Integrated Care Matters

#ICMatters
IFIC is a non-profit members’ network that crosses organisational and professional boundaries to bring people together to advance the science, knowledge and adoption of integrated care policy and practice.

The Foundation seeks to achieve this through the development and exchange of ideas among academics, researchers, managers, clinicians, policy makers and users and carers of services throughout the World.
‘Integrated Care Matters’

Monthly Webinars

• User and carer perspectives

• Home and Away presentations

• Facilitated Discussion – add questions & reflections to chat box

• Knowledge Tree - Topic based resources developed for each session – send your resources to Marie: mariecurran@integratedcarefoundation.org for uploading. A copy of this will be sent out to all registered following the Webinar today

• SIGs are in development and will be hosted on the IFIC Website, if not already done so, please sign up for IFIC membership – a community membership is free if you don’t want to join as a full member

• Up and coming Webinars

• Webinars are in collaboration with UWS, Alliance & HIS
Housekeeping

- Can all participants that are not presenting, please mute your microphone on the top bar:

- Can hosts & presenters please mute their microphone when not speaking

- When presenting, please use the arrow buttons at the bottom of the screen to move through your slides

- Add your questions, comment and reflections to the chat box
Fife SHINE Programme

Dr Margaret Hannah
Director of Public Health
NHS Fife
Visiting Professor, Robert Gordon University
Three Horizons

PREVALENCE

H1

H2

H3

TIME

www.internationalfuturesforum.com
Three Horizons for Winter Care in Fife

Summary analysis of value tensions and promising pathways

H1 values
- Efficient and productive
- We have a duty of care and provide a 'safety net' for the most vulnerable
- Evidenced-based and highly specialised focus to care and treatment
- Strive for perfection, aim for cure
- Need a big system to accommodate everyone's needs
- Technology for efficiency

H3 values
- Loving, caring and respectful
- We promote self-reliance and resilience in individuals, families and communities
- Human-based, 'person centred', holistic care and treatment
- Willing to be pragmatic, aim for optimal function and wellbeing
- System is easy to navigate
- Technology to enable

H2 innovation pathways
1. Invest in H3 as our strategic intent
2. Evolve technology with a human face
3. Grow the workforce to support and participate in the new system
4. Grown up conversations - about living and dying, about love, care and compassion, about human limits and human potential
5. Focus on person/patient experience as our most powerful learning tool
6. Nurture community and relationships recognising most recovery from illness and longer-term care takes place at home

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Fife SHINE Programme

• Find ways for older people to thrive, not just survive at home.

• Explore what matters to people, solution-focused approaches

• Develop quality relationships to co-create solutions with family, neighbours and community
Older Person

Informal Networks

Family

NHS

Council Services

Local Area Co-ordinators

Other Independent Sector

Small-scale providers
(Less than 5 people employed: sole traders; partnerships; small business; social enterprise; voluntary sector.)

Voluntary Sector
Lisa’s Story

“I was working with one lady who had been in hospital. I was there to help her with kitchen tasks to ensure she was able to make herself something to eat and drink safely. And through conversation, boiling the kettle, making a cup of tea, she talked about her friends and their support while she’d been in hospital. Sitting safely in the kitchen drinking a cup of tea from a spill-safe beaker on her own really wasn’t what she wanted. She wanted to be able to make a pot of tea and serve it to her friends in her living room. She wanted to reciprocate. It was important for me to support that.”
Laura’s Story

“I was referred a very elderly lady with dementia and was told to ‘keep her ticking over until we can find her a place in long term care’. But as I got to know her, her self-esteem and confidence grew. She began to talk more about things she enjoyed doing and grew less anxious about leaving the house. I began to realise that her wish to live at home had become a real possibility.”
Mary’s story
SHINE: Changing the Culture of Care

First Horizon Context

- Policy priorities match SHINE, but reorganisation and budget cuts command attention
- Scottish Government takes over funding. Independence referendum campaign starts
- Recognition - locally and in UK
- H1 infrastructure starts to support aspects of SHINE
- SHINE approach is scaling, embedding and spreading to other areas of clinical practice. “This is the way we work now”

Results - number of patients

- Initial Three Horizons conversation
- Launch of SHINE programme
- Difficult to shift practice. Ward closes. This is not about the money. A little hope goes a long way.
- Conversation itself is an intervention. Change in practice is ‘subtle but profound’. Needs peer support.
- Really working. Data now needed for improvement. Difficult to attract sustained H1 attention - too much else on their plates.

