



Connecting beyond boundaries

Developing a new regional plan for
the West of Scotland

Putting the individual at the heart of what we do:

Transforming care together for
the West of Scotland

Regional design and discussion document

- Summary

August 2018



OUR AMBITION



Our Vision

We will ensure that wherever you live in the West of Scotland that you are in control of your wellbeing and care, by respecting your wishes and empowering you to live independently.

You will:

- Be at the heart of decisions that affect you.
- Be empowered and responsible for your own health and wellbeing.
- Receive safe and high quality care.
- Receive care in the most appropriate place for you.
- Experience compassionate care no matter where you live.

Our Approach

Our priority is that the people of the West of Scotland will get the care they need in the right place, at the right time, every time.

We will

collectively do this through:

- Informed self-care and self-management.
- Supportive and connected communities.
- Integrated health and care.
- Networked clinical services.

Our Goal

- To build a personalised approach to care.
- To embrace shared decision-making.
- To reduce unnecessary variation in practice and outcomes.
- To reduce harm and waste.
- To manage risk better.
- To become improvers and innovators.

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We would like to thank everyone who has contributed to the development of this Regional Design and Discussion Document; and all those staff and colleagues who continue to work so hard to deliver high quality services to and with the communities of the West of Scotland.

In order to help shape the development of the Regional Design and its supporting programme of work, we would very much value your views.

If you would like to do so, please write to Mr Soumen Sengupta (Head of Regional Planning – West of Scotland), either electronically at soumen.sengupta@ggc.scot.nhs.uk; or by post at the West of Scotland Regional Planning Team, 1 Carnegie Road, Hillington, G52 4NY.

Foreword

In the 70 years since the NHS was established – and indeed in the 50 years since the *Social Work (Scotland) Act* was signed – the West of Scotland has seen great changes in what, how and where care is delivered. These changes have been made possible for lots of reasons – not least of which have been the considerable advances in knowledge and technology. However, they have also been driven by often bold leadership and a collective appreciation that improvement requires change. Considerable strides have been made in improving the quality of care, and today we can and should take pride in the many examples of excellent care available. For all of that though, we also know that we can and need to do more to prevent and address the high levels of ill-health and care needs that blight the lives of too many individuals, families and communities.

The *Health and Social Care Delivery Plan* and the *National Clinical Strategy* set out the expectations for a modern health and care system for Scotland. This includes a requirement for organisations to come together and focus on regional planning of services where appropriate. In the West of Scotland we have a strong track record of delivering new models of care and effective regional services. These achievements have demonstrated that it is possible to overcome challenges and deliver safer, higher quality services, but only if we get the process right and genuinely challenge ourselves. The establishment of regional cardiology services took place in 2009 - nearly ten years on, we need to be planning how to meet the challenges of the next 20 years. Given the scale of these challenges, our transformation ambition needs to be greater than ever.

Our *Regional Design and Discussion Document* describes the collective ambition of the West of Scotland Boards to improve the health and care of the 2.7 million people who live within our communities. We will do this by providing care for and with individuals and their carers that foster independence; are sustainable; and are safe, effective, equitable and proportionate to their needs.



Working across and connecting beyond our traditional boundaries - across health and social care; across professions and disciplines; across settings; across specialties; and across organisations - will be critical to building a person-centred and sustainable service that is fit for the 21st Century. This will be an ongoing journey that builds on engagement to

date to create a more involving approach as we look to develop and successfully implement improvements for the communities of the West of Scotland. Through the remainder of 2018, Chief Executives of Health Boards and Chief Officers of Integration Joint Boards across the West of Scotland will be leading conversations and discussions on this material within their respective areas. I hope that the suggested direction-of-travel set out within in it stimulates constructive discussion that is of value locally and generates considered feedback that informs our continuing work at a regional level. Once we have considered all the feedback received and refined the material accordingly, we will then issue the finalised Regional Design Document early in 2019 for endorsement by West of Scotland Health Boards and Integration Joint Boards.



We understand that in looking to take this bold agenda forward – whether at regional, health board, Integration Joint Board/Community Planning Partnership or locality level – there will need to be:

- Celebrating of, learning from and scaling up of good practice within the region.
- Co-production with individuals and communities; and across staff, services and organisations.
- Fostering of support for improvement from within local communities.
- Leadership for improvement, at national, regional and local levels.
- Action at a “once for Scotland” level - across the three regions, and with the National Boards.

If we are to achieve our shared ambitions as a region, we – and indeed all leaders across our services - will need to role model behaviours that enable transformation to happen in practice: demonstrating trust and respect; conducting ourselves with principle and integrity; acting collegially and holding each other to account; and ultimately working for the best interests of all 2.7 million people in the West of Scotland that we are here to serve.



John G Burns - Regional Implementation Lead for the West of Scotland
Chief Executive of NHS Ayrshire & Arran

1. Context

A key objective of the reform programme advocated by the *Christie Commission* was that public services had to be built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience.

The Scottish Government's *Healthier Conversation* was an opportunity to gather a wide range of public and service provider views on what matters for the future and has provided a rich source of insights. The most common issues raised through the conversation were:

- The need for a greater focus on preventing illness through education and support to help us make healthy lifestyle choices.
- The importance of mental health and wellbeing and the role of connected communities and good support networks as part of that.
- The themes of person-centred care, support to self-manage health and the importance of a holistic approach.
- Increased awareness of the full range of social care services and how they benefit different people, along with recognising and valuing the important role of unpaid carers.
- The need for more accessible and flexible services, better partnership working and joined up care, and an easier way of signposting people to what's available.
- Recognition of the challenges ahead and the need to set clear priorities for the future.



Over the past two years, two key documents, the *Health and Social Care Delivery Plan* and the *National Clinical Strategy*, have been published providing the national policy direction for Scotland. The documents set out the way forward in Scotland in terms of the health and care of our population, building on the existing *Quality Strategy* with its ambitions for safe, person-centred and effective care.

The National Health and Social Care Delivery Plan sets out a significant list of objectives, including a focus on regional and national planning of services where appropriate. It draws on earlier strategies and sets out the direction of travel and expectations of a modern health and care system. Strategic aspirations include:

- A vision for 2020 where people live longer, healthier lives at home or in a homely setting.

- Integrated health and social care which promotes prevention, anticipation and supported self management.
- Day case treatment as the norm.
- Highest standards of quality and safety.
- Person centred care.
- An integrated 'Health and Social Care Workforce Plan' for workforce planning and development.
- Investment that is matched to reform and transform.
- Digital Strategy promoting technology and information that supports both patients and care professionals with modern models of care.

The National Clinical Strategy set out areas for change including:

- Planning and delivery of primary care services around individuals and their communities.
- Planning hospital networks at a national, regional or local level based on population size and the availability of an appropriately skilled workforce.
- Providing high value, proportionate, effective and sustainable healthcare (linked with *Realistic Medicine*).
- Transformational change supported by investment in eHealth and technological advances.

The *National Clinical Strategy* also calls for regional planning of many hospital services to further improve patient outcomes by maximising the use of highly trained clinicians; fully utilising complex services supported by expensive technology, such as robotic-assisted surgery; standardising care to avoid unwarranted variation; and making services financially



sustainable for the future. Research into the benefits of reconfiguring acute services has identified that while reconfiguration can lead to improvements in services, it is best undertaken alongside other measures to strengthen the delivery of care and to instill an organisational culture of improvement.

