

**There were five different topics and each table host coordinated the discussion around these [appendix 1]. Hosts were approached to facilitate a variety of roles and experience. Delegates were allowed to choose which table to attend based on the topic and host at registration.**

**Each table had up to three topic-specific questions for delegates to discuss, but first they were instructed that**

*“with regards to your table topic, please discuss how we keep our focus on delivering care and support that is person led and outcomes focused?”*

**Each table also had a designated scribe. The transcription of the flip chart papers used to record table top conversations can be found below.**

### **TOPIC 1: Integrating health and social care staff in Neighbourhood Care teams (Maria McIlgorm)**

#### **Session 1&2**

- Need to know demographic / LTD before building team
- Need to know purpose and philosophy to what people have signed up to
- What the priority is?
- Challenges to set up?
- Clear expectations and process
- Appreciating everyone’s roles
- What’s important to a community
- Aims and objectives = attractive
- Self-management, what is it?
  - Let it run and evaluate it
- Need to invest time in building team
  - Make it a nice experience for team
- Self-management / self-organizing – what’s the difference?
- Recognise failures and learn from them
- Power – autonomy to fluctuate care provision
  - Step up / down of care
- Scheme / framework of delegation
  - MOU across organisations
- Bellfield Centre – integrated HSC
- Leadership from top
  - Culture
- Person at centre
- Define integration in Scottish context
- Lack of carers
- Coordinator between H&SC

- Know what's out there in community

## **TOPIC 1: Integrating health and social care staff in Neighbourhood Care teams (Ali Upton)**

### **Session 1**

- What do people need to be able to work in this way?
  - Feel not going to be punished – culture to try
  - Give permission – no blame culture
  - Risk averse
  - Main issue is education – social workers and nurses educated separately
  - Not starting from blank sheet – there is a culture of being risk averse
  - Skills required to overcome?
  - Confidence, trust
- Organisational barriers – individuals want to do things that have barriers
- Red tape eg nurse and carer can't drive in same car!?!)
- Pool cars for nurses which social care staff can't use
- Skills – carer training for eg. Delirium so they know what they're doing and who to communicate with
- Knowledge – building skills within team – got district nurses who already have skills – grow from within rather than pulling more people in
- What do we need: what have we got?
- Scope it out and identify training needs
- No duplication – share access to learning for all staff
- Strategies for people to get/have 'permission'
- Don't know how to give staff confidence when there are barriers
- Include trade union reps in training – engage at an early enough stage and get them on board
- People feel they are employed by health board or local authority – can we get rid of that and tell people they are employed as integration
  - If training wasn't separated people would feel less like they are health or social care
- Apprenticeships revamp – Health and Social Care foundation apprenticeship
- Too compartmentalized
- Outcomes: Bad manager strives to achieve outcome from service not person – that's why people don't have confidence – just feel need to achieve outcomes
- Language needs to be outcomes for PEOPLE
- What is missing?
  - Professional indemnity – how do we account for that?
  - (But not to detriment of collaborative work)
- Start at the beginning – know what everyone does and specialities
- We are institutionalised!
- Respect each other's professions and identities
- How do we get across pay barriers?
  - Evaluate pay to eliminate differences
- Posts across health and social care – look at making position sit in one organization
- Need knowledge not just about our role but about everyone else – find out about everyone in MDT
- We are cogs in a wheel – doesn't matter what your role is but it is person centred and has to be collaborative

### **Session 2**

- Autonomy / self- management
- What equips workforce to hold to person centred care?
- Skills / knowledge / conditions needed

