

14-17 | 6 | 2016



Taula d'entitats
del Tercer Sector Social
de Catalunya

V Congrés
del Tercer
Sector Social

V Congrés del Tercer Sector Social

Barcelona

Créixer socialment

+ equitat

+ solidaritat

+ sostenibilitat

Opportunities and benefits of integrated health and social care

Prof Elaine Mead
NHS Highland, Scotland

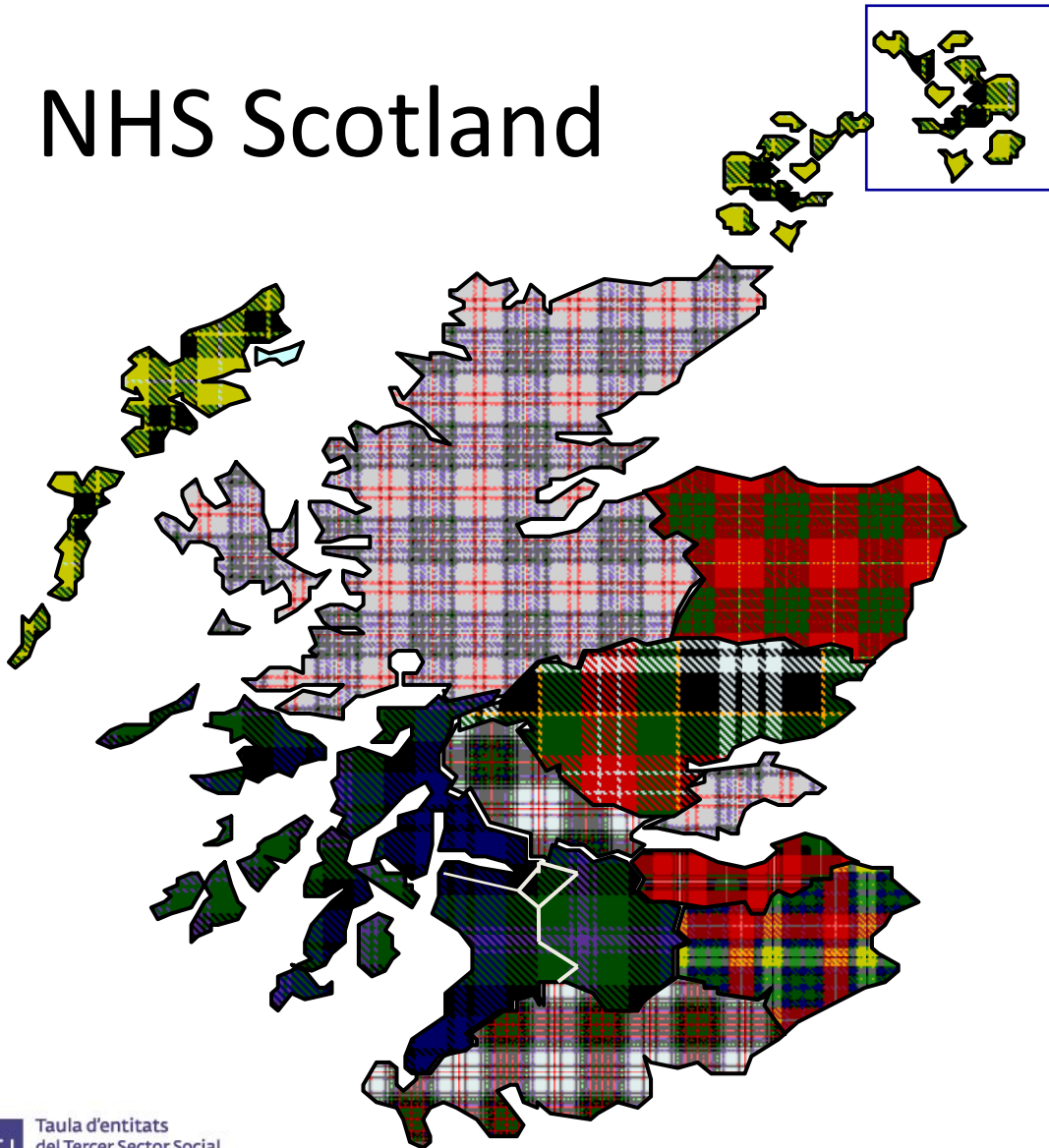
Opportunities and benefits of integrated health and social care

