

Cath Cooney

**House of Care Programme
Director, The ALLIANCE**

#CDNCare

Workforce and long term conditions: what people and services can achieve together

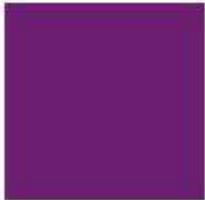
Cath Cooney
Director



ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre

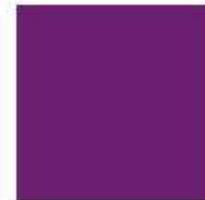
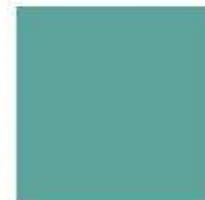






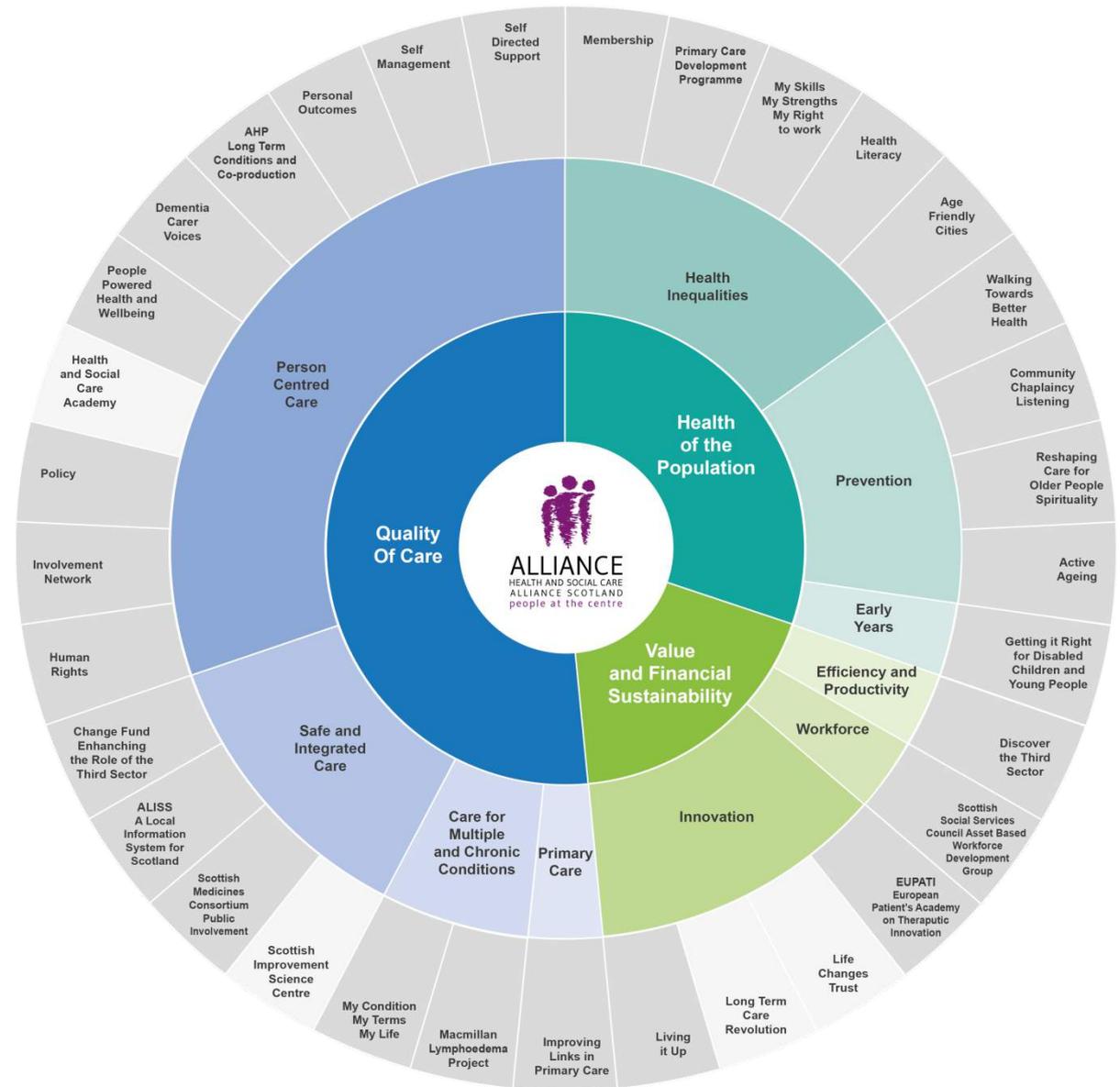
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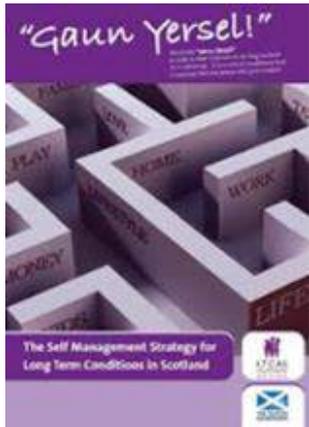
“Our vision is for a Scotland where people who are disabled or living with long term conditions and unpaid carers have a strong voice and enjoy their right to live well.”

