

Report framework

Project write-up

Background

- What were the drivers for this work? Why was it done?

Health and social care have embraced the language and approach of self-care at a national level and increasingly at a local level in recent years. In response Self Help Connect (aka Self Help Nottingham) has both identified self help groups as a key component of this development and as an organisation we have begun to extend our brief to include the wider definition of self-care. Locally we have worked with Nottingham city CCG to support their strategic approach to self-care. In Mid-Nottinghamshire (Mansfield & Ashfield and Newark & Sherwood) we have worked with both CCGs to support the development of a self-care hub.

We understand the strategic need to drive up uptake of self-care community support services, we understand how to create the infrastructure around the service. We need the support / input of the public, particularly people affected by long term conditions, to understand what we need to do to meet their needs, we need patients help to shape how we will deliver our services.

Project summary

- Overview of the project – background, partners involved

The Better Together Programme in Mid Nottinghamshire has commissioned Self Help Connect to create a 'Self-Care Hub' to support patients and carers to take greater control of their health and wellbeing.

Based in the Ashfield Health Village the Connect to Health Service will offer both a physical and a virtual self-care hub. The Hub offers three types of support.

Universally available to all of the public in Mid-Notts we are developing a website offering everything from public health messages to an online self-care support search facility. The website will support the public and professionals to access the information they need 24/7.

Self-care Advisors and Self-care Volunteer Advisors will operate a drop-in, referral and telephone service at the hub to support people making their self-care choices. Advisors will

support people to develop self-care action plans and build ongoing supportive relationships with callers encouraging people to take up opportunities.

Community Support Advisors, already in place in Newark & Sherwood, will be placed with integrated care teams across Mid Notts to provide support to patients with multiple and complex support needs; patients at high risk of unplanned hospital admission. Advisors will undertake holistic needs assessments and support patients to access self-care and community support.

This is a new approach, a new model of delivery for Self Help Connect and for the Clinical Commissioning Groups. The Patients in Control funding is enabling us to take a co-design approach to the development of this service. It is also providing a key opportunity to ask crucial questions of members of the public about self-care e.g. what motivates people to take up self-care support services. The answers to these questions are vital to the successful delivery of the service.

We are holding four engagement sessions with members of the public. Participants need to live in the target geography and either be living with long term conditions or a carer of someone with a long term condition. These sessions will be facilitated by a trained facilitator and Self Help Connect Staff. Sessions will involve between 20 and 30 people who will take part in a co-design session using their lived experience to shape the way services are delivered and in the medium term commissioned in Mid-Notts. We will cover the meaning of various terms such as self-care and supported self-care to understand how to reach people. We will explore people's motivation to self-care, the barriers to accessing self-care support services and how to reach a variety of audiences

Outcomes

- What outcomes did you want to achieve?

We expect to learn from these engagement sessions:

1. We will use the findings to shape our communication strategy and practice; the terms we use, the channels we use, the medium we use.
2. We will use the findings to directly shape how our Self-care Advisors carry out their work; how needs assessments are undertaken, how we support people to create self-care action plans, how we support people to identify and take up self-care support services appropriate to them.
3. We will use these findings, together with learning from the first year of delivery, to provide commissioning intelligence to the CCGs, helping to shape self-care support

services commissioning to meet the needs of the public who will use and benefit from these services.

4. These three outcomes will ensure we provide an effective service that increases self-care, patient activation and as a result leads to an increase amongst service users in their health and well being.

Measures of success

- What were the success measures and were they achieved?

The success measures for this work are:

1. Four sessions with the public are carried out.
2. The learning from these informs and drives the communication strategy.
3. The learning directly informs the training given to Advisors and Volunteers.
4. The findings inform future commissioning decisions by the Better Together CCGs.
5. The service leads to an increase in self-care action planning.
6. The service leads to an increase in personal health budgets.
7. The service leads to an increase in the uptake of self-care support services.
8. The service leads to an increase in patient activation.
9. A decrease in unplanned hospital admissions amongst tier three/four patients worked with.

Impact

- Did the project have an impact on the commissioning process?

We asked our CCG commissioners about the project. They told us:

“The CCG is very appreciative of and encouraged by the work you are doing to engage with our population within the workshops arranged in March. This is exactly what we need in order to move towards more co–design and co-production of services within commissioning.

