



VHS CONFERENCE

HEALTH AT THE HEART OF
COMMUNITIES

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OCTOBER 2021

WHEN EVERYTHING CHANGED

- Spectrum of experience
 - “same storm...”
- Choice
- Identity
- Purpose
- Adaptation



HSC EXPERIENCE

Present Concerns - Horizon 1

Confusion and duplication

Confusing guidance, eg professional bodies at odds with HPS	Inconsistent advice from specialist societies	Duplication across all boards	Decisions about risk with little information
Lack of direction to boards makes changes optional	Consistently changing guidance	Loss of visible leadership	Information sharing legislation under strain
Nuance in the system from professional bodies	Information overload and confusion	Duplication	Information governance with respect to Zoom and Teams
Suboptimal communication from leaders	Information flow	Feeding data to make sense of existing perspectives	Confused informed on sharing

Exhaustion and overwhelm

Limited ability to switch off	Tiredness	Flood of emails, calls, changes in direction
7am - 7pm working	Long hours of work	Long hours, Exhaustion, pressure
Every day another series of complex questions	Pace and volume of work	Change fatigue
Complexity	Not having the answers	Not knowing all the answers

Unhelpful (or worse) behaviours

'Heroic loops' are valued, need to pay more attention to staff wellbeing	Deterioration from 'can do' to 'constructive' observation	Being kind and empathetic in a command and control environment
Command and control culture strongly imposed	Blame culture starting to appear	Bullying culture
Picketing	Heroic coping lies in respect on others	Negative command and control behaviours
Traditional managerial behaviours	Staff experience of HSCs not good as date	Judgemental colleagues in tricky times
Lack of diversity in hierarchical management structures		

Confined to home

Disconnected in sentiment between frontline and leaders	Working from home	Isolation
Not seeing friends, family, colleagues	Struggles at home - family life, homeschooling	Loss of personal contact
Missing family and friends	Balancing work and family life	Missing life events
Sitting at a computer all day not good for health		

Sprinting in a marathon

Running a marathon at a sprinter's pace	Quick decisions are going to have long term implications (not considered)	Ad hoc innovation
Unrealistic expectations will lead to failure	No time to think between meetings	No time to adjust and plan changes
No time to think, reflect, learn	Time to reflect is missing	Sustaining momentum in the team
Pace and need for speed of response	Blind strategy decisions leading to conflict and frustration	

Backlog of patients

Backlog of patient work, waiting lists growing	Mixed messaging to non-essential patients
A&E numbers back close to normal - can we cope?	Public continuing to request non-essential treatment
Health deficit - waiting times increasing	Not treating people who need care that are deemed non-essential
Patients not attending out of fear - even urgent, referrals	Big implementation effort needed, particularly in disadvantaged communities

Back to old ways

Forward plans shelved, back to reaction rather than prediction	Reverting back to old ways
Restarting some parts of system without thought of consequences elsewhere	People assume these are short term fixes and will revert
Recovery crowding out re-imagining the future	Restarting some services too quickly
Services turning back on without consideration for knock-on effects	

Feeling left out

Being left out of the loop	Getting my voice heard	Guilt at working but not being visible
Feeling I have little influence	Frustration at not being listened to	A&P's potential contribution overlooked
Unequal workloads	Non-Covid-19 staff under-occupied	Feelings of helplessness
Staff not involved in emergency response feeling helpless	People taking on aspects of my role because I am not physically present	HPS dominance in planning and decision-making
A&P voice lost amongst the bigger professions		

IT no panacea

Internet not available to everybody	Poor broadband connectivity, eg in rural areas
Near no tech not reliable	Can't assess tone, range of medical, muscle strength necessity
IT support, availability of hardware, operating at scale	IT supply delays
IT infrastructure	

Lack of coordination

More, more, more comment and decision-making structure not working	Chaos of operations, being politically driven	Confusion - of teams, groups, work, messaging
Whole systems conversations and collaborative planning (focus in an acute)	National, top-down government initiatives	Genuine collaboration is absent
Siloed working	Not communicating, particularly in Science Government	

