the balance of power and to de-medicalise the north-east approach to health and care
5. Agree that the Board will receive formal feedback on the progress of this work in approximately six months

2 Strategic Context

Scotland's approach to the COVID-19 pandemic was "Respond, Recover, Renew". The Board wished to contribute to the longer term vision and the potential large scale transformation of our system, alongside, considering how to engage with the public and partners. To this end, the Board established a Short Life Working Group – Renewal (SLWG-R). The SLWG-R met on six occasions (May-July 2020) and its membership included the three Integration Joint Board (IJB) Chairs. Whilst the SLWG-R considered the widest possible health and care system, it was very clear and respectful of the governance boundaries of the Health Board, the IJBs and the Local Authorities. The Terms of Reference can be found in Appendix 1.

The outcomes from the SLWG-R will support a refreshed Clinical Strategy and be key to a clear direction of travel for the system, which in turn will be reflected in our re-mobilisation plan and future Annual Operational Plans.

3 Key Matters relevant to Recommendations

3.1 Approach taken by the SLWG-R

The SLWG-R was very conscious that it was only meeting on six occasions and so it had to explore issues at an appropriate depth in order to deliver high level recommendations to the Board for making progress on Renewal.

The SLWG-R, following the completion of a PESTLE (Political, Economic, Social, Technological, Legal and Environmental) analysis, including PESTLE completed by other cohorts (including ACF, GAPF, other Board members), agreed to consider four key areas of work, namely

- a. People powered health and care
- b. Enhancing the North East collaborative leadership
- c. Reducing inequalities within the population
- d. Maximising the gains from digital opportunities

In addition to this the SLWG-R considered, in line with its Terms of Reference, the culture that is required to deliver on these four key strategic areas.

The SLWG-R undertook sessions, with support from appropriate officers of NHS Grampian and Integration Joint Boards, on all of the topics (less the digital opportunities¹). In order to ensure this paper is focused, the process of ‘thinking and development’ of the recommendations is not included. However, all records (notes, presentations and background reading) associated with the SLWG-R are available to all Board members, on request. It is intended that the continuation of the work, within each topic area, will make further use of the incredible depth and insight recorded through the process of the SLWG-R.

The aim of this initial work is to indicate a forward-looking vision that provides a broad framework for the next five years of development and delivery, against these prioritised issues.

The following sections, taking each topic in turn, concentrate on the recommendations. The final section of the paper makes a recommendation on the mechanism the NHS Grampian Board could use to progress these issues and maintain momentum on these topics. Alongside the ownership of the NHS Grampian Board, it will be essential to engage and share ownership, appropriately, with other partners. To this end, complementary or conjoined mechanisms should be

¹ The SLWG-R decided that it would not undertake a session on “maximising the gains from digital opportunities” in the interest of the time available for their sessions. The importance of this topic is in no way under question. However, all members of the SLWG-R felt they had already contributed significantly to this topic through their contribution to the development of the NHS Grampian Digital Strategy, which is being considered at the October 2020 Board.

considered by our respective partners as the work is progressed (for example, see section 3.3).

3.2 People powered health and care

This theme was initiated around engagement and co-production with the public, staff and partners and matured and developed into a fundamental change in the “ownership” or “power base” of our health and care system. The SLWG-R recommended:

1. Work with non-statutory bodies and community groups to support the de-medicalisation of the approach to health and care enabling changes in the commissioning approach and intent
2. Initially, against the clinical strategy and the key themes of the SLWG-R, co-produce implementation and delivery plans with our population, ensuring that we include hard to reach parts of the community and people with lived experience. [This will, over time, allow for the co-production of future strategic intent. All co-production is within transparent descriptions of available resource.]
3. Work with our communities (of place and condition) and partners to understand and then develop mechanisms for our population to take greater responsibility for their own health, including mechanisms for successful and engaging supported self-management
4. Use ‘problem based’ descriptions of our system to engage and work with our partners in the public and third sectors, including the Universities to develop innovative solutions with our communities.

3.3 Enhancing the North East collaborative leadership

The SLWG-R recognised the sphere and depth of influence that the North East Partnership (NHS Grampian, the IJBs and the Councils) brings to the very broad health and care arena. The influence is wider when considered as all players within the North East and reflected in the membership of the Community Planning Partnerships or the Local Resilience Partnerships and their recent work during the COVID-19 period. There was recognition that the lead may be taken by different partners for different issues and clear that the ‘Partnership’ members should have a key role as active partner(s) when not in a formal leading role. The SLWG-R recommended:

1. Positioning the North East Partnership organisations as an Anchor Organisation². A key next step will require that role to be defined for each individual organisation, as well as any ability for some collective definition

² An ‘anchor organisation’ refers to large, typically public sector or non-profit organisations like health boards, local councils, and universities whose long-term sustainability is tied to the wellbeing of the populations they serve. An expanded explanation of an ‘anchor organisation’ is shared in Appendix 2 and a comprehensive paper is shared in the additional notes.

2. Deciding on the priorities for the North East Partnership, in terms of where to put energy as a group behind particular issues to achieve maximum advancement in those areas
3. Defining the outcomes and a way of measuring those to ensure that the objectives of the Partnership are being met
4. Being clear about the actions the Partnership will endorse that gives the most traction around the priority issues
5. To continue building on the progress made to date on integration, and to use that success as a model for working with other partners
6. To explore mechanisms to progress, appropriately, closer working and potentially joint decision making whilst respecting the autonomy and Governance of the various bodies.

3.4 Reducing inequalities within the population

The SLWG-R recognised that health inequalities, i.e. preventable differences in health status across the population, exist within the North East of Scotland and that the reduction and ultimate removal of inequalities is extremely important. The SLWG-R considered the widest definition of inequalities and wishes for its work and conclusions to be considered against all components of inequality. The SLWG-R recognised the work that had been led by a sub-group of the Board since 2016 but also acknowledged that the awareness and impact of that work should be magnified as part of this strategic refresh from the Board. The SLWG-R recommended:

1. To build on the work of the Board's existing inequalities group and to confirm that the four existing aims remain a priority. Those aims are that NHS Grampian:
 - a. will, at least annually, review high level metrics and how these are being used to inform decision making
 - b. will provide healthcare services delivery which are inequalities-sensitive in design, development and delivery
 - c. will be an inclusive employer and procurer
 - d. will work in partnership within Grampian's three Integration Joint Boards and Community Planning Partnerships (CPPs) to be "anchor" organisations
2. To focus the Board's role on inequalities making them visible, prominent and embedded in routine business
3. In addition to critical awareness, the concept of NHS Grampian as an 'Anchor' organisation as an employer and as a purchaser will be developed further. This will build on practices in place or emerging such as broadening the recruitment pool and improving the health of our staff
4. Ensure that the action plan strikes the balance of NHS Grampian specific actions (e.g. policies associated with being an anchor organisation) and those developed in partnership with Community Planning Partnerships/Integration Joint Boards (e.g. the child poverty action plans).

3.5 Maximising aims from digital opportunities

The SLWG-R was extremely constrained by time. The group felt that they had made significant contribution to the development of the NHS Grampian Digital Strategy, which is being considered by the Board at its October 2020 meeting. The SLWG-R was keen to emphasise its commitment to this topic and felt that it will be most successfully progressed as part of the Strategic Plan considerations. The Strategy has been considered and commented on by many partners and aims to reflect the wider system of health and care needs.

The group were mindful that our other priorities will be fundamental to the success of our Digital Strategy to ensure inequalities are reduced rather than extended, and the digital improvement journey is taken alongside our population, staff and partners to avoid anyone being left behind. It is anticipated we will have the opportunity to discuss this when the Digital Strategy is presented to the NHS Grampian Board in October 2020.

3.6 Developing the culture to deliver on these strategic renewal aims

The SLWG-R considered the culture that is required within the organisation to ensure that these topics are progressed and have impact within the work and delivery of our health and care system. The group also gave thought and consideration to the leadership that is required by the Board, the System Leadership Team and the wider players within the organisation. The SLWG-R recommended:

1. Consider and confirm the breadth of the arena that work on culture will be developed as part of this programme, considering NHS Grampian, partners and the wider North East Scotland cohort
2. Reviewing extant materials as helpful, determine the “plan on a page” describing shared worldview, common values and the “culture components” – attitudes and behaviours - required to deliver our strategic aims
3. Review new and existing data on components to understand current degree(s) of cultural alignment and areas where priority action is required
4. Agree approach to implementing, including development support required, and latitude for teams across the system to “adopt and adapt” cultural components to their local context
5. Commit to prioritising and resourcing the development work, both specialist and within sectors/organisations, to ensure continuity other than in extremely difficult situations
6. Communicate the plan on a page in high fidelity and through multiple channels, with senior leaders visibly engaging managers and staff at multiple levels on the principles of adopt and adapt
7. Form and support a “culture cabinet” with Board leadership that invites leaders at all levels to guide and advise culture development work.

3.7 Implementation and maintaining momentum

Ensuring that these important strategic topics maintain their prominence, development and momentum is a key priority.

The SLWG-R recognised the key role that other organisations and partners should play in the development and delivery of these themes for the population of the North East and were considered about the best approach to invite others to share appropriate ownership. The SLWG-R were aware that many of our partners are also considering what their priorities might comprise post-COVID-19.

It was noted that there is a considerable degree of overlap of key themes between partners. The SLWG-R recommends that the Board (both non-Executive and Executive members) should initiate discussions with partners to enable:

1. clarity on the themes of work which are already the same and can continue to be progressed, in partnership, without any delay
2. clarity of any themes, or levels of emphasis, developed by the Grampian NHS Board SLWG-R that do not align or assimilate with key partner aspirations. Any such issue can then be considered for development, where possible, by the NHS on its own. Alternatively, consideration can be given to how to work and engage with partners to establish if they may wish to be part of a joint approach for future planning and delivery.

Some members of the SLWG-R were content with NHS Grampian Committees establishing working groups with partners to progress the identified themes, though others were concerned about unnecessarily creating additional mechanisms on top of existing ones. Conversely, some members of the SLWG-R considered that the themes might be progressed through existing mechanisms, though other members were concerned that if those mechanisms are not already progressing the themes as needed there still needs to be some catalyst for change. These viewpoints can be brought together on the basis that where possible and in the first instance existing mechanisms are used, but these might need to be adjusted or supported to achieve the shifts signalled collectively by the SLWG-R on each of the themes. The NHSG Board will re-visit this on a regular basis as it understands the pace of change and improvement around these issues.

In addition, the SLWG-R recommends that the Board asks each of its Committees to (i) consider the themes of work, (ii) to seek input from each of the Integration Joint Boards and (iii) for the Committee Chairs to meet in order to report back a cohesive approach to the Board. Within the feedback to the Board the Chairs will report on their:

1. leadership role around one or more themes
2. contribution to the themes where it is not in a more formal leadership position

3. identification of key themes from the SLWG-R report which resonate with existing work, or planned work, of their Committee
4. the cohesion and inter-related work of the differing Committees
5. the connections with the work of the Integration Joint Boards.

3.8 Other key issues identified

Following completion and consideration of the PESTLE analysis the SLWG-R agreed to concentrate on four key themes. The group recognised that the PESTLE analysis described many other very important themes and issues. These are summarised in Appendix 3 with an indication of the mechanisms by which they will be considered and developed within the organisation and wider system. The full PESTLE analysis including those completed by other contributors (Area Clinical Forum (ACF), Grampian Area Partnership Forum (GAPF and other Board members) are shown in full in the SLWG-R notes and records.

4 Risk Mitigation

The delivery of this agenda is appropriately stretching and has a number of risks associated with its delivery. The key risk is achieving a suitable prominence and priority from the Board which in turn is delivered within the whole system. This risk is being mitigated through the approach described in section 3.7 of this paper.

5 Responsible System Leadership Team Members and contact for further information

If you require any further information in advance of the Board meeting please contact:

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31 July 2020

Additional supporting information

A copy of the SLWG-R notes, slides and accompanying literature are available to Board members on request

Terms of Reference of the Short Life Working Group – Renewal

Background

The Scottish Government’s “Coronavirus (COVID-19): framework for decision making” published on the 23rd April 2020 outlined three pillars supporting the delivery of public services through the COVID pandemic and beyond: **Respond, Recover, Renew**.

COVID **response** has defined the recent majority of NHSG Board business, that of our Partners and indeed the daily life of our population. Day to day life has been a state of flux driven by rapid changes required to minimise the impact of COVID-19.

We are potentially now planning to enter a new phase alongside response to COVID-19, considering both **recovery and renewal**. Structuring our transition and developing a new focus and strategic intent for a longer period; we will require to adapt to live in an environment in which COVID-19 co-exists. In this respect we have a clear set of strategic objectives for the organisation during COVID-19 response³.

Executive led leadership structures are in place at NHSG, and with our Partners, to evaluate the requirements for the immediate recovery of Non-COVID services; evaluating the health deficit from a ground up approach and prioritising standing up services to deliver against these pressing patient and population needs utilising both novel and traditional approaches.

To complement this in terms of future planning, the Board, with the input of strategic partners, has an opportunity to reflect on the legacy of this acute COVID period, evaluate if and how it impacts our long term vision for Health and Social Care in Grampian, understand the opportunities and threats that this legacy may create in delivering necessary large scale transformation of H&SC and to define the big questions on which we need to seek broader stakeholder input and to set in place a process for doing this. The output of this SLWG will provide reflection, insight and expert advice for the development of Health and Social care strategy for the medium to longer term.

The immediate Recovery phase from COVID is being planned for the next 12-18 months. Whilst some of the Renewal work will overlap with the Recovery phase the Board are anticipating that the medium term strategic planning outcomes will largely follow this time period and that the long term strategic planning outcomes could take us towards the end of the decade.

The Short Life Working Group has the three Integration Joint Board Chairs as members and reflects the working style of the North East of Scotland where partnership working has and continues to deliver improved outcomes in the delivery of health and care. Whilst the SLWG is considering the widest possible system (from

³ In terms of COVID-19 response, the immediate strategic objectives to direct the organisation at this time will remain: SO1: Maintain public confidence, SO2: Ensure effective liaison with Partners through LRP to safeguard communities; SO3: Safeguard health, safety and wellbeing; and SO4: Ensure the renewal of the system & create the new future

acute care through to third sector and community relationships) it is very clear and respectful of the governance boundaries of the Heath Board, the IJBs and the Local Authorities. The SLWG will support the identification of potential opportunities for enhancing the existing partnership approach and aligned strategic intent.

The COVID pandemic has, for many things, rapidly created a new starting point for the considerations of the SLWG. The system wide leadership within the SLWG will ensure it considers the current position we are in and seek the opportunities to build from this point forward, rather than re-setting to the pre-COVID period.

The SLWG believes that the approach that has been very successful within the North East has created some modern and sustainable approaches to the delivery of health and care. The work of the SLWG will build and enhance this position. On this basis, the SLWG is keen to share best practice with colleagues around the country and to work with Government to support the development of National Policy.

Purpose

The purpose of the Short Life Working Group will be to:

- Ensure that there is Board engagement and oversight in the setting of the medium to long term strategic vision and supporting objectives for NHS Grampian.
- Complete a high level evaluation of the impact of the COVID pandemic on the landscape of the Grampian population's health & wellbeing and the resources and services required to deliver our desired Health & Social Care outcomes.
- Define the priority themes for staff and public engagement to probe the new opportunities and challenges facing health and social care: Supporting an organisational culture that embraces the benefits of partnership and co-production.
- Ensure outputs from the above are fed into existing NHSG and partner structures where appropriate and/or initiate workstreams to take this work forward to inform future planning.

Remit

The short life working group will be responsible for making recommendations for approval by the Grampian NHS Board in relation to:

(1) supporting the development of a medium to long-term 'strategic-refresh' by providing Board expertise on a number of key influences that dictate the scope and focus of the strategy,

(2) advice on how the Board can engage with the wider public and partners in terms of improving health outcomes and designing and embedding system transformation.

A suggested work programme is set out in Appendix 1 and feedback from the non-executive session in relation to recovery and renewal set out in Appendix 2.

Membership

The SLWG will be chaired by Board Chair (or nominated representative from within the membership of the Group) and will comprise four non-executive members of the Board, the three IJB Chairs and the Chief Executive, Deputy Chief Executive and Director of Public Health. Executive Director support will be provided by the Director

of Finance who will attend the meetings. Business Support will be made available to the SLWG.

Meetings and duration of the SLWG

The SLWG will meet on up to six occasions and present its findings to the Board in July and August.

Terms of Reference - Approved 4 June 2020

Appendix 2 – An expanded explanation of an ‘anchor organisation’

Anchor institutions are large, public sector organisations that are unlikely to relocate and have a significant stake in a geographical area. The size, scale and reach of the NHS means it influences the health and wellbeing of communities simply by being there. There are five main ways in which the NHS and other large public sector organisations can contribute locally, these are: [employment](#), [procurement and commissioning for social value](#), [use of capital and estates](#), [environmental sustainability](#) and [as a partner in a place](#).

