



Integration Joint Board

Report Title	Re-Imagining Primary and Community Care
Lead Officer	Judith Proctor – Chief Officer
Report Author	Sally Shaw – Head of Strategy and Transformation
Report Number	HSCP.17.123
Date of Report	10 January 2018
Date of Meeting	31 January 2018

1: Purpose of the Report

The purpose of this report is to bring to the attention of the IJB the developed vision of how we seek to 'reimagine primary and community care' in Aberdeen.

The paper has been developed following on from the workshops held with the IJB in November 2017.

The activity in this plan will be driven by the principles and aspirations of the Strategic Plan and is one of a developing suite of papers that sits under and is fully aligned to the Transformation Plan. In time we will see clear commissioning intentions developing from this vision being articulated in the Commissioning Implementation Plan. These later two plans also being before the IJB today.

Primary care is an essential element of good modelling in order to continue to shift the balance of care to community based provision. This paper focusses on primary care but this has to be seen as one element of that community modelling

2: Summary of Key Information

2.1 Re – Imagining Primary & Community Care

The articulated vision is seen as being long term, spanning the next ten years and beyond. This means that the plan needs to be both dynamic in its development and incremental in its implementation.



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Whilst the national and local challenges facing health and social care have been well articulated elsewhere, the vision highlights some very specific issues relating to primary and community care.

Primary and community care are critical in supporting our health and care system. The vast majority of healthcare interventions actually happen in primary care. They are also key in supporting good prevention and early intervention.

These are services that support an individual the entire span of their lifetime, supporting both physical and mental health. They provide long term continuity as well as single interventions.

The paper identifies what we believe the evidence and data directs us to focus on, via a long term programme, and that we need to consider transformational change in;

- (1) **Workforce** – primary and community care is provided by a range of health and non-health professionals working together across disciplines, agencies and localities.

The paper explores some of the changing demographics, the supply issues and how we might develop a primary care that supports a model of fewer GP's in the future.

- (2) **Changing relationships with people and communities** – the paper sets out within the Blue Print (Appendix A of the Re-Imagining Primary & Community Care paper, attached at Appendix 1) the need for honest conversations with individuals and communities about the challenges now and into the future if we fail to take appropriate action. These honest and open conversations will be necessary to achieve the ongoing, generational culture change required.
- (3) **New practice models** – we need to be open to thinking about how we shape the future services. We need to explore the possible, e.g. single triage, hub and spoke model development etc.
- (4) **Estates and premises** – describing a move from traditional 'practice based' & building based care to in the most appropriate place by the most appropriate practitioner. There is an absolute need to develop a clear plan about what will be required across the localities of Aberdeen in respect of functional buildings and spaces that are conducive for good quality primary and community care.



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(5) **IT and technology** – setting out the need to support the growth of ability and confidence in staff, individuals and communities in the use of technological enabled care and support systems.

The vision is not a step by step guide but a suggested pathway to shaping the model(s) of health and social care in Aberdeen with a specific focus on primary care in our localities. Developments will be informed by and fully aligned to our 4 Locality Plans, supporting local development and determination of services.

We recognise that doing more of the same is not an option and is not sustainable. What we do have is the opportunity to change. Although the paper does not offer a complete blueprint for the change, we are clear we want to see change deliver such things as;

- People being able to access the right advice and act on it when they need.
- A different first point of contact which will be widened to other more appropriate services, to include for example, community pharmacists.
- People will experiencing appropriate triage and guided by the most appropriate professional.
- GP's increasingly becoming 'specialists generalists'.
- A primary and community care workforce that has an increased skill set.
- A shift, through our localities toward further focus on preventative approaches to addressing health improvement and tackling health inequalities.

The paper endeavours to set out in the table on page 7 and 8 of Appendix A a description of the possible future state in respect of patients, primary care professionals and estates and premises.

3: Equalities, Financial, Workforce and Other Implications

Financial Implications

Further discussions need to be undertaken in respect of any future commissioning intentions to develop appropriate, costed option appraisals and business cases.

Equalities Implications

This Plan does not discriminate against any equality or diversity group but instead



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seeks to advance equality of opportunity between those who share a protected characteristic and those who do not.

It is suggested however that the evaluation of future activity includes significant opportunities for those who use services to confirm that they are not experiencing unintended negative consequences and that there is a tangible improvement in their personal experiences and outcomes.

Workforce Implications

It is envisaged that this vision will have a positive impact on our workforce providing increased job satisfaction, varied career paths and further training opportunities.

Appendices:

1. Re-Imagining Primary & Community Care in Aberdeen
 - a. Appendix A: The Blue Print

4: Management of Risk

Identified risk(s):

Link to risk number on strategic or operational risk register:

1. There is a risk of significant market failure in Aberdeen City
9. Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system

How might the content of this report impact or mitigate the known risks:

By the continued move towards a sustainable vision of primary and community care, we are flexing our approach and working with communities to co design services and respond to challenges.



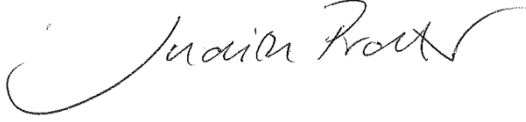
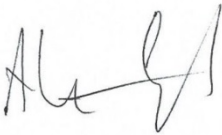
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5: Recommendations for Action

It is recommended that the Integration Joint Board:

1. Consider the Reimaging Primary and Community Care Paper, as attached at Appendix A.
2. Instructs the Chief Officer to develop a detailed Communication plan; and
3. Instructs the Chief Officer to develop an Engagement Strategy to develop this vision further with all stakeholders and to bring this back to the IJB in May 2018.

6: Signatures

	Judith Proctor (Chief Officer)
	Alex Stephen (Chief Finance Officer)