Clinical and Care Governance Symposium
Thursday 24 November 2016, 12.30pm – 4.30pm
Clydebank Town Hall

Time	Activity	Speaker	Location
12.30pm – 1.30pm	**Registration and Lunch**		Reception Room
1.30pm – 1.40pm	**Welcome and Introductions**	Soumen Sengupta, Head of Strategy, Planning and Health Improvement, WDHSCP	Grand Hall
1.40pm – 2.00pm	**Plenary 1:** **The Distance Travelled – Reflections on our first year as a HSCP**	Soumen Sengupta, Head of Strategy, Planning and Health Improvement	Grand Hall
2.00pm – 2.25pm	**Plenary 2:** **Developing our Local Blood Borne Virus Service – Impact and Lessons Learned**	Jacquelyn McGinley, Harm Reduction/BBV Nurse, WDHSCP	Grand Hall
2.30pm – 3.15pm	**Workshops:** **Improving Quality with External Partners**	**Carers of West Dunbartonshire** Kim McNab, Service Manager	Grand Hall
2.30pm – 3.15pm		**Children's Services** Gillian Kirkwood, Project Manager, 'Y Sort It'	Ceremony Room
2.30pm – 3.15pm		**Specialist Therapy Services** Stephanie Fraser, CEO, Bobath Scotland	Reception Room
2.30pm – 3.15pm		**Making Improvement Happen** Ruth Glassborow, Director of Improvement Support, Healthcare Improvement Scotland ihub	Garden Gallery
3.15pm – 3.35pm	**Break**		
3.35pm – 4.00pm	**Plenary 3:** **Developing our Local Hospital Discharge Team – Impact and Lessons Learned**	Kirsteen Maclennan, Acting Integrated Operations Manager for Adult Care Team and Hospital Discharge Team, WDHSCP	Grand Hall
4.00pm – 4.25pm	**Closing Remarks – the Challenges Ahead**	Soumen Sengupta, Head of Strategy, Planning and Health Improvement	Grand Hall
4.30pm	**Close**		

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Clinical and Care Governance Symposium 2016

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WELCOME & INTRODUCTIONS

Soumen Sengupta
Head of Strategy, Planning & Health Improvement

At the end of 2014 Scottish Government published its first unified framework for **Clinical and Care Governance**.

The Framework emphasises five key principles – that:

- Clearly defined governance functions and roles are performed effectively.
- Values of openness and accountability are promoted and demonstrated through actions.
- Informed and transparent decisions are taken to ensure continuous quality improvement.
- Staff are supported and developed.
- All actions are focused on the provision of high quality, safe, effective and person-centred services.

The HSCP has committed to organising its approach to Clinical and Care Governance across five dimensions:

• **Quality Assessment** – encompassing performance review; information governance and inspection (including Care Inspectorate assessments of external providers).

• **Risk Management** – encompassing clinical incident, critical incident and significant case reviews and learning.

• **Service User Feedback** – encompassing complaints monitoring and learning.

• **Continuous Improvement** – encompassing all critical self-evaluation activities and learning, plus application of guidance.

• **Staff Governance** – encompassing staff governance framework, registration, revalidation and staff development.

http://www.wdhscp.org.uk/about-us/senior-management-team/clinical-and-care-governance/clinical-and-care-governance/

National Clinical & Care Governance Framework – Scottish Government (2014)
http://www.gov.scot/Resource/0049/00491266.pdf

Co- production is about combining the knowledge, skills and experience of people who use services, deliver services and commission services, and working together as equals to achieve positive change and improve lives and outcomes.

iHub Scotland

http://ihub.scot/a-z-programmes/co-production-and-community-capacity-building/

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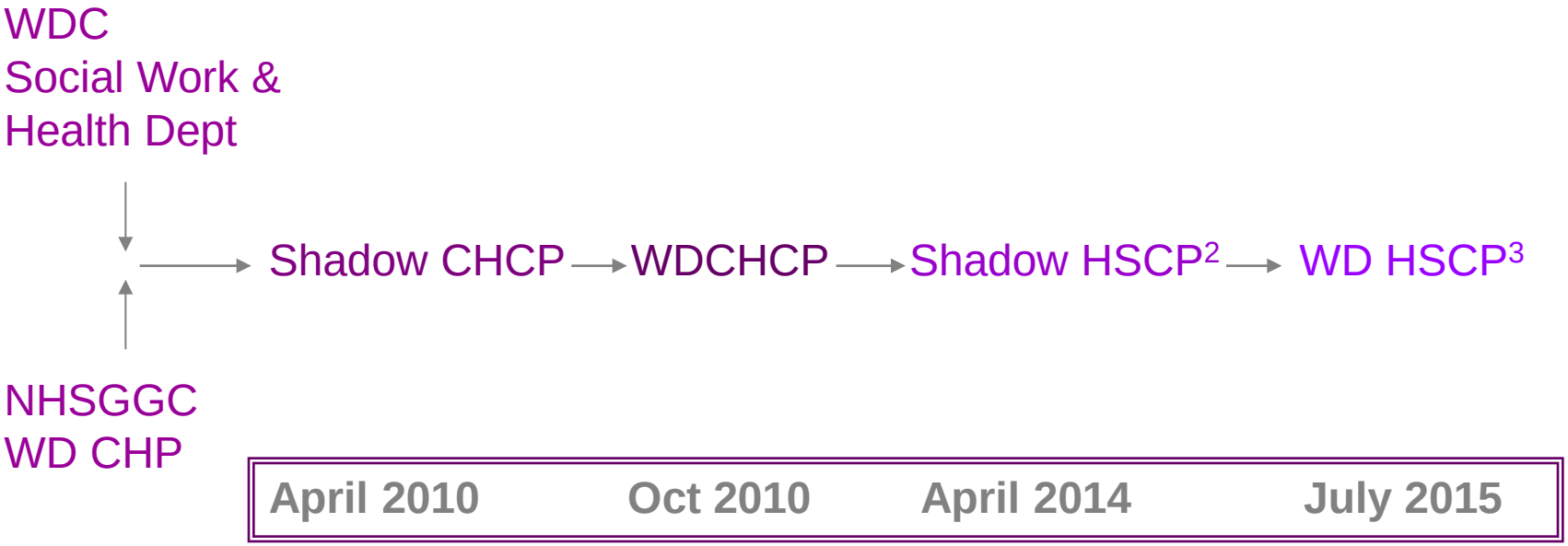
The Distance Travelled:

Reflections on our first year as a HSCP

Soumen Sengupta
Head of Strategy, Planning & Health Improvement


WDC
Social Work &
Health Dept
NHSGGC
WD CHP
Shadow CHCP
WDCHCP
Shadow HSCP2
WD HSCP3
April 2010
Oct 2010
April 2014
July 2015

As required by the Public Bodies (Joint Working) Act, the West Dunbartonshire Integration Scheme details the 'body corporate' arrangement by which NHSGGC Health Board and West Dunbartonshire Council have agreed to formally delegate health and social care services for adults and children plus criminal justice social work services to a third body – i.e. the local Integration Joint Board (IJB).

The IJB for West Dunbartonshire is known as the

West Dunbartonshire Health & Social Care Partnership Board.

The Health & Social Care Partnership Board is responsible for the operational oversight of **West Dunbartonshire Health & Social Care Partnership** (WD HSCP), which is the joint delivery vehicle for those integrated services delegated to it (except for any NHS acute hospital services, as these are managed directly by the Health Board).

http://www.wdhscp.org.uk/about-us/

West Dunbartonshire
Health & Social Care Partnership

The West Dunbartonshire Health & Social Care Partnership Board's:

- Mission is to improve the health and wellbeing of West Dunbartonshire residents.
- Purpose is to plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.
- Core values are protection; improvement; efficiency; transparency; fairness; collaboration; respect; and compassion.

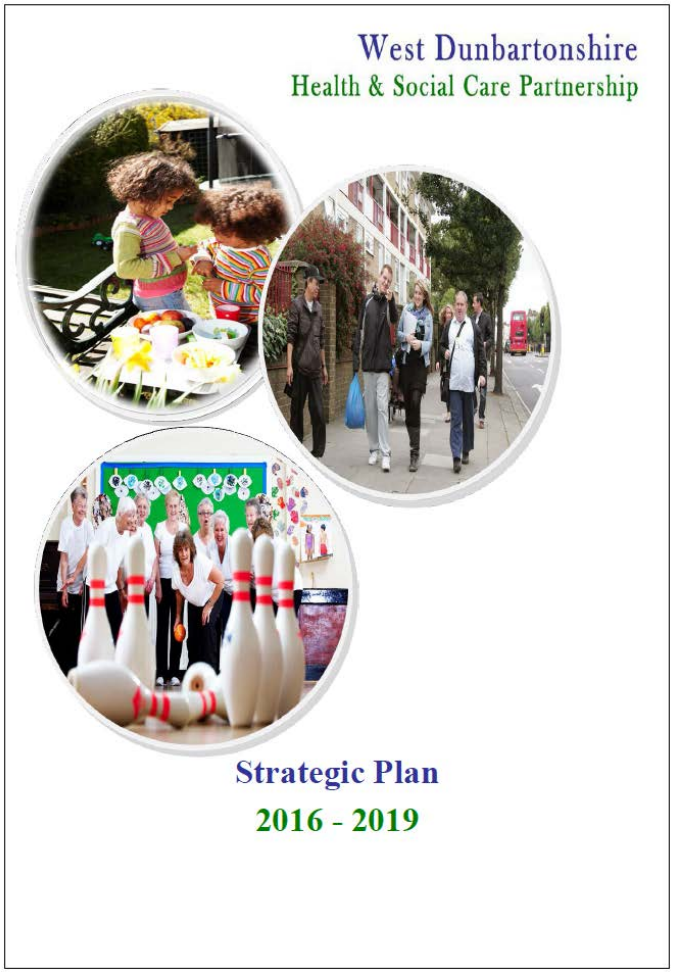
http://www.wdhscp.org.uk/about-us/

Audit of financial statements	• This is the first year that the Partnership has operated, and published its accounts. • We have issued an unqualified independent auditor's report on the 2015/16 financial statements. They have been prepared in accordance with accounting regulations and guidance.
Financial management & sustainability	• The Partnership spent almost £138 million on delivering health and social care services for the residents of West Dunbartonshire during the period 1 July 2015 to 31 March 2016. • The Partnership has introduced effective financial management arrangements and the financial position is sustainable but challenging. • Regular budgetary control reports are provided to the Partnership Board and to the partner bodies. • There was an underspend of £0.492 million in 2015/16 against budget and related solely to services provided by West Dunbartonshire Council. At 31 March 2016 the Partnership also has £1.119 million of earmarked reserves which have been ring-fenced to be used for a specific purpose in 2016/17.
Governance & transparency	• Appropriate governance arrangements are in place. • We obtained audit assurance over the accuracy and completeness of financial transactions processed by the partner bodies. • Internal audit services provided to the Partnership comply with Public Sector Internal Audit Standards.
Best Value	• The Partnership was one of the first established in Scotland, and has shown a high level of commitment to the integration agenda. • An annual performance report has been published which provides details of progress against performance targets set out in the Strategic Plan.
Outlook	• The Partnership has demonstrated that its overall performance within its first year has been positive, and its commitment to developing further preventative and community-based care is clear. Its challenge will be to continue to progress the delivery of its strategic priorities for the benefit of service users and communities within the context of the financial challenges facing all such partnerships across Scotland.

Audit Scotland (2016): WDSHCP Board Annual Audit

http://www.audit-scotland.gov.uk/uploads/docs/report/2016/fa_1516_west_dunbartonshire_hsc_partnership.pdf

http://www.wdhscp.org.uk/about-us/public-reporting/performance-reports/



http://www.wdhscp.org.uk/media/1597/strategic-plan-2016-2019.pdf

Health and Care Experience Survey 2015/16 - West Dunbartonshire HSCP

The difference between the percent positive score for the H&SCP and the Scottish average is shown in the final column. Differences which are statistically significant are marked with an S. Where a comparison has not been tested due to small numbers, this is marked with an NT.

I am able to look after my own health	93%	-1 *
Service users are supported to live as independently as possible	89%	+5
Service users have a say in how their help, care or support is provided	82%	+3
Service users' health and care services seem to be well coordinated	85%	+10 S
Rating of overall help, care or support services	88%	+7 S
Rating of overall care provided by GP practice	89%	+2 S
The help, care or support improves service users' quality of life	86%	+2
Carers feels supported to continue caring	42%	+1
Service users feel safe	87%	+3

*Please note that measure "I am able to look after my own health" has not been subject to significance testing.

