

Patients as partners in developing self-management solutions: Co-design Case Study

Weight management - NHS
Herefordshire CCG

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Herefordshire CCG took part as an early adopter in the Patients in Control PiC Programme in 2014/15. This case study describes the journey as an early adopter and highlights important learning.

An interest in self-management

In Herefordshire CCG, tackling health inequalities and securing financial sustainability are key priorities. Meeting the needs of a rapidly ageing population, supported self-management is seen as an integral part of a transformational programme of commissioning change supported by a strong economic case.

People living in the most deprived areas are 33% more likely to die of cancer and 60% more likely to die of coronary heart disease than those in the least deprived areas. 65% are more likely to die of chronic lower respiratory disease and smoking related mortality rates are over 40% higher amongst the most deprived population. Around 24% of the Herefordshire population are carers.

The CCG governing body is enthusiastic about the benefits of self-management and keen to support patients and carers in taking greater control of their health and wellbeing. Some in the CCG had previous positive experience of working with patients with diabetes and Diabetes UK and chose to focus its early adopter activity on obesity & healthy lifestyles and specifically the development of a more integrated Obesity Pathway

“If we get things right in terms of what helps people to keep on track with managing and supporting their condition, we are more likely to achieve the desired health benefits.”

J Meighan-Davies, CCG commissioner

The Commissioning Manager for Cardio Vascular Disease was involved from the outset and instrumental in securing good ownership and a high level of interest and commitment to the work through the CCG’s internal governance arrangements including close working with the Clinical Outcomes Service Transformation Team and regular reports to the Communication and Engagement Committee.

Gathering insight and building local understanding

Working closely with Local Authority colleagues, it was agreed to focus on the area of South Wye – a relatively deprived neighbourhood in the southern part of the City. The South Wye Development Trust stood out as a natural partner in helping to recruit and support participants; the Kindle Centre was a natural focus for co-design activity as the community centre was already providing exercise and cookery classes, funded by Public Health England as part of a Health Hub trial.

“It’s good for us to know what people think, so that when we deliver services we understand better what people want, what works and what doesn’t.”

Amanda Evans, South Wye Development Trust

The South Wye Development Trust (SWDT) was already in contact with high numbers of people struggling with their weight and it took the lead in promoting the programme using a tailored flier and inviting people to take part. Local community and voluntary groups were contacted and sessions were advertised at GP surgeries, community pharmacists, community and leisure centres.

A series of 4 workshops took place between the end of Oct 2014 and March 2015 with most of the insight gathering and co design taking place in a 6 week period at the end of 2014.

The first two workshop sessions were attended by the CCG Commissioner, SWDT lead and 3-5 participants. Although recruitment of participants had proved challenging, perhaps because of the focus of activity and perceived sensitivity, the smaller group worked very well developing good trust in the facilitation and generating breadth and depth of valuable, rich insight.

Specific topics discussed included: people’s understanding of what is a healthy weight; the challenges of losing weight and what support is valued; how do people find out what is available and how do they access support; what could be done differently.

The third workshop session focused on discussion with participants and a wider group of partners including Local Authority, Public Health and provider colleagues about how the needs and priorities for support identified in the first two sessions might be taken forward locally and establishing interest and commitment for ongoing involvement and co-design activity.

The fourth session in March 2015 was attended by the participants, CCG commissioner and SWDT lead. Its focus was to support the ongoing involvement of participants by showing how their views had impacted on work at national, regional and local level and sharing emerging learning from other early adopter sites.

“Co-design does not create lots of extra work. It is a really good approach to support how we do things and needs to be an inbuilt part of what we do.”

J Meighan-Davies, CCG commissioner

Participants expressed interest in continuing to work with the CCG and other partners in shaping and progressing the development of the obesity pathway and delivery of successful local bids – a very positive outcome recognising the benefits offered by the approach.

Patients and carers as partners in innovative commissioning

Participants identified the following themes as particularly important in helping them maintain a healthy weight and lifestyle:

Personalised: Everyone is different and participants expressed a range of preferences in terms of how they wanted to access support and the style of that support.

Sustainable: People wanted to be able to access support which they can rely on for as long as is necessary *for them*. Knowing that personalised support was available beyond a finite period of time mattered to people, even though they might not use it.

Integrated: Participants explained that they wanted support to ‘train the brain’ towards making meaningful and long term lifestyle changes. They felt that this should ideally involve *both* assistance selecting and accessing forms of exercise, *and* support to help address eating habits and the motivations behind them.

