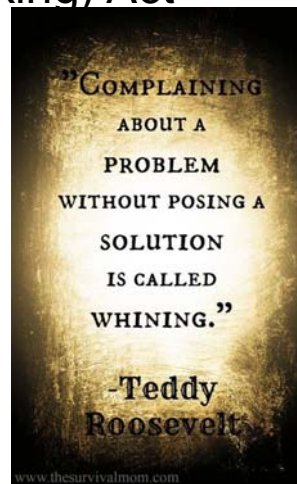


# Wise by Experience –A Holistic Workforce



ACE Nov 2016 A Mullin

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

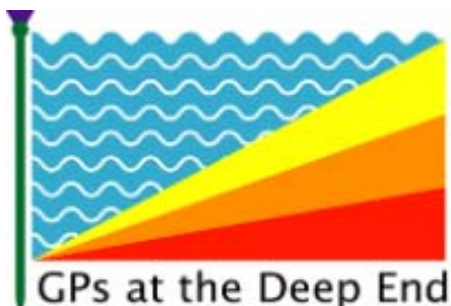


## The Unit of Analysis in General Practice

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'**

Hart JT. The inverse care law. *Lancet* 1971; 1: 405–412.

**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

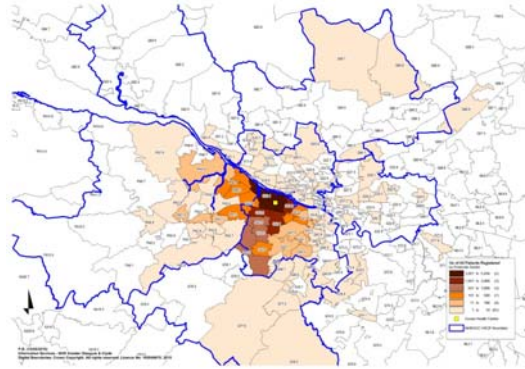
- Prevalence per 100 patients COPD is 2.21 (Scotland) **4.18 (Possilpark)** 0.63(Hyndland)
- Smoking-related ill health show that 24.87 people per 100 is (Scotland) **29.17 (Possilpark)** 13.6(Hyndland)
- “Long-term Monitoring of Health Inequalities” report revealed that there is a healthy life expectancy 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

