Integrating Health and Social Care: Lessons from Scotland

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IHI/BMJ International Forum
Gothenburg April 2016
NHS Scotland

- 5 million people
- 20% over 65
- Area 78,000km²
- £12 Billion
- 14 Health Boards
- 32 Local Authorities
- Integrated delivery
- Moving towards social care integration
Largest Health Board in Scotland; 32,500 km²
Fully integrated health and care
Budget £780M
Population of 320,000 people

Area the size of Belgium!

John O’Groats to Campbeltown = Oslo to Helsingborg
Remote and Rural
Remote and rural
Integration
Quality improvement
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
Putting quality first to deliver
Better health, Better care and Better value
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
Integration, Integration, Integration

2005

2011-13

2016

2035

Integration, Integration, Integration
Lead agency model
Why did we need to 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
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
Agreed to consider radical solutions – nothing ruled in or out

But a commitment to ............
“Making it better for people in the Highlands”
The Lead Agents

**Adult Services**

- Delivered by NHS Highland through a commissioning arrangement. BUT ....
- Responsibility remained with Highland Council

**Children Services**

- Delivered by Highland Council through a commissioning arrangement. BUT ...
- Responsibility for children services remained 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
Statement of Intent

“We will improve quality and reduce the cost of service through the creation of new, more simple organisational arrangements that are designed to maximise outcomes.”

The Highland Council & NHS Highland
16 December 2010
Transition work

• Established joint programme board
  – Co-chaired by CEOs
  – Included Leader of Council and Chair of NHS board
• Strong, senior, visible leadership
• Appointment of Transitions Director and team
• Constructive relationships with Scottish Government
• Close working with Partnership representatives
March 2012
Partnership Agreement and
5 year signed
Downward cycle

Clinical assessment identifies ailment

Unnecessary admission to hospital

Looses confidence and now unable to cope

Assessed as requiring continuing care

Debilitated and institutionalised through care and kindness

Investigations and treatment initiated

Unnecessary admission to hospital
Minimising risk
Maintaining independence
**Highland Quality Approach (HQA)**

**Every Person**

**VISION**
- Better Health
- Better Care
- Better Value

**MISSION**
To improve the quality of our care to every person every day

**OUR VALUES**
- Teamwork
- Excellence
- Integrity
- Caring

**STRATEGIES**

**PEOPLE**
We attract and develop the best teams

**QUALITY**
We relentlessly pursue the highest quality outcomes of care

**CARE**
We create a caring experience

**HIGHLAND QUALITY APPROACH**

- Focus & Delivery
- Improvement Science
- Leadership & Culture
- Effective Governance
- Continuous Improvement
- Research & Innovation

Adapted from Virginia Mason Medical Center. Version 9, 18/4/2013
Captures the spirit of how NHS Highland is working to improve care and outcomes for people...
“do things here in Highland”
Cultural boundaries

- Shift of power
- Change in attitude
Clinical engagement

Standardising approaches

Measurement
Virginia Mason
Developing QI capability

- Lean leadership training Virginia Mason
- North East Transformation System
- Tees Esk & Wear Valley
- Developing capability and capacity
- Coaching/Training/Materials
- Board member engagement
Rapid Process Improvement Workshop
Dual operating organisation

Kotter XLR8
Cost and quality of experience

Better experience

Increasing costs

Self care
 Supported self care
 Care at home
 Hospital at home
 Residential care
 Acute Care
Virtual ward team
Closer to home
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 (Acute and General Hospital activity for inpatients and day cases) and NRS Mid-year population estimates, 2000 -2013 (revised series)  * Expected activity calculated by applying age specific rates of bed day use and day case attendance of NHS Highland residents in 1999-2000 to mid-year population estimates.
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
Maximise use of technology
Overview of Allocation
Single point of access

Dingwall Medical Centre
Care coordinator
Community huddle
New Care Home approach

My Home life

Personal outcome plans

What matters to me
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
Building community resilience
Ingredients for impact

- Support from the Board
- Senior leadership and clinical compact
- Weekly celebration of success
- Organisational alignment
Golden thread

10 year plan
Better health, better care, better value

Annual Goals
People Quality Care

Team/Department objectives

Individual objectives & PDP

Every Person

VISION
Better health, Better care, Better Value

MISSION
To improve the quality of life for every person every day

OUR VALUES
Teamwork, Excellence, Integrity, Caring

STRATEGIES

QUALITY
We ensure quality is at the heart of everything we do

CARE
We make a difference in people's lives

HIGHLAND QUALITY APPROACH
Focus & Delivery, Improvement Science, Leadership & Culture, Research & Innovation

Adapted from Virgin Money Media Centre: 'The 5 why's how we do it'

CB V4
What we need:

- Passion (for improvement)
- Commitment (to change)
- Rigour (of methodology)
- Humility (in relationships)
- Joy
Hold your nerve!
Thank you to all our fantastic staff
Thank you

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