Our Health and Social Care System.
Caring for Mann

Yn coarys aín cour slaynt as kiarail y theay - Goaill kiarail jeh Mannin

Mark Charters CEO, Department of Health and Social Care, Isle of Man
What do we mean?

- **Definitions of healthcare:**
  - **Noun:** the preservation of mental and physical health by preventing or treating illness through services offered by the health profession

- **Definitions of alive:**
  - **Adjective:** having life or vigour or spirit

- **Definitions of wellbeing:**
  - **Noun:** a contented state of being happy and healthy and prosperous
How do I get the help that I need?

Who to treat first? Too many, we cannot cope.

Hospital. The only place to heal?

How do I get the help that I need?

The only place to heal?

But I thought it’s supposed to be about people?
THE BURNING PLATFORM

Customer expectation, choice and control
OLDER PEOPLE ISLE OF MAN

2035 - 16% population growth. 75% Over 65
Do nothing costs projected to double by 2035
The majority of health and social care spending is paid for by taxes
16.5% (£36.4m) from National Insurance
Based on these figures, greater contribution is inevitable. But H&SC and Government can be more efficient and deliver better Value for Money
Spending on health services in 2013/14 was Total £137,810m @ £1,644 per person. England was £1,926, Wales £2,017, Scotland £2,072, N Ireland £2,106
We would need funding of £164m versus our current health budget of £135m to achieve English levels. This is an increase of £29m or 21%. 
REALITIES AND CHALLENGES

- **Making best use of constrained resources**
  - How do we make sure the patients' time in health system is not wasted/ineffectively used?

- **2013-2016 Key Themes**
  - Have focus on the mental health & well-being of our community & workforce.

- **Pathways & Frailty**
  - Right people, right response; in a standardised way.

- **64% of patients in hospital for >2 weeks are over 65 years**

- **How do we make best use of resources we’ve got?**
  - Right care, right time, right place.

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**Realities & Challenges**

- **Capacity is constrained & demand will continue to increase**
  - We need the whole system to work together for the system to work.

- **Physical Constraints**
  - Past earthquake has been decline in working age population. Struggling for capacity (partic. in community).

- **Workforce Constraints**
  - Post-earthquake has been decline in working age population, struggling for capacity.

- **New Issues**
  - Increase in demand for mental health services.

- **Capacity**
  - People have moved & moved quite a lot.
  - Population is moving rural.
  - Red zones to greenfield areas becoming “less depopulated”.

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**This is an effective resilient health system.**

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**SEP 2014**
Our people work at their best. They not only take on big challenges, they are committed to inspiring others. The resulting ripple effect continues to inspire individuals.
Five components of a successful health and social care partnership

• Prevention, good health and well-being.
  People take responsibility, and are helped to make healthy lifestyle choices

• Integrated community care.
  People stay well at home. Multidisciplinary care hubs built around GP Practice. Technology and community cohesion. Good neighbours.

• Effective and timely complex care.
  Consistently good hospital care, freed up to provide responsive complex care. Good residential/nursing care when needed

• Protecting the vulnerable.
  Strong partnerships and procedures to safeguard those who can’t protect themselves

• Sustainable funding and Value for Money.
  Strong commissioning, quality and performance management. Accountable for good/bad outcomes
Manx integrated care hubs –
A model

Formed from existing general practices, but much augmented with other professionals, AHPs, pharmacists, social care etc and adopting an ambulatory care approach.

Provide a much more comprehensive service all non-inpatient care is delivered in this fashion, with present hospital staff being part of these hub networks.

Care delivered by networks of health & social care workers in local groups

They would all share records electronically

The hub would be self-managing on a day to day basis

Continuity and empowerment

Intermediate care - beds and staff - Consultant Community Geriatrician

Commissioning

Outcomes
Stepped Care for Mental Health and Well-being

Having the right support in the right place at the right time delivered by the right person