The ALLIANCE projects



2020 Route Map to the 2020 Vision for Health and Social Care

Beginning to change models of delivery?



We want Scotland to be a health literate society which enables all of us to have sufficient confidence, knowledge, understanding and skills to live well, on our own terms, and with any health condition we may have.

REALISTIC MEDICINE

CAN WE:

<p>CHANGE OUR STYLE TO SHARED DECISION-MAKING?</p>	<p>BUILD A PERSONALISED APPROACH TO CARE?</p>
<p>REDUCE HARM AND WASTE?</p>	<p>REDUCE UNNECESSARY VARIATION IN PRACTICE AND OUTCOMES?</p>
<p>MANAGE RISK BETTER?</p>	<p>BECOME IMPROVERS AND INNOVATORS?</p>

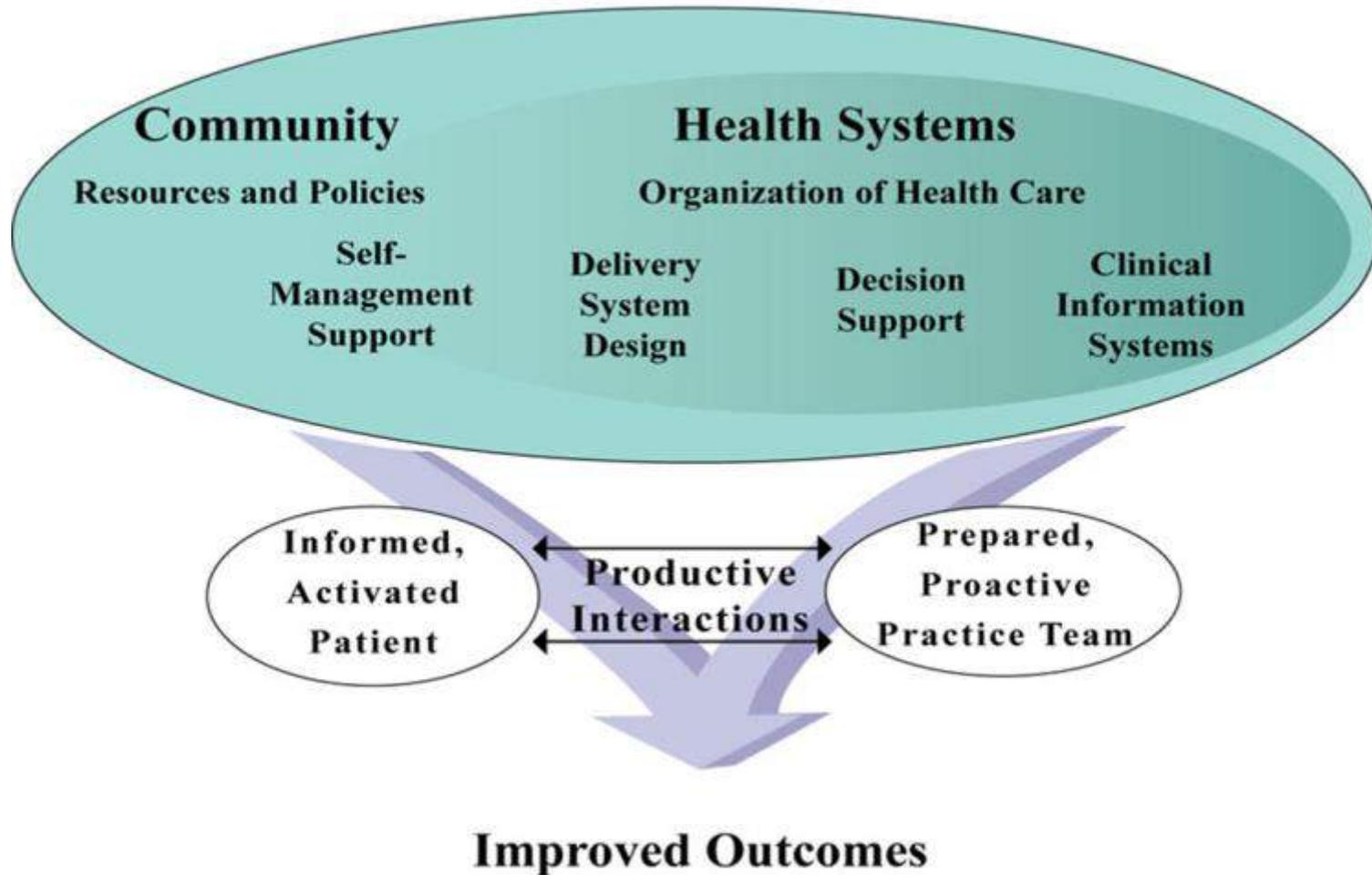


The House of Care Approach

- Memorable, strong visual image
- Four equally critical structural elements, protecting the conversation at the centre
- Many have used and adapted in lots of ways
- People build their own house in their own context



