



**Meeting:** NHS HIGHLAND BOARD MEETING

**Meeting date:** 31 MAY 2021

**Title:** NHS HIGHLAND STRATEGY DEVELOPMENT  
 “TOGETHER WE CARE, WITH YOU, FOR YOU”  
 AND ANNUAL DELIVERY PLAN

**Responsible Executive/Non-Executive:** DAVID PARK, DEPUTY CHIEF EXECUTIVE

**Report Author:** LORRAINE COWIE, HEAD OF STRATEGY & TRANSFORMATION

## 1 Purpose

This is presented to the Board for:

- ▶ ASSURANCE
- ▶ DECISION

This report relates to a:

- NHS Highland Board Strategy and Forward Plans

This aligns to the following NHSScotland quality ambition(s):

- All

This report relates to the following Corporate Objective(s)

<b>Clinical and Care Excellence</b> <ul style="list-style-type: none"> <li>• Improving health</li> <li>• Keeping you safe</li> <li>• Innovating our care</li> </ul>	X	<b>Partners in Care</b> <ul style="list-style-type: none"> <li>• Working in partnership</li> <li>• Listening and responding</li> <li>• Communicating well</li> </ul>	X
<b>A Great Place to Work</b> <ul style="list-style-type: none"> <li>• Growing talent</li> <li>• Leading by example</li> <li>• Being inclusive</li> <li>• Learning from experience</li> <li>• Improving wellbeing</li> </ul>	X	<b>Safe and Sustainable</b> <ul style="list-style-type: none"> <li>• Protecting our environment</li> <li>• In control</li> <li>• Well run</li> </ul>	X
Other (please explain below)		All of above	X

## 2 Report summary

### 2.1 Situation

To give the NHS Highland Board an overview of the steps being taken to finalise our strategy “Together We Care, with you, for you” through a whole system integrated approach that supports the health, care and wellbeing of our communities. To also give NHS Highland Board assurance of the work being taken to develop our annual delivery plan that will provide the basis for implementation of our strategy.

Pivotal to this is, and has been, our engagement with our population and our most important asset, our workforce, within NHS Highland. The best health and care is not the work of an individual, a single team or even one organisation; partnership and collaboration are a fundamental component in the development and implementation of the strategy and delivery plan. This needs to create ownership and accountability in a new way across our organisation.

### 2.2 Background

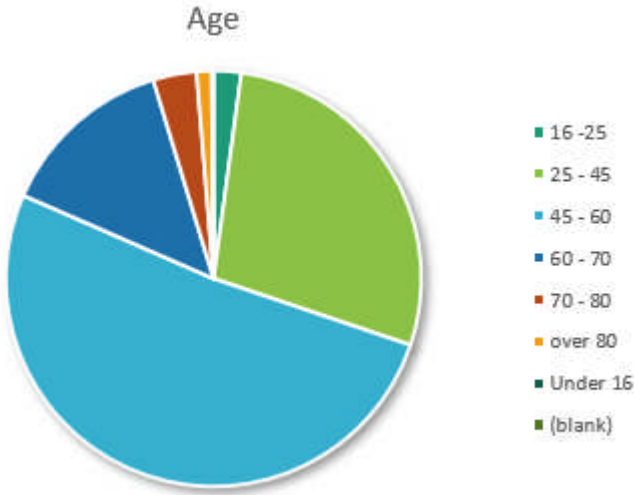
The NHS Highland board committed to the development of a strategy to help shape the future and frame the mission, vision and values of NHS Highland. It was agreed that a sound strategy and delivery plan would help support the clinical, financial and operational sustainability of the services that we provide for our population. It was pivotal that it was a realistic set of objectives and ambitions to shape different future models of health and care for our communities through an integrated approach.

A commitment was made that this strategy would be developed and delivered to the Board in early May 2021 however due to the ongoing pandemic situation a proposal was taken to the Board for a pause of 3 months due to the pressure NHS Highland were facing and this was approved.