Prof Elaine Mead
NHS Highland, Scotland

V Congrés del Tercer Sector Social
15 June 2016



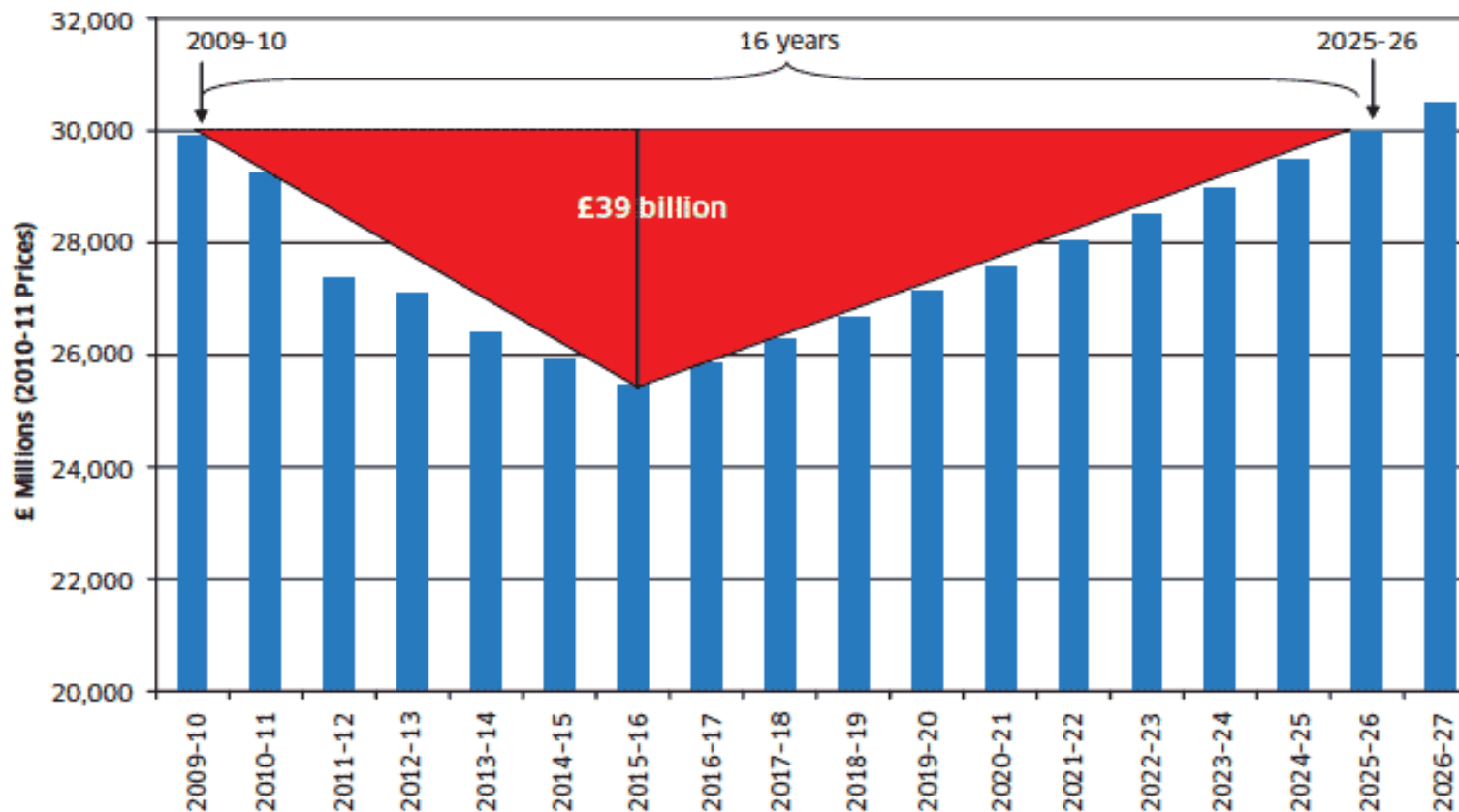
NHS Scotland

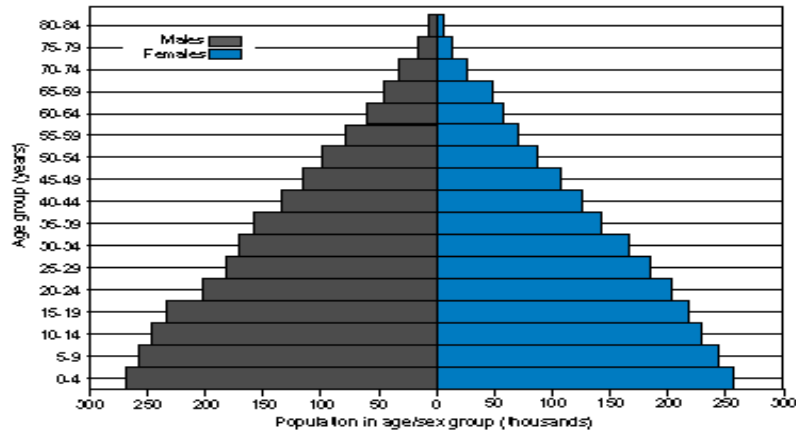


- 5.3 million people
- 18% over 65
- Area 78,000km²
- £13 Billion
- 14 Health Boards
- 32 Local Authorities
- 31 Integrated Joint Boards 1 April 2016 established

