Creating Care Forum

Summary Report

The Creating Care Forum was a one day workshop and platform exploring the opportunities of collaboration between healthcare and the creative industries. Produced in partnership between Creative Dundee, Creative Scotland and the Academic Health Science Partnership in Tayside, the day featured exemplar case studies, discussions and practical workshop sessions to establish high level engagement between senior policy makers in both sectors. The forum hosted by Creative Dundee, was held on Tuesday 24 January 2017 at DCA, in Dundee. The day aimed to:

- Establish effective health and creative industries interaction at a strategic level.
- Turn Realistic Medicine into practice - with Tayside leading the 'how'.
- By the end of the event - have a clear sense of the structured approach and the best mechanisms to support the next steps.

This summary report briefly outlines the topics of each speaker's presentation, key points from the workshops, and the proposed next steps. Further resources include:

- Slides from the Forum can be viewed and downloaded from Slideshare here.
- Social media coverage from the Forum can be viewed as a Storify here.
- Images from the Forum can be found on Flickr here, and Open Change's account here.
- View and download this Summary Report online here: http://bit.ly/CreatingCare

CREATIVE SCOTLAND
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AHSP
Academic Health Science Partnership in Tayside

Above: Catherine Calderwood and Clive Gillman.

The catalytic role of the creative industries in Scotland - presentation

Clive Gillman, Director of Creative Industries, Creative Scotland. Link to Creative Scotland's **Creative Industries Strategy**.

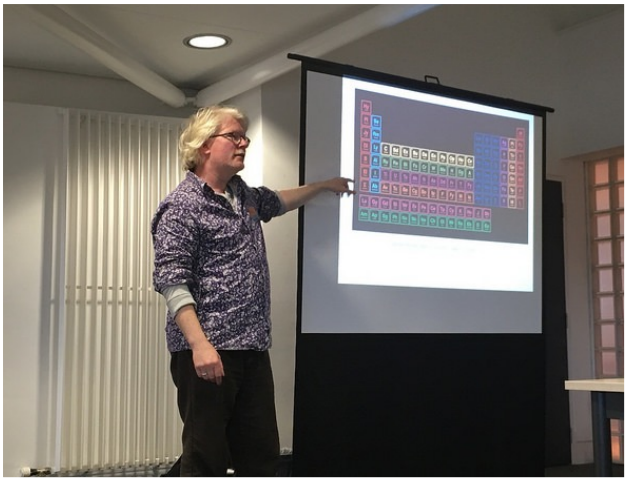
Clive Gillman set the policy context, by describing the approach being taken by Creative Scotland in their role as the Scottish Government's lead agency for the Creative Industries. This approach acknowledges that many in the creative sector are motivated to work to a triple bottom line in which creative value, economic value and social value all contribute to the success of the many businesses working in this area. As such, many are motivated to apply their skills and experience in service of an idea of public good and that this has led to many grassroots collaborations in areas such as health, education, placemaking and social care. He explained how this event was the first step in establishing how these approaches can be developed further to become more embedded in national policy in healthcare. This is an explicit objective in the Creative Scotland Creative Industries Strategy and this is echoed in the enterprise, skills and education systems, that are each collaborating with Creative Scotland in the delivery of a single national action plan for the creative industries.

Realistic Medicine in practice - presentation

Catherine Calderwood, Chief Medical Officer for Scotland. Link to **Realistic Medicine Report**.

Catherine Calderwood is the Chief Medical Officer(CMO) for Scotland, appointed in March 2015. In 2016, her annual CMO report, entitled “Realistic Medicine” generated significant national and international interest. The report introduced a conversation with clinicians on the following questions: How can we further reduce the burden and harm that patients experience from over-investigation and over-treatment? How can we reduce unwarranted variation in clinical practice to achieve optimal outcomes for patients? How can we ensure value for public money and prevent waste? How can people (as patients) and professionals combine their expertise to share clinical decisions that focus on outcomes that matter to individuals? How can we work to improve further the patient-doctor relationship? How can we better identify and manage clinical risk? How can all doctors release their creativity and become innovators improving outcomes for people they provide care for?

Catherine presented a summary of “Realistic Medicine”, giving real life examples of how doctors and patients approach the diagnosis and management of disease.



Above: Aidan Moesby and Jeni Lennox.

Creating care in action - speakers

A series of brief case study talks focused on the challenges and opportunities of design and innovation in healthcare.

