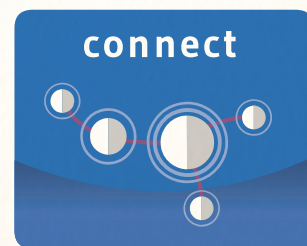
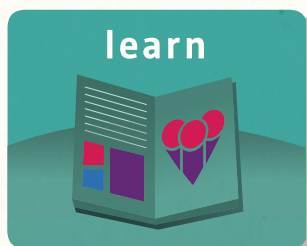


# Five Provocations for the Future of Health and Social Care



# Introduction



We can be in little doubt of the pressures on our health and social care support systems. Sharing those pressures with other Western health systems is of no comfort to the people whose lives they impact on, or the politicians who are held to account every day for their shortcomings. Mark Britnell's recent book, 'In Search of the Perfect Health System,' explores approaches to healthcare throughout the world, concluding that there is no one perfect system but many excellent examples across the globe to learn from. Our National Health Service stands out for its values and universality and unsurprisingly that's why it has become such a political issue across the UK.

The challenge to politicians and public and third sector leaders is to transform the health and wellbeing of our citizens whilst securing the value base of healthcare for all that we as a nation rightly treasure. No one pretends it's easy or that any one person or organisation has all the answers. For this reason, the Health and Social Care Academy, based at the ALLIANCE, brought together Scottish leaders to consider the question:

**“Creating wellbeing – What is needed to transform Scottish society so that all citizens are able to thrive?”**

The Think Tank brought together a cross section of Scottish society including third, voluntary and independent sector leaders; leaders from across the public sector (including the NHS, Scottish Government, Police Scotland, Scottish Fire and Rescue Service and academia); and people who use health and social care services. This was a unique collective and their coming together to engage in cross sectoral thinking is a real step forward on the road to transformation.

Four provocations for discussion challenged participants to address many of the deeper issues in health and social care. These included questions like 'How can we move away from a "fix-it" model of health and social care?' and 'How can a human rights based approach help us improve health and care?'. From the richness of these debates and discussions, five themes emerged. These themes can stand alone in their own right, but, more meaningfully, their interconnectivity can create the right conditions for transformative change.

## Courageous Leadership

The need for courage and courageous leadership to achieve the necessary transformation is the theme that must underpin our approach. The word courage comes from the Latin word cor, meaning 'heart', and to create a health and social care system that enables Scotland to thrive, we need leaders who are willing to take brave decisions that are ultimately rooted in their values and the values of Scottish society.



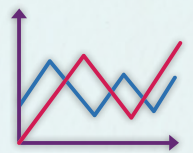
## Nurturing Transformation

Achieving real and sustainable transformation takes time and a system of short term funding and quick results does not allow for such patience. The conditions for change need to be right and that's where the current target culture can become an impediment to transformative change.



## Target Culture

If political systems and the media focus on short term – and arguably arbitrary – targets, does that stifle innovation and improvement of the type we seek? The cultural change in this theme is not just about systems and services, but about how we engage as active partners in our health and wellbeing, both as individuals and communities.



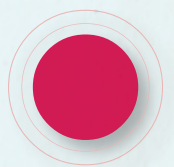
## Emphasising Humanity

An unintended consequence of modern systems has been the human side of care being undermined. The focus on medicalisation has diverted attention from what helps us flourish in our communities and as individuals. We need to relearn how to foster flourishing both internally and externally.



## Ceding Power

The process of ceding power has already started if we consider, for example, the personalisation and self management movements. But for transformation to take place, the ethos of these movements needs to go further so that the power to effect change lies with the individuals, communities and organisations who are able to enact it and benefit most from it.



Are the themes outlined here of themselves unique? Perhaps not – but the transformation will lie in taking the bold steps needed to enact them and that first step as always has to start with each and every one of us.

**Audrey Birt, Associate Director, Health and Social Care Alliance Scotland (the ALLIANCE), April 2016**

# Courageous Leadership



*Ambitious, focused and inspiring leadership to transform and develop support and services and create the conditions for everyone to thrive.*

Effective leadership is a vital element in the creation of the right conditions for wellbeing and is often the missing ingredient that enables us to take the first bold steps. In the current paradigm, leadership tends towards the “heroic leadership” model which is rarely conducive to creating radical transformation throughout an organisation.