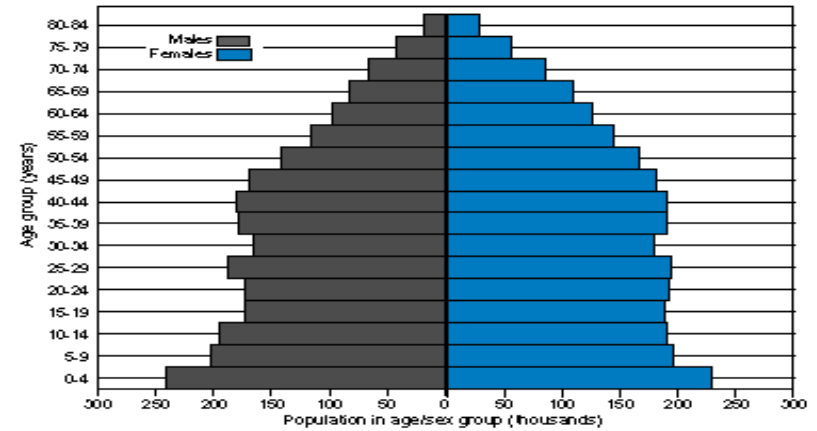


Financial constraint

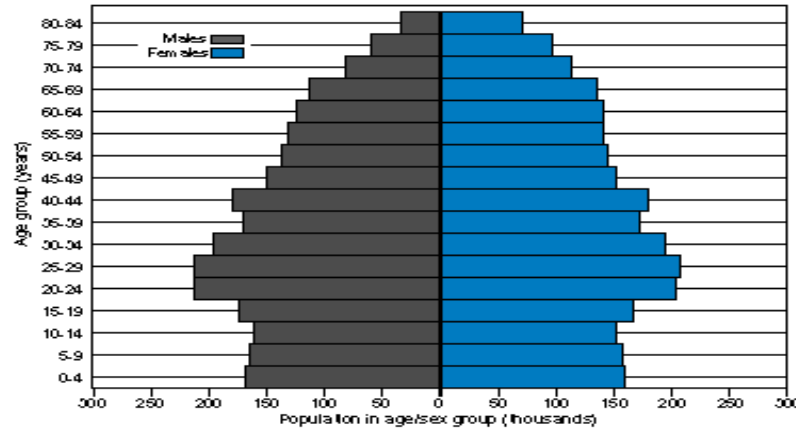




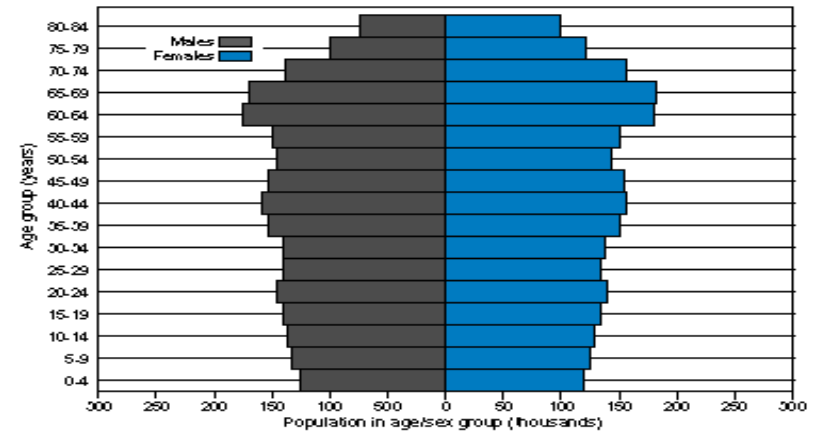
1911



1951



1991



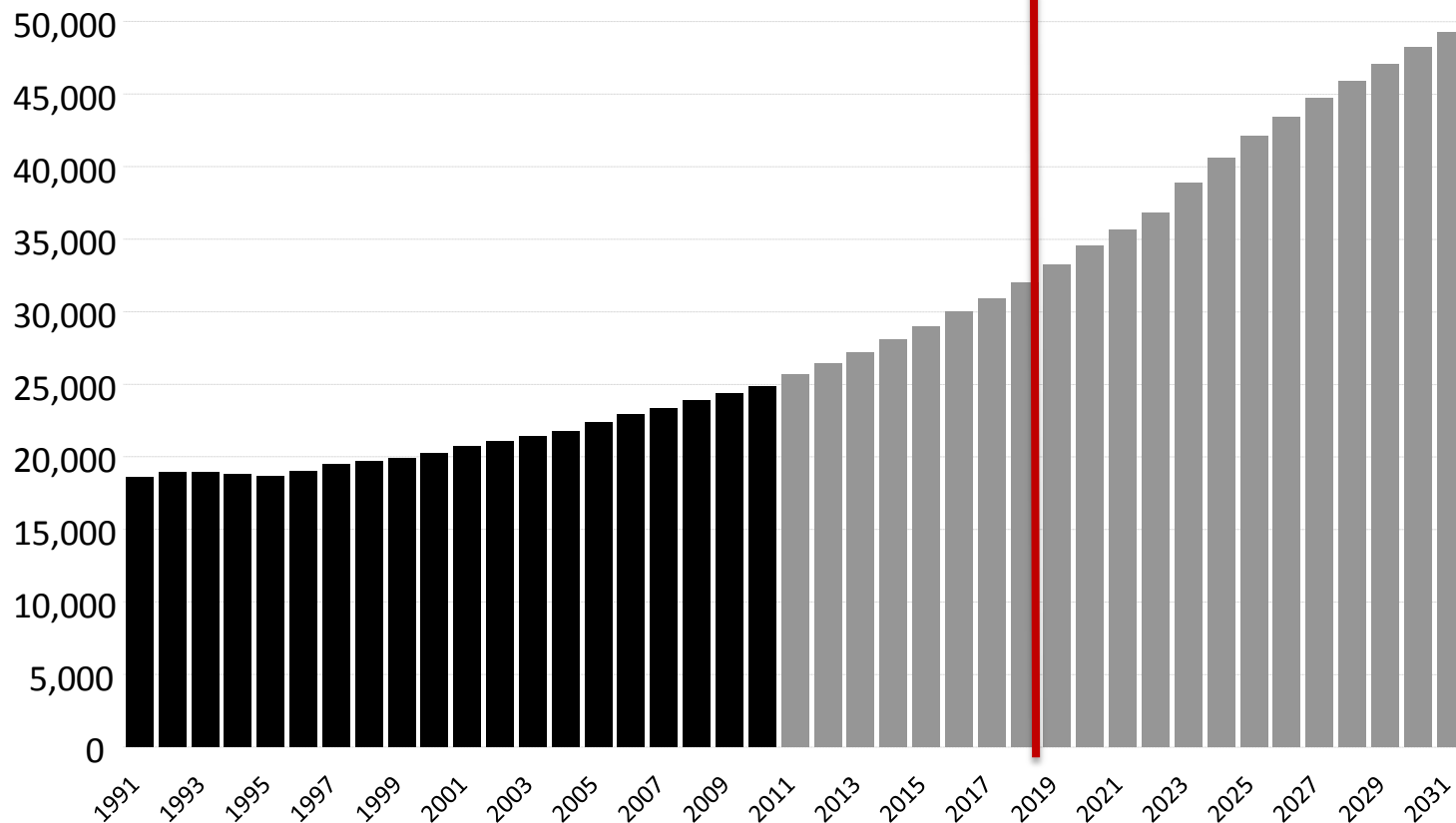
Projection to 2031



NHS HIGHLAND (Highland Council and Argyll & Bute Council Areas)

■ Actual and projected number of people aged over 75: 1981 to 2031

Source: General Register Office for Scotland





The Scotland Act 1998



Health and Social Care is a devolved matter upon which the Scottish Parliament can pass laws





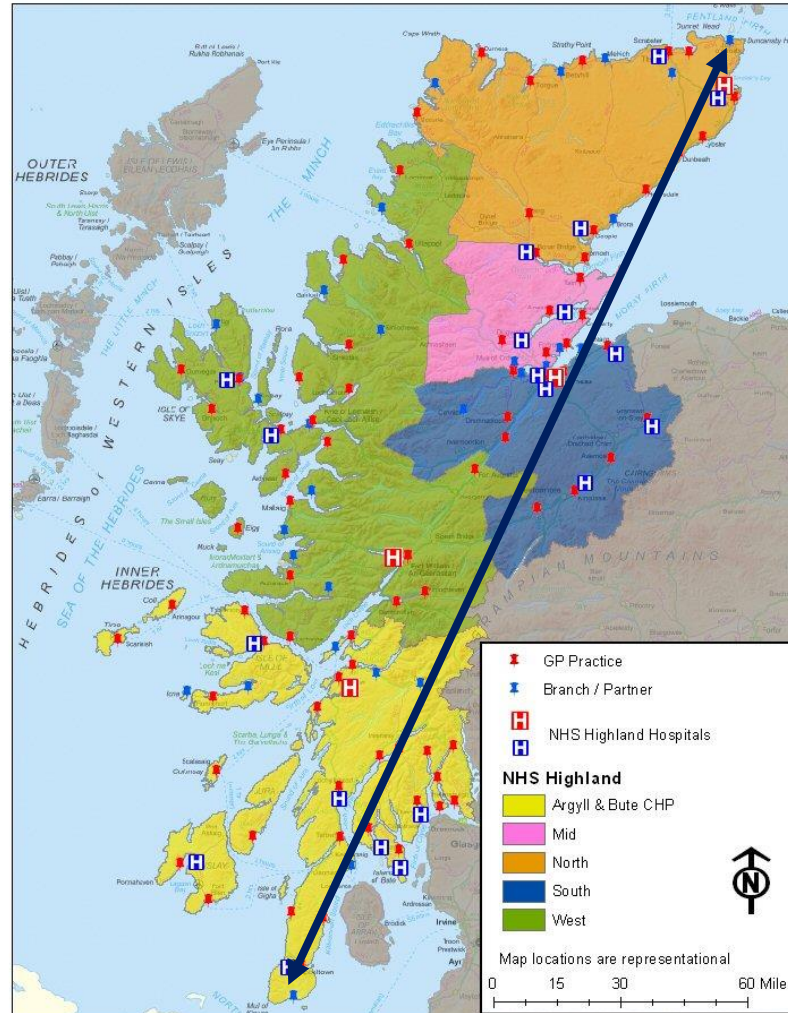
Ambition

“Safe, effective and person-centred care which supports people to live as long as possible at home or in a homely setting.”

NHS Scotland 2020 Vision

John O'Groats
to
Campbletown

Area the size
of Belgium!