Aidan Moesby's practice sits at the intersection of the visual arts, wellbeing and increasingly, technology. Much of the work Aidan makes is concerned with language, either literally in text based pieces or objects as metaphor. Aidan spoke about the development of two projects - Sagacity and Unfixed.

Sagacity which was initiated as an arts programme exploring methods of non medical intervention for those at risk of using the Health Services due to Mental Health issues. There are many systems which monitor or track moods, or wellbeing or happiness indices, although none seem to use emotions as the basis of this. Sagacity does. **The periodic table of emotions exists as a digital version which illustrates the current mood of Dundee through sentiment analysis** of twitter and local newspapers. It is a dynamic visualisation of the city. Aidan also spoke about Unfixed, a residency and exchange programme focused on art, technology and disability that seeks to deepen the dialogue and explore the practice of contemporary artists.

Jeni Lennox is a designer and long term visiting tutor to the Glasgow School of Art product design department. She now divides her time between mass public engagements that are putting fish on our fivers and finding ways to design a better life for people living with dementia – through both products and services.

Jeni shared healthcare projects she had been involved in to illustrate how experienced professional **Designers can help to reshape services, environments, products and communications across all dimension**, and in a variety of media, to deliver policy and people-centric outcomes. Showing the power of Design to generate appropriate Briefs in the 'Future Ambulance' project, in delivering environments that enable self-management as in 'Alzheimer Scotland Resource Centres' and in developing unconventional services like 'Dementia Dog' that builds resilience in people living with Dementia.

Carol Sinclair has been working as a ceramic artist for 26 years. Knowing how valuable her own art practice was in helping her cope with her role as a carer of a dementia patient, Carol now runs workshops specifically for other carers, introducing them to the benefits and joy that working with clay can bring.

Carol's creative practice **creates a platform for discussion about dementia, especially from a carers perspective**. She talked about her approach to running workshops for carers, taking place within the exhibition so that participants can explore the artwork and enjoy the calming effects of her ceramic light sculptures. She insists on using high quality materials and tools as this approach promotes "flow" - the state of being so fully engaged in the creative process that all else is at least temporarily forgotten.

Above: Shobhan Thakore and Rodney Mountain.

Rodney Mountain – is a Tayside ENT surgeon working at the interface of the creative industries and healthcare. He is the lead for Healthcare Design and Innovation at the Academic Health Science Partnership in Tayside (A partnership between NHS Tayside and the University of Dundee).

Rod focused on the collaborations between the healthcare sectors and DJCAD, V&A Dundee, the RSA and Entrepreneurial Scotland. **He introduced the significant social, business and economic value of partnerships, collaboration and interdisciplinary working between the creative industries and healthcare**. He introduced the value of "design thinking" philosophy and concepts of practical "user centered" design for patients, carers, workers and managers in health and social care.

Shobhan Thakore is a Clinical Lead for the Scottish Quality & Safety Fellowship, NHS Education for Scotland. Shobhan has a lead in Tayside for the evaluation and introduction of "Realistic Medicine" to clinical practice.

Shobhan gave a very personal account of two recent patient journeys that he had experienced. They demonstrated the contrast in experience that comes when a system that processes patients tries to be efficient but fails to be person centred and causes harm. This failure then requires further complex and expensive treatment to attempt rectify the situation. The examples illustrate the relevance and importance of the domains within Realistic Medicine and remind us of one of the elements of the Hippocratic Oath, taken by all doctors: **"I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug."**

OPEN CHANGE

Healthcare design - half day session

Following the morning talks, service design specialists Hazel White and Mike Press of **Open Change** had been selected to lead a half day workshop during the forum to both illustrate the service design approach and also to help establish our joint goals across the health care and creative industries disciplines.

Open Change works with organisations to develop design and innovation capacity to create better services. They enable communities of leaders, front-line staff and customers to develop a shared vision, learn skills in user engagement and idea generation to deliver positive outcomes in the public, private and not for profit sectors. They work in education, healthcare and government, delivering training, insights and service re-design support.

Design as strategy - presentation

Open Change first provided a short presentation on design as strategy. The central argument was that we need to see design as something beyond discrete problem-solving, that has most to offer as a strategic resource.

Open Change's starting point was the research report Design for Public Good, a pan European survey of design's role in the public sector. Using a variety of case studies, it describes a three step process for leveraging ever greater value from design.

