Extra care for older people

Settings that value relationships

Context

- WSP's expertise in systems thinking, simulation and modelling – with a human dimension;
- Leeds University's interest in innovation, patient & public involvement and practice development;
- A formal 2 year Knowledge Transfer Partnership funded through InnovateUK;
- A quantitative and qualitative evaluation of an extra care housing unit in North East Lincolnshire.

What do we see?

Whole Systems Partnership

Resident's story: Mrs W. lives in her own flat in Stand Court extra care housing ...and she states that she has been a lot better physically and mentally since she has moved. She states that she enjoys being able to sit outside in the pergola when the weather is nice and she states that there is a nice atmosphere with the other residents as they call say hello to each other and she states this did not happen at her last address.

Our starting point

- Technical solutions in health and care settings dominate:
  - ✓ Analytics;
  - ✓ Devices;
  - ✓ Process and protocol…..
- These have the tendency to sub-optimise wellbeing outcomes, particularly where needs are complex and cure is not the dominant modus-operandi…….
- They also have the potential to de-value professional roles and expertise.

Both partners to the caring relationship are worse off….

Theoretical frame

1. That the 'human factor' is no simple extension of the technical sphere, but part of the starting frame of reference, not as isolated individuals but in the relationships we choose to invest in.
2. That relationships are more than simple connectedness, but have substance, direction and attributes that describe the character of *relational value*, namely integrity, respect, fairness, compassion and trust.
3. That a socio-technical framework recognises that people, culture, vision, process, infrastructure and technology can all encourage or limit the extent to which relationships flourish and add value.
4. That an understanding of a human system within the context of a socio-technical unit requires us to recognise distinct and responsible actors that join to achieve a common purpose and are connected in such a way as to achieve that purpose.

The 'big idea'

- That the quality of relationships:
  - ✓ Is influenced by, and is integral to the system of care – there are no purely technical solutions;
  - ✓ Can be measured through our experience of an evidence based set of behaviours;
  - ✓ Can ultimately be evidenced as being essential to positive health and wellbeing settings, particularly where needs are complex.

- So how did we seek to put that on the road…….

Research back-bone

- A partnership between Whole Systems Partnership and Leeds University School of Healthcare Studies through a Knowledge Transfer Partnership (2015-2016):
  - ➢ Framing the research through observation and theoretical reflection on the nature and quality of relationships in a care setting;
  - ➢ Literature review focussed on care of the elderly settings and using key-words generated by the framing process;
  - ➢ Use of a new Extra Care setting to sort relational behaviours that matter to people & to test their presence;
  - ➢ To embed the relational value paradigm in the ongoing culture and practice of the unit.
- Two publications...........

Methodology

- Literature Review:

    Fairness, Respect, Empathy, Trust, Integrity

- Q Methodology

    27 Participants rank ordered 48 statements about relationships Field Notes taken

- Resident Survey

    <u>Action Research</u>

Top ten statements

1. Everyone is treated as a whole person
2. Everyone is treated as equals
3. When things go wrong people feel there is always someone to tell
4. Residents see the same staff everyday
5. Residents can contact family and friends when they like
6. People respect each other's privacy
7. A constant effort is made by others to help residents
8. Families, friends or carers are able to contribute to decisions that affect residents
9. Families or carers get on well with staff
10. When someone is new, a lot of effort is made to help them to settle in

Patterns....