The posters you designed for distribution via a number of means, including using CCG systems, are very clear and have the added bonus of a simple explanation of what we mean by supported self-care. This setting of the context is attractive and meaningful to so many people in our community, and should help to make people more comfortable and amenable to open discussion within the sessions.

The CCG recognises your experience and knowledge in helping people to self manage and have a greater degree of control in their lives and we see you as an expert partner in helping to design new support and services based on stakeholder voice and feedback from a number of dedicated events.

The whole development of self care/self-management in Mid Notts has not been as an isolated approach in commissioning. In fact, it has triggered more considered detail within other service developments and contracts that supports integration with self-management and an holistic approach to service delivery.”

Diane Smith, Project Manager Proactive Care, Better Together Programme, NHS Mansfield and Ashfield Clinical Commissioning Group

- How was the service user, patient or carer empowered?

Patients and carers were empowered through their participation in co-design sessions where the ‘use’ of their input was already planned and a commitment to ensure that this translated to service development and improvement. An external facilitator was employed to ensure service users were not presented with pre determined positions and open dialogue would be ensured.

When the service is ‘delivering’, the entire premise of the service will be to empower people to take steps to increase their self-care activities, to take control of their health and well-being and work with their health and social professionals to maintain their health and well-being for as long as possible.

- How did the project take account of, and respond to, people’s needs within the protected characteristics?

Evaluation

- What was the feedback from those involved in the project? Please provide quotes where possible

Not yet known.

- What impact did the project have on the knowledge, capabilities and behaviours of those involved in the project?

It is envisaged that the patients in control engagement work will provide the blueprint for the service design. It will inform the training of Self-care Advisors. It will drive the communication strategy. It will inform future commissioning intentions.

- What personal difference did the project make to the people involved in the project?

Not yet known.

Key learning – ‘how to’

Assumptions

- What assumptions were made about the project and were those assumptions correct?

Not yet known.

Process / methodology

- How were partners and key interest groups involved? What were their roles? What did they do and how did they do it?

The Better Together CCGs and a key partner provider Notts Community Health Partnerships both supported the communication of the engagement events. We went to open ‘advert’ to people affected by long term conditions but we also engaged key stakeholder and reference groups, including; Better Together Champions, the Citizens Board, the stakeholder Reference Group, the Citizens Reference Panel and members of two key health Trusts.

Impact/effecting change

- How did you influence change in commissioning? What levers/mechanisms were used?

The Patients in Control project will provide a key contribution to the development of the Self-care Hub in Mid Nottinghamshire. The learning from this project will not stop there and will be combined with demand intelligence gleaned during the first year of service delivery to inform the commissioning process around self-care support provision in Mid Nottinghamshire.

The Self-care Hub is a key component of the Better Together Programme. It has recently been announced that the Better Together Programme has been chosen, by NHS England, to take a national lead on transforming care for patients.

Shared learning

- What top tips can you share about running a similar project?

Work in partnership with commissioning groups and large health providers to extend reach.

- What are the critical success factors/enablers?

Having a predetermined plan of how the learning from the engagement sessions will be used to co-design services.

- What worked well?

Not yet known.

Lessons learned

- What challenges/barriers did you face?

‘Consultation fatigue’ amongst key reference groups.

- What didn’t work well?

Not yet known.

- What would you do differently the next time?

Spread the engagement (and funding) over a longer period to revisit the implementation of the learning with stakeholders in person, not just through communications.

- What do you wish you had known?

Not yet known.

Evaluation

- How did you evaluate the success of the project – what evaluation framework did you use?

The success of the project is not yet known. We will measure success based on the criteria given earlier. We will be seeking support from external evaluators.

Quality assurance/accountability

- How did you ensure accountability to project beneficiaries?

- How did you ensure the project adhered to ‘good practice’ in patient/carer involvement?

Self Help Connect has a long history of patient/carer involvement. We ensured good practice by having the right motive for involving patients and carers. Knowing how their feedback would inform our service design and delivery before carrying out the engagement ensured the findings would not ‘gather dust’ and we would be able to demonstrate to participants that their involvement had been meaningful.

- Did you need to secure internal buy-in and funding for your project? If so, how did you achieve this?

We needed to secure internal buy-in and achieved this by holding initial engagement sessions with Self Help Connect staff.