The Kings Fund has argued<sup>1</sup> that the NHS, specifically, needs to move beyond heroic leadership towards ‘seeing leadership as shared and distributed throughout the NHS’. Collective approaches are welcome, and support the Think Tank’s other recommendations (particularly ceding power), but it is essential that our leaders, both political and practice-based, have the opportunity to build an authentic, boundary-pushing vision of the future alongside the recipients of the service. The Three Horizons model of long term change<sup>2</sup> would plot this as beyond our current horizon or thinking and therefore as a shift towards a transformational approach (or third horizon).

**“The political landscape changes, but there needs to be an overall direction of travel embedded in society.”** Think Tank participant, 27 October 2015.

At the various levels at which they operate, the interactions that leaders have with others set the tone and can influence the future of the health and social care system. The leaders of the future we need to foster are those who can influence change, place confidence in a “shared vision” and enable people and organisations to go beyond their current expectations.

We know that Scotland has an abundance of people with great ideas, passion and the ability to create change, emphasised not least by the ALLIANCE’s ‘Imagining The Future’ publication, which highlighted a series of views for the next steps for health and social care in Scotland from third sector leaders. IRISS, however, have argued<sup>3</sup> that there is a lack of operational leadership skills, and that bureaucratic management associated with the public sector, in particular, has made it difficult to support transformational changes to culture.

**“We need courage to support the emerging seeds of change.”** Think Tank participant, 27 October 2015.

On top of this, the bigger challenge is how we build a vision for the future which recognises the value of people who use support and services, unpaid carers and others in creating the conditions for everyone to thrive. This requires us all to be ambitious, focused and push the boundaries of what is expected within health and social care.

## To consider...

1. How do we create the conditions necessary for courageous leaders to effect transformational change?
2. What are the bold steps you would take as a leader if success was guaranteed?



# Courageous Leadership

Creating the conditions for change through courageous leadership: the Self Management Strategy for Scotland

- The Scottish Government devolved the development of the Self Management Strategy for Scotland to the ALLIANCE, resulting in “Gaun Yersel!” being co-produced with ALLIANCE members.
- Since 2009 there has been continued investment in the Self Management Fund, which has supported innovative projects that empower people with long term conditions to live well.
- Since the publication of the strategy, there has been a cultural shift, with self management now being at the forefront of health and social care policy.
- The development and implementation of the self management strategy encompasses all five provocations, but courageous leadership is key to enabling the others.

Download the full case study from the Academy website:

[academy.alliance-scotland.org.uk](http://academy.alliance-scotland.org.uk)

# Nurturing Transformation



*Transformation requires patience: it takes time to forge relationships, to embed change and to realise long term benefits.*

The Scottish Government has acknowledged the need for transformational change in health and social care, signalled in part by the integration of these systems. Achieving this type of change won't happen overnight or simply because of a change in political priorities or legislation.

For instance, in 2015, the Scottish Parliament's Finance Committee noted its 'frustration at the lack of evidence of any large scale shift towards prevention'<sup>4</sup>. In this context, a key message from the third sector over recent years has been a critique of the divergence between a strong political drive for radical shifts in policy and investment and the experience at a local level. But achieving transformation, in which prevention plays a part, takes time, encouragement and the courage to make mistakes, all of which requires patience.

"Gaun Yersel!": The Self Management Strategy for Scotland' was published in 2008, outlining a new relationship between people and those providing support and services.

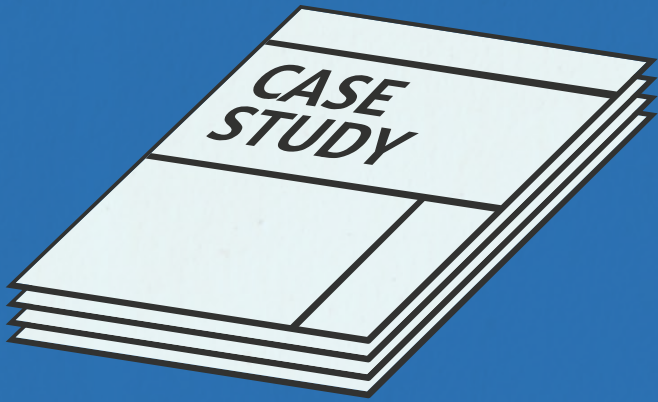
The Self Management Fund has invested significantly in creating this new approach – but this has taken time. Engendering strong relationships, initiating change and realising the long term benefits of transformational approaches requires time and the organisational as well as political will to make this happen.

