



Argyll & Bute Health and Social Care Partnership Strategic Plan 2016/17 – 2018/19

CONSULTATION & ANALYSIS OF RESPONSES FRAMEWORK

1 Introduction

The majority of responses answer the questions set out in the questionnaire (see appendix 1) in one of the following formats:

- Paper copy
- Email
- Online (survey monkey)
- Posters at events across A&B

All responses are being collated and will be analysed for a final report due in December. The results will be presented for Argyll & Bute as a whole and then broken down per locality:

- Helensburgh & Lomond
- Mid Argyll
- Oban, Lorn & the Isles
- Kintyre
- Islay & Jura
- Cowal
- Bute

For the qualitative questions (Q1, Q2, Q3) the comments will be analysed for consistent, repeated themes and suggestions – these will be presented for A&B and each locality.

For the quantitative ranking questions (Q4, Q5, Q6, Q7, Q8) the results will be presented as infographics, again for A&B and each locality.

There are a number of supplemental responses that do not follow the questionnaire, which will be included either in a section of their own or within the appendices.

2 What happens with the Consultation Report?

The report from the consultation is then considered by the Strategic Planning Group which is the reference group (detailed in statute) established to develop and produce the strategic plan. The SPG will agree any revisions to the plan make amendment and submit it for consideration to the Integration Joint Board (IJB), together with the consultation report.

The Integration Joint Board will then consider the plan at its meeting in January recommending any final changes subject to submission to the parent bodies.

The Strategic plan has also to be submitted to the “parent” bodies, Argyll and Bute council and the NHS Highland board in January/February 2016 for their consideration and also their input in finalising the budget and resources to be delegated to the IJB from the 1st April 2016.

The IJB will then consider the final plan including the budget resources in March and subject to its endorsement and agreement will see it enacted from the 1st April 2016.

3 Next Steps

In preparing for the adoption of the HSCP Strategic Plan, Locality Planning Groups are to be established from January 2016. Once again membership of the groups is prescribed by statute.

There will be 7 locality planning groups (Oban Lorn & Isles, Mid Argyll, Islay and Jura, Kintyre, Cowal, Bute, Helensburgh & Lomond)

There role will be to develop locality action plans to take forward the transformation of health and care services to realise our vision “People in Argyll and Bute will live longer, healthier independent lives” by:

- Targeting locality action plans to address:
 - 6 objectives in the Strategic Plan
 - Transformation to a health and well being organisation
 - Focus on quality and continuous improvement
 - Financial and service sustainability
 - Start to identify how services must change to meet 2018/19 road map

Informing this will be a range of information and support including the public and staff responses to our two consultations:

- Outline Strategic Plan (concluded in July 2015 – 705 responses see <http://www.healthytogetherargyllandbute.org.uk/progress-updates.php>)
- Formal Consultation on the Strategic plan

Appendix



**Argyll & Bute Health and Social Care
Partnership
Strategic Plan 2016/17 – 2018/19**



Consultation Questions

Consultation

This is the final draft of our Strategic Plan which is now out to consultation until the end of November 2015. We are asking for your comment, suggestion and questions on anything within it, but in particular we are looking for your thoughts on our intentions to take forward locality planning.

We have prepared some information and questions to help you answer this. Firstly a reminder on what changes we expect to see over the next 3 years.

What will it all look like in 2019/20

- GP and other 'front-line' services will continue to be provided locally through local surgeries. 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 doctor 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 complex medical care.
- 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.
- After an episode of illness when a person's ability decreases, health and care services will work hard to help that person to get back as much of their ability as possible. This is called re-ablement.
- A single Health and Social Care team will provide more services in your home, all day, every day – and night.
- You will only need to contact one person for all Health and Social care in your community.
- More people will choose self -directed support to design and deliver services that meet their personal needs and objectives.
- There will be more support and referral for keeping yourself healthy and using everyday social and leisure pursuits to live a good life in your community.
- We will become comfortable with using technology to support care at home, for example, monitoring of long term conditions on equipment at home and enabling consultations with trained staff by telephone or video.

- Your local hospital will continue to co-ordinate and deliver emergency medical care, with fast access to Glasgow hospitals when necessary

Have your say.....



This is your chance to comment on the Argyll & Bute draft Strategic Plan for health and social care and to influence the way services are planned and delivered in your locality.

All services need to be locally planned, locally owned and locally delivered, so that they reflect and meet the needs of our local areas and communities.

1. Services in the future will be:

- Person centred (focus on what you need and want)
- Community based
- Preventative and Anticipatory (Work in new ways to keep people healthy and stop any health problems getting worse)

Thinking about health and care services you may have used or have experience of:

What needs to change in to make this happen?

What would you like to improve?

What is the most important piece of advice that you can give us?

2. Finance. We face a future with potentially increasing demand, yet with a reducing budget and difficulties in recruiting staff to deliver services.

To improve services in the future **we need to do things differently so?**

2a. Are there things we should stop doing?

What services do you know that work really well and that other people could learn from?

Are there services that are not needed now?



Doing things differently, using a 'virtual ward' worked for me. I get my care at home from my family and professionals like Cameron, my Occupational Therapist, my GP and Community Nurse. They help me manage my health needs and stay as well as possible at home.

2c. Are there things we should do differently?

Empty box for response to 2c.

3. **Localities are at the heart of integrating health and care services** 7 new 'Local Planning Groups' will mean that more people can be involved in making decisions about local services.

The decisions will be made by people who know your area and the great things about where you live, as well as any issues you might have.



I'm a public representative on the Strategic Planning Group, there are other people representing all sectors on the group.

Who do you think should be on your Locality Planning Group for health and social care?