Step one is design for discrete problems. They gave the example of *Dialogue Cards,* which aim to improve communication and understanding between clinician and patient. Developed by staff at NHS Ayrshire & Arran with Open Change - prototypes are currently being trialled in University Hospital, Crosshouse to gather patient feedback. The UK Design Council has been very active in encouraging step one design innovation in healthcare in recent years. Examples include Design Bugs Out - creating hospital furniture and equipment to eliminate bugs and consequent infection. More recently their A&E Design Challenge explored how design thinking could reduce violence and aggression in accident and emergency is departments.

Step two is design as capability, where design becomes part of the culture of public bodies and the way they operate and make decisions, and we see particular evidence of this in NHS Tayside. For example, teaching empathy mapping to dental practitioners as part of an Open Change workshop has now developed into them teaching it to their own dental students. They have also run workshops for GPs on service design and ideation methods, and with Rod Mountain facilitated a one-day workshop for 40 medics and health administrators on service design. This not only enables healthcare professionals to make use of design thinking in their day-to-day practices, but also enables them to commission more complex design projects from service design specialists. For example, in Norway, Akershus University Hospital commissioned service design consultancy Livework to design and develop a 24-hour acute care centre, representing a new model for unified healthcare. Such an ambitious project could only be initiated because of the close working relationship between the client and the design team, and the understanding of the healthcare managers of how design could transform how care is structured and delivered.

Step three is design for policy where design thinking is used by senior managers and policy makers, and often focused on how services can be better joined up. This is also referred to as strategic design. A recent study by the RSA on the codesign of interventions to promote mental well-being is a recent example of this. Phillips is one company that now offers strategic design as a service to health care providers alongside its medical hardware, claiming to be "leveraging design thinking to create innovative healthcare environments". IDEO and Nesta recently collaborated on developing a resource entitled Designing for Public Services. Spearheading strategic design at a government level has been Mindlab based in Copenhagen, a cross-governmental innovation unit that involves citizens and businesses in creating new solutions for society. In

London, Policy Lab is allied to the Cabinet Office, creating an environment where policy teams can use design knowledge and skills to develop policy in more open, informed and user-centred ways. The Scottish Approach to Service Design being developed currently is very much part of design's new strategic direction.

We need to be clear about what design does. When it comes to innovating healthcare it offers three particular strengths: a range of methods and tools for **understanding people**; processes for **innovating systems**; by encouraging people to challenge assumptions and think hard about the nature of problems and opportunities, it **changes mindsets**.

A design-led health strategy would help people and organisations find the things that are holding them back, providing a framework and a set of tools to explore the issues, and enable an exploration of possible ways forward. Open Change's research published in Valuing Design examined the most important conditions required for design-led approaches to flourish in public sector projects. They are leadership, community building and capacity. For this workshop to make a lasting impact we must be committed to building communities committed to developing new approaches to inclusive healthcare innovation, growing creative capacity amongst all healthcare professionals, and supporting visionary leadership.

What are the advantages and barriers to collaboration? - workshop

Advantages:

Woking in small groups participants were asked to discuss those factors that were advantageous to collaboration. Here is a summary of the main themes which emerged.

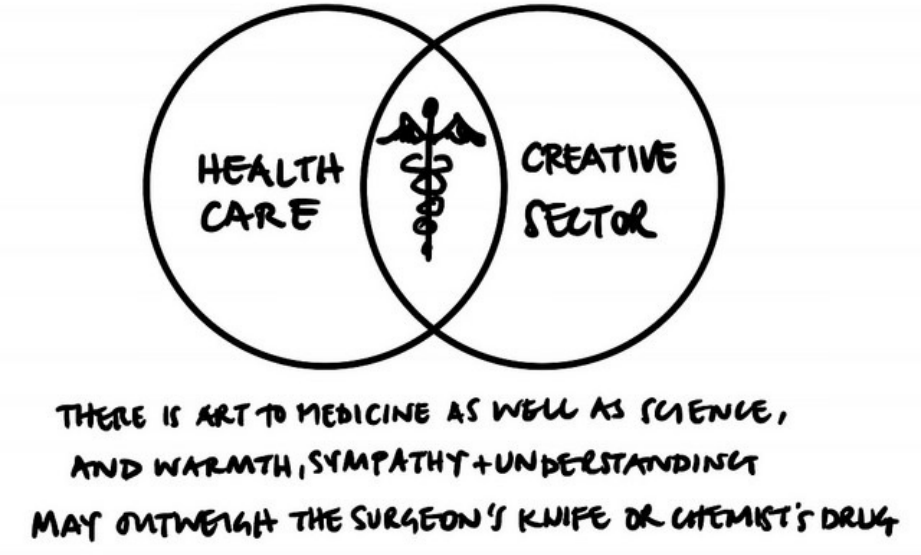
- **There is a difference of focus.** While design can provide the big picture, medicine and healthcare can provide a laser focus. Cross pollination brings different perspectives and the ability to view issues and problems differently. It also enables us to build on the ideas of others, to listen, and to place ourselves outside of our comfort zone.

