Shropshire Community Health NHS
NHS Trust

Strategy Development

Report from Strategy Planning Event

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Executive Summary

On 16 November 2011, Shropshire Community Health NHS Trust held a special stakeholder event to help shape and develop the Trust's strategy. Five months into our existence (we were formed on 1 July 2011), this is a formative time for the Trust to be developing our plans and priorities with our stakeholders.

This large scale listening event, run by an independent facilitator, brought together nearly a hundred people from a wide range of organisations – commissioners, partners, local patients' groups, social care, local authorities, the voluntary sector, other providers and other public sector organisations along with Trust staff, managers and Board members. The aim was to create truly shared understanding of the most important areas to focus on in strengthening and developing community health services in Shropshire. That included where we might bring about the biggest positive differences to patients, and help meet the needs which our commissioners need us to respond to.

The background to the day was the substantial increase projected in future in the number of older people living in Shropshire. In a large geographical area like ours, that makes community services delivering care closer to home especially important. We also want to recognise the needs of children and young people, and of our deprived areas.

Key Information

- Formative time for the Trust, as a new organisation, to be working on priorities with stakeholders
- Nearly 100 people attended – commissioners, partners, local authorities, patient groups, staff, managers, Trust Board members
- Current positives of community services
- Major role in 'knitting together' variety of services, from different agencies into a network
- Lots in overlap in what matters to different stakeholders, including local accessibility and innovating via working with partners
- services, being holistic and working with partners to transform and innovate

Stakeholders saw community health services as having a major role to play, especially in 'knitting together' the variety of existing services into a network, and working closely with partner organisations to achieve more integrated services for patients, closer to home, making best use of all the different types of 'people' resources available in local communities . People recognised and were glad that the Trust has a committed workforce who provide continuity of care, closer to home and with a strong ethos of trying to prevent ill health and health 'crises' before they happen. But they thought there was more to do on making services better known and easier to understand and therefore use. Rather than the forty-two balloons in the room, all representing a different Trust service, there was lots of opportunity to make Trust services more coherent, with better sign posting, rather than the perception of lots of smaller, individual services. Listening well to patients, using real time feedback, and overcoming patients' reluctance to say anything about poor care were also vital.

When different types of stakeholders were asked what mattered most to them about community health services, there was lots of overlap in what they said – ranging from being able to transform services by working innovatively with partners to find new ways of doing things, to offering service users a holistic approach, and ensuring services are easily accessible. The 'Conclusions' section at the end of this report sums up some of the overall common messages and themes that emerged.

Contents

Background

"Today is a unique opportunity to really listen to each other; to share ideas; to develop a shared set of priorities and come out with some clear ideas on how we can work together"

On 16 November 2011 Shropshire Community Health NHS Trust held a special stakeholder event to help shape and develop its strategy. This report documents both the activities that took place during the day and most importantly draws out some of the main messages that the Trust will take forward into the development of its strategic plans.

The Community Trust was formed just five months ago on 1 July 2011. This is a formative time for us to engage meaningfully with a wide range of stakeholders in helping to identify and prioritise the areas on which to focus our efforts. The event was described as a foundation to an on-going process of close working with our stakeholders in the coming years.

The format for the day was to have no long speeches and no masses of papers – but active workshop-style sessions where everyone was able to have their say and contribute to our future plans. The overall aspiration was to create a truly shared understanding of the most important areas to focus on in strengthening and developing community health services in Shropshire, and where we might bring about the biggest positive differences to patients.

This large scale, interactive, listening event was run by an independent facilitator and brought together a remarkable set of nearly 100 people who will be a vital part of our future stakeholder engagement. Attendees on the day represented a wide range of organisations – commissioners, partners, local patients' groups, social care, local authorities, the voluntary sector, other providers and other public sector organisations, along with Trust staff, managers and Board members. A list of attendees is attached as Appendix 1.

Feedback from the day was captured in many different ways – one of the most innovative was the use of a Graphic Facilitator who tracked our progress live throughout the day and created images for all to see as the event unfolded.

Programme of the Day

1. Welcome and context

The event was opened by Mike Ridley, Chairman of the Trust, who welcomed people and thanked them for the valuable time that they had given up to take part in this event. He outlined the challenges facing the new organisation, including the integration of services and teams from two previous organisations; and ensuring equality across the county to meet patients' needs. The Trust's objectives must be to ensure continuity of current services; whilst making them stronger, safer and improving quality. The event was about looking to the future, from the perspective of service users, to develop our thoughts on future priorities. Funding for the NHS is an issue, but whilst it has the potential to limit what we can do, we are clear that there is still room for innovation and constant improvement in what we deliver. The outputs from today would provide the Trust with valuable information for deciding its priorities for the future.

The context was set by Jo Chambers, Chief Executive, who thanked all staff associated with the organisation who had worked so hard over the last twelve months during the creation of the Trust, through what have been very difficult times. The outcome of all this work was the creation of the Trust, covering four localities and two Local Authorities, and providing forty-two core services from a range of locations; serving people from the very young to the very old.

"Commissioners have the job of looking at need and commissioning the services they require from us and from other providers, but to be sure of offering them the best possible services, it's important we put every effort into our own future plans too".