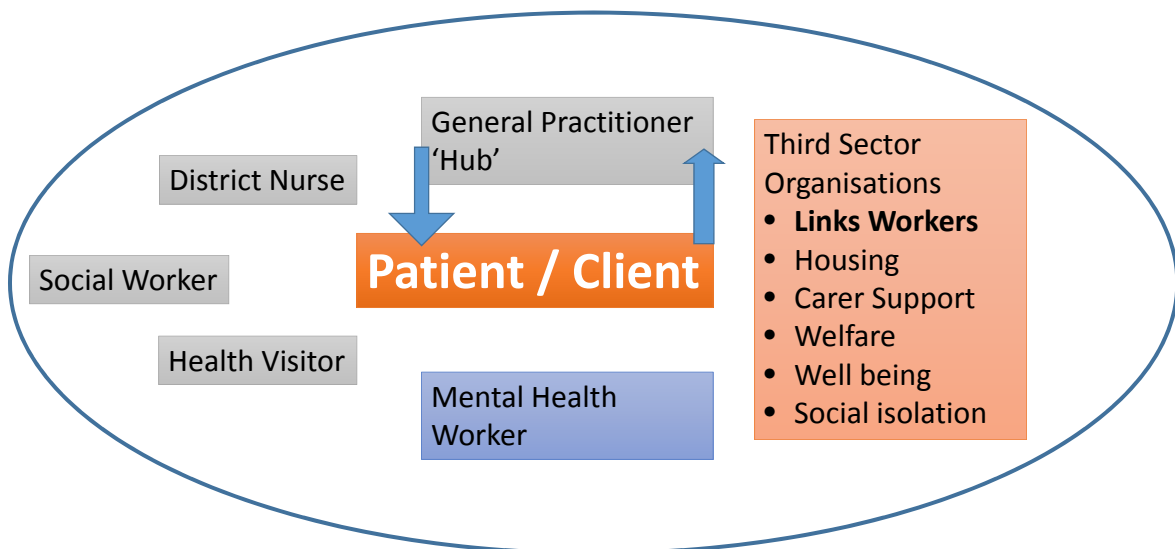


# Govan SHIP's Geography



Site	Total	SIMD 1	SIMD 2	SIMD 3	SIMD 4	SIMD 5	Unmatched
Bridgeton Health Centre	21402	70.8%	11.0%	9.4%	6.5%	1.8%	0.6%
Govanhill Health Centre	22407	34.7%	38.2%	14.3%	6.7%	5.8%	0.3%
Baillieston Health Centre	20326	31.1%	10.8%	21.9%	28.3%	7.8%	0.1%
Easterhouse Health Centre	18395	78.1%	14.0%	2.4%	4.3%	0.8%	0.4%
<b>Govan Health Centre</b>	<b>18375</b>	<b>73.8%</b>	<b>14.6%</b>	<b>5.1%</b>	<b>3.7%</b>	<b>2.5%</b>	<b>0.4%</b>
Springburn Health Centre	17359	71.3%	10.0%	5.0%	6.5%	6.6%	0.6%
Drumchapel Health Centre	13383	73.9%	12.0%	4.9%	1.9%	6.9%	0.4%
Shettleston Health Centre	12700	61.4%	18.9%	5.3%	12.0%	2.1%	0.4%
Possilpark Health & Care Centre	11470	84.7%	4.8%	4.3%	3.0%	2.6%	0.5%
Parkhead Health Centre	7766	79.6%	8.9%	3.8%	5.4%	1.5%	0.8%

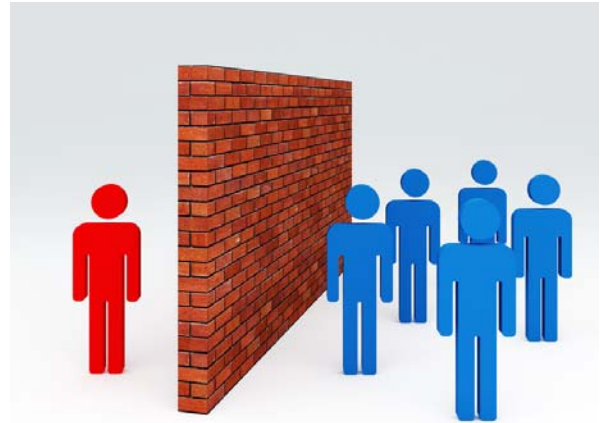
# Govan SHIP



## What's Stopping Us?



Figure 1-3: Misunderstandings stem primarily from four barriers to effective communication.



Cameron, A., Lart, R., Bostock, L., and Coomber, C. 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?

**Climbie, Baby P, Caleb Ness ad infinitum ultra**

'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

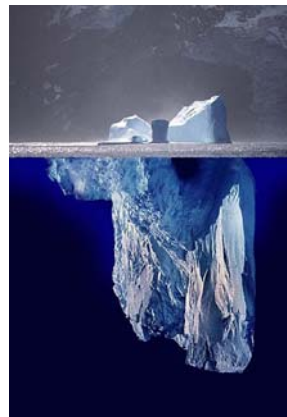
### Our Logic Model-The Short, Medium and Long –Term

- 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

The bigger picture



## 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)



MDT for \_\_\_\_\_ Practice – Date \_\_\_\_\_

**Patient LabelTrace**

**Brought to Meeting by:** \_\_\_\_\_

**Reason for Discussion:**

- Palliative Care
- Vulnerable Adult (code)
- Vulnerable Child (code)
- Possible Crisis
- New Diagnosis
- Follow-Up  
*(from a previous meeting)*

For particular attention of: GP HV SW DN Rehab  
LW CPN School Nurse Other \_\_\_\_\_

**Brief Summary of Situation** (inc diagnosis, involved services, emerging issues)

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**Referral Status (code):**

- Under care of Social Worker
- Under care of Health Visitor
- Refer to Specialist Health Visitor
- Refer to Link Worker
- Referral to Benefits Advisor
- Refer to Social Worker
- Refer to Health Visitor
- Refer to School Nurse
- Referral to Voluntary Service
- Other (enter as free text): \_\_\_\_\_

**Outcome** (to be entered to EMIS as text of consultation)

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**Evidence of Unmet Need** (short description of gap/unavailability of services)

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**Administration**

	Date	Signed

**Key Information for Kids**

**Child Protection**

- Child on protection register
- Child removed from protection register
- Child is cause for concern
- CP case conference

Last entry: Not found

**Home Circumstances**

- Lives at parental home
- Child lives with mother
- Child lives with father
- Child lives with grandparents
- Child lives with another relative
- Parents separated
- Parents divorced
- Child in foster care

Last entry: Not found

**Involved Agencies**

- Under care of social worker
- Under care of health visitor
- Nursery
- Primary school
- Secondary school
- Specialist school
- Paediatric specialist nurse
- Seen by CAMHS