Next Phase: Need to move from producer to organisation, put in place infrastructure to support the new practice, concentrate more on the community dimension. Work to free up resources from H1, I believe that it is preoccupied with its own agenda for ‘integration’ and cross pressures in the system.

Shift in mindset

**Belief in the past**
- Patients have to change, not us.
- We need more doctors and nurses.

**Belief now**
- We have to change first to facilitate change in our patients/clients.
- We do not need more staff but we need to work differently, in a more integrated way and in real partnership with our community.
Shift in mindset

**Belief in past**
- We are trained to provide healthcare but are being asked to provide social and spiritual care.
- Only if we are doing something are we providing healthcare.

**Belief now**
- We can’t provide healthcare without attending to social relationships, exploring meaning and purpose and what gives us joy in our lives – for our patients and ourselves.
- Good quality conversation is itself a health intervention.
Centre for Rural and Remote Mental Health

Building community connections and resilience: the importance of context and culture – the CRRMH, Australia

Professor David Perkins
Webinar International Foundation for Integrated Care Scotland
Tuesday May 16th
CRRMH mission

The Centre for Rural and Remote Mental Health engages in research, service development, and strategic communications to promote mental wellbeing, improve services and prevent rural suicide
Why a CRRMH?

Rural and remote context and culture is different

- Population
- Location
- Industry
- Amenity
- Services – primary rather than specialist

Rural and remote residents advocated for a Centre in 2000
Three priorities

1. Mental health promotion
2. Service development
3. Preventing rural suicide
Mental health promotion

Act – Belong – Commit

– Mentally healthy Orange
– Aboriginal Rugby League
– Clarence Valley Healthy and Well

Industry agreements

– Farming industry
– Mining industry
Service Development

**CRRMH Services**

- Rural Adversity Mental Health Program
  - Partnering with Local Health Districts
  - Linking rural people to services
  - The Glovebox Guide to Mental Health
  - Building mental health literacy – MHFA, Workplace MH skills courses, Community skills courses
  - Helping communities address mental health impacts of drought, fire, floods & economics

**Local Health Districts, Primary Health Networks and NGOs**

- Primary Mental Health Care
- Low intensity Mental Health Care
- Integrated Mental Health Care – IMHpact
- Central Coast Integrated Care program
Suicide Prevention

- Evidence Review
- Major events – Royal Easter Show
- Evidence based programs – ASSIST, MHFA
- Training GPs and Primary Care Clinicians
- Farmlink – Good Space Program
- We Yarn – Aboriginal Suicide Prevention program
CRRMH approach

• Build programs on best available evidence/conduct our own research
• Collaborative development and delivery – co-design
• Evaluation and publication- quality assurance
For further information:

www.crrmh.com.au
We work collaboratively......

If you are interested in working collaboratively, please contact

David.perkins@newcastle.edu.au
Virtual Blether – What Matters with Prof. Anne Hendry

Prof Anne Hendry
Clinical Lead for Integrated Care
Senior Associate, International Foundation for Integrated Care (IFIC)
Building Community Connections and Resilience
Knowledge Tree Branch

mariecurran@integratedcarefoundation.org
Further Webinars will be organised in the near future

Volunteer presenters for future webinars welcome

Contact: anne.hendry@lanarkshire.scot.nhs.uk
Stay connected and grow our Integrated Care Matters Learning Community

- **Join us at:**
- Tweet #ICMatters
- **Blogs** – share your thoughts and experience

- **Knowledge Tree**: Add your resources and grow our tree. Send resources to Marie at: mariecurran@integratedcarefoundation.org

- Involve your colleagues in future webinars

- Visit the WHO portal [http://integratedcare4people.org/](http://integratedcare4people.org/)