Against a back drop of around £20billion cumulative shortfall in NHS funding nationally, we are expecting a rise in Shropshire in the population aged 65 years and above of some 30-35% by 2021. That means many more people with long term conditions, potentially needing unplanned care. Meanwhile the

Key Information

- Older people – very substantial increases projected across Shropshire
- Many more people with long term illnesses, potentially needing unplanned care
- Children & young people – increasing in Telford & Wrekin; declining then stable in Shropshire County
- Deprivation – just over a fifth of Telford & Wrekin population live in 20% most deprived communities nationally
- Rural access – large area (1235 sq miles) with scattered population, rural, long distances
- Against that background, community services delivering care closer to home are vital

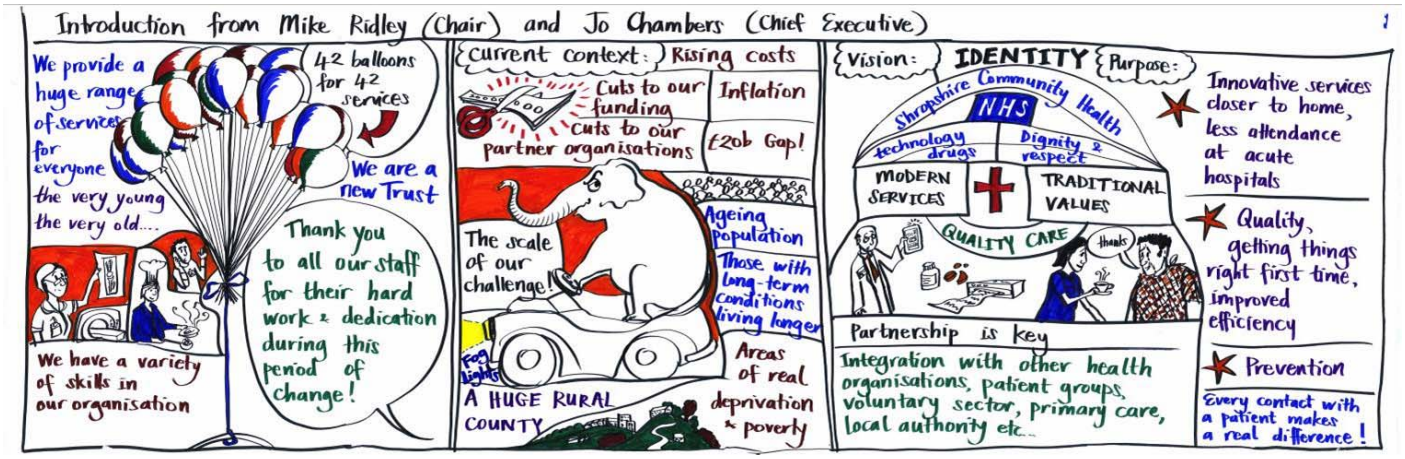
Telford and Wrekin area is expecting a rise in their young population of some 17%; and pockets of deprivation will continue to exist across our area. The scale of the challenge is significant and our ability to do a lot with a little is paramount in a world where new drugs and technologies increase the call on our budgets; and partner organisations' budgets are being squeezed. The Trust must make sure that it is open to new approaches and embraces modern ways of working whilst maintaining the best traditions of caring for patients.

Our central role in the community system means that we have multiple perspectives to consider. As a Board we have spent time thinking about some of the areas where we can contribute most:

- Non-acute hospital services for older people – general & specialist
- Multi-disciplinary teams & sites all across the county
- In local communities, working with GPs and social care
- Preventative & health promoting services
- Early warning services & care closer to home
- Services in schools

Jo said that although the Trust Board has started to create the strategy, this event was a really important part of the process, by allowing us to work with our stakeholders to generate a really good shared set of priorities, and some clear ideas on how to deliver those priorities together.

These introductions to the day were captured as a reminder to view throughout the day:



2. The morning sessions

The morning sessions allowed people to get to know each other, gain an understanding of what community health services mean to everyone, carry out a 'diagnostic' on the services currently, and work out what was most important about those services for them.

3. What community health services mean to us

The picture above shows the key messages that came from the initial session of the day. Multi-disciplinary tables discussed in detail their individual perspectives on community services. Each participant had been asked to bring in a photograph, newspaper clipping, article or object which represents community health services in Shropshire for them. The items were discussed around the table and the groups then agreed short statements about what community services mean to them – see below.

What CHS mean to us...

"Stitching together the existing network of services to deliver quality services in the most accessible way for the individual"

"Meeting need at a local level, being timely. Anticipating change. Using each patient as focus to manage collaboration and competition. Being cost-effective and based on a network of relationships"

What CHS mean to us…continued…

"Providing equity of care – organized in care pathways – transition care- integration with local authority services – care closer to home in line with QIPP"

"Working together to reach out, support, understand and be understood by every part of our diverse and scattered communities"

"Moving out of the fog and making the most of opportunities"

"The right service, at the right place and time, provided by people / community working in harmony so we, the patients, receive care delivered with dignity and respect.

It will be extra-ordinary!"

"Working together to provide flexible services in and owned by the community which are effective and accessible, meet people's needs, are supported by good communication, and make the most efficient use of resources"

"An organisation focused on the patient, driven by need, with relationships as the engine for innovation and quality"

"Empowering people to optimise good health by equitable access to good information and services, helping people to recover if they become ill, supporting people to manage long-term conditions and their circumstances in order to optimise their health"

"Knitted together services – there when you need them"

"Care closer to home with local access to integrated services giving an improved patient journey, ensuring patient involvement to meet their needs. Backbone, bridge, glue, Rubik's cube – small squares into one"

Key Learning

Consensus across the room was clear – community health services have a major role to play in the local health economy in the future. A number of themes were drawn out about their future role:

Managing relationships:

- Listening to and understanding what our commissioners have identified as patients' needs, and developing our services to meet those needs
- Involving patients
- Working with others to provide truly integrated services for patients ("stitching things together")
- Empowering staff and patients

Service Delivery:

- Providing services closer to home (local access)
- 'Right service, right place...'
- Timely services
- 'Knitting together' services
- High quality, effective services, driven by the needs of patients
- Innovation
- Optimising good health

4. What's the current situation?

This was followed by an activity to find out people's perceptions of the 'current state' of community health services. Appropriately named the "sad, mad and glad" session, it was an opportunity for individuals and groups to discuss community services in more details and provide honest, open thoughts and feelings.

