Moving Well EVENT

Beyond Referrals: reimagining how we work together

Outcomes from the experience of working with Derby's reablement service (Community First)

Kim Broadhurst and Daisy Giuliano

MAKING OUR MOVE

active notts

active derbyshire

active lincolnshire

CLAIRE WARD MAYOR OF THE EAST MIDLANDS

EAST MIDLANDS COMBINED COUNTY AUTHORITY

The NHS Alliance

NHS Derby and Derbyshire Integrated Care Board

NHS Lincolnshire Integrated Care Board

NHS Nottingham and Nottinghamshire Integrated Care Board

Today’s session

Is:

- Sharing of the conditions that have enabled this test and learn work
- An opportunity to reflect on your role in doing things differently
- A space to decompress and take stock

Is not:

- A blueprint of how to redesign services
- Just about reablement

Hopes to:

- Create time and space to think curiously about the example shared
- Explore the art of the possible together

An introduction to who's involved in creating space for and driving the work



Daisy - System Convener and Occupational Therapist with 10 years' experience working in the charity sector, championing the role of lived experience shaping the system.



Kim - Transformation Design Strategy Manager/Systems Thinking Practitioner/Leadership Development Facilitator, Registered Mental Health Nurse and Trauma Informed Practitioner

Together with

- Everyday movement enables purpose, routine, belonging and joy = living well.
- Working with people and communities to be active in a way that works for them.
- Working collaboratively to overcome, reduce and remove the inequality in the choice to live an active life.

Active Derbyshire and the Physical Activity and Health team at Derby City Council

Derby City Council

active derbyshire

- Provides Derby City's integrated reablement service, Supports people after a hospital stay to return to their independent life through rapid and short-term therapy, care and nursing.
- Contributes significantly to the flow and between acute, community and social care services.
- Recognises the opportunity to work differently and is open, vulnerable and brave in collaborating on this work.
- Meets its expected targets and is a good reablement service.

NHS Derbyshire Community Health Services NHS Foundation Trust

Derbyshire Community Health Services (DCHS)

The Community

How we live our lives:

- Housing
- Neighbourhoods and communities
- Streets, pavements, roads
- Parks and green spaces
- Places to be social
- People to be social with
- How we become and belong in communities is organic but can be organised, through community groups, charities and formal health and social care services

The Hub Plus Derbyshire

The Hub DERBYSHIRE

A not-for-profit organisation committed to supporting general practice teams, partners, and the wider primary care community across Derbyshire and beyond

Seeing beyond differences



Sport England and Active Derbyshire

- Work focuses on tackling health inequalities
- Recognises physical inactivity as one of the major modifiable risk factors for health conditions – being active is prevention
- Works in place, with communities
- **Brings an approach, focus, investment and capacity**

Community groups and organisations

- Born from how we're living our ordinary lives and the challenges we collectively face
- Organised via place and/or cause
- Note the nuance between community groups and larger charitable organisations
- **Brings real people and local expertise**

The health and social care sector

- Delivers safe, quality health services for their communities, at scale and within financial constraints
- NHS 10-year plan presents policy shift, from sickness to prevention
- **Brings breadth of multi- professional expertise, delivery at scale and strategic oversight**

Setting conditions to:

- Give something a go
- Be rooted in real lives
- Be strengths based
- Have freedom to act
- Be emergent and exploratory
- Have legitimacy and credibility

Which has meant:

Positive impact and learning for all partners in respect of their individual aims and purpose, as well as collectively – the sum is greater than the total of its parts.

What the work is

To explore what happens if we shift from a linear way of working to a multidirectional, multidisciplinary, community-based support network.

