

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership

Community Health and Care Partnership Committee: 20th November 2013

Subject: NHSGGC Clinical Services Fit For The Future – Service Models

1. Purpose

- 1.1** The purpose of this report is to bring to the Committee's attention the emerging conclusions of the NHSGGC Clinical Services Fit for the Future review.

2. Recommendations

- 2.1** The Committee is asked to note the content of this report

3. Background

- 3.1** The Clinical Services Fit for the Future programme was launched at the NHSGGC Health Board meeting in February 2012:
www.nhsggc.org.uk/fitforthefuture.
- 3.2** The programme aims to look at the shape of clinical services beyond 2015 to make sure NHSGGC can adapt to future changes, challenges and opportunities.
- 3.3** The key aims of designing a new strategy for Greater Glasgow and Clyde are to ensure:
- Care is patient centred with clinical expertise focused on providing care in the most effective way at the earliest opportunity within the care pathway.
 - Services and facilities have the capacity and capability to deliver modern healthcare with the flexibility to adapt to future requirements.
 - Sustainable and affordable clinical services can be delivered across NHSGGC.
 - The pressures on hospital, primary care and community services are addressed.
- 3.4** As reported to the CHCP Committee at its May 2013 meeting, the first stage of the programme focused on developing the case for change and a shared understanding of the challenges across the GGC-wide system that needed to be addressed in planning for 2015 and beyond. Members will also recall that the Health Board's Medical Director gave a presentation on this topic at the Business Day session on 27th March.

4. Main Issues

4.1 The second stage of the programme has been to determine the service models required to support care and ensure services are fit for purpose in planning for services beyond 2015. The attached paper brings together the emerging conclusions the clinical groups have developed over the last seven months to set out a whole system approach to care as the basis to plan future service provision and shape future service configuration.

4.2 The overarching aim of the service models set out in the appended document is to provide a balanced system of care where people get care in the right place from people with the right skills, working across the artificial boundary of 'hospital' and 'community' services. At the heart of this approach is the requirement to understand local populations and provide care at the most appropriate level. Getting this right will enable more intensive support for those most in need, and supported self management with rapid access into services when required for the majority of the population.

4.3 The key characteristics of the clinical service models described are:

- A system underpinned by timely access to high quality primary care providing a comprehensive service that deals with the whole person in the context of their socio-economic environment.
- A comprehensive range of community services, integrated across health and social care and working with the third sector to provide increased support at home.
- Co-ordinated care at crisis / transition points, and for those most at risk.
- Hospital admission which focuses on early comprehensive assessment driving care in the right setting.
- Planned care which is locally accessible on an outpatient / ambulatory care basis where possible.
- Low volume and high complexity care provided in defined units equipped to meet the care needs.

4.4 The overall approach set out relies on a strong emphasis on prevention. It is therefore important that the future strategy continues to emphasise the importance of health improvement and disease prevention.

4.5 The next stage of the programme will define the details of the service models and determine the implications for the services across the system. This will consider further the threshold for acute care and the range of services and capacity required in primary care and community to ensure services are accessible when required to create a more balanced model of care. Further details are described within the paper and the next steps are set out at the end of the paper

4.6 The NHSGGC Medical Director has committed to bring updates to the Health Board on the work as it progresses; and the Health Board Chief Executive has committed to ensuring that Council Chief Executives and Elected Members are also kept informed.

5. People Implications

- 5.1** The attached paper underlines that services depend on having the right number and right skill-mix of appropriately trained staff in place. Failure to plan for this could lead to services being unsustainable or facing crises, so it is important need to look at how services can be delivered better by teams working across professions and agencies (such as is already being progressed under the CHCP).

6. Financial Implications

- 6.1** As Committee will recall the previous report on the *NHSGGC Clinical Services Fit For The Future – Case for Change* (May 2013) emphasised that the health service is facing a period of rising demand resultant from demographic pressures at the same time as facing a period of significant financial constraint. It is therefore important that in planning for future services the funding available is spent effectively to ensure the best outcomes for patients.

7. Risk Analysis

- 7.1** As Committee will recall the previous report on the *NHSGGC Clinical Services Fit For The Future – Case for Change* (May 2013) detailed a picture of health services which need to change to make sure that NHSGGC can continue to deliver high quality services and improve outcomes.

8. Equalities Impact Assessment (EIA)

- 8.1** No significant issues were identified in a screening for potential equality impact of this report.
- 8.2** The appended paper does stress that future service models will have to support NHSGGC to comply with its duties under the Equality Act 2010.

9. Consultation

- 9.1** The clinical working groups have involved patient representatives and have been supported by wider patient reference groups, involving patients, carers and voluntary groups.

10. Strategic Assessment

- 10.1** The issues considered within the NHSGGC Clinical Services Fit For The Future review are particularly relevant to the following Council strategic priorities:
- Improve life chances for children and young people.
 - Improve care for and promote independence with older people.
 - Improve the well-being of communities and protect the welfare of vulnerable people.



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Date: 5th November 2013

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Appendices: Greater Glasgow & Clyde Health Board
Board Paper by the Medical Director: NHSGGC Clinical
Services Fit For The Future - Service Models (August
2013)

Background Papers: West Dunbartonshire CHCP Committee Report:
NHSGGC Clinical Services Fit For The Future - Update
(May 2013)

Greater Glasgow & Clyde Health Board
Board Paper No. 12/55 by the Medical Director - Clinical
Services Fit For The Future: The Case for Change

Wards Affected: All