The groups were each allocated a different strategic theme to concentrate on and provided with some highlights from that theme which had been drawn from key Trust documents trawled by members of the event Design Team – who were a small cross section of the attendees on the day.

The groups were asked to write a short descriptor of what they felt their theme meant and then asked to considered whether various elements outlined in the supporting papers made them 'Glad' that we could build on it in the future; 'Sad' that things need to be better in the future; or downright 'Mad' that something new or different needed to be done.

The outputs from this work were posted around the room for people from other tables to read and consider their own opinions. All attendees were provided with 'stars' to place against items that they particularly agreed with. These were then collated during the break to form the basis of some of the work in a session later in the day.

The table below shows the themes, the descriptor agreed by the groups and the top three things about community services currently that made people 'glad, sad and mad' as decided by the whole room:

Table 1 – 'Sad, Mad and Glad' ranked responses by theme.

Theme	Extended Descriptor	Glad (Top 3)	Sad (Top 3)	Mad (Top 3)
Quality		1.Building trust between commissioners / providers to eliminate need for undue bureaucracy	1.Documentation / data can take time away from patient care	1.(no top 3 identified)
		2.Positive that quality is a key factor	2.Targets can become a 'tick-box' exercise	2.
		3.Not just learning from past experience, but also best practice elsewhere	3.Everyone should recognise their responsibility as leaders to inspire all	3.
Patient Experience	Putting the patient first and involving them at every stage	1. More services being delivered closer to home	1. Weekend provision poor – "don't get ill on Fridays!"	1. Multiple assessments – repetitions, follow up's - No IT to support this – multiple systems - Poor sharing of records – we need patient held records
		2. Multi-agency working – health / LA / Police	2. People 'fall' between the cracks – not health, not social care, etc.	2. Risk averse culture – data protection seems to lead to less sharing
		3. Use of patient stories to improve focus on quality (and efficiency)	3. We admit too many patients to hospital	3. Unintended consequences from poorly thought-out targets.

Responding well to Shropshire population changes		1. Squeezed resources often force innovation, creativity and working together.	1. Lack of knowledge of existing services – by commissioners and patients.	1. Silo funding splitting things falsely: - Elderly - Young Why is age so important?
		2. More elderly people well and being offered preventative services late in life that help keep them well.	2. Stuck in hospital because no care packages to support people at home.	2. Blame – providers not taking responsibility for resolving problems together; blaming others
		3. Medical advances	3. We are too cautious in our approach sometimes.	3.
Health Promotion and Prevention	Educating and proactively helping the community to improve their quality of life and invest in the long term	1. Investment in screening programmes	1. System that treats the symptoms, not the cause e.g. mental health issues causing obesity / smoking / drinking	1.No preventative dental services for most vulnerable people e.g. children / adults with LD / low income families
		2. Opportunities taken by all services (including acute) for health promotion	2. Focuses on economic benefit for health services rather than just quality of life	2. Human rights vs. mandated programmes
		3. Evidence-based approaches being used	3. Common sense Vs common practice. We often don't do the 'sensible' thing	3.
Patient Pathway	Patient & carer journey, organisations and patient understanding how best to access services	1.Development of a directory of local services	1.Not sufficient transparency between organisations	1. Professionals not knowing how to access services
		2. Pockets of effective pathways and joint working	2. Services not 24/7 – what should the core hours be?	2.Patients not knowing how to access services
		3. Increased willingness to work together	3. Poor discharge planning – not a seamless service. Can cause delays	3.Out of hours access to system not clear, and no 24/7 cover
Care Closer to Home	Convenient, safe, quality care	1. Home from hospital support	1.Lack of awareness of services	1. Too reactive – needs a crisis sometimes to make things happen
		2.Continuity of services	2. Not enough nurses/ clinicians in the system	2.Not joined up enough
		3.Holistic care via Interdisciplinary community teams	3.Not enough prevention	3. Funding / patchy strategy. Not enough best use of resources across the whole system

Gaps and Opportunities	Making a dramatic difference by working together, using resources better and being prepared to change, which will enable a holistic approach and an open partnership with the wider community. Everybody taking responsibility for making it better.	1. Innovation	1.System not supporting change	1.(no top 3 identified)
		2.Working together	2.Individuals not willing to do things differently	2.
		3.More people being supported in new ways	3.People holding on to power	3.
Staffing & Skills	Holistic care approach	1.Very committed workforce	1. No shared solutions to problems, lack of working together	1. Different sectors have staff undertaking similar roles – but they are not coordinated
		2. Development of dedicated Community Trust – willing to work to break down barriers	2. Lack of use of modern technology	2. Patients want things done! Not 'excuses' about staffing issues!
		3.Holistic care approach	3. Dissemination of information often not good – geographical area – more difficult to communicate	3. Who does what? It's not always clear.
Shropshire health priorities		1. LTC – Health Checks started – reduces acute admissions	1. (no top 3 identified)	1. Self care – Services out there but people do not know about what is available to support them. Often duplication of effort across agencies
		2. Self care – There are specialist nurses, charity organisations and self help groups helping support this	2.	2.Mental health & Well Being – Not enough of a profile
		3. Prevention of Smoking – Doing well in the County	3.	3. CHD – Media impact / influence
Joined up services		1.Willingness for agencies / people to make a difference and work together	1. Single assessment of patients – technology of different agencies is not compatible. Why and where does the process break down? Who takes ownership of the information and the model used to capture the patients' needs and journey?	1.Lack of knowledge about what services are available locally
		2. Share best practice	2. People do not always	2. Inequality of service