- Key skills needed: need to 'up' value of social care workers – make sure they feel value and maintain professional identity
- Boost confidence – make professional judgments and have respect and agreement from others in team
- Don't like language of social care – undermines what they do – they are doing a lot of 'health' care duties. Talk about the cost and not the value
- We are reliant on less well paid staff. Moved away from annual review
- Sense of loss with any change – need to bring all the staff with us – acknowledge that
- Demonstrating value of contribution – trust. Value being asked for opinions
- Annual review seen as a 'test' that has to be passed
- NC – in [area #1] there has been criticism because staff feel they're already doing it. It's part of the culture and now they're being told to do it by someone coming in and giving it a label. Hard to motivate people and manage change
- People who have worked there for 30/40 years or management not as supportive as could be
- Teams who are more isolated
- Autonomy given but not getting pay to reflect autonomy
- To keep it person centred, staff want autonomy to be able to make best decisions for patients/people
- Governance is missing around training – but this is a positive with Buurtzorg
  - Implicit in structure and creates safety for people
- Pilot site
  - might do for 3 years then forgotten like other things
  - buy into it then told to do something else
- How do we create the conditions?
- Coaching – needs to have in place. Would give people buy in and motivation
- How do we build confidence? One person motivated – can help with change
- Expectations of team
- Resilience – not just direct skills but skills to be resilient and autonomous
- Buy in has to be 100%
- Visibility of leadership – leaders have to be there
- Leaders recognize everyone who is involved
- Nurses don't know what care at home is – describe and articulate what social care is. Nursing role has moved on from 20 years ago – public awareness as well as awareness amongst MDT
- Nurses discharging people with packages of care without knowing what they discharging people to – don't know what social carers do
- Language and marketing
  - Soaring cost of adult social care
  - Record investment in health
    - One has negative connotations

## TOPIC 2: Empowering the workforce in Neighbourhood Care teams (Brendan Martin)

- Skills and tools – problem solving
- Clarity of expectation – shared understanding
- Supported
- Escalation guidance
  - Danger – underperformance not addressed
- Trusted – built, sustained and motivated
- Is it a single workforce
  - Health v social care perception
- Small care companies empower the staff
- Confidence
- Coaching opportunities for training and development
- Governance – when does the org come in?
- Policies do not apply
- Buurtzorg – team coach , manager
- Nurse led – did not look for same barriers like do in Buurtzorg
- Conversation with people
- Challenge within team
- Wellbeing
  - Links to other orgs
  - Resources to manage
  - Mindfulness
  - Stress management
  - Mentors
- Stay until everything is done
- Issue
  - Regulation
  - Public confidence and perception
- Healthy competition seen in Highlands – quality
- Try and evaluate
- Don't change direction before we do something
- Not over complicate
- Rewards on the management activities – turn hierarchy on head
- Can people let go? Culture change
- Core training (Buurtzorg)
  - Methodology
  - Solution driven discussions
  - Consensus / consent
  - Agenda setting process
- Solution focused – are you able to meet this goal?
- Team vision
- Command and control to serve and support organization and support to people
- Ground rules (boundaries)
  - Great care
  - Environment supported, respectful, listened to and happy
  - Do great care and enjoyable
  - Jobs in Finance sustainable
- Empower the gap not the care givers

- Difficulty with spread and scale – organization / environment – obstacle
- 5 self-contained flats
  - Carers ] care package is kept
  - Family ]
- Evidence that things are being done if not being managed
- Introduce people – basics

## TOPIC 2: Empowering the workforce in Neighbourhood Care teams (Alison Guthrie)

### Question 1

- Need to develop relationships to enable open and honest communication
- Ability to have difficult conversations with colleagues == challenge views in positive way
- Commitment to the 'shared' vision / ways of working
- Enable communication; past failed changed – skepticism about working
- Inter role understanding – colleagues – where do I fit?
- Challenges faced within own role
- Hierarchical approach – everyone's opinion matters – team must own it !
- Time to 'be' together – opportunity to support 'cultural change'
- Role of coach?
- 'Vision'
  - Clarity of vision
  - Wasn't there at the start – evolved....
  - Development sessions held but should have widened it out – motivation to others
- Shared agreement of 'how' we will work together
- 'Ground roles'
  - Easy to slip back.....
  - Shared decision making
  - Not always about structure – addressing things which matter
- Time to chat, communicate – have a conversation
- People being 'self aware' , working autonomously but feeling supported
- Training / learning – culture of blame
  - Avoiding issues ]
  - Unions ] engage / include in conversations
  - Organizational differences ]
  - Improvement
  - Dealing with conflict
  - Dealing with change
  - Rebel days Orkney
    - Don't break the bank
    - Don't break the law
    - Have fun
- Having challenging conversations
- Presume / assume we know what other people do
  - Understanding each other
  - Where do I fit?
  - Value management – right info, develop own, improvement methodology
- Challenge of 'letting go'
  - Manager's role ] Environments / barriers
  - Coaching role ] Reporting
  - Leadership role ]
- Effective conversations
  - Front door ] Staff want to be happy, valued
  - Staff ] Staff wellbeing is really important
  - Staff ] Leads to improvement

