Glasgow City HSCP
Health and Social Care Partnership

HEALTH AND SOCIAL CARE INTEGRATION within Glasgow City

Special Edition Bulletin - July 2016

Integrated Care for Older People - Intermediate Care
From planning to prizewinner at Council Flourish Awards!

Intermediate Care staff pick up the Leader's Choice Trophy at Glasgow City Council's Flourish Awards: (L to R) Fiona Smith, Rehabilitation Team Manager (South); Margaret Ann Dale, Social Work Service Manager (South); Hilda Ure, Social Work team Leader (North East);Patricia McGinley, Discharge Manager Acute Division; Lorna Dunipace, Interim Head of Transformational Change Older People;Leader of the Council, Councillor Frank McAveety; Hilary MacLeod, Social Work Team Leader (North West); Miriam Jackson, Commissioning Manager (now retired); Christine Ashcroft, Service Manager (North East);Patrick Mandara, Service Improvement Advisor; Alex MacKenzie, Chief Officer, Operations.

Recognition

Winning the Leader's Choice Trophy at this year's Glasgow City Council Flourish Awards is further recognition of the development, hard work and success of the Partnership's Intermediate Care Service

Already selected as the Flourish category winner of 'A City that Looks after its Vulnerable People'category, the award celebrates our excellent services, our world class initiatives, both large and small, and where we are making a real difference to the lives of the people of Glasgow.

From the six Flourish category winners,The Leaders Choice Trophy is selected by the Leader of Glasgow City Council and reflects his personal decision on which submission he wishes to recognise overall.

NHS Greater Glasgow and Clyde

Glasgow City Council

Presenting the Award to some of those who have contributed to the success of the Intermediate Care Service, Leader of the Council, Councillor Frank McAveety said: “Intermediate Care is proving to be an early success for our Glasgow Health and Social Partnership thanks to the hard work and passion for this project by the staff and partners involved. And by working so efficiently and effectively they are showing the potential that exists in integrating these services.”

Established to address the Scotland-wide issue of increased pressure and demand in older people’s services, intermediate care has sought to develop and promote a model of care across Social Work, Health and other partners in Glasgow which:

- supports older people to leave hospital when fit to do so
- seeks to maximise their potential
- promotes independence
- reduces long-term care admissions by supporting more older people to return to their own home.

Success in achieving these outcomes has required a system to be designed that fully utilises the skills and abilities of all those involved. The Leader’s Choice Trophy celebrates our success in achieving that.

What is Intermediate Care?


Staff support patients to return home

Simply put, intermediate care is for patients who need a short-term step between hospital and home after they’ve had hospital treatment. With the support of HSCP rehabilitation and social work staff older people can spend up to 4 weeks in intermediate care. This enables the older person to undergo further rehabilitation and assessment, with the aim of supporting and preparing the older person for a return to their own home or alternative care within their community.

Intermediate Care is provided within dedicated units within Glasgow City care homes.

The need for this approach was shaped by the high numbers of older people delayed in acute hospital beds and Glasgow City having a higher rate of older people being admitted to care homes than other parts of Scotland.

Intermediate care is short-term places in homely settings where people undergo assessment, rehabilitation and/or reablement. Going through intermediate care usually involves moving into a specially set aside short-term bed in one of Glasgow’s care homes. This can be for up to four weeks and allows an assessment of longer-term individual needs to take place.

Continued on next page.

Continued from previous page.

Lorna Dunipace, Interim Head of Transformational Change Older People, describes intermediate care as “a major transformational and cultural shift towards a system of care which puts the person using our services right at the centre of decisions that affect them.”

Planning for impact

The planning for what became intermediate care began in September 2014. At the core of its work was the knowledge that no-one wants to stay in hospital any longer than they need to. Additionally it has been established that long delays in hospital can often lead to the patient falling ill again, or losing vital life skills, independence or mobility. In more extreme circumstances it can result in patients having to be admitted to a care home due to the deterioration in their health and mobility.

This context meant that early aspirations were to:

- develop, test and implement an older people’s pathway that promotes independence with the aim of returning more people to their own home
- reduce the number of people placed in permanent care
- reduce the number of bed days lost by facilitating timely hospital discharge.

Consultation with care providers, patients, health and social work professionals, voluntary sector and other interested groups meant that the work progressed in partnership with those most representative of the wider older people environment.

North West Intermediate Care staff with the certificate and leaders trophy

Continued on next page.

Continued from previous page.

What difference does it make?

Since being rolled out, intermediate care has demonstrated a number of benefits. These have included:

- people being identified earlier
- avoiding unnecessary delays for individuals
- people not being assessed for their long term care needs at a time of crisis or in an acute hospital bed
- ensuring individuals receive every opportunity to reach their maximum potential in a homely environment increased numbers of people returning to their own home and
- increased numbers moving onto residential care rather than nursing home care.

The impact is further demonstrated when considering that the number of older people delayed in acute hospitals for over six weeks was 254 in June 2014, at 30 May this year this was reduced to 37 people delayed over 72 hours.

Additionally, the Scottish Government has regularly praised our work on intermediate care and noted the sustained reductions in the number of people who are delayed in hospital. The Scottish Government has also held it up as an example of excellent practice and a model to be replicated across Scotland.

Individual testimonies have also highlighted the success of the work. Intermediate care has resulted in people being given the opportunity and support to live safely at home again. This is something that we know older people want and, in the past, may not have been able to give them.

North East Intermediate Care partners celebrate the success

Continued on next page.

Continued from previous page.

Moving Forward

The future of intermediate care is one which has established strong foundations from which to grow.

We will continue to develop and improve processes that support older people when they move from hospital to their most appropriate destination. This will mean the Partnership continuing to work constructively with everyone involved in the process of rehabilitation and reablement.

The learning gathered to this point will also inform how we improve the future outcomes achieved for older people. This is a service that puts the person at the very centre of what is delivered and this will continue to be the case.

Winning the Leader's Choice Trophy is recognition that intermediate care has made a positive difference for Glasgow's older people.

Our intention is to build on this but for now we say a huge congratulations to the team involved and we urge them to keep up the good work.

South Intermediate Care Team with the certificate and leaders trophy