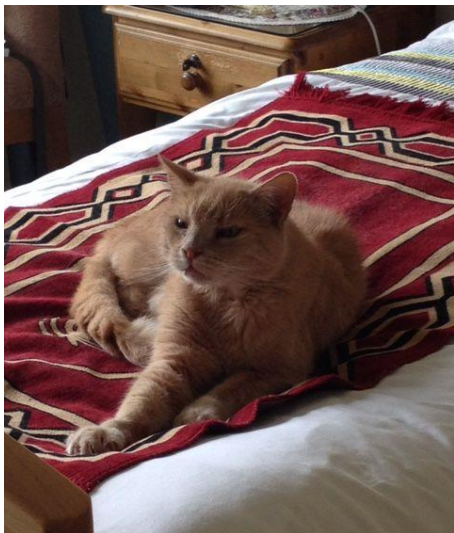
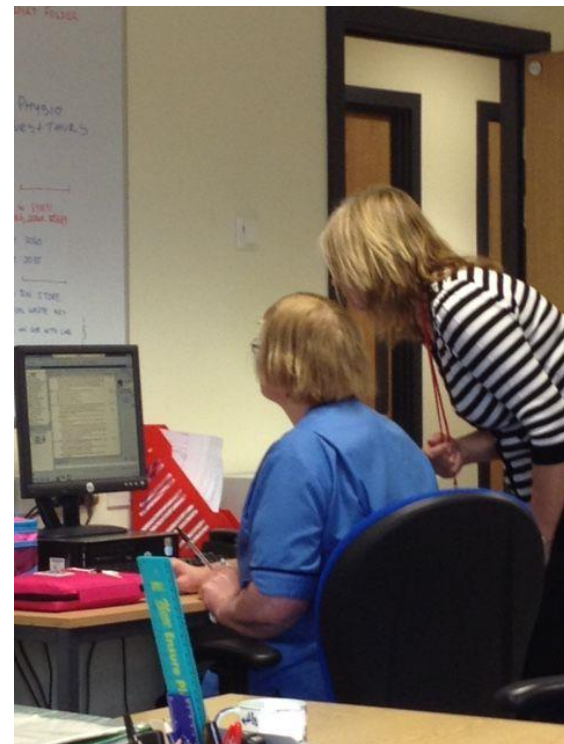
Largest
geographic
Health Board in
Scotland ;
32,500 km²
Fully integrated
health and care
Budget £780M
Population of
320,000 people





NHS

Highland





History more important than geography



IHI *Triple Aim*

IHI Triple Aim Initiative

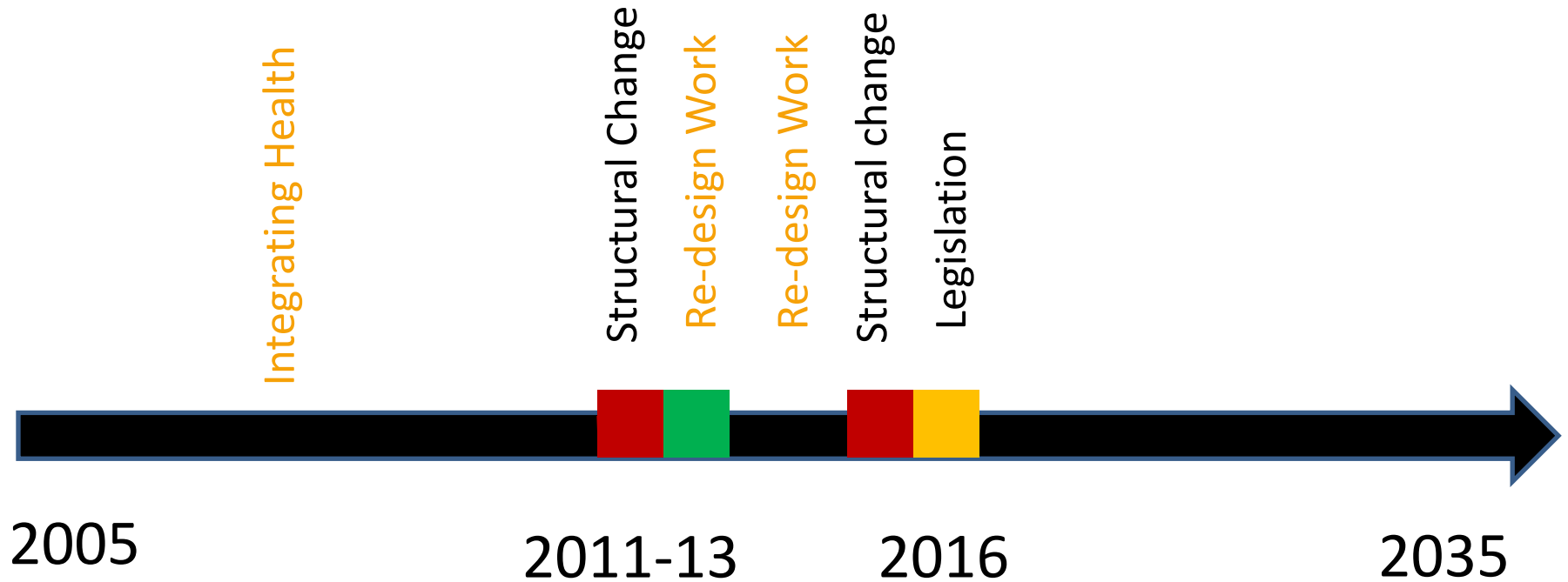
Better Care for Individuals, Better Health for Populations, and Lower Per Capita Costs





Highland Quality Approach

*Putting quality first to deliver
Better health, Better care and Better value*



Integration, Integration, Integration



Integrating Care in the Highlands



Lead agency model



Highland Context

- Frustration in both the council and health board that we were not doing well enough
- Silo thinking and blame culture
- Despite a huge amount of effort over years but no great improvement
- Desire to explore alternative options that would support improvement



Why integrate care?

- Unnecessary and avoidable hospital admission
- Lack of alternatives to hospital admission
- Limited care-at-home access
- Lack of 'joined-up' services
- Early (young) admissions to care homes and nursing care
- Delayed discharges and transfers of care



Co-morbidity





What would good look like?

- Real focus on the individual
- Getting rid of the blame culture
- Health £ and social care £ to lose their identity
- Single management, single budgets, single governance
- Making responsibility clear
- Break down of silos



“Making it better for people in the Highlands”



The Lead Agents



Adult Services

- Delivered by NHS Highland through a commissioning arrangement . BUT
- Responsibility for adult services remains with Highland Council

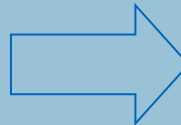


Children Services

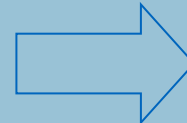
- Delivered by Highland Council through a commissioning arrangement . BUT ...
- Responsibility for children services remains with NHSH CEO being held accountable in public by SGHD