- **There is a challenge in sharing experiences and knowledge** and this can provide us with unexpected insights when we work at the interface between disciplines and approaches. It enables us to share resources and skills and celebrate different expertise.

- There was a view that **the art of medicine** lies in the territory that overlaps across healthcare and the methods and activities of the creative sector.

Barriers:

- **The challenges of entering an alien environment** and being out of one's comfort zone, both an advantage and a barrier.
- **Within the healthcare system there is a 'disempowered middle'** unable to help make change happen. There is also the issue of personalities and personal interests.
- **Different professional languages** are used, which at times can create mutual incomprehension and reinforce any sense of professional tribalism.
- **Evidence vs intuition** - on the medical side ideas and change are led by evidence, while on the creative side change is led by values and intuition. Cultural values are not objective and so the individual's perception is treated as central to the creative process.



Thematic discussions:

Participants reconfigured themselves around a number of critical themes which were captured from the broader discussions. These are summarised below. 1-3 are general issues around cultural, organisational and philosophical areas which require an understanding of the differences of approach between design and medicine. In themes 4 and 5, cross-disciplinary teams discussed current specific issues experienced within NHS Tayside and explored how a design-led strategic approach would tackle the problem.

1. Building bodies of evidence
Starting point: How do citizens gather and understand evidence and information related to their health and wellbeing?
- What information is out there? Guidelines, Google, clinical evidence based reports.
- Unfortunately healthcare is currently not person centred.

Group recommendations: 20% of healthcare activity equates to 80% of cost. How can this be changed to optimise value for money? Good data on users is valuable – how can it be used more effectively to create better pathways of care.

2. Leadership and 'empowering the middle'
Starting point: short term priorities and targets disempower staff.
- Establish a culture of collaboration with a shared vision.
- Remove politics from the equation – empower those generating the outcomes rather than the outputs.
- Taking people with you, identify opportunities for others to solve, work with partners and learn from permission for failure – captured through powerful stories.

• Consistent strategies that can empower a change in mindset.

Group recommendations: Longer term views and targets are required to create the structural change needed for more effective leadership and empowerment with new redefined roles, priorities and partnerships.

3. Literacy and communication

Starting point: greater literacy and education is needed to develop a language which is accessible to all.

- Emotion and fixed mindset egos. A power shift away from paternalism.
- The value of "time" spent in patient centered clinical engagement.
- A review of metrics. Outcomes need to be both quantitative and quantitative at the same time.
- New relationships between creatives and scientists.
- Importance of translation, connection and networks.
- Predominant media view is negative - communicate the good stories and successes. Doctor Google is a retro-step.
- Co-design pathways with patients to give everyone a voice.
- Dominant medical cultures need to become truly interdisciplinary and value creative cultures equally.
- Health and social care integration is helping changes narrative.

Group recommendations: Create a shared and consistent narrative based on a common language, non-elitist and democratic.

4. Mental health issues

Starting point: demand for mental health services are on the increase - how can we facilitate a transition away from a purely medical model?

- Identify the key people involved in service delivery and decision makers. "Hard' clinical risks, General Medical Council, Deanary and statutory issues are part of an inter-related picture including a wide range of stakeholders including doctors, nurses, patients and carers, social care, psychiatrists, support staff, mental health professionals AHPs and the wider community.
- Develop benchmarks and good practice, to be shared more widely

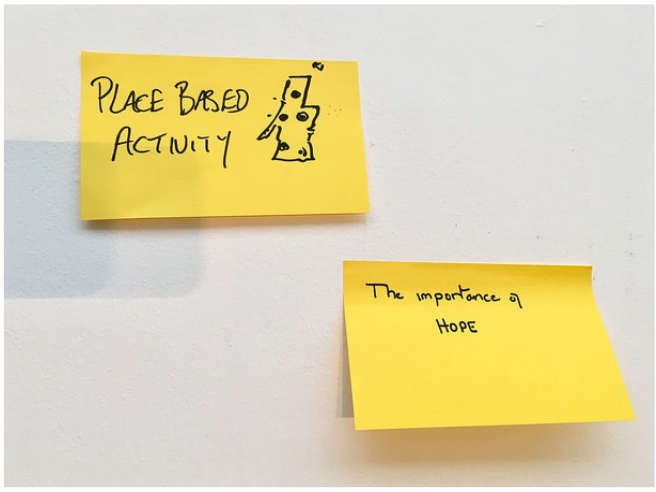
Group recommendations: Understand where we currently are by mapping the here and now and the 'why', then build a big vision of the future and share it with the public, test ideas, learn and be iterative.

