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Health and Social Care Partnership: NHS Highland		
Cabinet Secretary Priority *(please tick relevant priority)*	Health and Social Care Integration	✓
	Mental Health	
	Access	
Title of Presentation	Developing Flexible Care in the MacKenzie Center	

Situation: *Brief summary of the issue faced*

The MacKenzie Centre is a support service for older people – the biggest service of its kind in Inverness. Originally registered for up to 60 people over 65 years of age per day the service was seen and used more as a social center providing a pleasant environment and a hot meal.

During the past year we have undertaken a redesign of the service with consultation of various partners. Of particular importance has been the attention to the contribution that can be made in terms of hospital patient flow. We have therefore integrated the hospital patient flow work with redesign of the MacKenzie Centre to make provision to patients who, for example “turn day into night” and whose carers require support to effect discharge.

Whilst it could be argued that this type of work could be undertaken in a non-integrated system, the key difference has been the read across the hospital and care home environments to allow service design and delivery.

There is still a long way to go with exciting developments in the pipeline – attention is being paid to sustainable realistic outcomes for service users, their families and as importantly staff.

At the moment 99 older people attend, between them 179 times a week.

62 % of those attending have a diagnosis of dementia

78% of those attending live with or are supported by a carer who has expressed some form of stress at their living situation.

Over 80% of people attending consider themselves to be socially isolated.

What action did the IJB take: *We are looking for examples of service redesign; new models or change processes where you can evidence have delivered improved outcomes for less/the same resource. How did your leadership influence the process?*

<u>So far we have achieved:</u>

An informed and well trained staff involved in the shaping of a service and developing skills with interventions that promote resilience within a community setting. This includes interventions that stimulate, confirm and reinforce skills, introduce new skill, have a purpose and are person centred.

These interventions effect self-worth and confidence enhance physical wellbeing, mental stimulation and can help coordination. All of these have the ability to continue to have positive results out with the center for both the person and their carers.

Interventions include – regular exercise, cookery sessions, Namaste/relaxation / Gardening / Art classes/story telling/creating.

We have an established small but busy shop on site, a toe nail cutting service, a beauty parlour and a poly tunnel growing food to supply the kitchen. We have a snack pack take home service.

Over the past months we have been able to play a key role in preventing early admission in to hospital /long term care by providing an adaptive programme at the right time to the right person for at least 5 people. This is in part because we have a confident workforce who can adapt to support people in the way that is needed.

For the future:

- Outdoor childrens nursery scheduled for August
- Full weekend days
- Dawn until dusk opening
- Working with people in hospital ready for discharge
- Outreach service (variations in progress)
- Maintenance service

Working in a targeted dynamic way with carers by identifying with them what helps them to be resilient within their role. This project will include a 4 week commitment from carers to attend information sessions on delirium, falls management, nutrition care for themselves and others and end of life support.

Overnight service. Anecdotally we are aware that those people most recently admitted to hospital or LTC are those with multiple needs who then turn night to day. We will develop a clear response to this working with key partners.

To develop a reliable system to capture outcomes in terms of experiences and budget impact and to be able to spread and share learning

The key leadership role has been to enable those who work in and know the services (and their potential) to be empowered to run with their ideas.

The exercise has been very much about using existing resources differently, and focusing them on key priority work around patient/client flow.

Impact: *What difference has your approach made?*

There are two significant impact areas:

1. Client experience has been improved (see video)
2. Staff and clients and families are now seeing the true potential of the resources available if we move from less dynamic traditional models.

Core components of your example which should be applicable across Scotland:

Three core components are shareable:

Communicating the need to change, by communicating the benefits of change works

Making incremental steps that evidence benefits build a momentum.

Evidencing benefits across the whole health and care system is stronger than single sector change