## Question 2

- Permission – ‘everybody is on board’ –
  - Chief Officer/SG/CI/SSSC/frontline
  - Gaps – if everyone isn’t - ‘barriers appear’ ]
  - Movement to change culture ] Remember.....keeping ] person at the centre
- Risk - how do you hold your nerve, you know what you are doing is right! ]Responsive to people’s needs
- Time - Self belief
- Trust - Say it and mean it
- Presume / Assume – trust in people to do the right thing!
  - Understanding each other in a team
  - Relationship - Should know something about every member of staff
  - Connection
  - Role modelling behaviours
- (Highland) Selfish time management
  - Driven by what you need to do
  - Empowering staff
    - Visible managers
    - Honesty
    - Staff thank managers

## Question 3

- Communication
- Bus analogy
  - People / workers can get off the bus or move seats
  - Willingness
  - Choice for individuals
- Buurtzorg principles aren’t new
- Respect for each other
- Empower staff / volunteers
- Coping (people) with change.....support / leadership
  - Conversations with each others
  - Network
  - Peer support
  - Share vision
  - Support managers?
  - Heat shield?
- CEO gave up office
  - Become a meeting room
  - Hippo effect
  - Visibility amongst staff – GP services / health teams
  - Back to the floor – ask what do you do? – hot desking
  - Listen to staff
  - BE VISIBLE
- Be brave – at all levels.....don’t hide behind costs
  - Leadership
  - Peer support

## **TOPIC 2: Empowering the workforce in Neighbourhood Care teams (Mairi Martin)**

- What changes does organization need to make for self-organised teams to work?
- Easier for 3<sup>rd</sup>/ independent sector
- Senior management buy in
- Really looking at barriers and how to remove them
- Reduction / streamlining of policies
- H&S – where does this come in – sensible risk assessment without being overly risk averse (Q3)
- Demonstrating genuine service user benefits
- Industrial relations and trade union involvement – this can delay progress
- Staff resistance to the model
- Embracing coaching approach
- Organisational hierarchy – need for visionary leadership, permission and trust
- Need to consider public protection
- SSSC codes of practice and H&SC standards are enablers of the model
- Shared values
- Coaching should challenge as well as develop
- Are the right people in the room / on the bus?

### **Question 2 : Barriers**

- Hierarchy still exists
- Leadership vs management
- Performance management / HR
- Complaints – who deals with these?
- Resistance to change
- Loss of status for managers

### **Question 3 : Appetite for risk / challenges**

- H&S – risk averse

## **Session 2**

- Are any teams already working in a self-organisational way without calling it that?
- Coaching approach
- Understanding Scottish context
- Systems leadership
- Ground up – difficult to start other way round
- National piece of work around standardizing policies
- Collaborative not directive
- How react to when things go wrong is crucial
- Budgets / delegations of authority
- Trust and empowerment
- Working to grade – short staffed
- Training



### TOPIC 3: Local systems working to support Neighbourhood Care teams (Calum Cockburn)

- Frustration of having to input data 2-3 times different systems – barrier to integration
- “The person should own the information” not a profession eg DNR / eKIS different versions on different systems)
- Access to info = difficult too , multiple referrals from
  - Trakcare
  - EMIS
  - Homecare = 3 different systems
- National digital Health Strategy – who is the guardian to data? Is it called out in this policy
- What if multiple ACPs and then there’s a change to DNR
  - “Discussion around APP”
- Does House of Care have a role to play in this and should explicitly be tied to NC in Phase II
- WI putting ACP in MORSE
  - Everyone’s doing their own thing because at the moment they’re frustrated – future problems #work arounds
- Estonia: ID card
  - 120 org submit evidence
  - Parliamentary debate
- Has to be something like that “re Health Passport / Card” - will attitude to this change in the future with next generation
- STOP talking about it, do something. Not to be risk averse appears to be procrastination
- Online booking available in all GPs (how much do public know this?) could it be communicated better?
- 3<sup>rd</sup> sector especially find conversation interesting. “I don’t have access to any of these systems but receive a lot of referrals from them”
- Not necessarily medical info – what about
  - Messages in bite size chunks
  - Inform my husband
- East Renfrewshire doing palliative passports
- Empower the public! Need to be sure the public know how their info is kept and used BEFORE asking them how it should be used – is their misconception