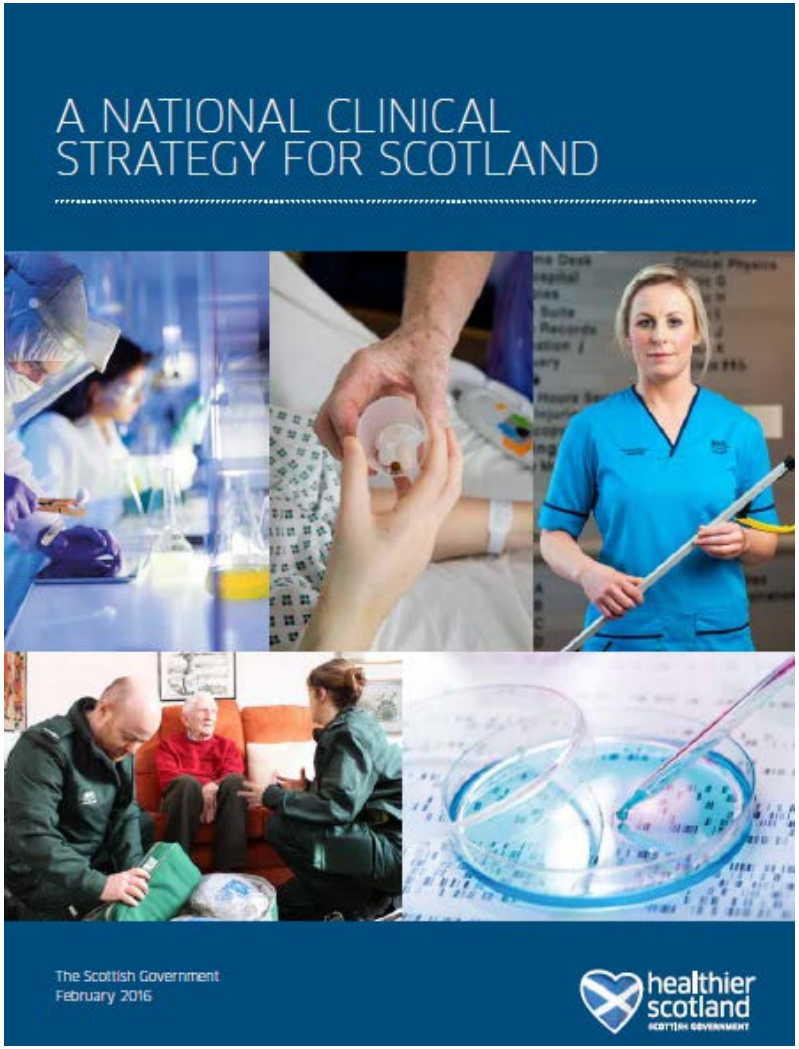
http://www.hace15.quality-health.co.uk/index.php/reports/health-and-social-care-partnership-reports/2462-west-dunbartonshire-pdf/file

Social Services in Scotland recognised that we all need to harness all our resources and expertise to design services around the needs of people, delivering the right outcomes for the people who use them.

http://www.gov.scot/Resource/0047/00473374.pdf

More recently, the National Clinical Strategy for Scotland recognises that the integration of health and social care offers significant opportunities for improvement, but that the health and social care system is embedded in a network that extends beyond traditional boundaries; and that there is a real imperative to co-produce health and wellbeing in partnership with individuals, families, and communities.

http://www.gov.scot/Resource/0049/00494144.pdf



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We have come along way – probably further than we realise – and we have delivered a lot that we should be proud of and should share.

There isn't room for complacency though – and much still to do and to learn together.

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West Dunbartonshire Hepatitis C Outreach Treatment Service

Jacquelyn McGinley
Clinical Nurse Specialist

West Dunbartonshire service offers local access to assessment & treatment to residents living with Hepatitis C.

Unique service - only team in the Greater Glasgow and & Clyde area to provide community based treatment.

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What is Hepatitis?

Hepatitis means inflammation of the liver. The liver is an important organ in the body that processes nutrients from food, filters the blood and helps fight infection. When the liver is Inflamed or damaged, it cannot work as well as it should.

What is Hepatitis C?

Hep C is a virus that targets your liver. Over time, the virus damages the liver and this can cause scarring *(fibrosis)* and then hardening (*cirrhosis).* Some people advanced cirrhosis will develop liver failure, liver cancer or will require a liver transplant.

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BACKGROUND

Non attendance rate previously around 90%

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Policy Drivers

National HCV Action Plan, Scottish Executive (2006)

"Stakeholders from around Scotland have argued for new community-based models of care for Hepatitis C-infected individuals. It has been suggested that these new models of care could take the form of outreach, nurse-led clinics in primary care services, in prisons and / or in drug treatment services."[i]

[From Sept 2006 to Aug 2008] Community health partnerships and NHS boards will consider how they can use the funding allocated to them in the two years of this Action Plan to develop or improve local community-based treatment, care and support services for people who have been diagnosed with Hepatitis C.[ii]

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Non-attendance rate of +90% = need identified for a local community based service in West Dunbartonshire.

- Nursing post created in 2009 from Community Addiction Services with additional funding from NHS GG&C Public Health
- Nurse post activities spilt between Harm Reduction & Blood Borne Viruses

Proposed Model of Care

Pilot service providing clinical management (assessment, self-management information & support, and treatment where appropriate) to people with chronic hepatitis C infection.

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Our Aim

Target the ‘Hard to Reach Population’ of West Dunbartonshire by offering a service which people could access locally

Outcomes

- Reduce the number of undiagnosed cases of hepatitis C in West Dunbartonshire
- Increase the number of people with active infection engaging in clinical care and treatment
- Reduce the human and financial costs associated with disease progression by eliminating infection.

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Start of the journey……

- Established Partnership working with our colleagues in health and social care in community addiction services
- Local agreement for access to community mental health services
- Establish a relationship with the local Gastroenterologist Consultant to ensure continuity of care if deemed necessary
- Local level agreement with Vale of Leven & Golden Jubilee – US Liver.

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Initial Service Design

- 1 Nurse led assessment & treatment clinic
- 1 Consultant led clinic per month – both held at Addiction Service in Dumbarton Joint Hospital
- Blood Borne Virus testing clinics at several sites
- Informal drop in sessions offered at these sites to encourage initial attendance at assessment clinic

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Developments

- Increase in Nursing staff numbers to 3 from Nov 2013
- Enhanced service provision to 6 Nurse Led clinics per week
- Home visits, if required
- Specialist Pharmacy support from Gartnavel General Hospital
- All clinics offered locally in Dumbarton & Clydebank Addiction Services & Clydebank & Vale Health Centre
- Team trained in use of Fibroscan; this innovative piece of equipment allows the team to measure liver stiffness.
- Wider health/nursing services providing cervical screening and flu vaccinations

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Key Partners

- GP Practices across West Dunbartonshire
- Council Working 4 U service
- Welfare Rights & Housing
- Blue Triangle
- Alternatives
- Safe as Houses
- Waverly Care

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Who do we see? (Risk Factors)

- People who inject/snort drugs
- Blood Transfusion before 1991
- Pre/post transplant
- Unprotected sex

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What do we do? (Blood Borne Virus)

- Comprehensive Physical Health Assessment
- Mental Health Assessment
- Extensive range of blood tests
- Liver Scan
- Monitoring of patients on Anti-Viral Therapy (8-12 patients per clinic)
- Support Consultant led clinics
- BBV Training

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What do we do? (Harm Reduction)

- Support core addiction teams in West Dunbartonshire
- Provision of specialist harm reduction advice & interventions
- Needle Exchange
- Wound management & provision of antibiotics
- Safe Injecting advice
- Vaccinations (Hep A & B)
- Blood Borne Virus testing & referral to treatment
- Cervical Screening
- Naloxone training programme
- Support clients to access community addiction service

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Issues for Hep C Patients

- Alcohol & Drug Misuse
- Physical & Mental Health problems
- Homelessness
- Financial worries
- Poor coping skills
- Literacy problems
- Barriers to Employment
- Stigma & Discrimination

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Treatments

- Anti-Viral Therapy treatment duration 8 – 72 weeks
- Combination Injections and Tablets

Cost £10,000 - £95,000 per patient

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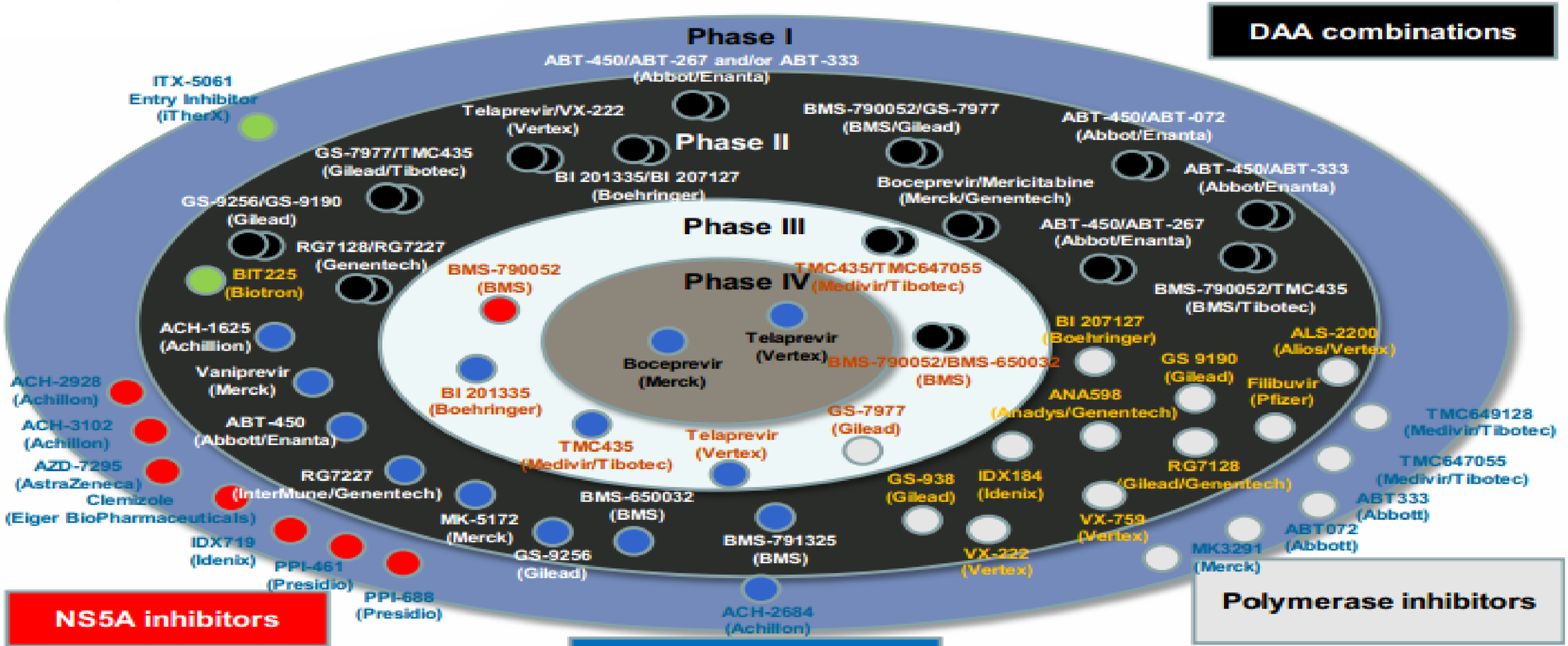
Hepatitis C Pipeline



Organisational Benefits

- Delivery of 4/5 corporate strategic priorities; preventing ill-health and early intervention, shifting the balance of care, improving quality, efficiency and effectiveness, tackling inequalities
- Demonstrated innovative and pro-active approach to delivering against Scottish Govt Sexual Health and Blood Borne Virus Framework
- Innovative and improved partnerships between acute services, HSCP and Public Health
- Reduced waste associated with high DNA rates for Hospital appointments
- Reduced short/medium term mortality and cost of providing inpatient care for patients with advanced/end-stage liver disease.

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Achievements

- Non Attendance below 30%
- Over 170 patients successfully treated
- Over 900 return appointments offered
- 10 week life skills programme for all HCV patients delivered by Waverly Care
- Local Support Group facilitated by Waverly Care

- Chairman's Award Nomination 2014 & 2016
- West Dunbartonshire HSCP Team of the Year Nomination 2016
- GGC Facing the Future Together Staff Excellence Runners up 2016

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Keys to Success

- Embraced new & flexible ways of working
- Support and commitment of addictions staff
- Effective partnership working
- Enthusiastic and person centred team
- Access to the most effective Anti-Viral therapy available
- Nursing staff all have previous addictions experience with excellent Venepuncture skills!!
- Local Hep C campaigns to raise awareness

THE A TEAM

ON THE ROAD...


Could you be at risk of HepC?
HEPATITIS C POSITIVE? TIME TO TREAT?
NEWER ADVANCED TREATMENTS AVAILABLE
HIV in Glasgow
You may not remember everything you did in the '60s and '70s ...your liver does.
See it Treat it Beat it
HepC
REACH


CHILD HOOD SAFETY WEEK
Lift
See it Treat it Beat it
HepC


The ball's in your court
See it Treat it Beat it
HepC


Clydebank Health Centre

www.hep-druginteractions.org

LATEST ARTICLES

Drug Interactions - Boceprevir or telaprevir with maraviroc.

Meeting Report - HEP DART, 2013

FDA & EMA News - Simeprevir and Sofosbuvir

Case Report - Boceprevir and α-1 adrenergic antagonists and/or quetiapine.

Drug Interactions - Survey of interactions in a patient cohort.

Review - Drug interactions in the era of DAAs

Click here for previous news items

SITE UPDATES

Sofosbuvir

Sofosbuvir, the recently approved directly acting antiviral for HCV, has been added to the intera...

