Health Plus Care – 28-29 June 2017, ExCeL London

This report covers notes on sessions attended across both days. The full programme and information about the event can be found here.

Does Integration hold the future to a sustainable social care sector?

Panel:

Rosie Seymour, Deputy Programme Director, Better Care Fund.

Dr Josephine Sauvage, Chair, Islington CCG

Sally Burlington, Head of Policy, Local Government Association

-Social care is a great grounding for those who want to have a career in nursing. Social care as a profession and a gateway needs to be reinvented in a way which highlights and celebrates the skills it gives people. In some organisations cleaners are paid more than carers which drives staff away and isn't acceptable.

-Does integration work in local areas?

-Yes and it is necessary for the sustainability of social care.

-Case study in Croydon: Large scale engagement programmes with older people have shown that patients do want integrated services. They want to be able to deal with one organisation who oversees and links up with specific organisations in charge of different care types.

HOWEVER integration is not the *only* answer and it will not cover the whole 'gap' in costs by itself. Rising demand for social care coupled with increasing costs means the gap in constantly increasing. We need to do more than just integration.

-What does integration mean?

-It is not necessary for everything to be under one organisation, that is practically impossible, BUT organisations do need to be working together and need to be willing to help each other to ensure patients get the best outcomes.

-We need to work towards a SEAMLESS service and clear pathways:

Care Sector => Health Sector => Local Authority

-Sustainable structure and strong system leadership is needed to achieve integration of services with care pathways clearly defined.

-Ideally budgets should be managed in a single way and take each other into account.

- Care deliverers and providers need to be part of the conversation and the decision making when it comes to designing new integrated systems at top level. Only those on the ground know what will work in practice

-Is personalised choice the missing dimension in integration?

-Person centred care needs to be discussed and delivered in order for integration to work in practice. Outcomes should be about what individuals need and want.

-'Wrap the system around the person rather than constrain the person to the system'

-Will it be dangerous if social care is 'sucked into the NHS'?

-Place based initiatives should be a key focus- What is needed and what works in local areas?

-Social care should be kept consistent and constant. Healthcare should only have to be accessed when it is needed. If there is a good, constant social care system set up then the need for healthcare will become less frequent- Individuals will be well supported in their everyday lives and not become 'patients'

Digital Transformation in General Practice

Panel:

Dr Ralph Sullivan, Clinical lead for Patient Online and retired GP.

General Practice is in crisis:

-Aging population

-Recruitment Issues

-Funding Issues

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-Long term conditions are on the rise, and 1.2Bn£ is needed to keep GP Practices running each year as they currently are. This is only set to rise.

-Digital solutions have been outlined in the GP forward view, but are they correct and have they been truly effective so far?

Some comments:

-Records are still not all being sent between practices 100% complete.

-Incomplete records put patients at risk as they lack vital information and are not up to date.

-SNOMED needs to have good quality data going into the system to get high quality outcomes.

-Coding for data entering the system still needs more unification.

-Patient Online is an important route to promoting self-care and gives patients the tools to start supporting themselves. It is designed to support GP practices to offer and promote online services to patients: appointment booking, ordering of repeat prescriptions and access to coded information in records.

-The system gives patients access to their records online, and this can be extended by proxy to loved ones, carers etc. All information about the patient is kept in one place from multiple clinics and organisations, painting a 'whole picture' about a patient's needs.

-The system can be accessed remotely, and information can be easily displayed to remote health workers, e.g. an ambulance worker would be able to see a patient's end of life wishes in a formal document online, avoiding taking them to hospital if it was their wish to die at home with loved ones.

-The system is seen to be 'safer' then having incomplete/ a mix of digital and paper records at numerous organisations. BUT there are still concerns about the risks of keeping records online especially following cyber-attacks etc.

Question:

How can we encourage patients to use Patient Online?

-Large obvious posters in the practice explaining the system and highlighting how easy it is to use and personal recommendations from GPs.

-There are still some limitations with the systems, particularly in groups who may experience digital exclusion like the elderly. This is a whole separate issue relating to

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this generation, but digital is the future so it is vital we encourage up and coming generations and younger patients to use systems ASAP, they will then become 'the norm.'

Developing People- Improving Care: A national framework for action on improvement and leadership development in NHS-funded services.

Panel:

Michael Watson, Development Advisor, NHS Improvement

Elena Bechberger, Head of strategy and planning (London Region), NHS Improvement.

[Developing People- Improving Care](#) is an evidence-based national framework to guide action on improvement skill-building, leadership development and talent management for people in NHS-funded roles.

It aimed to:

-Improve leadership

-Improve organisations improvement capability.

Challenges included:

-Realising how to build on existing leadership and development improvement reports

-How can we learn from what didn't work in practice in the past? Good reports and designs don't always lead to change and successful implementation. 'Looks good on paper'

The piece of work was very collaborative, NHSI worked with The NHS, Department of Health but also with trusts and localities themselves.

The framework highlights 5 conditions which create a successful learning and development culture, and then breaks down the 5 conditions further:

1. Leaders who look outwards and engage staff are the most successful.
2. Compassionate leaders who prioritise inclusion, listening and value diversity have the best outcomes. It is also important to distribute leadership responsibilities to all levels.

3. Adequate support systems need to be in place. Leaders and their staff need access to resources, networks and sharing of what works.
4. Staff need to be skilled and knowledgeable on improvement methods. Investment needs to be put into staff to train them in quality improvement.
5. Regulators need to 'do their bit' to support providers and drive forward positive change.

How can we make the framework 'Come alive' and promote practices which result in positive change?

-Regulators need to change at the centre, otherwise nothing will translate or flow down to front line staff. Leaders within regulators need to adopt the leadership framework principles themselves at top level.

-Support needs to be provided to local decision makers, allowing them time and space to make their own, informed decisions.

-Inclusive and compassionate leadership needs to come from the very top.

-Work needs to be done across sectors to give one voice.

Other frameworks:

-The Well Led Framework, designed in partnership with The CQC, sets out how providers should carry out developmental reviews of their leadership and governance.

-The CQC Driving Improvement Report guides providers by showcasing case studies from 8 NHS trusts.

-The NHSI Culture and Leadership Programme aims to be an 'off the shelf manual' which providers can use to create their own culture and leadership programmes.

-It includes guidance for providers on building and improving capacity and capability alongside resources for boards to develop their leadership and capacity for improvement.

-Phase 1: 'Discover' is now online and material/ guides can be downloaded. The guide covers setting up your culture and leadership programme. It will help you diagnose your current culture using existing data, board, staff and stakeholder perceptions, and workforce analysis. You will then be ready to target the right areas for your collective leadership strategy.

-The measurement tools and language used within the Programme are designed to be positive. Data should not be collected to 'judge' or act as an ideal that can never be

reached in the real world, but to influence positive change and work towards improvement. Positive indicators are vital and this type of measurement seeks to avoid rag rating, stopping the programme becoming a 'tick box exercise'.

Question:

-Budgets get in the way of leadership and development in provider organisations, how can we overcome this?

-Aim to do more 'on the job' and 'in house' leadership training and courses. Avoid expensive external courses which are not as relevant as on the job and cultural experience.

-Change the culture within your organisation to see the value of leadership development and improvement. Make the case to top level managers that, despite being in a time of desperate cuts, investing in the workforce will create a safety net for the future. It is important that Trust execs. and high level board members are aware of the positive impact of training and development on the ground.

-Regulators need to find a way to help protect investment into training at provider level cuts take hold.

Two Trusts, Seven Hospitals, One Patient Record

Panel:

Kevin Jarrold, CIO, Imperial College Healthcare NHS Trust and Chelsea and Westminster.

-The first step to sharing patient records successfully is to turn it into a digital format.

-Next optimize this digital record to ensure all those accessing it have a good user experience.

-Examples of optimization include:

1. Computers on trolleys being used on the frontline rather than paper to be transported around.

2. Discharge information being recorded digitally.

3. Patients making/ receiving appointments by email or text.

4. Patients using self-check-in kiosks to speed up time in reception.

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-Moving forward the next step is to create a system link between all digital systems being used across an organisation or multiple organisations/ trusts/ services.

-To do this we must invest in people: Train frontline staff to use new digital systems properly and buy into them. Create 'Transformation teams' who work with quality improvement and IT teams to become ambassadors for the new systems, and train others on the frontline in real world environments.

[The Care Information Exchange](#) funded by Imperial College Charity aims to make sure patients receive the best care and helps them feel more in control of their health.

The system provides secure access to records online for patients and professionals. The system can be used to map care plans and optimize pathways and practice.

At the heart of the Care Information Exchange is a web application provided by Patients Know Best, a social enterprise company. Imperial Health Charity has provided funding for the Care Information Exchange for the benefit of health and social care in North West London.

The system stops records being fragmented, and it has been found to be safer to have them all kept in one place, even if this is digitally. The next steps for the system include the creation of a smart phone app.

Progress is limited by funding for new systems and the cost of upkeep for old systems. Embedding change with frontline staff has also been a challenge.

Systems need to be open enough to allow patients and clinicians access but closed enough to stop 'cyber attacks' – It was argued that the recent cyber-attack was due to lack of investment and upkeep of existing systems which made them vulnerable. It is important to keep systems up to date and well monitored.

For this reason it is important to continually invest in new systems, don't just install new technology for the sake of it- It is important to focus on outcomes and what is to be achieved by the new system. Systems must be kept up to date and planned for financially as they develop and need upkeep.

Improving staff retention at no extra cost: 5 no cost strategies for improving retention of carers.

Panel:

Steven Frost, CEO, Smith and Henderson.

Building a great place to work means people are likely to stay longer. The need for carers is becoming greater due to a number of factors:

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-Aging population.

-Policy shift to care at home.

-Patients with long term conditions are increasing in numbers.

It is important that we retain staff we already have to keep up with the growing needs but recruitment and retention of carers is already a huge issue and is set to grow

1/5 of care workers are born outside of the UK- Brexit is likely to have implications.

Unemployment is lower in other professions and wages are higher e.g. cleaning. Why would people want to work in care if it is poorly paid and poorly looked upon?

5 Strategies for recruitment and retention of carers which have no cost... except time:

1. Employer branding

-How is your organisation received as an employer? What do candidates think about the organisation how do THEY see it coming in?

-What are current employee's perceptions and experience of working there? How do they communicate about their job to friends, family and other colleagues?

-Does your organisation have a clear vision of what it wants to achieve?

-How does your organisation differentiate from competitors?

-How do you showcase your brand and ideals?

-Do staff have good things to say?

Employers should seek to showcase their place of work, what makes them different and why current staff think it is a great place to work.

Ways this can be achieved include:

-Social media features such as Google's you tube channel 'Life at Google'. The videos allow people to get a sense of the organisations day to day.

-'A day in the life of...' staff member diaries or videos. These could be used on social media or in print communications/ leaflets/ articles to be given out at job fairs or showcased online.

-A video about the overarching values of your organisation- What makes you different from competitors and how will this make a difference to both patients and the day to day of your staff.

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2. Start with WHY
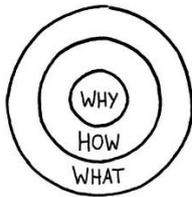
How can you attract the best people and encourage them to stay and do their best work?

The WHAT = Generics of what you do

The HOW = How you do what you do

The WHY = Why bother doing these ^^^

The WHY is the inspiration behind the day to day and is inspiring and exciting. e.g. WHYs = 'make a difference' 'demonstrate future impact'

WHYs make the role exciting to be a part of and give a sense of purpose and inspiration to staff and prospective candidates.

Highlight your mission, vision and values – employees want a genuine purpose they can relate to and make a difference to. Values should be unique to you and show how the organisation is great and set apart from others.

3. Get the first 90 days right

-Initial experience is very important for new employees.

-New staff will get a sense of your values and how well these are communicated very quickly.

-The first 90 days should be a perfect experience for new staff, invest in showcasing everything your organisation has to offer and how far staff could push themselves during their initial work period.

-Staff are more likely to stay if they know what will be on offer for them in the future and can see a positive change being made to patient and staff lives.

4. Develop engaging managers

-Staff are most likely to leave due to poor management.

-They are specifically likely to leave if their direct line manager is bad.

-Ensure 'middle' managers are well trained and comfortable in their roles, it is important new staff have a good experience with those they are in contact with the most.

-Invest in training for managers to secure staff in the long run.

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5. Lead from the front

-Show that top level leadership is willing to be involved with lower levels of leadership and frontline staff.

-Take an active role in what top level leaders are urging middle managers and other staff to be doing.

-Lead by example and set the tone for the whole organisation, keeping in line with values, vision and mission.

-Be involved with the team and know what is going on with new and current staff.

The Health and Social Care relationship: Let's talk about it.

Panel:

Catherine Charlton, Director of Care, Home Instead Senior Care, Wirral

Home Instead is a global care home organisation across 14 countries. There is an aging population across the globe and a growing phenomenon of adult children and grandchildren caring for their elders alongside work.

When working together within health and social care we need to think differently. Social care professionals often have a 'fear' of those working in health- This needs to change and is a barrier.

When trying to form a partnership and work together both Social care and Health professionals should…

-Get to know the opposite providers' skills and abilities – Ask about specific services your patients/ clients are in need of and find out if they are offered.

-Be realistic about cost and capacity of your own services.

-Be clear about what you want and need from the opposite professionals.

-If you feel a provider is not quite right in a certain way for your client needs, voice this! It is likely they will be able to recommend other organisations in the sector who are better suited to specific individual needs.

-Be aware of your own offerings as a provider and what the competition are offering within your sector.

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-Use technology. Technology should be at the forefront when trying to fix problems, especially across the two sectors.

-Patients should be at the centre of everything being discussed. Patient centred care should be at the heart of both health and social care organisations and should be at the core of any work done together.

Social care professionals should…

-Talk to health professionals at all levels. Providing successful social care relies on an understanding of all the issues facing those who need it. It is important social care workers are aware of medical issues and what is being done to treat/ support them.

-Social care organisations should 'raise the bar' on how social care work is viewed. Investment should be made to properly train staff and increase engagement.

-Professionalism is key – Ensure the social care organisation has good conditions and pay for staff, this leads to successful, happy workers and retains current staff.

Understanding and improving the quality of person centred care

Panel:

Chris Graham, CEO, Picker

Person Centeredness: Quality of care patients are given specific to them.

Patient Experience: The range of interactions that patients have with the health care system during their treatment.

-The words 'Patient' and 'Doctor' which stem from Latin, lead us to believe there is a power imbalance.

-By moving away from this inbuilt view of 'Dr knows best' patients can be recognised for their value when it comes to shaping care.

Person-Centred Care

-Puts users at the heart of services

-Patients should be active participants in the care they receive

-Patients should not be 'done to' but 'done with'

-If quality is to be at the heart from everything we do in healthcare, we need to understand what quality is from a patient perspective.

Why should we listen to what patients say?

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-Patients highlight the real (and sometimes worrying) issues with care on the ground.

-The NHS inpatient survey is a good survey to generate useful information about patients and their experiences, it is a simple way to collect data from patients which can lead to the targeting of dangerous problem areas in practice.

-Patients come from all backgrounds. BME, mental health, long term condition and young patients report the worst experiences. By capturing information directly from patients we can get an idea of patient experience from a number of diverse and underrepresented groups.

Always Events

Always Events (in contrast to never events) are the experiences patients should ALWAYS have- They are designed with patients for patients and have been well received as a benchmark by professionals, patients and local communities.

Person centred care is what we should aspire to- Patient experience is a way of measuring this.

What do we demand from the new government?

Panel:

Niall Dickson, Chief Executive, NHS Confederation

Imelda Redmond, CBE, National Director, Healthwatch England

Dr Ruth Allen, Chief Executive, The British Association of Social Workers

Roy Lilley, Healthcare Commentator, Blogger and Broadcaster

Niall Dickson, Chief Executive, NHS Confederation

-Health and care need to be looked at together. We should encourage the government to do research and provide evidence to support this partnership and prevent further risk.

-We need a clear plan about what the future demand in health and care will be.

-We currently have a 19th/20th Century healthcare system and we need a 21st century model.

-We should be pushing the move to home care, away from mounting pressures in hospital care

-NHS England and NHSI have been asking for the opposites at the same time, we need to take a softer approach to empower clinicians and involve patients to get solutions which work for all.

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Imelda Redmond, CBE, National Director, Healthwatch England.

-Healthwatch takes the voice of the people to the decision makers.

-We need to bring people to the heart of change. We need to do more to engage and involve people in the design and delivery of their own care.

-Allow patients to contribute to the design of services. People no longer sit passively, they want to be involved in change which affects them.

-We need a focus on mental health.

-We need a better deal for social care.

-We need to value our workforce and stop the pay cap.

-We need to put more funding into public health. Local government cuts have meant that there has been a lack of focus on public health which has led to increased pressure on acute care.

-Services which are transforming need to be clearly explained to patients. We cannot take away services people use and rely on without showing users how they are changing for the better.

Dr Ruth Allen, Chief Executive, The British Association of Social Workers

-Hoping for an end to austerity measures, it is not just about the amount of money going in but how the money is used.

-Social care needs investment and understanding. It has survived reductions in funding but the public have suffered and the workforce has been greatly devalued.

-In-work famine and poverty has become a big issue for those working in the social care sector.

-We need to put the people we serve at the heart of all decisions.

-Social care needs to be a priority. There are currently huge service pressures, fewer people are receiving services and those that are often enter too late e.g. crisis services in mental health have seen an increase whereas prevention services have decreased.

-Government needs to value evidence and use this to shape responses to societies real problems- Should be a shift away from ideological thinking.

-We should involve those who use the services in their design and decisions on how money is spent.

-We need a workforce for the future which can support integration and is focused around the person.

-The future workforce needs to work across boundaries.

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-At the moment there is poor workforce planning in health and social care work. This needs to be addressed.

-Jobs that are 'least likely to be done by robots by 2030' have social care and mental health work at the top of the list. We need to keep investing in staff.

Question dialogue:

Audience (A): 'We don't seem to be learning from past experiences e.g. public health. How can we get workforce planning to link with training and careers to ensure there are enough jobs? Are we training for the workforce of tomorrow? In today's workforce everyone is a 'specialist' but is this the best way? Should we be training people 'wider' spanning boundaries and disciplines?'

Panel (P): 'It is not a good idea to have more 'less well trained people'

A: 'Not less well trained, differently trained'

P: 'Do we really want more people that are less specialist? There are some examples of areas where we do need more of the same, e.g. band 5 nurses. We are currently miss-using individuals who are highly trained, for example pharmacists in primary care. Telehealth will help to ease the pressures'

A: 'There is an issue with AHPs and prescribing- If we trained more people to prescribe (e.g. therapists, physiotherapists etc. this would ease the pressure on referrals for prescription services.'

P:'Nurses can prescribe but there is a year-long course to do this'

A:'If a new shorter/ easier to access regulated module for prescribing was introduced then this could make it easier for people to train and ease pressures.

P:'This could be a demand of the new government: To introduce a review of training which will allow greater flexibility'

A: 'Where is the money going to come from to fill the deficit to pay for new changes?'

P:'We need to transform the systems so less money is needed, but of course there is still a gap to fill.

Finding the money is a political decision, the conservative government will not raise taxes to fund the NHS and this is what the public voted for.

The public love the NHS, but also enjoy being a low tax country. Are they prepared to pay when tax affects them personally?

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The mood DID change during the election, people's appetite for paying more is shifting.

There is currently still a 'post code lottery' and the NHS is overall becoming a 'Poor service for poor people' … And the rest have to pay for a better service privately.

A: 'We should ask the government to provide everyone with long term conditions with a health plan. Health and care sectors should have a joint person centred care plan which is devised and given to each patient individually to meet their needs'

A: 'Do you believe in top down leadership to deliver new plans?'

P: 'There is a role for central leadership and direction, but frontline staff need to feel ownership and involvement in systems. The culture and quality of leadership in local authorities varies so much and this is a problem.'

A: 'We talk about demands from the NHS and the government and we talk about patients being part of the solution… BUT should we 'demand' from patients that they take better control of their own health and become more responsible'

P: 'There is a danger that this will lead to stigmatising groups of patients, but perhaps there should be increased restrictions on delaying treatments such as operations to those who are contributing to the issues themselves. e.g. a smoker or someone who is obese- They should be required to keep up x months of dieting or stopping smoking until the operation is conducted.

We should encourage people to become more engaged in their own wellness and health. This is good for both the patient and the wider system.

This leads to the issue of 'The undeserving poor' – Are people even able to get out of poverty to attempt to make the changes? It is hard to engage with patients in low socio-economic areas and hard for them to break out of deprived societal cultural norms. e.g. may not be easy for someone to 'just eat healthy' when living in places fresh food is not available or may be too expensive for their income. These groups are less likely to trust health professionals if they are being told to 'solve the issue themselves' after getting up the courage to seek out help.

Summary statement:

'The NHS is under more pressure now than ever. The baton is in our hands for the sake of our NHS.'

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