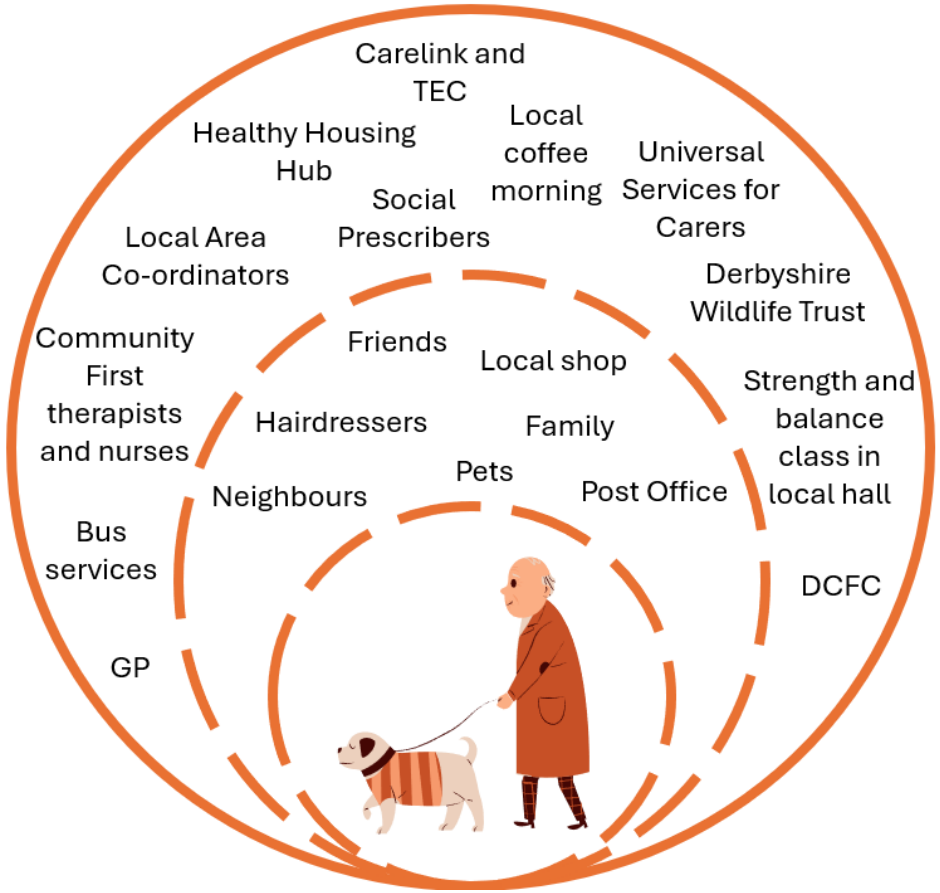
Taking an emergent 'test and learn' approach, the below four curious questions guide the evolution of the work:

1. **What happens if we collectively prioritise a return to someone's meaningful life, with being active as an enabler?**

2. **What happens when we focus on working in a deeper relational way, across services and organisations?**

3. **Does working in this way support the efficacy of Community First as a specific service?**

4. **How can we share what we're learning across the system, as we prepare to shift to a model of neighbourhood health?**



The above illustrates how existing support could come together to support someone to return to walking their dog.
This approach is inspired by the Buurtzorg Model of Care. This approach has been tested in the work.

Inherent pathway designs and their risks/challenges

Community First

A statutory, integrated and short-term service. Someone is in the service for under 6 weeks, though more typically 2 weeks

Demand for the service is high, and it plays a vital role in keeping 'the system' moving

The service is meeting people in the very beginning stages of reablement, and the focus is on activities of daily living

Signposting

Referrals

Community

Services that exist in communities, such as Social Prescribing and Local Area Co-ordination

Structured activity sessions e.g. coffee mornings if you're lonely

Community – how we live our lives

- Friends, family, neighbours, pets
- The places, spaces, people and communities who have been routinely part of someone's life and are important to them.

Sue's story explored through health and social care pathways

Motivation now – risk of services missing this window

Test and Learn Experience

Anxious but safe for discharge not meeting thresholds for further intervention

Services blend and meet Sue where she is

Service output is connection with community, focused on what's meaningful to Sue

Sue's confidence grows and engagement with the community = resilience and well being

Significantly reduced service need – increased quality of life

Likely Journey in current service models

Family pay for care package

Functional needs met

Wider protective factors disintegrate

Health deteriorates and qualifies for service input

Recommence accessing services

Long term care package – increased dependence

Highly likely outcome with contributory risk factors

Sue continues to try alone - or doesn't try at all

Sue Falls

111/999 call

Ambulance (average cost £459)

Hospital (£350+ per day)