Other national policies and strategies that have influenced the development of the West of Scotland Regional Design and Discussion Document include:

- *Best Start (Maternity and Neonatal Services Strategy).*
- *6 Essential Actions to Improving Unscheduled Care.*
- *The General Medical Services Contract 2018.*
- *Mental Health Strategy.*
- *Cancer Strategy.*
- *Getting it Right for Every Child (GIRFEC).*
- *Review of Health and Social Care Targets.*
- *Making it Easier, a health literacy action plan for Scotland for 2017-2025.*
- *Scotland's Digital Health and Care Strategy - Enabling, Connecting and Empowering.*
- *Health and Social Care Workforce Plan.*
- *Public Health Priorities for Scotland.*



The West of Scotland Regional Design and Discussion Document reflects our aspiration to deliver the *National Health and Social Care Delivery Plan* and the *National Clinical Strategy* to provide better health, better care and better value. In accordance with the Chief Medical Officer's Report *Practising Realistic Medicine*, it affirms our aspiration, and challenge, for health and care staff, services and organisations to create the conditions to:

- Build a personalised approach to care.
- Embrace shared decision-making.
- Reduce unnecessary variation in practice and outcomes.
- Reduce harm and waste.
- Manage risk better.
- Become improvers and innovators.

2. Population Profile & Need

- The West of Scotland serves a population of circa 2.7m, covering a wide geographic area of 8,777 square miles; and consisting of urban, rural and island communities.
- The West of Scotland has a population that is relatively younger than the rest of Scotland, with fewer of the very elderly. However, the West of Scotland has some of the council areas with highest proportions of oldest residents (in terms of population percentage over 65 years); and its population growth rates will be highest amongst the over 65's in the next 20 years.
- The West of Scotland has most of the most deprived council areas in terms of their summary Scottish Index of Multiple Deprivation - Glasgow City, West Dunbartonshire, Inverclyde, Renfrewshire, North Lanarkshire, East Ayrshire; and the bulk of the population residing in the most deprived deciles and quintiles.
- There has been a recent rise in age/sex standardised death rates, reflecting increases in the rates of circulatory disease, cancer, gastrointestinal disease, alcohol consumption, and dementia/Alzheimer's (to differing extents across the West of Scotland).
- Whilst plateauing of life expectancy at birth is seen for Scotland as a whole, evidence of unexpected downward shifts in the life expectancy trajectory are visible in some areas within the West of Scotland.
- Life expectancy fell unexpectedly and most noticeably in those who reached 85 years of age; and to a lesser extent, amongst those who reached 65 years of age. The causes of this are likely to be multi-factorial, including:
 - The high prevalence of obesity and rising prevalence of Type 2 Diabetes.
 - The rise in alcohol-related deaths.
 - The impact of financial austerity on investment in health and social care.
 - The challenges in access to primary and secondary health services and social care for some sections of the population in both remote/rural areas and urban areas.



- The vast majority of health care in the West of Scotland is provided local to the patient's home (Figure 1).
- From 2012/2013 to 2016/2017, activity within the hospital setting grew at an average rate under 1% per annum – but the growth was much greater in those aged 65 and over.

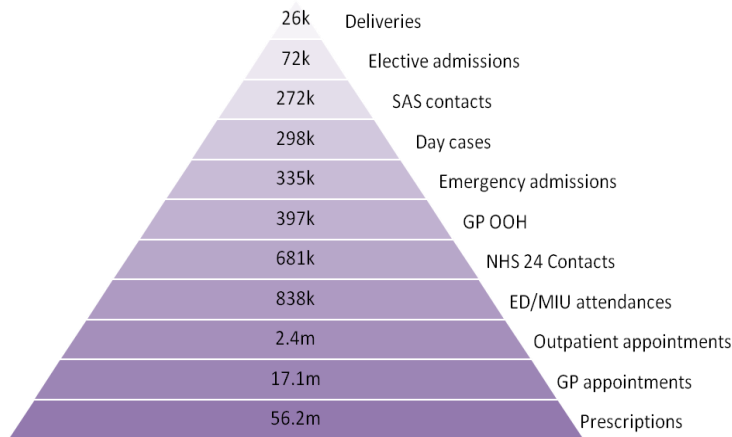


Figure 1: Key Areas of Activity

- Activity within the hospital setting in the West of Scotland is higher than would be expected when standardised and compared to the rest of Scotland.
- End of life care; frailty; and severe or enduring mental illness accounts for 80% of the total acute inpatient bed days in the West of Scotland.
- If the current model of care is maintained, then there is expected to be demand for an additional 660,000 acute bed days by 2035.
- The 2016/17 *Scottish Health & Care Experience Survey* found that in respect to care and support and help with everyday living, of West of Scotland respondents:
 - 81% stated that they had been supported to live as independently as possible (compared with 81% for Scotland).
 - 80% stated that they felt that the help, care or support that they had received improved or maintained their quality of life (compared with 80% for Scotland).
- The *Scottish Inpatient Experience Survey 2018* found that in relation to respondents who had received care provided within the West of Scotland:
 - 85% were positive about their overall care (compared with 86% for Scotland).
 - Of those who needed care or support services after leaving hospital, 81% were positive about the care and support that they received (compared with 82% for Scotland).

3. Case for Change

The Scottish Parliament's Health and Sport Committee's report on *The Governance of the NHS in Scotland* (2018) stated that "Boards must become more open and honest about the pressures and challenges they face, which will ultimately help stakeholders understand and have confidence in the decisions being taken."

We must anticipate increasing demand for health and care services as our population is growing older. As we grow older we tend to accumulate more long-term conditions, which eventually can reduce independence and result in increasingly complex requirements for health care and social support. In addition, the demand for healthcare increases as more and more medical advances are made, and a greater range of interventions and medications becomes available.



In the West of Scotland we also have higher prevalence of most illnesses than in the rest of Scotland, and Scotland as a whole has poorer health than most European countries. While the determinants of this high prevalence of ill-health relate to multiple factors – for example education, employment, housing and income – most of which are significantly outwith the scope of health and care services, we need to ensure that we have a high quality and comprehensive health and care system that seeks to address the additional needs of our population, and provide for them in a way that is equitable.

The supply of health and social care is limited by the availability of the necessary health and social care workforce. Training for our most skilled doctors takes up to 15 years - and with increasing specialisation and sub-specialisation, critical gaps in delivery have become a serious challenge. While the challenges in the medical work-force are particularly keen – across both primary and secondary care - we also face difficulties in recruiting numerous other disciplines, and in providing social care workers.

The costs of providing health and social care are also rising more rapidly than the resources available. The underlying recurrent financial position of the West of Scotland health system was a deficit of £52.8m in 2016/17, forecast to deteriorate to £141.1m in 2017/18. Gross expenditure on social care services across the West of Scotland in 2016/17

was just over £2.1bn. 47% of the region's gross social care expenditure is spent on older people's services, with the next most significant client groups being Children and Families (20%) and Adults with Learning Disabilities (17%). We are developing a Strategic Resource Framework (SRF) to gain a more detailed understanding of the scale of the challenges facing the health and care system across the West of Scotland in terms of activity, beds, workforce and finances.

The above analysis is in line with that of the Auditor General for Scotland, who has recently stated (July 2018) that the needs of an ageing population, healthcare costs that grow faster than the rest of the economy and increasing staff shortages are critical reasons why our system of care needs to change; and that "people right across the NHS, councils and government need to lead an honest conversation about why things need to change and how much better we can do".

We need to accelerate and increase our collective ambition for transforming our health and care system because:

- Our population is changing and so are their care needs and expectations.
- We need to better enable people to improve their health and wellbeing.
- Hospital is not always the best place to provide care.
- We want to provide the best possible care.
- We need to support our staff to work more effectively.
- Many of our buildings are not fit-for-purpose.
- New opportunities are afforded by technological innovations.
- We need to make the best possible use of available health and social care funding.

Together with our staff and our citizens we need to identify the right thing to do and implement the most effective models of care so that we all play our part in improve health and wellbeing across the West of Scotland.

4. Working Together to Create the Regional Design

The West of Scotland has many areas of excellent care but we know that we could - and urgently need - to do more to improve outcomes for individuals, families and local communities and use the resources available more effectively.