		and learn from challenges	recognise / acknowledge what is working well	across Shropshire and T&W
		3.Initiatives / technology to support patients to maintain independence and manage conditions without their condition taking over their lives	3.	3. Practice should be standard not reliant on individuals and good will
Working with Commissioners and Partners	Education, communication, transparency, establishing and maintaining links, to support service development and redesign	1. Opportunities from integrated working	1. Silo mentalities	1. Duplication
		2. Discussions with commissioners going well	2. Economic climate	2. When Commissioners don't understand
		3. Partners are involved	3. No full integration	3. Lack of openness
Use of money and resources		1. Often difficult financial times can drive out wastage / duplication and therefore help us to focus on what really makes a difference	1.(no top 3 identified)	1. Systems and processes can be overly complicated – feeling that we have no power to change things
		2. If we can shift funding to a prevention approach	2.	2. Change for change sake!
		3. Growing recognition that we are all facing financial pressures	3.	3. Money go-round e.g. charges across organisations

The table above maps the top three items as highlighted in the workshop session against the 12 themes given to them by the Trust Board and also clusters them in relation to the Trust's four key strategic objectives.

KEY:

Trust Strategic Objective	Colour Code
Improving safety, experience and effectiveness for patients, with increasing patient involvement	
Redesigning services to deliver more volume and variety of services closer to home, that are high quality and productive	
Closer partnerships working with local authorities, GPs, acute and other health providers, patients and community staff	
Improving financial stability and resilience	

Key Learning

Analysis of the responses across the different groups shows a number of consistent messages.

Glads – Key Themes

- Having a committed workforce, providing continuity of quality services, and adopting an innovative 'can do' approach
- Building trust and relationships, including partnership working, across agencies, breaking down barriers
- Bringing services closer to home, and supporting people to stay at home, including hospital at home
- A prevention based approach, valuing health checks, screening programmes and promoting self care

Sad – Key Themes

- The risk of 'tick box' targets, and the need to document everything detracting from patient care
- Lack of integration. People 'falling between the cracks' in non-joined up systems – including poor discharge planning and lack of care packages, and incompatible IT systems
- Poor out of hours; weekend provision ; not 24/7 services
- Fragmented, complex set of services which are hard to understand – need signposting; poor communication of services available and how to access them
- Treating the symptoms and not dealing with the causes – systems and people that don't support or facilitate change

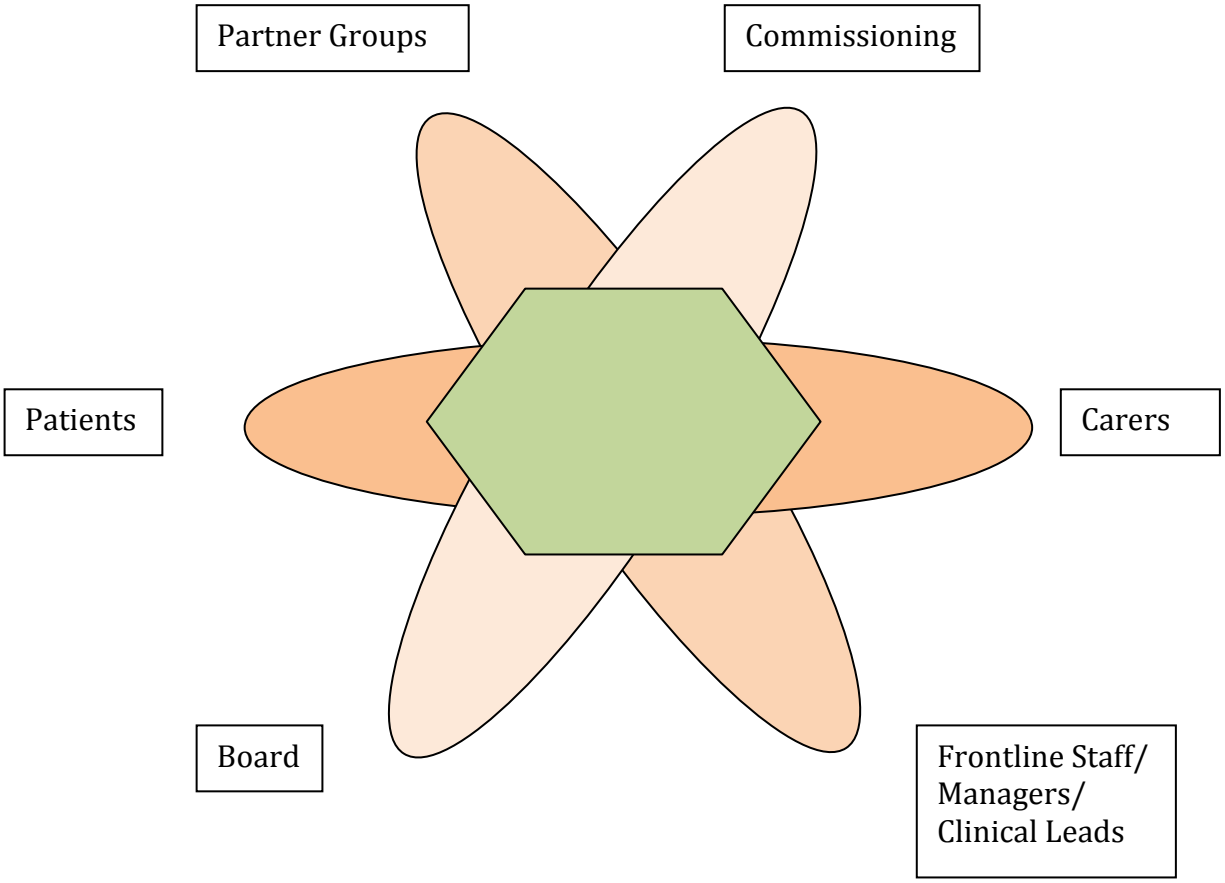
Mad – Key Themes

- Duplication - Multiple assessments; similar roles in other sectors; no coordination or clarity
- Risk-averse blame culture – stifling innovation; making us reactive rather than proactive.
- Lack of understanding of what services are actually out there; and how to access them.
- Inequality of services across Shropshire and Telford & Wrekin

5. What matters to us?

For this session, people moved from mixed groups to groups with similar stakeholders in them (i.e. commissioners together; voluntary sector organisations together etc). Each group talked about what was most important about community health services to their particular group.