High service need, life expectancy impacted*

Vicious cycle of fear of falling – leading to falls

Potential unintentional loss of independence

Back to Community First reablement care – Perpetual circle of demand on services

*In England almost a third of patients (31% die in the 12 months following hip fracture surgery) https://www.derby.gov.uk/health-and-social-care/public-health/jsna/#page-6

NHS: Key Facts And Figures | The King's Fund

The strategic and leadership conditions (test and learn)

Led by Kim Broadhurst

The test and learn bottom up and top- down approach is working to create these conditions

Often this..	Could be this...	Which may mean...	And could look like this in practice...
Coercive or authoritative leadership	Nurtured and organic, authentic and compassionate leadership	Appreciation and value of worldviews/drivers/pressures. Trust. Good leader development.	Listening to understand, support to problems, coaching, honesty, creating freedom to act, value in the process, success looking different.
Lift and shift	Tether and grow	Notice the dots - actively find the dots - make the dots. To then join the dots, learning together and sharing experiences.	Be curious, showing up in different spaces, meeting people where they are, being transparent.
Fixed and clear	Emergent & supported	Creating Safe spaces/honesty/aircover. Lead by example. Starting small. Becoming a human learning system.	The power held in the leadership, learning from each other, and the work, changing direction. Reflective spaces, exploratory discussion.
Fixed strategy	Dynamic vision	Building momentum, providing support and direction to the otherwise ambiguous.	Shared, brief, relatable. Able to evidence in work.
Theory of change	Scaffolding	Moving from instruction to providing a structure that enables people to safely act and explore.	Principles, guidance, coaching, permission, setting expectation, role modelling.

For success and then broader impact or 'replication' of the work – these broad system conditions need to be explored and created

So what? Quotes from people

It's important to me to pick my own steak from Tesco. I don't know how I'm going to do that. I don't need people telling me how to live my life and interfering.



I'm frightened. I'm scared about my future.



I feel calmer for speaking to you. Like I could give it a go now.



I like to read, but they've brought me Jilly Cooper. I like politics and war books, not that rubbish.



It's not my physical ability holding me back. It's my confidence. I always felt confident at Perth House but have at home. It filled me with dread the thought of going outside, but I'm not going to let it get the better of me.



I feel so lucky to be here whilst this is available



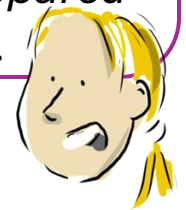
You have made me think, what does bring me joy? I've been able to talk about my feelings in a way that I haven't been able to anyone else here. I haven't so far, because they've got a job to do here.



I'd have to be on the floor for hours before I asked for help.



My advice to others looking after an elderly parent, is that everything is a battle. Be prepared to fight.



So what? Quotes the workforce

I think it's great to have you [Daisy] at the MDT, it gives us the push to think beyond people leaving here, we can get so focused on tasks.



People just need a tiny bit of help to help them fly.



It is possible, we just need to change the way we think.



We probably do need to factor in more time to reflect on <u>why</u> something has worked.



I think everyone assumes people will be better once they are home, but is that right? There is so much support and safety in the service.



It's hard because we can focus on short term outcomes because it's a short-term service, but we should be thinking what's life going to be like this time next year for someone?



This is taking us out of the treadmill.



When we focus on efficiency and become a cog in the system, it doesn't leave room for the softer but as important conversations.



The resource already exists, it's how to describe its use differently.



Not 'doing for' is important and this shows that, but it's hard because the medical model/being doctor led is creeping back in



So what? For the service - emerging outcomes snapshot

Bridging incompatible referral thresholds- engaging across organisation boundaries to influence service connectivity and flow through.

Changing practice- supporting safe conversations and challenge to create space and confidence to work a bit differently.

Seeing the limitations of packages of care and working round the edges to help people see and pull in the help they need.

Changing the conversations from deficit based to strengths based, altering world view 'well that's a change I never though he'd want to be social'

Preventative interventions because of new connections- improving access and possibility to maximise benefits from available programmes

Surfacing the power of conversation – 'you've made me think what brings me joy' cue engagement with new things.

Real person experience underpinning each of these claims

Project check-in March 26

And…

-sharing the work in meaningful ways to inspire and connect at all levels, multi agency interest.

