



Moving Forward Together.

Shaping the Future of Health and Social Care Services



Welcome

Today:

- Hear about **East Renfrewshire Health and Social Care Partnership's** priorities and plans for local services
- Describe the Programme to transform **health and social care** services across **Greater Glasgow and Clyde: Moving Forward Together**
 - explain why we think we need to make changes to services
 - Describe what this might look like through a Vision to deliver Tiered Models of Care
 - Provide an overview of work already underway or planned locally in East Renfrewshire that aligns with the Vision
- Hear what people think about the Vision and local plans and start conversations about **what matters most to people**
- Have time to visit our Storyboards and give you an opportunity to speak to and ask questions

East Renfrewshire HSCP Vision statement:

“Working together with the people of East Renfrewshire to improve lives.”

We will achieve this by:

1. Valuing what matters to people.
2. Building capacity/resilience with individuals and communities.
3. Focusing on outcomes, not services

East Renfrewshire HSCP provides all adult, children and family, community health, social care and home care services



East Renfrewshire Profile

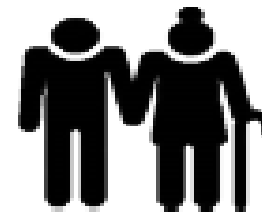
East Renfrewshire has a higher rate of children and young people, a lower rate of working age residents and a higher rate of elderly residents compared to Scotland.



19.9% aged
0-15

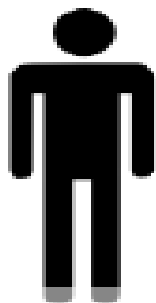


60.5% aged
16-64



19.6% aged
65 and over

The number of our
children, young people and elderly residents
will rise over the next 25 years.



Minority ethnic
residents make up
5.9%
of our population.
This compares to
4.0% across Scotland.

2.5% of our ethnic
minority residents live
in the 'most deprived'
communities. This
compares with 6.7% of
all East Renfrewshire
residents.

Consider

- Increasing numbers of very old people who are at risk of frailty, dementia and often experience loneliness;
- Residents including many of our young people reporting concern about poor mental health and wellbeing
- Despite good overall population health some of our communities continuing to experience shorter life expectancy and poorer wellbeing
- Although people and their families tell us that they would like to be cared for and die at home more people are going into hospital than ever before
- People and their carers report that they do not feel that their care is well coordinated and that they don't have choice and control over their support.
- Reducing public funding and ever-increasing demand mean that all partners are facing an unprecedented financial challenge.

East Renfrewshire Strategic Plan Priorities 2018-21:



- **Working together** with children, young people and their families to improve mental wellbeing
- **Working together** with our community planning partners on new community justice pathways that support people to stop offending and rebuild lives
- **Working together** with our communities that experience shorter life expectancy and poorer health to improve their wellbeing
- **Working together** with people to maintain their independence at home and in their local community
- **Working together** with people who experience mental ill-health to support them on their journey to recovery
- **Working together** with our colleagues in primary and acute care to care for people to reduce unplanned admissions to hospital
- **Working together** with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities



**EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP**

Working Together

**Strategic Plan for
Health and Social Care
2018-2021**

Moving Forward Together.



Moving Forward Together Programme Overview

Introduction to Moving Forward Together



What is Moving Forward Together

- Moving Forward Together is a **Vision** to transform **healthcare** and **social care** services across **Greater Glasgow and Clyde**
 - It was developed by a **cross-system team** with clinicians, frontline staff and the six Health and Social Care Partnerships
 - It describes **new ways of working** that provide safe, effective, person centred care to:
- Aims to deliver improvements in care and outcomes for all patients service users and carers by:
 - **Maximising available resources**
 - **Making best use of innovation and technology**
- It has been approved by NHSGGC Health Board and noted by the six Integration Joint Boards
 - Sets a **strategic direction** of travel for the next **3 to 5 years** and beyond to meet future needs of the **whole population**
 - It is aligned with **Scottish Government** strategy and plans



Why we need to transform services?

There is increasing demand across the whole system



Advances in medicine and effective public health interventions are helping us all to live longer



As more of us live longer the demands on health and social care services are also increasing



Nature of illness has changed, people are now living with diseases and conditions that previously would have been fatal



Health and social care system is struggling to keep pace with extra demands



What this means

Our **current models** of care are facing a number of challenges



The current **'fix and treat' approach** to healthcare doesn't focus on prevention, self-management and reablement



Increasing reliance on hospital care is simply not in the best interests of people



The **increasing demand** will simply **not be met** unless we change how services are accessed and used



There is a **limited** budget to spend on health and social care, and we need to use our resources to provide services that are **realistic, affordable and sustainable**

What we want to do?

