



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Developing Cultures of Person- Centredness and Equity – Evaluating an Irish Health Service Experience

by

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**20 maggio 2019**

**Building a Better Health Service**

CARE COMPASSION TRUST LEARNING

# Outline of Presentation

- Person-Centredness , Values and Equity – a national approach
- Making person-centredness and equity work in a local setting – what we did
- Evaluating and measuring progress

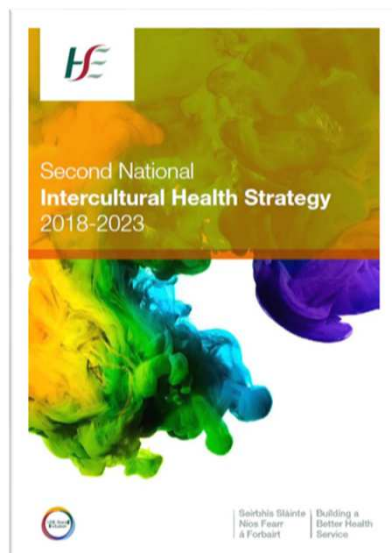
# Minority Ethnic Groups in Ireland

- Refugees, Asylum Seekers
- Migrants and Migrant Workers
- Travellers
- Other Minority Ethnic Groups
- Irish-born Children
- Undocumented Migrants
- Other Minority Groups, not based on ethnicity

# Second National Intercultural Health Strategy – 2018 - 2023

Second National Intercultural Health Strategy - 2018–2023

## Goals and strategic objectives



2<sup>nd</sup> NIHS (2018 – 2023)

### GOAL 1:

Enhance accessibility of services to service users from diverse ethnic, cultural and religious backgrounds.

- Provide information in accessible, culturally responsive ways.
- Develop a model for interpreting provision across the HSE.
- Develop an evidence-informed system of translating information.

### GOAL 2:

Address health issues experienced by service users from diverse ethnic, cultural and religious backgrounds.

- Implement cross-government obligations in respect of health needs of service users.
- Implement national obligations in relevant cross-departmental strategies.
- Promote a model of health screening and prevention.
- Address health inequalities relevant to service users in relation to oral health, sexual health, reproductive health, children and young people, LGBTI+, disability, men, mental health and palliative care.

### GOAL 3:

Ensure provision of high-quality, culturally responsive services to service users from diverse ethnic, cultural and religious backgrounds.

- Provide intercultural awareness training to all relevant staff, and take into account the needs of staff who work with a diverse population.
- Ensure that services are planned and delivered in a context of cultural competence and in line with requirements of the public sector duty and related obligations.

### GOAL 4:

Build an evidence base.

- Work towards the development of high quality data collection, monitoring and evaluation to build an evidence base on minority ethnic health and ensure evidence-informed practice.

### GOAL 5:

Strengthen partnership working to enhance intercultural health.

- Actively promote participation of service users from minority ethnic groups in the design, planning, delivery and evaluation of services.

# Values & Beliefs Clarification

- Espoused Values vs. Lived Values
- Shared Values
- Clarifying Beliefs
- Modifying Behaviours

## Values

### Care

- ▶ We will provide care that is of the highest quality
- ▶ We will deliver evidence based best practice
- ▶ We will listen to the views and opinions of our patients and service users and consider them in how we plan and deliver our services

### Compassion

- ▶ We will show respect, kindness, consideration and empathy in our communication and interaction with people
- ▶ We will be courteous and open in our communication with people and recognise their fundamental worth
- ▶ We will provide services with dignity and demonstrate professionalism at all times

### Trust

- ▶ We will provide services in which people have trust and confidence
- ▶ We will be open and transparent in how we provide services
- ▶ We will show honesty, integrity, consistency and accountability in decisions and actions

### Learning

- ▶ We will foster learning, innovation and creativity
- ▶ We will support and encourage our workforce to achieve their full potential
- ▶ We will acknowledge when something is wrong, apologise for it, take corrective action and learn from it

We will try to live our values every day and will continue to develop them over the course of this plan

# HSE Values in Action – 9 Behaviours



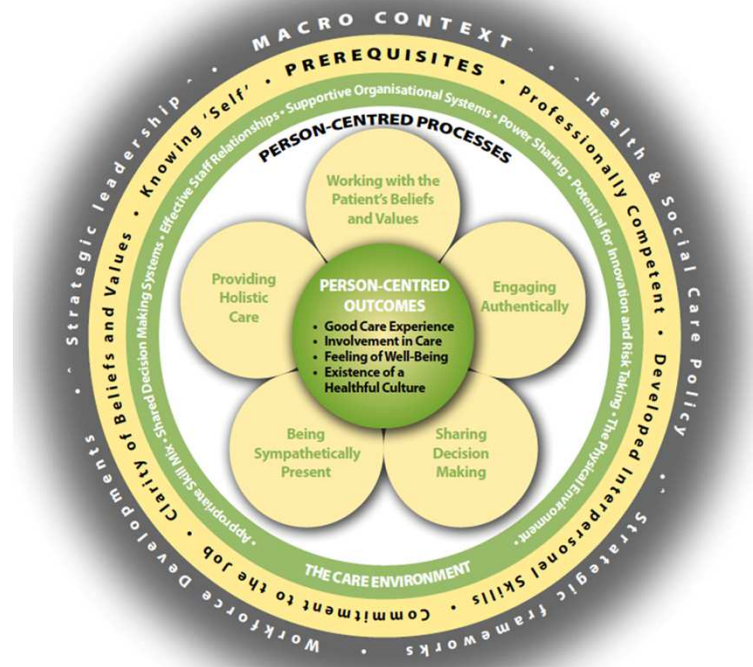
# Developing Cultures of Person-Centredness and Equity in the Irish Health Service



