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**Report To:** Health and Social Care Committee      **Date:** 26 April 2018

**Report By:** Louise Long  
Corporate Director, (Chief Officer)  
Inverclyde Health and Social Care  
Partnership (HSCP)      **Report** SW/29/2018/HW

**Contact Officer:** Helen Watson      **Contact No:** 01475 715285  
Head of Strategy and Support  
Services

**Subject:** Planning and Delivering Care and Treatment across the West of  
Scotland

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## 1.0 PURPOSE

- 1.1 To update the Committee on the progress made towards the development of a West of Scotland Regional Plan for health and social care services.

## 2.0 SUMMARY

- 2.1 The Scottish Government has commissioned three Regional Delivery Plans that consider Scotland in a context of regions (North, East and West). Inverclyde sits within the West Region, which covers 5 NHS Territorial Boards; 16 Local Authorities; 15 Health and Social Care Partnerships, and the Golden Jubilee Foundation. The national NHS Boards are also developing a single plan that sets out the services where improvement should be focused on a national basis including, where appropriate, a 'Once for Scotland' approach in areas such as digital services, clinical demand management and support services.
- 2.2 This approach supports the development of a clearer and more nationally consistent picture of what the NHS and Social Work Services can and should deliver. It also supports the principles of shared services which, if organised efficiently, can potentially deliver significant reductions in back-room costs.
- 2.3 The Regional Plans are being established to take forward the National Clinical Strategy for Scotland, published in February 2016, and are to be in place by April 2018. The National Clinical Strategy aims for greater clarity around the organisation of health services in communities and in hospitals, with more focus on clinical excellence (including the development of regional or national specialisms), and less emphasis on buildings and traditional attachments to them.

## 3.0 RECOMMENDATIONS

- 3.1 The Health and Social Care Committee is asked to note progress made towards the development of a West of Scotland Regional Plan for health and social care services.

**Louise Long**  
Corporate Director (Chief Officer)  
Inverclyde Health and Social Care Partnership

## 4.0 BACKGROUND

- 4.1 The Scottish Government has commissioned three Regional Delivery Plans that consider Scotland in a context of regions (North, East and West). Inverclyde sits within the West Region, which covers 5 NHS Territorial Boards; 16 Local Authorities; 15 Health and Social Care Partnerships, and the Golden Jubilee Foundation. The national NHS Boards are also developing a single plan that sets out the services where improvement should be focused on a national basis including, where appropriate, a 'Once for Scotland' approach in areas such as digital services, clinical demand management and support services.
- 4.2 Officers from the HSCP have been involved in a series of workshops, with a view to clarifying the context of the Regional Plan alongside the HSCP Strategic Plan; the Local Outcome Improvement Plan (LOIP); Inverclyde Council's strategic priorities and NHSGGC's overarching Clinical Services Strategy.
- 4.3 Regional planning work so far has identified three fundamental settings for the delivery of care, specifically: home, community and hospital. The emerging draft proposals emphasised empowering individuals and staff to provide care as close to home as reasonably possible with service delivery spanning traditional boundaries.
- 4.4 Defining these care settings and being explicit about what will be delivered there helps all stakeholders to understand what they should expect from each of the settings, and perhaps just as importantly, what they should not expect. Regional planning is emphasising that wherever a function or intervention is delivered – or indeed by whom - that it will be done to the same high standard; and that the individual and their care needs should be at the heart of all decision-making, with and for them.

## 5.0 NEXT STEPS

- 5.1 The different elements of care described above set a context for creating more clearly defined patient pathways to support the principles of the right care, in the right place, from the right professional and at the right time. Achieving this requires strong interfaces and clear handovers between all of the different elements. All of the partners will need to assess their readiness for this level of integrated working.
- 5.2 Research from around the world has identified eight core ingredients for integrated care, described under three general headings.

<b>Supporting people to be healthy and independent</b>	<b>Empower self-care and self-management</b>	Support people and their carers to take control of the improvement, maintenance and recovery of their health and wellbeing. Promote individual management of care using education, carer support and peer involvement.
	<b>Suitable living environment, meaningful activity and social integration</b>	Work to ensure people have a place to live and meaningful activities to do that will preserve long-term health & wellbeing. Includes housing support and improvements, third sector mobilisation of community assets, befriending and employment support.
	<b>Coordinated care and support planning with multi-disciplinary teams</b>	People will be supported to create holistic care plans and crisis (anticipatory/advance) plans in accordance with their wishes and the principles of realistic medicine/care.

<b>Coordinated care for people who need it</b>	<b>Integrated care in or close to the home</b>	Person centered, coordinated care and support, provided by a multi-disciplinary team (MDT), according to the person's individual care and support needs and plan.
	<b>Single point of access</b>	A single signposting point linked to any entry route for a person, carer, community health & care staff or NHS acute staff to support people with their care.
	<b>Rapid Response</b>	The ability within an MDT to respond rapidly to a crisis or unexpected care need (physical, psychological or social) that left unattended would result in rapid deterioration or hospital admission.
	<b>Transferring care, recovery and reablement</b>	A pro-active, anticipatory service designed to target those people who are fit for discharge/transfer of care out of facilities, no longer requiring an inpatient bed, but still needing some level of care to prevent their health from deteriorating.
<b>Supporting services</b>	<b>Access to expert opinion and timely access to diagnostics</b>	The ability for health care professionals to access a specialist opinion (relating to physical, psychological or social need) in the community setting and where appropriate, a specialist triage for diagnostics. Access to diagnostic services and the ability to ensure diagnostic results are full and timely.

5.3 Officers will undertake a self-assessment exercise with a view to gaining a clear and shared understanding of our current position in respect of these aspects. This will also identify any areas where further development might be needed.

## 6.0 IMPLICATIONS

### Finance

6.1 None at this stage.

#### Financial Implications:

##### One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

##### Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (if Applicable)	Other Comments
N/A					

## **6.2 Legal**

None at this stage.

## **6.3 Human Resources**

None at this stage.

## **6.4 Equalities**

None at this stage.

## **6.5 Repopulation**

None at this stage.

## **7.0 CONSULTATIONS**

7.1 The West of Scotland Regional Planning Team is committed to full engagement and consultation with all stakeholders.

## **8.0 LIST OF BACKGROUND PAPERS**

There are no specific background papers.