To meet the challenges we will develop new ways of working to deliver an integrated and seamless **tiered system of care** that:

- Puts the Person at the centre and recognises the needs of individuals and carers
- Supports people to live longer healthier lives at home or in a homely setting
- Provides more care in or close to people's homes in their community
- Provides more specialist care in a community setting
- Provides world-class specialist hospital care for our whole population



Innovation and Technology

Central to developing **new ways of working** is better use of **digital information** and **technology**

- **Integrated systems, records and care plans** that **improve communication, decision making and safety**
- Give the right '**people**' access to information to enable them to make confident **informed decisions**
- **Technology enabled care** to provide real-time information that supports people and services



What will it look like?

Tiered models of care working across the **whole system** to:

1. Maximise Primary, Community and Virtual Care Opportunities
2. Align with West of Scotland Regional Plans
3. Optimise our Hospital Based Services



Local tiers are provided across the whole of GGC at / close to people's homes to promote independence and self management



As treatment or care becomes increasingly more complex with severity of illness, it is provided in fewer and more specialist centres that serve an area or even a region



We need to work with people on concepts to **hear what matters most to them** to develop more detailed plans

What this might look like: Specialist Hospital Care

Our current model of care for people who need chemotherapy to treat cancer



70% of all patient treatments are given at the Beatson West of Scotland Cancer Centre



25% at the New Victoria Infirmary



5 % at Inverclyde Royal and the Vale of Leven hospitals

The Beatson opened in 2007 with a capacity to provide a **maximum of 30,000 treatments per year**. It currently delivers almost **38,000** with this projected to reach **53,000 by 2025**

What this might look like: Specialist Hospital Care

How we want to deliver chemotherapy to treat cancer in the future



50% of all patient treatments are given at the Beatson West of Scotland Cancer Centre



50% in 3* cancer treatment units and in 5 cancer outreach centres



Some treatments eventually given in community setting including pharmacies

A **tiered model** with Beatson outreach to other settings will ensure we meet capacity and deliver more services closer to where people live



How we currently provide services

For people who need chemotherapy to treat cancer

Mr Smith lives in Greenock and he has been diagnosed with prostate cancer. For this, he is prescribed a medication called Abiraterone, which is available in oral tablet form.

In the current clinical model, he attends the Beatson West of Scotland Cancer Centre every 4-8 weeks for an outpatient appointment with a consultant oncologist.

His oncologist gives him a prescription to take to the hospital pharmacy. All his appointments are at the West of Scotland Cancer Centre.



How we want to deliver services

For people who need chemotherapy to treat cancer

In the proposed new model, Mr Smith will attend the Royal Alexandra Hospital for his initial assessment and the start of his treatment.

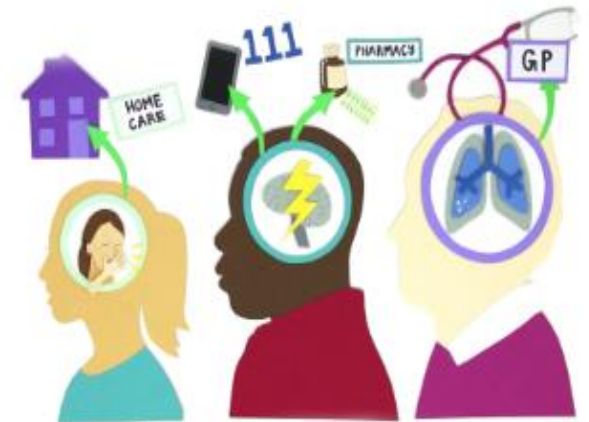
If his first treatment goes well, he will then go to Inverclyde Royal Hospital every 4-8 weeks for an outpatient appointment with either a specialist nurse or a pharmacist from the Beatson.

He will be given the choice of getting his prescription from the hospital pharmacy or his local high street pharmacy.



It's not just services that need to change...

- To help reduce pressure on the system people need to access the **right care**, in the **right place** at **right time**?
- To do this we need to:
 - Support people to access and use services differently
 - Improve knowledge of and trust in new models and alternatives
 - Promote greater self care and health improvement with the community networks to support this
 - Work collaboratively with the Third Sector, community planning partners and importantly people



To Move Forward Together we all need to think, work and act differently!!!



What's Happening in East Renfrewshire



The Market Place

Everything you should know about
The Market Place

<p>26 regular volunteers</p> 	<p>8 local enterprises supported</p> 	<p>600 visitors in Jan 10 in Barrhead and Newton Mearns</p> 
<p>16 weekly groups</p> 	<p>£515 worth of seasonal products sold since Dec 18</p> 	<p>73 first-time visits in MP Barrhead in Jan 10.</p> 
<p>87 attendees/week</p> 	<p>10 organisations used the space for drop-ins & engagement</p> 	<p>People talk to us about:</p> <ul style="list-style-type: none"> Loneliness Health Issues Mental Health Caring for Someone 



What's happening in East Renfrewshire



Feedback and Questions

We would like to know:

- Do you recognise the **challenges we face**, the need to change and the **direction for travel**?
- To help us develop new ways of working we want to know **matters most** to people



COFFEE BREAK



Storyboards & Networking



Next steps

