Collaborative care in Islington – building our house

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Where we’ve come from

- Co-Creating Health 2007 – 2012
- Islington CCG Patient & Public Participation Strategy 2010
- “No decision about me without me”
- 2006 – Islington PCT Self management Strategy
Islington:
• 4th most deprived borough in London
• Huge health and social inequalities
• High prevalence of LTC
• High level of mental health problems
• Most densely populated borough in England
• 40% children living in poverty
Engaged, informed patient HCP committed to partnership working

Co-creating health ADP
Coaching for Health
Supporting lifestyle behaviour change
Year of Care

Commissioning – The foundation

Self Care Working Group
Navigator Role - Age UK Islington
Programmes to support healthcare professionals and patients
Self Care CQUIN/LCS/VBC
Co-production workshops
Measuring outcomes

Organisational processes

Enhanced Recovery Pathway
Ethos embedded in some services
Care planning in longer appts & prior to MDT teleconference
Working Well

**Patients**
- 2967/3602 (82%) self management plans for people with COPD
- 3574/8500 (42%) YoC reviews for people with diabetes
- Wide range of offer eg Diabetes
- Recognition - Health Education NCEL award

**Health and care Professionals**
- Clinician satisfaction - advocates and change agents
- Further opportunities as Integrated Care Pioneer via Community Education Provider Network (CEPN)
- Recognition - Health Education NCEL award

**System/Org processes**
- Longer appointments enabling better conversations in primary care
- MSK chronic pain service; diabetes; respiratory team

**Commissioning**
- Patient involvement in the process
- Good collaborative working across the patch
- Move to integrate disease specific approach to generic LTC approach in 1ry care through LCS route
Working well- impact on clinicians:

"CCH has shown me that enabling patients to self-manage involves skills which do not come naturally to most clinicians. This is hard but vital and rewarding work and it is only now that I am seeing some of the long term benefits both in my job satisfaction and in the clinical outcomes."

"CCH has proved inspirational: it has spearheaded and embedded novel consultation processes, focusing on partnership and self-management, and amounting to a radical 'culture-shift' [...] I feel that the principles of CCH provide the most important opportunity for better patient care and cost effective quality improvement."

GP:

Consultant:
What we have learnt

Importance of getting the language right

Takes time

One size does not fit all

Need for flexibility of delivery model

Ongoing support: patients and clinicians in new ways

Care planning documentation

Teams rather than individuals inter-professional learning together

Senior leadership from clinical community

Integrate with concurrent initiatives
**Workforce**
1. What more can Royal Colleges/professional bodies do to support change of attitudes and skills needed?
2. How do we influence the paternalistic approach being part of the way people are taught and the culture maintained?

**Engaged and informed patient**
1. How can we develop a clear narrative of partnership working?
2. How do we create more bottom up demand?

**Organisational process**
1. What can you do to contribute to ensuring there is consistency in language?
2. What can you do to help shape the unplanned admissions DES care planning template?

**Commissioning**
1. What can you do to support system wide implementation of self management support in a fragmented commissioning system?
2. What can you do to support a shift from activity based contracting to one that incentivises good conversations?