>>more

A few more comedications

The following comedications have been added to the web and app versions of the interaction charts...

>>more

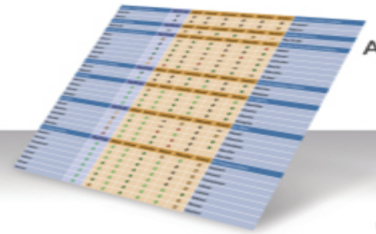
Further Comedications Added

New comedications have been added to the interaction charts which takes the total number of comedica...

>>more

EMAIL UPDATES

DRUG INTERACTION CHARTS



Access our comprehensive, user-friendly, free, drug interaction charts

CLICK HERE

Providing clinically useful, reliable, up-to-date, evidence-based information

TELAPREVIR INTERACTION QUERY SERVICE

Telaprevir Interaction Query Service

Q&A

A service for healthcare professional for queries relating to drug-drug interactions with telaprevir which the hospital pharmacy or medicines information unit are unable to answer.

To see what other people have asked or to submit a question, click here.

CLINICAL PHARMACOLOGY OF HIV & HEPATITIS THERAPY WORKSHOP

15th International Workshop on Clinical Pharmacology of HIV & Hepatitis Therapy

Washington DC, 19-21 May 2014

Deadline dates are approaching for this workshop:
Standard Registration - 1 March; Abstract Submission - 21 March.

This meeting will provide a platform for state-of-the-art discussions including drug-drug interactions, pharmacokinetics of investigational agents and existing drugs, pharmacodynamics, drug dosing in special populations, post-marketing surveillance project, and regulatory considerations.

For registration details, please see the conference website

UNIVERSITY OF LIVERPOOL

ASSOCIATED SITES

www.hiv-druginteractions.org

A comprehensive HIV drug-drug interaction resource, freely available to healthcare workers, patients and researchers. The site is also available in a low graphics version - www.hiv-druginteractionslite.org.

BRITISH SOCIETY FOR NANOMEDICINE

Website of the British Society of Nanomedicine with sections for scientists, the general public and teachers.

EXTERNAL LINKS

Viral Hepatitis Congress
9-11 October, 2014

3rd World Congress on Controversies in the Management of Viral Hepatitis (C-Hep)

German Liver Foundation

Deutschen Leberstiftung

FOLLOW US ON TWITTER

For the latest additions and updates to the site, click the button to follow **hepinteractions** on Twitter.

WELCOME

Y sort it Youth Project

Y sort it Youth Project

About us…..

- Support Young people 8-25 Years
- West Dunbartonshire Wide
- Registered Charity & Limited Company
- Youth Management Board

Youth Support & Guidance

- 1-2-1 Support
- Group Work
- Interactive Workshops
- Peer Education
- Youth Volunteering
- Outreach & Streetwork

WORKING IN PARTNERSHIP

- Young Carers
- Buddy Up
- Wrecked & Wasted Initiative
- intamdem Mentoring Service

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Young
Carers

APPENDIX 1

Young Carers

LOTTERY FUNDED

buddy up

life changes trust
Creating better lives.

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LOTTERY FUNDED

VOLUNTEER PEER MENTORS IN WEST DUNBARTONSHIRE

Do you have care experience?

Do you have a few hours per week to support a young person in care?

What you will bring:

You will have care experience and be between the ages of 18 – 30. You will be able to build a relationship with a young person who is in care.
By care we mean looked after at home; looked after and accommodated; foster care and kinship care
(looked after by family or friends).

What we will provide:

We will provide a 21 hour quality mentor induction and provide high levels of support and training to help you in your role.
We will also offer accredited training.
We will match you carefully with a young person taking your opinion into account.

Although the post is unpaid we will provide travel expenses and money for activities.

Why have Peer Mentors:

The reason we are looking for mentors is because young people in care have asked to be able to spend time with someone who has had a shared experience of care; and someone who is not a paid worker.
The evidence shows there are lots of benefits for the mentor and the mentee

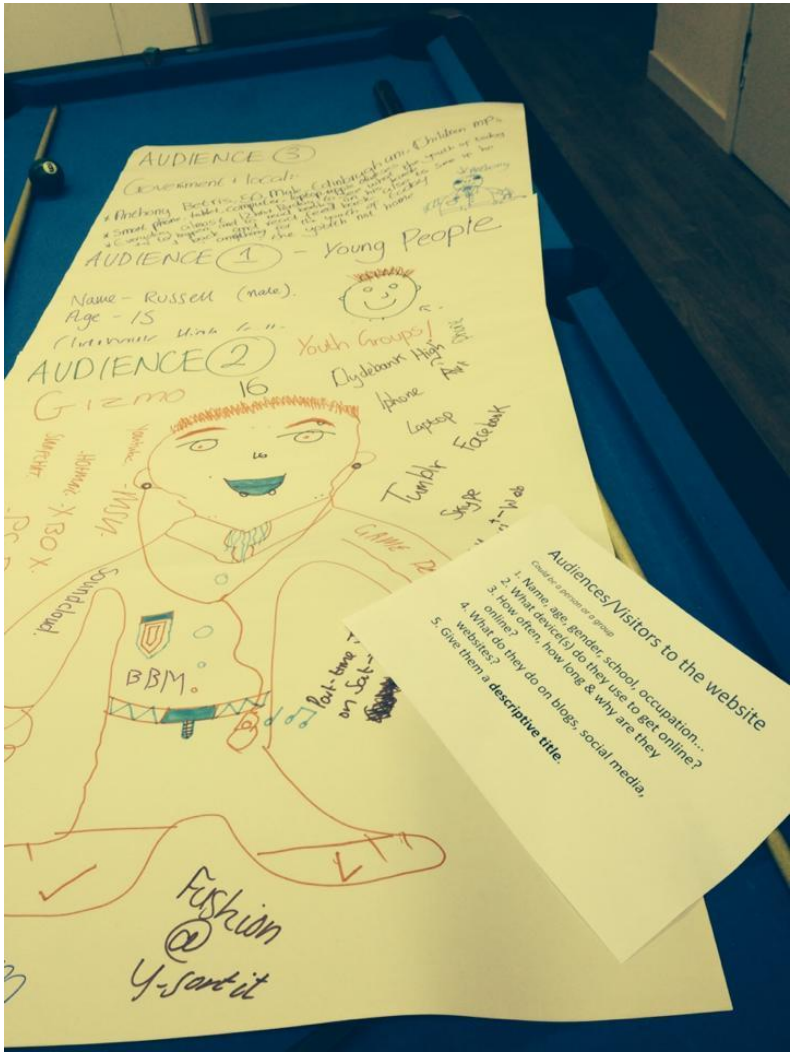
To register interest or for more information

Please contact Alan at Y sort it: alan@ysortit.com / 0141 941 3308

Opening Times	MONDAY 9.00 am - 9.00 pm	TUESDAY 9.00 am - 9.00 pm	WEDNESDAY 9.00 am - 9.00 pm	THURSDAY 9.00 am - 9.00 pm	FRIDAY 9.00 am – 9.00 pm
A.M	**1-2-1 Support, Youth Enquiries and Referrals**				
P.M.		Wrecked & Wasted Bravehearts Group 4pm-6pm Youth Theatre Hub CE Centre 4.30-5.30 Ages 8-15 years 5.30-6.30 Age 16+		Baby Munchkins Clydebank (HUB CEC) 1pm-3pm Behind Noise Youth Music 5-6pm	
EVENING	Youth Management Board Mtgs (Y sort it Base) 6.00 - 9.00pm *See YSI Board Calendar FUSION LGBT (Y sort it Centre) 6pm-8.30pm Digital Music with Skapade Studios 14yrs plus Skapade Studios Dumbarton 6pm-8pm	Young Carers Ages 10-18 years 6.30 – 8.30pm Clydebank Base	Y Hub It Drop In CreActive Youth Club 6.30pm – 8.30pm Hub CEC Ages 10-15 years #Freshcreations Media Group 6pm- 8.3opm	Team 16 16 yrs+ 6pm – 8.30 pm Alexandria CreActive Youth Club 6pm - 9.30pm Hub CEC Ages 10-15 years Youth Management Board Sub Group Mtgs (Y sort it Base) 6.00 - 9.00pm *See YSI Board Calendar MICS/ Outreach – Bellsmyre 6.00 - 9pm	Wrecked & Wasted Weekend Youth Cafe Y sort it Base 7pm - 10 pm Wrecked & Wasted Friday Night Zone Outreach/ MICS St James Retail Park 6- 10 pm

Group Work

Peer Support



Y sort it Young Carers Camps

WWW.YSORTIT.COM
YSORTIT
YOUTH CENTRE

#FreshCreations

What we have learned…

Young Carers

- Still hidden mental health, substance misuse
- Early intervention
- School & Organisation Champions

Buddy Up

- Mentoring the mentors & Matches

Wrecked & Wasted

- Diversionary, diversionary, diversionary!!

The 3 Essentials of Youth Work

- **Young people choose to participate**
- **Engagement must build from where the young people are at**
- **Youth work recognises the young person and the youth worker as partners in a learning process**

Your organisation….

Reflection on your own organisation, in regards to young people & children, what do you feel works well and are there areas do you feel needs to be improved?

Q&A

Getting in touch

Email – info@ysortit.com

Telephone – 0141 941 3308

Website – www.ysortit.com

YP self referral

Social Media – Facebook, Twitter, Instagram & YouTube

Making improvement happen...

Healthcare Improvement Scotland

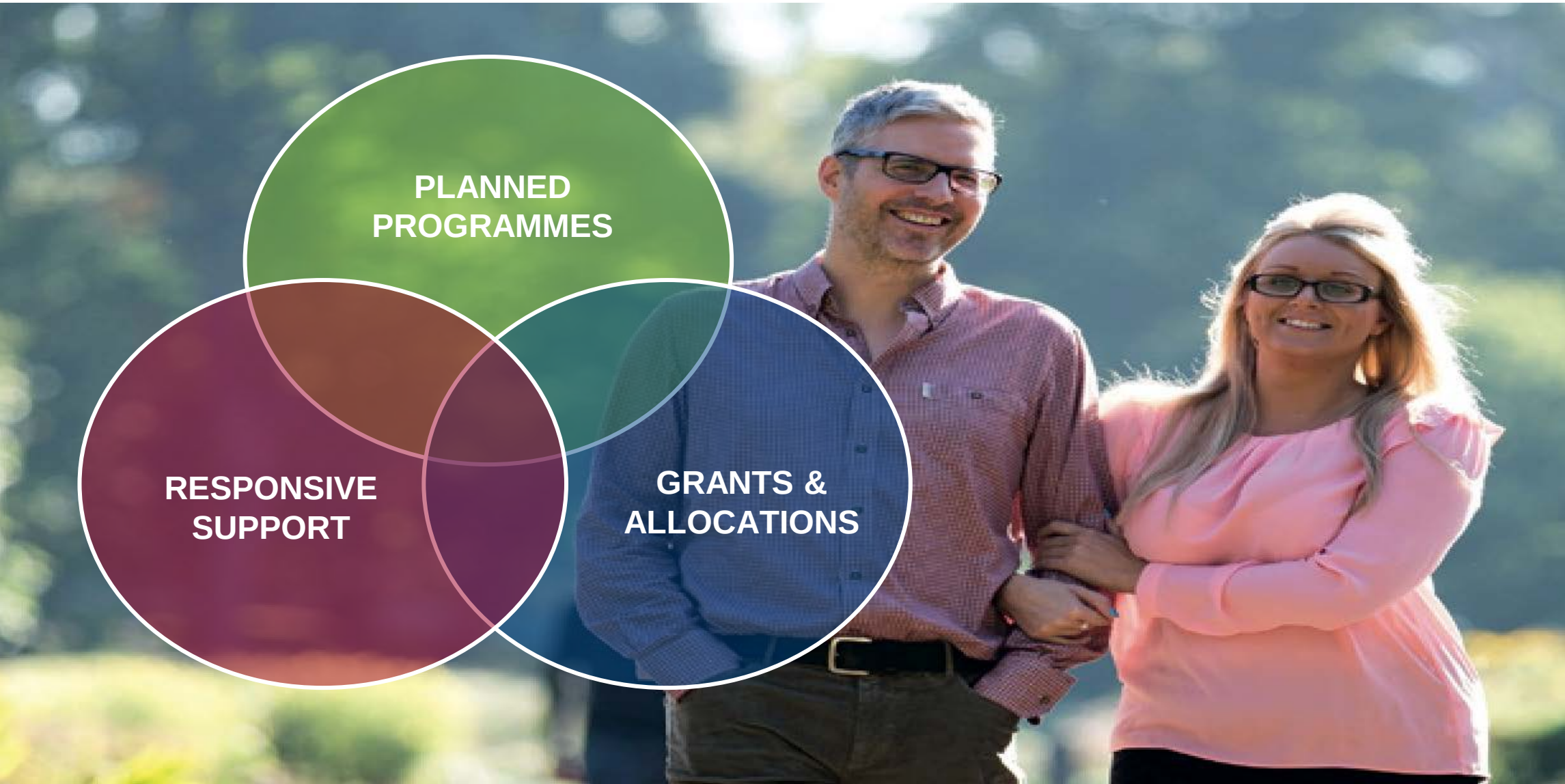
ihub
supporting health and social care

Delivery Partners

ihub
supporting health and social care

Improvement Hub focus includes health, social care, third sector, independent sector and housing.