### Session 2

- Information , Governance and Risk (NHS Grampian “health not moving fast enough for us” – barriers:
  - Data sharing agreement
    - One for Scotland would be good
  - Email share
  - No mobile platform as issues with procurement
  - Push for TRAKCARE but really design for Acute and not mobile
- Digital Health Strategy has 9 domains (action – to be shared)
- Natural to be ‘risk averse in digital health’ changing culture?
  - Caldicott principles to enable safe sharing and not be a barrier (link with Elena B?)
- Eclipse – can this be opened / linked to Healthcare?
- Future focus is ‘cloud-base’
  - GET IT MOBILE!!!! – PROCUREMENT IS A BARRIER
- Not necessarily laptops – issue. It’s connectivity
  - How do we support our staff to have the best quality of information at right time / point of care to support patient needs? (Vision)
- Often felt on back foot – if you built a new hospital you’d have to have it all in place
- Do we need to take a national approach with this?

- Yes we do !! Desire to have direction from above
- Office 365 is amazing!
- NHS Forth Valley / NHS Stirling – Both currently procuring different systems
- It's going to take time
  - 1<sup>st</sup> section June
  - 2-3 years
- How digitally mature / ready – are our organisations for it
  - Digital Maturity Assessment
  - Concern when this was done before we weren't asked
- Not just systems that are different but different HSCP/Board/personal response to request
- Legislation is a barrier sometimes as well as a cause
- Seems that Acute expenditure at highest
  - Europe 4% spend
  - Scotland 1%
  - Banks 9%
- Needs to be focus on community and prevention
- Community teams RI

### **TOPIC 3: Local systems working to support Neighbourhood Care teams (Sharon Wiener-Ogilvie)**

#### **Session 1 – Question 1**

- Small teams won't have impact on system level outcomes – long term will depend on scalability
- Cheaper cost of delivery - reduction in acute admissions
- Define what success looks like at every level – individual , locality , HSCP , National
- Joint Health and Social Care outcomes – not tacked on
- Is this acceptable – feasibility, can we ultimately implement this
- Resource usage improved – staff feedback, carers feedback
- True co-created evaluation framework for evaluation
- Outcomes focused on true wellbeing not clinical need – quality of life, satisfaction

#### **Question 2**

- Systems – IT , specific measures built into IT system to collect data
- Governance – poor multiple systems – needs to be existing system, fit for purpose
- Governance – tension between getting on with it and overall management; data collection poor – people opt out to collect data
- Don't have resource to analyse all data from all systems
- Can't access other systems, multiple systems being used; it's not recorded , can't be shared; GP systems, multiple
- Data sharing between Health and Social Care staff; poor data quality; difficult to measure when people can't measure the same thing in the same way
- Upskill on data collection to management; collect your own data
- Nursing workforce system is not the same system used, lack of consistency

#### **Question 3**

- IT systems – same data, same system; upskill staff; capacity to do data collect
- Evaluation is seen as add on; lack of capacity for evaluation; seen as secondary to role
- Need to know why, what, how and impact of data collection
- Dedicated staff to support evaluation - if left to the team will not collect
- Recording personal outcomes – metrics to record this – teams don't know how to do this
- Empower
- Learning culture – trust
- Link to health and social care standards – what is measured against these?
- Knowing resources around them

#### **Session 2 – Question 1**

- Ask neighbourhood – do you know your care team – I know support worker – No strangers / one team
- Reduce ? to demand to acute services – be able to forecast acute demands
- Trust is a key success factor; learning culture, it's okay to make a mistake; staff feel empowered – outcomes, our people outcome
- How people see the team (perception); feel like 1 integrated care team; know how to connect with info / knowledge; know each other's roles and contributions
- Outcome – know people, staff, team, resources; compare outcomes to what we have now – baseline; is it different enough; did neighbourhood care make that difference

#### **Question 2**

- One system where data is entered and then reported; collected as part of work; still manual a lot of the time
- Dedicated staff and time to collate and analyse data; people get on with the day job and don't have time to collect data

- Only a few people in the partnership can access the data
- Team involved in design to make them more understanding and accepting of data collection
- Learn from stories in a structured way; use existing measures – beds, hours etc