The West of Scotland has come together to respond to a request from the Scottish Government to prepare a regional delivery plan to implement the *Health and Social Care Delivery Plan*. This process has provided a unique opportunity to work across the organisational boundaries of five territorial Health Boards, 15 Integration Joint Boards (IJBs) and five National Health Boards to develop an over-arching Model of Care that provides a unified framework for the long term planning of services for and with local people.

Figure 2: West of Scotland Partner Organisations

NHS Territorial Boards	Ayrshire & Arran - Forth Valley – Lanarkshire - Dumfries & Galloway – Greater Glasgow & Clyde
Integration Joint Boards (IJBs)	Inverclyde - East Renfrewshire - West Dunbartonshire - North Ayrshire - North Lanarkshire - Dumfries & Galloway – Falkirk - Glasgow City – Renfrewshire - East Dunbartonshire - East Ayrshire - South Ayrshire - South Lanarkshire - Stirling & Clackmannanshire – Argyll & Bute
NHS National Boards	Scottish Ambulance Service - NHS 24 - Golden Jubilee Foundation - NHS Education Scotland - National Shared Services

The development and delivery of the regional plan is an ongoing and iterative process - and as such requires ongoing engagement with partners across the region. The work has been initially developed with the engagement of all the Health Boards (including their Chief Executives and non-executive members); and the IJBs (including their Chief Officers and their voting members). It has also benefitted from early discussions with local authorities through the auspices of Society of Local Authority Chief Executives and Senior Managers (SOLACE) and the Convention of Scottish Local Authorities (COSLA).

Our work has been shaped by guiding principles developed through a variety of collaborative workstreams that encapsulate the obligations on and ambitions of all the partner organisations, including:

- The *National Health and Care Standards*.
- The *National Health and Wellbeing Outcomes* (adults).
- The *National Outcomes for Children*.
- The ambition to deliver *Realistic Medicine and Care*.
- The commitment to Respond to *Creating a Healthier Scotland – Conversation*.

OUR GUIDING PRINCIPLES

- Ensure that the individual is always at the centre of their care and support.
- Enable individuals and families to make informed decisions about their wellbeing and care that is right for them within the context of their communities.
- Encourage and support individuals, families and communities to enjoy healthy and independent lives.
- Deliver high quality, safe care and support, to people within, or as close to their home as possible.
- Emphasise prevention and early intervention across services.
- Ensure that staff and services work together and share information appropriately in a co-ordinated manner.
- Promote equality of outcomes, experience and access to services across communities.
- Recognise and support paid and unpaid carers.
- Engage, develop and motivate staff and teams.
- Nurture a culture of continuous improvement and innovation.
- Galvanise collective resources to ensure services are fair and sustainable.

We have established new leadership arrangements within to develop the regional delivery plan, with a Programme Board in place that provides reports to the various Health Boards, IJBs and the NHS Chairs' Scrutiny and Assurance Group. The work has been taken forward through a number of collaborative workstreams supported by an advisory Clinical Board. As we continue through 2018/19 to further co-develop the new models of care proposed here, engagement will be strengthened across professional disciplines and with other important stakeholders, including the third and independent sectors.



To respond to the case for change we have developed a shared vision and a common purpose which describes our future “offer” to our citizens and communities.

VISION STATEMENT

We will ensure that wherever you live in the West of Scotland that you are in control of your wellbeing and care, by respecting your wishes and empowering you to live independently.

Our priority is that you will get the care you need in the right place, at the right time, every time.

You will:

- **Be at the heart of decisions that affect you.**

We will tailor our approach so that we provide integrated care organised around your needs and the needs of your carer.

- **Be empowered and responsible for your own health and wellbeing.**

We will provide support that enables you to take greater responsibility for your own health and wellbeing. This will include innovative ways of working to help you live a healthy life in your own home.

- **Receive safe and high quality care.**

Wherever you receive your care and whoever is providing it, we will ensure services are safe and effective.

- **Receive care in the most appropriate place for you.**

We will provide care that is both convenient and of a high quality. We will do this by reducing unnecessary trips to health centres and hospitals and ensuring you get the most out of the visits you make.

- **Experience compassionate care no matter where you live.**

Wherever possible, care will be provided as close to your home as possible and reflect your care needs and personal circumstances.

The *Health and Social Care Position Statement for Scotland* stresses the importance of communicating and engaging with stakeholders to successfully develop and deliver plans to improve services.



The *Community Empowerment (Scotland) Act 2015*, the *Public Bodies (Joint Working) (Scotland) Act 2014*, the *Equality Act 2010* and *Chief Executive Letter (CEL) 4 (2010) Informing, Engaging and Consulting People in Developing Health and Community Care Services* set out legal duties and good practice in engaging communities. IJBs have in place public engagement arrangements based on the *National Standards for Community Engagement* to meet their legal duties. These arrangements will be the primary means for engaging with community stakeholders in region. This will be done collaboratively with Health Boards and local authorities to ensure a comprehensive and inclusive approach.

Health Boards and Health & Social Care Partnerships (on behalf of their IJBs and in tandem with their local authorities) have in place arrangements for staff governance to meet their statutory and policy obligations. These arrangements will be the primary means for engaging with staff and staff side representatives in the region.

By working together, partner organisations can continue to fulfill their legal duties; and make the most of collaborative opportunities to ensure effective and appropriate communication and engagement is carried out with their communities.

Our ambition is for individuals to keep themselves as well as possible for as long as possible; that our services enable people to be as independent as possible for as long as possible, providing early intervention when required; and that our organisations develop more integrated care, organised around the needs of individuals and communities. We will develop new models of care that improve outcomes and experience, with more care delivered within and nearer to people's homes but with some services provided in specialist centres where appropriate.

OUR AIMS

- Improving the health of the population.
- Improving patient's experience of care.
- Achieving the best possible value in all activities (financial value and value to the patient).
- Supporting and valuing staff.

OUR COMMON PURPOSE

- We will design our care around the specific needs of individuals and different segments of our population rather than around existing organisations and services.
- We will proactively engage and support people to have better lifestyles, develop independence and self-care.
- We will design and deliver care services around population segments that are closer to home, particularly those services that require joined-up care.
- We will design our future hospital services around the new and expanded integrated services, with different levels of service provided in a networked hospital system.
- We will develop a regional workforce strategy, which includes addressing key gaps and the ability to flex across region.
- We will create a regional estates strategy that makes best use of existing estates to support out-of-hospital and hospital care models and determines investment needed.
- We will make better use of the technology we have already invested in and make more investments in technology that allow us to improve care and reduce the cost of the care services.
- We will develop a comprehensive Regional Plan that addresses drivers of financial pressure (including balance of care, productivity, workforce, back-office and estates).

While we will be united as a region in addressing these aims and applying these principles, the work to plan and deliver these objectives will necessarily be taken forward at different levels – national, regional, Health Board, IJB/Community Planning Partnership and indeed locality/neighbourhood. Doing this in a coherent, streamlined and co-ordinated manner will at times present challenges – and so critical to success will be the degree to which those leaders within our organisations and across our array of professional disciplines and staff can and will role model behaviours that will support effective engagement, collaboration and delivery for local people across the West of Scotland.