Transfer of Resources

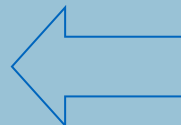


1,400 adult
care staff

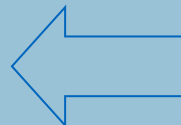


£89 million
budget

200
NHS staff



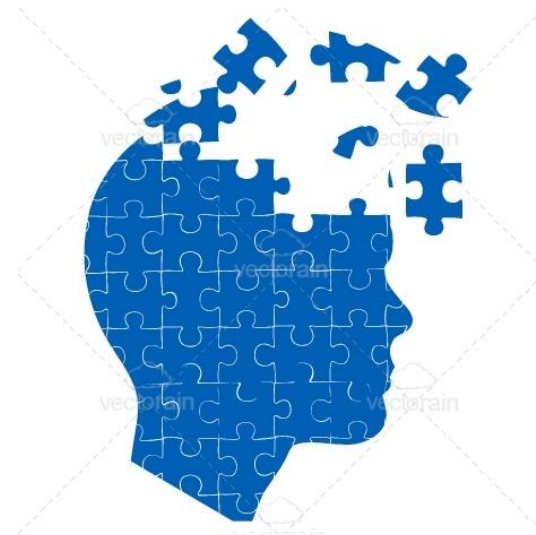
£8 million
budget





Cultural boundaries

- Shift of power
- Change in attitude



March 2012

Partnership Agreement and signed





Cost and quality of experience

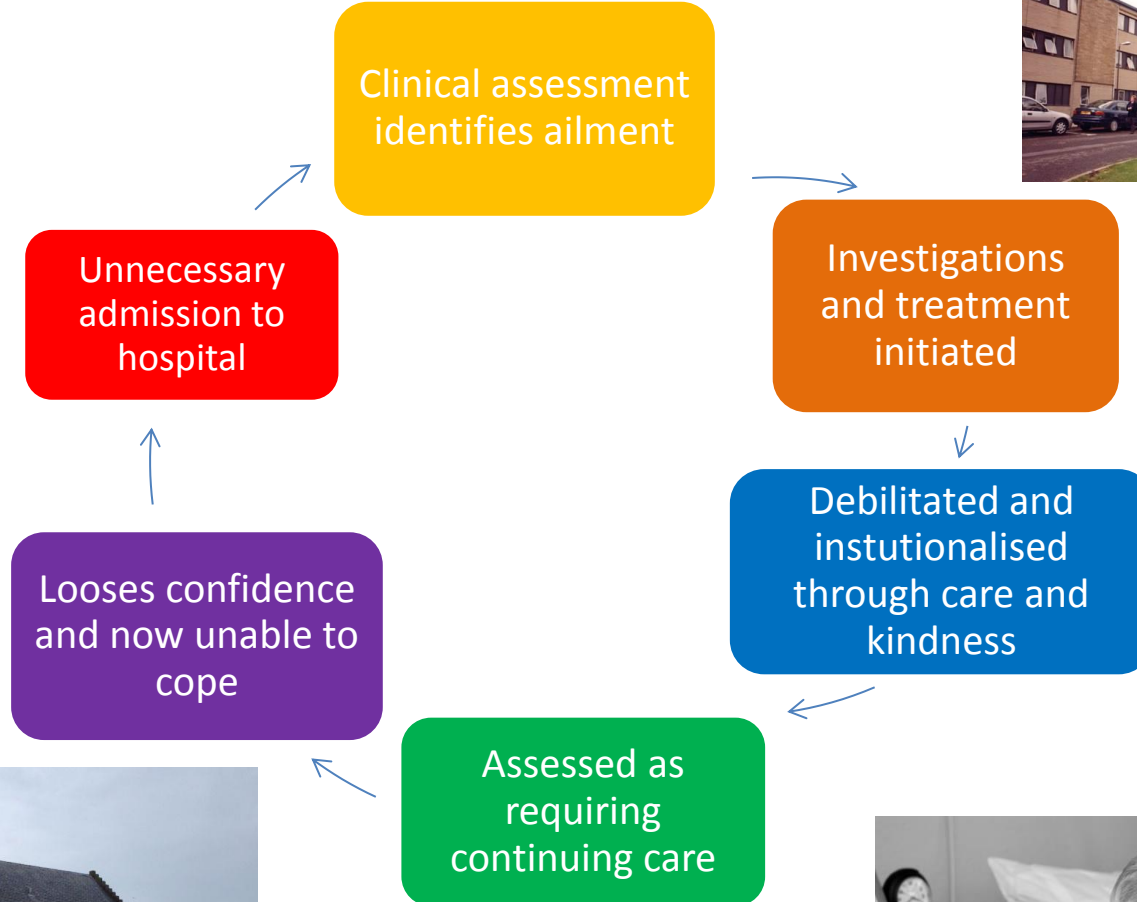
Better experience



Self care
Supported self care
Care at home
Hospital at home
Residential care
Acute Care