### **Question 3**

- Look at process changes; are the process steps reduced; referrals process – 47 to 2 steps for care package
- Team involved in design
- Time to review data and learn from it
- How neighbourhood care streamline care (reducing referral processes) stories looking at reduction in “steps” in process
- Baseline / future comparison – satisfaction / experience
- Impact on hospital admission – be able to predict peaks and troughs
- Data collection integrated into normal work, part of data collection

#### **TOPIC 4: Neighbourhood Care Teams: Commissioning person-led care (Gillian Fergusson)**

##### **Discuss how NC models can influence or inform more outcomes based and person centred approaches to commissioning**

- Eligibility criteria can be a barrier
- What support is already out there? Identifying the gaps?
  - 3<sup>rd</sup> sector unknown
- 3<sup>rd</sup> sector role is key – needs to be up the middle of HSC (engagement with communities)
- MDT approach
- Community Link Worker within care team
  - Keeps tab on best resources
- Sharing info on resources available
  - Locality locator – run by TSI (online)

##### **Examples of creative approaches to develop and design care and support services?**

- Care at home – changing contracts
- Generic role – establishing common roles between HC assistants / CPNs
- Allow blurring of the lines professionally breaking down barriers!

##### **What would help to support more 'joined up' approaches to services?**

- Reducing bureaucracy
- Letting social work go a little – trusting
- Bravery to let some of paperwork go
- Challenging processes – bottom up
- A lot to learn from Cornerstone re inefficiencies
- Be resilient

##### **Session 2 - Question 1**

- 2 stand points – Health Centre and Roving?
  - Everything available in locality eg coffee mornings etc
- TS1 employee – overarching knowledge of what is happening – upskilling
- Volunteering
- Resource worker – community link worker – collates knowledge of what is happening
- H&SC Alliance

##### **Question 2**

- OT / Physio / Nursing as generic role – developing role
- 5 flats rented Hanover Housing (home from home) Forres+
  - Can come with existing care package
  - People not ill enough to be in hospital but not well enough to be at home
  - Palliative
  - Family can stay over
- Virtual Community Ward (MDT – DM around hospital admission / home)
  - 24 hour helpline (providing care)

##### **Question 3**

- Having systems that talk to each other
- Changing public perceptions
- Structure that has been put in place
- It's about the outcomes of the person

#### TOPIC 4: Neighbourhood Care Teams - commissioning person-led care and support (Chris Sutton)

- Design of services – not procurement. Who commissions?
  - Individual (SDS)
  - LA
- Rural areas – small localities / communities – how do you apply to larger areas/cities
  - Designed locally
  - Co design
- Team structure
  - Should be around what person needs
- Public expectations
  - Co produced – key to get to and reflect in commissioning
- Access to healthcare
  - Means tested ]
  - Free access ] ‘shock to people’
- People live differently – smart technology (phones etc) – use existing networks
- \*What matters to me – 3 must do’s – embedded in acute – need to embed in this work
- What does a population always expect from a service?
  - Regular users and less frequent users
  - About to start looking at (Colette)
- SG working with group to understand what they want and a group to develop changes
  - (people led policy group) (leadership group)
- (Reform of adult social care)

## TOPIC 5: National approaches to enable Neighbourhood Care to flourish (Chris Bruce)

- Messages from Scottish Government / Parliament
- GP explaining Care Navigation
  - Role of reception staff in targeting of GP time
  - TV ads
- Attitudes of relatives
- Building and celebrating communities
  - 72 hours focus
  - Just tinkering round the edges?
- Humans keeping up with technology
  - Navigate complexity
  - Resilience / public health issue
- We use old school comms methods
- A core data set of measures will not be the most effective enabler of NC nationally – might be a distraction BUT we do need local measures to allocate resources
- “What we count really really counts” – Adults / care reform
- ASCOT / OECD
- Action learning set approach – support more
- Raising awareness in public about expectations eg soap operas, positive publicity eg. safe injecting place
- It’s a public health issue
- Show them when it works
- Small care companies
  - Engage with them
  - Curriculum at colleges
  - Make care attractive
- Fair work – voice as a principle
  - Only eg is unions
  - Currently reassessing
  - NHS Partnership model
  - Clarify what we mean by self-managing – managing self-managing teams
  - Shifting power
    - Shifting resource
    - Shift by communicating well
- Some things are best done once nationally – digital platform
- What about one name for local teams – where I feel I belong
- Coherence of policies : just need one simple proposition
- Meta narrative around GP clusters
- Your vision is where you spend your resources
- Parliamentary outreach workers

## **TOPIC 5: National approaches to enable Neighbourhood Care to flourish (Fee Hodgkiss)**

Key points – intro –

- Marathon not a sprint
- Mistakes don't mean goal is wrong
- How do we harness energy
- What is SG role
- Making links at a local level
- Making links with Cornerstone
- Who else self manages?