5. Surgical pathways

Starting point: we need a new model of how and where we deliver surgical care.

- Currently there are three sites used: Ninewells, Stracathro and PRI.
- There are staffing issues on both medical and nursing sides.
- A conflict between the needs of emergency and elective surgery.
- We should be moving the surgeons rather than the patients, keeping skills and focus.
- We need to explain all the complexities to the public.
- Communicate the realities/explanations - not pamphlets.

Group recommendations: Make each of the sites specialists in different areas of surgical care. Point out positives and longevity - communicate the realities. Make the case positively to enable political uptake.



Good examples of health/creative sector collaborations

Open Change invited participants to share good examples of how healthcare and creative industries have collaborated positively. In particular we were interested in projects under development that we should be looking out for. Sheets were provided to capture these cases, and three were completed.

iPad aphasia animation app
What is it, how does it work, how is it used, where does it happen?
A short animation information piece for people with aphasia to explain to others about their communication impairment. To have as a one touch app on your mobile device instead of a paper-based communication card. We have already produced the animations with aphasia group and are now developing a relationship with an app designer.

Who is it of value to and why?
Anyone with aphasia based communication problem as they often have severe word finding problems particularly under pressure or with strangers. It will set the scene for more effective communication and could be a freely available download.

Where can we find out more?
From Chris Kelly, Tayside Healthcare Arts Trust.

'Design statements' - within Scottish capital investment manual
What is it, how does it work, how is it used, where does it happen?
Exists within NHS business case process to define strategic design brief for physical change. Requirement for all major investment. Developed by bringing different people and perspectives together and walking through the day in the life of service users, staff and carers, to describe the service experience and what the physical environment needs are. Benchmarked by views of what success might look like.

Who is it of value to and why?
Service users - brings their needs into the heart of the change.
Staff - grows capacity and faith in affecting positive change.
Decision-makers - defines needs and provides a basis for checking the project is on track to deliver.

Where can we find out more?
Architecture & Design Scotland's Healthier Places

Cycleur
What is it, how does it work, how is it used, where does it happen?
It's an app that lets people explore the world from their living room by connecting any basic exercise bike to Google Street view. As you peddle the exercise bike you travel through the virtual countryside.

Who is it of value to and why?
Anyone who has difficulty exercising outside the home. Or anyone who finds exercise is boring.

Where can we find out more?
In development, looking for feedback to steer project in useful directions.

Setting out the next steps - discussion

The day concluded with the identification of next steps:

Overall those in room recognised that there was evidence that collaborations between healthcare and design communities could produce real benefit in the context of realistic medicine. The models are active and relationships are well developed. For this work to achieve its full impact we need to establish the mechanisms that will see it embedded in strategy and policy with active appraisal and review. Clinicians, designers, managers and makers are all ready to make a difference through their joint working. We now need a green light to make this part of the way we work and the way we deliver the outcomes we all want.

At a local level there are four priorities which could act as a focus for collaboration between the creative and healthcare sectors.

ENVIRONMENTS TO COLLABORATE
Where can we create spaces to innovate where the risks are carefully managed and co-create with the wider community?

PERMISSION
How can we be given institutional permission to continue to work together to advance and communicate the creating care approach?

LANGUAGE / EDUCATION AND CAPACITY
How do we find and develop the learning opportunities that can build design capacity within healthcare?

FUNDING
What are the funding sources that will support this work?

Events:

Looking ahead, the following events will also help build a momentum around Creating Care in Scotland:

Entrepreneurial Scotland – "Healthcare by Design" evening event, Dundee 25th April – details to announced soon on their website.

Dundee Design Festival – 24th-29th May 2017, now in its second year which will again have a focal point on design in healthcare. Programme launching soon here.

Service Design in Health – event running 19th-20th October 2017 in Edinburgh aimed at service designers and those who commission their services. Event details.

For more info:

If you were not at the Creating Care Forum and would be interested to hear more about this project as it progresses, please email Gillian Easson, Director, Creative Dundee: gillian@creativedundee.com