

SOMERSET TOGETHER

SUMMARY OF THE FINDINGS OF OUR PUBLIC CO-DESIGN WORKSHOPS

1 BACKGROUND AND CONTEXT

- 1.1 In response to the challenges of changing population demographics, financial austerity, and public expectation of the health service, Somerset CCG and Somerset County Council have made a joint commitment to introduce a new approach to commissioning health and social care services, based on outcomes. This programme of work, called Somerset Together, will significantly change the way in which the CCG and County Council pay for the services that they commission, and will place greater demands on service providers to work together to deliver shared outcomes.
- 1.2 An outline business case for outcomes-based commissioning was made to the CCG Governing Body in July 2015 and to the Cabinet of Somerset County Council in October 2015. It set out an initial outcomes framework with four high-level domains, as follows:
- Maintain standards of care
 - Improve outcomes
 - Ensure system effectiveness
 - Transform services
- 1.3 A Somerset Together working group, called the Outcomes Workstream, was set up to develop a detailed framework that (i) reflects the outcomes that patients want and (ii) will enable commissioners to measure whether providers have delivered person-centred outcomes. To inform and shape this process, we held six public co-design workshops in February and March 2016 with a view to identifying the outcomes that were of greatest importance to patients and carers in Somerset.
- 1.4 The purpose of the six workshops was to generate evidence to directly support and inform the development of the outcomes framework. By identifying what is most important to patients and their families, we can develop a tool to measure the success of future services, commissioned to deliver those very outcomes. Ultimately, the feedback captured at the workshops will shape the development of the single contract and shared outcomes to which all providers would work.
- 1.5 This report summarises the key themes and findings of the six co-design workshops.

2 WHO PARTICIPATED IN THE WORKSHOPS?

2.1 The six workshops were attended by 140 people in total. Of course many participants had several roles and were interested in contributing not only as patients and carers, but also as representatives of communities, groups or organisations. In general, the 140 people who attended and participated in the workshops can be described as follows:

- 56 were individual members of the public, including patients, carers, Healthwatch volunteers, lay members, and representatives from patient groups;
- 44 were from voluntary and community organisations; and
- 40 were health and social care staff, including colleagues from primary care, NHS provider trusts, and Somerset County Council.

Geographical coverage

2.2 The workshops were held in Bridgwater, Taunton, Yeovil, Minehead, Frome and Burnham, thereby enabling participation across a diverse range of geographical patches of the county. However, in a county as large and as rural as Somerset, we acknowledge that some geographical communities may still have felt unable to access a workshop close to them. Some feedback suggests that people in Shepton Mallet may have had difficulty travelling to their closest workshop in Frome. The CCG has offered to come out and talk to smaller groups of people who were unable to attend a workshop but who would like to be involved.

Equality profile of participants

2.3 At five of the six workshops, participants were asked to complete an equality monitoring form and it was explained that this was to enable us to look at the overall demographic profile of those who attended and whether there were any particular groups who were under-represented.

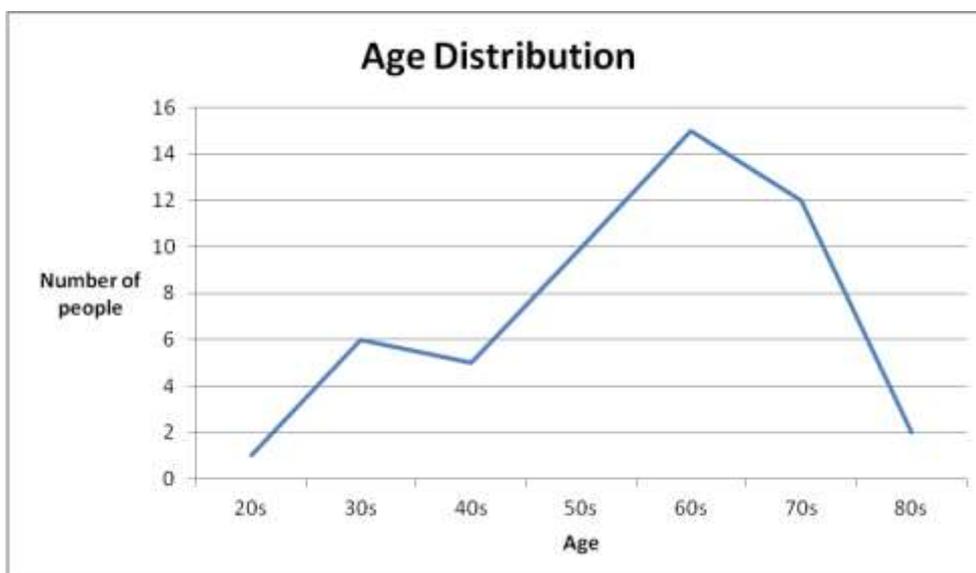
2.4 Not everyone felt comfortable completing the monitoring form and, therefore, the monitoring results are not necessarily an accurate reflection of everyone who participated. Of the 140 people who attended, 58 completed a monitoring form, as follows:

- over a third (38%) identified themselves as carers;
- just under a fifth (19%) told us they had a disability;
- 7% categorised their ethnicity as 'white other'; and
- 5% were from the LGBT community.

Age demographic of participants

2.5 Although the workshops were held at different times of the day, including one late afternoon and one evening meeting, people of working age were under-represented, as illustrated by the table below. We recognise that working

people and parents will not necessarily have time to attend meetings of this kind and our broader public engagement strategy includes other options to enable feedback from these groups to be collected.



3 THE FINDINGS OF THE WORKSHOPS

3.1 Several amalgams of real patient and carer stories were used as part of the groupwork exercises during the workshops. Participants were asked to use “I” statements to identify what the people in these scenarios were feeling, thinking and what outcomes they would want from health and social care services. This exercise was then repeated using real life experiences of the participants and their families. Over the course of the six workshops, over 200 “I” statements were collected and these contain the bulk of the evidence gathered, as set out below.

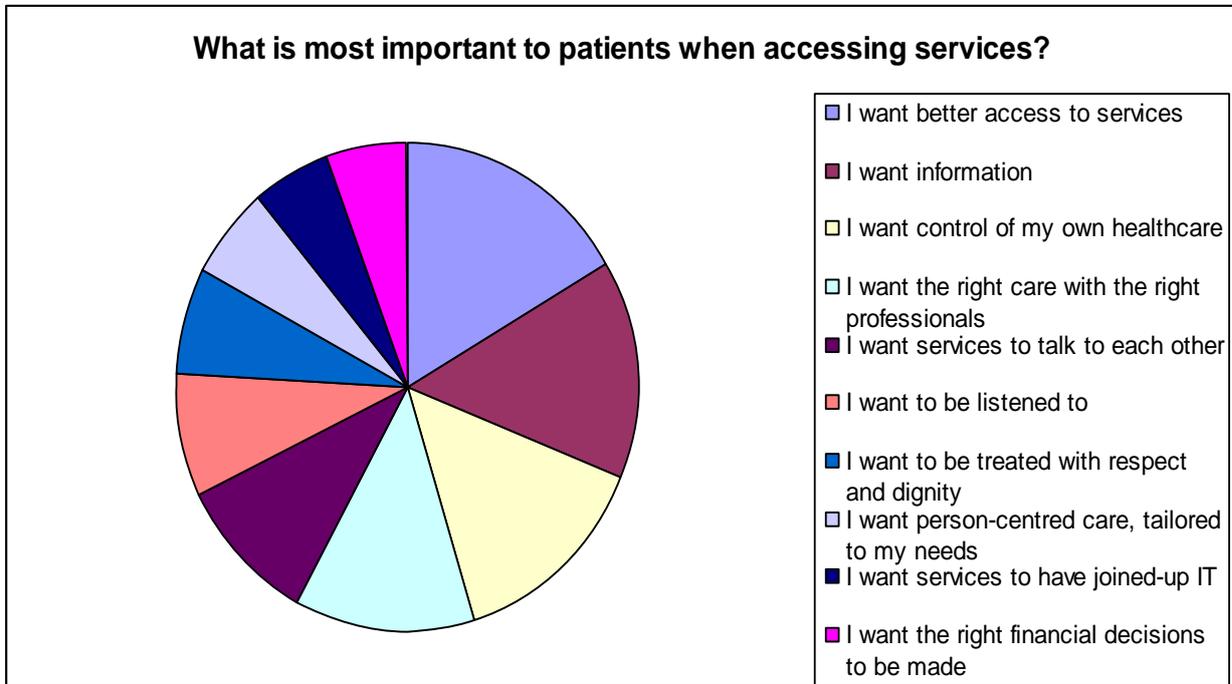
Person-centred outcomes identified by the participants