There were two tables of partner groups; three tables of patients; and one table each of commissioners; carers; service managers / clinical leads; the Board; front-line workers from children's services; and front-line adult services. Each table generated the three items that mattered most to them. The full list is attached as Appendix 2.



This session showed that there was a lot of common ground between the different types of stakeholders. We might imagine we have different perspectives, but things that mattered most to certain stakeholders about community health services were very often the same things that mattered most to other groups too. This is represented in the green segment of the diagram above. The table below demonstrates these areas in more detail. (Some groups' 'top three' included more than three ideas or themes.)

Table 2 – What matters most to us about community health services – where different stakeholders said the same things

Area of common focus in the top threes from tables	The Board	Commissioners	Carers	Patients	Partner Groups	Service Managers and Clinical Leads	Frontline Staff
Easily accessible services across the County, which are high quality and equitable	y			y			
Ease of communication – access to the right information and people efficiently				y	y		
Transforming services through collaboration – working across the health, social care, voluntary sectors. Working together as a whole system, including patients, in a more joined up approach.	y	y		y	y	y	y
Value, engage, empower and support staff – to lead and support innovation						y	y
To seek to be efficient and deliver value for money	y	y				y	y
Maximise the use of technology and local facilities to support care closer to home				y	y		
Engaging communities in strategy development, planning and service redesign to deliver solutions			y	y	y		
Holistic approach to improving services for patients – preventative services; support self care; focussing on Child health		y	y	y			y

Key Learning

Asking stakeholders to work in groups with the same type of stakeholders was designed to show whether there were any notable differences between the priorities that different groups would highlight.

The exercise actually demonstrated very clearly that there were significant areas of consensus across the sectors about what mattered most to them about community health services. The highest priorities for each of the individual eleven groups when analysed were:

- Providing high quality services locally
- Empowering patients and staff (shaping delivery to support self care / LTC management)
- Greater focus on prevention (tackling problems at their source)
- Coordination of services across sectors (health and non-health)
- Better sign-posting to services that already exist (to both public and staff)
- Championing child health (as a means of future proofing)

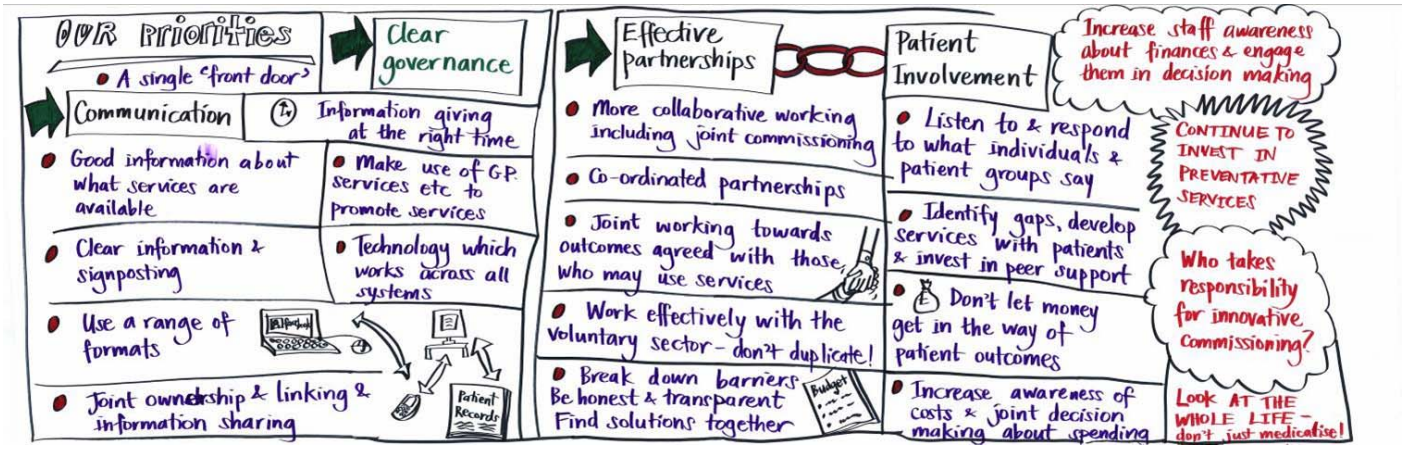
Drilling down further into the data generated, Table 2 above shows the common areas which become clear when looking at all three of each table's priorities.

The two different ways of looking at the feedback – common themes between stakeholders in table 2 above, and top priorities for each table as in the bullet points above - both point us to some very clear areas of common ground to focus on in the future.

6. The afternoon sessions

In the afternoon session, returning to mixed stakeholder groups, tables were asked to work on the four main areas of the Trust's strategic aims and priorities. In particular, they worked on detailing 'what the work may look like and what we may want to achieve,' moving on to 'how we can make this work' and 'who should be involved'. The groups then prioritised what they felt were the most important areas for action under each of the four main strategic objective areas.

7. Strategic aspirations and priorities



First the groups had to consider the "What's":

- What will this look like?
- What might we achieve?
- What aspirational goals are we aiming for?

In the second round of work, groups were asked what creative ideas do we have to really make this work, who should be involved in delivery and how?

In the third and final round of work the groups were then asked to prioritise the things they had identified. The full prioritised list is attached as Appendix 3.