Staff dislocation

Little support for staff to build the new normal	Disconnect between previous role and Covid role
Acute A&P's brought in too late, only for discharge	Loss of belonging as teams change rapidly
Pivoting to new roles, in new teams	Staff resistance to new shift patterns

Emotional toll

Supporting people to focus on vision	Mental health support	Supporting stressed staff
Leading mental health impact on NHS staff and leaders	Impact on emotional wellbeing	Uncertainty and anxiety
Sense of dread	Seeing patients deteriorate quality	No support for me (even as I support others)

Resource anxiety

Financial sustainability	Services stretched too far beyond-remit will not be able to go back	Not enough resources to fund change
Lack of PPE	PPE supply	Risk of being experienced staff as the immediate crisis fades
Anxiety that the next phase will be harder than the first	Real fiscal constraints	Concern and fear about money pulling system back to the old ways

Fear of infection

Fear of catching the virus, spreading it	Hospital staff not social distancing with each other
Risk of Covid-19 for friends, family, colleagues	Fear of face-to-face consultations
Old hospital designs not good for social distancing	Not enough space for social distancing in patient consultations

Inequality and injustice

Inequalities	Injustice and inequality
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Bureaucracy

Too many meetings	Complex processes for approval
Meetings are long and inefficient	Increased bureaucracy

Specific services

In-patient to community transitions	Fighting to keep the profile of children and young people's needs up
National MBK services and some local responses	Managing vulnerable and at risk groups

Public expectations

Public engagement in shaping services	Public expectations are unrealistic
Unrealistic public expectations of resumed services	Complexity from the public

Losing previous principles

Hanging on to the longer term pre-Covid vision	Going to and not with our communities, and the communities of A&P
Danger of over-medicalising people	Need political support for whole system transition

'Long Covid'

Long waits for long term care after assessment	Support for young people coming through Covid
Rehabilitation and recovery for post-Covid-19 patients	

Care homes

Covid positive patterns in care homes	Care home staff testing
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Need to repeat same information many times because of lack of coordination

POTENTIAL FOR CHANGE

Innovation - Horizon 2

Using technology

Telemedicine, e-Health, Near Me etc	Microsoft Teams	Technology used for education, webinars etc	Technology on wheels to maintain contact with visitors
Digital signatures (ALS)	Generic mail boxes	Video consultations and e-consult	Virtual delivery of patient services
Technology for patients/families to keep in contact	Access to virtual cohorts and networks	Technology deployed	Teams and other technology for remote working
Holiness, ease of access, eg Ask Ask helpline in Highland	Updated better public website	Use of websites, social media, that allows to connect more with public	Remote working and working from home
Remove paper in National Prescription Service			

Flexible working and reduced bureaucracy

Flexible off-site working	Share expertise as far upstream as possible	Agility in roles	Reduction in bureaucracy
Flexible deployment of staff	Generic skills utilised across professional services	Shared governance	Reskilling staff - eg MRK physio in long term care
More flexible working patterns	Full developing new skills, eg probiotics testing or all over the world	Good use of shared expertise	Reduced bureaucracy
7 day working	Willingness to change practice	Removal of process barriers at point of need	Less focus on targets and more on the work to be done
Teams working to their strengths		Removal of unnecessary barriers to cooperation	

Collaborative working

Collaborative, risk-controlled working	Health, education and social care collaborating around children	Meaningful links with community
Single focus and challenge throughout collaboration	Generic assessment by A&P across boundaries	Collaboration across boards
Whole system cooperation	Collaboration across agencies	Team working and collaboration
Whole system working	Robotic Process Automation to free capacity and reduce variation	Improved joint working between health and social care
Process modelling		

Community and patient self-care

Chance to maintain people in community and out of acute care	Psychological nudges for long wait patients
Move to non-surgical solutions	Lower people turning up at A&E
Community and individual self-maintenance	Open access and self-request for help from services