Increasing costs







Virtual ward team





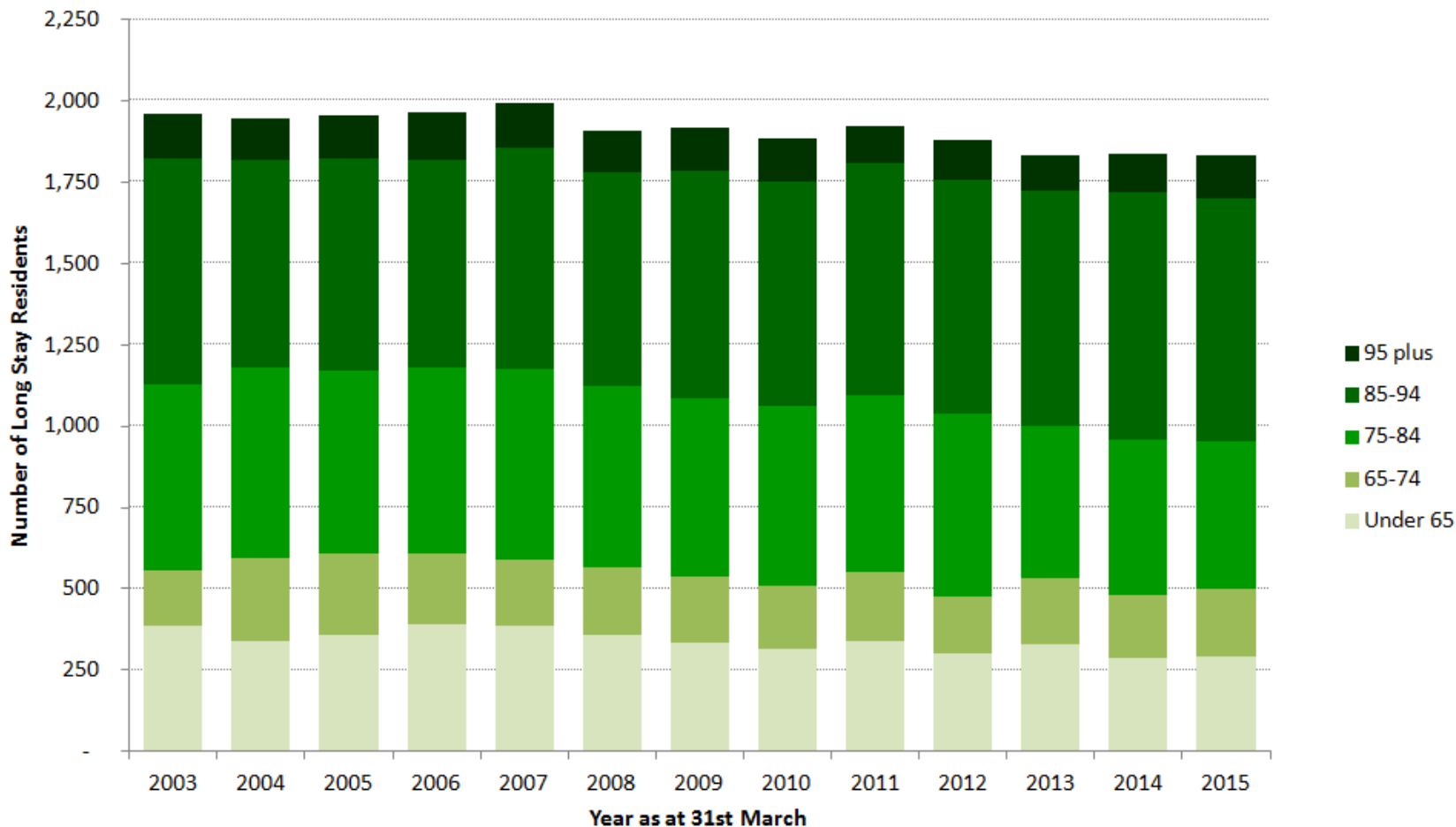
Community 'pop up'ward



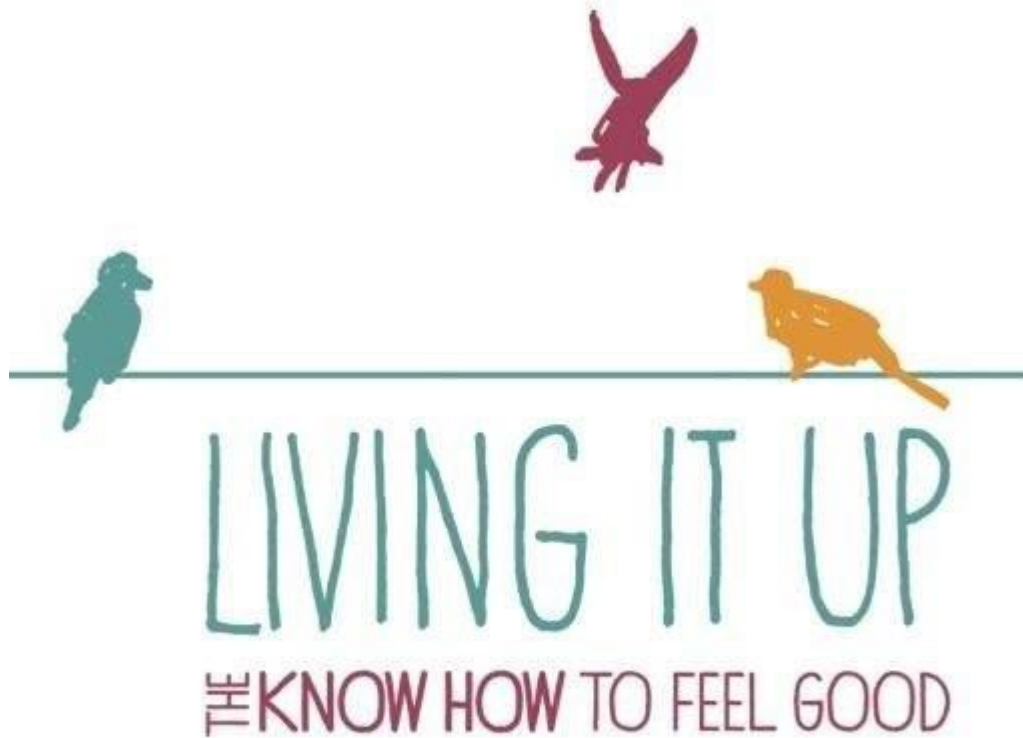


Créixer socialment + equitat + solidaritat + sostenibilitat

Number of Long Stay Residents in Care Homes, by Age and by Main Client Group (All Adults); Highland Local Authority; 31 March 2003 - 31 March 2015



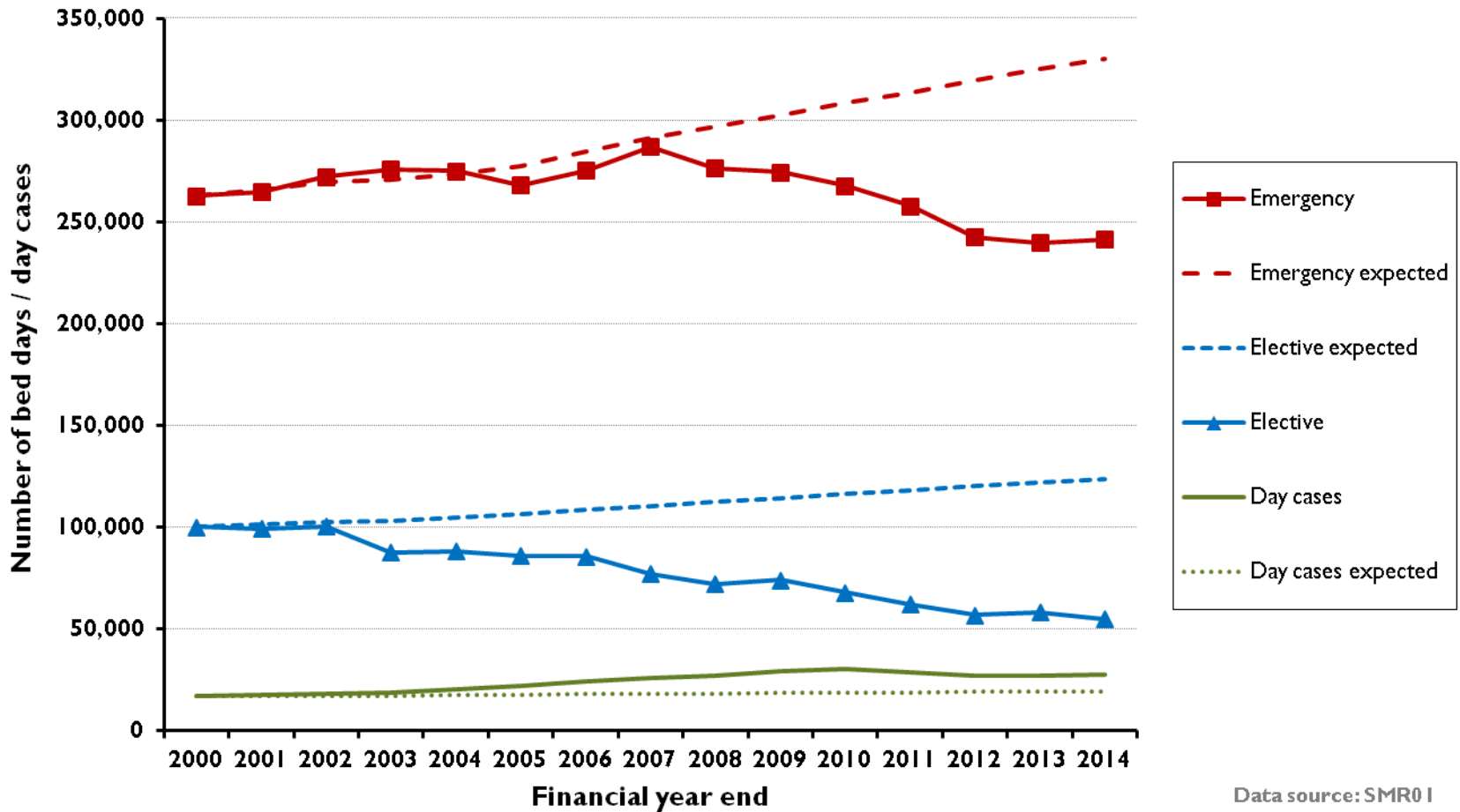
Source: Scottish Care Homes Census, ISD Scotland, NHS Highland Service Planning