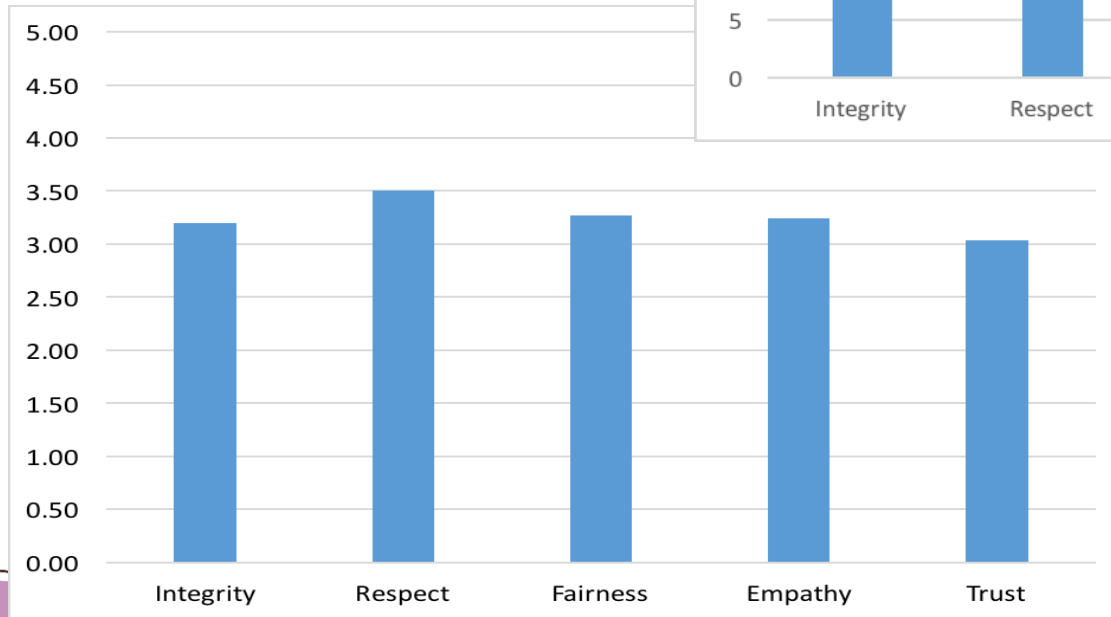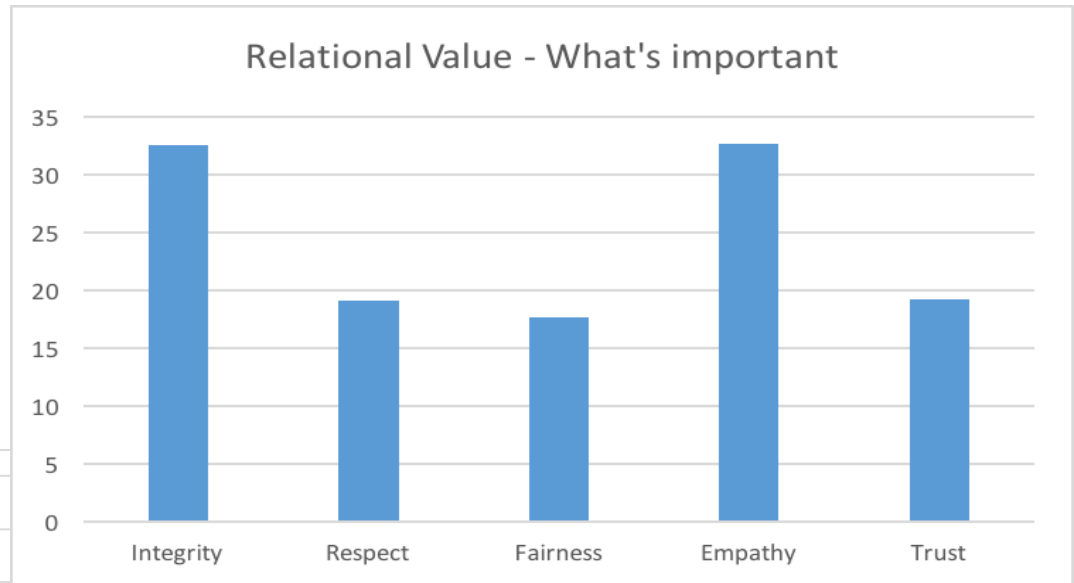| Theme	Dominant views
Altogether now	The majority of participants prioritised compassion/empathy statements, expressing a need to focus on the whole person.
Respect as a two-way street	People expressed the need for reciprocation, moderated through respect for the individual, as a key component for establishing a healthy relational environment.
I'm free	People who needed to connect more meaningfully with the boundaries beyond the unit and not be constrained by personal or institutional boundaries
Families...strengths and challenges	People prioritised family influence through contact with staff, suggesting it is important that family get on well with staff and that family continuity is an important part of relational development.
Enabling independence: 'helping hands'	People suggest that the infrastructure and processes should be designed to enable relationships that focus on developing the autonomy of the residents.

What is R^v?

- **System integrity,** or how things interconnect and function;
- **Respect,** or how we treat each other;
- **Fairness,** or how equity is achieved;
- **Empathy or compassion,** or how we understand each other;
- **Trust,** or how much we put ourselves in other people's hands.

Published papers

Grimshaw, McGowan & McNichol, (2016) '*Building a system-wide approach to community relationships with the findings of a scoping review in health and social care*', Journal of Health Organisation and Management, Vol 30, Issue 7.

Grimshaw, McGowan & McNichol, (2017) '*An extra care community's perceived priorities for whole system relationships: a Q-methodological study*', Health and Social Care in the Community.