A comprehensive paper on this topic is available in the notes of the SLWG-R.

Board Short Life Working Group (SLWG) – Renewal – Other issues identified through the PESTLE

In addition to the four themes that were identified by the SLWG (People Powered Health, Inequalities, The North East approach and Culture) for in-depth analysis, the SLWG-R recognised there were numerous other important topics to be addressed by NHS Grampian and our partners. Help will be sought from within the organisation on appropriate action to be taken.

The SLWG-R, Grampian Area Partnership Forum (GAPF), Area Clinical Forum (ACF) and other Board members not on the SLWG-R all undertook a PESTLE (Political, Economic, Social, Technological, Legal, Environmental) analysis and completed separate templates from which a number of other important themes emerged including the undernoted table.

Please note that this list is not exhaustive or prioritised. Full copies of all PESTLE analyses are included in the SLWG-R notes, which are available upon request.

		Action Required/Who needs to be involved?
1	Impact on services e.g. increased waiting times for non-critical care, potential resumption of Scottish Government targets and our ability to influence how these are considered.	Relates to delivery of NHSG organisational Objective 4. Through multiple national networks and channels, NHS Grampian must aim to influence nationally. To establish capacity for the immediate future and give careful consideration to working with primary care and patients.
2	Realistic Medicine – build on themes particularly around good communication with patients and pragmatic approach to healthcare.	This will be a key approach for the re-establishment of strategic direction through the Clinical Strategy.
3	Economic impact of the oil position in NE on changes to lifestyle, ability to recruit – positive or negative.	The economic impact of oil (and COVID-19) will be significant for the population and its wellbeing in many ways. Much of this will be picked but through NE leadership theme.
4	Use of technology – digital solutions for consultations. IT was vital during COVID-19 but this highlighted underfunding of IT services Technological requirements for NHS including Primary Care contractor groups.	NHS Grampian’s future investment policy will be developed over coming months and the relationship to the Digital Strategy and investment in IT will be set out in this.
5	Data sharing/access to data and assurance to patients and public that this is safe and a good thing to do.	Access to accurate and timely data remains key for all health and care staff. Future moves towards patient held and owned data to support self-management and patient empowerment will be addressed by Digital Future and the Clinical Strategy.

6	<p>Provision of safe and healthy workplaces throughout NHS premises and for home working.</p> <p>Social distancing and PPE in primary care eg Community Pharmacies and Optometry practices, financial implications for businesses.</p>	<p>All contractor services play a key role in delivering health and social care to the Grampian population. Work on safe working places including for independent contractors should help address this. The Health, Wellbeing and Safety Group are leading the work against the NHSG organisational Objective 5, which addresses these issues.</p>
7	<p>Build on Know Who to Turn To – to ensure appropriate access to services e.g. community pharmacy as significant point of contact – Pharmacy First.</p> <p>More integrated primary/secondary care and links between NHS Grampian and Health and Social Care Partnerships.</p>	<p>This sits well with the NHSG organisational Objectives 6 and 7 which cover the recovery and development of pathways of care across the whole system.</p>
8	<p>Health behaviours – positive v negative e.g. exercise v alcohol and eating.</p>	<p>NHSG organisational Objective 8 looks at empowering the population. To work alongside them to maximise what we have learned during COVID -19.</p>
9	<p>Impact on workforce – benefits and challenges</p> <p>Challenges of homeworking – on staff, legalities, appropriate equipment, physical and mental health, issues of equity</p> <p>Reduction in roles/risk to continuing employment</p> <p>Impact on use of buildings</p> <p>Work-life balance – offer flexibility</p> <p>Child care –requirements for flexible working and affordability</p>	<p>Staff remain critical to our future and collective success. The Health, Wellbeing and Safety Group established during COVID-19 will continue to operate and is considering these issues with support from the Staff Governance Committee (SGC) and Grampian Area Partnership Forum (GAPF).</p>
10	<p>Brexit – implications on recruitment, medication, supply chain, procurement.</p>	<p>Attention to Brexit implications diminished during COVID-19 response. Issues will be picked up again through the channels previously dealing with Brexit.</p>