<table>
<thead>
<tr>
<th>Who is responsible for care?</th>
<th>What is the focus?</th>
<th>What do they do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 0</td>
<td></td>
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<tr>
<td>Individuals, family, local community, Public Health, Specialist in Mental Health Promotion.</td>
<td>Promotion of positive mental health and well-being / self-care.</td>
<td>Provide support, information, education. Focus on prevention and resilience. Advocacy.</td>
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<tr>
<td>Step 1</td>
<td></td>
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<tr>
<td>Universal Health Services including General Practitioner, Practice Nurse.</td>
<td>Recognition</td>
<td>Assessment, screening, early detection, reassurance, 'watchful waiting'.</td>
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<tr>
<td>Step 2</td>
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<tr>
<td>Step 3</td>
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<tr>
<td>Community specialist mental health services, crisis teams and specialist drug and alcohol services.</td>
<td>Moderate to severe, enduring / recurrent mental health problems / substance misuse.</td>
<td>Medication, complex psychological interventions / therapies.</td>
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<tr>
<td>Step 4</td>
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<tr>
<td>In-patient care</td>
<td>Severe mental health problems / substance misuse significant risk to self / others.</td>
<td>Assessment, close supervision, medication, ECT, intensive psychological therapy. Keeping patients safe / protecting them from harm.</td>
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<tr>
<td>Step 5</td>
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<tr>
<td>Specialised In-patient care (e.g. Forensic, Eating Disorders)</td>
<td>Severe mental health problems presenting with complex high-risk need.</td>
<td>Intensive therapy, medication, prolonged care, management of high risk. Keeping patients safe / protecting them from harm.</td>
</tr>
</tbody>
</table>

Aim to step down as condition improves
Seamless service provision with community and off island care

Use of cutting edge research and technology to deliver better standards

Consistent and effective care pathways and good value for money

Maintain high standards of clean, accessible facilities

Highest standards of safety quality, governance and performance management

Patients time is king

Only patients that require hospital care, right care, right treatment and right time

Patient outcome focused, discharge starting on admission

EXCELLENT HOSPITAL SERVICES

Patients

Outcome

Focused,
Discharge
Starting on
Admission
AN INTEGRATED MOVEMENT. THE PEOPLES’ SERVICE

- Foundations of a social movement, an alliance, a self-improving system made up of the people, for the people
- Everyone has a share and therefore everyone can make or break a system
- Our health and social care system needs to be based on:
  1. Trusted relationships
  2. Keeping people well and safe
  3. Understand the past, but focus on the future
  4. To make it better
Commitment of Alliance Partners

“INNOVATIVE AND OPEN TO PRODUCE OUTSTANDING RESULTS”

Shared decision-making

Confidentiality

Good faith

Active engagement

Shared responsibility

Shared accountability
A Sustainable funding agreement and a 5 year financial strategy.

Money

INPUTS

People

OUTCOMES
What else could be done to help you prevent poor health and well-being?

Do you think organising care into multidisciplinary community teams and care pathways is a good idea?

Would you support increasing GP nursing and community health and social care services to include 24/7 cover?

Are our MH services good enough? Should we bring in a stepped care system?

Do you think an ageing/retirement care centre on the island makes sense?

How could our H&SC better serve you? Would you volunteer to be in the H&SC Alliance?
Should the hospital be independent from government and be a separate trust or provider?

How could we decrease cost and increase independence?

How can we protect our vulnerable people better?

Should all H&SC care at home and hospital be free? How should it be paid for?

What more could we be doing to support people at home?

Are our services for people with LD good enough? If not how do they need to change?

Should we look at delivering care through a grant or personal care budgets as in the UK?
Do we think a lottery for health is a good idea?
Do we means test for health, and develop a low cost health insurance for people over a means threshold??

How well do our Doctors and Nurses, Social Care Workers, Therapists, Paramedics Managers and anyone from H&SC serve you? Where can we do better?

Do you think a customer Board makes sense to have oversight and scrutiny of H&SC? Would you volunteer?

How could we improve our nursing residential and home care/home based care?

Should we set a qualifying period for new arrivals?

How can we make better use of the resources we have?
“You can design create and build the most wonderful place in the world, but it takes people to make the dream a reality,”

Walt Disney

Thank you for listening. We are in the final drafting of our vision and strategy document to start consultation with the Island over the summer. If you would like to respond to the questions raised in this presentation or have any views you would like to share, then please email me at dhsc@gov.im

Please view: iwantgreatcare.org
To comment of your Health care provider, IOM