The Chronic Care Model



Developed by The MacColl Institute
© ACP-ASIM Journals and Books

Organisational
Processes & Arrangements

Engaged,
Informed,
Empowered
Individuals
& Carers

Care &
Support
Planning
Conversation

Health & Care
professional
team
committed to
partnership
working

'MORE THAN MEDICINE'

*Informal and formal sources of support and care
Sustained by the responsive allocation of resources*

the person living their life with a life

episodic consultations

A piece of torn, light-colored paper with a green wavy line drawn across it. Three vertical red bars are drawn over the line, separating the words 'the', 'person', 'living', 'their life', and 'with a life'. The words are written in cursive. In the bottom left corner, the words 'episodic consultations' are written in a circle.

The purpose of support is to ensure that people have what they need to be able to live (and die) well on their own terms with their long-term condition(s).

Entwistle VA, Cribb A, Watt IS et al, Supporting people to live well with long term conditions: a brief account of a refreshed way of thinking about support for self-management. Manuscript in preparation shared 6 August 2015



Care &
Support
Planning
Conversation

1. Clear information provided to people
2. Mutually agreed upon goals
3. An active role for the person
4. Positive affect - empathy and encouragement from staff



A fundamental shift in the relationship between person and professional that supports that person to be in the driving seat of their health and social care, with self-management at the heart of it

The Voice of
Lived Experience

Building on the Evidence Base

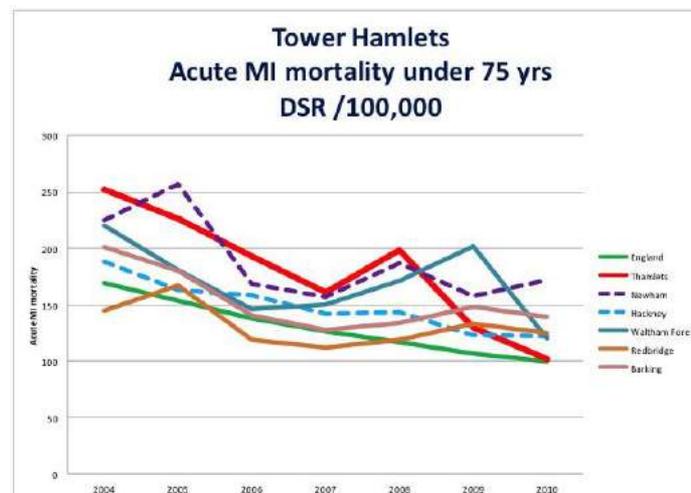
Tower Hamlets

92% of registered population (Type 2 diabetes) taking part in care planning

'Patient perceived involvement in care' rose from 52-82%

72% received all 9 processes in National Diabetes Audit: **Best in England** (Average 49%)

Attainment of measure	2009 QOF (with exemptions)	2012 Dashboard (no exemptions)
HbA1c below 58mmol/mol	37%	55%
BP below 145/85	70%	90%
Cholesterol below 5 mmol/l	65%	83%





Five Scotland Adopter Sites >50 Practices:

Ayrshire & Arran,
Greater Glasgow & Clyde,
Lanarkshire, Lothian, Tayside

Gateshead (32 practices)

