

# PARTNERS in CHANGE

## WHAT IS PARTNERS IN CHANGE?

One of the big ideas in the Health Plan for Scotland is involving people more in their health service. The government recognises that this means changing the culture so that good practice in partnership working becomes universal across Scotland.

The government is investing £14 million over the next three years to build the capacity of the NHS to communicate with, listen to and work in partnership with individuals and communities.

Partners in Change is one of these capacity-building initiatives. It will help to strengthen the 'community of practice' in Scotland around partnership working between the people who rely on health and social care services and the people who provide them.

Partners in Change is not limited to any one sector or any one setting. We hope there will be Partners in Change projects

in primary care: in acute hospital settings; in services for children and young people; in community care services; in screening services; for people in long-term contact with the health service.

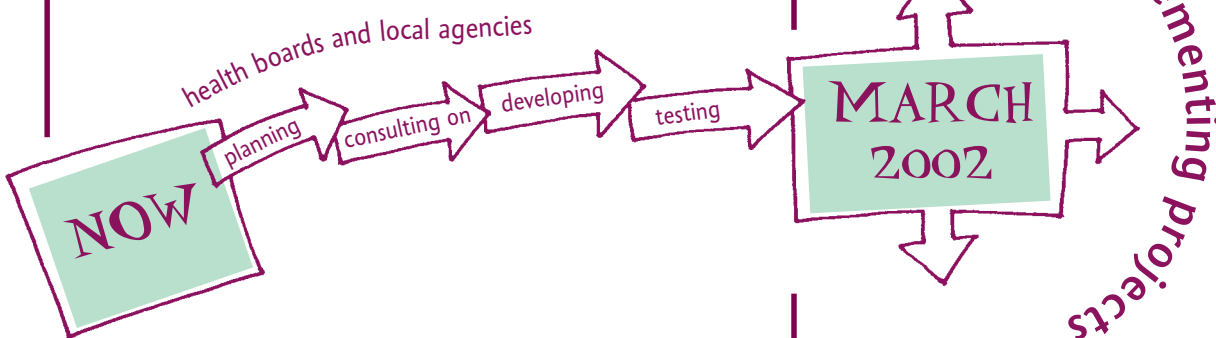
Some projects will be very local, others will have a national focus. Some projects will be about partnership with people in planning and managing their own care and treatment; some will be about partnership in improvement and redesign of specific services; some will be about partnership in planning and monitoring aspects of the whole local health care system.

In some Health Board areas people might decide to opt for several smaller projects, across different sorts of services or different localities. Some Health Boards may also team up to undertake a regional or national project on a specific issue.



## HOW WILL PARTNERS IN CHANGE WORK?

**PARTNERS IN CHANGE IS HAPPENING IN TWO STAGES. BETWEEN NOW AND MARCH 2002, HEALTH BOARDS AND LOCAL AGENCIES WILL BE PLANNING, CONSULTING ON, DEVELOPING AND TESTING NEW 'PARTNERS IN CHANGE' PROJECTS. THEN THEY WILL BE IMPLEMENTING THE PROJECTS FROM 2002 ONWARDS.**



Partners in Change is a capacity-building project. So existing health and social care staff and people from existing user and carer organisations and community groups will be the people who make things happen.

The Scottish Executive have asked Scottish Human Services Trust (SHS) to co-ordinate the first stage of Partners in Change, working in partnership with local and national organisations and drawing on ideas and resources from many different places.

SHS is now bringing together a team of people from different backgrounds seconded from different agencies to form the core Partners in Change team. These people will in turn work with the network of agencies in each local area, doing whatever is needed to help people develop projects which they see as relevant in their context.

A key element in Partners in Change is people learning from each other. So during the first year we will be establishing local and national learning networks for people involved in Partners in Change.

## WHAT WILL A PARTNERS IN CHANGE PROJECT BE LIKE?

People in each local area will develop their own Partners in Change project. All Partners in Change projects will be different but they will share some important features - they will have a family resemblance:

- They are about joint work between people who use services and people who provide them

- People who use services will be part of 'defining the problem'; they will not be coming in at a later stage to play a limited role that has already been set for them
- They will involve front-line staff as well as managers
- They will have an open and inclusive style: reaching and involving people who tend to be excluded, keeping people informed, drawing in the work and ideas that are already there
- They will include a formal element of shared learning - from each other, and from practice in other fields and other areas
- They will build in reflection and evaluation - what are we learning? Are we making a difference? How could we improve?
- They will be 'new' in the sense that they are additional to any projects or processes that are already happening or in the pipeline.