Who should be on your Locality Planning Group?

Are you interested in making decisions about how services are delivered?

Who else should be on your local group to make sure the best decisions are made?

Locality Planning Groups will have to make decisions on how to plan health and care services. They will need to prioritise what is needed and agree how it is delivered. This will be done by deciding what is most important.

Some of these decisions will be difficult and will require evidence to help and will include looking at:

Impact

1. Severity: Does the issue significantly affect health?
2. Size: How many people are directly affected by the issue?
3. Will the decision have a positive impact on those who need the service most?
4. Will the decision improve outcomes for a lot of people?
5. How significant will that improvement be?
6. Are there critical gaps needing more attention?
7. How quickly can it start?

Evidence and Strategic Fit

1. Look at our Strategic Needs assessment to help assess current and future need.
2. How are our patient and carer pathways working now?
3. How strong is the evidence that we can:
 - Address the issue locally?
 - Lessen the severity of the issue?
4. Are there national, professional or organisational policies which set out what should be done?
5. Does it meet the objectives in our strategic plan?
6. What have patients and users told us about the service?

Acceptability of possible changes

1. Does the issue require the whole Argyll and Bute partnership to work together?
2. Are plans and actions already in place? Does more need to be done?
3. Will the groups affected accept the need to change, and the proposed action?

Feasibility

1. What resources are required to implement the proposal?
 - Staff, finance, equipment etc
2. Does it provide value for the investment required?
3. Does the plan affect other priorities and programmes of action?

Contribution: Will the proposed plans help the following?

1. Focus on narrowing the gap in health between different individuals, groups and localities (reducing health inequalities)
2. Develop the strength and resilience of local communities.
3. Jointly work with other groups such as the third and Independent sectors.

4. Prioritise prevention and rapid treatment to minimise harm and reduce acute illness.
5. Will resources be freed up to be used elsewhere
6. Will financial savings be realised
7. Address issues raised by our staff and with people who use our services?

3a. How should your Locality Planning Group work?

Do have any ideas about how we make sure that people from remote areas of Argyll and Bute can be involved?

What could we do to make sure this is an interesting role for diverse groups of local people

What other evidence or information is needed to make difficult decisions about where to invest resources in order to get the best outcomes for most people?

4. **Focusing our services** With these changes we have a great opportunity to focus on the services that are most important to you.

Please rate the importance of some of the areas where we might focus (1 is not very important and 5 is very important):

Children and young people. **Not important** → **Very important**

Pre – natal care	1	2	3	4	5
Access to midwives and health visitors	1	2	3	4	5
Breast feeding support	1	2	3	4	5
Early years screening	1	2	3	4	5
Focus on child vaccination	1	2	3	4	5
Health screening in schools	1	2	3	4	5
Child and adolescent mental Health	1	2	3	4	5
Dental care for children	1	2	3	4	5
Preventing obesity	1	2	3	4	5
Ensure children are safe	1	2	3	4	5
Ensure children have best Possible start in life	1	2	3	4	5
Other:.....					

Everyone **Not important** → **Very important**

Diet and exercise	1	2	3	4	5
Stopping Smoking	1	2	3	4	5
Alcohol in moderation	1	2	3	4	5
Managing long term conditions	1	2	3	4	5
Preventative health screening	1	2	3	4	5
Other:.....					

Population **Not important** → **Very important**

Adult Mental Health services	1	2	3	4	5
Access to Specialist Hospital Services (NHSGG&C)	1	2	3	4	5
GP services	1	2	3	4	5
Accident & Emergency and GP Out of hours services	1	2	3	4	5
Community pharmacies	1	2	3	4	5
Dental services	1	2	3	4	5
Other:.....					

Adults and Children with disabilities **Not important** → **Very important**

Living in their community	1	2	3	4	5
Support for families/carers	1	2	3	4	5
Supported to learn and work	1	2	3	4	5
Supported transitions	1	2	3	4	5
Local health and care support	1	2	3	4	5
Respite care	1	2	3	4	5
Self Directed Support	1	2	3	4	5
Choice and control	1	2	3	4	5
Other:.....					

Older people **Not important** → **Very important**

Living at home/homely setting	1	2	3	4	5
Valued in the community	1	2	3	4	5
Falls prevention	1	2	3	4	5
Telehealthcare	1	2	3	4	5
Medicines/pharmacy reviews	1	2	3	4	5
Self- management of long-term conditions	1	2	3	4	5
Reducing loneliness	1	2	3	4	5
Support for families/carers	1	2	3	4	5

Other:.....

Any other comments or suggestions you would like to make?

6. Please indicate if your interest is as (tick one box):

- A member of the public
- NHS Highland staff
- A GP
- A member of a Community Council
- Argyll & Bute Council staff
- Other (please specify)

7. Please indicate the area you are responding from (tick one box):

- Helensburgh and Lomond
- Cowal
- Bute
- Islay and Jura
- Kintyre
- Mid Argyll

- Oban Lorn and the Isles

- ☐ Outside Argyll and Bute (please specify)

How to let us know what you think.....

By post: Respond to the questions and send your answers to our FREEPOST address:

Caroline Cecil
Planning & Public Involvement Manager
FREEPOST RRYT-TKEE-RHBZ
NHS Highland (Argyll and Bute CHP)
Blarbuie Road, LOCHGILPHEAD, Argyll, PA31 8LD

By email: SocialCareIntegration@argyll-bute.gov.uk

By Surveymonkey: <https://www.surveymonkey.com/r/YSDM7PJ>

If you wish to have contribution acknowledged please provide either:

Your email address

OR

Your Postal address:

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.....
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I'm Oliver – I'm looking forward to a bright and healthy future!