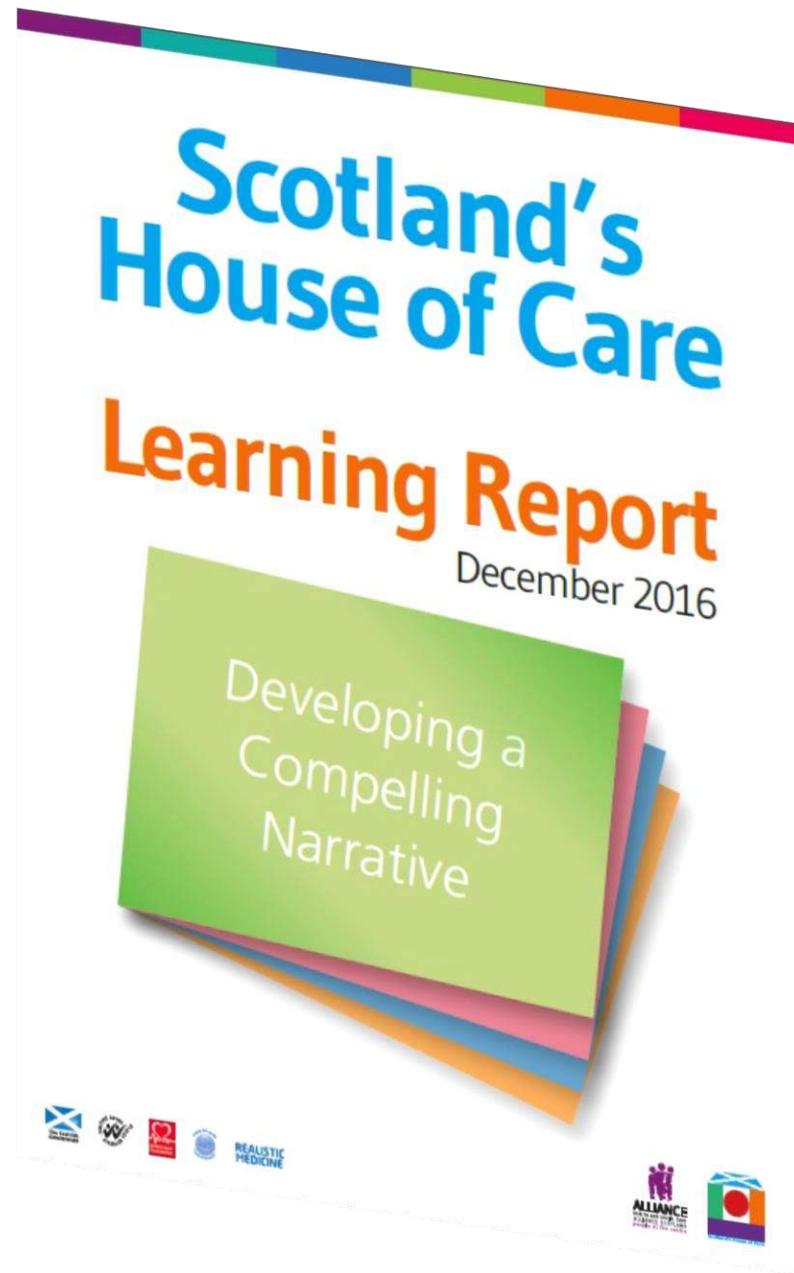
Hardwick (16 practices)

Improve outcomes for people with CVD & LTCs:

- Implement care and support planning as routine care
- Service redesign, driven by care & support planning, and including integration of cardiovascular disease services
- Development and support for self-management services including third sector

Reproducible intervention (prototype):
UK National Training and Support Team
>3000 practitioners and >40 quality assured trainers

The Voice of
Lived Experience



@HoCScot

@ALLIANCEscot

www.alliance-scotland.org.uk

“You feel you’re in control of your health and your goals, what you are wanting to aim for health wise ”



June



Staff Experiences

@HoCScot

@ALLIANCEScot

www.alliance-scotland.org.uk

“It’s working along the way that we are all trained to work, but it’s within a safe foundation”