**"We don't know what the answers are – how do we create an environment to let testing happen?"** Think Tank participant, 27 October 2015.

Success requires investment in innovative approaches, designed and delivered in co-production with people who use support and services and the creation of safe spaces to debate, discuss and find solutions to the difficult issues that we currently face in health and social care. As the commissioning of support and services takes a more strategic approach, its success will depend on the ability to achieve the outcomes set out by people who use support and services. We must take care to ensure our long term vision of the future is at the core of the services on which we place the most value.

## To consider...

1. Thinking beyond the current system takes all sectors and none working together over time; what is the first step that you and your organisation will take on that shared journey?
2. What would help us take the first steps without knowing the end point?



# Nurturing Transformation

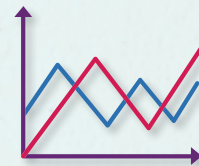
A Community-Focussed  
Social Impact Bond in  
Perth and Kinross

- In a social impact bond, investors put forward capital for a project (usually preventative) and if the delivery party meets the agreed objectives then the Government pays back the investor in full, plus interest.
- Scotland's only social impact bond to date was the Perth and District YMCA's Living Balance Project, commissioned as part of the Department for Work and Pension's Innovation Fund.
- Rather than large investors, Living Balance was funded by smaller investments from local businesses and individuals who were keen to see their community thrive and were able to contribute their own skills and knowledge.
- Perth and District YMCA promote a model where outcomes are agreed between the government and the third sector provider, rather than adhering to outcomes dictated nationally.

Download the full case study from the Academy website:

[academy.alliance-scotland.org.uk](https://academy.alliance-scotland.org.uk)

# Target Culture



*The meaning of this is two-fold: we need to challenge the target culture in health and social care and to foster a cultural shift across society towards more active engagement in health and wellbeing.*

Across the UK, the NHS in particular has often been accused of using ‘external stimuli such as targets’<sup>5</sup> when attempting to make significant change. In our view, however, targets rarely enable or assist the type of transformation required in Scotland’s health and social care system. Think Tank participants noted that targets can often work against a shared transformational vision by disrupting focus and placing the emphasis and pressure onto things that might or can be easily measured.

Achieving our vision of the future cannot be divorced from a broader change in how the media and politicians determine our priorities for health and social care. There are short term gains to be made in setting targets, but this will not achieve what is required to make society healthier in the longer term.

Our measures and indicators of success in health and social care must be generated through recognition of the holistic wellbeing of people who use support and services, unpaid carers and the workforce – and what matters to them. This requires a cultural shift within in our existing support and services infrastructure. The wider definition of changing organisational culture is perhaps characterised by “softer” outcomes such as shared values, skills

and style of leadership, rather than hard statistics about performance, but we need to ensure these are aligned and consistent with practice in order to achieve effective change.

This type of change must involve reconsidering how we tackle established organisational cultures, ingrained opinions and scepticism and instead focussing on transparency, honesty and openness in order to overcome the obstacles of the past.

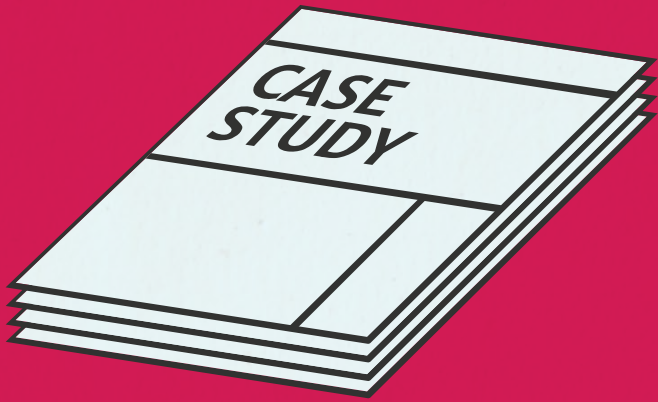
**“Where are public attitudes sitting on this issue? Do we need to ask difficult questions about people’s expectation of services?”** Think Tank participant, 27 October 2015.

We need to move away from seeing the creation of health and wellbeing as a challenge to be overcome by the system alone and recognise that it is determined by our interactions with each other, as well as with support and services. Time and again, it is declared that we need to move away from a “fix-it” model of health and social care. This requires not just a change in mentality within services themselves, but a change in the expectations of society at large. For the ethos of self management to become the norm, there must be a widespread recognition that wellbeing is at once an individual and a collective responsibility.