<http://www.livingitup.scot>



Observed and expected bed days by type of admission and day case numbers; NHS Highland residents by financial year end period 2000 -2014



Data source: SMR01
HIKT, NHS Highland



Single point of access





Community huddle





Care coordinator





Working with care at home



- Care at home workers part of local teams
- Shared assessment and updated reviews
- Generic health and social care workers trained to SVQ levels and registered

- - HHC
- - Allied
- - OFI
- - CC
- - WH
- - LW
- - Eilolan



Index to Inverness

Adn's Place	O4	Autobahn Road	F7	Wing's Park	T4
Adn's Street	O4	Autobahn Road	F7	Wing's Park	T4
Adn's Court	O4	Autobahn Road	F7	Wing's Park	T4
Adn's Terrace	O4	Autobahn Road	F7	Wing's Park	T4
Adn's House	O4	Autobahn Road	F7	Wing's Park	T4
Adn's Road	O4	Autobahn Road	F7	Wing's Park	T4
Adn's Court	O4	Autobahn Road	F7	Wing's Park	T4
Adn's View	O4	Autobahn Road	F7	Wing's Park	T4
Adn's Walk	O4	Autobahn Road	F7	Wing's Park	T4
Adn's Way	O4	Autobahn Road	F7	Wing's Park	T4
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Inset





Components of Change 2014

- The level playing field
- No poaching
- Collaboration
- Zones
- Living Wage
- “Fair” Tariff

