healthwatch Bolton

University of Bolton
Teaching Intensive, Research Informed

Change Champions Project

Doing It Differently:
Championing Change in Health and Social Care

LOTTERY FUNDED

healthwatch Bolton

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Healthwatch Bolton Change Champions Project

Background

Healthwatch Bolton is the local champion for health and social care. As part of our work we try to help local people to understand and form opinions about service changes.

Bolton is one of the areas included in the ground-breaking Greater Manchester Health and Social Care Devolution Programme which will totally 'transform' services over the next 5 years. Decision-makers think that ordinary people will get on board with the changes and contribute to conversations and consultations that will help to shape the way services are organised in the future.

However, from our extensive contact with the public, we are aware that many people find it difficult to visualise something totally new, feel frustrated by the lack of concrete information about what devolution might mean for them and can be distrustful of 'official' communications on the issues which they see as being designed to 'sell them ideas' rather than help them make informed decisions.

The Project

In January 2016 Healthwatch Bolton held one of our regular forums on the subject of Greater Manchester Devolution. A straw poll revealed that over three quarters of the people attending (37 people) felt that their knowledge of devolution was very low. Most were surprised to hear of successful change initiatives in other parts of Manchester such as salaried pharmacists in GPs surgeries, hospital led social care services and GP consortia providing ALL primary care, a new approach to dementia that is being piloted and a new approach to cancer diagnostics which will save repeat referrals from the GP.

As a result of this reaction Healthwatch Bolton decided to look for some funding to help our volunteers and members explore the idea of change and prepare for their role as Healthwatch members in the Transformation Programme. An application was made to the Big Lottery Awards for All programme and was successful.

The main purpose of the project was to inspire people to get involved with local discussions and consultations about the future of health care and to ensure that those who do get involved are well-informed about what works and why. The grant supported a learning and development programme for 10 volunteers. The volunteers attended a series of workshops led by Cath Broderick, of We Consult. The workshops explored; what change means; how it affects people and organisations and the benefits of creating change for the greater good and individual volunteers looked at various successful change programmes and projects from Bolton and elsewhere,

On 24th February 2017 a large conference was held in conjunction with the University of Bolton, as the culmination of the project. Around 80 people attended including the Change Champions, Healthwatch members, volunteers and staff from VCS organisations, public sector and NHS staff and senior managers.

The conference showcased a variety of successful change projects and explored what specific features of these activities made them successful. The final output of the conference was a Checklist for Change, which is published in this report and available separately on Healthwatch Bolton's website.

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The Conference Programme

Opening Remarks:

Alice Tligui (Healthwatch) and **Cath Broderick** (We Consult)

Changing People and Culture:

'Self-Managing Teams and the Buurtzorg Model of Care' Ann Schenk, Healthwatch, introduced by Joan Pritchard-Jones

Harnessing Tech Solutions:

'Speaking to People with Telehealth' Simon Rigg, Millom Telehealth Project, introduced by Rosie Adamson-Clark

Problem Solving Approaches:

'Making 'Rally Round' Real' Anna Jackson, Health2Works, introduced by Leah Elcock

'Chipping Away at Infection Prevention and Control' Richard Caitlin, Bolton Foundation Trust, introduced by Bimpe Kuti

"Virtual Clinical Hubs', Jackie Bell, North West Ambulance Service, introduced by Ashleigh Wilcock

Parallel Workshops:

Changing People and Culture
Harnessing Tech Solutions
Problem Solving

Final Address:

Jon Rouse, Greater Manchester Health and Social Care Partnership, introduced by Jack Firth

Presentation Summaries

Self-Managing Teams and the Buurtzorg Model of Care

Joan Pritchard-Jones introducing Ann Schenk

Ann joined the NHS in 1979 and there followed a 34-year career in NHS management, until retirement in 2013. Her main areas of experience were in planning, strategy development, governance, service improvement and IT. Work in the NHS is never boring! Always, the best bit of her job was seeing things change that improved the deal for patients and staff – tackling the stuff that gets in the way of doing it better.

She now works, part-time, on reconfiguration of hospital services around the South and East of Manchester. Ann has lived in Bolton since 1980. She joined Healthwatch Bolton as a member of the Board of Trustees in 2014.

"Buurtzorg" is a Dutch system of home care it is national benefit, tax-funded Buurt = neighbourhood; Zorg = care. The 1980's saw a move away from autonomy and close working to market incentives, higher regulation, reimbursement on the basis of nursing tasks. The result was fragmentation, more paperwork, less time for patients, dissatisfied staff.

Then Jos de Blok and colleagues established the first Buurtzorg team in 2004, for patients needing home, hospice and dementia care. Self-organising teams of 10-12 nurses, caring for 50-60 patients and working with families, primary care and other community resources. Aim: personal, unique, evidence-based care to help patients maintain independence.

How does it work? Nurses form teams independently, contracts with "Buurtzorg Nederland", self-directed, higher levels of senior qualified and experienced nurses (70% of highest qualified community nurses), teams compete with other community care providers for referrals from primary care.

What does it mean for staff? Skills / experience are valued, professional development a priority, mutual trust and collaboration, mutual reward systems and decision-making, no formal leaders – coaches available to support, permission to innovate / "common sense", problem-solving. "I've been given back my profession".

What does it mean for patients? "Humanity above bureaucracy" Individual care. The end of multiple visits from multiple providers. Faster independence / recovery. Family involvement. More community involvement.

Results? Now employs 9,000 nurses, best employer in the Netherlands for 5 years.

Costs, 40% fewer care hours per patient - patients are self-sufficient faster! Lower overheads, lower staff sickness, lower staff turnover.

Joan's thoughts

This sounds like a fantastic service. l would have like to know more about how this is funded, how it works in practice and if it is all inclusive. Everyone getting the same service is a challenge for any provider. From what l see, the Netherlands government fund things differently so there would have to be a change in thinking from government, CCG and health professionals to try a scheme like this in the UK.

Speaking to People with Telehealth

Rosie Adamson-Clark introducing **Simon Rigg**

Chris Ham of the Kings Fund has looked at how and where the bulk of NHS money is spent. A large amount of funding is spent in providing services in hospitals and in areas where the population is spread over a wide and diverse geographical span. Simon Rigg addressed the difficulties and challenges of providing services to an aging and diverse patient population based in a large rural [and unfriendly, in bad weather] part of Cumbria.

South Cumbria, a rural area with a scattered population and GP services, which were, it was decided, unsustainable and not cost effective. The local hospital was subsequently closed; people were asked how to 'fill the health gap', public engagement ensued. The Millom Action group was formed, mobilising 600 people using Facebook and social media.

In 2014, 2000 people went on a protest march about the closure of services and the dire situation for many people with health needs and chronic conditions. Out of this desperate situation a new model of service delivery was born. Health providers agreed to offer cover in a different way. Virtual clinics were set up and technology filled the gap of face to face clinical appointments. The new service supported a prison, a former hospital setting, and rural GP economies.

The use of Skype for GP appointments via Telehealth was, Simon said 'like being in the same room' Outpatient appointments, GP appointments, and links to the nearest Emergency Dept [GP/Doctor to Doctor consultation]. Simon informed the conference delegates that this can be rolled out in other areas, and provides services where NHS services are under threat or about to be withdrawn.

Rosie's Thoughts:

The presentation laid out in an accessible way, the 'problem', process of change and how change, though not easy or wanted, had to be embraced and worked on in order to move the issue forward, and provide a different sort of health service.

Making 'Rally Round' Real

Leah Elcock introducing **Anna Jackson**

Anna works for Health2works who specialise in producing innovative web and mobile applications that help NHS and Local Government organisations serve patients and clients better. Anna's love of finding new ways of solving problems first brought her into contact with Rally Round as she recognised its value in helping carers and those leaving hospital.

Rally Round is a secure online social network that allows users to create support networks of family and friends. Given growing demand and financial pressures, health and social care organisations need to find ways to help vulnerable and older people live independently in their own homes for longer. Rally Round does this by enabling family members, friends, neighbours and volunteers to provide more support in a more timely manner.

Rally Round has been rolled out in 15 areas across the UK including Bolton, Bury,West Lancashire and Cheshire, and has enjoyed positive feedback from people using the platform.

Leah's thoughts

Rally Round has great potential to create more person-centred care and support for service users and their loved ones. I believe Rally Round also provides the opportunity to ensure people without a close family network are well connected to sources of help, especially in times of need.

Chipping Away at Infection Prevention and Control

Bimpe Kuti introducing **Richard Catlin**

Richard qualified as a nurse in 2000 and discovered a passion for infection prevention and control (IPC). In 2002 he became an IPC specialist nurse at Manchester Royal Infirmary, he later established an IPC service at St Anne's Hospice in Greater Manchester – the first such post in the country. Along the way Richard worked with the Health Protection Agency (now Public Health England) to create a hospice IPC network across Greater Manchester and with Help the Hospices (now Hospice UK) to create a national hospice IPC network – which he continues to chair today.

Richard spoke about the challenge to date to get hospital infections under control. Organisations now have hard targets to reduce infections. There has been lots of good progress and continuous improvement in controlling c-difficile and E-coli BUT on the horizon there may be 'Antibiotic Armageddon' with a number of antibiotic resistant infections emerging. In 2103 Dame Sally Davies (Chief Medical Officer) said, "If we don't take action, then we may all be back in an almost 19th Century environment where infections kill us as a result of routine operations. We won't be able to do a lot of our cancer treatments or organ transplants."

The solutions to infection control are; good care, effective hand hygiene, effective cleaning, appropriate management (isolation) appropriate equipment (gloves, aprons, masks etc) and safe use of antibiotics. We need to work together as one health economy, have one Infection Prevention and Control Committee in Bolton, share expertise, work together to review best practice and create a common strategy for the people of Bolton.

Bimpe's thoughts

What I liked about Richard's presentation is that it really highlighted the 'what not to do' to achieve change. Having lots of paper work and checklists made it a chore for care staff and seemed like an opportunity to just tell care staff how they did things the wrong way all the time! This does not create a motivating culture that boosts care staff attitudes towards preventing and/or controlling infection.

The key solutions highlighted by Richard are; effective hand hygiene and effective cleaning, how to best manage infection – isolating a patient (as and when required), use of gloves/aprons/ masks and safe use on antibiotics. Richard highlighted the importance of creating a common strategy of working together, of identifying gaps and of working on continuous improvement

Virtual Clinical Hubs

Ashleigh Wilcock Introducing **Jackie Bell**

My name is Ashleigh Wilcock and I had the pleasure of introducing Jackie Bell. Jackie is the North West Ambulance Services regional manager for urgent care operations and has been in her current job role since August 2015.

Jackie's presentation was about the Clinical Assessment Service (CAS). This is a service that focuses on improving patient outcomes and reducing the number of hospital admissions. The CAS is not a single physical thing, it is about the relationships and links between the organisations involved and finding consistent ways of them working together.

An example of this given at the conference was a patient calling the NHS 111 service. The patient would phone up and go through an initial assessment over the phone, they would then be referred to an appropriate multi-disciplinary physical or virtual hub to be further assessed by a specialist practitioner who could advise more accurately what the right thing to do is. This approach makes sure people get a specialised opinion early, get referred to the right place and saves quite a lot of ambulance journeys. The CAS system's main aim is to enhance and improve patient experience, but clinicians can also access the advice service for specialist support when and if it is needed.

Jackie explained that they already have many of the parts that are needed for the system to work, it is just a matter of connecting them better in order to make best use of the skills that NWAS staff have.

Ashleigh's Comments

Overall the conference was an interesting and enjoyable day, with all delegates seeming to learn a lot from the people involved.

Final Address

Jack Firth introduces **Jon Rouse**

Jon Rouse was appointed as Chief Officer for the Greater Manchester Health and Social Care Partnership, in July 2016, to co-ordinate the delivery of Greater Manchester's strategy for the transformation of health and care services, 'Taking Charge Together', as part of the wider devolution plans for public service reform.

Jon gave an inspiring address illustrating the challenge for health and social care transformation in Greater Manchester. Key points from Jon's speech were that people make changes and the we need to make sure people are tuned in to and engaged with change and that people and organisations are working together. We need to develop communities of interest around health and social care and work with people's strengths and assets.

Jon talked about some specific successful programmes within the Greater Manchester Health and Social Care Transformation programme including; 20,000 cancer champions will be created across Greater Manchester, LGBT Pride in Practice – 1 million patients have been reached across Greater Manchester. Carers Charter being developed – bringing a rights based model for supporting carers across Greater Manchester.

WORKSHOP REPORT: Doing it Differently'

People and Culture Workshop

Checklist for Change

- ☑ Invest in culture change
- ☑ Patients as partners - change the dependency dynamics
- ☑ Which individuals are driving change ?
- ☑ Find out what matters to people and focus on that.

Why is change needed?

Professionals are discontented with not being able to do anything for people or change anything.

People have become dependent on the idea that someone else will solve the problem.

What is needed to make change happen?

- **Change the Culture**

  Need to change organisational culture to be more people focussed.

  Change the financial set up to encourage a change in culture, reward people focussed work.

  Think outside the box (be transformational).

- **Be realistic**

  Work in partnership, encourage and respect different points of view.

  Forget about top down/bottom up - take people along, we are all in it together.

- **Listen and explore**

  Listening is essential, there is still a lack of involvement, lack of infrastructure for engagement (public, patients and staff), proper consultation is needed. People are more aware so they need more involvement not less.

  More delving into is needed to help people better understand and help champion the change. More opportunities for people to explore and understand the issues.

- **Focus on what matters to people**

  Work out what matters to people – help people to see how change will impact on this (for the better!).

- **Focus on prevention**

  Consider prevention in every project/initiative.

- **Focus on outcomes and benefits**

  There is an imposed agenda which is not discussed – so people make their own assumptions about it (political, economic, philosophical). If you focus on these areas it's a dead end conversation.

  Outcomes – show outcomes, show that it works better and its better for patients and staff.

  It's not just about clinical outcomes, quality of life and patient experience outcomes.

How should people be involved?

- **Turn out, join in**

  Join people to the conversation at the right time.

  Challenge yourself and others to think outside of the box. (Public, patients, staff),

Patients as partners, in planning and in the day-to-day.

- **Leadership**

  Leaders need to help people to think about the agenda and can show how people have been involved as part of the process.

  Staff have the power to help to drive change – unlock the power, support the staff.

  Scope for change agents.

  Individuals can drive change.

- **Learned dependency**

  Deal with learned dependency.

  Professionals need to be willing to help people restore their ability to self-manage.

  Everyone needs to see themselves as part of the solution.

  Change the language of 'them' and 'us'.

WORKSHOP REPORT:

Doing it Differently'

Tech-enabled Care Workshop

Checklist for Change

- ☑ Design something together
- ☑ Understand how people live outside of health and social care setting/match capabilities with solutions
- ☑ People (staff and the public) need to understand the benefits

Why is change needed ?

- **Services not working for people**

  Recognise that the rest of the world is changing – need to find solutions that match society / where people's lives are at now.

  Tech enables us to use scarce resources better (bang for the buck).

  Services are designed by people who run services – ask the people who use them.

  People want to know more; access to info/ records, to have confidence in the system, to take control of themselves, to challenge decisions etc.

  Staff and patient and public want services to match the way they live and most peoples' lives are already tech-enabled; everyone is part of something, Not all older people are on-line (some are) but they still have some tech enabled features in their lives (tv/ telephone etc).

  Tech is a key driver for change in all of society – why should health and social care be any different?

People are motivated by evidence and good ideas from elsewhere and are motivated by GM ideas, working across boundaries etc.

What is needed to make change happen?

- **Get to Grips with the tech**

  Find out why people are not using tech solutions.

  Ask people what they need; eg ask why people missed appointments, ask if they want to be reminded by text or phone (which do they prefer).

  Shared understanding of what the technology offers – yes, we can see the benefits.

  Check that it works! Convince people that it works and it will improve their experiences.

  Understand better how to get to 'tipping points' (when most people are using the new technology).

  Match tech solutions to individuals needs/ technical capability.

  Simple solutions.

- **Culture Change**

  We are taking about tech solutions but really it is about changing culture – need to be open, encourage people to give feedback and get involved in developing solutions.

  Behaviour change is needed in organisations – use email, phones, apps, recording, txt, ipads etc in the everyday.

  Understand and apply change management principles.

How do people need to be involved?

- **Invest in Engagement and Champions**

  Do the engagement at the beginning to identify a problem that people have – not we have a solution what do you think?

  Find Champions to adopt, test and share their experiences.

  People are more likely to share bad experiences – encourage people to share the good effects, see the positives/not the barriers.

- **Up-grade the working environment and support staff**

  Front-line staff may find tech problematic.

  Staff might be used to or prefer to use paper.

  Policy and office environments drive people to use paper.

  Show people that tech makes their life easier.

  Make it ok to ask – build in flexible support to help them get used to/get comfortable with tech.

  Build tech into people's lives and existing ways of doing things.

  Training.

WORKSHOP REPORT:

'Doing it Differently'

System Change Workshop

Checklist for Change

- ☑ Address culture and language (organisations and individuals).
- ☑ Connect people with the realism of the NHS and vice versa.
- ☑ Engage don't lecture.
- ☑ Talk about the benefits of change and not the problems.
- ☑ Transformational leaders.

Why is change needed?

It's broken.

Increased demand.

Limited resources.

Need to prioritise.

Frustration.

Living in the past.

Different generations have different problems, needs, expectations and coping mechanisms

We are in the 21st Century (the Information Age), culture and expectations and the environment are influenced by that.

People expect quicker results, do more research into health issues, are better informed about their entitlements, know more about differences in care/experiences of health and care experiences, are better connected to other people (not just locally), are less likely to live close to their families.

The internet provides sources of info that allow people to research, 'self-diagnose' and so want to self-refer.

People have different expectations about what the state will or should provide.

Rights, Responsibilities, Entitlements – these ideas have become confused/mis-matched.

Population structure is top heavy with older people ... services need to recognise this but also realise this is not necessarily a permanent change.. and that the older people of the future are not the same ones as the older people of today.

Change resistance; People's barriers are up before they have even tried to change, challenge and question the language of failure, barriers, attitude, fear of change.

Staff have different expectations; about work-life balance, culture, environment, opportunities, mobility etc than previous generations.

Work on perceptions/knowledge about who can/should do what – who is the right person to see.

People need their issues to be acknowledged.

People seek services for; Health Problems (clinical), Health Anxieties (psychological). Health Distress (social) – services need to get to grip with this reality and respond to all three.

What is needed to make change happen?

- **Organise for the long-term**

Don't plan for yesterday.

Think for the long-term.

Get ahead of the curve.

- **Practical solutions**

  Be practical.

  Test your assumptions (ask people!).

  Be methodical - change, test, review, adapt.

  Evidence-based processes.

- **Need to rethink the basics**

  Complete culture change is needed.

  Model good behaviours – cooperative/ collaborative.

  Ditch the corporate models.

  Change the competitive behaviours of people and organisations.

  Get to grips with Risk – change relationship to Risk – everyone!

  Think about payments (patients to institutions, tax payers, organisations to organisations) don't confuse 'payments' with 'paying for it'.

- **Focus on people not institutions**

  Engage with /Educate staff

  Services should focus more on supporting people to self-manage (shift from a drugs culture to a wellbeing culture, more than just drugs on prescription).

  Transformational leadership.

How should people be involved?

- **Involve people in the journey**

  Successful change projects need to take people with them.

  Talk about mutual benefits – talk about the benefits to people (eg Millom example/NWAS example – less travelling time and cost for patients).

  Look after and develop staff.

- **Meaningful Engagement**

  Need to address the language of public engagement (co-produce and engage versus – messaging, marketing, comms).

  People need to have opportunities to discuss and debate, need to produce conversations.

  Value people's contributions.

  Is it really expensive to engage with people ? Need to change this perception, need to change the methods!

Post-conference - Next steps

From the topics covered in the conference four scratch working parties were set up to continue to explore some of the ideas presented, the working parties are;

- Telehealth – working on the mutual benefit /barriers / tipping point questions.
- Buurtzorg and Zorg hotels – getting something off the ground.
- 'Big Sick ; Little Sick' – the theatre based education work with children from Millom.
- GP self-care films – from the Millom Project.

Please contact Alice Tligui at alice@healthwatchbolton.co.uk *if you would like further information on any of these groups.*

Participant Feedback

'Thank you for co-ordinating an excellent conference last Friday. The speakers were genuinely engaging and informative and the whole day was so well organised. A huge amount of effort must have gone into the planning and preparation of the event, but it was well worthwhile. There was such a lot that could be taken from the event.'

'The degree of innovation displayed by the speakers contributions was quite inspiring.'

'Thanks for the event it was excellent, I just had to leave early. I've also made contact with Rally Round Me, as a network we think there's something there we can work with, so very useful.'

'Varied range of speakers. Good mix of audiences from different sectors.'

'The address from John Rouse was quite inspiring'

'Thinking differently and being open to try new ideas.'

'Determined to find out more about innovative models of care and practice that are developing across service provision. I think innovation will find resistance because it is not a cheap fix. It can cost a lot.'

'Lots of ideas - thinking about how to promote technology better, how to encourage staff to have their say and influence improvements in care, importance of thinking 'Greater Manchester' rather than just 'Bolton' i.e. potential for collaborative working across different local authority areas.'

Thanks to

All the Participants, Speakers, Introducers, and Change Champions volunteers.