The Improvement Hub work programme



For improvement to happen in practice need

Rapid Elderly Assessment Care Team (REACT)

A method and small steps...

Real World

The quality improvement approach

DESIGN

TEST & MODIFY

TEST & MODIFY

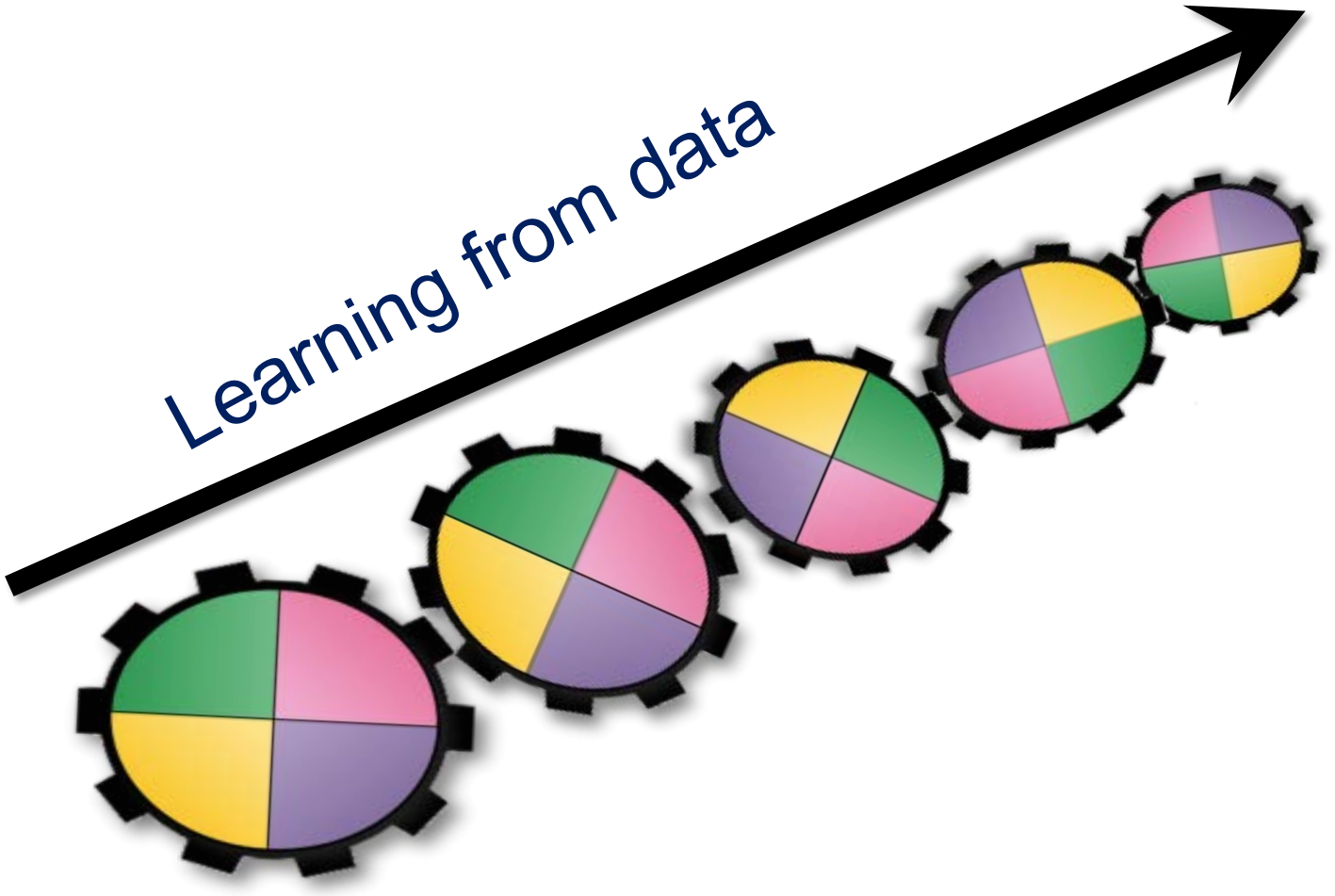
TEST & MODIFY

APPROVE
IF NECESSARY

START TO IMPLEMENT

Real World

Cycles of Tests Build Knowledge and Confidence



Changes that will result in improvement

Proposals, theories, hunches, intuition

Our approach to supporting improvement

Start Here

Understand

Design

Implement

Evaluate

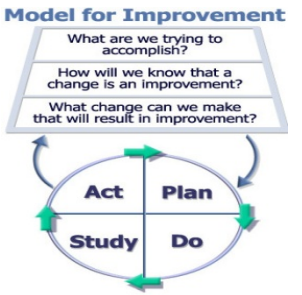
Embed/ Sustain

Evaluate and spread learning

Person at heart of what we do

Relational Approaches

Technical Approaches

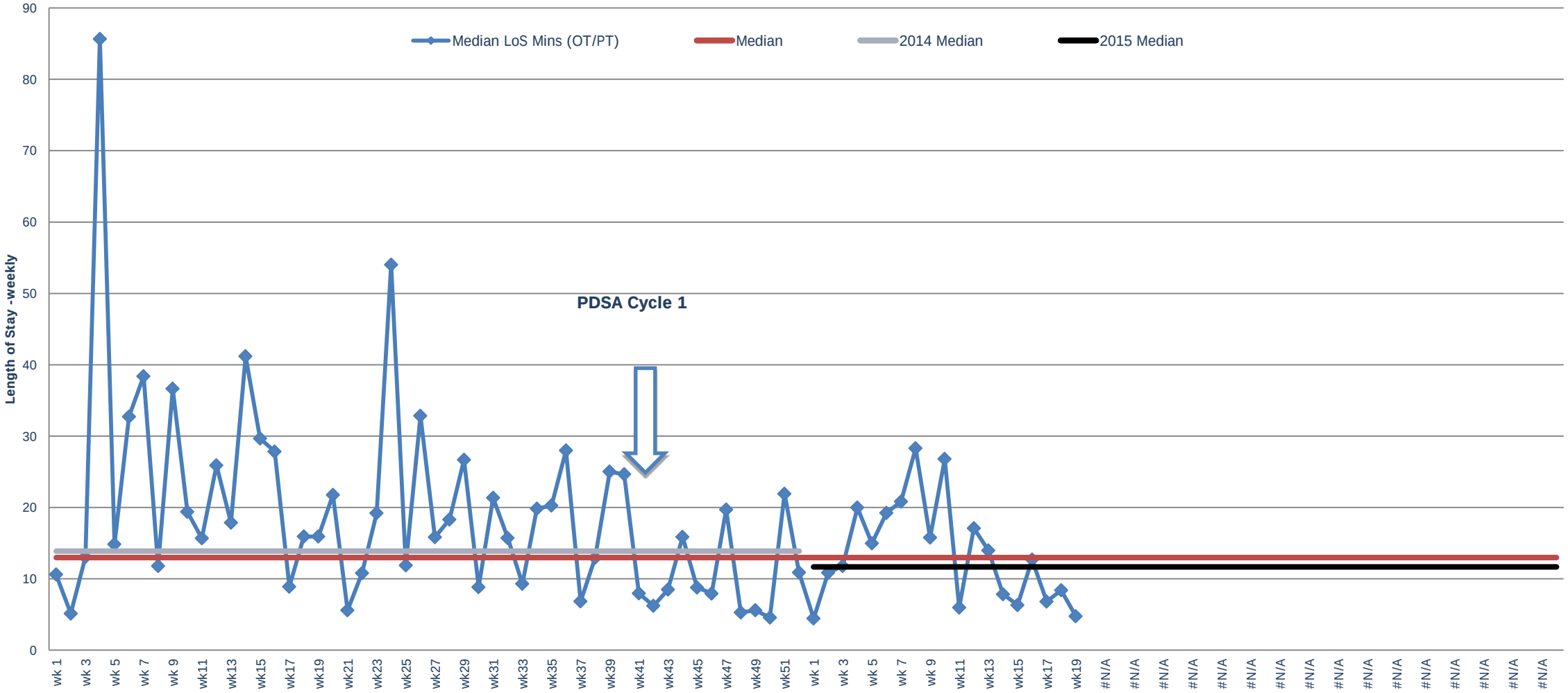


Data

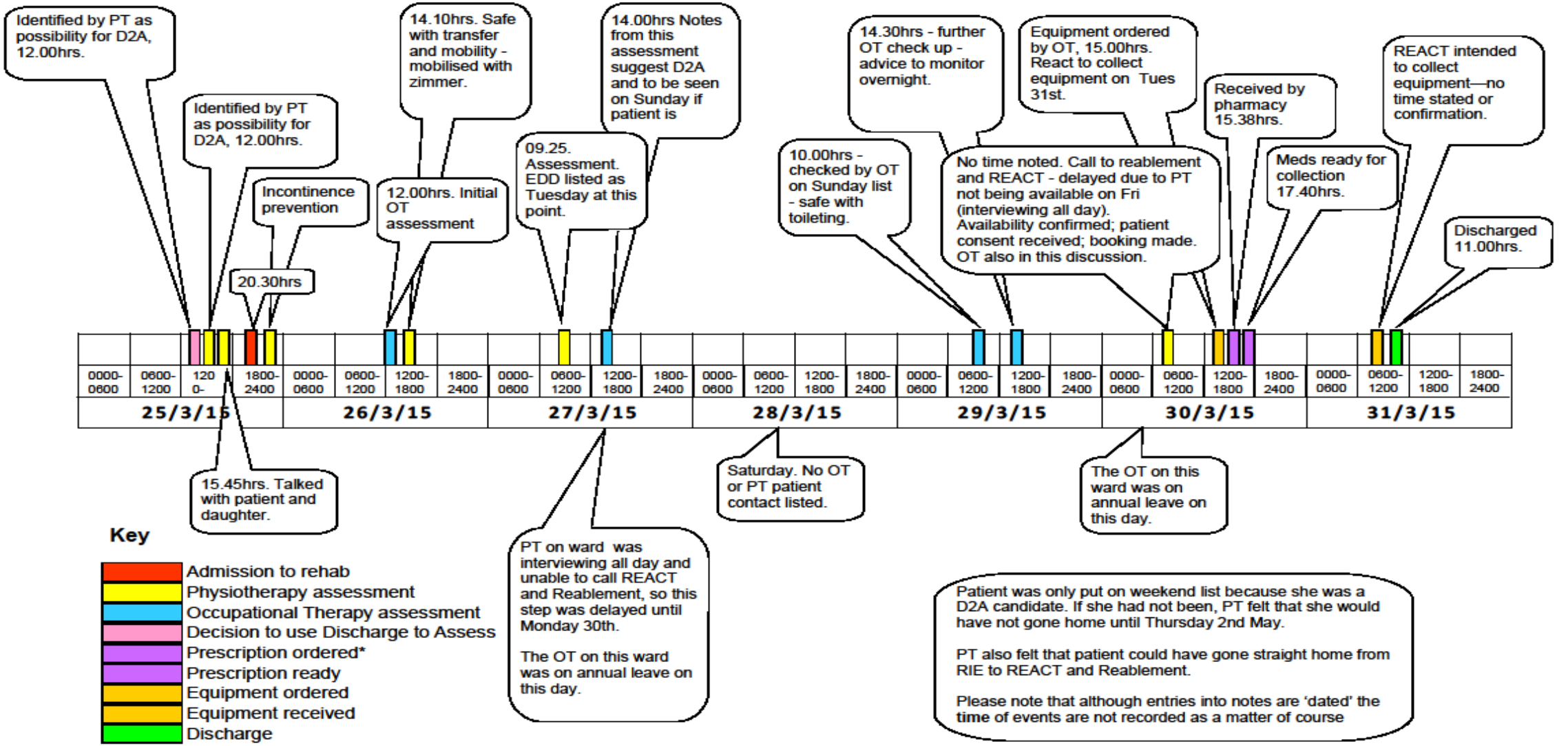
All improvement is change
(but not all change is improvement)

"What if we don't change at all ...
and something magical just happens?"

