Wise by Experience – A Holistic Workforce

Enabling Legislation:
- Children and Young People (Scotland) Act 2014
- The Public Bodies (Joint Working) Act

"Complaining about a problem without posing a solution is called whining."

-Teddy Roosevelt

"Teamwork is the ability to work together toward a common vision. It is the belief that the whole is greater than the sum of its parts."

- Andrew Carnegie
The Unit of Analysis in General Practice

Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community (United Nations, 1989)

Govan SHIP-in at the Deep End

Inverse Care Law is now over 40 years old
‘The availability of good medical care tends to vary inversely with the need for it in the population served’
RAM Age>65 years threshold. Five years before the end of healthy life expectancy in the most affluent Scottish quintile, and about 15 years after the end of healthy life expectancy in the most deprived quintile.
Less of a Life Well Lived

- Prevalence per 100 patients COPD is 2.21 (Scotland) 4.18 (Possilpark) 0.63 (Hyndland)
- Smoking-related ill health show that 24.87 people per 100 is (Scotland) 29.17 (Possilpark) 13.6 (Hyndland)
- “Long-term Monitoring of Health Inequalities” report revealed that there is a healthy life expectancy gap of 22 and a half years between women in the most and least deprived areas, and that the gap is 24.3 years for men
- average spend per annum per patient is £123 (Scotland) £118 per patient (Possilpark), and £127 per patient (Hyndland).

Health inequality “not a law of nature ... but a longstanding man-made policy which restricts access to care based on need.”

Govan SHIP Lens- Seeing the Wood and the Trees
## Govan SHIP’s Geography

<table>
<thead>
<tr>
<th>Site</th>
<th>Total</th>
<th>SIMD 1</th>
<th>SIMD 2</th>
<th>SIMD 3</th>
<th>SIMD 4</th>
<th>SIMD 5</th>
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<td>Bridgeton Health Centre</td>
<td>21402</td>
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<td>Shettleston Health Centre</td>
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<td>61.4%</td>
<td>18.9%</td>
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<td>Possilpark Health &amp; Care Centre</td>
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<td>8.9%</td>
<td>3.8%</td>
<td>5.4%</td>
<td>1.5%</td>
<td>0.8%</td>
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</table>

## Govan SHIP

- **General Practitioner ‘Hub’**
- **District Nurse**
- **Social Worker**
- **Health Visitor**
- **Mental Health Worker**
- **Third Sector Organisations**
  - Links Workers
  - Housing
  - Carer Support
  - Welfare
  - Well being
  - Social isolation
What’s Stopping Us?

Factors that promote and hinder joint and integrated working between health and social care services: a review of research literature. Health Soc Care Community 22(3), 225-233. 2014.

The Tangled Mass of Interacting Factors-Are We Learning Yet?

‘About 15,000 children in Scotland are currently looked after by local authorities and around 2,800 children are on the child protection register. They rely on social work, health, education, police and other professionals to work together to care for them safely, give them the best start in life and enjoy good outcomes...

As there are no few shared recording systems, recording made by agencies is not available routinely across all staff involved in a case. Special effort must be made by staff to identify a piece of information as significant and pass it on. This increases the likelihood of basic human and processing errors’

http://www.careinspectorate.com/index.php/search-publi?q=significant+case+reviews
Knowledge and Understanding- An Artful Science.

- Medicine is a narrative based profession. Knowledge production is based on ‘conversations, curiosity, circularity, contexts, co-creation and caution’ (Launer).
- Doctors are ‘practical phenomenologists’ who achieve intersubjective understanding through semiotic processes ‘socially-that is, culturally and linguistically-organised’ (Atkinson)
- We learn by ‘mindlines’ not ‘guidelines’ (Gabbay)
- The ‘sentinel case’ has a lasting impact on the dynamics of the doctor patient relationship

Referral of children into the CPS from concerned professionals, ‘will only occur if there is a recognition at all levels within organisations that professionals are not automatons but human beings whose practice will always be affected by a range of different influences’ (Horwath, 2007)

But before that happens...Mastery, Autonomy, Purpose.

