ARGYLL AND BUTE
HEALTH AND SOCIAL CARE PARTNERSHIP

Oban, Lorn & Isles Locality Bulletin

Date: 20 April 2018

Developing Community Teams in Oban, Lorn and the Isles

We would like to thank everyone who took part in our recent workshops and 'roadshows'. We have listened to your excellent contributions and will use them in redesigning our services so that people find it easier to access our community teams.

This work is **not** related to the new GP contract, although we hope that it will make their work easier also, because we recognise that, for most people, their GP Practice ('Primary Care Centre') is, and will remain, their first point of contact.

In summary, the Health and Social Care Partnership manages several teams which deliver services within the communities of Oban Lorn and the Isles (OLI). These include Social Work, District Nursing, Occupational Therapy, Physiotherapy, Community Mental Health, and Care for those with Learning Disabilities.

- Many people need several of these services, so it is important that staff in one team can easily call in assistance from another and share necessary information. This can often happen when someone is going home after a hospital stay.
- At a time of need, a person, or their carer, may not know which service to contact. The aim is to make it easier for the public to navigate the system to find the right support when they need it.
- We have a wide range of excellent Third (voluntary) Sector organisations, who we work in close partnership with, which can deliver alternative or further support to people and their families.
- As time goes by, people's needs will change, and we need ways in which their needs for different services can be regularly reviewed.

At the roadshows we asked people what they thought of emerging proposals, and gathered their feedback on strengths, weaknesses, opportunities, and threats as they saw them. Examples included:

Strengths	**Weaknesses**
• Improved communication between services • Some GPs noted it would make onward referrals easier • Avoid waiting in 'the wrong queue' • Better use of existing resources • Better links to wider services (a more	• Proposals need to be clearer about who to contact and when • Future call/activity volumes not clear • Process needs to be clearer, especially for medical needs • Insufficient care provision available

integrated approach) • Particular value in rapid response and reablement	• Professional input needed at point of access • Limited immediate impact on stretched services
Opportunities	**Threats**
• Better support for continuation of informal services that help retain independence • Acknowledge value of 3rd sector • Supplement local services that already work well • Better integration with specialists and at e.g. hospital discharge • Ease 'bottle necks' in provision of ongoing support • Devolve services to local communities where appropriate (and provide support)	• Risk of inappropriate referrals (that should go elsewhere) • Current shortage of care (and increasing demand) • Limited appeal of caring as a career • Centralisation undermines strengths of small communities • Risks of getting triage wrong for new referrals • Scope of proposals not understood – expectations and fears raised.

We will now seek to build on these strengths and opportunities and address the threats and weaknesses. In particular, we recognise that rural GPs currently use their knowledge of local resources to address their local needs, so this won't change. Likewise, many people will know exactly which service they need to contact, so they will still be able to do that. But at a time of crisis, many don't know whom they should phone.

Our vision is to create a single point of access to all these community services. If the person's needs are clear, they will be referred to the correct service; but if the person seems to need several services, there will be regular meetings between the various professions, to ensure that people receive the services they need without delay, and without inappropriate referrals. As their needs change, these meetings will ensure that their services are adjusted to their current condition.

In short, we aim to provide the right care from the right people at the right time.

Further comments remain welcome – send them to:

Phil Cummins
Interim Locality Manager, Oban Lorn & Isles
Lorn & Islands Hospital
Glengallan Road,
Oban
PA34 4HH
Telephone - 01631 788942
Email – nhs.abhscp@nhs.net