

INVITED SPEAKERS



Kay East
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Kay East joined the Department of Health in November 2002 having held a number of senior management posts in the NHS. Kay has a wide range of experience as a practitioner, a policy officer with a large Shire County, a University Teacher and a member of her local Community Health Council. Kay has been a Board Member of a Charity for Hearing Impaired people and is a former Chair of the College of Occupational Therapists.

Kay was a member of the Modernisation (Partnership) Action Team and is a member of the Older People's Taskforce and the National Implementation Steering Group for 'Meeting the Challenge'.

Session 1 Day 1: Bridging the Practice and Policy Divide: The NHS Plan, published in 2000 as a ten-year plan for investment and reform was followed by the allied health professionals' strategy, *Meeting The Challenge*. The *National Service Frameworks* set standards for the delivery of services particular care groups. *Shifting the Balance of Power*, implemented in April 2003, devolved responsibility and resources for the commissioning and delivery of all primary and secondary care services to Primary Care Trusts designed to improve the health of their local communities. These changes are designed to deliver prompt, convenient, high quality services which treat patients as partners.

The policy framework is designed to ensure that the principles of public sector reform are achieved, providing high national standards and clear accountability, local ownership and innovation, increased flexibility for frontline staff and greater diversity of provision and choice.

This challenges the allied health professions to ensure that they involve patients in service planning, ensuring that better information is available to help support informed decision making, sharing their expertise across traditional professional boundaries and making sure that their practice is empowering, offers choice and supports patients values and preferences.

This will ensure that AHP's help people to achieve their personal life goals following illness or when living with disability. It will assure that they work as part of team and

have the opportunity to influence how care is delivered. Allied Health Professionals need to be committed to education and training and support learning opportunities and continuing professional development at all levels so that they make a difference to patient care and develop respected and valued career opportunities and choices.

Allied Health Professionals will work in new ways, extending roles and using skills flexibly, ensuring the development of leadership capacity at all levels ensuring patients are the focus of their practice. Allied Health Professionals now have representation on professional executive committees and have the ability to influence the development of both services and their own development.



Professor Mike Nolan
Professor of Gerontological Nursing
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Mike Nolan trained as a teacher before entering the nursing profession. After gaining qualifications in general and psychiatric nursing Mike has worked with older people and their carers in a variety of clinical, educational and research roles for the past 20 years. He has particular interests in the support needs of frail older people and their family carers in both community and institutional settings. Mike is currently Professor of Gerontological Nursing at the University of Sheffield and holds Visiting Chairs at the University College of Health Sciences, Borås, Sweden, and the University College of Nursing, University of Maribor, Slovenia.

Session 1 Day 2: The Potential of Relationship - Centred Care: The promotion of person-centred services has become one of the key objectives underpinning recent health and social care policy. This paper will argue for an alternative vision of care delivery underpinned by a relationship-centred approach (Tresolini and the Pew Fetzter Task Force 1994). Relationship-centred care explores the interactions between those providing and those receiving services, and provides a model which addresses their needs. A framework for applying the ideals of relationship-centred care to practice will be outlined and its implications for the design and delivery of services will be considered.

Day 1 - Stream 1: Continuing Professional Development



Professor Amanda Howe
School of Medicine, Health Policy and Practice
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Amanda Howe is Professor of Primary Care at the University of East Anglia, in the School of Medicine, Health Policy and Practice, which she joined in 2001. Her disciplinary background is in general practice, and she is currently Chair of the research group at the RCGP. Formative multidisciplinary influences included:

- being in a minority in medicine in the 1970s and 80s, when women in medicine looked to women in other health and social care professions as their natural allies against masculine dominance
- working as a ward cleaner during sixth form, which, while being at the bottom of the NHS hierarchy, was a very interdisciplinary learning experience
- being in primary care for all her training and working life, where doctors are in a minority, and whose work can never make sense without the team.

Her academic interests in multiprofessional education have been manifest in educational developments in both undergraduate and postgraduate medicine, in team-based interventions, and in curriculum reform. Relevant published work includes:

1. Howe A, Crofts D, Billingham K. Can nurses teach tomorrow's doctors? - a nursing perspective on interdisciplinary community- based medical education. *Medical Teacher* 2000; 22 (6): 576 - 581
2. Howe A. Teaching in practice - a qualitative factor analysis of community based teaching. *Medical Education* 2000; 34 (9):762-768
3. Roberts C, Howe A, Winterburn S, Fox N. 'Not so easy as it sounds' – study of a shared learning project between medical and nursing undergraduate students. *Medical Teacher* 2000; 22(4): 386-391.

She is interested in the attitudinal influences that can be enacted through educational settings to facilitate or impair effective interprofessional working, and in the general trend of minimising hierarchy; an issue with which she has struggled within herself.

Can learning together help us to work together? Multiprofessional working is at the centre of both political fashion and a service development drive. It is assumed that multiprofessional learning *with* each other and interprofessional learning *from* each other will assist this, but the evidence of outcomes from shared educational initiatives are still scanty. Changes within health and social services, and the systems of

professional development of staff for these services, may both create and constrain the self-educating professional. This talk will consider the rationale for the current policy drive, the evidence to date, the barriers and facilitators, and the possibilities for effective shared learning. Central to this debate will be a critique of the ways in which interprofessional attitudes are developed in training, and the crucial roles of experiential learning and reflective practice to forming and reforming our professional assumptions. We shall also review examples of good practice within undergraduate and postgraduate settings, and consider the ways in which professionals can themselves create the momentum and own the outcomes of interprofessional learning.