Time Is Not the Enemy

Pre Ship
- Pre-established team working but no strategic support
- Collective memory of working with attached social worker- a positive experience
- Clunky communication systems- an ongoing frustration
- Fragmented data systems
- GP contract- minimises paediatric and family health care
- No specific role for GPs in the care of vulnerable children and families despite being the ‘hub’ and point of contact for other services/ outside agencies.
- Very little research to argue our case
- Experience doesn’t seem to count

Our Logic Model-The Short, Medium and Long –Term
- Person Centred approach – based on all health & social care needs, not eligibility criteria
- Shift demand
- Evaluation
- (Kings Fund report suggests 5-7 years before embedded changes produces desired effects)
Govan SHIP-Evolution not Revolution

• Protected time- case planning
• Professional relationships- face-to face discussions
• Infrastructure- e.g. MDT meetings, whole systems approach, 1y & 2y care interface, steering group
• Documentation-minuted meetings, diaries (Deep End Report 29), Data systems
• Patient engagement
• Knowledge dissemination
• Research that fits working practices-local quantitative data, qualitative evaluation, mixed methods research.
• Meaningful political engagement

What Do We Need? Year 1

The need for a system to be put in place to know the name of the child’s school, Named school nurse and pastoral teacher for information sharing.

*All A&E slips are sent to the school nurses.
*School nurse roles are being defined as to what they will and wont be doing
*There are currently 10 School nurses for 20,000 school age children

More social work input needed for over 5’s
Need for a robust system to be put in place for the OVER 5’s

*Links are available for over 5’s to be referred to the Specialist Childrens Services at the Southbank Centre
*Tier 2 CAMHs for young children being worked on

Gaps in antenatal services – need for links with midwives for sharing of information

*HV starting to do antenatal 32 week visits
Barriers between the HVs and social work – HV need better input and support from SW, HV cannot refer direct to social work.
Health visitors often don’t have access to hospital letters etc – solution would be for HVs to be able to access clinical portal also any letters for under 5’s could be copied to the HV
Hospital letters are generated at the end of an admission (discharge) - ??being able to get information on admission to allow the information to be passed to the relevant groups for action if needed
There are no Liaison HV in the hospitals

DNA – Practices code this on the EMIS system when they receive letters – DNA letters for children are not always sent as children with ongoing medical needs will keep being reappointed which causes problems for GPs as this is not flagging up those who have not attended an appointment that they have been referred for.

Communication and Information Sharing is a major problem between all groups (SW, HV, GP, Antenatal Care etc)
Cumulative SHIP additions

Total & Cumulative SHIP Patient Additions August '14 - June '16

Where are we looking?

Age/Gender Balance of Patients recruited to the SHIP Project at 30-06-2016

<table>
<thead>
<tr>
<th>Age/Gender Balance of Patients recruited to the SHIP Project at 30-06-2016</th>
<th>ALL</th>
<th>0-4</th>
<th>5-14</th>
<th>15-24</th>
<th>25-44</th>
<th>45-64</th>
<th>65-74</th>
<th>85+</th>
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<td>40</td>
<td>43</td>
<td>22</td>
<td>69</td>
<td>86</td>
<td>40</td>
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<td>6</td>
<td>8</td>
<td>13</td>
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<td>12</td>
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<tr>
<td>MALES</td>
<td>476</td>
<td>49</td>
<td>51</td>
<td>28</td>
<td>77</td>
<td>99</td>
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<tr>
<td>Registered</td>
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<td>68</td>
<td>60</td>
<td>44</td>
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<tr>
<td>Registered</td>
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<td>103</td>
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<td>77</td>
<td>172</td>
<td>224</td>
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Percentage of overall population

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<th>Percentage of overall population</th>
<th>F</th>
<th>M</th>
<th>Total</th>
</tr>
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<tr>
<td>5.5%</td>
<td>14.2%</td>
<td>4.7%</td>
<td>4.0%</td>
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</table>
GP Demand

All GP SHIP & Non SHIP Demand at Sept 16

Unscheduled Care

Monthly A&E Presentations

NOTE: Data excludes Yellow practice. Not participating since April 2016
Unfinished Business

- **Data progress**
- Implementation of ‘Kis for Kids’
- **Harmonising**
- Links into education- some progress through JST at pre-school and school age
- Attached Mental Health Worker- funded through Mental Health Transformation Fund.
- Social Worker to Social Care Worker
- Involving the ‘experts by experience’ i.e. our patients/ clients
- Third Sector engagement
- **Political Ecology**
- Defence of the ‘Named Person’
- Economic and Social Return on Investment – the money following the patient, long term costs decreased
- Informing the new GP contract. Normalising this way of working
- Ongoing Evaluation

If you don’t belong to a suffrage society join one to-morrow, because if you are not represented in the affairs of your country your work is not of much value, and it is only when men and women co-operate in the work of the nation that the nation really succeeds’

Mary Murdoch, ‘Practical Hints to Students’, LMSW Report October 1914