3.2 Participants very clearly articulated the sorts of outcomes that would make the greatest difference to patients and carers and described what they would like from their services. Most frequently, these outcomes related to:

- the desire to be kept informed or to find information about services and conditions;
- improved access to services;
- the wish to take greater control over our own healthcare and in making decision about our own conditions;
- access to the right care with the right professional who has enough time;
- the need for services to share information, coordinate their responses and join up their IT systems;
- the importance of being treated with kindness, care, dignity and respect; and

- concerns about the financial implications about decisions, for the patients and their family and for the health service.

The table below summarises the main themes emerging from the group exercises:



3.3 Some of the “I” statements that were recorded summed up these overarching themes very succinctly and articulately. A few examples are included below to illustrate the findings of the workshops:

What participants said they wanted:	Theme:
<ul style="list-style-type: none"> • “I want information on my options, including staying at home, that are appropriate to the stages of my life and my health and support needs at that time” • “I want to understand the system” • “I want to know what my options are” • “I want the hospital to keep in touch with me” • “I want to have a conversation with my clinician” • “I need a buddy – someone I can trust and ask questions” 	Good communication and information
<ul style="list-style-type: none"> • “I want more flexible options (one size does not fit all)” • “I want a system that deals with me as a person, not a set of individual problems” • “I need holistic support where I can get help for all aspects of my life” • “I want to be able to make my own decisions” 	Person-centred care / individually-tailored care

<ul style="list-style-type: none"> • “I want support, not just tablets” • “It’s difficult getting a personalised service in a ‘one size fits all’ system” • “I want services that are about me, not the system” 	
<ul style="list-style-type: none"> • “I want support, not just tablets” • “I want to have an appropriate and sufficient amount of time with care professionals” • “I want to be able to speak to someone who is knowledgeable and has the right experience, not necessarily a GP or doctor” • “I want support from someone who understands about my condition” • “I want consistent community care from people who have time to care” • “I don’t want to have to battle to get what I need” • “I don’t want my GP to be the gate-keeper” 	Access to the right care with the right person
<ul style="list-style-type: none"> • “I want hospital discharge to be joined-up and person-centred, involving those important to me” • “I want services to be co-ordinated and ready when I am discharged” • “I would like to have a care plan for myself as a carer” • “ I want a single point of contact” • “I want services to be able to communicate with each other” • “ I want health and social care to have joint records” • “I want co-ordinated IT systems” • “I want an IT system for the benefit of patients, not the organisation” • 	Co-ordinated care
<ul style="list-style-type: none"> • “I want health and social care professionals to show empathy and compassion” • “I want to be treated kindly and with respect” • “I want non-judgemental support” • “I want someone to listen to my whole story” • “I want to be asked, ‘What’s bothering you?’, rather than starting with a clinical list” • “I want you to listen to what I want” 	Treated with kindness, dignity and respect / being listened to
<ul style="list-style-type: none"> • “I want to feel safe and secure at home” • “I want to be in control of my own risks” • “I want to know where I stand financially” • “I want to be supported in a familiar environment” • “I don’t want to get lost in the system” 	Feeling safe

Key changes required to deliver person-centred outcomes

3.4 Participants at the workshops were also asked to think about what they would change about health and social care services if they had a magic wand. The purpose of this exercise was to get to the heart of what people felt was wrong with the existing system of services and the key changes that would enable them to have a better experience of services and, therefore, better outcomes. As with the “I” statements, several key themes emerged from this exercise, including:

- An over-reliance on a clinical health service and the need for more holistic and person-centred responses;
- Consideration of how we can make best use of our communities to help people stay well and independent at home;
- A strongly-expressed desire for a single point of contact who can help people navigate the system and find the services that are available;
- The importance of honesty, trust and listening in the relationship between patients and services; and
- The frustrations experienced by patients and their families when services and systems do not join up, share information or talk to each other.