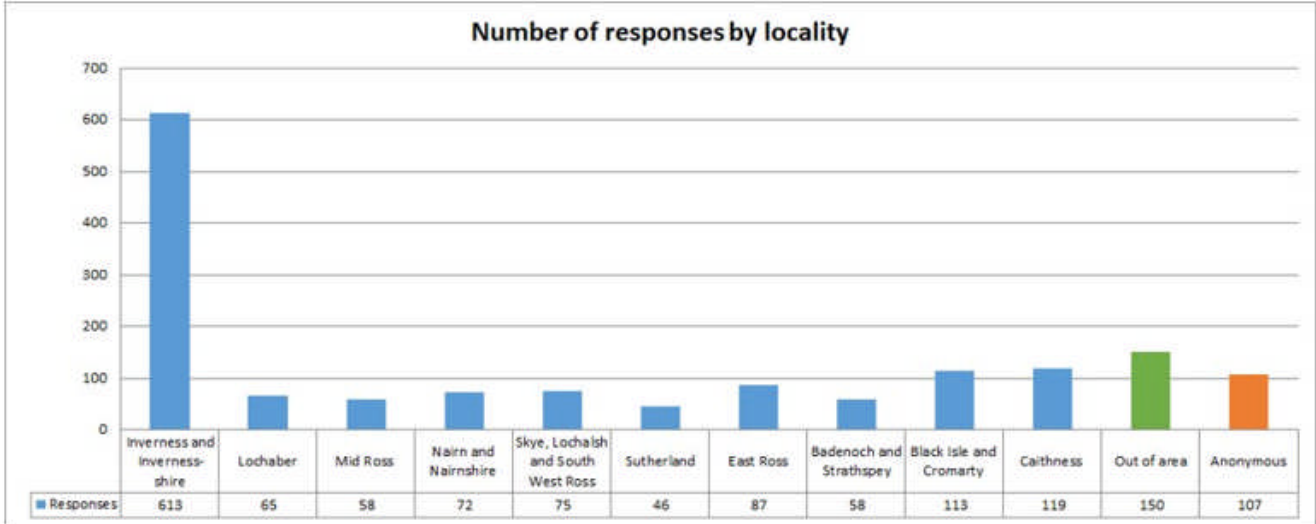
During the engagement phase we delivered on the “engagement menu” approved previously at board carrying out online engagement sessions, managers training sessions, partner sessions, questionnaires, email feedback, facebook advertising, press advertising and a radio interview with the Senior Citizens Network. Post it boards were also placed in locations to get engagement from those who might not have direct access to the internet.

This resulted in over 1700 responses which were analysed and reported. We have designed the database in such a way that we can continue to use the data for other strategy work eg we can look at age ranges and what they specifically said by which locality etc. We have also read all of the quotes given from our population, people and partners and used these to frame our ambitions. A summary of the engagement data is given below.

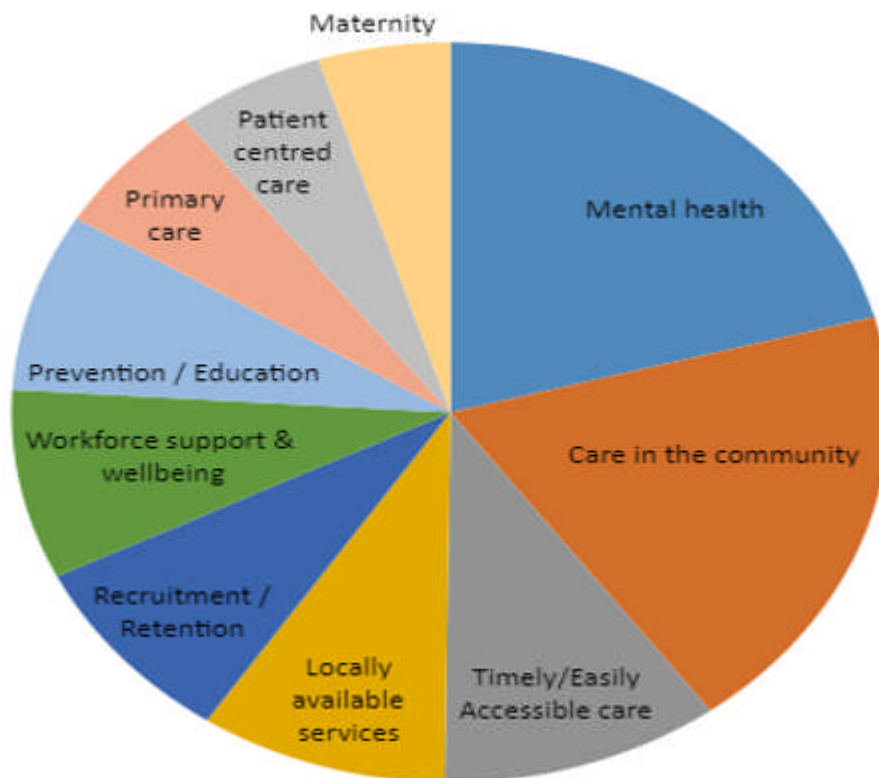
Over half of the responses were from age 45-60 with just under a quarter being in the 25-45 category. Over three quarters of our respondents were female.