New services, programmes, resources

Improvements in self-help materials and resources	Activity and wellness packs for people in hospital	Healthy and Active Rehabilitation Programme
Hospital at home for full elderly	Virtual resources for patients, especially in mental health	Choir music, drama therapy online
Covid-19 helpline	HSC's supporting care homes	

Staff support

Improved staff support	Psychosocial support to service groups
Staff wellbeing support	

Effective triage

Protocols of 'what matters'	Review of risk level across clinical practice - triaging patients
USC so that emergency demand is actual demand	Classic disease management focused on complex patients
Triage in general practice	Multi-disciplinary teams triaging patients

Job Retention Scheme

Job retention scheme to buffer economic shock

Good conversations

Good conversations enabling person-centred holistic medicine approach

Useful techniques

AIMSD (Advanced risk modeling for early detection)	EPROM (Evidence for evidence) for evidence reviews
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New kinds of leadership

Conversations - direct leader to frontline information sharing	Distributed leadership (flattened)	Inclusivity of system leadership teams
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Hope and Encouragement

Public support and contribution



Person-centred realistic medicine



Whole system working



Staff care



HOPE

Fast change



Flexible working from home



Team spirit



Kindness under pressure



Using technology



Hopeful narrative



Greater autonomy



Committed staff



Diverse, flexible skills



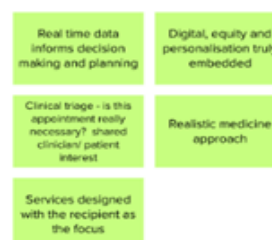
OPTIMISING “THE SYSTEM”

Aspirational System - Horizon 3

Close to communities



Person-centred, data-informed



What we have always wanted

The future we have always wanted in all our strategies finally realised

Valuing workforce wellbeing

Wellbeing of our workforce is a core priority

Joined up across organisations, professions and the lifecourse



Flexible operations



New models of care

New models of care (not just digitised versions of the old ways)

Sound social contract

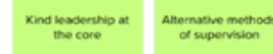
Good conversations with the public (patients around care planning and apps (advanced care plans))

Sound social contract with the public - agreed expectations and aspirations for NHS