**Question 1: How can leadership at all levels help / need no change? To support this way of working:**

- Collective vision
- Every level – patient up
- Shared understanding of what aiming for
- Adapting to culture change
- Not competing with other services
- [Area #2] – can feel disjointed
- Create opportunities for teams to self organise / overcome issues
- Understand resistance to change
- Recognise sense of loss / threat that NC teams can bring – involve people
- Devolved leadership
- How do you feel
- Sponsorship
- Visibility and accessibility
- Nurses – this is what we were 'trained to do'
- Manage cultural change of integrated care working as opposed to silo working
- Support coaching eg. virtual coaching network
  - To facilitate Buurtzorg style working
- Solution driven approach
- Build on strengths / development desires – each individual has a role

**Question 2 : What needs to be done nationally to make this the norm?**

- Gets lost in all other things
- Describe as building on what is being done – recognise the positive that already exists
- Look at barriers that prevent progress / bureaucracy
- Create access / links to national support
- National support should continue
- Led by existing teams to coach – neutral approach

**Round 2 – On my mind**

- Enthused by Stirling
- Sharing learning
- Creating contacts / networks
- Movement from medical model
- What are barriers
- Can we not just do this pilot feature
- How do we capture evidence
- GPs contract barriers



- Let's get on and do it / evidence – builds traction , outcomes for people/staff
- Making the norm
  - What's stopping us getting on?
    - Landscape so busy
    - Can only do so much
- Energy , leadership , recognizing benefits, vision permeating through all levels – specific
- Public Health message – to shift expectations, partners, realistic medicines
- Contract between national policy and what's happening in front line – not person centred
- Lack of public awareness of integration
- Winning hearts and minds
- Describe Scottish context – this is NC – keep the person in mind and built the team around that
- Societal pressures
- Acceptable vulnerabilities
- How do we make 'community' care the done thing
  - Not 'owed'
  - Change focus from current
  - Focus on young people, supporting older people
  - Take into account internal carers
  - Politicians key messages
  - Valuing older people
- Flexibility vs consistency / local context
  - No postcode lottery
- Barriers
  - IT structure
  - Bureaucracy – nurse can't access for a care package
- Enablers – national campaign including strategic plans
  - Public expectations

## Appendix 1- “Table Topics, Hosts and Suggested Questions”

<b>Topic 1: integrating health and social care staff in Neighbourhood Care Teams</b>	<b>Topic 2: Empowering the workforce in Neighbourhood Care Teams</b>	<b>Topic 3: Local systems working to support Neighbourhood Care teams</b>	<b>Topic 4: Neighbourhood Care Teams - designing and commissioning people led care</b>	<b>Topic 5: National approaches to enable Neighbourhood Care to flourish</b>
<p><b>Host</b> – Maria McIlgorm <b>Facilitator</b> – Sara Turner</p> <p>With regards to your table topic above, please discuss how we keep our focus on delivering care and support that is person led and outcomes focused?</p> <p>As an organisation how do we support our staff to effect influence?</p> <p>How do we empower our staff/team members?</p> <p>What powers do we want staff/carers to want/ need to have?</p>	<p><b>Host</b> – Brendan Martin <b>Facilitator</b> – Esme Wilson</p> <p>With regards to your table topic above, please discuss how we keep our focus on delivering care and support that is person led and outcomes focused?</p> <p>What do your self-managed teams need to be empowered?</p> <p>Are their organisations able to provide what is needed immediately?</p> <p>If not, what are they going to do about it, and when?</p>	<p><b>Host</b> – Calum Cockburn / Alec Murray</p> <p>With regards to your table topic above, please discuss how we keep our focus on delivering care and support that is person led and outcomes focused?</p> <p>What technology do areas currently use well to provide good quality care?</p> <p>What technology would help them to do their job?</p> <p>Do you have any concerns (including ethical) about using technology to provide care?</p>	<p><b>Host</b> – Gillian Fergusson <b>Facilitator</b> – Holly Williamson</p> <p>Discuss the ways in which neighbourhood care models can influence and inform more outcomes-based and person-centred approaches to commissioning care and support? (e.g. enabling more people to be supported in their own homes or in their own communities)</p> <p>Do you have any examples of creative approaches to developing and designing care and support services which fit well with the neighbourhood care model?</p>	<p><b>Host</b> – Chris Bruce</p> <p>With regards to your table topic above, please discuss how we keep our focus on delivering care and support that is person led and outcomes focused?</p> <p>What big shifts have you seen in your world over the last 3 years?</p> <p>Do you feel part of any big changes at present?</p> <p>What present conditions could we build on to enable more positive (Neighbourhood care) change?</p>