Stratified length of stay



PDSA Cycle 5



This is the time at which the prescription is received by pharmacy; it does not account for delays in signing off the prescription or delivery to pharmacy.


https://en.wikipedia.org/wiki/Obeya

Introducing new ideas and working with people

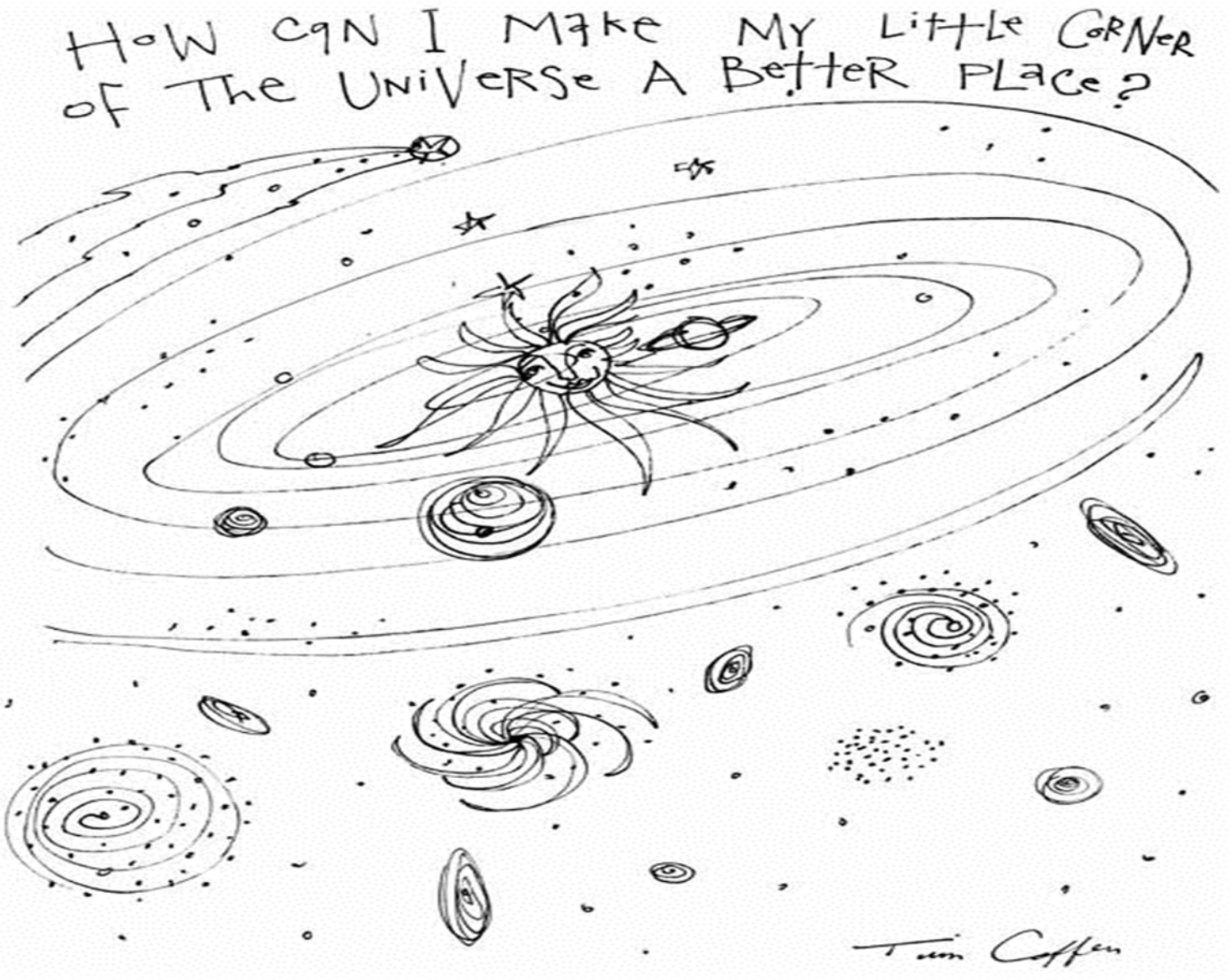
Marjorie Godfrey PhD, RN
Dartmouth Institute

Improvement in healthcare is 20% technical and 80% human

People and Improvement *change is a contact sport*

"Change management is a contact sport. Those who do not wish to get bruised should not play."

Buchanan and Badham (2008)



there's only one corner of the universe you can be certain of improving and that is yourself

Aldous Huxley

Skills and knowledge

Quality Improvement Educational Resources

NHS Education for Scotland

Advanced knowledge ← Introductory knowledge → Advanced knowledge

Improvement Science | **Leadership for Improvement**

Scottish Improvement Leader (ScIL)

Quality Improvement Fellowships

Scottish Improvement Skills

Boards on Board

Improvement Collaboratives

e-Learning modules

Quality Education for a Healthier Scotland

NHSScotland e-Learning Modules

NHS Education for Scotland

- Introduction to our Purpose and Values
- Introduction to Quality and Quality Improvement
- Introduction to Healthcare Systems
- Introduction to Quality Improvement Methods
- Introduction to Measurement for Improvement
- Lean in Healthcare
- Knowledge into Practice in Healthcare
- Building a Quality Culture
- Leading Quality Improvement
- Creativity and Innovation in Healthcare
- Introduction to Data Analysis
- Measurement for Improvement – Presenting Data
- Evaluating Quality Improvement
- Introduction to Statistical Process Control
- Skills for Improvement: Measurement Module A – Planning
- Skills for Improvement: Measurement Module B – Analysing Data

Quality Education for a Healthier Scotland

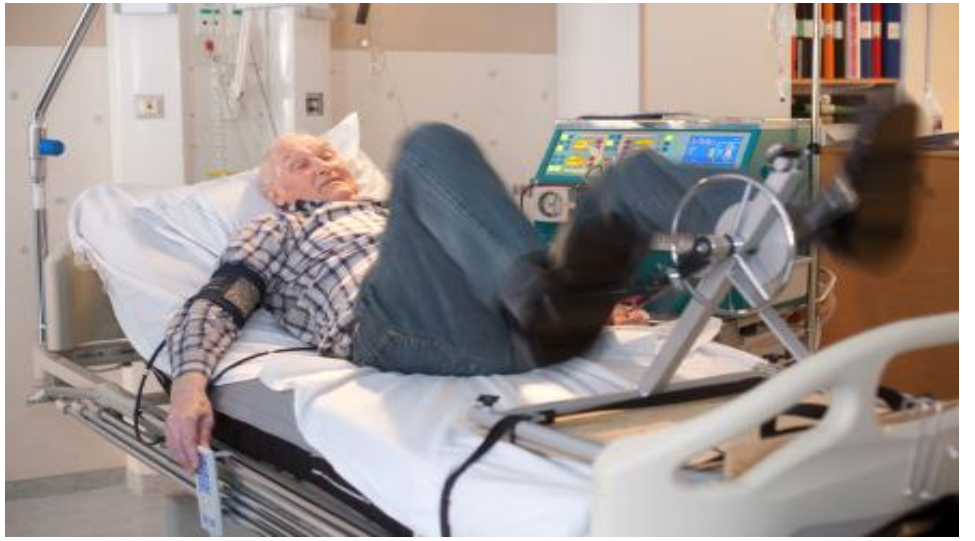
Person centred care to person controlled care


From…
“What’s the matter?”
to
“What matters to you?”

“Care is safer in my hands…”

https://www.youtube.com/watch?v=VEk-A3k98QA
http://www.ihi.org/resources/Pages/ImprovementStories/APatientDirectsHisOwnCareFarmanSelfDialysis.aspx

Now they aim to have 75% of patients to be on self-dialysis…



ihub
supporting health and social care

Thank you

Twitter: **@ihubscot**
Email: **info@ihub.scot**
Web: **ihub.scot**

Healthcare Improvement Scotland

ihub
supporting health and social care

Thursday 24th November 2016

Carers of West Dunbartonshire

"the place for every carer to turn to"

ABOUT CARERS OF WEST DUNBARTONSHIRE

- CWD is a Third Sector organisation.
- We are a registered charity
- We are managed by a Board of 9 Trustees, some of whom are carers and former carers.
- We have a team of 11 staff and 20 volunteers.

AIM OF THE CARERS' CENTRE

"OUR AIM IS TO PROVIDE A RANGE OF SERVICES WHICH WILL SUPPORT UNPAID CARERS AND HELP THEM TO CARRY OUT THEIR CARING ROLE IN THE MOST HEALTHY, KNOWLEDGEABLE AND POSITIVE WAY".

CARING IN SCOTLAND

- There are 660,000 carers in Scotland - 1 in 8 of the population.
- By 2037 the number of carers in Scotland will have increased to around 1 million.
- 3 in 5 of us will become carers at some point in our lives. For many that will be in later life.
- Over 250,000 people juggle caring with holding down a job.
- Carers save the Scottish economy £10.3 billion

West Dunbartonshire
Health & Social Care Partnership

WHAT ABOUT US? .....

.....THE LOCAL PERSPECTIVE

- Per head of population, West Dunbartonshire has the highest proportion of carers.....**10,000** (2011 Scottish census)
- We also have the highest proportion of people living with a LTC.....many of whom are carers.
- In 2015/16 CWD supported **1160** individual carers.
- **375** were newly identified.

CARING DOESN'T COME ALONE!

- **Financial** – loss of earnings/pension/employment. 50% more at risk of being in poverty.

- **Poor health** – caring can have an adverse effect on the carer's own physical and mental health. Back/joint pain, depression, stress. Many carers are already managing their own health issues.

- **Isolation** – social life and friendships can be neglected, changes in relationships resulting in isolation.

HOW DO WE SUPPORT CARERS?

- Information and advice
- Advocacy for carers
- Learning opportunities
- Carers' Assessments and Support Planning
- Advice about Carers' Rights
- Social opportunities
- Assistance to access services
- Support with Emergency Planning
- ***HOSPITAL DISCHARGE*** Project*
- Relaxation and Stress Management
- Emotional support
- Awareness Raising
- Group work/peer support
- Benefits advice & Financial assistance
- ***SDS*** Project (self directed support)
- ***SEARCH*** Project (carers affected by alcohol misuse)
- ***CARER CALL*** Project (keeping in touch)
- ***TIME for ME*** Project (short breaks)
- ***OUT of the BLUE*** Project (replacement care)

PARTNERSHIP WORKING

The voluntary sector is key to health and social care integration.

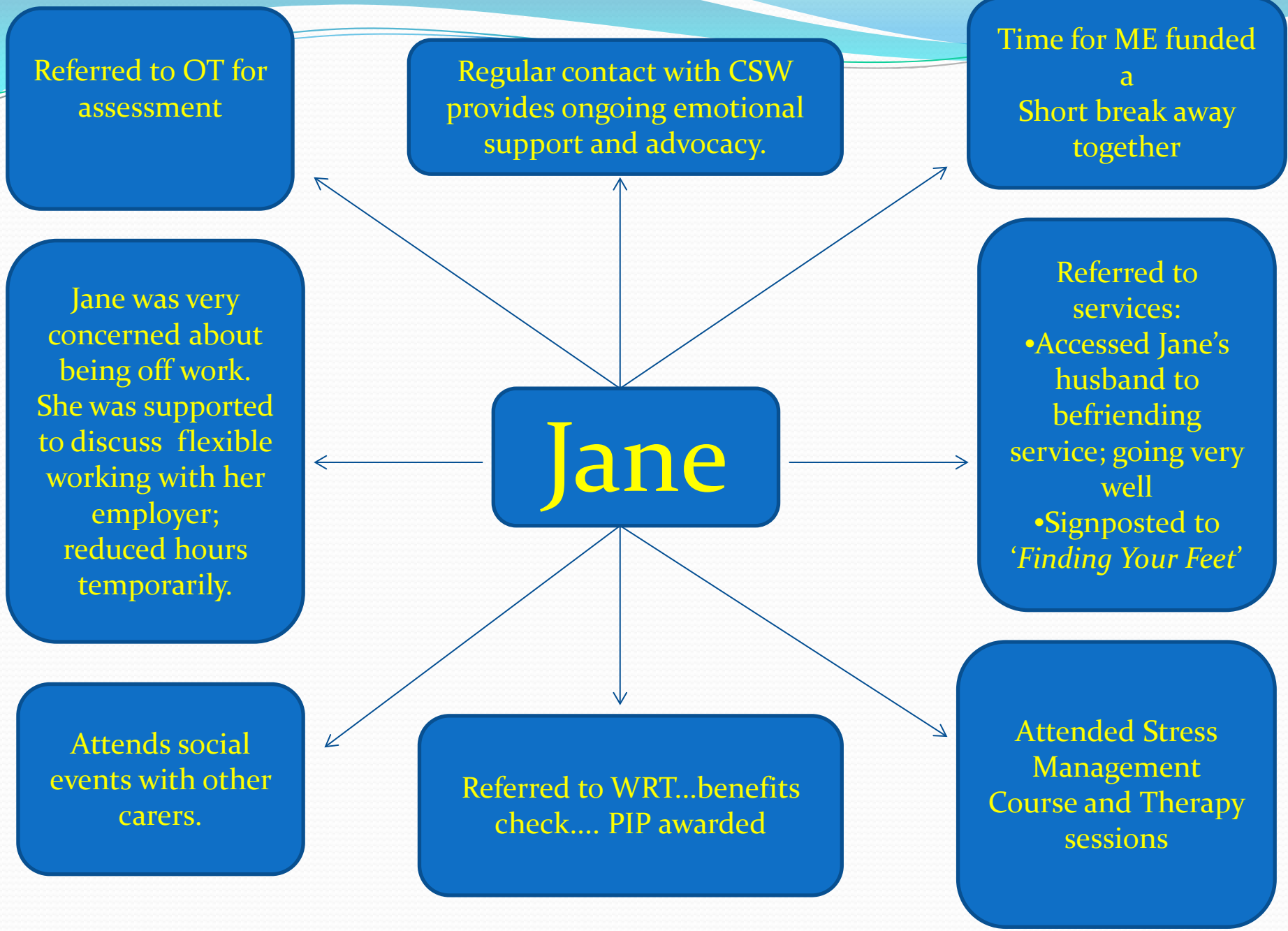
Carer Support should be seen as an integral part of a care package….not an optional extra.