In terms of location of responses there were spread across NHS Highland. 107 of our respondents did not declare which locality they lived in.



From our engagement the following areas were prioritised by our population, our people and partners. As you can see community and mental health feature highly along with locally available services, recruitment and looking after our workforce. We had responses from all of the protected characteristic categories and will look at these further as we develop our implementation plan to ensure we target those through the specific areas they apply to.



## 2.3 Assessment

We have used all of the data to draft our 3 strategic objectives and our 16 ambitions derived from our engagement. This covers our full spectrum of the health and care services we deliver and how we should work with our partner in the future. Quotes from our population and people have also been used to signify their importance in terms of our future and will be directly embedded in the strategy where they relate moving forward.

A summary of the strategic objectives and ambitions are below.

### Strategic Objective 1: Our Population

#### Deliver the best possible health and care outcomes for our population

We will promote healthier lifestyles from the start to allow our population to thrive and stay well by actively addressing health inequalities. We will listen and respond to our population at all stages of their lives to ensure we are an active anchor in creating resilient communities.

Ambition 1: Start Well	Focusing on pre-pregnancy and empowering families
Ambition 2: Thrive Well	Working in partnership building early years services
Ambition 3: Stay Well	Considering ill health prevention and social prescribing
Ambition 4: Anchor Well	Reducing barriers and working as equal partners

## Strategic Objective 2: Our People

### Making this a great place to work for our people

We will **plan** and attract a sustainable workforce and support colleagues to **grow** their careers with us. We will **listen** to and learn from their experiences in developing future plans and we will **nurture** health and wellbeing in an environment of trust, respect and valuing difference.

Ambition 5: Grow Well	Ensuring everyone is value, respected and has an appraisal
Ambition 6: Listen Well	Working with our colleague to shape the future and share
Ambition 7: Nurture Well	Supporting physical and mental health, kind and inclusive
Ambition 8: Plan Well	Sustainable pipeline and employer of choice

## Strategic Objective 3: In Partnership

### Working through partnership to transform and integrate health and care

We will continually improve and **transform** the quality of how we **treat, respond** and **care** for our population when they have physical or mental health needs to allow them to **live** well. We will work in partnership to create **integrated** services for all life stages. We will support our **ageing** population to **live** as long as possible with their independence and **end** well together.

Ambition 9: Care Well	Working in an integrated way without boundaries
Ambition 10: Live Well	Ensuring physical and mental health are on an equal footing
Ambition 11: Respond Well	Treating efficiently and discharge quickly and safely
Ambition 12: Treat Well	Person centred care as close to home as possible
Ambition 13: Transform Well	Focusing on early detection and personalised care
Ambition 14: Age Well	Respecting choices and more control
Ambition 15: End Well	Supporting our population at the end of life
Ambition 16: Integrate Well	Working beyond our organisation and geographical boundaries

Moving forward we are adopting a collective portfolio leadership approach around our ambitions and actions that takes us out from our silos. People are what make things happen, and organisational culture needs to support new strategies with new leadership practices and we aim to adopt this through the development of the strategy and the associated delivery plan. Each of the individual ambitions will have at least 3 action plans that will help deliver our strategy over the next 5 years.

These action plans will be developed as part of our annual delivery plan and are being constructed at time of writing. These actions will be integrated across our system and, in a number of cases will have leads from both acute and community leading to ensure a collaborative approach to delivery.

The strategy will only be the first stage of our future; the strategy will be supported throughout the organisation and be embedded through our annual delivery plans and by continual active performance management through the triangulation of performance (targets/finance), quality and workforce.

The strategy is fully cognisant of the role and responsibilities of the lead agency in North Highland and the IJB in Argyll & Bute and we are working on the narrative for this integrated approaches.

**Perform Well**

We recognise as a system in order to build for the future to achieve the best model of care we will need strategies that will underpin our approach to implementing our ambitions and actions. As part of your feedback you said this was important. These “perform well” strategies are an important overall priority for us as an organisation to implement within all areas as part of their ambitions as a consistent theme.

These strategies will allow us to have an open, transparent and consistent approach so we can implement Together We Care – With you, for you with these corporate enabler strategies supporting our direction. These are around quality and patient experience, finance, communications and performance.

**National Policies and Standards**

NHS Highland now exists in a complex, intricately networked geography full of greater uncertainty and higher velocity than at any other time in NHS due to the pressures COVID has placed upon us as an organisation. External influences, timelines and policy changes have added to the complexities which we have considered and incorporated. New policies and standards have been reflected upon and assurance is given that, at time of writing, these are fully aligned to each of our ambitions along with consideration of how these will be implemented as part of the delivery plan.