## To consider...

1. How can we trust more, set fewer targets and instead create a culture that enables change?
2. If we were to transform the Scottish psyche in regards to health, what would we want it to look like?





# Target Culture

'Statist Individualism' in the Nordic Countries

- The Nordic countries are widely recognised as some of the healthiest countries in the world, with some of the best health systems.
- 'Statist individualism' is the concept that describes the alliance between the individual and the government in these countries.
- This ideology promotes individualism through government policy.
- Nordic countries have high levels of broad social trust.
- This results in individual responsibility and collective action to improve health.

Download the full case study from the Academy website:

[academy.alliance-scotland.org.uk](https://academy.alliance-scotland.org.uk)

# Emphasising Humanity



*We need to emphasise the humanity and human rights of people accessing and providing support and services, to create relationships that enable people to flourish.*

Health and social care support and services are essential to the lives of many people, whether in formal or informal, paid or unpaid settings. They can support people to live in the way they choose – to socialise, to work, to get an education and to be a member of their community. However, this type of support is often undervalued.

In its response to the Scottish Government's national conversation on "Creating a Healthier Scotland", the SNAP Health and Social Care Action Group<sup>6</sup> noted that embedding the right to health in all policies and raising awareness of the relationship between rights, equality and health would have a positive impact on enabling people to claim their right to live well. At the same time, care and support roles in Scotland remain among the lowest paid and lowest status activities in our society and professions in our labour market.

**"We must recognise the humanity of both care provider and service user."** Think Tank participant, 27 October 2015.

Embedding human rights based approaches across health and social care would truly emphasise the humanity and

human rights of the people accessing and providing support and services and would create relationships that enable people to flourish. Very few would deny a vision where everyone in Scotland has the right to the highest attainable standard of physical and mental health and the right to live independently as part of a community.

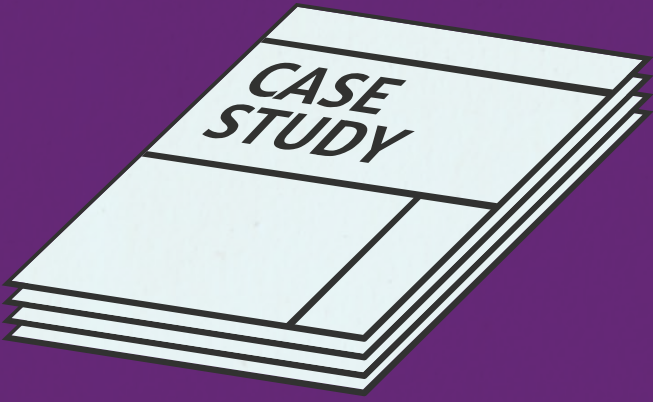
In practice, this means embedding strong principles of participation in health and social care and supporting the drive towards co-production. It also means focusing on the outcomes that matter to people who use support and services and their families, rather than what matters to budget holders and officials. Inherently this requires significant cultural change and shifts in thinking but we are already seeing examples of this working in practice, for example through the ALLIANCE's People Powered Health and Wellbeing programme and the Scottish Co-Production Network.

**"Flourishing comes from bringing people together."** Think Tank participant, 27 October 2015.

Flourishing as a concept helps us move beyond treating illnesses or issues to enabling people and communities to be well. Flourishing is an internal process as well as being influenced by external factors and is ultimately how we move from health as a deficit model to one of focussing on assets and wellness.

## To consider...

1. What would help to role model a human rights approach across care systems?
2. Where do we see the best opportunities for a flourishing Scotland and can we replicate them?



# Emphasising Humanity

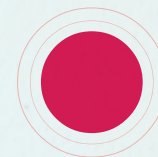
Embracing Alaska  
Native Culture in the  
Nuka System of Care

- As a result of a legislative change, the Southcentral Foundation took over health care provision for the Alaska Native population of Anchorage in 1997.
- They began designing and delivering care in the Nuka model; 'Nuka' means 'strong, giant structures and living things.'
- The system and culture was overhauled so that co-production and the involvement of the "customer-owners" became an integral part of the design and delivery of care.
- The Nuka system also emphasises the entire holistic wellbeing of each individual and recognises their values and experiences.