Co-located posts:

- **better identification.**
- **identifies those most in need.**
- **has a positive influence on practice.**

A Carer's Story

- Carer is a lady in her early 60s. She is insulin dependant diabetic and has arthritis.
- Cares for her husband who has vascular disease resulting in left leg amputation.
- He has had several stays in hospital.
- Carer was referred via **Hospital Discharge Project**


Referred to OT for assessment
Regular contact with CSW provides ongoing emotional support and advocacy.
Time for ME funded a Short break away together
Jane was very concerned about being off work. She was supported to discuss flexible working with her employer; reduced hours temporarily.
Jane
Referred to services:
•Accessed Jane's husband to befriending service; going very well
•Signposted to '*Finding Your Feet*'
Attends social events with other carers.
Referred to WRT...benefits check.... PIP awarded
Attended Stress Management Course and Therapy sessions

- THANKS FOR YOUR TIME

Improving Quality with External Partners

West Dunbartonshire

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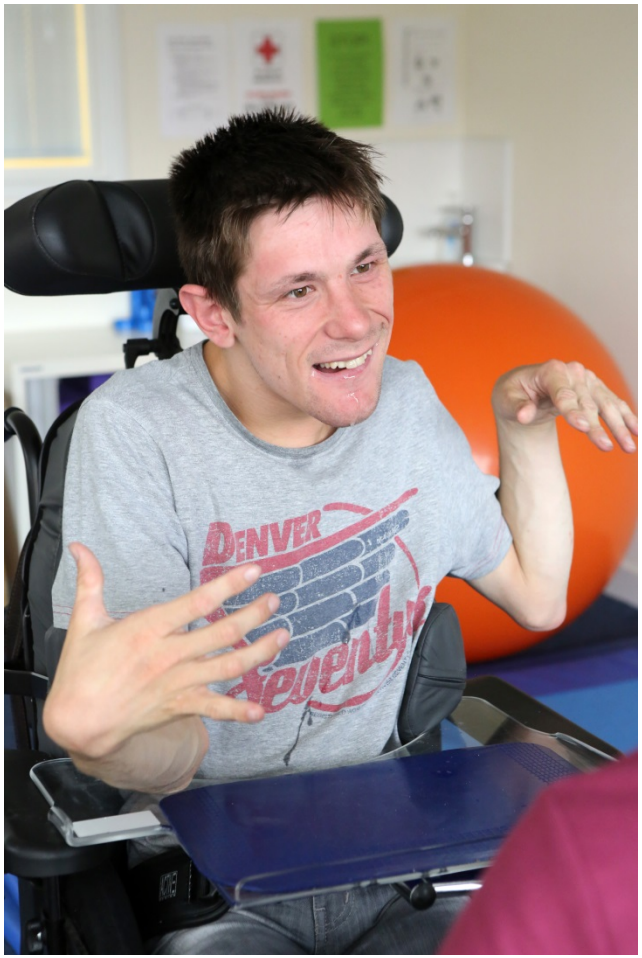
Partnership Working

- Cerebral Palsy
- What is Bobath Scotland?
- Aims and expectations
- Achievements and Challenges
- Next Steps
- Questions

What is cerebral palsy?

- Cerebral palsy is the most common cause of physical disability in childhood
- Caused through injury to the developing brain
- Always affects movement and posture
- Everyone is affected differently
- There is no cure
- It is not progressive in that the injuries to the brain do not get worse. However, the effects of cerebral palsy may become more profound with age.

17 million people worldwide have cerebral palsy



- 1 in 3 are unable to walk
- 1 in 4 cannot talk
- 3 in 4 experience pain
- 1 in 4 have bladder control problems
- 1 in 5 have saliva control problems
- 1 in 10 have severe vision impairment
- May have problems with sleep, behaviour, and learning difficulties

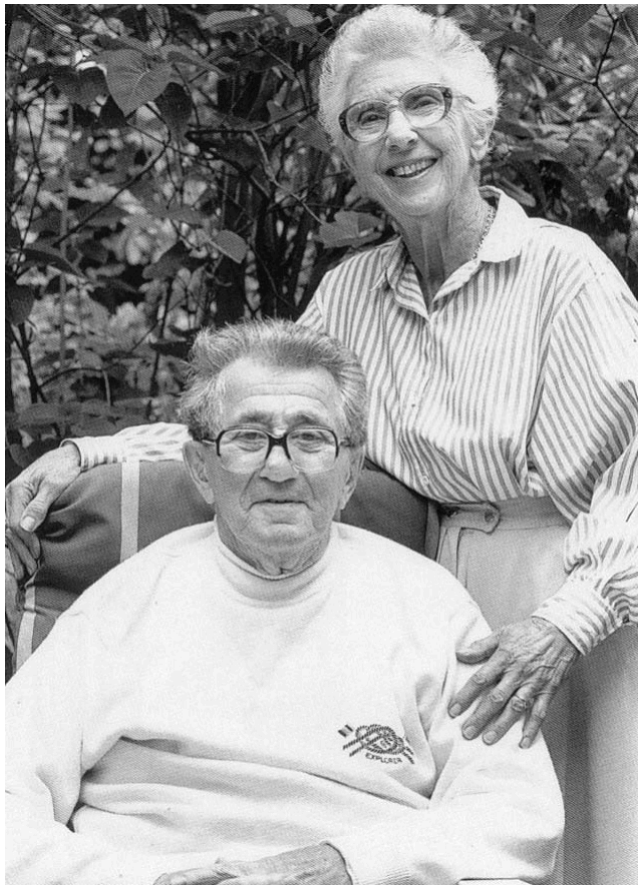
What does Bobath Scotland do?

- Bobath Scotland exists to improve the quality of life for people with cerebral palsy.
- We provide specialist multi-disciplinary therapy from our Glasgow-based therapy centre, offer specialist knowledge, training and support.
- We focus on practical, functional goals that are important to the individual.
- Carers, family members, other professionals are involved in the therapy so that it carries on through every day life.
- We liaise with other specialist services

What is Bobath Scotland?

- Established in 1995
- Started by a group of parents whose children had cerebral palsy
- Headquarters at the Bobath Scotland Therapy Centre in Glasgow
- Helps people from all over Scotland
- Contributes to national policy groups for neurological conditions
- Supports research around issues for people with cerebral palsy

Why is it called Bobath Therapy?



- The Bobath concept was developed by Dr and Mrs Bobath
- The Bobath approach is used throughout the world
- Therapy could improve people's function and participation
- The Bobath concept recognises the need for an holistic approach, involving all three therapy disciplines depending on the needs of each individual
- Multidisciplinary approach: physiotherapy, occupational therapy, speech and language therapy.

Co-creating and Re-designing services for Adults with Cerebral Palsy

Our Aims:

- Raise awareness amongst professionals of the additional challenges for adults with Cerebral Palsy as they age
- Raise awareness amongst service users regarding what options they have around supported self-management of their condition

SCOTLAND BOBATH CEREBRAL PALSY CENTRE

The Scottish Government

West Dunbartonshire Health & Social Care Partnership

Timings

- Phase One (January – March 2016)
- Phase Two (April – October 2016)
- Phase Three (November 2016 – March 2017)

Phase One: Identification and Assessment

- Working together to establish a criteria: adults already known to WDC without learning difficulties
- 27 identified
- Invitation to participate sent
- 17 joint assessments
- Reports sent to key workers
- Introductory information session with WDC adult care team staff

Outcomes of Phase One

- Raised awareness amongst staff of the ongoing challenges facing adults with cerebral palsy
- Willingness to continue working with a specialist centre
- Adults with CP open to ideas and suggestions from therapists
- Service users keen to follow up

Expectations for next steps:

- Improve knowledge of potential resources available to support adults
- Improve client awareness of what support would suit them, or how accessing support might prevent further, more serious issues developing
- Many clients have multiple relationships with HSCP professionals – how can we co-ordinate these?
- Reviews can be triggered by anyone. But reviews not being triggered - why?

Phase Two: Delivery

- 11 adults offered follow up either at home or at Bobath
- Sessions included carers
- Reviews undertaken as highlighted
- Liaison with other services
- Equipment trialled

Challenges

- Communication
- Back up knowledge
- Longer term management
- Best route for clients (not just professionals)
- Cross-condition learning
- Transitions - who is responsible?

Phase Three: Refining and Learning

- Based on individual experiences, can we work up scenarios for future pathways?
- Develop a self-assessment screening tool
- Explore shared resources, eg www.cerebralpalsyscotland.org.uk
- Training - for HSCP staff and carers
- Feed in to national policy group

Shared Aims

- West Dunbartonshire is committed to providing the best service to clients
- Bobath committed to improving the lives of people with cerebral palsy
- Both organisations keen to learn from each other

THANK YOU

www.bobath.scot

SCOTLAND BOBATH CEREBRAL PALSY CENTRE

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Clinical & Care Governance: Community Hospital Discharge Team

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The Team around the Person

Clinical Rehab: 1 Health Team Lead, 2 Nurses, 3 Physios, 3 OTs, 3 Rehab Assistants

Community OT: 1 Senior OT, 2 OTAs

Social Work: 1 Senior Social Worker, 8 Social Workers, 3 Social Work Assistants, 1 Hospital Discharge Coordinator

Aligned Partners: MHOs, Carers Centre

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The Community Hospital Discharge Team:

- identifies individuals early whom may require assessment or support to facilitate safe and timely discharge from hospital
- Provides an integrated approach to care which optimises independence for the individual and maximises opportunities for recovery at home
- Identifies the requirement for ongoing support and ensures timely transfer to appropriate services, according to primary care need

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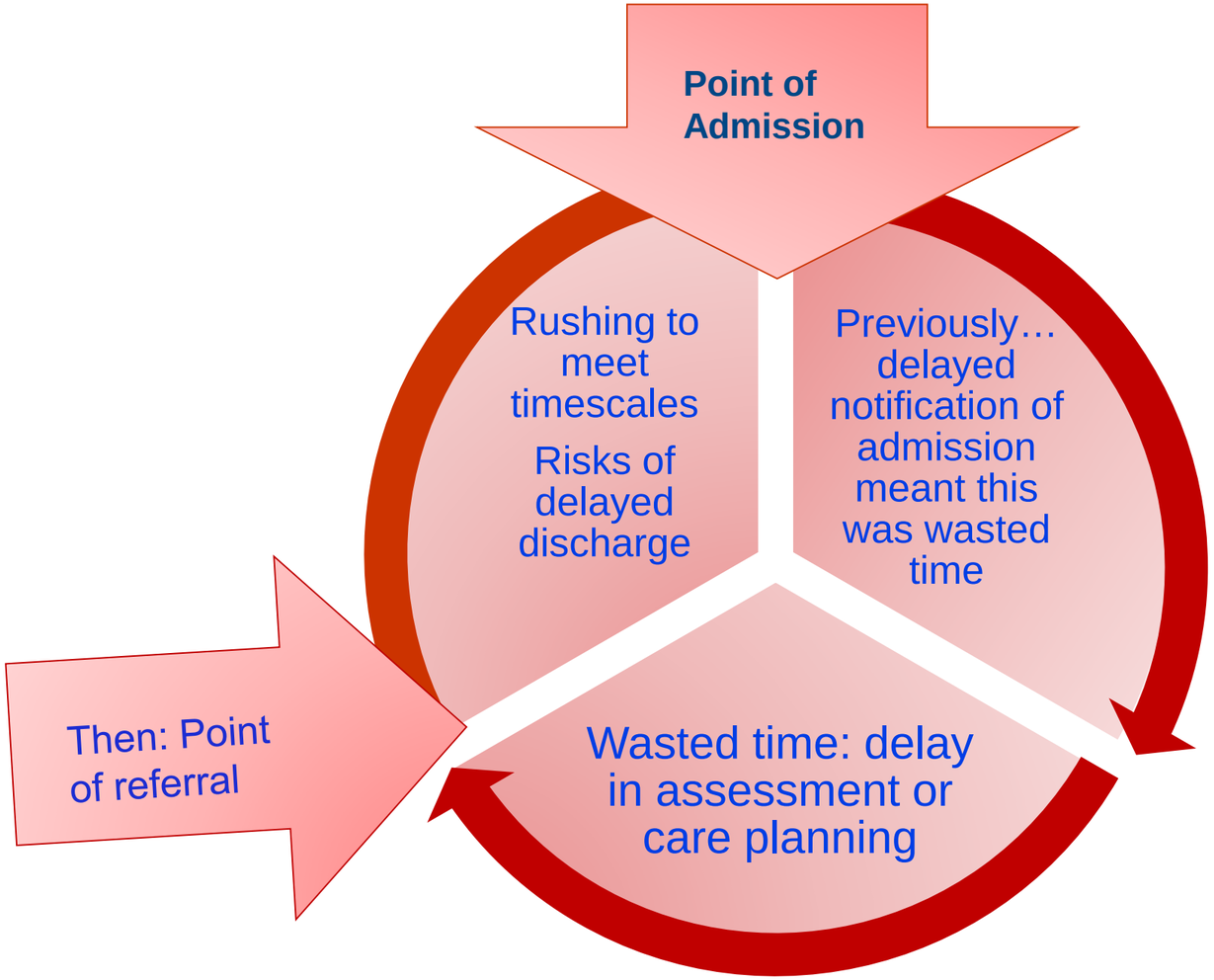