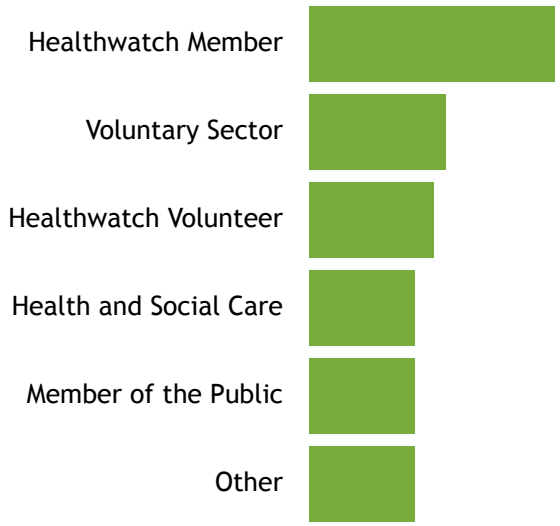
The Staff of the University of Bolton.

Cath Broderick from We Consult.

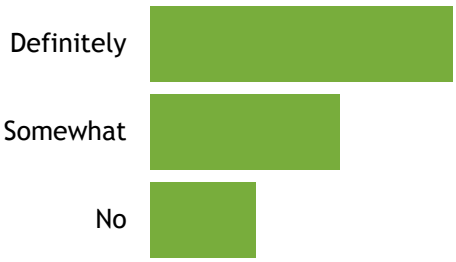
Awards for All for funding the project.

Staff at Healthwatch Bolton.

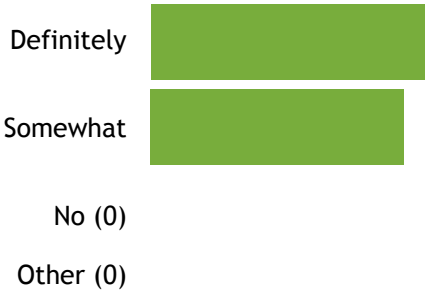
Q1 Are You: (Answered: 13 Skipped: 0)



Q4 Do you feel you now have a better understanding of change in Health and Social Care? (Answered: 13 Skipped: 0)



Q4 Do you feel better equipped to engage in the change process? (Answered: 13 Skipped: 0)



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CHECKLIST FOR CHANGE

CHECKLIST POINT	Exploratory Questions	Scoring
See patients as partners - change the dependency dynamics. **Design something together (co-design and co-production).***	Have lay people / expert patients been involved in developing this project? Is the relationship between professionals and patients/public cooperative? Is there a sense of 'joint enterprise' between professionals and patients/public?	**1 - 2 - 3 - 4 - 5**
Engage with people, don't lecture them.	Have people been asked to define the problem and suggest solutions? Have people had an opportunity to discuss these ideas? Do patients/people and professionals feel that they have learnt something from these discussions?	**1 - 2 - 3 - 4 - 5**
Find out what matters to people and focus on that.	Have people/patients been asked to define what good would look like in the context of this project? Does the project development respond to what people said matters to them?	**1 - 2 - 3 - 4 - 5**
Talk about the benefits of change and not the problems.	Is the project focused on creating positive benefits for people? Are the people involved in this project focussed on the positive benefits of doing things differently?	**1 - 2 - 3 - 4 - 5**
Understand how people live outside of health and social care setting. **Work with people's assets and accommodate their barriers.**	Have people involved thought about how the project will impact on people's daily lives? Is this part of the discussion with patients/public? Do people feel able to use their own knowledge, experience and coping strategies to the problem-solving? Are they supported to do so?	**1 - 2 - 3 - 4 - 5**
Invest time and effort in culture change, address language and communication (organisations and individuals).	Have people involved in the project thought about how they look and sound to others? Can they see things from other people's point of view? Do they regularly sense check their /ideas and language?	**1 - 2 - 3 - 4 - 5**
Transformational leaders.	Does the project have the backing of inspirational leaders? Do the people working on the project share the vision of the leaders? Is everyone involved in the project excited about it?	**1 - 2 - 3 - 4 - 5**

This Checklist was developed at the Healthwatch Bolton/University of Bolton Conference 'Doing it Differently' held on 24th February 27th 2017. The Checklist was co-designed by the conference participants.
**National Co-production Critical Friends Group define co-production as "A relationship where professionals and citizens share power to plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities."*