Non-judgemental and positive: Participants wanted support which gives them control over the problem of ‘yo yo’ dieting and wanted to feel encouraged to keep trying, to celebrate success, and allow guilt free failure (as far as possible) and re-start.

Trained and approachable providers: Participants wanted access to people who understand the issues and have been trained in how best to offer advice and support, both emotional and practical. Critically, they want access to people who are approachable, helpful and understanding.

Accessible and responsive: Participants wanted support at the right time and place. Having access to a skilled healthy lifestyle advisor when they are most in need was identified as a key support to help keep a person on track and motivated when faced with challenging times. It was felt that this support could be provided by phone.

Affordable: participants felt that the financial cost of commercial slimming clubs and gyms can be restrictive especially if was felt not suitable ‘for people like me’. They were interested in local, more informal, and hopefully lower cost opportunities that involved ‘moving more’ possibly as a stepping stone to other forms of exercise.

Enjoyable and relevant: participants felt it was easier taking steps towards losing weight and getting fit if it involves participation in activities that people already enjoy, or that they can get ‘something else’ out of. A wider offering of activities designed to give people more choice and flexibility would be valued.

Easy to get started with: Participants felt that the challenge of trying something new and the associated shyness, embarrassment and lack of self-confidence that this brings can be a barrier. Good support should provide options for small initial steps towards more regular participation.

Value and benefits

For the commissioner:

In the short term

The co-design sessions were felt to be extremely valuable because they helped the CCG and local partners to:

- Hear first-hand and be challenged by people who had struggled with weight management issues
- Understand what mattered to people, what worked and why it worked and how support could better meet their needs
- Explore and develop client-led solutions that are more likely to work and be valued by people
- Endorse collaboration around the joint Physical Activity Strategy/Action Plan and greater integration of approaches to support people with “Moving More” and “Eating Better”.

In addition, the CCG had been able to use outputs from the co-design sessions to support a successful partnership bid for funding from NHSE’s national programme for diabetes prevention as an early implementer and a bid to the Get Healthy, Get Active fund run by Sport UK and supported by Public Health England (outcome awaited).

In the longer-term

It is felt the outputs from the co-design activity can have an enduring, beneficial impact specifically through feeding into the obesity pathway design over the next two years and more generally, through the CCG spreading and adopting the co-design approach in working with people and patients across the range of long term conditions and commissioning activity.

Getting this right will help the CCG support the wider area of health and wellbeing by helping to keep people healthy and well for as long as possible. Not only good for the health of the local population, this is regarded as being an essential part of managing demand on NHS services and achieving future sustainability.

“Co-production, in helping people to help themselves, is fundamental to us in trying to offset future costs and burdens to the NHS and to individuals.”

J Meighan-Davies, CCG commissioner

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For the voluntary organisation:

Involvement in the PiC programme benefited the South Wye Development Trust by:

- Learning gathered from experience about how to target and recruit particular populations
- Supporting review of their own service offering to ensure it aligns with the expressed needs and preferences of people with experience of weight management issues
- Encouraging a focus on the benefits and return on investment from funding evidence based programmes supporting people in leading a healthy lifestyle.

For participants:

Participants reported that the sessions had ‘helped them’ in the following ways:

Listened to and empowered – they appreciated being asked to share their views and they felt valued by the commissioner and felt their views would help make things better for others

Positive and motivated at a personal level – they had shared information and experiences with others and therefore they felt less isolated. Some participants had found it therapeutic to discuss the sensitive topic of weight with the group and it had enabled them to start acknowledging some personal challenges. As a result of the sessions, some had started accessing services to help them lead healthy lifestyles.

“We need to make sure that whatever they have said will be taken on board. Follow-up is the most important thing.”

Amanda Evans, SWDT

All participants expressed an enthusiasm to stay engaged in the design and development of pathway elements and some were happy to explore becoming community champions promoting health and wellbeing.

Learning and reflections

Insight gathered from real life experiences and compelling evidence about what matters to people is a powerful commissioning asset that has the ability to drive change.

Senior leadership and commitment to place people, patients and carers patients at centre of commissioning in a meaningful way at the outset is critical and getting this right helps embed the person centred approach in the way the CCG commissions. This levers greater impact and helps make it more sustainable.

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Personalisation is key - don't assume patients' needs and preferences are the same just because they have the same condition. Although there is remarkable consistency in what patients say matters to them, the package of individual support needs to be specific to the needs and preferences of the individual.

Don't shoehorn people into existing services that don't fit them – people need to feel comfortable and confident about the support available or it will be poorly used. The range and differentiation of the support offer is key so that people can take control and make choices that reflect how they want to live their lives.

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