Download the full case study from the Academy website:

[academy.alliance-scotland.org.uk](https://academy.alliance-scotland.org.uk)

# Ceding Power



*Statutory bodies need to cede power to the community, individuals and the third sector and embrace cross-sector approaches.*

Quickening the pace of change in health and social care requires new ways of thinking. Traditional models, whereby support and services were block contracted or designed by officials, will no longer do if we are to genuinely build on the assets and meet the needs of communities. Truly enabling people to live well requires statutory bodies to cede their power to communities, individuals and the third sector and embrace cross-sector approaches. This requires new skills as well as a shift in mindset.

The tendency towards paternalism, to control and solve issues, remains prevalent across statutory agencies and even some third sector organisations. Experience shows this rarely creates the best conditions for the creation of wellbeing. Shared decision making, by contrast, enables a focus specifically on what matters to the individual and allows them to have as much involvement as they wish in the design and delivery of support and services they use. People must be enabled and empowered to change the things that matter most to them.

**“Engage with people and communities to find ways to solve problems.”** Think Tank participant, 27 October 2015.

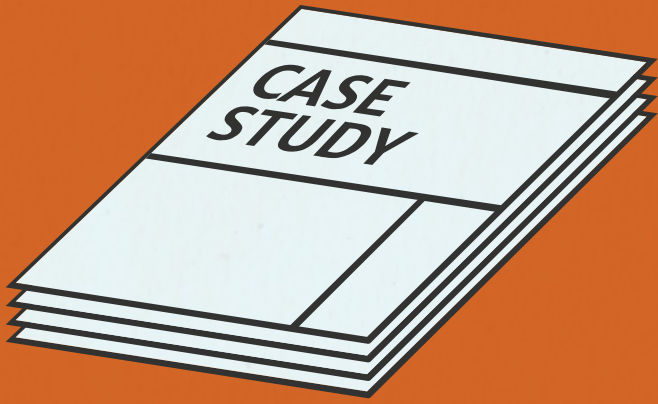
This requires professionals and policy makers to acknowledge that people are best placed to make some decisions based on their own learning, experience and self-knowledge. As the Academy acknowledged in our thinkpiece ‘What would the Health and Social Care in the Workplace Look Like if People Really Mattered?’<sup>7</sup>, ‘current leaders will need to move from a traditional hierarchy of power to ceding power to enable all to take personal and shared responsibility for change’.

The preventative, community-based approaches often eulogised in policy documents are also evident in many third sector organisations who have responded timeously to the need. Just under half of regulated third sector organisations and groups have social care or health as their primary area of activity and the third sector provides over a third of registered social care. Accordingly, there is huge potential to open up creative solutions if the new approaches being taken in the third sector are properly supported.

**“Complex issues can’t be confronted by one sector alone.”** Think Tank participant, 27 October 2015.

## To consider...

1. How do we create cross-sector approaches for learning new skills and working together differently in the future?
2. What more is needed to support individuals, communities and third sector organisations to claim power?



# Ceding Power

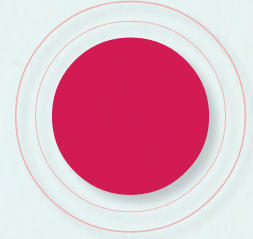
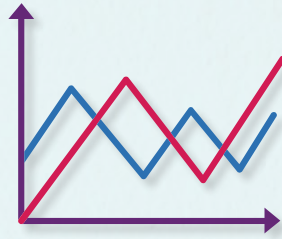
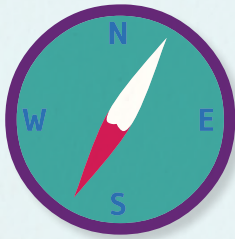
Participatory Budgeting  
in Porto Alegre, Brazil

- Participatory budgeting was first pioneered in Porto Alegre, Brazil, in 1989.
- Control over a portion of the local budget is given to local people.
- Community representatives advocate local and city-wide spending priorities which are then ranked.
- Community representatives are more likely to come from lower income groups and resources are weighted to the most deprived communities.
- As participatory budgeting has spread, there has been criticism that it has not been done in such a way that promotes social justice.

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# Conclusion



Given these five provocations, the obvious question is “what next?”. The Academy aims to provide the forum for addressing these themes and the questions posed, facilitating radical discussion and innovative ideas. These themes are not intended to be all-encompassing and they are certainly not easy to tackle. However, by shining a light on successful approaches in Scotland and beyond which relate to these themes, we hope to promote the possibility and reality of transformational change.