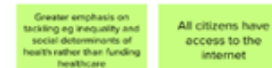
Resilient and sustainable



Kind leadership

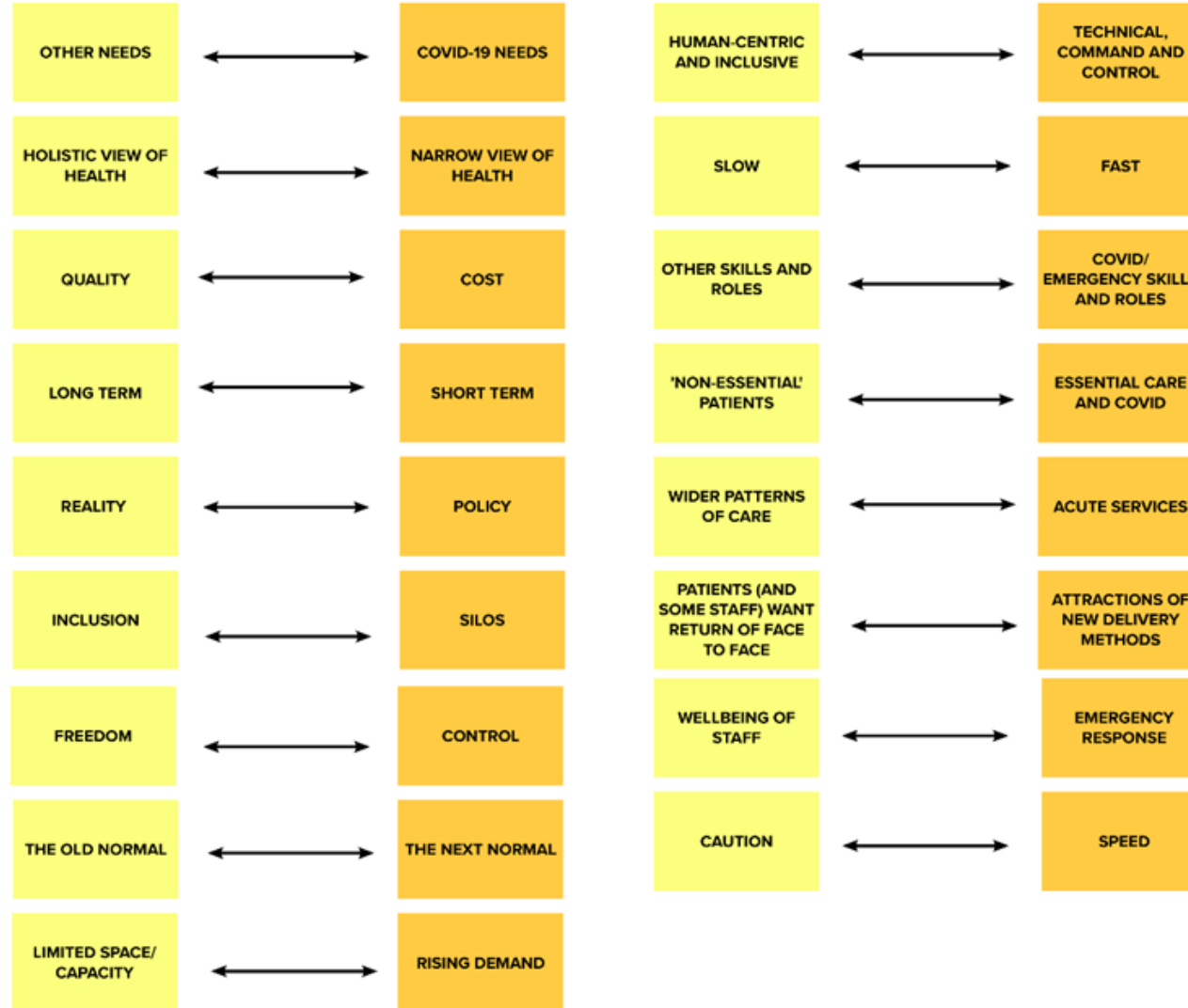


Investing in society



EFFECT OF PRESSURES

Value Tensions



HOW DO WE MOVE BEYOND?

Enabling Conditions for System Transition

Value and support staff

- GOT TO VALUE THE WORKFORCE, TRAINING AND SUPPORT
- SUPPORT FOR STAFF
- STAFF SUPPORT
- SAC - FLYING FINISH TO SUPPORT AGING STAFF IN DANGER OF BURNOUT
- NOTICE OUR AGING WORKFORCE - EG GP NURSES

Wide, open, honest conversations

- DOING WITH NOT TO
- OPEN, HONEST CONVERSATION WITH ALL STAKEHOLDERS (INCLUDING PUBLIC)
- INCLUSIVE LISTENING
- ENABLE THE DIFFICULT LOCAL AND NATIONAL CONVERSATIONS ABOUT ALL OF THIS
- PRIORITISATION - MAY ALSO COME ACROSS AS HAYKING
- WE CANNOT DO EVERYTHING

Wide view of health

- NEED TO FOCUS ON POPULATION HEALTH - NATIONALLY AND LOCALLY
- NEED TO FOCUS ON THOSE WITH GREATEST HEALTH NEEDS
- NEED TO IMPROVE END OF LIFE AND GRIEF MANAGEMENT AWARENESS
- TACKLING INEQUALITIES AS AN ABSOLUTE PRIORITY
- GREATER FOCUS ON PUBLIC HEALTH AND MANAGEMENT OF INFECTIOUS DISEASES
- TRANSPARENT CLINICAL PRIORITISATION
- CHANGING SERVICES