OUR BEHAVIOURS

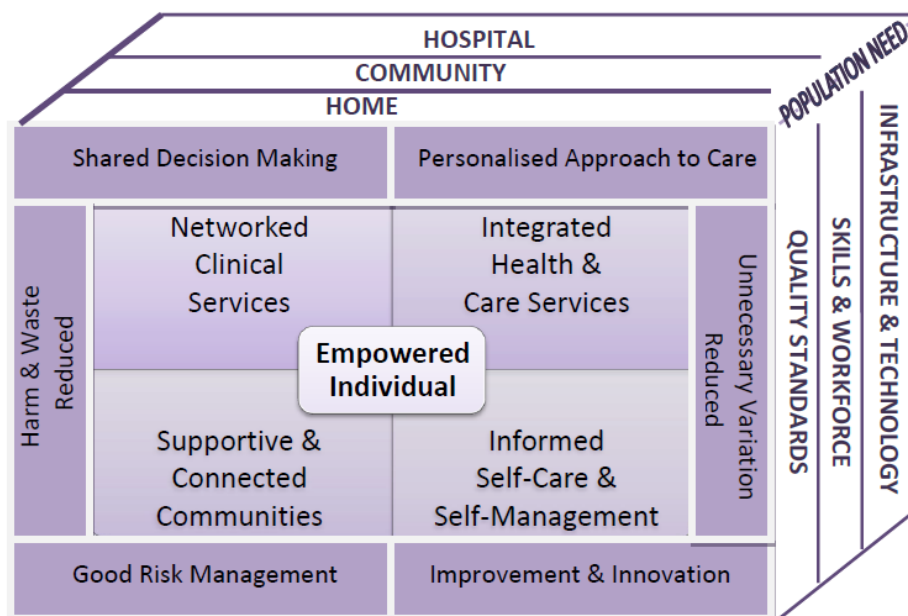
- Demonstrating trust and respect.
- Conducting ourselves with principle and integrity.
- Acting collegiately and holding each other to account.
- Working for the best interests of all 2.7 million people in the West of Scotland.

5. A 21st Century Model of Care

6.1 Overview

In developing the over-arching and evidence-based Model of Care proposed here, we have sought to be as inclusive as possible, recognising the needs of remote and rural communities, the value of all health and care staff and their contributions, and important stakeholders (e.g. the Third Sector).

Figure 3: West of Scotland Model of Care



Fundamentally the Model of Care reflects an understanding that:

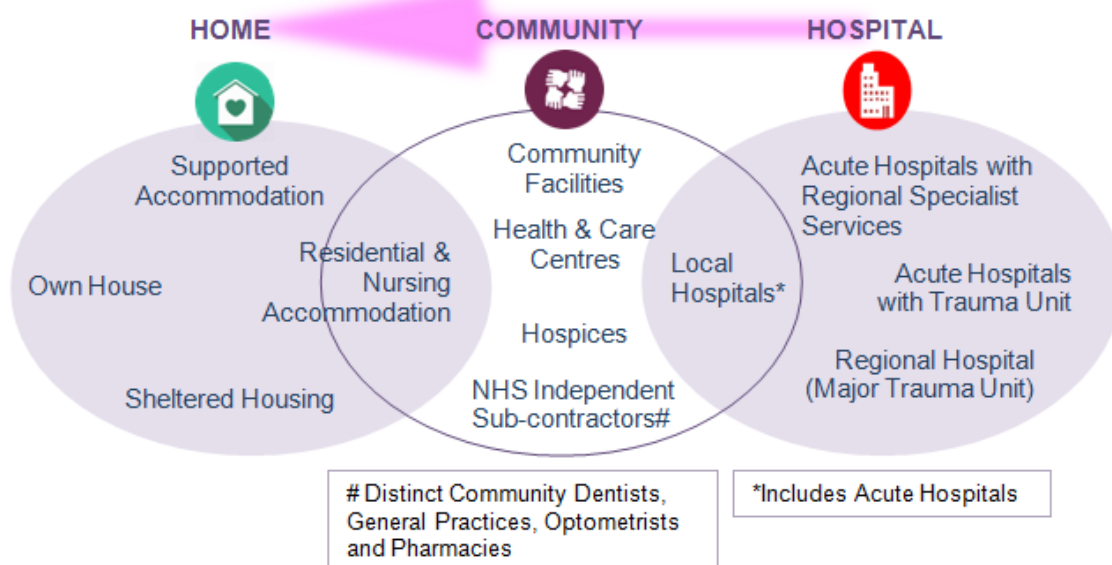
- Getting the basics right – patient-centred, integrated, multifaceted and well co-ordinated primary, secondary and social care - is likely to be much more important than any single tool or care management approach.
- Our systems have to encourage and strengthen our approach to prevention (i.e. not creating the need in the first place) by encouraging individuals to manage their own health and be responsible for personal wellbeing. The story doesn't start from service provision but rather with the individual's own needs and capabilities.

The Model of Care is underpinned by recognition that:

- Many of the same functions and interventions will be provided within different settings.
- Wherever a function or intervention is delivered – or indeed by whom - that it will be done to the same high standard.
- Individuals will frequently be receiving care and support in different settings as part of the same package of care/care episode.
- In order to provide as much support and services as close to people’s homes as possible, ensure consistent quality and reduce the number of journeys that people have to make to receive care, services and staff may have to operate as part of a structured network.
- Staff may operate across different settings and be part of multi-disciplinary teams in doing so.
- The contribution of unpaid carers needs to be properly appreciated and that they require to be supported appropriately.
- The individual and their care needs should be at the heart of all decision-making, with and for them.

There are three main care settings which encompass a number of differing environments which overlap in practice (as summarised below).

Figure 4: Settings for Care



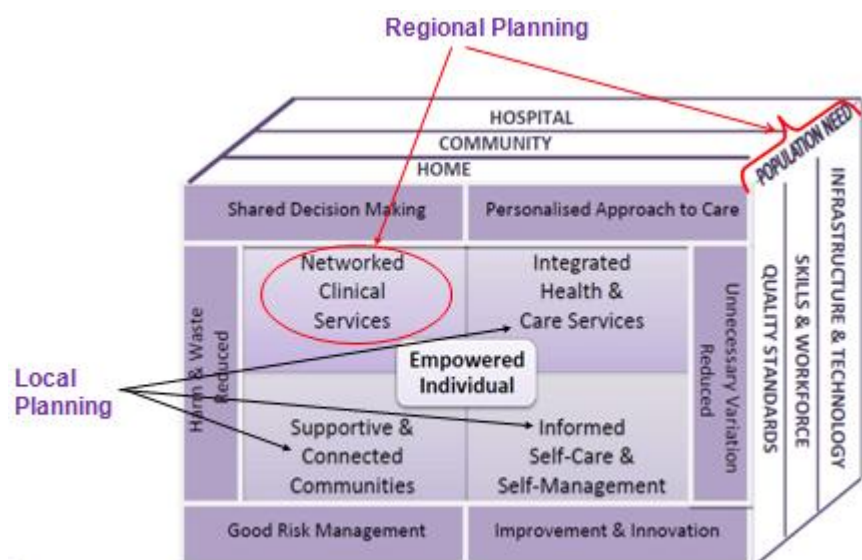
The work to plan and deliver the Model of Care will be taken forward at the most appropriate level – national, regional, Health Board, IJB/Community Planning Partnership and indeed locality/neighbourhood.

The National Clinical Strategy provides evidence for the specialties that should be planned and delivered on a regional basis such as vascular surgery, ophthalmology, urology, neurology and stroke care. This was primarily on the basis that there is very strong evidence that low volume, complex interventions are better undertaken in specialist centres. So our Regional Design and Discussion Document has majored on that element of the proposed Model of Care (specifically with respect to Networked Clinical Services).



Figure 5: Model of Care – Primary Levels of Planning

The other elements will be for partner organisations to take forward in a manner that makes sense for the needs of their communities whilst retaining the necessary level of coherence and quality committed to for the West of Scotland health and care system as a whole. However, we have identified that there is useful regional planning contribution in developing key elements of the enabling factors (at scale) required to deliver upon those local improvements.



In planning for the future it is important to stress that the success of any future care models will be heavily determined by how effective our approach to prevention and early intervention is; and, importantly, the degree to which individuals and families can be more responsible for their own wellbeing and managing their own health.

6.2 Population Health

Whilst health and care services have a vital role in keeping people healthy and supporting them when they become ill, it is important to recognise that we all have a responsibility – and to varying extents, can exercise a degree of choice – when it comes to our own lifestyle, health and wellbeing. It is important to understand though that the primary determinants of wellbeing, health and (importantly) health

inequalities are well recognised as being economic, social and environmental; and as such, many of their primary causes lie outside the direct influence of health and social care. Consequently, collaboration and co-ordination at local, regional and national levels is crucial if we are to collectively and positively address those determinants for and with local communities.