Andrea, Practice Nurse



@HoCScot

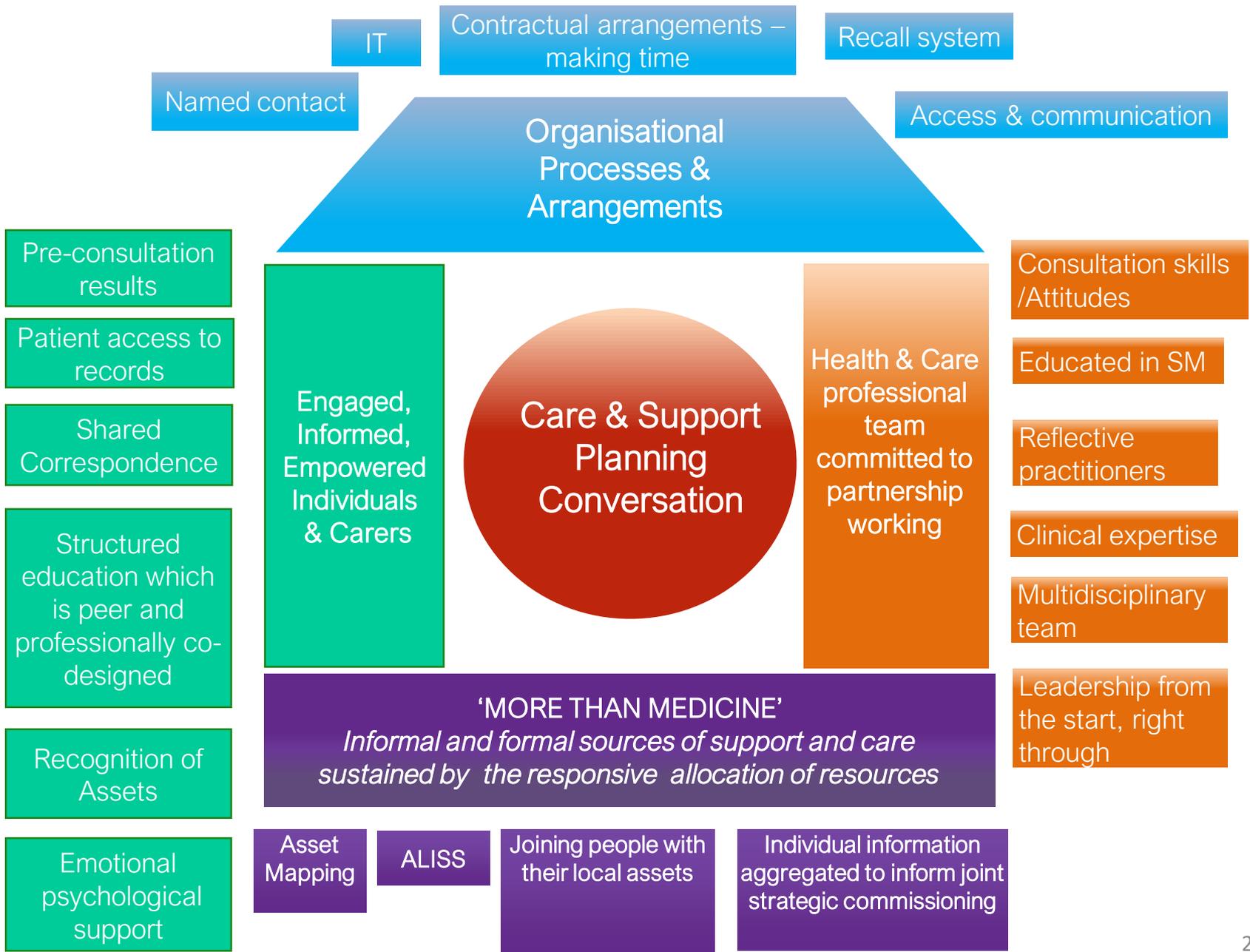
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“We’re on an even footing and that’s so powerful”

**Sue, GP on Collaborative
Care and Support
Planning**





Supported Self Management and Co-production

- **“Gaun Yersel”**

First Self Management Strategy in Scotland in 2008.
Driven not by policy makers, but by people themselves.

- **Self Management Fund**

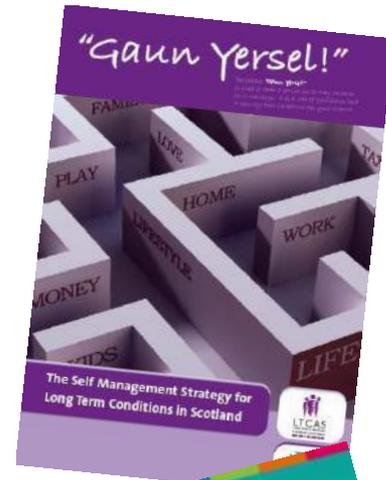
Supported over 240 projects since 2009.
£2m annually from Scottish Government.

- **My Conditions, My Terms, My Life**

Self Management campaign to raise awareness.

- **Self Management Network Scotland**

Established in 2014, currently over 500 members.
Join, Share, Learn.



Primary Care – People as Partners

Ensuring primary care networks are built around people

The Scottish Government's Realising Realistic Medicine makes clear its aspiration that people who access support and services are at the heart of decision making and experience a personalised approach to their care that is timely and welcome. It is more crucial than ever that people who access health and social care are engaged as equal partners in co-producing healthcare solutions, evaluation development and in spreading this learning.

The Health and Social Care Alliance Scotland (the ALLIANCE) seeks to work together with others to ensure a strong voice of lived experience, person perspective input on how to develop **primary care services** as part of a broader transformational approach that reflects a core set of person-centred, asset based, transformational principles which are human rights focused.

The ALLIANCE welcomes the opportunity to be part of a primary care collective formed to pursue a common goal in this most important arena. The 21 Principles contained within the recently published **Future of primary care in Scotland: a view from the professions** document are helpful in defining the specific and collective roles working towards the development of a common understanding of primary care in Scotland. Under principle 3, the ALLIANCE welcomes the acknowledgement of the breadth of partners in the primary care landscape that includes people and their families; and third and independent sectors.

