

HSE Partners with the Age Friendly Cities and Counties Programme

In taking a co-production approach to Integrated Care for Older People.

With advances in Healthcare people are living longer, healthier lives. As people grow older the desire is to live independent fulfilled lives within their own homes and communities for as long as possible, and with the right supports and the right approaches to designing services this ambition can be realised. An assets based approach to planning and delivering health and social care recognises that each individual has access to assets such as knowledge, experience, friends, family, communities etc., and these assets can be instrumental in enabling older people to live well and participate in the management of their own health and wellbeing. *'Towards Asset-Based Health and Social Care Services' – Glasgow Centre for Population Health, February 2014.* The challenge for service providers is how we facilitate co-production from a strengths perspective to ensure that older people are able to access the right help at the right time in the right place when needed, and to ensure that the voice of the older person is heard in service design.

Opportunities and challenges

The majority of our older people live independently in their own communities. Thirty per cent (30%) of the population will be aged 65+ by 2030, which raises very significant challenges and opportunities for Irish society and in particular for the Irish health services. At present sixty per cent (60%) of people aged 50+years have a chronic condition and this rises to 70% for people aged 65 +years (Positive Ageing 2016: National Indicators Report, Dept of Health, 2016.). The prevention, treatment and management of chronic conditions within a rapidly aging population raises significant challenges for the Irish health services and society in general. Many people living with chronic conditions will also have frailty. Frailty is a distinctive health state related to the ageing process in which multiple body systems gradually lose their in-built reserves. Recent data from the Irish Longitudinal Study on Ageing indicates that 7% of the 65+years population, and 11% of the 75+years population are living with severe frailty (TILDA 2017). Promoting self-care as part of a wider approach to health and social care provision is a means by which we can achieve better health care outcomes through the involvement of the older person as a stakeholder in shared decision making around their health and wellbeing. With a rapidly changing demographic and increasing demands on public resources the key challenge is to deliver appropriate services to those who need them, when they need them, in a way that best suits their individual needs.

Integrated Care

“I can plan my care with people who work together to understand me and my carer(s), allowing me control, and bringing together services to achieve the outcomes important to me.” (National Collaboration for Integrated Care and Support, 2013)

Designing and delivering integrated care for older people across local communities and hospitals is a multifaceted collaborative process between providers, users and carers. It involves changing the way health and social care is planned and delivered whilst ultimately focusing on patient experience, outcomes and quality of care

A compelling argument exists to change the health and social care delivery model in order to keep pace with changing population demographics and associated needs. Health and social care systems are

recognising that sustainable strategies lie in a population-based health approach, including a focus on older persons as a key cohort (Kings Fund, 2013). At the heart of this is the need for systems to move from acute, episodic care to longitudinal, coordinated and integrated care models, reflecting the growth in multi-morbidity and complexity of care needs.

In order to illustrate the integrated care journey, the ICPOP has developed ‘Nora’s Story’ <http://www.hse.ie/eng/about/Who/clinical/Videos.html> This short animation sets out how integrated care can achieve a very different set of outcomes for the older person when care is planned, coordinated, and person centred.



The HSE’s Integrated Care Programme for Older Persons (ICP OP) ten step framework makes reference to the need for bespoke care pathways as well as supports to live well. <https://www.hse.ie/eng/services/publications/Clinical-Strategy-and-Programmes/A-practical-guide-to-the-local-implementation-of-Integrated-Care-Programmes-for-Older-Persons.pdf> Whilst important elements of the framework lie within the responsibility of statutory providers, we know that the social determinants of health have the biggest impact. In that regard it is important to recognise what older people value in maintaining their health and wellbeing. In addition, the kind of outcomes valued by service users and carers can differ from providers. Therefore taking a co-production approach, and the inclusion of users and carers is not desirable but essential.

What is Co-Production?

"Co-production is not just a word, it’s not just a concept, it is a meeting of minds coming together to find a shared solution. In practice, it involves people who use services being consulted, included and

working together from the start to the end of any project that affects them." (Think Local Act Personal (2011) Making it real: Making progress towards personalised, community based support, London: TLAP)

Why take a Co-Production Approach?

Healthcare outcomes are not created by healthcare professionals working alone. They are co-created by patients and communities. 'Person centred community focussed approaches lead to: Better health & wellbeing, Better decisions, Better experience, Better outcomes, Better tailored service, Better resource allocation' www.nationalvoices.org.uk/evidence *Realising the value programme*. At a local level we need to establish methods for engaging the older person, carers, and communities as stakeholders in the design of person centred health care. http://www.nationalvoices.org.uk/sites/default/files/public/publications/six_principles_-_putting_into_practice_-_web_hi_res_-_updated_nov_2016.pdf is a useful resource from the UK in how to engage people and communities. We need to view the management of health and wellbeing as a collective responsibility and move away from a curative model of health to a model that embraces self care and self management as core elements of our services. In essence we need to materialise *collective impact*. According to Kania & Kramer 2011 collective impact contains five key elements:



1. All participants have a **common agenda** for change including a shared understanding of the problem and a joint approach to solving it through agreed upon actions.
2. Collecting data and **measuring results consistently** across all the participants ensures shared measurement for alignment and accountability.
3. A plan of action that outlines and coordinates **mutually reinforcing activities** for each participant.
4. Open and **continuous communication** is needed across the many players to build trust, assure mutual objectives, and create common motivation.
5. A **backbone organisation(s)** with staff and specific set of skills to serve the entire initiative and coordinate participating organisations and agencies.