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- Bench marked performance with other authorities; visited other teams; service re-design
- Streamed roles within team:
    - Hospital Discharge Liaison Workers (including practical support)
    - Complex Discharge Assessors
    - Home Discharge Assessors
    - Care Home Placement Review Officer
    - Clinical Rehab
- Allows for concentrated efforts and small caseloads, resulting in timely discharge becoming more achievable

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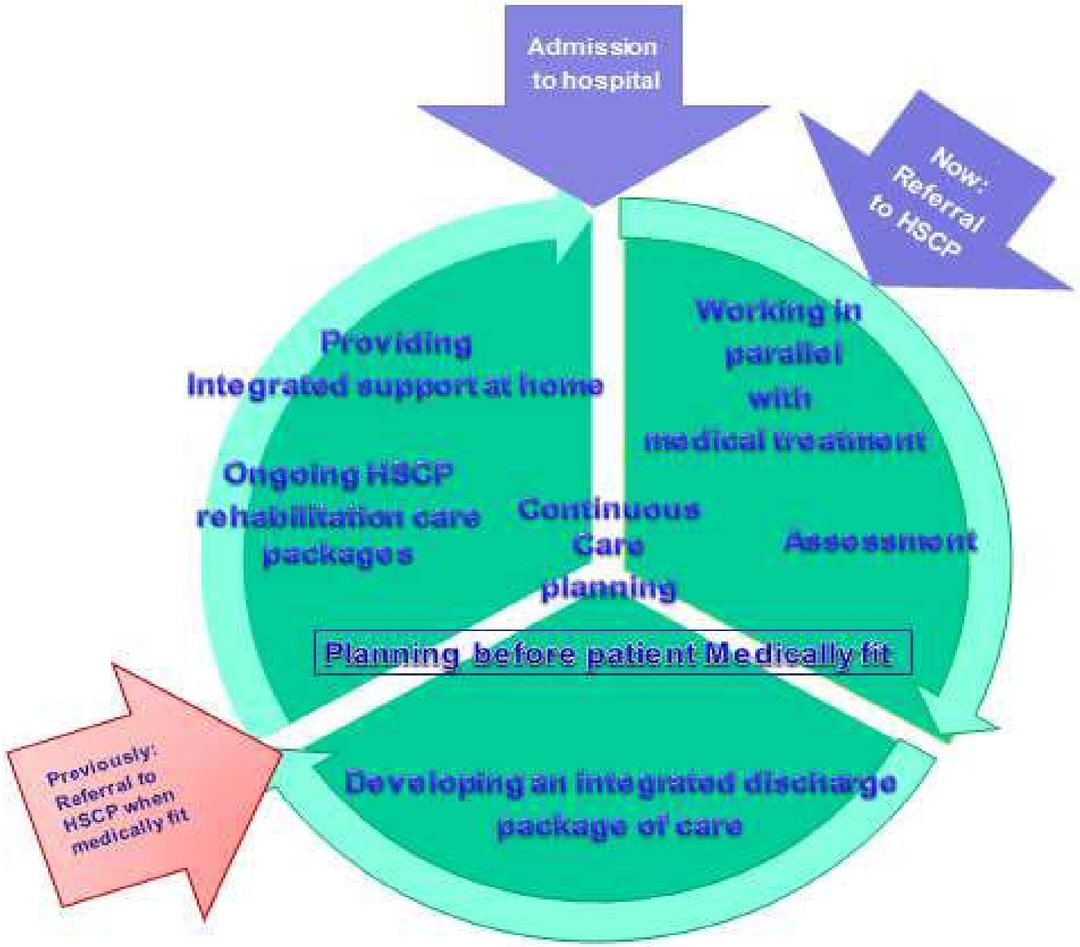

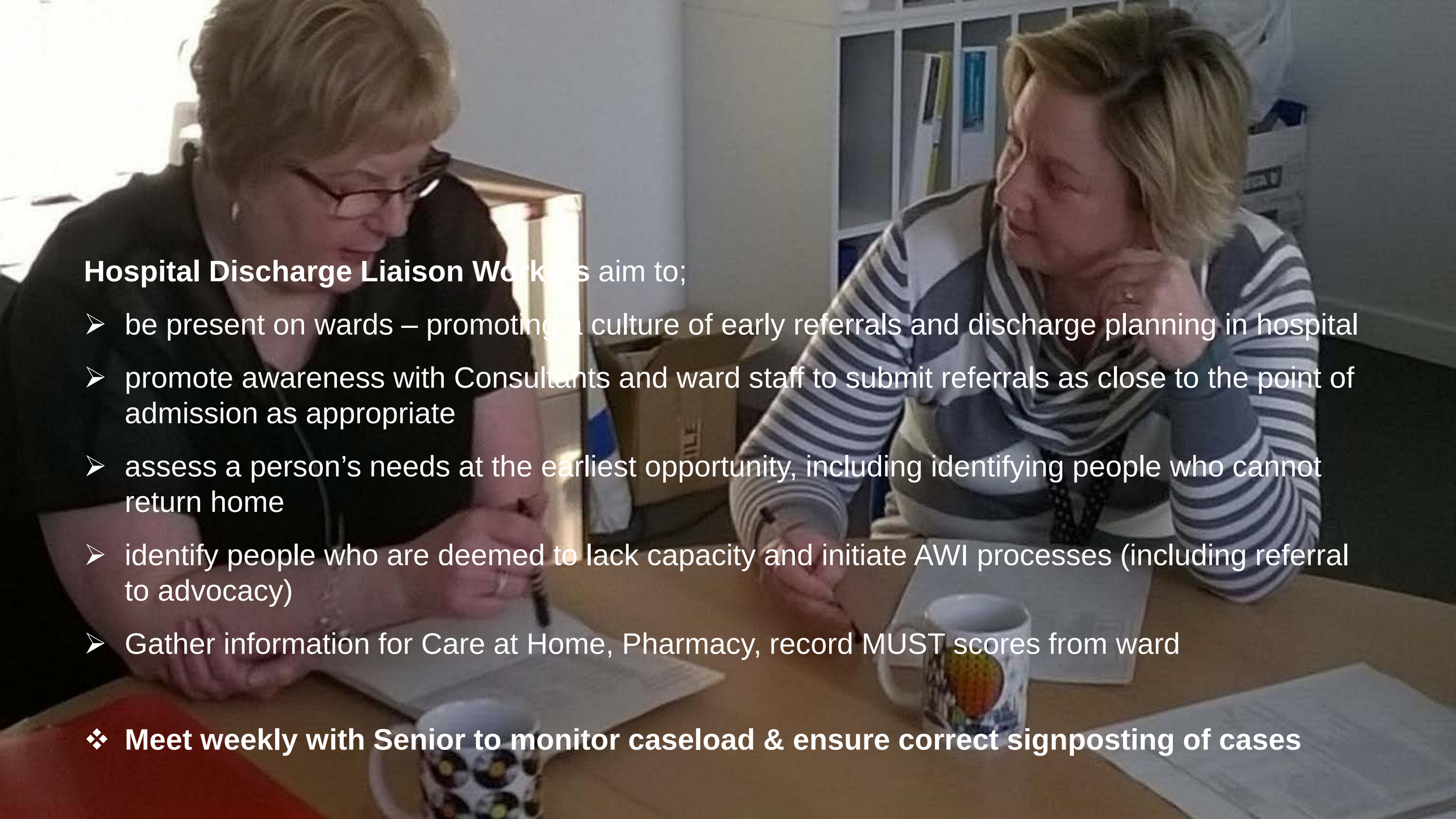

Hospital Discharge Liaison Workers aim to;

- be present on wards – promoting a culture of early referrals and discharge planning in hospital
- promote awareness with Consultants and ward staff to submit referrals as close to the point of admission as appropriate
- assess a person's needs at the earliest opportunity, including identifying people who cannot return home
- identify people who are deemed to lack capacity and initiate AWI processes (including referral to advocacy)
- Gather information for Care at Home, Pharmacy, record MUST scores from ward

❖ **Meet weekly with Senior to monitor caseload & ensure correct signposting of cases**

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- With this information the wider Hospital Discharge Team can then;

- involve patients and carers sooner in discharge planning
- develop and deliver integrated care and support packages in conjunction with other HSCP services
- ensure that people receive the most appropriate care and opportunities at the point of discharge
- monitor and review care package for four weeks post discharge, ensuring seamless transition to other services if required

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Complex Discharge

- Undertake assessments with a view to 24 hour care establishments/ complex home-based care packages
- Endeavour to minimise delayed discharges
- Adults with Incapacity (s13za), Advocacy, Case Discussions, Financial Assessments

- **Weekly meeting for peer/ senior support. Discuss cases/ resource issues/ legal parameters**
- **AAG each Tuesday afternoon, ARG each Wednesday morning**

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Rehab

- Referrals received via SPOA, from acute (rehabilitation referral pathway), GP, Care at Home, DN, Pharmacy Team, self referral
- 48hr window from discharge (note working days if discharged Thurs, will respond to referral on Monday)
- Response time same day if required from A&E out of hours referral (local agreement with DNs for weekends)
- Specialist multidisciplinary patient assessment following hospital discharge
- No waiting list
- Liaise with acute weekly and in-reach as required for complex discharges to facilitate safer discharge from acute to community

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Home Discharge Assessors

- Undertake re-ablement assessment for those discharged home
- Liaise with community based supports
- 4-6 week involvement

❖ **Meet with rehab staff and jointly discuss re-ablement. Peer/ Senior Support**

Care Home Placement Review Officer

- Undertakes 4 week reviews of all care home placements (6 monthly thereafter)
- In depth knowledge of care homes – strengths, areas for development, mix of residents

❖ **Monthly meeting with Senior; Attends Care Provider Meetings; Good understanding of resident and staff mix across all care homes**

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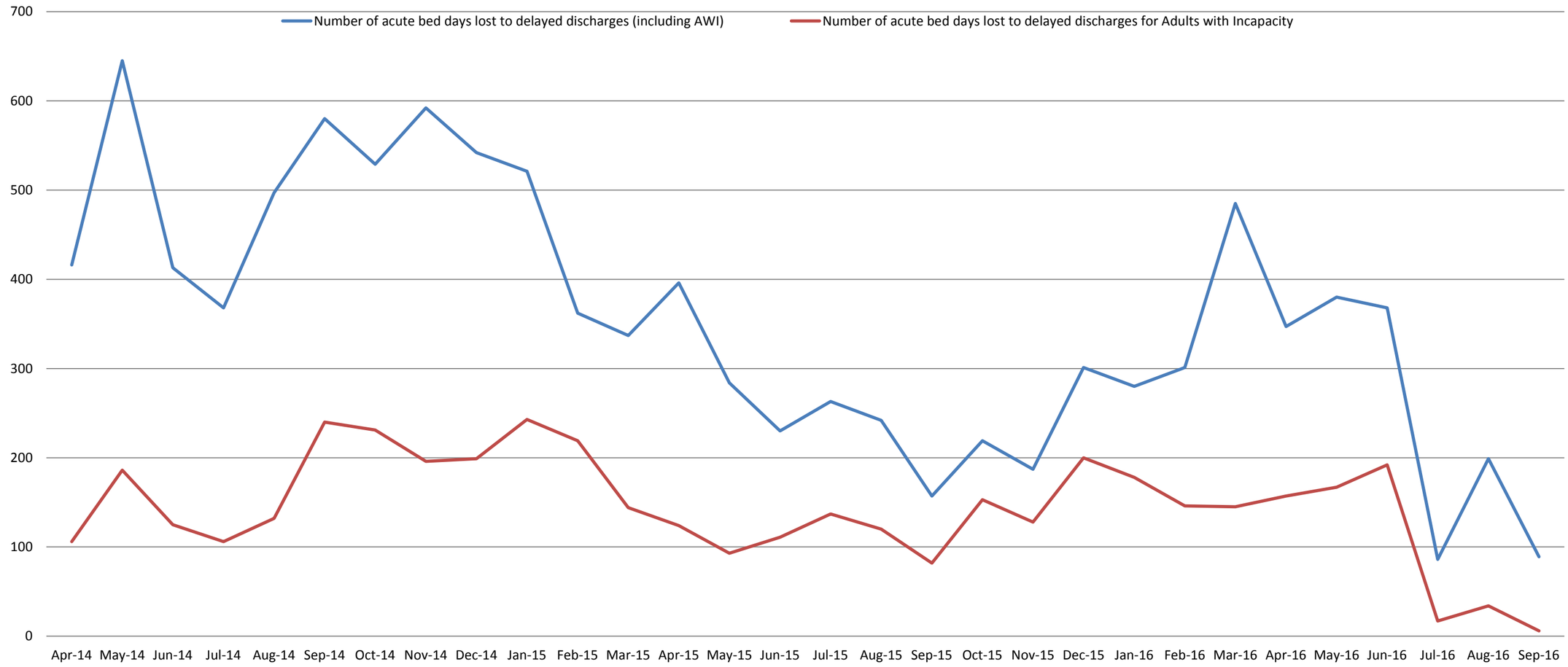