-development session with local area coordinators regarding working across organisation boundaries and across multi professional teams.

- Shared VCFSE/Health service delivery

Community First – Head of service(NHS) reflections so far:

'*This experience has presented a genuinely unique opportunity to connect and build relationships. Actively helping us to understand community assets and therefore gaps. Working together in this way has enabled a supportive and coaching style of holding a mirror up to services in a way that can't be achieved internally. We know there is much more of this journey to undergo, but this has been a great start and the first steps to working in a real place-based culture*'

So what? For the 'system' – the ripples of the work (a snapshot)

Relationship between communities and other sectors

- Collaboration between social prescribing and local bus operation Trent Barton
- Derby City Council Taxi Licencing team and taxi firms
- Exploring the role of the local built environment – Derby City Council Neighbourhood Team
- Derby County Community Trust collaboration
- Informing DCHS transformation in working with communities

Sharing the work

- Sport England
- Inpatient mental health teams - DHCFT
- Pre-reg occupational therapy students across the East Midlands
- RCOT – case study & contribution to position statement of the role of OT in Neighbourhood Health
- APPG for AHPs – oral evidence to inquiry on Neighbourhood Health
- Operational Research Society
- 'Towards Relational Public Services' academic conference – MMU
- Primary Care Neighbourhood Fellows

Workforce development

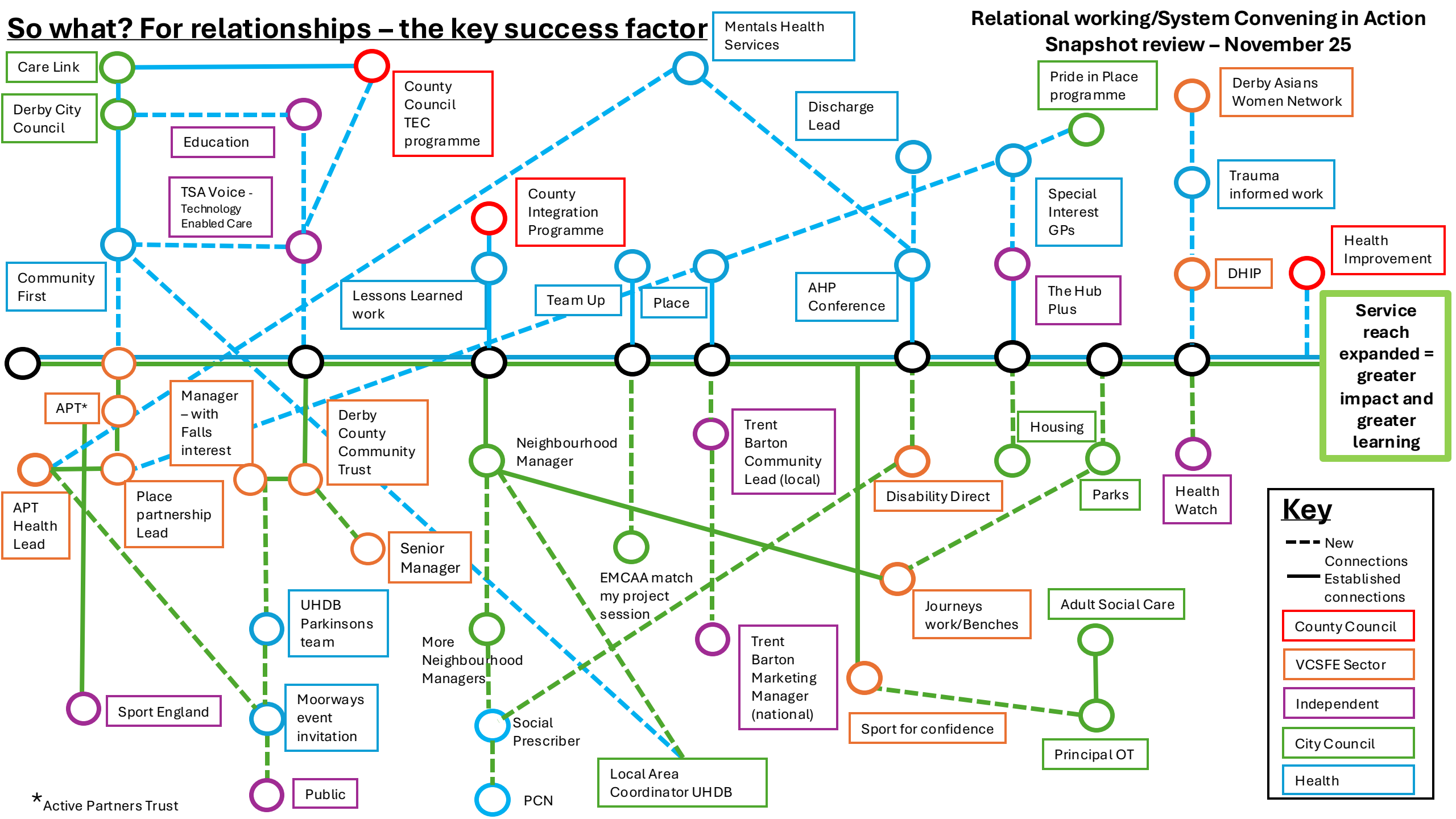
- Local area co-ordination reflection sessions
- Supporting innovation in the role of technology enabled care
- Innovate for Brilliance culture development programme
- Upskilling in activity delivery – boccia – cross organisational training
- Enabling reflection of practice more regularly
- Role modelling quality conversations and working in a trauma informed way