2<sup>nd</sup> NIHS (2018 – 2023)



HSE Values in Action Programme

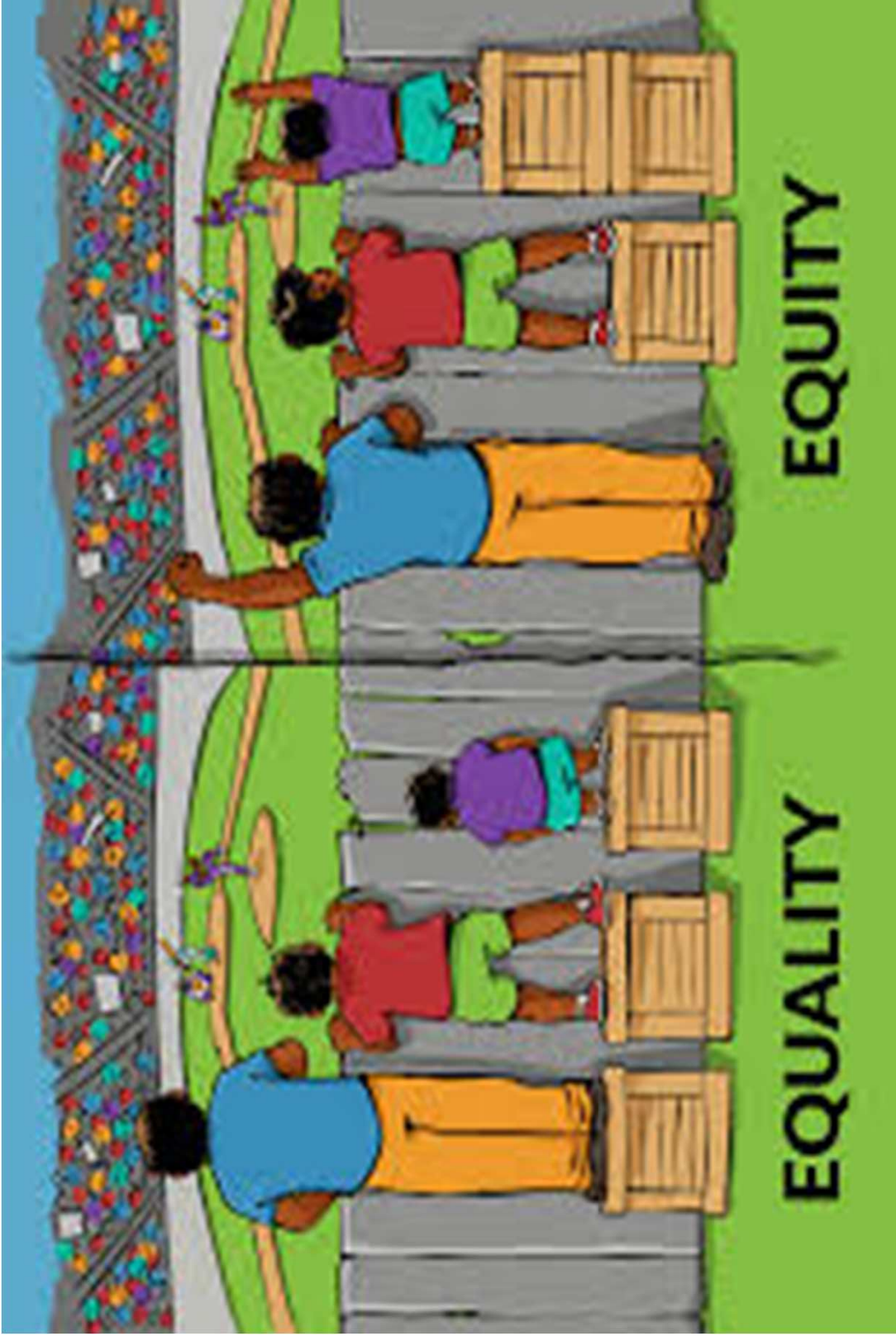


(McCormack & McCance, 2017)

Person-Centred Practice Framework



HSE Staff Engagement Programme



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# *Human Flourishing*



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# HSE collaboration with Queen Margaret University, Edinburgh, Scotland

- Prof Brendan McCormack

- Developing cultures of person-centredness
- Developing facilitation skills for person-centredness
- Supporting staff continuous personal development
  - Certification
  - Continuing education – 15 credit points

# Person-Centredness and Equity – how we made it work locally



# Our organisation

Community Healthcare East covers the southern part of Dublin City and the counties south of Dublin, a population of 400,000 people with increasing diversity and the fastest-growing population in Ireland.