## THE PARTNERS IN CHANGE PROJECT TEAM

The project manager is Anne Connor. Anne has worked with user and patient support groups, including people with mental health problems, older people and people who have experience of cancer. Previously she worked for a Health Board, voluntary organisations and the Scottish Executive.

The team will include 4 - 6 people seconded from the NHS, covering a wide range of experience and backgrounds, and people currently involved in user and carer organisations.

There are also opportunities for short-term secondments to work on specific topics and for 'apprenticeships' for people who would like to develop their skills as a facilitator and change agent in this field by working alongside a more experienced person.

## WHAT IS THE THINKING BEHIND PARTNERS IN CHANGE?

There are a few big ideas which run through Partners in Change:

**A SCOTLAND WHERE EVERYONE MATTERS** • the Change in Partners in Change is towards making services more responsive to the diversity of the people they serve and towards making our society more inclusive

**CO-PRODUCTION** • people and professionals make health together. The health service has to reflect this reality in its culture and its structures.

**LEARNING** • every encounter in the health service is an opportunity for learning. Patients can learn from professionals and from other patients: professionals can learn from patients and from other professionals. Too many of these opportunities are lost.

**RESOURCEFULNESS** • people, families, communities and front-line staff are an enormous resource which the health service does not always recognise or use. If we think of resources as just the budget and if we think of managing as a top-down process then we will achieve less than we could.

**SHARED ACCOUNTABILITY** • the health service belongs to all of us.

**INTRODUCTIONS** • many opportunities for fruitful dialogue are lost because there is no-one to issue the invitations, introduce people and make them welcome. Partners in Change will bring together people who haven't yet met and will facilitate different types of conversation.

**PERMISSION** • we know there is a huge energy for change - among professionals as well as patients. Partners in Change is designed to allow people to make new connections, to think differently, to say the unsayable and to come up with new ideas together.

**ENQUIRY AND EXPLORATION** • none of us has the whole story. New perspectives and ideas emerge when professionals and patients explore wider issues together - what can we learn from how they do this in other places? What can we learn from parallels in other sectors?

**ACKNOWLEDGING PERSONAL EXPERIENCE** • how we approach partnership in health is rooted in our childhood experience and in our subsequent careers as patients and as professionals. Becoming better partners means personal as well as organisational change.

**CELEBRATING ACHIEVEMENT** • Recognising, building on and telling other people about the good stuff that is already there.

## EXAMPLES OF POSSIBLE PROJECTS

In a health board area, disabled children are being admitted to paediatric wards to provide respite to families. This Partners in Change project is bringing together children, families, professionals and community organisations to explore new options and design a service which works better for the children and their families.

Uptake of screening services varies widely. Social, cultural and environmental factors are important, as well as professional practice, attitudes and facilities. This Partners in Change project involves three different health boards. Women with different experience of and different attitudes towards screening services have been working alongside health professionals in local study groups, using both the published literature and their own experience to develop local ideas and plans for improving uptake.

People in a health board area with experience of long-term mental health problems want to play a more active part in planning and managing their own care - and to have their own hard-won knowledge of what works for them recognised and valued. In this Partners in Change project the mental health users group has formed an alliance with people who have arthritis and with people who have multiple sclerosis, and are now working with a broad-based group of professionals on strategies for valuing developing and using patients' expertise.

## WHAT HAPPENS NEXT?

### May to Sept. 2001

- Establish initial contacts with each Health Board area
- Set up Partners in Change website
- Develop links with patient organisations and professional networks
- Identify what involvement work is happening or planned in each area
- Bring people together in each area to develop a local plan
- Integrate Partners in Change with other national initiatives and policies
- Information packs to help people develop local arrangements to involve patients.