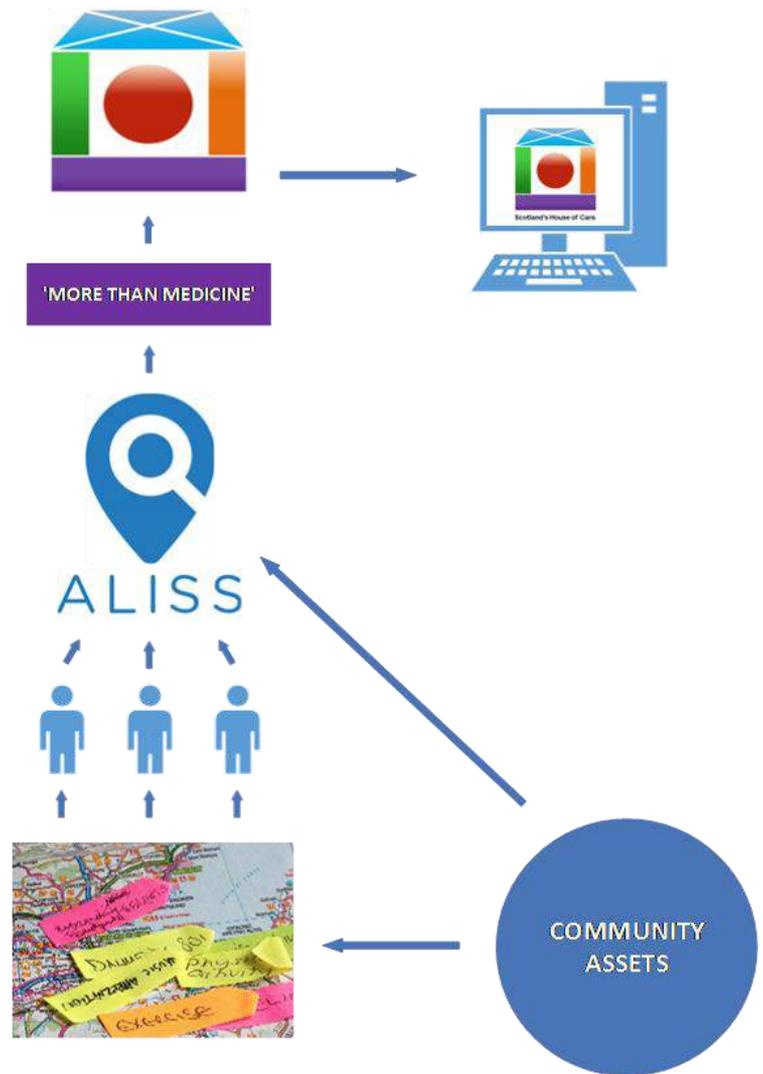
Working with a **collective** of primary care facing partners to better understand what needs to be done in terms of: building a network; developing an advisory role; and uncluttering the landscape, seems like a productive first step.

This document highlights a range of the ALLIANCE's primary care facing programmes including:

- Scotland's House of Care
- The National Links Worker Programme
- A Local Information System for Scotland (ALISS)
- Our GP



Helps people find and share information about local services and resources that support health and wellbeing



I pledge to make an impact positive, providing holistic carer support individual needs