Day 1 - Stream 2: Challenge of Demand



Professor Mildred Blaxter
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And

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Mildred Blaxter is Honorary Professor of Medical Sociology in the School of Medicine, Health Policy and Practice at UEA and also Visiting Professor in the Department of Social Medicine at the University of Bristol, as well as being a Fellow of the Faculty of Public Health Medicine. She has been concerned with health policy ever since involvement in the Royal Commission on the National Health Service in 1979, and has been associated with programmes of research on inequality in health of the ESSR, Department of Health, and Health Development Agency. Research interests have also included lay concepts of health, special problems such as child health, disability and chronic illness, HIV/AIDS, alcoholism; health surveys; social capital and health; qualitative methodology. Books have included *The Meaning of Disability (1976)*, *The Health of the Children (1981)*, *Mothers and Daughters (1982)*, *Health and Lifestyles (1990)*, *AIDS, Worldwide Policies and Problems (1991)*, *Key Concepts: Health (2003)*

Demand for Health: Possible Futures: Predictions of future "demand" for health and related services are commonly based on demographic and attitudinal trends - the ageing population, changing family structures, increasing consumerism, the "dilemma" of infinite wants and limited resources. This discussion will suggest that the most important driver of change in public expectations is the reciprocal

relationship between scientific and technical advance and the structure of service provision. Service-providers ought not to be absolved from the responsibility for managing change, rather than allowing events to overtake and determine policy. Increasingly, this is an issue which bridges professional and service divisions: the possible futures of public demand require cooperative discussion and planning.

Day 2 - Stream 3: Innovative Clinical Practice



Nigel Appleton
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Nigel Appleton is a freelance researcher and consultant specialising in accommodation and care for older people and in the management of adaptations. His recent work includes the foundation study for a national older persons' housing strategy for the Welsh Assembly Government; a guide for commissioners to Extracare housing for the Change Agent Team at the Department of Health; a study of the needs and aspirations of older people in general housing for the Joseph Rowntree Foundation and an evaluation of the application of new technology in a specialised unit for people living with dementia for the Fold Housing Association in Northern Ireland. Nigel led the team that carried out the preparatory research and drafted good practice materials for the current joint Department of Health and Office of the Deputy Prime Minister draft guidance on the provision of adaptations.

Before establishing Contact Consulting in 1995 Nigel was Director of Anchor Housing Trust. He has been closely involved with the development of Home Improvement Agencies for nearly twenty years.

He is an honorary research fellow in the Centre for Urban and Regional Studies at Birmingham University, a Governor of the Centre for Policy on Ageing and a member of the Department of Health's external reference group for the Modernising Community Equipment Services initiative.

Delivering a Client Centred Adaptation Service: Achieving an integrated service to respond to the need for adaptations in the homes of disabled people provides a paradigm for the challenges of collaborative working.

Statutory obligations and funding streams are divided between social care and housing agencies. The criteria for access to service provided by the partner agencies and collaborating professionals may be at variance. Working practices, both the substance and interpretation of legislation and guidance, conventional performance measurement and a range of other factors lead to potential dysfunction in the system. Health bodies, whilst involved in the related field of equipment, have no formal role in the adaptation service, although its effectiveness directly impacts upon their performance.

This paper will describe these and other contextual factors that can frustrate collaborative working to achieve an holistic service that responds appropriately to client needs and aspirations. Examples of success in overcoming these difficulties will be examined and key elements in replicating good practice will be identified.

Day 2 – Stream 4: The Challenge of Team And Partnership Working



Carol Hayden
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Carol graduated in Economics and Statistics from Southampton University in 1976. She then worked as a research associate at Warwick University undertaking economic and social policy analysis in a number of developing countries before gaining a Masters degree in Economics in 1983.

Carol then shifted her focus to UK economic development working in research, consultancy and local authority management, including at Coventry City Council where she was responsible for establishing the area regeneration policy to tackle deprivation through an innovative, local partnership approach.

In 1998 Carol moved to the Local Government Centre at Warwick Business School where she researched various aspects of the UK Government's modernisation and improvement agenda. This includes evaluating the Better Government for Older People programme and undertaking other related research for the Inter-Ministerial Group.

Since 2001, Carol has worked at the Audit Commission as a Senior Policy Advisor on regeneration, social inclusion, partnership working and other cross-cutting policy

issues. Carol's chapter on 'Quality Issues in Partnership Working' in L. Gaster and A. Squires (eds) Providing Quality in the Public Sector. Open University Press was published in March 2003.

Quality Services Through Quality Partnerships: For some time partnership working has been the expected organisational context for submitting statutory service plans and securing funding. Now, as an integral part of the current Government's modernisation agenda, it is becoming not only a legislative requirement for the development of inter-agency community strategies but a pre-requisite for 'joined-up' and thus, improved public services. But does working in partnership make a real difference in terms of outcomes? Might it still feel like 'just another hoop to go through', a government 'flavour of the term', or a cosy way of working for those involved? Or can partnership have a role in improving service quality for users and citizens? And if so - how?

This presentation draws on the evaluation of the partnership-based Better Government for Older People programme (BGOP) to illustrate how partnership working can improve service quality. It looks at how partnerships can generate a common, citizen-centred perspective by which quality can be defined and assessed, what types of improvements are most likely to be responsive to a partnership approach, how such improvements themselves require 'quality partnerships', and what challenges this presents for the individuals and organisations involved.