Community Planning aims to help public agencies to work together and with the community to plan and deliver better services which make a real difference to people's lives. Each of the 16 Community Planning Partnerships (CPPs) in the West of Scotland has prepared and published a Local Outcomes Improvement Plan (LOIP) which will take this work forward. These LOIPs frame the context in which organisations have to operate in seeking to help improve population wellbeing and health, and address health inequalities; and set out the local outcomes which each CPP is prioritising for improvement, with tackling inequalities being a specific and common focus.

Directors of Public Health in the region have developed a shared workplan focused on children and young people's health; drugs and alcohol; obesity and Type 2 diabetes; and screening. This will help them support the work of the local public health partnerships committed to within the national *Health & Social Care Delivery Plan* in a joined-up manner. This should reinforce the ethos of regional planning by seeking to improve consistency; greater networking of expertise; better sharing of learning; and considering opportunities for increased efficiency through a "once for West of Scotland" approach where appropriate and where supports local CPP priority outcomes.

Figure 6: The Social Determinants of Health (Health Scotland)



Many of the most significant levers for effective public health improvement can only be operated at a national level, most notably as evidenced by the impact of the legislation to ban smoking in public places. The recent national consultation *A healthier future - action and ambitions on diet, activity and healthy weight* set out a range of proposals that health and care organisations in the West of Scotland have voiced support for, including:

- Restricting the advertising of unhealthy food and drink, including a restriction on advertising near schools and places where young people congregate.
- In a similar vein to alcohol, minimum pricing should be considered for products containing refined sugar, whilst also incentivising healthier options (such as fruit and vegetables).
- To consider the opportunities to robustly apply over-provision policies for fast food outlets where appropriate to a defined business sector through Local Authority licensing arrangements.
- To incentivise the reformulation of food and drink products to improve nutritional composition.

6.3 Informed Self-Care & Self-Management

Self care is what each person does on an everyday basis. Self management is the process each person develops to manage their long term conditions.

A Human Rights Based Approach is based on the principles of participation; accountability; non-discrimination and equality; empowerment and legality (PANEL). Adopting these principles empowers people to exercise their responsibilities for protecting and improving their own health and wellbeing, whilst clarifying the duties and accountability of policy makers and public services to provide effective and integrated public service systems. Self care and self management are the responsibility of individuals, - but this does not mean people have to do it alone. Individuals need to have access to the right information, education, support and services. Critically, self management in particular also depends on professionals understanding and embracing a person-centred, empowering approach in which the individual is the leading partner in managing their own life and condition(s). Self management is also a key element of our shared framework for integrated



health and care (as described later). It is, and can be, supported in a number of ways, including:

- *Scotland's House of Care*, which supports and enables people to articulate their own needs and decide on their own priorities, through a process of joint decision making, goal setting and action planning.
- Social prescribing is an approach (or range of approaches) for connecting people with non-medical sources of support or resources within the community which are likely to help with the health problems they are experiencing as well as the wider circumstances that affect an individual's health and wellbeing. These include opportunities for the arts, physical activity, learning, volunteering, social support, mutual aid, befriending, self-help as well as support with benefits, debt, legal advice and parenting.
- Self-Directed Support (SDS) allows people, their carers and their families to make informed choices on what their social care support looks like and how it is delivered, making it possible to meet agreed personal outcomes. The *Social Care (Self-directed Support) (Scotland) Act 2013* allows people to choose how their support is provided, and gives them as much control as they want of their individual social care budget.

West of Scotland partners all agree that the need for greater self care and self management is central to improving the wellbeing of individuals, families and communities throughout the West of Scotland. The Chief Medical Officer's Report *Practising Realistic Medicine* has highlighted the importance of staff and services supporting individuals with their health literacy, i.e. their current combination of health knowledge (including general concepts and specific knowledge), beliefs and skills that have developed through life experiences including education, illnesses, interacting with health services and interacting with their families and communities.



West of Scotland partners also agree and appreciate that unpaid carers can and do have an important role in supporting self management. In accordance with the expectations of the *Carers (Scotland) Act 2016*, West of Scotland partner organisations are committed to ensuring better and more consistent support for carers and young carers so that they can continue to care, if they so wish, in better health and to have a life alongside their caring commitments.

6.4 Supportive & Connected Communities

The West of Scotland recognizes that individuals are more likely to live healthier lives - and realise their social and economic potential - in strong, resilient and supportive communities. We understand that communities that are tolerant, and where people support each other, provide a healthier and more independent quality of life for the individuals and families living within them.



We also acknowledge that while many of our communities are great places to live and work, some remain blighted by prejudice, inequalities and poor environmental conditions. These are not problems that can be turned around overnight, but by working in partnership we can improve the quality of life – including better health and wellbeing - for those individuals and families living in communities suffering from a range of problems often associated with deprivation. The Community Planning Partnerships across the West of Scotland have a key role in tackling these challenges and in empowering communities.

It is also important to recognise the positive influence of cohesive, resilient and supportive communities to enable people – and their carers – to self care and with self management, not least in respect to minimising social isolation and loneliness. Social isolation refers to the quality and quantity of the social relationships a person has at individual, group, community and societal levels. Loneliness is a subjective feeling experienced when there is a difference between an individual's felt and ideal levels of social relationships. An evidence review completed by NHS Health Scotland found that:

- 6% of adults have contact with family, friends or neighbours less than once or twice a week (*Scottish Health Survey 2013/15 data combined*).
- 18% of people have limited regular social contact in their neighbourhoods (*Scottish Social Attitudes Survey - 2013*).
- A significant minority of children are vulnerable to social isolation because of poor peer support or bullying (*Health Behaviours in School Age Children - 2014*).
- 22% feel that they don't have a strong sense of belonging to their local community (*Scottish Household Survey - 2015*).

- 48% of people exhibit a degree of social mistrust, which is connected to level of social contact and feelings of belonging to the local community (*Scottish Social Attitudes Survey - 2015*).
- 27% of people volunteer (*Scottish Household Survey - 2015*), and 46% have been involved in some kind of community action to help improve their local area (*Scottish Social Attitudes Survey - 2015*).

The Scottish Parliament's *Equal Opportunities Committee Inquiry into Age and Social Isolation* came to the view that social isolation and loneliness are significant problems in Scotland; and that there is a strong argument for bringing considerations of social isolation and loneliness into the planning of a range of services. The Scottish Government has been consulting upon a new strategy for addressing these issues - *A Connected Scotland: Tackling social isolation and loneliness and building stronger communities* – and the actions with the final strategy will inform the response of West of Scotland partner organisations (at either a Health Board or IJB/Community Planning Partnership level) going forward in tandem with the third sector and other stakeholders (such as local Carers Centres).