The priority areas highlighted during this exercise are drawn out in the following table:

Table 3 – 'Priorities mapped onto the Trust's four strategic objectives.

1. Improving safety, experience and effectiveness for patients with increasing patient involvement • Real time patient feedback; removing patients' and carers' fear of reporting poor experience • Freedom to act for staff / removing barriers • Clear & supportive governance processes & structures • Sign-posting, information and good communication • Dissemination of best practice • Pay attention to interfaces between services- where patients get handed on	2. Redesigning services to deliver more volume and variety of services closer to home, that are high quality and productive • Single front door / coordinating hub – simplify how our services are presented to people • Greater collaborative working (with patients, voluntary organisations and partners) • Improved patient records (Reducing multiple notes / using patient held records/ improve efficiency) • Better use of technology • Review skill mix and extended roles to maximise clinical and cost effectiveness
3. Closer partnership working with local authorities, GPs, acute and other providers, patients and community staff • Build local networks and relationships to find solutions/innovate • Breaking down organisational boundaries • Seamless pathways • Improve communications • Common approach to targeted funding • Promotion and support of self care	4. Improving financial stability and resilience • Joined up services • Preventative services • Staff engagement over financial and savings plans • Transformation with partners • Promote innovation • Clear market strategy

Key Learning

As with the other pieces of work throughout the day there are some clear common priorities that run across all of the four strategic objectives developed by the Trust. In this exercise they fall into four key areas:

- Good communication in its widest sense – using sign-posting, making it easier to access services (eg single front door), encouraging patient feedback. Using new and innovative technologies where appropriate to help make this happen.
- Building networks of people and relationships that help us innovate together and find solutions to problems
- Partnership with patients – about what and how services are provided
- Preventing things and acting early to stop things becoming a crisis

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8. Principles

In the final part of the day, groups were asked to look at the principles which should underpin the Trust's work and behaviour.

Groups were asked to review the twelve principles developed by the Board so far, edit those if they felt the wording needed to be adapted, or add new principles. They then worked on the principles in more detail.

Table 4 below captures highlights from this session.

Table 4 – Refined Principles & Expectations

Principle	Why is it Important?	Behaviours / Expectations to Deliver this?
1 – Encourage and support people to help them stay well, to manage their own condition as far as it is practicable and care for them when they can't	To prevent further deterioration of current condition. To maximise resources / treatment and care. To prevent disease where possible. To empower people – education, support, caring for those most vulnerable in our locality.	• Promote self management approach to long-term conditions
2 –Always treat people with dignity and respect	It is vitally important and it is the underlying principle of everything that we do	• Treating each other with courtesy • Develop a more personalised approach • Listen to each other • Signing up to the dignity network • Educate staff (Mandatory training) • Achieve DH 10 dignity principles • Increase Champions • Zero tolerance of staff and patient abuse • Learn from patient stories / complaints
3 – Provide services as locally as is practical	Local people value local services. Practical considerations must encompass quality and value for money	• Recognise the need and importance of being local • Utilise and trust local services more • Using best practice locally • Commissioners to visit local services, and seek patient feedback • Recognition of new approaches • Reflect local needs of population • Using local feedback about services and involving local people in service redesign
4 – Continuously work to improve services through innovation and flexibility	Demonstrates our ability to respond flexibly to the future demands of society. (E.g. financial. environmental, demographic, technological)	• Provide an environment that encourages a culture of innovative and creative thinking • Continuous communication with the public to ensure collaboration and support • Work collaboratively with partners to facilitate innovation • Culture where staff embrace change • Create public trust and support in decisions made • Being open and honest
5 – Be transparent	Maintain integrity with cost effective	• Create a culture where everyone recognises a

about what we can afford to provide and pursue value for money whilst maintaining quality	and efficient services	need for delivering value for money in order to secure the long-term resilience of the organisation • Create a healthy challenge culture • Provide quality information to enable realistic expectations for service users and carers. • Provide regular feedback • Maintain two-way communication in any service developments and change • Ensure that the needs and best interests of the service user are central to any decisions. • Create a culture where there is mutual acceptance of competition in the market place - but that this should not be to the detriment of patient care or experience • Work seamlessly for the benefit of the population we serve
6 – Working with our partners about our key issues and facilitate informed decision making	To join up patient care and make best use of resources	• Good communication channels (e.g. on admission and discharge etc.) • Multidisciplinary working to provide better care. • Improved pathways of care • Improved understanding and respect of each other's roles • Services appear seamless • Clearer how to access services • Anticipating knock-on effect of service change / redesign • More efficient care and reduced cost
7 – Not make decisions about you without you	Puts patients at the centre of care, and is about staff and partners who deliver the care	• Patients involved in decision making • Openness and transparency - no surprises - builds Trust • Actively seek opinions in early stages • Discussion with partners before services change to prevent unexpected impact on patient services provision • Ability to have appropriate conversations and to understand how a changed service will fit with care pathway of individual patients across providers. • Involve other agencies at early stage – includes community groups as well as other health and care providers • Enabling staff to take appropriate risks • Genuine debate with patients about what can and can't be delivered
8 – Involve staff, patients and stakeholders closely in key decision-making in developing the Trust and its services	Essential to involve people to get their contributions to make it work	• More meetings like this! • Discussions from the beginning about changes / developments • Run more Focus Groups • Making it easier to understand our services / ensuring that we use the right language • Be thoughtful about practicalities so people can be involved e.g. transport, time of day • Ask partners what their strengths are and enlist their help in those (don't assume you already know) • Consistently show and tell people what has