**Attendance**

DNA hospital appointment

Frequent non-attender

Frequent attender of A+E department

School attendance poor

**Immunisation Status**

Up to date with immunisations

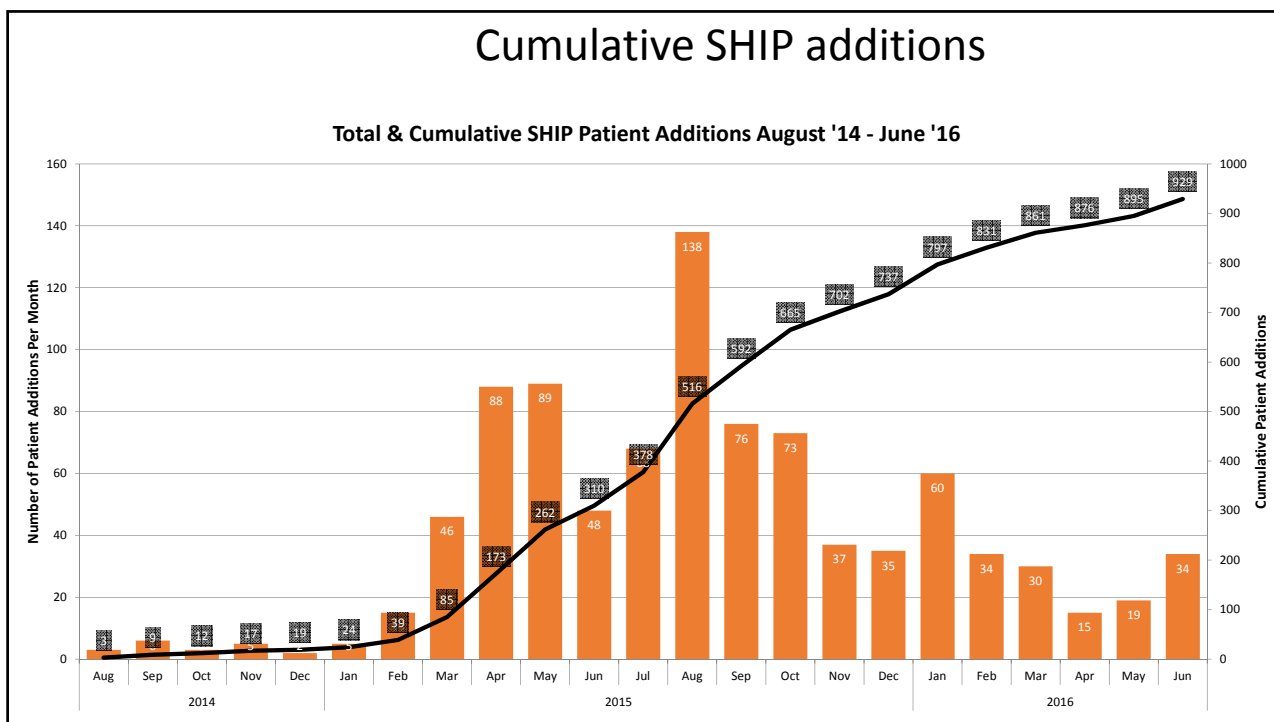
No previous immunisations

Immunisation Information

**UPLOAD AS PROBLEMS TO KIS - REMEMBER CONSENT**

v 1.4 (updated 29/12/15)