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AWI Beds

Admission Criteria

- Resident of West Dunbartonshire
- Medically Fit For Discharge
- No acute psychiatric presentations
- Awaiting completion of Adults with Incapacity processes (i.e. Guardianship)

- 5 beds in Balquhidder (3 beds currently occupied)
- Access to up to 5 beds in Quayside (currently all 5 are occupied)

❖ Remain NHS patients, in Consultant led beds
❖ Hospital Discharge Co-ordinator tracks all AWI processes
❖ Attendance at Balquhidder weekly ward round to discuss potential admissions

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Team Governance

- Supervision
- Team Meetings (Clinical Standards)
- Registration/ Revalidation – multiple professions
- Methodology for checking individuals are discharged to the correct environment – immediate review, formal 4 week review. Some people will change environment at this juncture
- Quarterly case review/ reflection

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Next Steps…

- Feedback from:

  Patients

  Staff

  Partner Agencies

- Streamline financial assessment processes

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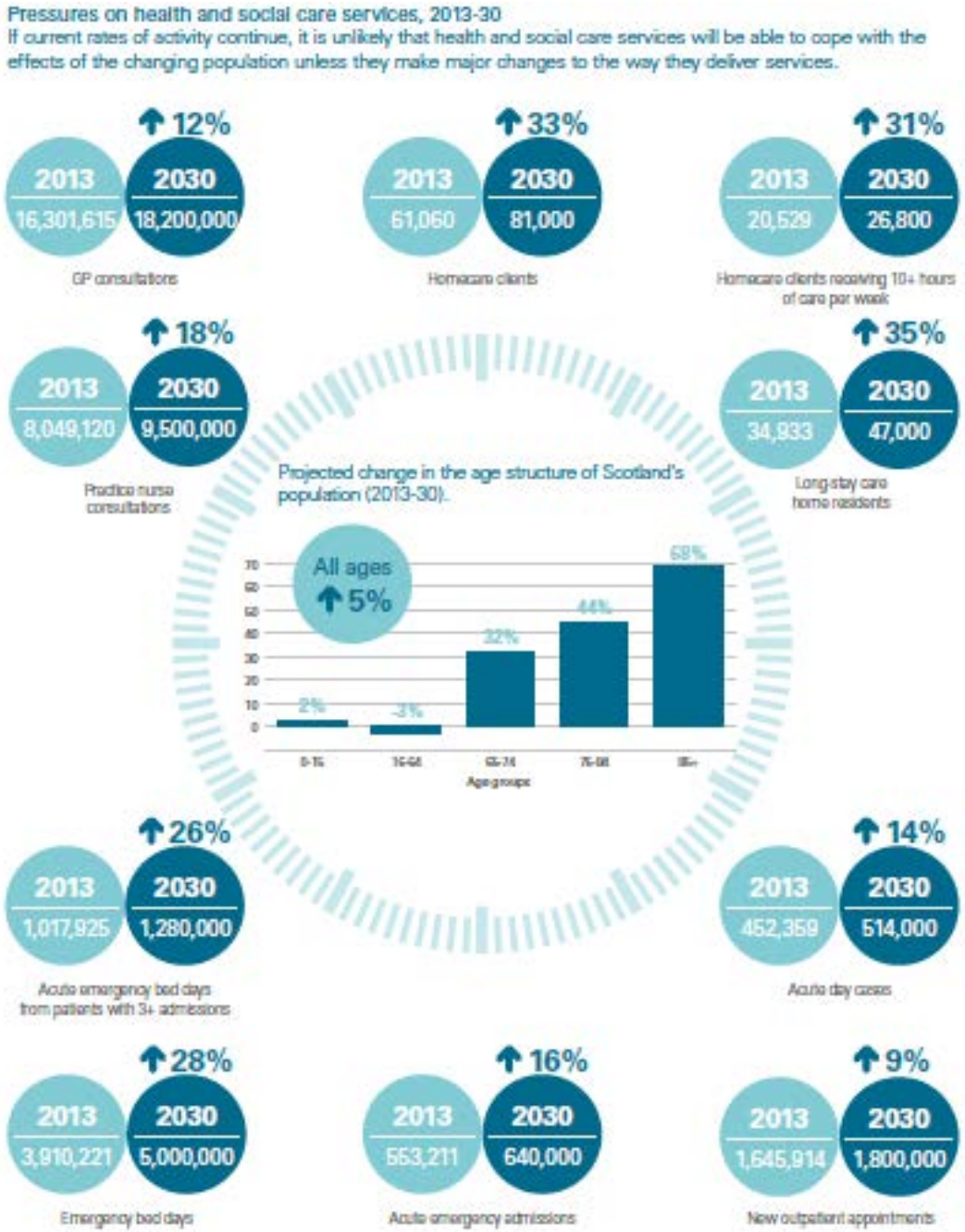
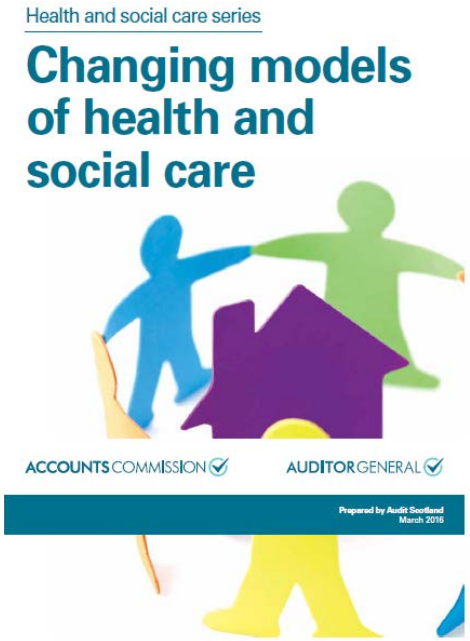
Closing Remarks:

The Challenges Ahead

Soumen Sengupta
Head of Strategy, Planning & Health Improvement



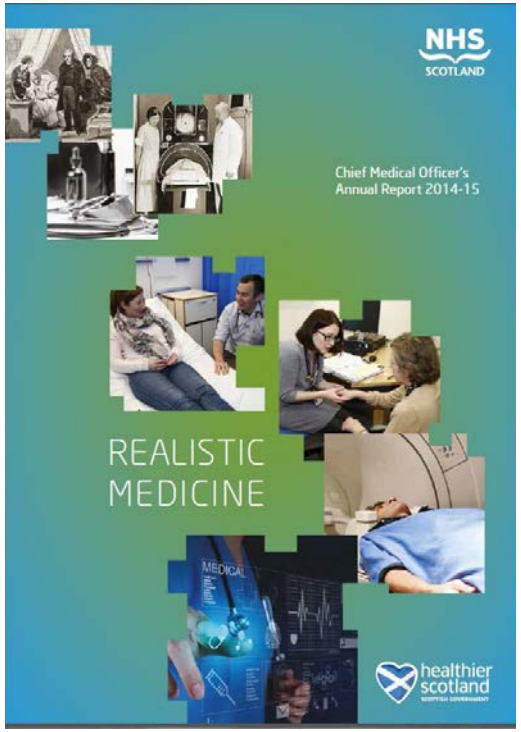


Audit Scotland (2016): http://www.audit-scotland.gov.uk/uploads/docs/report/2016/nr_160310_changing_models_care.pdf


Public Bodies Joint Working Act
Community Justice Act
Carers Act
West Dunbartonshire Health and Social Care Partnership Board
Children & Young People's Act
Self Directed Support Act
Community Empowerment Act
Equalities Act


WE NEED TO FOSTER A CULTURE OF INNOVATION. DOES ANYONE HAVE AN IDEA HOW WE CAN DO THAT?
YOU COULD GIVE US LESS WORK. AND YOU COULD STOP CRITICIZ-ING EVERY IDEA WE EVER HAVE.
DOES ANYONE HAVE A SUGGESTION THAT ISN'T RIDICULOUS?
Dilbert.com DilbertCartoonist@gmail.com
12-13-13 ©2013 Scott Adams, Inc.

Health & Social Care



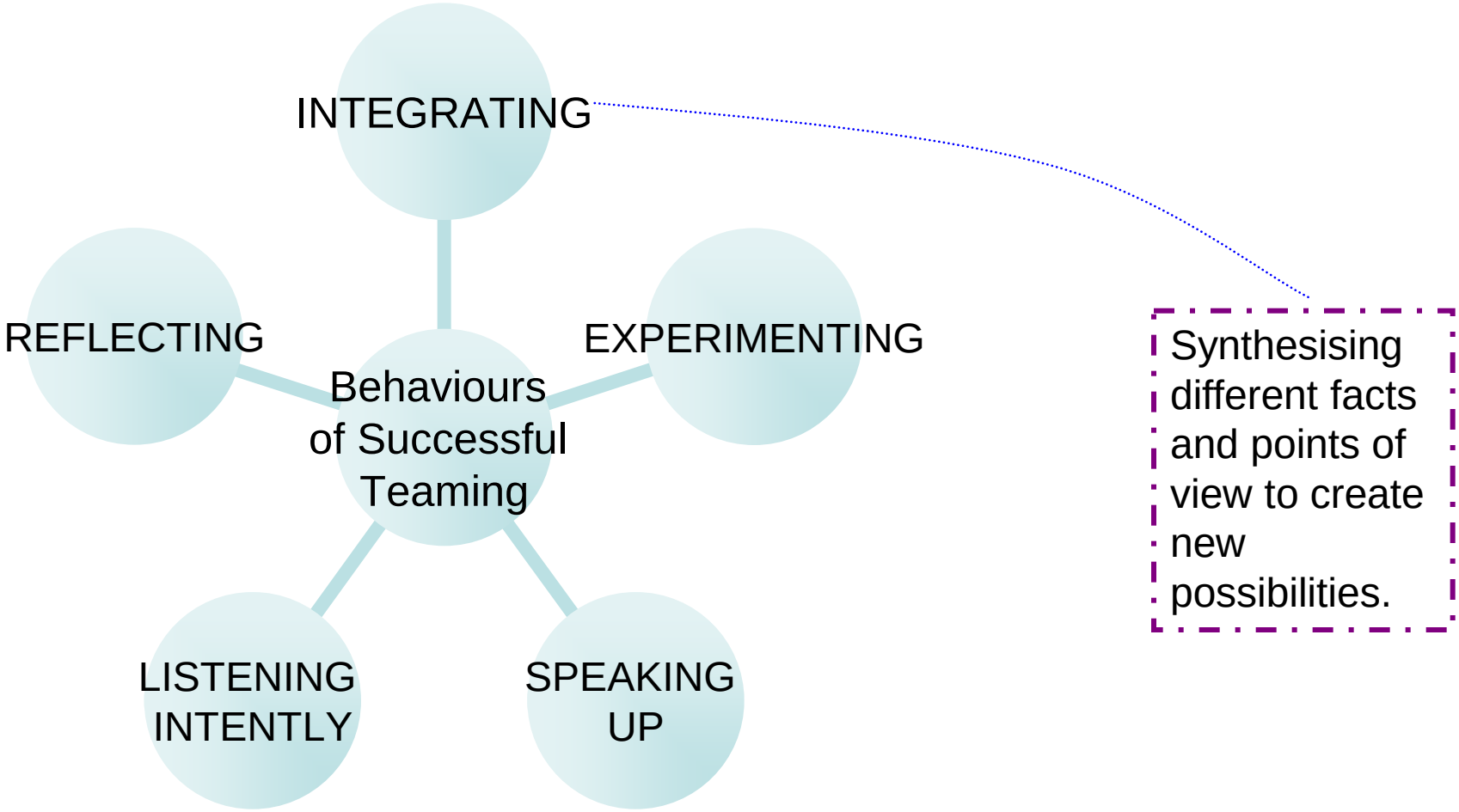
http://www.gov.scot/Resource/0049/00492520.pdf

Yesterday	Tomorrow
EXECUTION-AS-EFFICIENCY	EXECUTION-AS-LEARNING
Leaders have the **ANSWERS**	Leaders set **DIRECTION** (strategy)
STABLE work processes are put in place	**TENTATIVE** work processes provide a starting point
IMPLEMENTING CHANGE is a huge undertaking	**CONSTANT SMALL CHANGES** are a way of life
Feedback is **ONE-WAY**	Feedback is **TWO-WAY**
Employee judgment is **DISCOURAGED**	Employee judgment is **ESSENTIAL**
Fear (of the boss) is **NORMAL**	Fear inhibits **EXPERIMENTATION, ANALYSIS**, and **PROBLEM SOLVING**

Amy C. Edmondson | Novartis Professor of Leadership & Management | Harvard Business School:
http://www.lmpartnership.org/tools/powerpoint-power-teaming

Teaming is teamwork on the fly – coordinating and collaborating, across boundaries, without the luxury of stable team structures.

Teaming is especially needed when work is COMPLEX and UNPREDICTABLE



Amy C. Edmondson (2012) Teamwork on the Fly. Harvard Business Review
https://hbr.org/2012/04/teamwork-on-the-fly-2

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"My mother's very strong wish to remain in her own home was only achieved due to the magnificent service and support my mother received. Your carers are cheery, efficient, and respectful and certainly know the meaning of 'care'. What a wonderful team."

Letter to HSCP from family member