We are part of the Health Service Executive, Ireland's national health service.



# What were the intended outcomes of the programme?

- To identify ways we could improve how Primary Care services meet the needs of the increasing diversity of our population
- To encourage person-centred ways of working in all parts of Primary Care, including between colleagues
- To encourage much more decision-making at front line level by clinical staff
- To deliver these changes via a person-centredness plan

# What we did locally

# 1. Set up a steering group

- Based approach on National Programme to Develop Cultures of Person-Centredness
- Membership drawn from most Primary Care teams
- Front line staff to managers
- Took a participative, collaborative approach where everyone's contribution was important
- Routine evaluation and feedback

## 2. Developed Shared Values

- ▶ What are shared values?
- ▶ Looked at why we need to develop shared values in the workplace
- ▶ Considered how we develop shared values across Primary Care
- ▶ Identified the stakeholders in the process
- ▶ Looked at how to improve engagement



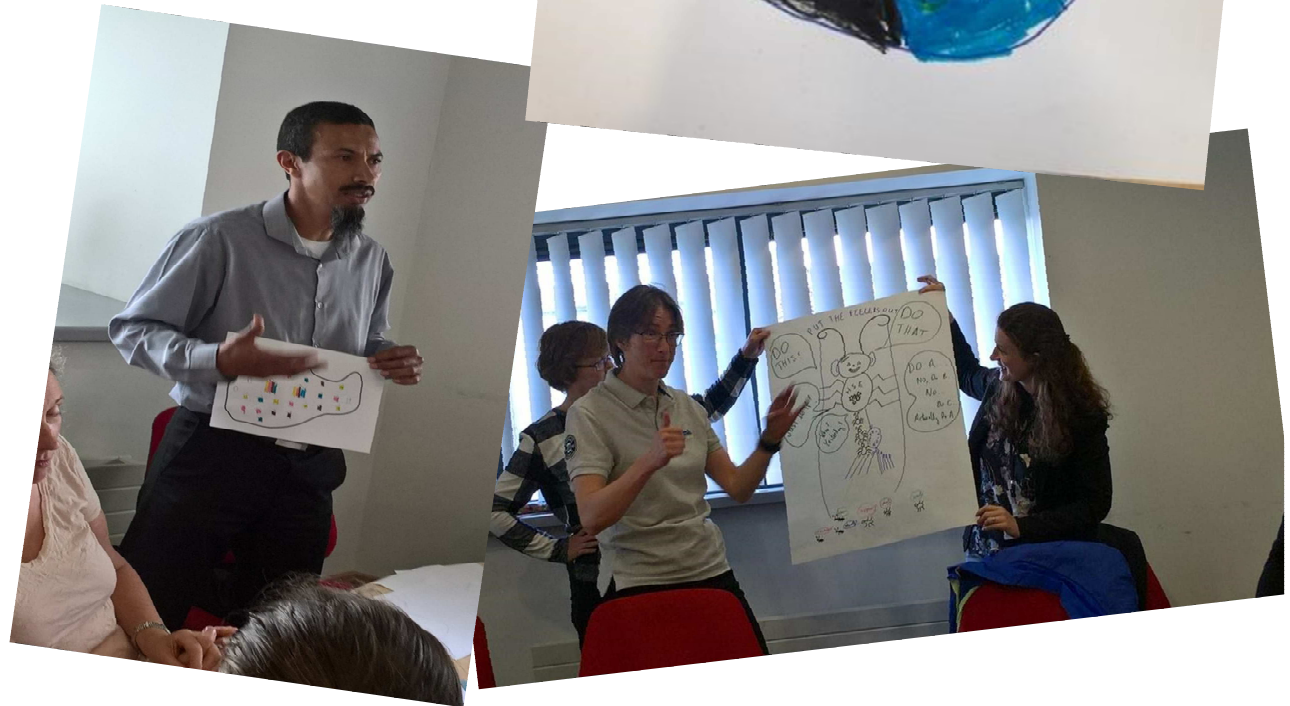
### 3. We created a Plan



1. Bottom-up plan based on team priorities and shared values
2. Actions cut across services and disciplines
3. Based these around the 8 themes from the National Standards for Better Safer Healthcare
4. Plan covers whole of Primary Care
5. Local plans for individual teams

# We did this by.....

- Using creative approaches
- Taking priorities from all teams
- Thinking about what “good” looks like



# How did we evaluate?

- Qualitative evaluation after each steering group meeting
- Evaluation focused on learning: “What did I learn today?”
- Quantitative and qualitative measures built into the Plan (SMART actions)
- Review at end of December
- Develop a service user engagement strategy to further enhance the plan
- Local team plans owned by each team, to be reviewed every 6 months



# What next?



- Implementation over 3 years
- Review every year
- Report and monitor every 6 months – including local team plans
- Service User Group will review and improve

# Thank you!

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