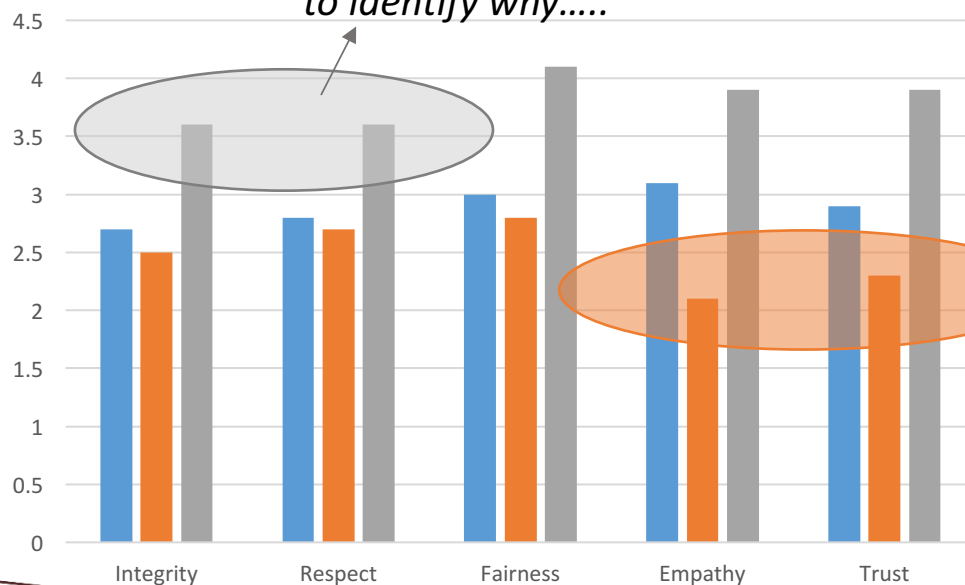# What did participants in the NE Lincs work think was most important – and what did we find was present?

Whole Systems Partnership

Relational Value - What's important

Lessons for application

Whole Systems Partnership

- Analysis of responses, focused on 'what matters' to residents, suggests that:
  - People are not confident that systems are entirely reliable and are worried they may be let down;
  - People are concerned that not enough time is given to build a full sense of empathy through, for example, listening to people's stories;
  - People want to be able to influence decision making processes more;
  - People also expressed a view that the system would not be very forgiving of mistakes.

Other applications…….

Blue column: An academic/industry partnership seeking to promote the uptake of modelling and simulation in healthcare.
Orange column: A health and social care partnership seeking to develop greater integration of services for older people.
Grey column: A consultancy group working to advise health and social are partners in strategic partnership working.

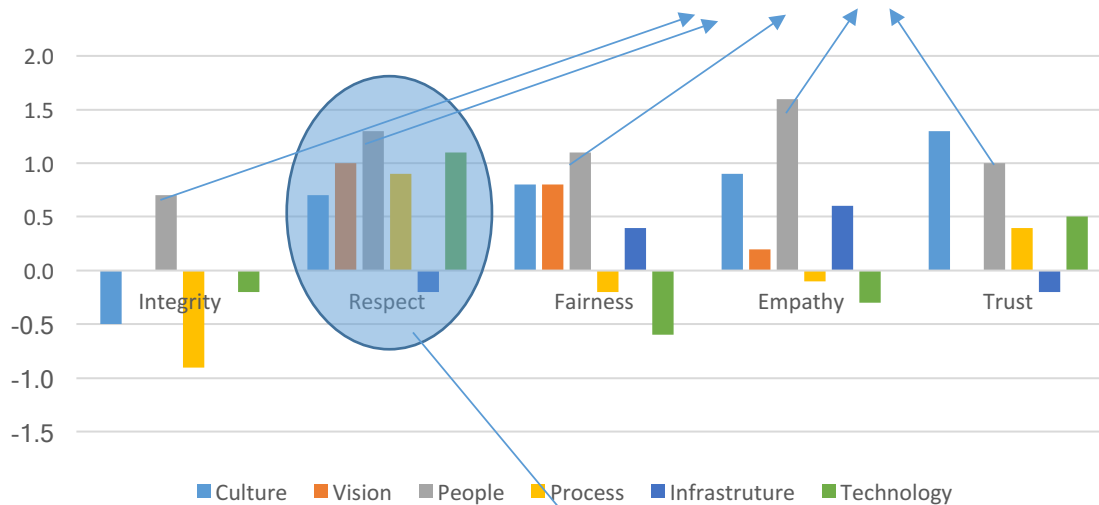*The consultancy group recognised a deficit and sought to identify why…..*

Area of concern for the health and social care partnership – a lack of empathy and trust in the relationship

For the academic/industry partnership the devil was in the detail…..

Identifying 'dissonance'

There was a consistent message of difference as to whether we had the right people to achieve our joint goals….

People in both groups appeared to be broadly agreed on the contribution that process and technology played….

The two groups did not feel equal in regard to how they were treated….

Ongoing work

- We have included an R^v dimension in evaluation work in end of life care services and in integrated neighbourhood working;
- We are continuing to explore ways in which we can combine qualitative and quantitative methodologies to support service transformation and evaluation across health and social care;
- We have an online portal for capturing R^v data for comparison and research purposes;
- We are liaising with others who have an interest and expertise in the are of relational thinking;
- We are open to other partnerships to explore the benefit and efficacy of using the concept of relational value as widely as possible.

Thankyou

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For more information about R^v go to:

www.thewholesystem.co.uk/relational-thinking