3.5 Some of the statements typically made during the ‘magic wand’ exercises are set out in the table below:

What participants would change:	Theme:
<p>If I had a magic wand...</p> <ul style="list-style-type: none"> • “The relationship between patient and staff would be based on trust” • “Patients and carers would be involved in their own care-planning” • “The NHS would focus on patients, not treat them as the raw material – patients would not have to fit into the system” • “All health professionals would have emotional coaching” • “Services would treat people as they would want to be treated themselves” • “Services would have understanding and compassion” • “Services would be courteous, kind and polite – this does not cost anything” • “There would be a culture change in services” • “Mental health would be treated equally to physical health” • “I would have access to my own medical records and the ability to personalise them” 	Person-centred care
<ul style="list-style-type: none"> • “People where I live would know about my conditions 	Support from

<p>and how to respond”</p> <ul style="list-style-type: none"> • “Care would be centred around communities – there would be a sense of community” • “Health would be focused on wellbeing and what keeps us well – we would tackle the long term impact of social isolation and depression” 	<p>the community</p>
<ul style="list-style-type: none"> • “Services would share the same policy and procedures” • “All agencies would work together for the needs of the community, not work in silos” • “Health services would work better with housing providers” • “Community and health care would be provided by one provider” • “You would get a consistent service, wherever you are” • “There would be consistent provision – the same standards of care across all departments and services” • “All documentation and data would be shared across services, including ambulance services” • “I would not have to repeat my story over and over again” • “There would be one named person for an individual’s care who can refer to any service” • “I would rub it all out and start again! One body, one pot of money” 	<p>Co-ordinated care</p>
<ul style="list-style-type: none"> • “I would have access to ‘buddies’ whom I could call for information” • “I would have a single point of access in my community where I can get information about my health and what services are available for me” • “Patients would be educated to take responsibility for their own health” • “Services would make the effort to communicate with people who don’t have English as a first language or who don’t have literacy” 	<p>Information</p>
<ul style="list-style-type: none"> • “There would be a better ratio of GPs to head of population” • “There would be more staff in acute, rehabilitation and community services” • “People would get help and support from the point of diagnosis – no one would fall through the net” • “The voluntary and community sector would be properly funded to support patients and to work in an integrated way with health and social care” • “We would use other agencies – employers, schools etc – who can support people to stay healthy” • “There would be better commissioning – we need to 	<p>The right resources for the right care</p>

<p>stop wasting money”</p> <ul style="list-style-type: none"> • “I would have access to health and social care services when I need them” • “I would get holistic services because it is cheaper than drugs” 	
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Geographically-specific feedback

3.6 When collating patient experiences from the different workshops, some geographically-specific themes did emerge. This was most notable in Minehead, where participants raised concerns about transport and access barriers due to the distance from services. Participants at this particular workshops reported that local clinics were not being offered as options when referrals were arranged. A number of people described experiences of being sent further afield for outpatients appointments and procedures that were in fact available in the west of the county. This has been shared with the Referral Management Centre.

4 CONCLUSIONS

4.1 Looking at the evidence gathered at the workshops, there are a number of general conclusions that we could draw, including:

i) There is a need for attitudinal and cultural changes in the delivery of health and social care services and, particularly, in the relationship between service users and professionals.

Many of the “I” statements and outcomes recorded in the workshops illustrate the importance of being listened to as a whole person and treated with compassion and kindness when using services. This included wanting to feel safe, cared for and reassured, and having enough time to ask questions, explore options and understand information about their care.

A relationship based on trust and honesty was considered very important. Some people also expressed a need for clinicians to give them ‘permission’ to take control of their own health and manage their own risks.