We have already begun developing ideas for future work, concentrating on these five areas where change can pay dividends.

We aim to inspire not just transformative thinking, but action too. It’s an ambitious task and one that we cannot achieve alone. We hope to build on existing partnerships and forge new ones too, to share our provocations as widely as possible.

Hopefully this paper has inspired and energised you in some way and if it has, we want to hear from you. Whether you have an answer to any of these questions or more you’d like to ask, an idea you’d like to partner on or good practice to share, we’d love to hear about it.

**Be part of the change...**

## You can connect with us at:

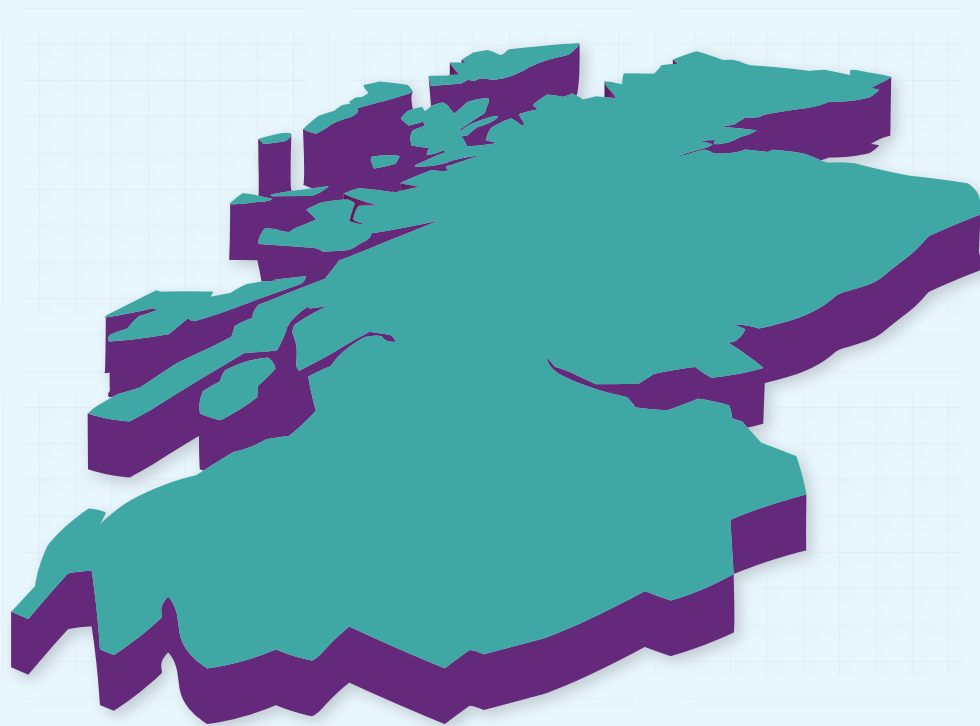
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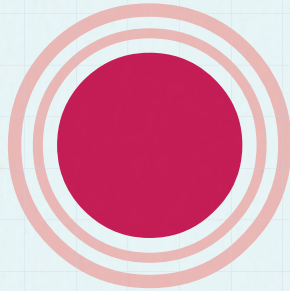
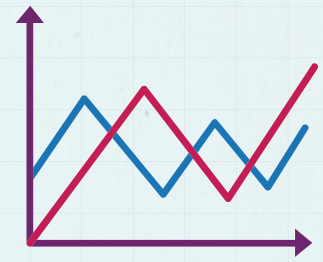
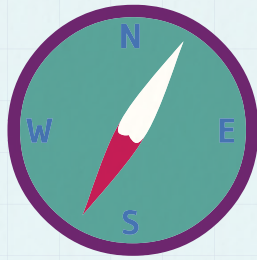
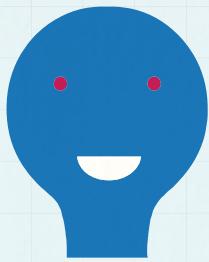
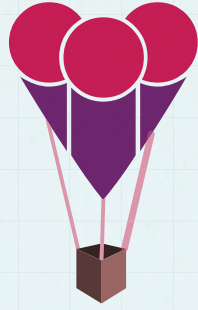
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