NHS Board 25 January 2023 Lanarkshire NHS Board Kirklands Fallside Road Bothwell G71 8BB



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SUBJECT: OUR HEALTH TOGETHER (OHT) – LIVING OUR BEST LIVES IN LANARKSHIRE – ENGAGEMENT PLAN UPDATE

1. PURPOSE

This paper is coming to the Board:

| For approval | For Information | |
|--------------|-----------------|--|
|--------------|-----------------|--|

This paper has been prepared for the Board to update on work underway to develop an engagement plan for our new healthcare strategy scheduled for publication in 2023.

The Board is asked to approve the proposal for the February PPRC meeting to consider for sign-off the engagement plan, with approval to move to engagement thereafter.

2. ROUTE TO THE BOARD

This update has been prepared by Roslyn Rafferty, Head of Strategy & Performance and reflects discussions from the OHT Editorial Group.

3. SUMMARY OF KEY ISSUES

3.1 Development of the Our Health Together Engagement Plan

Background

The Planning, Performance & Resources Committee has been in receipt of regular updates on the development of our new healthcare strategy and associated engagement plan, with the OHT Development Framework and an update on the development of the engagement plan considered in September and November, respectively.

Work to further develop the engagement plan has continued over December and January to: revise the OHT Development Framework into a public facing document; identify common themes based on December 2022 discussions with Workstream Leads; and review the OHT workstream EQIAs to confirm common themes. The Strategic Delivery Team (SDT) and the OHT Editorial Team will continue to refine this work which will inform the development of the public facing engagement plan. The output of this engagement will be reflected in our new strategy 'Our Health Together – Living Our Best Lives in Lanarkshire'.

This approach was most recently considered at a Board Development session on 11 January 2023.

The preparatory work undertaken over December and January has refined our approach to public engagement. That is:

- engagement must be meaningful and inclusive;
- questions will be designed from a quality of life perspective with a focus on prevention, self-management & early intervention;
- questions will be high level and not service or disease-specific;
- different approaches and mediums will be used to maximise reach; and
- medical language will be avoided.

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Engagement in relation to the OHT strategy will augment and not replace the need for workstream/disease specific engagement, and careful consideration will continue to ensure that the engagement programme maximises opportunities for engagement and seeks to avoid duplication/engagement fatigue.

The next steps

Work will continue to develop and refine the public facing engagement plan through the remainder of January and early February. It is proposed that the final draft of the Framework and Engagement Programme be prepared for the February PPRC meeting to consider for sign-off, with approval to move to engagement thereafter.

The Board is asked to approve this proposal.

The OHT Development Timeline is detailed below for information.



4. STRATEGIC CONTEXT

This paper links to the following:

| Corporate objectives | ADP | Government policy | |
|--------------------------|-----------------------|-----------------------------------|--|
| Government directive | Statutory requirement | Achieving Excellence/local policy | |
| Urgent operational issue | Other | | |

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

| Safe | | Effective | | Person Centred | | |
|--|------------------|------------------------|-----------------|--------------------|--|--|
| Six Quality Outcomes: | | | | | | |
| Everyone has the be | st start in life | and is able to live lo | onger healthier | lives; (Effective) | | |
| People are able to live well at home or in the community; (Person Centred) | | | | | | |
| Everyone has a positive experience of healthcare; (Person Centred) | | | | | | |
| Staff feel supported and engaged; (Effective) | | | | | | |
| Healthcare is safe for every person, every time; (Safe) | | | | | | |
| Best use is made of available resources. (Effective) | | | | | | |

6. MEASURES FOR IMPROVEMENT

As part of the strategy development process, the Strategic Delivery Team (SDT) will develop tangible outcomes to demonstrate the success of OHT as the strategy emerges. A set of outcomes and an evaluation process will be derived from the strategy along with a baseline that will allow us to monitor progress and measure success. These will be informed by our Short Life Working Groups and will include short, medium- and longer-term outcomes.

7. FINANCIAL IMPLICATIONS

The strategy will deliver the longer term plan for the Board in terms of future healthcare delivery. This will inevitably have financial implications associated with service re-design, shifting the balance of care and the future property infrastructure. Any associated programmes of work and developments will be subject to the Boards business case approval processes.

The strategy itself will promote effective and efficient use of resources to ensure that future health care provision represents best value.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Corporate risk 2062 describes the risk that there is an inability to resource and identify capacity necessary to progress the work required for strategy development due to the current Covid pressures and capacity across the whole system, adversely impacting on the progression of the development of the new Strategy: Our Health Together. The risk is currently graded "high". This risk is reviewed by the Strategy Delivery Team at each meeting and mitigations agreed.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

| Vision and leadership | Effective partnerships | | Governance and accountability | |
|-----------------------|------------------------|-------------|-------------------------------|--|
| Use of resources | Performance management | \boxtimes | Equality | |
| Sustainability | | | | |
| Management | | | | |

10. EQUALITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY

An EQIA on the communications and engagement process has been completed. EQIAs are also being developed for individual workstreams.

11. CONSULTATION AND ENGAGEMENT

NHS Lanarkshire aspires towards a co-production approach to create Our Health Together.

12. ACTIONS FOR THE BOARD

The Board is asked to:

| Approve Accept the assurance provided | | Note the information provided | |
|---|--|-------------------------------|--|
|---|--|-------------------------------|--|

The Board is asked to approve the proposal for the February PPRC meeting to consider for sign-off the engagement plan, with approval to move to engagement thereafter.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact Roslyn Rafferty, Head of Strategy & Performance

Colin Lauder

Director of Planning, Property & Performance