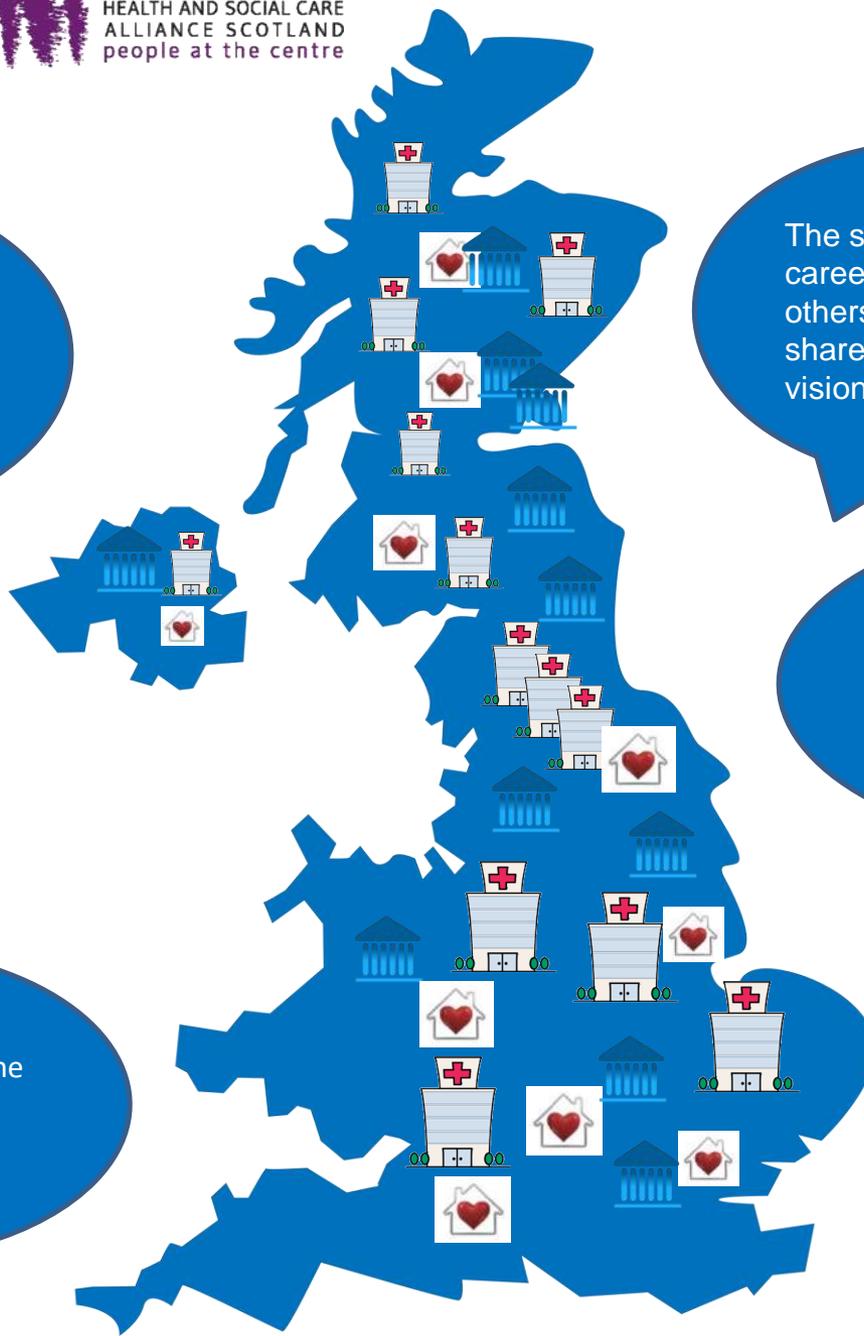
The stress of this career, encountering others that may not share the same vision in my heart

I will always see the person and not just the illness

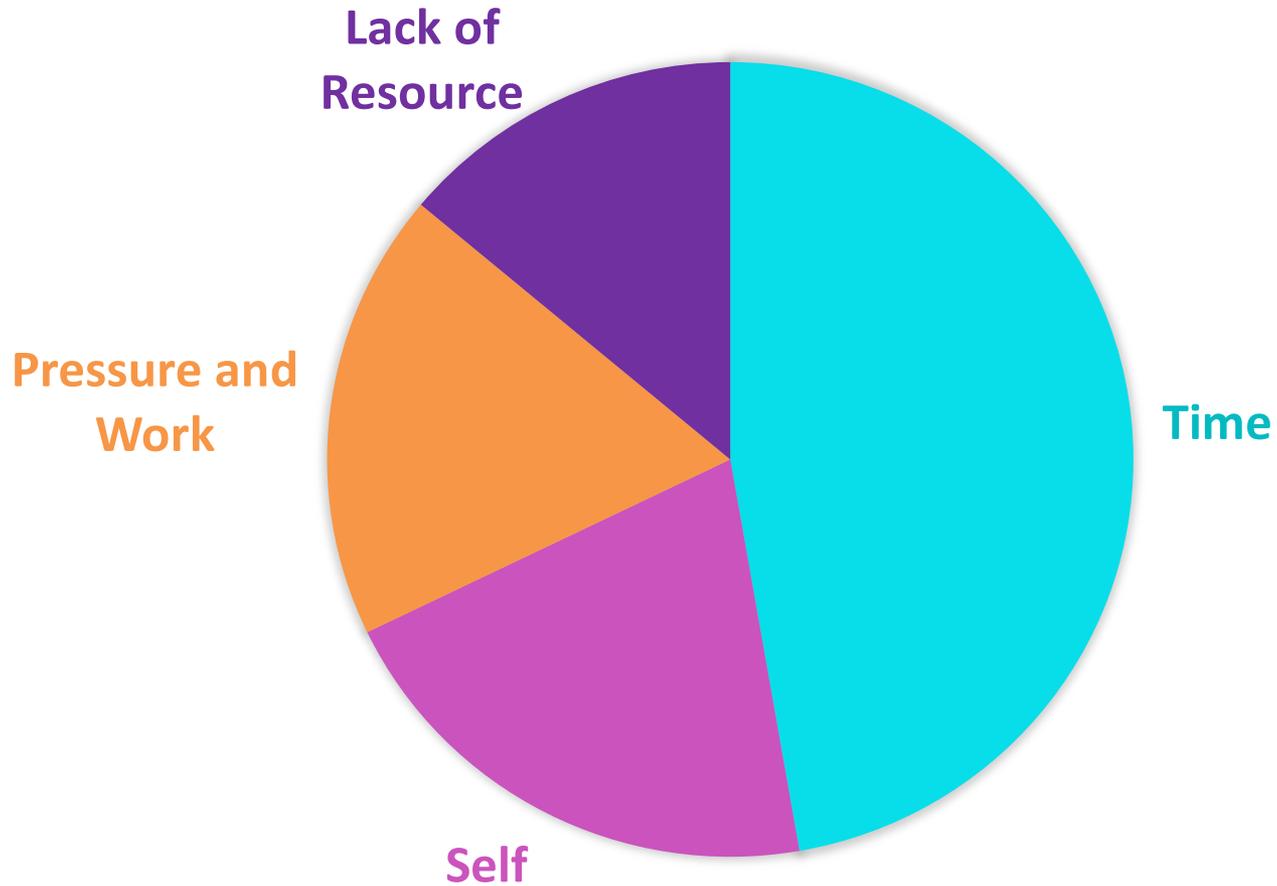
My pledge is to be caring and compassionate nurse, who listens and treated all patients and the network of support with kindness