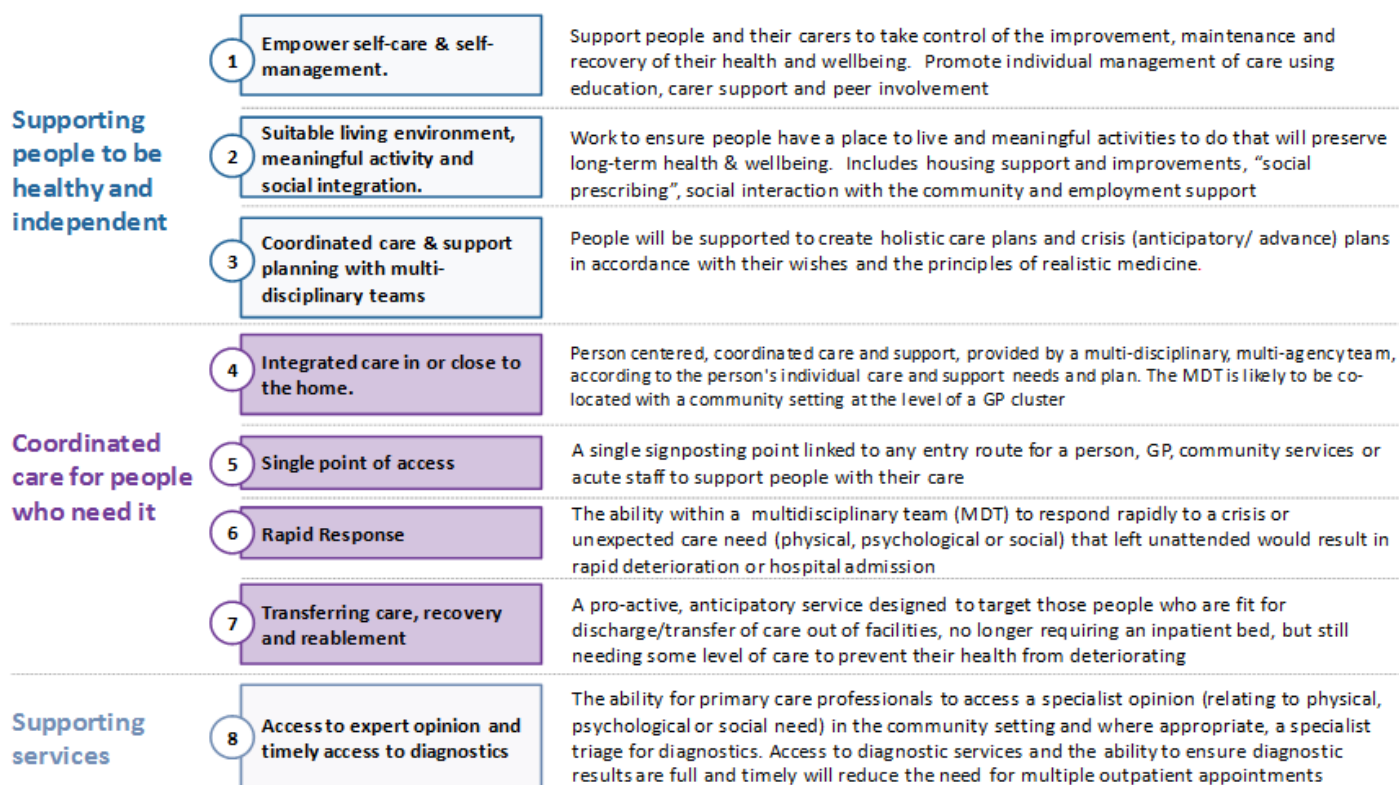


6.5 Integrated Health & Care Services

Integrated care is about ensuring that people are supported to live well at home or in the community for as much time as they can; and that they have a positive experience of health and social care when they need it. Continuing to develop this approach to care is a core requirement of the national *Health and Social Care Delivery Plan*; and indeed was a key driver for the introduction of the *Public Bodies (Joint Working) (Scotland) Act*. The Strategic Plans of IJBs across the West of Scotland all recognise that embedding integrated care as a defining characteristic of their individual local health and care systems will require on-going transformational change of the system of care.

Developmental work undertaken with our Health & Social Care Partnerships has generated a shared framework for integrated care, built around eight core “ingredients” that will be strengthened by each of those areas as part of their contribution to a unified approach.

Figure 7: The Core Ingredients for Integrated Care



In looking to embed this proposed framework, it is important to recognise that the West of Scotland would not be starting from a “blank page”: there are many examples of good practice that evidence the progress that many areas have made and that can enable sharing of learning (as well as the opportunity to scale up). In addition, understanding population segmentation and the identification of areas of greatest need helps to clarify the requirement to provide as much care as possible locally whilst designing hospital care that will deliver safe and sustainable services. It is also critical to recognise that the effective development, implementation and delivery of these above ingredients requires effective dialogue and engagement with other local stakeholders, including third sector organisations (with support of Third Sector Interfaces); independent providers of care; carers and service users from different communities.



6.6 Networked Clinical Services

The *National Clinical Strategy* emphasised the need to plan some acute clinical services on a regional basis; and provides evidence for the specialties that should be planned and delivered on a regional basis – such as vascular surgery, ophthalmology, urology, neurology and stroke care. This reflects a body of clinical evidence that suggests that patients have improved outcomes



when complex investigations and treatments are only provided in a few specialist centres. The challenge is how to organise acute clinical services in a manner that as many functions as possible can be sustainably delivered as close to people's homes as possible, ensure consistent quality and reduce the number of journey's that individuals, their carers and their families need to make.

Currently there are a number of specialties provided on a regional basis in the West of Scotland: interventional cardiology; neurosciences; specialist prostate surgery; specialist penile cancer surgery; all brain and central nervous system cancer surgery; lung cancer surgery; and sarcoma surgery.

Building on our learning from within the region, across Scotland and from other parts of the world, the West of Scotland now proposes to further develop networked clinical services to support both planned and urgent and emergency care within distinct specialties in order to:

- Ensure best possible clinical outcomes.
- Improve sustainability of service delivery.
- Make best possible use of specialised equipment, from example in robotic assisted surgery.
- Provide a balance between local access and more distant expertise.
- Standardise pathways of care across the region, and thus reduce unwarranted variation.
- Improve recruitment, training, audit, benchmarking and clinical leadership.

This will be built on:

- Networks of mutually-supportive and empowered care professionals, demonstrating shared responsibility across hospital sites and Health Board boundaries.
- Fewer in-patient centres, but local access maintained through local out-patient clinics, investigations and day-case surgery; and by strengthening interface with, and role of, primary care.
- Optimising capacity, to address service pressures (particularly staffing and rotas) and deliver best value.
- Standardising clinical pathways and reducing variation in clinical practice - and so improve outcomes for patients (in accordance with the principles of *Realistic Medicine*).

Such networks will deliver care at multiple settings and sites (“nodes”). The level of complexity and specialism will vary at each node – so that for some hospitals there will be access to out-patients, diagnostics and day surgery only, while at others there will also be in-patient beds serving that specialty. Within each network there will also be a number of “fixed points” where



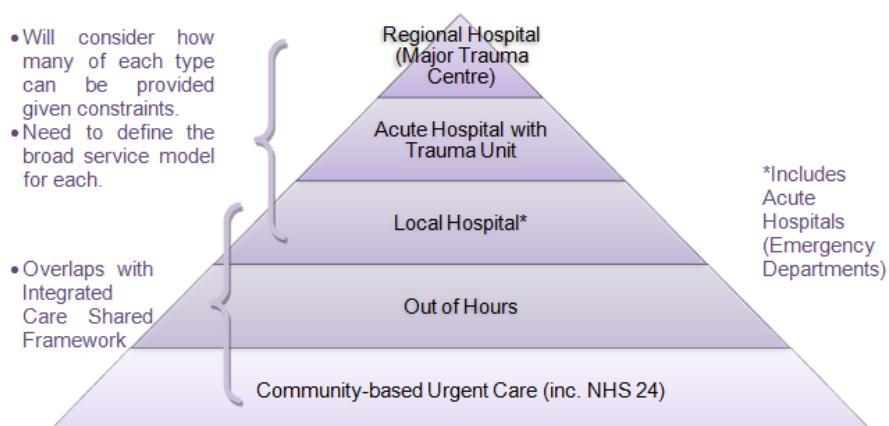
changes to services would be unfeasible. An example is the Royal Hospital for Children on the Queen Elizabeth University Hospital site, where the highly specialised services that are provided from that hospital are considered as “fixed points” with necessary co-locations.

The development of such networked clinical services will require:

- Strong and well supported clinical leadership.
- Excellent digital/information technology systems that provide secure access to patient records across the region.
- Support from the Scottish Ambulance Service and other transport providers.

