



Argyll and Bute HSCP



What does the future look like for Argyll & Bute's health and social care services?

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Our Vision

People in Argyll and Bute will live
longer, healthier, happier,
independent lives

A&B HSCP Strategic Plan

Drivers for Change

People/Users – tell us

Want to stay at home in community. Want to choose and have more information

Epidemiological

More people living with one or more long term condition from middle age or younger

Workforce

Some key professions will imminently have significant gaps in workforce

Quality

We relentlessly pursue the highest quality of care – eliminate harm, waste and variation

Clinical

Increasing numbers of new treatments and drugs

Reasons why we have to change NHS and Social Care Services in Argyll and Bute

Demographics

Ageing and falling population increasing complex health and social care needs

Financial

Short to medium term funding of public service will be extremely challenging

Culture

working as a single health and care service, focus on person centred care, meeting need, Public expectations

Technological

Opportunities re information recording – shared IT systems, Telecare and Telehealth

Major Shifts in Health & Care policy

e.g. personalisation, early intervention, prevention, co-production

Legislative

e.g. Children's Act, Community Empowerment, Self Directed Support



Strategic Plan 2016-2019



Six Areas of Focus

- Reduce avoidable emergency admissions to hospital and minimise the time people are delayed
- Support people to live fulfilling lives in their own homes for as long as possible
- Support unpaid carers to reduce the impact of their caring role on their own health and wellbeing
- Implement a continuous improvement approach
- Support staff to continuously improve information, support and care they deliver
- Efficiently and effectively manage all resources to deliver Best Value

The fundamental transformational change required is shifting of our services and resources (workforce and money) to ones which prioritise:

- anticipatory care
- preventative measures
- maintenance of health and wellbeing.

This means spending less money on acute care, disinvesting and transferring this money to prevention and anticipatory care services in the community

Future Shape of Services



- A single Health and Social Care team will provide more services in your Community 24/7 (Adults and Children's).
- You will only need to contact one person for all Health and Social care in your community.
- We will prioritise investment for Health Improvement and healthy lifestyle programmes, to keep you healthy.
- We will become used to using technology to support care at home, by allowing remote monitoring of your condition and enabling consultations with trained staff, for example
- Your local hospital will continue to co-ordinate and deliver emergency medical care, with fast access to Glasgow hospitals when necessary.

Future Shape of Services



- GP and other 'front-line' services will continued to be provided locally. However we expect that, through mergers and federations, there will be fewer GP practices. This will provide a greater choice to patients – e.g. a male or female doctors and offer you a range of GPs and nurses with special interests and training.
- Most hospital treatments will not require a stay in hospital, with hospital beds being used only for those needing more continuous nursing. – Less hospital beds
- With more care delivered in the home, and with more support for carers (especially family and friends), nursing- and care-home beds will be used for those who need a higher level of care.



Future Shape of Services



“A community service should be as tangible as a building”

Acumen Service User

Future - Specialist Acute Care

How to transform Secondary Care?



Strategic Plan 2016-2019

Consultation feedback

- 1 Keep Services Local
- 2 Better Patient Transport
- 3 More Public & Patient Participation
- 4 Increased Focus on Mental Health Services
- 5 Communication between NHS and Social Work
- 6 More Health Promotion Information & Services
- 7 A Higher Quality, Better Paid Care Worker

Workforce

Primary Care –
GPs role focus on more complexity – triage to rest of team
Quality cluster – focus on outcomes using integrated services to benefits patients

Workforce

Common Skill sets agreed and developed

Workforce

Shared working – what is that ? sustained 7 days a week by ensuring basic level of intervention and reduce duplication of visits,

Workforce

Single point of contact with person - Anticipatory care. Prevention health and well being

Workforce

One practitioner visit to triage/do a basic general assessment, provide basic equipment, walking aids and care planning



Workforce

Community team skills is around review and anticipatory support for our complex cases - hands-on care

Visit to review reablement potential, tissue viability, manual handling equipment and practises, carer and 3rd sector input etc

Workforce

Underutilised workforce e.g. 'ready & waiting' for work like radiology, GPs and nurses on islands- role in Anticipatory Care Planning and health improvement prevention

Person Centred Care – its Not about task shifting its.....TEAM



Health and Well Being Network



- What is in our gift as a HSCP to achieve
 - Realistic expectations from our community on what is their responsibility to look after their own health?
 - Working together - how can HWBN pick up the pace to support transformational changes in health and social care to achieve the vision:

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healthier, happier, independent lives