		changed as a result of their involvement
9 – Be approachable, caring, kind and professional	Optimise communication, trust and well-being	• Listen actively – and respond appropriately • Ensure appropriate training and supervision / appraisals • Improved working relationships and strong links, communications, improved joint working • Improvement in peer group support • Understand more about Customer satisfaction • Service promotion through positive feedback
		• Reduced confrontation / stress • Provide an exceptional working environment • Improved outcomes / public health • Reduce health inequalities
10 – Give people the same opportunities and address inequalities	All individuals deserve the same chance to access quality services that promote health and well-being. Also relevant to staff in terms of work-place equality.	• Ask for input and listen • Respect partners' input into decision making • Be prepared to change actions if needed • Understand / identify the barriers that restrict access for individuals to services • Be prepared to do things differently
11 – Be aware of time and resources and use them wisely	Ensure value for money	• Must focus on outcomes and effectiveness alongside economies • Improve information getting through to all teams to improve their use of time • Understanding knock-on effects of decisions on others • Use 'Lean' thinking & 'Just in time' to reduce wastage • Share ideas better, things that have worked (public, patients, partners and staff)
12 – Involve people from the start in the design and delivery of services that affect them	Empower the patient, and the partners delivering the service, to minimise weaknesses in delivery of service and get the best understanding of patients' needs and the service that is required	• Reach relevant patients and public • Listen to the above and action findings • Make people's contribution feel valued • Listen and be responsive to individual needs in service design • More systematic approach to engaging with our partners from the start and recognise their essential contributions to the pathway

The session also generated the following new principles which groups did not pick as their first choices to work up in detail, as they did the twelve above, but are noted below:

- Evaluate carefully - listen and learn internally and externally - If necessary, stop, reflect and learn
- Patients first
- Delivering targeted, high quality, safe, evidence based, outcome orientated interventions
- Single hub/portal for referrals and information
- Valuing all our staff in contributing to the necessary change. Supporting staff and helping them to develop
- Celebrating our successes and sharing best practice with others

Key Learning

The meeting developed twelve main principles to underpin the Trust's work and behaviour, based on the initial principles developed by the Trust Board.

These are set out in the first column of Table 4 above, and range from being approachable, kind, caring and professional, to continuously working to improve services through innovation and flexibility, and using time and resources wisely.

9. Closing Remarks

The day was extremely busy, with everyone helping to develop ideas and insights. As part of the summing up of the day each group were asked to share their own closing thoughts:

"We need to continue to learn to communicate more effectively across partner organisations"

"This has been a very useful exchange"

"This has been a very good start - for working honestly, listening and understanding each other"

"Communication is a top priority"

"We need to actively support sign-posting of services to ensure we all understand what is there and how to access them"

"We must continue to be proactive in our development"

"We need to reflect and value views"

"We need to develop a clear shared vision and set of principles for working across health and social care"

"This has been a good starting point - we need to continue to meet in this way"

"We have learned lots today and shared lots. We have been involved as equals and look forward to the feedback from today's meeting"

"We must all follow up on the contacts that we have made today"

Jo Chambers (Chief Executive) closed by saying:

"This has been the first attempt for us as a new Trust to work in a completely new way, involving all our stakeholders as partners in our development. The level of support and commitment that has been shown here today has been quite exceptional, and the buzz and energy in the room throughout the day has been brilliant. I would like to say thank you to each and every one of you"

In summing up she pointed to the many areas of agreement across the room, plus the wealth of extremely rich material that the day had generated in order to help us in the next stages of our planning cycle.

"We want to be successful; to deliver high quality services that are right for our population, and most of all to continue to work with you to do this!"

She concluded by promising that the written feedback from the day would be shared with every attendee within the next three weeks.

Mike Ridley (Chairman) closed the event by thanking the team who had developed and orchestrated the event, which had been extremely productive and which would be very worthwhile repeating in the future.

10. Event Evaluation

At the end of the day all attendees were asked to complete a formal evaluation sheet to provide their thoughts on the following areas:

A. What have we achieved here today?

B. On a scale of 1 to 10 how far do you think we have created a shared understanding by really listening to each other; developed clarity about who are; what our customers want, and how we can successfully deliver together

C. Why did you mark where you did?

D. Any additional comments you would like to make

36 people completed the Evaluation form on the day and the full summary of the Evaluation is attached as Appendix 4.

The cumulative scores for B) above are detailed below:

	Not at all									Hugely
Possible Score	1	2	3	4	5	6	7	8	9	10
Reported Scores from Attendees	0	0	0	1	2	4	10	13	4	2

Conclusions

Thanks to everyone's contributions, it was a day that enabled a huge range of ideas to be gathered, and with a real spirit of goodwill for partnership working in community health services.

The vast number of ideas, insights and practical suggestions put forward in the course of the day potentially makes it tricky to summarise them all neatly, but in fact some very clear common themes emerged.

There were things that people were clearly 'glad' about in community health services:

- actively making more services accessible by bringing them nearer peoples' homes and enabling people with health problems to stay at home
- a skilled workforce offering continuity of care to individuals
- a commitment to building relationships with partners

Equally, some major common themes for development and improvement were identified:

- The Trust's services can seem fragmented and disjointed, which makes it hard for service users and GPs and other referrers to know what is available, understand and use them. Services in the Trust need to be coordinated differently to make them easier to use, possibly through the Trust having a 'single front door' into services, or better sign-posting which would direct demand to the appropriate service with capacity, along with improved service information.

- We need to build on existing areas of good practice to achieve closer integration of services between all the different agencies providing them, including the third sector, social care and the Community Trust, to avoid service users 'falling between the cracks' (e.g. on discharge from hospital); duplication of staff effort from different agencies; and inefficiency. A possible solution is a more organised structure, perhaps at local level, that brings together all the relevant partners to maximise local intelligence and work together on improving pathways for patients.