We have developed a proposed stratified model for urgent and emergency care in order to ensure that we can provide consistent and resilient services (Figure 8).

Figure 8:
Stratified Model for
Urgent & Emergency Care



It is proposed that within each setting, both core and optional services could be provided. National requirements for emergency care have already established that there will be one Major Trauma Centre for West of Scotland – the Queen Elizabeth University Hospital - where multiple specialties are co-located to deliver the best possible outcomes for patients with poly-trauma. The Major Trauma Network has clear deliverables and standards which will inform the development of the proposed model. These include provision of a 24/7 Consultant led Emergency Department within the Major Trauma Centre; and provision of a 24/7 Emergency Department-led service within the Trauma Units. Key to delivery of this model is a robust Rehabilitation Service across the region. We now need to continue our work to further consider the care and treatment what will be provided in a range of centres (Local Hospitals, Trauma Units and Major Trauma Centre) with the appropriate expertise, facilities and processes to maximize outcomes for individuals; and emergency in-patient provision across specialties and how we can enhance/develop urgent/ambulatory care models.

We recognise that a significant percentage of urgent and emergency care contacts take place in the community setting with the involvement of General Practice, Pharmacies, NHS24 and Scottish Ambulance Service. For example, the *2018 General Medical Service (GP) Contract* sets out the development of advanced practitioners - e.g. nurses or paramedics – to work with GP clusters and to provide a first response for home visits, assessing and treating urgent or unscheduled care presentations.

We have developed a stratified model for planned and cancer care in order to ensure that we can provide consistent and resilient services, the components of which are set out below.

Figure 9: Stratifying Planned & Cancer Care

Care Component	Type of Care
Community Services	Low complexity care which can be provided in a community setting.
Local Hospital Services	Low to medium complexity services requiring access to day case and/or short stay beds but no anticipated access to critical care.
Complex Inpatient Services	Medium to high complexity services requiring extended inpatient stay or access to critical care.
Regional Specialist Services	Centralised high complexity low volume services extending to National and Regional Services.

As mentioned above, there is a body of clinical evidence that suggests that patients have improved outcomes when complex investigations and treatments are only provided in a few specialist centres. For example, interventional cardiology services have been organised on a regional basis since 2009: this sees patients who have had a myocardial infarction going to one of two centres within the West of Scotland - Hairmyres and Golden Jubilee Foundation - for their emergency care; and primarily to the Golden Jubilee Foundation for planned interventional cardiology. At the same time and wherever possible, outpatients, investigations, day surgery and short stay surgery should be provided as locally as possible across the region. This would provide a full range of core clinical services locally to meet the majority of patient needs with patients travelling only where clinically required to other sites. The national Modernising Outpatients programme aims to reduce the number of hospital delivered outpatient appointments by up to 400,000 by 2020 (from 2017): for the West of Scotland this equates to circa 200,000 appointments. In working to deliver this, the national Access Collaborative set out four clear areas to focus on: waiting list validation; active clinical referral triage; virtual attendance; and enhanced recovery after surgery. These are areas which are being considered for a regional approach.



A number of regional cancer service models have already been developed, with well defined regional pathways and clinical management guidelines in place. Regional multi-disciplinary teams have been established to support these (e.g. gynaecology, and head and neck cancer). More recently the regional robotic prostatectomy



service has been established, with very positive early outcome data evidenced. An agreed regional strategy for cancer surgical services requires to be developed that takes cognisance of the West of Scotland's role in the provision of many national services. Established regional services (such as complex gynaecological surgery and microvascular surgery) and proposed regional services (such as hepatic and upper gastrointestinal cancer surgery) are identified as priority areas to best manage current service issues. Completion of work in relation to possible regional urological service reconfiguration will also have an impact on future cancer service provision. Importantly, the majority of cancer care will however continue to be delivered by local boards in the local hospital. Emerging treatment and follow-up options also offer the real prospect of cancer care being increasingly delivered in the community and self directed care becoming a realistic option for increasing numbers of patients. Underpinning any change is the need to ensure we provide and improve access to appropriate diagnostic, outpatient, and day-case care as locally as possible.

Work is also continuing to consider how to ensure that local hospitals are valued, recognising that:

- We should not expect all hospitals to offer the same services – and that quality of outcomes must be consistent wherever a service is provided.
- Services must objectively reflect both local and total regional demand.
- Services must adhere to evidenced pathways to ensure consistently safe and effective care.
- Services must be sustainable, having responsibly assessed necessary staff/skills availability and the effective use of resources to maximise outcomes for individuals, carers and families.

6. Enablers for Improvement

7.1 Quality Standards

The national *Health and Social Care Standards* set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld. They are underpinned by five principles - dignity and respect; compassion; be included; responsive care and support; and wellbeing. The Standards are based on five headline outcomes, all of which have informed the development of our regional work:

- I experience high quality care and support that is right for me.
- I am fully involved in all decisions about my care and support.
- I have confidence in the people who support and care for me.
- I have confidence in the organisation providing my care and support.
- I experience a high quality environment if the organisation provides the premises.

To support the development of the Model of Care, evidence-based clinical standards for Stroke, Accident & Emergency, Acute Medicine, Older Persons, Emergency Surgery, Critical Care, Trauma and Orthopaedics & Gynaecology have been developed.

The 2017 *Memorandum of Understanding* between the Scottish Government, the British Medical Association, Health Boards and Integration Authorities sets out the principles underpinning primary care in Scotland, emphasising the role of the GP as an *expert medical generalist*. Its key principles for primary care redesign were: safe; person-centred; equitable; outcome focused; effective; sustainable; and affordability and value for money. As an expert medical generalist, all GPs will increasingly focus on: undifferentiated presentations; complex care; local and whole system quality improvement; and local clinical leadership for the delivery of general medical services under GMS contracts. Consequently the 2018 *GMS Contract* further reinforces GPs as expert medical generalists alongside expanded multi-disciplinary teams (including more Advanced Nurse Practitioners), with the development of GP “clusters” as networks to drive clinical quality improvement – which all provide opportunities for whole system transformation.



6.2 Skills & Workforce

As at December 2017 the health and social care workforce working within the West of Scotland was the largest in Scotland, employing 176,741 people. The workforce comprises:

- NHS workforce – 64,737.7 whole time equivalents (excluding GPs); and 77,051 headcount (including GPs).
- Social care workforce – 99,690 headcount (“frontline” social care workforce, excluding administration and management):
 - Local authority employed – 30,070 headcount.
 - Private employer – 41,860 headcount.
 - Third sector employer – 27,760 headcount.

This large resident population working within health and social care impacts significantly on the employment status of the region, social mobility and the local economy. The age profile of much of this workforce, alongside issues with the availability of suitably skilled staff and enduring vacancies in a number of areas, present challenges that emphasise the value of a regional approach.

The 2017 *Audit Scotland Report – NHS Workforce Planning* stated that there is a need for integrated workforce planning for cross-Health Board services; but that no region had a regional workforce plan. The West of Scotland is at the early stages of integrated regional workforce planning - but our strong relationships and commitment to collaborative working provide a strong foundation to build, informed by the findings of the above Audit Scotland Report; new policy and legislation (e.g. proposals for *Safe and Effective Staffing in Health and Social Care*) and the on-going development of the *National Health and Social Care Workforce Plan*. This process recognises that high quality, person centred, safe, and compassionate focused care can only be delivered if we ensure we have the right workforce with the right skills, expertise and compassionate approach to delivering services. Given the growing and changing demands on and for services, the future focus for workforce planning and organisational development has to be on reshaping and adapting the entirety of the existing and available future workforce to work differently – to be innovators and improvers - across the health and social care service spectrum.