Freedom to innovate

- REDUCED BUREAUCRACY, DISTRIBUTED FREEDOM
- CREATIVITY AND INNOVATION
- CLINICALLY LED AND MANAGERIALLY SUPPORTED
- TRUST AND EMPOWERMENT
- INNOVATIVE THINKING AND ACTION

Clear communication

- CLEAR GOVERNMENT MESSAGING
- NEED A NATIONAL STEER ON REALISTIC MEDICINE
- INCLUSIVE LEADERSHIP AND COMMUNICATION
- COMMUNICATION

Systemic vision and leadership

- VISION AND LEADERSHIP
- VISBLE OPERATIONAL LEADERSHIP
- WHOLE SYSTEM THINKING
- STRATEGIC VIEW OF SYSTEM TRANSITION
- COMPREHENSIVE, SHARED, SYSTEM-WIDE NATIONAL VISION

Culture of learning

- HONEST OPEN LEARNING
- EVIDENCE-BASED, SHARING BEST PRACTICE
- WHOLE SYSTEM LEARNING ACROSS SCOTLAND
- LEARNING AND TRAINING

Universal accessible technology

- UNIVERSALLY ACCESSIBLE IT
- SECURE AND RELIABLE IT INFRASTRUCTURE
- TECHNOLOGY
- FAST BROADBAND ACROSS THE COUNTRY

Systemic collaboration

- COLLABORATIVE SPIRIT
- COLLABORATION BETWEEN PARTNERSHIPS AND BOARDS
- SYSTEMIC COLLABORATION
- SUPPORTIVE RELATIONSHIPS
- NEED THE 'NO-MAN'S LAND SPACE' BEYOND THE SLOS
- REAL COLLABORATIVE LEADERSHIP MORE ESSENTIAL THAN EVER
- CROSS-BOARD COLLABORATION

Intelligent scrutiny

- GOOD GOVERNANCE AND EFFECTIVE SCRUTINY

Stopping activities

- NEED TO STOP THINGS AS WELL AS ADD THEM
- FOCUS ON WHAT WE ARE DOING - IS IT ALL REALLY NECESSARY (CLINICALLY)?

Shared values and purpose

- SHARED PURPOSE
- SHARED EXPECTATIONS
- SOUND VALUES

Time to think

- TIME TO THINK AND REFLECT
- TIME TO PREPARE, THINK AND ADAPT
- TIME TO THINK

Resources for transition

- ADDRESS STAFF SHORTAGES
- RESOURCES FOR THE SHIFT TO DIGITAL
- A FINANCIAL STRATEGY TO MATCH THE 'TRANSITION TO A NEW SYSTEM'
- HEALTH SUPPORT FOR FRONTLINE STAFF

Energy to deliver

- COMMITMENT TO DELIVER
- ENTHUSIASM AND ENERGY
- VISION LINKED TO TANGIBLE DELIVERABLES
- CELEBRATION OF SUCCESS

NATIONAL WORKFORCE STRATEGY

- **Peoples needs put front and centre**
 - In evolving our systems of health and care
 - In ensuring the right skills and capabilities are present and accessible
 - In our planning, policies and practices of employment and development
- **Signalling must be coherent**
 - NHS Recovery Plan, Covid Recovery Strategy, NPF, PfG, NCS consultation
 - At least 7 concurrent workforce strategies / plans within HSC as well
- **Parity of esteem, visibility (data), opportunity and experience of work**
- **Greater flexibility and provision of career pathways esp in SC**
- **Investing in whole teams of “apex professionals”**
- **De-cluttering / simplifying the HSC system**

WHAT WILL SUCCESS LOOK LIKE?

- **Compelling** and engaging publication and process
- Based in current and future population **needs**
- **Holistic** – system, sector, person
- Offers a path to **parity** – professionally and otherwise
- Is **coherent** across strategies / programmes of work
- Sets out a **way forward** with momentum and mandate

- “I recognise these issues, they matter, and I believe that they deserve my ongoing support, involvement and action...”

THANK YOU