- Pull together and publish a report on what we already know about effective ways to involve patients and their families in different situations

### Sept. 2001 to Feb. 2002

- A rolling programme of workshops and seminars
- Local events in each health board area - a 'finding out' week
- Work with local areas to firm up project plans
- Setting up and sustaining shared learning networks

### Feb. to March 2002

- Conference(s) to share what has been learned
- Reports on Stage 1 published
- Arrangements for future shared learning and co-ordination agreed

## LOCAL STOCKTAKING

We plan to organise a week in each Health Board area, exploring local people's experience and ideas around partnership working.

In each area, we will bring together a team of 10-15 people - one or two members of the Partners in Change team, working alongside a diverse group of people from that area who bring a patient's or relative's perspective and people who work in services. This is part of our overall 'capacity-building' approach.

This team will move throughout the area, listening to patient support and involvement projects, offering ideas and advice where they can, and encouraging people to make contact with initiatives elsewhere.

The team will meet during the week to discuss what they have learned and to produce an initial report on what is already happening locally.

There will be a rounding off event at the end of the week to bring together a wide cross-section of people involved in local initiatives, to recognise and learn from what is working well and to plan for the next stage.

We will test this model in one area in late June, and organise the visits to the other parts of Scotland during September and October.

**Details about the exploratory weeks in your area will be circulated in the summer. By that time there will be a contact person in each area.**

The Partners in Change team will provide training and support for the local members of the team, and we will meet the expenses for the volunteers who join the team.

**If you want to find out more about joining the team for your area, contact Anne Connor or the local contact for your area.**

## SOME EXAMPLES OF WHAT IS HAPPENING ALREADY

These are a few of the examples of ways people who use health services are working in partnerships with people whom plan or provide services.

### THE INTEGRATED CARE PROJECT AT INVERKEITHING MEDICAL GROUP

The Integrated Care Project has been running since 1996, with the remit of improving partnership working, encouraging services to respond more closely to patients' needs, recognising carers' needs, and providing better information to patients and staff. The Inverkeithing Medical Group also has a well established patient participation group which has real dialogue with local health staff and is very involved in local health and social care issues. The Project produced the 'Living in Fife' Information Directory which has been copied by other areas as an example of good practice. The Book is also available on the Health Promotion Mental Health website.

### FOLLOW UP TO NEEDS ASSESSMENT IN WEST FIFE

West Fife Local Health Service (the LHCC) wrote a report following the Needs Assessment of their local area - 'Responding to Need' - which highlighted the findings of their discussions and surveys with local people and staff. A number of changes were made to the way their local services were delivered, including:

- a project was set up to improve services for patients with coronary heart disease
- a teenage sexual health website has been launched
- there is closer work with patients on issues such as diabetes
- there is an active 'mental health network' involving patients and staff working together
- West Fife Local Health Service became the lead agency in two bids for Healthy Living Centre funding from the New Opportunities Fund
- West Fife Local Health Service is developing neighbourhood patient participation groups.

### INVOLVING PEOPLE STRATEGIES, GREATER GLASGOW PRIMARY CARE NHS TRUST

Greater Glasgow Primary Care NHS Trust has published a pack to support staff in developing practice around patient and public involvement. The pack was developed by staff and patient representatives, and draws on experience within the Trust and ideas from elsewhere. It includes a directory of initiatives and projects linked to the range of services provided by the Trust

The sections of the pack cover:

- Patient/client/carer involvement, including background notes on various approaches and methods of involving people
- Minority groups
- Public involvement
- Patient information
- Volunteering
- Complaints
- Independent advocacy

CONTACT: LINDA DAVIDSON, TRUST QUALITY CO-ORDINATOR, GREATER GLASGOW PRIMARY CARE NHS TRUST. EMAIL: LINDA@GARTNAVEL.GLACOMEN.SCOT.NHS.UK

### BRAVEHEART, FALKIRK

The Braveheart project based at Falkirk Royal Infirmary recruited older people as volunteers, many of whom had had a heart attack. The volunteers mentor people over the age of 60 who are recovering from a heart attack or angina. The aim of the project is to help empower those individuals to change their lifestyle and help themselves. The project is built on patients and lay people contributing to health care by sharing their experience and support. Feedback from the project is that there have been many benefits for the mentors, the people receiving this support, and for health care staff.

