EDINBURGH HEALTH AND SOCIAL CARE PARTNERSHIP

Older People Service Provider Forum
Tuesday 29th March 2016

Katie McWilliam & Jamie Macrae
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• IJB Strategic Plan, Priorities & Changes
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# Delegated Functions for Service Delivery & Planning

## Adult Social Care Services
- Assessment and Care Management-including Occupational Therapy services
- Residential Care
- Extra Care Housing and Sheltered Housing (Housing Support provided)
- Intermediate Care
- Supported Housing-Learning Disability
- Rehabilitation-Mental Health
- Day Services
- Local Area Coordination
- Care at home services
- Reablement
- Rapid Response
- Telecare
- Respite services
- Quality assurance and Contracts
- Sensory impairment services
- Drugs and alcohol services

## Community Health Services
- District Nursing
- Services relating to an addiction or dependence on any substance.
- Services provided by Allied Health Professionals (AHPs)
- Community dental service
- Primary medical services (GP)*
- General dental services*
- Ophthalmic services*
- Pharmaceutical services*
- Out-of-Hours primary medical services
- Community geriatric medicine
- Palliative care
- Mental health services
- Continence services
- Kidney dialysis
- Prison health care service
- Services to promote public health
*Includes responsibility for those aged under 18

## Hospital Based Services
- A&E
- General medicine
- Geriatric medicine
- Rehabilitation medicine
- Respiratory medicine
- Psychiatry of learning disability
- Palliative care
- Hospital services provided by GPs
- Mental health services provided in a hospital with exception of forensic mental health services
- Services relating to an addiction or dependence on any substance

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Edinburgh’s Strategic Plan

Edinburgh Strategic Plan priorities:

- Right care, right place, right time
- Prevention and early intervention
- Managing our resources effectively
- Person centred care
- Making best use of capacity across the whole system
- Tackling inequalities

Edinburgh’s Strategic Plan signed off by Shadow IJB 11th March 2016:
http://www.edinburgh.gov.uk/download/meetings/id/50066/item_56_-_final_draft_of_the_strategic_plan_for_health_and_social_care_integration_joint_board
IJB Priorities

Locality working
Sustainable primary care
Living within our means
Technology to support independence and efficient working
Understand our population better
Tackling inequalities
Prevention and early intervention
Integrated workforce development
Frail older people and those with disabilities
People with disabilities
Long term conditions
Mental health and substance misuse

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# The changes we need to make

<table>
<thead>
<tr>
<th>Old ways of working</th>
<th>Current ways of working</th>
<th>Where we want to be by 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>People are passive recipients of services Carers are undervalued</td>
<td>People who use services have some involvement in decisions about how their needs are met</td>
<td>People, decide how their needs should be met and take control over their own health and wellbeing</td>
</tr>
</tbody>
</table>
| Services are:  
  - planned and delivered by statutory services  
  - reactive and focused on those with most acute needs  
  - organised around episodic events  
  - delivered by teams working within organisational silos | Some services are:  
  - are planned and delivered with some involvement from providers and citizens  
  - focused on supporting people to remain independent  
  - integrated | Services:  
  - are planned and delivered by people and communities working with local organisations  
  - focused on keeping people independent are a priority and embedded in resilient communities  
  - Integrated and organised to deliver personalised care and support |
| Specialist health care is largely hospital based | We are starting to develop community services avoiding the need for hospital-based care | Specialist services are community based with access to hospital when necessary |
| Environments are considered only in relation to housing | We are starting to consider the impact environments have on health and wellbeing | Communities are engaged in the design and delivery of healthy environments |
Four localities

<table>
<thead>
<tr>
<th>Locality</th>
<th>Neighbourhood Partnerships</th>
<th>H&amp;SC Locality Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>North West</td>
<td>Almond, Forth, Inverleith and Western Edinburgh</td>
<td>Marna Green</td>
</tr>
<tr>
<td>North East</td>
<td>Leith, Craigentinny/Duddingston and Portobello/Craigmillar</td>
<td>Angela Lindsay</td>
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<tr>
<td>South West</td>
<td>Pentlands and South West</td>
<td>David White</td>
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<tr>
<td>South East/ Central</td>
<td>City Centre, South Central and Liberton/Gilmerton</td>
<td>Nikki Conway</td>
</tr>
</tbody>
</table>
### North West – Locality Insight