Too much pressure. Time constrains and under staffing issues

My pledge is to continue my learning as a student nurse so I can be best placed to help people



Analysis of the Barriers



Analysis of the Pledges

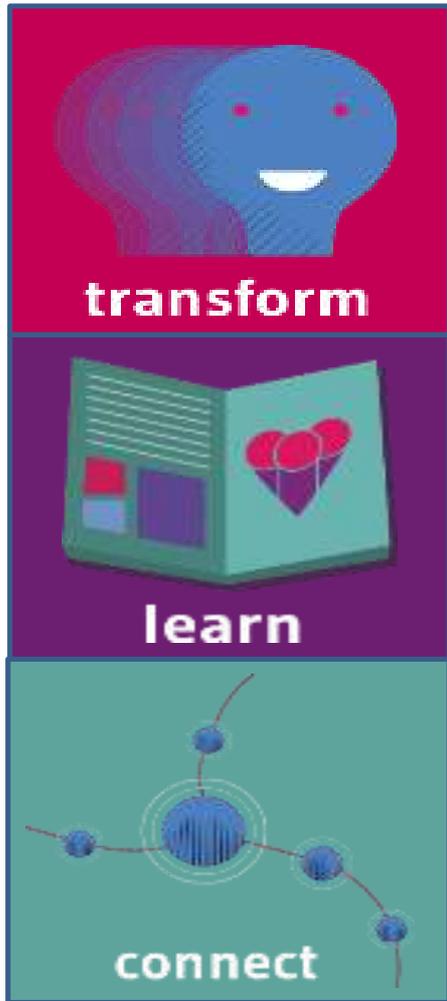
The most common pledge types

“Time! Not having the time to show the compassion I hope to show by becoming a nurse.”

“Pressure put on nurses in the ward environment”

“If I was struggling myself for some reason. Need to look after ourselves to be able to care for others.”

“Not being allowed to help through lack of resources.”



Five Provocations

1. Courageous Leadership
2. Target Culture
3. Nurturing Transformation
4. Emphasising Humanity
5. Ceding Power



What's our best hope for change?

What to do

- Develop pathways and skill sets
- Make clear how the standards will look like in practice – for staff and citizens
- Wider debate about the kind of society we want and how care fits
- Perceptions and value attached to role of paid carer
- Better understand the integration landscape and skills for change

How to do

- People who use services will drive change
- Fix-it to Co-production
- Supported self management – people, and their carers, make decisions about their own condition
- Communication skills - workforce learning simulation before live practice
- Empathy can be taught
- Get together over data protection

Why bother?

- Compassion matters – for people using services and for our workforce

Compassion Matters

“If we say the practice of compassion is something holy, nobody will listen.

If we say, warm-heartedness really reduces your blood pressure, your anxiety, your stress and improves your health, then people pay attention.”

Dr James Doty, the Centre for Compassion and Altruism Research, Stanford University, quoting the Dalai Llama

Thank you



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Joint Question and Answer Session

#CDNCare

**Everyone needs to Care –
developing a highly skilled,
supported and engaged care
workforce**

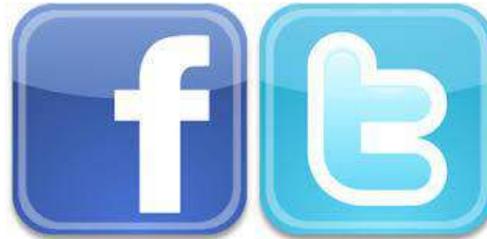
Wednesday 27 September 2017

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