Creation of service connections beyond referrals

- New collaboration to primary care Complex Care team
- Local Area Co-Ordinator attending MDT
- Supporting innovation with Adult Social Care
- Neighbourhood Community Development
- Derby County Trust delivering sessions in Perth house
- Collaboration between DWP and Mental Health services

So what? For relationships – the key success factor

Relational working/System Convening in Action
Snapshot review – November 25



From policy to practice – being human in this

Realities/perceptions	How it can make us feel	Our approach
• Everything is changing • Leading without knowing the answers • Prevalent thought = 'we need more money to do that', which stops us from taking other action. • Health and social care is saturated (from all angles). • It's easy to medicalise movement and see it as a fix to ill health. • People are/feel 'done to' and disempowered as receivers of health and social care services. • Ultimate success means not being needed anymore.	• Tired • Overwhelmed • Not worth starting • Defeated • Curtail our energy, creativity and ambition • 'The challenges are so big, we can't do anything about them' • 'Will this be taken seriously?' • 'I can't ask people to do more' • 'I'm far away from why I got into this work'	• To hold onto the 'why' of the work for people - loudly and closely. • To take imperfect first steps(transitionary framing/permission to act) . • To create a pocket of opportunity and see what grows. • To build relationships - to help things grow organically and bring support in the tough times. • To hold each other to account. • To understand movement as an enabler to living meaningful lives – creating a shared language. • To understand our power and responsibility to advocate • Boundary spanning • Convening • Staying curious

Discussion

- Together, consider in your real work right now, a challenge or opportunity that keeps making you think ‘we must be able to do this differently’.

- Explore how the conditions and approaches we have shared in this work could facilitate change/solutions.

You might like to consider:

- Why you keep thinking this?
- Where a pocket of opportunity and energy might be, no matter how small?
- Who and where you have relationships?
- What’s in your power to create the conditions?
- Can you create the aircover – if not who can?
- What’s stopping you and how you can overcome that?
- Where language makes it seem there are differences, but the similarities are there to be found
- How you seek support and learn from other people?
- The extent to which you advocate for working differently
- How is energy sustained when doing something differently (in really difficult day jobs)?

Half-way point – questions to frame further thinking

To what extent has this workshop challenged/not challenged the way you work?

What could a first imperfect step be to working beyond referrals to enable integration?

How has the discussion felt?

Final reflections – a growing spiral of impact



Often, it is not actually about adding more resource, it's about bringing people in – relationships make this possible.

The goal of the working is to be no longer needed – confronting the perpetual challenge of not truly achieving the mission for fear of being redundant (as people/as organisations/as professions).

We can't create the strategic and leadership conditions for innovation without convening in action, and we can't act to convene without the conditions to do it.

In the spirit of collaboration, please reach out:

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