			What would help to support more joined up approaches to commissioning health and social care services? (conditions to support change etc...	
<p><b>Host</b> – Thomas Monaghan <b>Facilitator</b> – Gemma Stewart</p> <p>With regards to your table topic above, please discuss how we keep our focus on delivering care and support that is person led and outcomes focused?</p> <p>What key policies are aligned to this work?</p> <p>How can key policy support integrated working?</p>	<p><b>Host</b> – Alison Guthrie <b>Facilitator</b> – Mhairi McTaggart</p> <p>With regards to your table topic above, please discuss how we keep our focus on delivering care and support that is person led and outcomes focused?</p> <p>What skills, knowledge and behaviours do staff need to work in a self-organising / managing team? What are the conditions that support staff to work in this way?</p> <p>How do we create these conditions?</p>	<p><b>Host</b> – Sharon Wiener – Ogilvie <b>Facilitator</b> – Scott Purdie</p> <p>With regards to your table topic above, please discuss how we keep our focus on delivering care and support that is person led and outcomes focused?</p> <p>What would be your key question for evaluation?</p> <p>How can we help evaluation and measurement to be meaningful in the context of neighbourhood care?</p> <p>What is needs to be in place to support data collection?</p> <p>What support is required to enable</p>	<p><b>Host</b> – Chris Sutton <b>Facilitator</b> – Alison Davis</p> <p>Discuss the ways in which neighbourhood care models can influence and inform more outcomes-based and person-centred approaches to commissioning care and support? (e.g. enabling more people to be supported in their own homes or in their own communities)</p> <p>Do you have any examples of creative approaches to developing and designing care and support services which fit well with the neighbourhood care model?</p>	<p><b>Host</b> - Fee Hodgkiss <b>Facilitator</b> – Leanne Marshall-Wood</p> <p>With regards to your table topic above, please discuss how we keep our focus on delivering care and support that is person led and outcomes focused?</p> <p>What developments and thinking in NHS Scotland and CoSLA, IJBs, Health Boards and Councils can we build on to enable the progression of neighbourhood models of care which empower health and social care staff in Scotland?</p> <p>How can we influence thinking</p>

		more robust evaluation?	What would help to support more joined up approaches to commissioning health and social care services? (Conditions to support change etc...	<p>in the media, parliament, and government to demand that we work to empower staff and devolve decision making to people working directly with people, their families and communities?</p> <p>How can we contribute to nurse education, social care workforce education and development, and management and leadership education to move towards neighbourhood models of care which empower staff to make decisions?</p> <p>Will successful implementation of the principles of Buurtzorg in third sector bodies in Scotland influence the public sector over time?</p> <p>What is the best approach to partnership working with unions and professional bodies in</p>
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				promoting greater empowerment and devolved decision making for their staff members?
<p><b>Host</b> - Ali Upton <b>Facilitator</b> – Ruth Darbyshire</p> <p>With regards to your table topic above, please discuss how we keep our focus on delivering care and support that is person led and outcomes focused?</p> <p>What skills, knowledge and behaviours do staff need to work in a self organising / managing team?</p> <p>What are the conditions that support staff to work in this way?</p> <p>How do we create these conditions?</p>	<p><b>Host</b> – Mairi Martin <b>Facilitator</b> – Fiona Dunwoodie</p> <p>With regards to your table topic above, please discuss how we keep our focus on delivering care and support that is person led and outcomes focused?</p> <p>What changes does an organisation have to make for self-managing teams to work?</p> <p>What do you think are the barriers in your organisation for self-management to work</p> <p>What is your organisation's appetite to risk if you were to work in a self-managed way?</p>			