

Learnings from the Advisory Board's Interactive Discussion Group

Thursday 19th September 2019

Session Theme: *Engaging high-risk citizens and patients in sustainable self-management*

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Key Questions Posed

1. What do you know to be the biggest barrier to 'success' in self-management of long-term chronic conditions? And have you heard or seen any organisations overcome them?
2. What characteristics should be considered when sourcing candidates for self-management programs?
3. Which organisations or individuals from across the health and care system should be involved in designing and delivering the programs?

Outcomes and Learnings:

We need to conceptualize the recovery of the 'best' life rather than recovery from condition or curing patients with long-term conditions

- We need to start the conversation around 'what can we do to make today a good day for you'?
- No-one is better qualified to have that conversation / ask the questions / help fit together the pathway to get to that good day than citizen-peers working navigators and coaches. We need more of them and we need to place them in critical touchpoints across the system
- Virtual 'traditional' care providers 'in the background' can also enable this. Nurses can still support with check-in calls but they don't have to be there all the time; they can be a safety net that enables citizens with chronic conditions to take more ownership of their own lives
- We need to enable and sustain positive partnerships between GPs and social prescribers to work together to help those in need live that best life. The biggest challenge to health is poverty and third sector partners understand that and can help embed an awareness of that – and resources to help overcome it – in our 'traditional' primary care structure

We need to change the Power Dynamic

- Engaging with system stakeholders/partners will, in part, be about a willingness to let go and cede power to those best-placed to make decisions or deliver care. And that will often be citizens and their families
- Good shared decision-making is a clinical issue and not a patient one i.e. patients/citizens don't get invited to participate but often want to, whereas clinicians can be reluctant to share that position of decision-maker. We have to change that dynamic by helping clinicians see that ceding some of that 'control' and working together with citizens will get to the common desire of helping people live well with chronic conditions and/or social challenges
- Top-Down Change is harder to manage and drive than Bottom-Up. We need to invite the frontline in more to share their experiences/insights/knowledge to help us build what is really needed, and thus engage them in delivering because they co-designed it

We need to enable our teams to have meaningful conversations with citizens to develop the 'right' partnership/care plan' and manage our assets in a way that allows us to action what we learn from those conversations

- Is that about training? Can it be trained or does it just need to be a value that focuses the frontline on considering 'what would I want if that was my Mum/Sister/Child?' Training is part of it but we need to make it 'how we do things round here' so it's a culture issue at heart
- We also need to let citizens know that we **want** to work with them this way. People who've never worked this way and people who've never experienced receiving support (and co-design) that way both need help and an invitation to help drive and sustain the change
- We need to learn from our colleagues in Local Council. They have a long history of taking an asset-based approach to social care that health care providers could learn from – we need to help staff in healthcare think that way rather than fitting patient needs into the existing system and pathways. And in asking for that learning, we foster a level playing field for knowledge sharing and collaboration of equals, each with something to teach and each with something to learn but all focused on the common goal of supporting our communities