#### POPULATION
- 134,500 residents
- Forecast to grow by 11% by 2024
- Fastest growing locality in Edinburgh
- Large school age and retired population
- Small young working age population
- Large number of families with children

#### HOUSING AND HOUSEHOLD TYPES
- 61,600 households
- High proportion of larger properties
- High proportion owner occupation
- Property value 11% above city average
- 9,000 social rented households
- 9,700 private rented households

#### POVERTY AND LOW INCOME
- Generally affluent area, but with wide inequality and pockets of poverty
- 18% of Children live in poverty in NW...
- ...but rates above 30% recorded in a pocket
- Median NW household income = £43k pa
- ...but as low as £16k pa in some areas

#### HEALTH, EDUCATION, SAFETY, SATISFACTION
- Low % long term sick or disabled overall
- High school attainment rates overall
- Low ASB complaints rates overall...but very high in some pockets
- Generally lower than average satisfaction with Edinburgh as a place to live
North East– Locality Insight

**POPULATION**
- 107,900 residents
- Fastest growing locality over the past ten years
- An additional 12,000 residents expected by 2024
- Small school age, large young adult pop

**HOUSING AND HOUSEHOLD TYPES**
- 55,400 households
- Large number of smaller households
- Private rented sector = 25% of dwellings
- Smallest owner occupied sector in city
- 75% of dwellings are flats/tenements
- High proportion lone parent households

**POVERTY AND LOW INCOME**
- Average incomes lower than any other locality
- 10% households find it ‘very difficult to cope’ on current income
- 26% of children in the NE live in poverty...
- ...higher average than any other locality

**HEALTH, EDUCATION, SAFETY, SATISFACTION**
- 4.8% long term sick or disabled...higher than any other locality
- Lower than average school attainment
- High ASB complaints rate
- 88% of residents are satisfied with their neighbourhood as a place to live
South West—Locality Insight

**POPULATION**
- 109,200 residents
- Rapid population growth in last ten years
- Growth rate likely to slow, but still an extra 5,100 residents expected by 2014
- Large school age population
- Small number of residents aged 85+

**HOUSING AND HOUSEHOLD TYPES**
- 50,600 households
- 5,800 Council homes – larger than any other locality
- Smaller than average private rented sector
- Wide local variation in property type

**POVERTY AND LOW INCOME**
- Very wide local income variation
- Sighthill/Gorgie records the lowest average income and...
- ...the highest rates of child poverty in the city (35% of children)
- 20% of children live in poverty in SW

**HEALTH, EDUCATION, SAFETY, SATISFACTION**
- High levels of economic inactivity due to long term sickness or disability
- High ASB complaints rate
- High rates of deliberate fire setting
- 76% of residents are satisfied with their neighbourhood as a place to live
## South East– Locality Insight

### POPULATION
- 124,900 residents
- An additional 5,000 residents expected by 2024
- Slower growth than other localities
- Small school age, large young adult pop
- Relatively large population aged 85+

### HOUSING AND HOUSEHOLD TYPES
- 55,400 households
- 21,000 full time student residents – more than half the city total
- Private rented sector = 29% of dwellings
- Fewer council homes than any other locality

### POVERTY AND LOW INCOME
- Relatively high average income, high proportion of very high earners...
- 8% households find it ‘very difficult to cope’ on current income
- 19% of children in the SE live in poverty...
- ...child poverty rates of 27% in Liberton

### HEALTH, EDUCATION, SAFETY, SATISFACTION
- 88% say health is ‘good or very good’...
- ...higher than any other locality
- ASB complaints rate lower than any other locality
- 95% satisfaction with the city as a place to live... Higher than any other locality
Operating Model

• Health & Social Care Locality Managers will be responsible to the Chief Officer and have operational responsibility for services delivered in the respective localities, and strategic responsibility for partnership working in their locality, and delivering the priorities of the Locality and Strategic Plans.