Our ambitions for the way in which organisations in the West of Scotland come together to plan services and the impact that can be achieved, are growing and developing. However, it is increasingly clear that the scale of demand is moving beyond not only the ability of individual organisations to address, but that of our present joint working arrangements. We recognise that we need to consider what more we can do to maximise the benefits of collaboration, both strategically and operationally; and energise greater whole system working across different disciplines, teams, services and sectors. This will require a continued focus on organisational development so that we continue to build leadership for transformation; and ensure that not only are the delivery structure arrangements in place, but that individual staff and teams are supported as innovators and improvers.

6.3 Infrastructure & Technology

Greater use of digital technology aims to enhance patient safety, clinical effectiveness and a person-centred approach to care. Our focus is on providing individuals – be they service users or staff - with the information they need, where and when they need it regardless of the organisational boundaries or settings of where care is provided. Over recent years, an



incremental and pragmatic approach to system convergence has been taken in order to make best use of investments made (e.g. in relation to telehealth and telecare). Further work is now required to strengthen a unified approach to support the new national *Digital Health and Care Strategy* – e.g. the development of a Digital platform and Patient Portal to enable information to flow between NHS and Social Care systems to the individual service user and back again.

Medicines are the most common intervention in healthcare and can improve health and lengthen life, however, medicines are not without risk and must be managed safely and effectively to ensure that patients and the public get the greatest benefit. Safety and value for money can be enhanced by bring together medicines policies across the region. The Directors of Pharmacy across the region have worked together to develop a West of Scotland approach to supporting the safe and effective use of medicines, e.g. work on-going to develop a Hospital Electronic Prescribing and Medicines Administration (HEPMA)

regional road map; and planned work to develop a West of Scotland Therapeutics Handbook supported by a regional medicines formulary.

Appropriate provision of transport enables services to run more efficiently by getting people to the right place at the right time. Transport for health and care is planned and provided by a variety of number of public, voluntary and private sector organisations. Joint working across the public sector, and with voluntary and private providers, is crucial for the successful and sustainable development of such arrangements. In planning for the future, West of Scotland partner organisations will work together to determine transport service implications of proposed developments.

Since the turn of the century considerable investment has been made in the modernisation of the NHS Estate across Scotland to support changing patterns of demand and new models of care. As our model of care and updated pathways of care are developed, this presents an opportunity to review the estate across community and hospital settings to ensure that our facilities are in the best condition and are in the best location to support the highest standards of treatment and care whilst delivering value for money to the public purse. We have begun a programme of work to prepare an accurate baseline of the current condition, level of utilisation and location of our estate; review the existing capital development plans for our Health Boards; and from this prepare a regional estates strategy.

6.4 Shared Services

Shared services is a catch-all term that has been applied to a range of clinical and non clinical services not involved in the direct provision of patient care. Our regional planning process has also taken account of the work being undertaken nationally on a 'Once for Scotland' basis by alignment of the scope of our 'Shared Services' work. Within the region this has focused specifically on: Imaging; Sterile Supply; Laboratories; Laundries; Aseptic Pharmacy; Catering; Clinical Engineering; Transport; Human Resources; and Finance (including payroll, internal audit and procurement).



7. Conclusion & Next Steps

West of Scotland partners are developing a transformational and “whole systems” proposition to improving health and care with and for our population where we will:

- Design our care around the specific needs of individuals and different segments of our population rather than around existing organisations and services.
- Proactively engage and support people to have better lifestyles, develop independence and self-care.
- Organise care services around population segments that are closer to home, particularly those services that require joined-up care.
- Design our future hospital services around the new and expanded services in the community and within people’s homes, with different levels of service provided in a networked hospital system.
- Design networked clinical services across hospitals to make best use of specialist staff and enhance quality of care.
- Develop competency-based roles within and across services that optimise and value the expertise of our multi-disciplinary workforce.
- Make best use of our estates to support out-of-hospital and hospital care models.
- Make better use of the technology that allows us to improve care and make best use of the “public pound”.
- Work with and across our stakeholders (including local communities) and with the support of the Scottish Government – to deliver an improved health and care system in the West of Scotland that fosters independence and is sustainable; and provides care to and with individuals (and their carers) that is safe, effective, equitable and proportionate to their needs.

Over the next few months, further work and engagement will be undertaken across key developmental workstreams, including:

- Exploring opportunities for developing a collaborative approach across IJBs to share good practice and explore standardisation of processes with respect to the different ingredients of the shared framework for integrated care.

- Developing specific proposals for networked services for agreed acute specialisms.
- Developing an Interventional Cardiology and Cardiothoracic Surgery strategy for the region.
- Completing a West of Scotland Strategic Resource Framework, aligning with other regions and the national position.
- Developing human resource approaches to support regional recruitment to networked services, including necessary supporting employment policies and procedures.
- Developing a hospital electronic prescribing and medicines administration (HEPMA) regional road map and supporting governance arrangements.
- Developing a regional capital investment strategy based on agreed service models.
- Working with Our Voice - a partnership between NHS Scotland, COSLA, the ALLIANCE and other third sector partners - to support people to engage effectively.



We will also work to address the recommendation within the Scottish Parliament's Health and Sport Committee's recent report on *The Governance of the NHS in Scotland (2018)* that the accountability and decision making between NHS Boards, regional arrangements and Integrated Joint Boards be made clearer, simpler and stronger.

Recognising the need to maintain momentum and progress the above propositions at pace, we also welcome the forthcoming transformational investment from the Scottish Government. This investment resource will be prioritised by the Planning and Finance Director representatives of the three regions in partnership with the National Health Boards against three main themes: ongoing capacity and infrastructure to deliver the work programmes outlined in respective plans; transformation proposals arising from work programmes; and improving performance and access.

Through the national implementation leads group, it has been agreed that the ongoing development infrastructure put in place for the delivery plan work in 2017/18 will be rolled forward in 2018/19. Funding will be provided to meet additional immediate requirements to develop the momentum of the regional agendas. For pragmatic reasons, the confirmation on the other two themes is likely to be during the second half of 2018/2019. This will allow further dialogue to ensure good alignment with the National and Regional proposals; take account of transformation thinking in primary care improvement plans; and allow us to scope the material impact of potential transformational propositions going forward.

WEST OF SCOTLAND REGIONAL DESIGN: ON A PAGE



VISION

We will ensure that wherever you live in the West of Scotland that you are in control of your wellbeing and care, by respecting your wishes and empowering you to live independently.

Governance Arrangements

- Regional Programme Board providing shared system leadership.
- NHS Chairs' Scrutiny and Assurance Group providing oversight.
- Clinical Board providing professional advice.
- Programme leads and groups taking forward work programmes.

Success Criteria

We will:

- Design our care around the specific needs of individuals and different segments of our population rather than around existing organisations and services.
- Proactively engage and support people to have better lifestyles, develop independence and self-care.
- Organise care services around population segments that are closer to home, particularly those services that require joined-up care.
- Design our future hospital services around the new and expanded services in the community and within people's homes, with different levels of service provided in a networked hospital system.
- Design networked clinical services across hospitals to make best use of specialist staff and enhance quality of care.
- Develop competency-based roles within and across services that optimise and value the expertise of our multi-disciplinary workforce.
- Make best use of our estates to support out-of-hospital and hospital care models.
- Make better use of the technology that allows us to improve care and make best use of the "public pound".
- Deliver an improved health and care system in the West of Scotland that fosters independence and is sustainable; and provides care to and with individuals (and their carers) that is safe, effective, equitable and proportionate to their needs.

System Aim 1

To improve the health of the 2.7 million population of the West of Scotland.

System Aim 2

To improve patients' experiences of care.

System Aim 3

To achieve the best possible value in all activities (financial value and value to the patient).

System Aim 4

To support and value staff.

Delivered through:

- Informed self-care and self-management.
- Supportive and connective communities.
- Integrated health and care.
- Networked clinical services.

System Values

- We will demonstrate trust and respect.
- We will conduct ourselves with principle and integrity.
- We will act collegiately and hold each other to account.
- Working for the best interests of all 2.7 million people in the West of Scotland.