**Progress Well**

We recognise as a system in order to progress well we will need strategies and frameworks that will underpin our approach to focusing on the future. The digital strategy for Scotland was published in 2020 and within NHSH we aim to adopt this with an implementation plan. For climate and sustainability SG is intending to publish a climate strategy later this year and we will need to reflect on its priorities and incorporate into our future. Within estates we have an ageing infrastructure across some of our sites. With an emphasis on community models of care then our infrastructure will need to be assessed and we will work with communities on designing our future models of care around what services matter to them.

The research, development and innovation strategy will have an important role within our future and this is being developed at present. Once constructed we will reflect on the impact this will have in terms of our approach to the later years of our strategy implementation.

**Strategy Consultation**

A consultation pack has been developed and it is planned to use the same methodologies adopted within our engagement to develop the strategy as described above. This will be completed over the next 4 weeks. From market testing of the strategy most of the respondents wanted to know “how” we will implement but this is part of the delivery plan.

Reflecting on this we have designed an approach of basics, build, better, best to show how we will do this to give assurance of our implementation to our people, population and partners.

As we moved forward it is intended to continue to engage closely with our Non-Executive Directors in the roles they play within our organisation and how they can support our collaborative approach. We have already engaged with some of the Non-Executive members on the strategy development but will continue to do this so cohesion and collaborative understanding can be developed. Touch points with the Board will continue to be important as we embed the strategy and the delivery plan.

**2.4 Proposed level of Assurance**

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

**Due to the engagement and process then there is a substantial level of assurance that this will be delivered in the timescales.** An overview of the timelines for the strategy development is presented to you today to gain some understanding of the process and pivotal points and impact this will have on the July board meetings as both will be presented at this juncture for approval.

**3 Impact Analysis**

**3.1 Quality/ Patient Care**

This is core to the strategy and for the services we deliver. A full patient and experience strategy and framework will be developed once the strategy is in final draft.

**3.2 Workforce**

There will be a positive impact on our workforce due to the engagement we have been doing along with their involvement in the implementation. Evidence from the King’s Fund demonstrates the positive impact having a clear direction can have throughout an organisation.

**3.3 Financial**

The implementation of the strategy will need considered from a financial perspective moving forward but will give clarity to our objectives and ambitions so we can align.

**3.4 Risk Assessment/Management**

The current risks from the outset are summarised below. These were all previously amber but as we move closer to completion we are confident these are mitigated.

<b>Risk</b>	<b>Mitigation</b>	<b>RAG</b>
Workforce Pressures	Limited capacity for participation due to current service pressures	
Timescales	12 weeks of engagement as recommended by COSLA is key and if agreement is reached I am confident there will be no major timescale challenges	
Public/Partner Engagement	Overwhelmed or underwhelmed but think this may be mitigated by close working with communications and collaborative approaches	
COVID/System Pressures	This may impact on our workforce to engage but this will come through clear messaging and support from Board and EDG about the importance of involvement	

**3.5 Data Protection**

No impact on data protection.

**3.6 Equality and Diversity, including health inequalities**

This strategy will set out how NHS Highland intends to respond to our inequalities that were described at the board development session and achieve greater equity in health for the Highland/Argyll & Bute population. It recognises that health inequalities reflect much broader societal forces that we cannot address on our own. However, NHS services play an important role in mitigating the effects of these wider social inequalities on health, and NHS Highland will work with partners to try to address the underlying influences.

**3.7 Other Impacts**

None noted.

**3.8 Communication, involvement, engagement and consultation**

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

Engagement with our population, people and partners has been fully completed in development of the strategy and with our people in terms of the delivery plan.



**3.9 Route to the Meeting**

This has been previously considered by each of the governance committee and at EDG. Due to the dynamic process and timescales then this may have been in part.

**4 Recommendation(s)**

- 1. Assurance – We are giving assurance that the continued development process of Together We Care and the active engagement, listening and consultation across our population, people and partners will ensure a shared strategic intent is developed
- 2. Assurance – We are giving assurance that the approach being taken to develop our annual delivery plan alongside the strategy will give assurance of the actions being taken to deliver our strategy in complete collaboration with our people and partners
- 3. Decision - Agree the expectation that the Board will receive the final draft of Together We Care and the Annual Delivery Plan at the July Board meeting

**2 List of appendices**

The following appendices are included with this report:

None