Integration in Action in the Highlands

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CEO, NHS Highland
April 2015
• Highland/Scottish context health and care
• Geography and History
• Need to change
• Process of change
• Impact of change
• Ambition of integration in Highlands

• Stories, data and question for you
• NHSScotland
  – £12 billion
  – 14 Health Boards
  – 8 Support Boards
  – 32 Local Authorities
  – Integrated delivery
  – Moving towards social care integration
Area the size of Belgium!

John O’Groats to Campbeltown = 8 hours to drive

Largest Health Board in Scotland; 32,500 km² from Kintyre in the south-west to Caithness in the north-east,

Population of 310,000 people
Cost and quality of experience

Self care

Supported self care

Care at home

Hospital at home

Residential care

Acute Care

Better experience

Increasing costs
Remote and Rural

Visit Scotland logo

Poor weather slide
Urban as well
Highland clearances

Forced displacement from traditional land tenancies practicing small-scale agriculture 18th & 19th centuries
History more important than geography
Lead agency model
Co-terminous
2 biggest employers

Services include
Roads
Housing
Planning
Education

Services include
Primary care
Hospital care
Public Health
Adult social care
Integration

• Building trusting relationships
• Delivering compassionate care
• Relinquishing power
• Continually improving
• Changing culture
• Changing expectations
• Acting with integrity
Public Bodies (Joint Working) (Scotland) Act 2014
“...to make provision in relation to the carrying out of functions of local authorities and Health Boards;...”

Section 1(4) (d) delegation of functions by the local authority to the Health Board and delegation of functions by the Health Board to the local authority
1 (4) (a) delegation of functions by the local authority to a body corporate that is to be established by order under section 9 (an “integration join board”) and delegation of functions by the Health Board to the integration join board

- Almost £8 billion of health & social care resource associated with 96% of delayed discharges & 83% of unplanned admissions in the over 75s
Key drivers

• "Public service providers must be required to work much more closely in partnership, to integrate service provision and thus improve the outcomes they achieve" (Christie Report, 2011)

• “[Integration of services is] to reduce the frustration, the delay, the inefficiency, and the gaps that frequently exist in care systems.” (Woods, 2001)
Demographics

Actual and projected changes in the population aged over 75 years in Highland, 1981-2037

Projected 104 percent increase in those aged over 75 years between 2013-2037
Financial constraint

£39 billion

2009-10 - 2026-27

16 years

£ Millions (2010-11 Prices)
The majority of over-65s have 2 or more conditions
The majority of over-75s have 3 or more conditions

Multimorbidity is common in Scotland

Co-morbidity Buckaroo
Community action

- Anticipatory Care
- Polypharmacy
- Hospital at Home
- Community Hospitals
- Virtual Ward
- Unscheduled Care
Actions in hospital

- Focus on planned date of discharge
- Acute Medical Assessment Unit
- Maximise community hospital transfers
- Reduce bed stays for tests
- Reduce medical outliers
- Acute physician
- Nurse call triage
Cost and quality of experience

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

Better experience

Increasing costs
2020 Vision

“Safe, effective and person-centred care which supports people to live as long as possible at home or in a homely setting.”
Trend in bed days by type of admission
Highland residents 2001 - 2013

Data source: SMR01 (Acute and General Hospital activity for inpatients and day cases) and NRS Mid-year population estimates, 2000 - 2012 (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.
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
Symptoms

- 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
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

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

March 2012

Partnership agreement signed
“Making it better for people in the Highlands”
Key problem issues

- VAT arrangements
- Pension implications
- Continuity of service
- Professional leadership
- Ownership of property for service delivery
- Compatibility of IT systems
- Management arrangements
Day 1
Nothing seemed to change!
Day 2

Told by HSE likely to receive improvement notice for a care home

REAL responsibility and accountability
Pay day

Everyone got paid!
Year 1

“Personally I want to speak out on behalf of Highland and social work. And say, you know that integration idea? One year on, well it is working, here in Lochaber”

Joanna Hynd
District Manager (Lochaber)
Wide road in Lochaber

Belford Rural General Hospital

Invernevis Care Home
Virtual ward team
Maximising use of technology
Great day in Fort William seeing fantastic work on access, length of stay, virtual ward and safety. Outstanding people here.
Dennis