“... we believe that there is no other way society will achieve large-scale progress against the urgent and complex problems of our time, unless a collective impact approach becomes the accepted way of doing business.” John Kania & Mark Kramer

Partnering with the Age Friendly Cities and Counties Programme

In 2017 the HSE through the National Working Group for Older People (NWGOP) developed a Memorandum of Understanding with the Age Friendly Cities and Counties Programme. The NWGOP, including the representatives of Age Friendly Ireland and the National Chair of the Older Person’s Councils will set the context and provide support for a co-production model of service improvement in the Integrated Care Programme for Older Persons to include;

- The identification of examples of international best practice in the co-production of health services.
- How to support the development of older person’s patient champions including training and capacity building.
- Support the flow of information between the NWGOP and local sites.

Developing a Co-production approach to Service Improvement

As a **first step** in the process of service improvement local steering groups (who are developing integrated care for older people using the 10 Step Framework) are asked to engage with their local Age Friendly Alliance and Older Persons Council. Engaging with the Age Friendly City and County Programmes at a local level has the potential to operationalise co-production in the development of a holistic Integrated Care Model for Older People. The Positive Ageing Strategy 2013 recognises that all sectors of society - government, businesses, voluntary groups, service providers, and the general public - have a part to play in creating an age friendly society. City and County Age Friendly Alliances, involving senior decision makers from statutory, commercial and not for profit organisations, are already working on co-ordinating the work of all key players at a local level in putting the views, interests and needs of older people at their core.

The Service Improvement Process

The start of the process is to look at how the service user rates their experience of services, listening to the single and collective experiences of patients, service users, carers and families who use a number of health services at one time or over time. There are a number of initiatives within the HSE that capture this experience. Within the ICPOP what is proposed is that local steering groups collate feedback from older people from the following initiatives with a view to prioritising service improvement projects based on the feedback received;



The feedback from 2017 will be collated and presented at a workshop organised locally by the local steering group that extends invitations to the Age Friendly Alliance, Older Persons Council, and interested older people, carers, and third sector organisations. The purpose of this workshop is to prioritise areas for service improvement and to identify and recruit patient champions who will participate on the project boards of service improvement projects locally. It is anticipated that this process will take place in a number of sites in 2018.

Cultivating Patient Leadership

In supporting pioneer sites to develop local patient champions, the national ICP OP and the Age Friendly Cities and Counties Programme recently co-hosted a workshop on Patient Leadership. In order to build on the work done to date through the National Working Group for Older Persons' (NWGOP) and the Age Friendly Cities and Counties Programme, this workshop focussed on the 'How to' of Patient Leadership. The primary focus of the presentations on the day was to further support pioneer sites in engaging service users and developing the Patient Champion role within the ICP OP nationally and locally.

The event was attended by 120 delegates representing Older Persons' Councils, Local Authorities, HSE staff, and the voluntary sector. Speakers on the day included Mr. David Gilbert who is a co-founder of the Centre for Patient Leadership in the UK. David spoke of the UK experience in driving change in the NHS and the need to see patients as partners not just in their own care, but also as equal partners in shaping the services that are delivered to them.

Dr. Mitch Besser also addressed the event on an organisation called AgeWell Global which he initially founded in South Africa, and now has a pilot project in Limerick. AgeWell trains able bodied older people to provide peer support to older people in their communities who are at high risk. These include people living alone, people recently discharged from hospital, and people living with chronic disease.

Addressing the attendees, Dr. Siobhan Kennelly Clinical Lead ICPOP, spoke of the central role that feedback on patient experience plays in driving service improvement. ‘I am heartened to see so many of our older citizens in attendance today’, she said. ‘You are demonstrating the energy and willingness that exists in our communities to play a substantial role as partners in our shared journey towards a better health service for all.’

A short video recorded on the day can be accessed on the HSE website at <http://www.hse.ie/eng/about/Who/cspd/icp/older-persons/news/>

A key output from this workshop will be a descriptor of the patient champion role based on feedback received from participants on the day. This will be available in information leaflet format in early 2018.

Conclusion

"It is the long history of humankind (and animal kind, too) that those who learned to collaborate and improvise most effectively have prevailed." – Charles Darwin

An ageing population is a real success story that is something to be celebrated. However it is also something that requires new ways of working and new ideas from citizens, communities, and service providers if we are to build on this success so that we don't just add years to life, but also life to those years. Collaboration, co-production, service user engagement, active citizenship, person centredness, shared ownership. These cannot be just words, but the drivers of how we re-imagine how we deliver services and supports that enable our older citizens to live well in the place of their choosing.

The collaboration between the Age Friendly Cities and Counties Programme, and the HSE's Integrated Care Programme for Older Persons presents a real opportunity to get this right. Taking an assets based approach to health and social care delivery means we need to explore and utilise all of the informal supports available to each of us within our homes, families and communities that go together to determine our quality of life. Delivering person centred, co-ordinated care at the closest point of access is a challenge that will require not only a shift in how our services are delivered, but also a shift in our understanding as citizens as to how we can all play a part in making that happen.

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