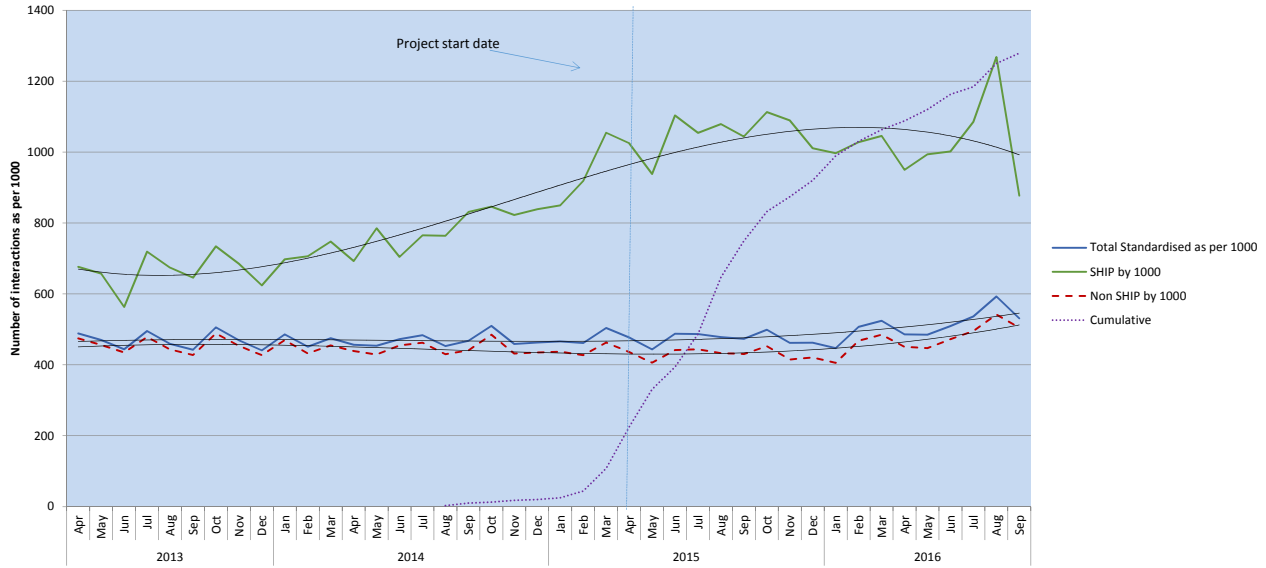


## Where are we looking?

Age/Gender Balance of Patients recruited to the SHIP Project at 30-06-2016									
	ALL	0-4	5-14	15-24	25-44	45-64	65-74	75-84	85+
Registered	395	40	43	22	69	86	40	55	40
Left	81	9	8	6	8	13	19	12	6
<b>MALES</b>	476	49	51	28	77	99	59	67	46
Registered	534	68	60	44	85	100	55	68	54
Left	86	12	7	5	10	25	6	8	13
<b>FEMALES</b>	620	80	67	49	95	125	61	76	67
Registered	929	108	103	66	154	186	95	123	94
Left	167	21	15	11	18	38	25	20	19
<b>TOTAL</b>	<b>1096</b>	<b>129</b>	<b>118</b>	<b>77</b>	<b>172</b>	<b>224</b>	<b>120</b>	<b>143</b>	<b>113</b>
<b>Percentage of overall population</b>									
<b>F</b>	5.5%	14.2%	6.7%	4.0%	3.1%	3.6%	6.6%	11.5%	20.5%
<b>M</b>	4.0%	7.1%	4.4%	2.0%	2.2%	3.0%	5.3%	16.5%	44.0%
<b>Total</b>	4.8%	10.3%	5.5%	3.0%	2.6%	3.3%	6.0%	13.3%	26.5%

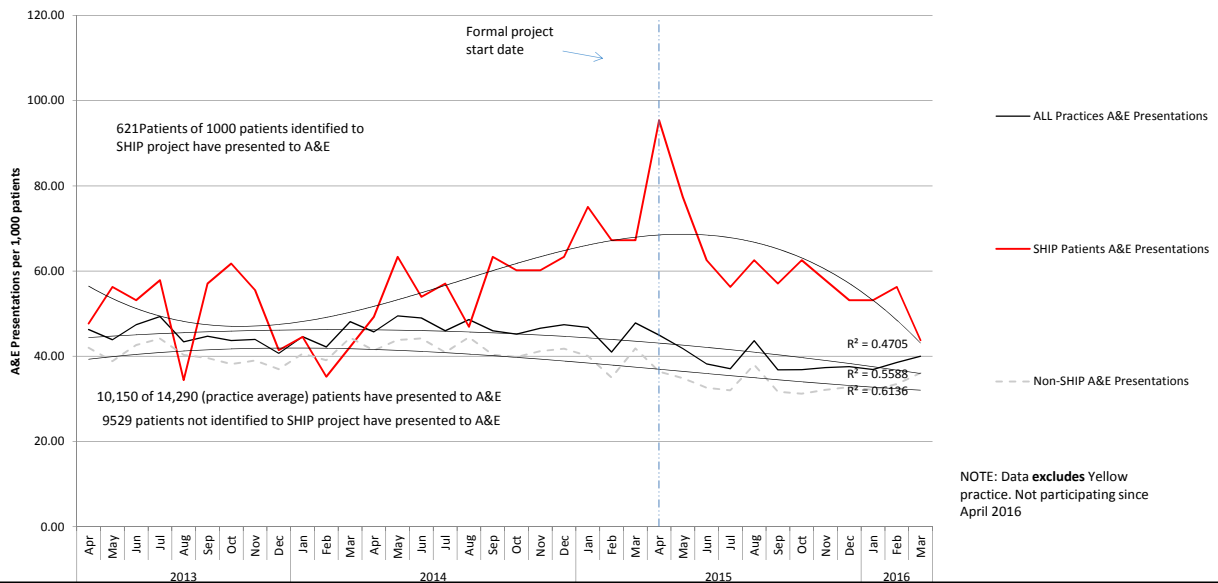
# GP Demand

All GP SHIP & Non SHIP Demand at Sept 16



# Unscheduled Care

Monthly A&E Presentations



## 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

**BACK  
TO THE FUTURE**

**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



NEW APPROACH: Govan GP and project leader Dr John Montgomery, right, with practice manager Vinca McGarry. Picture: Nick Porry