## DESIGNED TO INVOLVE

The Designed To Involve initiative aims to support Primary Care professionals in Scotland to:

- Develop opportunities within Primary Care teams to listen and to act on the views, ideas and suggestions of members of the public to improve, reshape or monitor Primary Care services in Scotland
- Find out how to involve the public in different ways
- Make connections with and learn from other relevant agencies
- Hear what others are doing in Scotland and elsewhere
- Create support and learning networks on public involvement in Primary Care in Scotland.

Designed To Involve runs from October 1999 - October 2001 and is funded by the Scottish Executive. Since October 1999, around 25 initiatives have been funded, or partly funded, by Designed to Involve. Examples include:

- Redesigning Respite Care in Caithness: Asking young disabled people what kind of respite care they need
- Identifying the needs of young mothers using drama techniques in Glenrothes
- Asking members of the public 'what should the LHCC do to improve health care services?' in Cumbernauld and Kilsyth
- Working jointly with Urban Regeneration groups to improve local health in North Glasgow

- Working with older people and people who receive palliative care to identify their issues and concerns about their healthcare in Edinburgh, Dundee and Argyll
- Bringing complainants of a Podiatry Service together to ask them how the service can be improved and comparing this with the views of referrers in Dunfermline.

Details of the outcomes (positive and negative) of these initiatives will be published on the Designed to Involve website in the spring of 2001. [www.designedtoinvolve.org.uk](http://www.designedtoinvolve.org.uk)

During the first 4 months of 2001, a series of seminars and conferences have been held throughout Scotland, and were attended by over 500 people. These include:

- Public Involvement in Primary Care Conferences
- One Day Training on Public Involvement
- Focus Groups - The Power of Listening
- Public Meetings - Organise Ones that Work
- Increasing Participation of people from Black and Ethnic Minorities and Disabled people
- 2 day Training for Lay Representatives on LHCCs
- Using the Nominal Group Technique
- Involving Disabled People in Primary Care Health Services.

MORE INFORMATION IS AVAILABLE FROM  
GERRIE CAMPBELL AT DESIGNED TO INVOLVE

## RURAL LINKS, LOCHABER

Rural Links is run by Voluntary Action Lochaber. It recruited volunteers - initially 60 people - in the remote rural settlements across Lochaber. The project aims to promote community involvement among people who use community care services, to gain feedback for those providing and planning services, and distribute information. The volunteers act as intermediaries between people who use services and service providers - so there is on-going 2-way communication and learning. The community is working together to highlight individuals' problems with the powers that be - whether local, Lochaber-wide or Highland-wide, and across all the services and settings.

Rural Links complements direct user involvement and the other approaches taken by Highland Health Board and Highland Council to reshape community care joint planning arrangements. It also brings these general approaches into the local community.

## COMMUNITY DEVELOPMENT IN KINCARDINE

Fife Social Work Department and other agencies supported a community development project to promote the participation of users of community care services in Kincardine, and their carers, in order to shape the quality and character of the services they receive. The scope of and approach taken by the project reflected feedback from local people. Community activists have now joined the project steering group on an equal basis. Meetings and events have included:

- officials from head offices coming to the village and working with local people and local staff
- visits to see what was happening in communities elsewhere which had similar circumstances
- regular informal meetings - 'Blether over yer Denner' - where members of the Old People's Welfare lunch club can meet staff very informally and raise issue of concern to them
- open days, during which topics from the community survey are the focus of informal discussions among different people from the community
- an information exchange about community events and other matters
- more networking between workers from a range of health and social care settings - Council staff, the local pharmacist, health visitor, voluntary sector organisations - to improve preventative practice

CONTACT: JOHN MACDONALD, FIFE COUNCIL

## COMMON KNOWLEDGE

Achieving inclusion and equality for people with a learning difficulty involves more than providing person-centred services. The real challenge is to change the relationship between people with a learning difficulty and society so that people are genuinely seen – and see themselves – as individual citizens with a unique contribution to make.

Common Knowledge is a new project designed to help change the way Glasgow includes and supports people with a learning difficulty through a series of linked activities:

- Enhancing access to lifelong learning for people with a learning difficulty
- Building the capacity of people with a learning difficulty and their families to contribute to local, city-wide and national policymaking
- Improving the ability of local employers to recruit, train and support people with a learning difficulty and improving the ability of service providers (banks, shops, cafes, libraries, doctors, colleges, buses, museums etc.) to provide a responsive and accessible service to people with a learning difficulty – through the provision of on-line courses and other forms of lifelong learning
- Providing foundation training for people wanting to come and work in this sector and providing inter-agency training for staff starting to work in a more inclusive and person-centred way.