Age 89
Lives alone in community
Father & widow
Brain tumour treated but now returned
On medicine for seizures
Lives independently with help
Happiest at home
Putting quality first to deliver
Better health, Better care and Better value
HIGHLAND QUALITY APPROACH

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
Improvement and Co-Production

Health

Social Care

3rd Sector

Highland Quality Approach

NHS Highland
Lean strategic partner

imagination at work
Clinical engagement

Standardising approaches

Measurement
Virginia Mason Medical Centre
Southcentral Foundation is the nonprofit healthcare affiliate of CIRI.
Year 2

- Integrating and co-locating teams
- Focus on changing role of Care Homes
- Review of care-at-home services
- Locality based working
- Consolidate quality
- Focus on outcomes and performance
- Person centred accessible information
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
Year 3

- Further integration of care-at-home
- New type of generic ‘care workers’
- Combined whole system teams and re-design
- Need to develop a new model for the management of complex chronic disease
- Maximise use of resources
  - Care homes – step up/step down
  - Day centres to prevent admission to hospital
Changing role: day centre
Service Improvement Lead

Integrated teams

New models of care:

  Intermediate care
  Re-ablement

Training

My home life
Compassionate care at home
Acute hospital huddle
Where’s the evidence?

• “Uncertainty remains about the relative effectiveness of different system-level approaches on care coordination and outcomes, with particular scarcity of robust evidence on the economic impacts of integrated care approaches”

European Observatory Study, 2014
NHS Highland vs NHS Scotland

% Compliance with the 4-Hr A&E Target

Apr-10 to Feb-15

Source: ISD
NHS Highland vs NHS Scotland
Emergency Admissions per 1,000 Population Aged 75+
2004/5 to 2013/14(P)

Source: ISD

Financial Year


Emerg Admissions per 1,000 Popp. Aged 75+

Scotland Highland

Service Planning Approved
NHS Highland vs NHS Scotland
Emergency OBDs per 1,000 Population Aged 75+
2004/5 to 2013/14(P)

Source: ISD
Client numbers by provider type, Mid
Care at Home by Provider

CAH client numbers by provider type

dashed lines represent quarterly data points, solid lines represent monthly data points

- Highland clients with in-house service
- Highland clients with external service

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<tr>
<th>Date</th>
<th>In-house Service</th>
<th>External Service</th>
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Why the lack of evidence?

1. Evaluation not prioritised
2. Complexity and causality
3. Lack of data
4. Can’t do controlled trials
5. Lack of incentives to monitor performance
6. Professional resistance
7. No definition of “integration”

Kings Fund 2014
• Reviewing performance indicators against original aims
• Review progress and on-going monitoring
  – Detailed specification available
• Key is being able to interpret the data
• Should be of interest to anyone progressing on their integration journey
Source: ISD Delayed Discharges Census
Challenging quality

NEWS

Damning report for care home

Closure ordered of Inverness's Clachnaharry House care home

Black Isle care home to shut

Report critical of care standards

Nursing home to close after inspectors criticise quality of care
# Care Home Continuous Improvement

<table>
<thead>
<tr>
<th>CARE HOMES Care Inspectorate Grading</th>
<th>% of Beds Covered by Grading 4+ (April 2014)</th>
<th>% of Beds Covered by Grading 4+ (Jan 2015)</th>
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<tr>
<td>Care and Support</td>
<td>64%</td>
<td>66%</td>
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<tr>
<td>Management and Leadership</td>
<td>64%</td>
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<tr>
<td>Staffing</td>
<td>73%</td>
<td>79%</td>
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<tr>
<td>Environment</td>
<td>74%</td>
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Pulteney House
Hairdressing
Dementia orientation
Care coordinator
Single point of access
Community huddle
Community ‘pop-up’ ward
Building community resilience
Working with the third and voluntary sector
Current challenges

• Recruitment and retention of care staff
• Increasing the third sector capacity locally
• Moving to prudent medical intervention
• Changing attitude to dying at home
• Raising the quality and availability of independent care home provision
• Building community capacity
Integration, Integration, Integration

Integrating Health

Structural Change

Re-design Work

Re-design Work

2005  2011-13  2035

Integration, Integration, Integration
Preparing for the future
Different conversations
Different choices
Shifting control
Hold your nerve!
Thank you to all our fantastic staff
Thank you

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