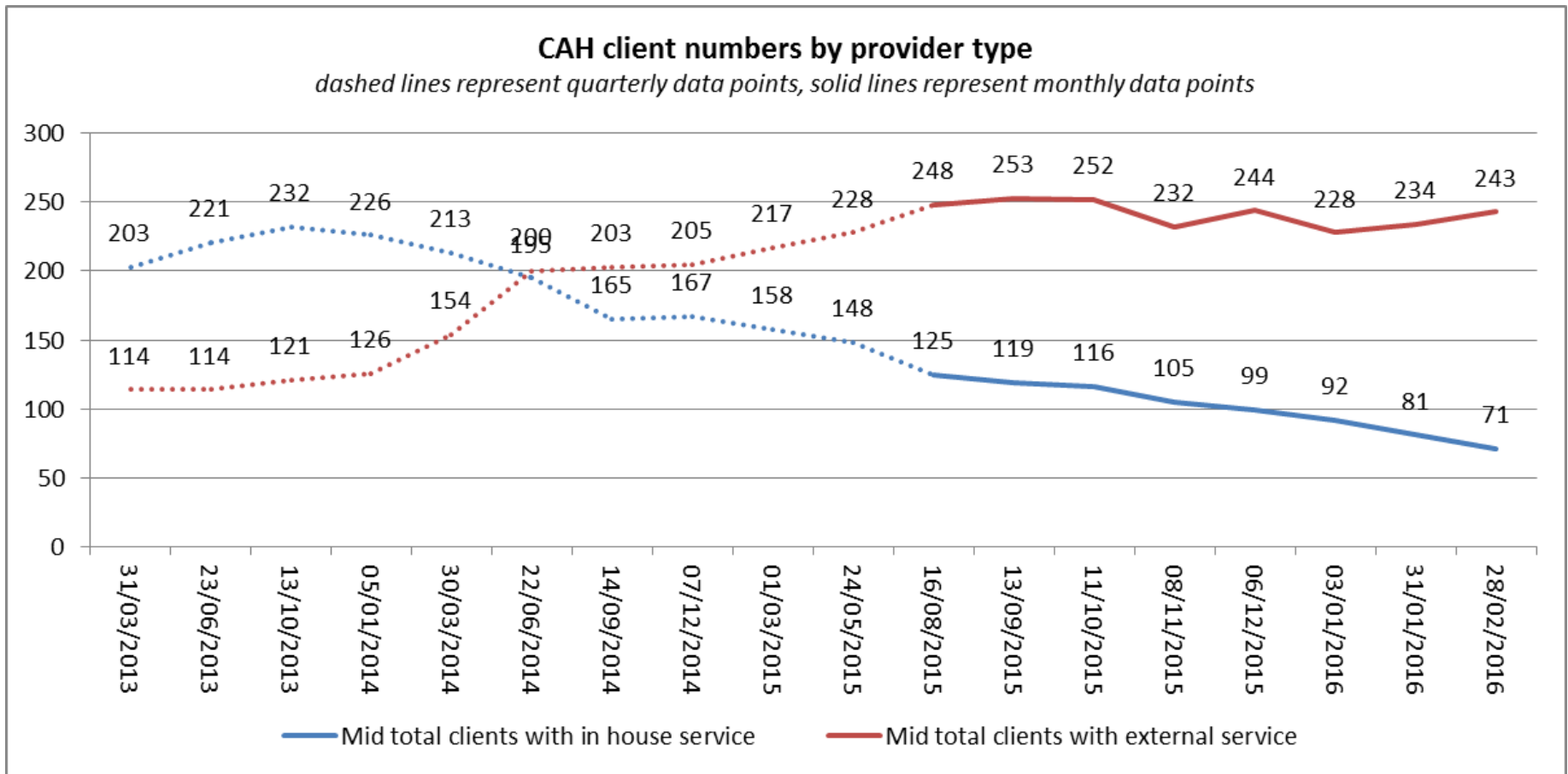


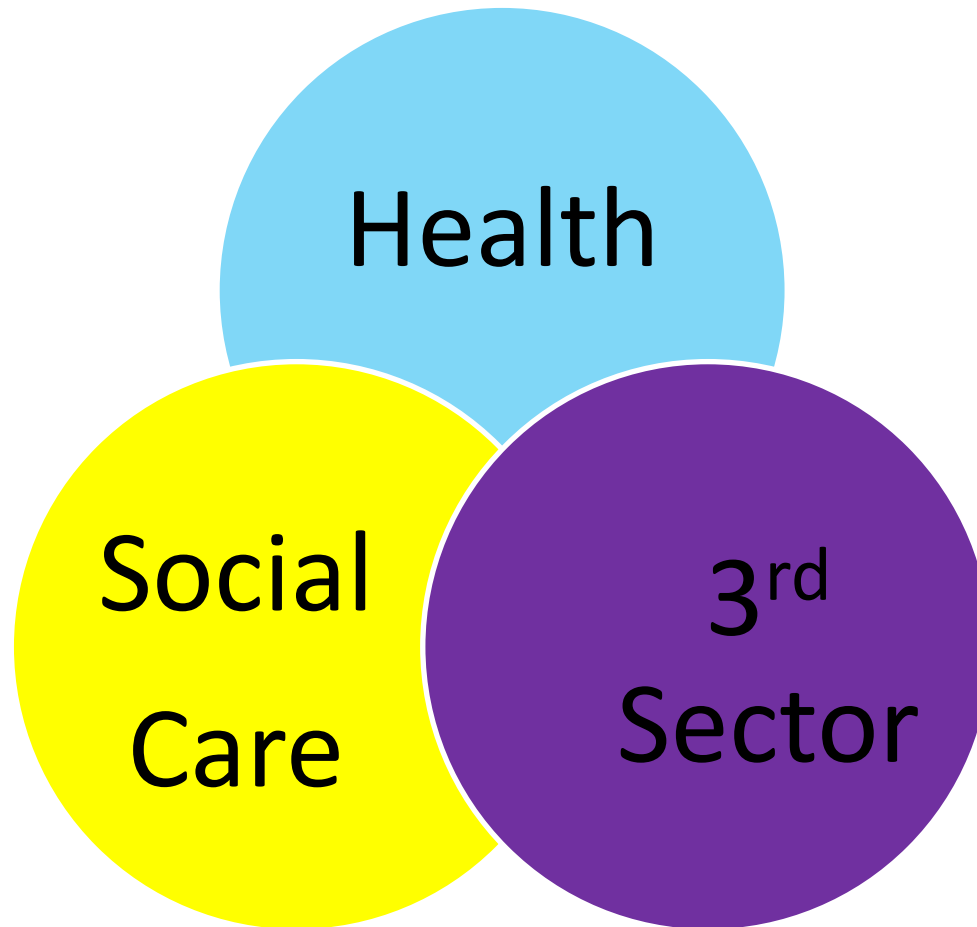


- 75p to deliver living wage (April 2014)
- Tariff Conditions Written by the Sector!
 - sustainability
 - assurance,
 - training;
 - supporting the community,
 - supporting each other,
 - no cherry picking
- Single Tariff for a standard hour of care @ home includes mileage, overheads, surplus
- Implemented May 2015 @ £18.59
- Tariff 2016 £18.99



Impact of zoning in Inverness





Improvement and Co-Production



My Home Life

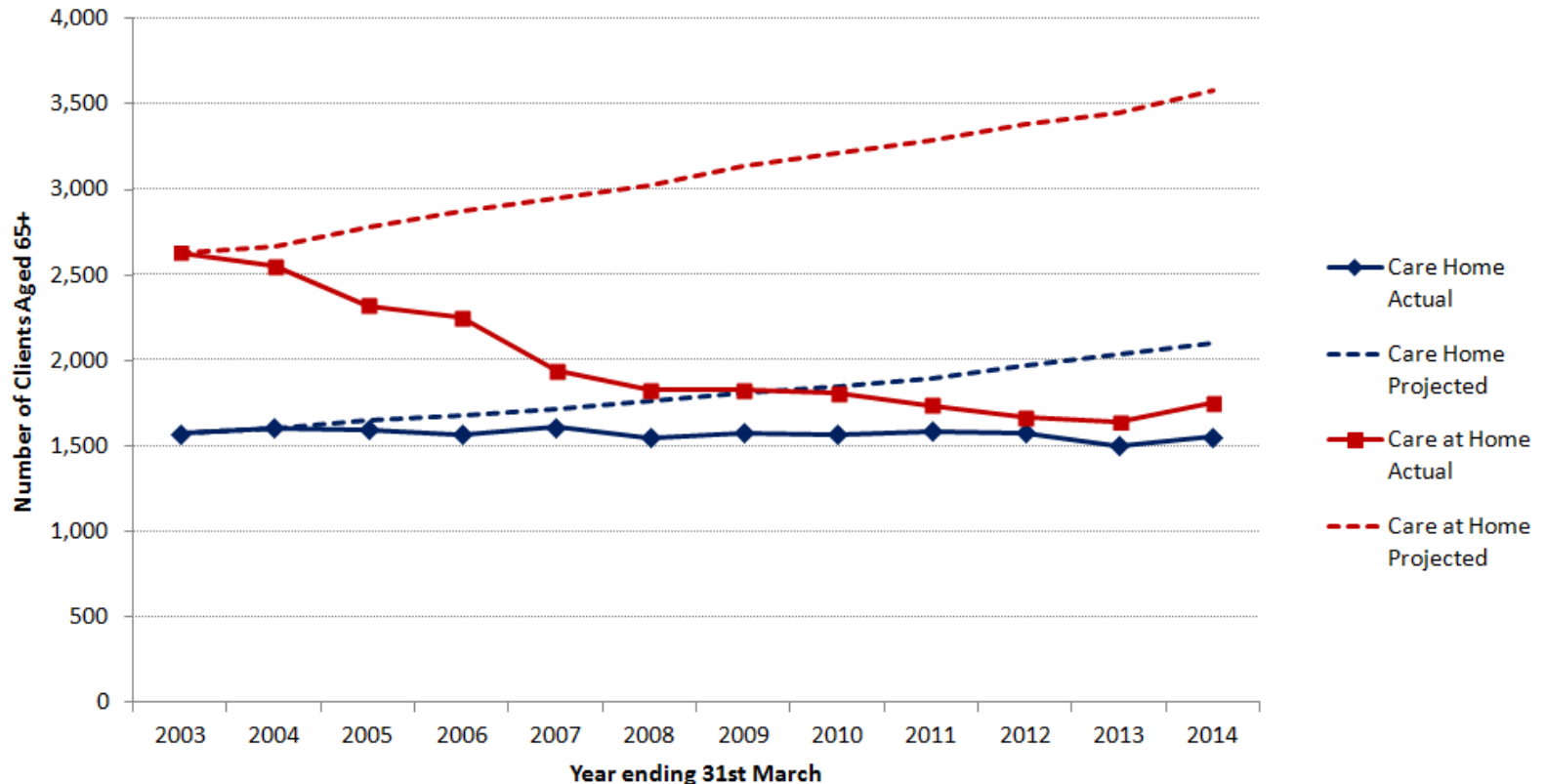
My Home Life is a UK-wide initiative that promotes quality of life and delivers positive change in care homes for older people

My home life
SCOTLAND





Observed and Projected Number of Long Stay Residents in Care Homes and Care at Home Clients; People aged 65+; Highland Local Authority; March 2003 - March 2014



Source(s): Scottish Care Homes Census, Scottish Home Care Census (up to 2012) and Social Care Survey (from 2013), NRS Mid-year population estimates, 2000 -2014 (revised series), NHS Highland Service Planning

Expected values calculated by applying age specific rates of care home and care at home use by Highland LA residents aged 65 and over to mid-year population estimates to 2003 base.



Partnership in self directed support





Modular housing





Working with the third and voluntary sector



Créixer socialment

+ equitat + solidaritat + sostenibilitat



Building community resilience





Ingredients for impact

- Focus on the benefits to the individual
- Support from the Board & Council
- Strong senior leadership and direction
- Commitment to team working
- Effective partnership working
- Co-location of team members
- Structures to work across boundaries
- Build Trust



“I think that our community café will help loneliness because people will have a chance to chat to other people and make new friends. I think 3 things to help loneliness are: Call or go over to your granny’s; offer help if someone needs it; say good morning to your neighbours”.

Liam Age 7





The future of care





Thank you to all our fantastic staff



Thank you

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Amb el suport de:

