



## SLÀINTE AGUS CÙRAM SÒISEALACHD EILEANAN SIAR

Health and Social Care Western Isles



Colleagues

Issue 124

I was playing around with one of those online health tools this week which purports to tell you how old your heart is – turns out my heart age is exactly the same as my actual age, which left me wondering what the rocket science was behind the tool. Interestingly, however, if I swapped my current post-code for my old post code in East Renfrewshire, it reduced my heart-age by a year. I can only assume that's down to the Stornoway black pudding. The thing that really troubled me though is that the tool predicts that I can be confident of living until I'm 79 without having a heart attack or stroke. It left me thinking that I'd better be really careful in 2058 – I'm going to take it easy that year.

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The Scottish Government this week published its Programme for Government. This is the means by which the government sets out its forward plans for the year. Our current government has listed a whole range of reforms in respect of health and social care, including a number of new capital developments to support improvements around elective surgery. Page 65 outlines further reforms around mental health, with a specific focus on Children and Adolescents. The document also touches on the integration of health and social care:

*The creation of integration authorities is one of the most significant reforms since the NHS was created 70 years ago. We are starting to see more of the positive impact health and social care integration is having on how we are cared for close to home – reducing unplanned pressures and providing better outcomes for families. Over the next year, we will accelerate our efforts to ensure that the widely supported aims of integration of health and social care translate into positive changes in every community. This work will be guided by the Review of Progress with Integration which we announced in May 2018.*

<https://beta.gov.scot/binaries/content/documents/govscot/publications/publication/2018/09/delivering-today-investing-tomorrow-governments-programme-scotland-2018-19/documents/00539972-pdf/00539972-pdf/govscot:document/>

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When I was wee I used to go to John Menzies to buy chocolate (Fry's cream) and kids' magazines. In the late 1990's, John Menzies decided to get out of the retail sector altogether, selling up to WH Smith, so that it could focus on the printing and distribution arm of the business – moving newspapers and stationery around the country. However, having looked at the future of print media, it has now diversified again, focusing solely on airport logistics. It now operates across the globe, shuttling bags from planes to passengers and vice versa. And it is a really successful business, making healthy profits. So why am I telling this tale? Well, we often talk about transformation in health and social care. I wonder how dramatically we need to shift away from our traditional approach to the delivery of care? Do we need to change, like John Menzies did, out of all recognition? I don't think so – at our core, the relationship between the professional and the patient/service user will be important. But the way in which we give expression to that might change. It might be expressed through new technologies. And the training of the professional may be different – Advanced Nurse Practitioners rather than a GP, for example. We continue to reflect on this notion of transformation of course but the one thing we should do, like John Menzies, is respond to anticipated trends in demand for our services.

Last Friday, I was invited to speak at an event in Dundee around Palliative Care. It was a really useful trip, where I was able to engage with the consultant in palliative medicine and connect with the people who work in Roxburgh House – a specialist palliative care resource with whom we have a Service Level Agreement. Tayside is a bigger system than our own, and it was good to see how they, like us, are thinking about how to connect health and social care services to deliver a better service at end of life, focusing on human rights and what it is that matters most to people. For all that the subject matter was about dying, it was very life affirming.

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On my way back on the Saturday morning, I bumped into our very own Dr Kate Dawson and her colleague Ian Blair, who manages the Scottish Rural Medicine Collaborative. It was quite a fortuitous meeting, as I was telling them about plans I have to run a national event on workforce challenges within rural partnerships, supported by the Scottish Government. The GPs have been looking at this for some time, of course, and it's key that we play-in the good work that has been done in primary care.

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I attended a really interesting meeting on Wednesday afternoon about the evolving homelessness agenda in Scotland. The Scottish Government, rightly, has bold ambitions to eradicate homelessness and has set out early plans about how this might be achieved. It's an important agenda, and one which creates both challenge and opportunity locally. What we all agree on is that we haven't knitted together closely enough the support we provide to homeless people in the Western Isles. We're therefore going to be looking at how we can create a more unified and holistic package of support, particularly for those homeless people who have mental health problems and/or addictions.

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At a number of meetings this week, we talked about new standards that the Care Inspectorate are introducing around care homes for older people. By their own admission, this new approach will set out a more demanding ask of us. The new Framework assesses against a very similar quality grading system but the approach to evidencing outcomes and achieving quality is more focused on the delivery of a personalised service to residents. For example, in respect of nutrition, to achieve excellence, residents will be able to 'enjoy being involved in purchasing, growing, preparing and serving their own food.' If I have any concerns, it's about a recognition of how stretched our workforce is at the moment. A weak service is characterised by an arrangement where 'the numbers of staff are minimal and sometimes insufficient to fully meet the needs of residents. Staff work under pressure and some aspects of care and support may be skipped or missed, affecting outcomes for residents. Residents perceive staff to be 'rushed'. The number of staff hours deployed is relatively static, with infrequent reviews and not adjusted to meet changing needs.'

<http://www.careinspectorate.com/images/documents/4401/Quality%20framework%20for%20care%20homes%20for%20older%20people%202018.pdf>

That's all for this week

Ron

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