The workshop findings suggests that patient experiences of services and, by extension, their health outcomes, would improve vastly if this cultural change could be achieved. It also indicates that a more empowering relationship between patient and clinician would enable people to better understand how to manage their own health and to have greater control in decisions about their care.

ii) The need for joined-up health and social care services and a holistic approach to health and wellbeing.

Every group at every workshop expressed in many ways the deeply felt frustrations for patients trying to access services in a system that is not co-

ordinated. Most participants agreed wholeheartedly that IT systems need to change to enable services to share information and communicate with each other in order to provide a well-rounded service and make informed decisions about care.

However, many of the “I” statements also indicate that patients do not only want a systemic change in information and communication systems; they also want to see professionals working holistically. This includes having health professionals who work with them as whole people to promote wellbeing, rather than focusing on a specific condition or symptom.

Many participants also said how critical it was for them to have help and support in navigating around the system and highlighted the need for a single point of contact.

These findings suggest that greater co-ordination of care and a whole person approach would improve patient and carer experiences as well as their health outcomes.

iii) The need to make best use of the wider community and other resources in order to deliver care and support to people at the right time.

All of the workshops generated “I” statements that reflected a focus on prevention. People would rather have early support and information to maintain good health and wellbeing at home in their communities, rather than accessing clinical services after they become ill. At the same time, many participants articulated a wish to access services promptly when needed.

In order to make this happen, participants pointed to the education sector in particular. Schools were identified as a powerful route through which to raise awareness, give confidence and equip people to look after their own health and wellbeing from an early age. Several workshops also raised the critical role of the voluntary and community sector in supporting people to remain well and independent in the community.

Finally, many participants expressed the desire to feel safe and supported in their own communities, including the importance of generating a community spirit and encouraging people to help each other.

These findings suggest that a much broader approach to health and wellbeing, involving joint working and shared outcomes across sectors, would benefit people’s health outcomes over the longer term. It could potentially also nurture a greater community infrastructure which would be instrumental in keeping people healthy for longer.

5 HOW WILL THESE FINDINGS INFORM COMMISSIONING?

- 5.1 As planned, the evidence gathered at the six workshops will support and inform the development of the outcomes framework which will be used to measure the success of future services.

- 5.2 The “I” statements and ‘magic wand’ comments generated at each of the workshops will be particularly useful in helping commissioners to define the outcomes of greatest importance to patients and carers, which are most likely to improve patient experience and deliver the best health and wellbeing outcomes for the population. These statements will inform the development of a future joint contract between commissioners and providers of services, due to commence on 1st April 2017. They will also help to shape the shared outcomes towards which all providers will work.
- 5.3 In addition, the findings of the workshops will help us to plan our next steps in communicating information to and engaging with the public on the Somerset Together programme.

6 NEXT STEPS

- 6.1 Following this co-design process, our next steps will include:
- We will share the feedback from the workshops with the Somerset Together Outcomes Workstream to inform and shape the final version the outcomes framework, as described above;
 - We will share the feedback from the workshops with the Somerset Together Engagements and Communication Workstream to inform the next steps in the engagement programme and the Somerset Together communication and stakeholder engagement plan to involve and engage patients, carers, the wider public, service providers and GP practices in the programme;
 - We will share the feedback with the CCG leadership team, the Scrutiny Committee, the Somerset Together Programme board, and NHS England and Somerset County Council commissioners to inform the next steps in the Somerset Together programme and the Sustainability and Transformation Plan for Somerset;
 - We will continue to ensure that public feedback and person-centred outcomes helps to inform the development of the Somerset Together programme and new commissioning arrangements;
 - We will share the findings of the workshops with those who participated in them and cascade this report more widely via our voluntary sector stakeholders, service providers and community partners and consider any further feedback in response to this;
 - We will publish this report on the CCG website so that the wider public can read about the findings and seek to get involved in future engagement;
 - We will launch a Somerset Together website, which will be a useful single point of information for a range of different stakeholders, including the public, GP practices and service providers.

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