

Locality teams – co-design event results (July 2015)

Executive summary version

Thank you to everyone who attended the event. We value your feedback and are glad that so many of you enjoyed it.

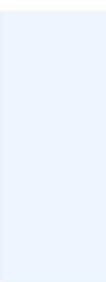
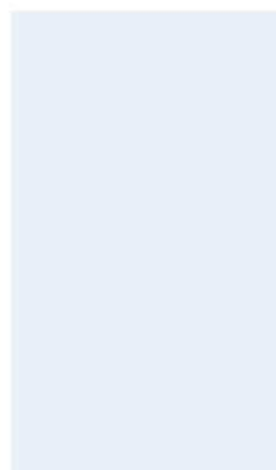
For a full version of the report, including detailed analysis and raw data please email consultation.ASC@eastsussex.gov.uk

About the event

A pilot half day Integrated Local Health and Social Care Team co-design event was held in the Eastbourne area (3 June 2015). It enabled conversations between health and social care practitioners (including the independent and voluntary sectors); members of the public; and patients, clients and carers.

Presentations and four 'real life stories' illustrated current challenges in health and social care and the experiences of a range of people; and asked how integrated health and social care teams could operate to improve outcomes in future. Questions enabled participants to design 'measures' against which this progress can be gauged.

The East Sussex Better Together (ESBT) Engagement and Communications Advisory Group fed into the design of the event, including the stories and how they were used.



Event feedback summary

Locality teams co-design event	
<p>Held 3 June 2015 in Eastbourne</p> <p>Four 'real life stories' illustrated current challenges in health and social care and the experiences of a range of people</p>	<p>61 people attended the event, with a good mix of representation across health and social care, voluntary organisations and patients/clients and carers</p> <p>The majority of attendees live in the Eastbourne area (27 of 40 who answered the question)</p>
<p>People were very positive about the event, with at least three quarters rating the event as 5 or 4 (5 being excellent) across all categories. Comments included:</p> <p style="text-align: center;">“Lots of expertise in the room both professional and lived experience value the feed back.”</p> <p style="text-align: center;">“I think these events are really useful to break down barriers between voluntary sector health and public more of these are needed.”</p> <p style="text-align: center;">“Enthusiastic round table discussions well facilitated.”</p>	
<p>What worked?</p> <ul style="list-style-type: none"> • The group discussions were popular with people • The facilitators was praised for their role in the process • The mix of people at the tables was seen as a positive 	<p>What could be improved?</p> <ul style="list-style-type: none"> • Some people didn't like the picture presentation • People wanted a Q&A session at some point • There needs to be feedback and a clear follow-up after the event
Themes from the story discussions	
<p>Themes that came up more than once for the questions discussing who people might talk to about their situation and what might be done differently (Q1&2):</p> <ul style="list-style-type: none"> • Communication – across professionals and with patients/clients and supporters (11 comments) • There is a key role for the voluntary sector and informal support (9) • Key contact or care coordinator needed (7) • 24 hour access to local support (a telephone helpline) (6) • Knowledge – what is available and how to access (4) 	<p>Themes that came up more than once for the question discussing barriers to access (Q3):</p> <ul style="list-style-type: none"> • Have a 'minimum offer' and targeted approach to understanding need (5 comments) • Communication needs and methods of communication (4) • Services and networks to support equality of access (4) • Whole-person/personalised approach (4) • GP surgeries need to be more accessible and have an expanded role (3) • Isolated people may need more/different support (2)

<ul style="list-style-type: none"> • Vulnerable or people who are isolated may need more support (3) • Whole person approach (3) • Availability of local services (2) 	
<h2 style="color: #4F81BD;">What should be measured (Q4)?</h2> <p style="color: #4F81BD;">(Suggestions mentioned more than once included are included in this summary)</p>	
<p>Service accessibility (4 comments)</p>	<p>Access to services is easy. People have a single number to call to access all services and are directed to the right service at the right time. Access to support is available 24 hours a day and every day of the week.</p>
<p>Accessible information about services to aid patient/ client decision making (4)</p>	<p>Information is easily accessible in the format and language that people need it in. People are empowered by knowledge to understand their rights and responsibilities and make decisions.</p>
<p>Organisations knowledge of patients/ clients and information sharing (4)</p>	<p>Providers will be joined up, sharing the lead role and working seamlessly. People's key information is shared easily between services.</p>
<p>Having services/ support that make people feel supported and safe (4)</p>	<p>How the services make people feel will be a key measure. People should feel safe, supported and in control. Isolated people may need more support to feel this way.</p>
<p>Communication is targeted and appropriate (4)</p>	<p>Communication needs to be good and trustworthy. Understanding different needs and using appropriate and efficient technologies will support this. For example, British Sign Language (BSL) patients or clients should have direct access into the Locality Team through suitable methods such as video phone or email.</p>
<p>Role for lead worker in the new teams (3)</p>	<p>The lead/key worker will be identified early, maybe through a basic assessment of need which would identify the best person to coordinate the involvement of all services. For example, for BSL clients getting the right professional support would mean family/friends can give appropriate types of help.</p>
<p>Whole person/ personalised approach (2)</p>	<p>People to feel they have a choice: to choose their lead worker and support network or on being a carer.</p>
<p>Proactive approach being used (2)</p>	<p>A focus on prevention, rather than waiting for a crisis. For people with ongoing or changing support needs this means building up their network of support before illness occurs or worsens.</p>