Common Knowledge is a partnership between statutory and voluntary organisations, further education colleges, Social Inclusion Partnerships, people with a learning difficulty and families. It is jointly funded jointly funded by the European Social Fund, Glasgow City Council and the NHS in Glasgow.

FOR FURTHER INFORMATION ABOUT COMMON KNOWLEDGE CONTACT: SUE RAWCLIFFE AT SHS ON 0131 538 7717

## LISTENING TO CHILDREN

Sense Scotland are carrying out a project which aims to provide practical guidance on involving and listening to children who, because of severe communication difficulties, cannot easily express their views. The project is funded by the Scottish Executive Education Department under its Special Educational Needs Innovations Grant Awards Scheme. It is hoped that the results will be useful to health care staff, teachers, social workers and families. The project is trying to match:

- the different communication support needs of children to be consulted
- the range of practitioners who might have to engage in that consultation
- the different reasons for which consultation may take place

with the tools that might enable more effective consultation to take place.

FOR MORE INFORMATION CONTACT: DR. STUART AITKEN AT SENSE SCOTLAND. EMAIL: SAITKEN@SENSESCOTLAND.ORG.UK TELEPHONE: 0141 564 2444

**ALLIES IN CHANGE** is a programme to promote the involvement of people with mental health problems and their families and friends. The programme was developed by a consortium that brought together people who use services, carers and the organisations that provide services. It has been funded by the Scottish Executive from 1999-2002.

The main elements of the programme are:

- information packs, to give practical advice to people involved in formal meetings
- a series of newsletters, showing examples of different types of involvement
- the User and Carer Participation Route Map, to identify the strengths and limitations of current arrangements
- leadership development training for user and carer activists and staff who work in services
- events organised in partnership with local networks.

CONTACT: BRIDGET JOHNSON AT THE SCOTTISH DEVELOPMENT CENTRE FOR MENTAL HEALTH FOR INFORMATION ABOUT THE NEWSLETTERS AND ROUTE MAP (17A GRAHAM ST, EDINBURGH. TELEPHONE: 0131 555 5959) AND HEATHER SIMMONS AT SHS FOR INFORMATION ABOUT THE TRAINING AND INFORMATION PACKS

**COMMUNICATION FOR CHANGE** will explore ways to involve people with serious communication difficulties as a result of conditions such as dementia or a brain injury.

The work over the next year will include

- listening to the experience of people with dementia or cognitive impairment
- developing new approaches by working alongside staff and people with dementia or cognitive impairment: this will be in several local areas
- finding out what else has been done
- reviewing the literature.

THIS PROJECT IS CO-ORDINATED BY THE DEMENTIA SERVICES DEVELOPMENT CENTRE. CONTACT: SYLVIA COX AT DSDC, UNIVERSITY OF STIRLING, FK9 4LA

**PARTNERS IN POLICYMAKING** is a leadership development programme for people with disabilities and their families. It is part of a network of similar programmes throughout the UK and the USA.

The programme is funded from a range of sources, including the National Lottery Charities Board, the European Social Fund and Health Boards, NHS Trusts and local authorities; it is due to run until early 2003. **PARTNERS IN POLICYMAKING IS DELIVERED BY SHS.** CONTACT: HEATHER ANDERSON

**COLLABORATING FOR CHANGE** is an initiative by Borders Better Government for Older People project. This was a course in community leadership for older people interested in local and national policymaking and for staff working in a range of local agencies.

## HOW CAN WE BE PART OF PARTNERS IN CHANGE?

Tell us what you think! Will this be useful for you and your area? Are you doing it all already without the need for any new initiatives? Could you see a better way to organise Partners in Change?

Tell us what you need! What could the project team do to support the development of partnerships in your area between people who use services and people who provide them?

Tell us what you are already doing! We know there is some great work going on out there, but it does not always get reported. Other people would like to hear about your experience so they can make new, more sophisticated mistakes of their own.

Join the team. There are opportunities for people to get involved both locally and nationally.

Start thinking about ideas for local and national projects - and start talking about them to other people.

### For further information about Partners in Change contact

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