• The H&SC Locality Managers will work with the Strategy, Planning and Quality Managers, in the implementation of service area strategies, performance management, safeguarding and quality assurance, and the Chief Nurse and Chief Social Work Officer in their governance responsibilities.

• Locality Services will be delivered through three main teams, which will all be connected: one locality Hub and two locality clusters. Clusters will operate around 6-8 GP Practices.
Locality Hub Development

The approach fits with the Edinburgh Strategic Plan priorities:

- Right care, right place, right time
- Prevention and early intervention
- Managing our resources effectively
- Person centred care
- Making best use of capacity across the whole system
- Tackling inequalities

- Fits with the Lothian partners’ intention of ‘doing something differently’, and moving away from a bed based model of support for winter.

- Instead of the traditional long lead in time planning for change on a large scale across Edinburgh, improvement methodology has been utilised to test this change in the South East (SE) locality, with a dynamic approach of direct application, iteratively developing, reviewing and improving the systems and processes to make the change happen successfully.
Locality Hub

• Locality Hub brings together a range of services which support people on a short term basis or undertakes crisis intervention in a more integrated way
The **core** work of the locality hub  
( the aim is for consistency across Edinburgh)

**Urgent (within 4 hours), same day or next day referrals**
- A conversation between referrer (GP, community services, SAS) and clinician

**The daily work of the hub**
- Daily huddle with review of all admissions to all hospital settings in last 24 h
- Proactive discussion with clinical teams to ‘pull’ patients out of hospital
- Working with discharge hubs:
  - Supporting discharge with a follow up phone call
  - Locality based proactive management of those delayed in hospital
- Locality based multi-agency proactive management of high resource individuals
Daily Huddle & Response

- **Tackling inequalities**
  - Allied health Professionals
- **Prevention and early intervention**
  - Bed bureau link
  - Third sector
- **Person centred care**
  - Care at home / Home care
  - Care homes
- **Community/third sector support**
- **Social Work**
- **Reablement/Intermediate care**
- **Pharmacy**
- **Medical consultant**
- **Hospital to Home**
- **Hospital at Home / virtual ward/Compass**
- **Managing resources effectively**
- **Right care, right place, right time**
- **Best use of capacity across the system**

- A single point of contact for prevention of unnecessary admissions to hospital and facilitation of early discharge
- Social work crisis intervention
- First time fix (one and done activities)

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Huddle Flowchart

Current services & supports

Social Care Direct

Impact ANP
Com MH Nurse
SMU
Re-ablement
EVOC rep
Therapy rep

Hospital

Hospital @ Home
Hospital to home
District Nurse
Medical rep
Social work rep
Boxi Reports

Professional referrals

Screening referrals
Allocating actions
Immediate response

Huddle participant takes action and responds

Short term intervention required and passed to Locality Hub for allocation or to District Nursing for planned health care

Longer term planned activity required and passed to appropriate cluster

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Update on Hub Implementation

• Testing Model in South East Locality:
  – Agreeing the referral pathway – by working through it
  – Agreeing the communications in the Hub and Huddle
  – Agreeing the response and how needs will be met
  – Identifying the way in which the workforce might change how they work
  – Considering the best location for the Hub in relation to other services
  – Practical issues around IT, Admin support, single point of contact & how it will all work!!!
  – Operational Group – those who are doing it, trying it, improving it!!

• Roll Out for Edinburgh:
  – Taking the ‘blue print’ from South East and applying it consistently across Edinburgh
  – Steering Group for Edinburgh – Consistency, accepting some local variations
  – A new way of working by Winter 2016 is the goal
Measures of Success

For people who use our services and supports:
• Prevent avoidable admission
• Increase the number of supported discharges to this locality and get patients home
• Develop a co-ordinated, responsive model of care through the locality hub approach

This will allow people to:
• stay at home safely
• be discharged home safely, within 72 hours of discharge decision being made
• receive the right care and support in a responsive manner

Evaluation of the new approach:
• Stakeholder experience
• Assistance form Healthcare Improvement Scotland colleagues (HIS)
Relationships are at the heart of integration
Questions?