- need to build up our integrated technology and systems that support agencies in more integrated working, such as electronic systems for information, along with up- skilling community health teams and making increasing use of technology such as telehealth to extend the type of services available locally
- need to strengthen and promote the system for learning from patient experience in order to improve it, including structures for patient groups to link to each relevant service and help evaluate pathways, with a good feedback 'loop', and ways of encouraging people's reluctance to give feedback about poor service.

Next Steps

The themes and ideas from the day will help to shape the Community Trust's strategy and plans in the coming months. Community Trust Board members, managers and staff were all there on the day, working with stakeholders, so we have a good shared understanding of the priorities that we identified together. We will be keen to carry on the conversations with groups and individuals on particular themes and ideas, to see how we can best work them up in more detail and put them into practice.

In particular we will:

- Send this report to everyone who attended and put it on our web site
- Take the report to the Community Trust Board meeting, held in public, on 15 December as part of our work to develop our strategy
- Use the ideas and themes to help shape our strategy and plans in the next few months, alongside other important pieces of work being developed in that time in which the Trust's services will have a vital part to play, including key commissioner strategies such as unscheduled care and work on QIPP (quality, innovation, productivity and prevention).
- Make a summary of our strategy widely available once it is complete
- Look to holding a follow up stakeholder event in 12 or 18 months' time, as suggested on the day

Appendix 1 – List of event Attendees

Attendees	Stakeholder Group
Alison Ball	Clinical Leads /Frontline Staff (Adult)
Alison Wood	Clinical Leads /Frontline Staff (Children)
Andrea Davies	Community Trust Service Managers / Clinical Leads GROUP
Andy Goldsmith	Hope House Hospice
Andy Matthews	Community Trust Service Managers / Clinical Leads GROUP
Anne Fletcher	British Red Cross
Anne Lanham	Parent and Carer Council
Anne Seymour	Voluntary Sector Assembly - Shropshire County
Brian Mayhew-Smith	Community Hospital Leagues of Friends
Carol George	Shropshire LINk
Carole Hales	Clinical Leads /Frontline Staff (Children)
Chris Bird	Board Member
Chris Harrison	Telford and Wrekin Council
Chris Hodnet	Joint Staff Partnership (JSP)
Cllr Viv Parry	Town and Parish Councils - Shropshire Association of Local Councils (SALC)
Dag Saunders	Telford and Wrekin LINk
David Beechey	Town and Parish Councils - Shropshire Association of Local Councils (SALC)
David Evans	Powys Local Health Board
Debbie Price	Shropshire Partners in Care
Debbie Vogler	The Shrewsbury and Telford Hospital NHS Trust
Denise Angus	Reps from Carers Federation
Dianne Lloyd	The Shrewsbury and Telford Hospital NHS Trust
Dr Mary Heber	Consultant Cardiologist, Shrewsbury & Telford Hospital NHS Trust
Dr. Alistair Neale	Board Member
Dr. Caron Morton	Shropshire County Clinical Commissioning Group
Dr. Julian Povey	Shropshire County Clinical Commissioning Group
Dr. Mike Innes	Telford and Wrekin Clinical Commissioning Group
Dr. Steve James	Shropshire County Clinical Commissioning Group
Emily Peer	Child Service Managers
Emma Lawrence	Community Trust Service Managers / Clinical Leads GROUP
Frances Bevan	Reps from Carers Federation
Francine Nutt	Clinical Leads /Frontline Staff (Adult)
George Rook	British Red Cross
Georgina English	Clinical Leads /Frontline Staff (Adult)
Helen Herritty	Shropshire County PCT
Hilary Knight	Age UK
Hilary Paddock	Voluntary Sector Assembly - Shropshire County
Jane Jones	Besty Cadwallader Local Health Board
Jayne Stevens	PODS
Jean Breakall	Reps from Carers Federation
Jo Chambers	Chief Executive - Chief Executive
Judith Clayton	Community Hospital Leagues of Friends
Julie Thornby	Board Member
Karen Macleod	Robert Jones and Agnes Hunt FT
Karen Whitaker	Telford and Distict MS Society
Karen Yates	Project Manager
Kate Ansell	GP Patient Participation Group Federation
Kath Goodchild	Voluntary Sector Assembly - Shropshire County
Kath Robinson	Child Service Managers
Laura Johnston	Telford and Wrekin Council
Leigh Griffin	NHS Telford and Wrekin
Louise Jones	Clinical Leads /Frontline Staff (Adult)
Louise Leather	Clinical Leads /Frontline Staff (Children)
Lynne Weaver	Joint Staff Partnership (JSP)
Madge Shineton	Town and Parish Councils - Shropshire Association of Local Councils (SALC)
Maggie Bayley	Board Member
Mandy Brettell	Clinical Leads /Frontline Staff (Adult)
Margaret Blackmore	Clinical Leads /Frontline Staff (Children)
Margaret Hiles	Community Hospital Leagues of Friends
Martin Whitelegg	West Mercia Police
Mary Cook	Breathe Easy

Mike Ridley	Board Member
Mike Sommers	Board Member
Narinder Kular	Clinical Leads /Frontline Staff (Children)
Nicola McPherson	Voluntary Sector Assembly - Shropshire County
Paul Draycott	Board Member
Paul Taylor	Telford and Wrekin Council
Paula Jeffreson	Robert Jones and Agnes Hunt FT
Phil George	Shropshire LINk
Richard Elmitt	General Manager, Shropdoc
Robert Langford	Clinical Leads /Frontline Staff (Adult)
Rosemary Abbiss	Town and Parish Councils - Shropshire Association of Local Councils (SALC)
Sally Lucas-Garner	Clinical Leads /Frontline Staff (Children)
Sandra Williamson	Clinical Leads /Frontline Staff (Children)
Sarah Thomas	Parent and Carer Council
Stephanie Egleston	Child Service Managers
Stuart Rees	Board Member
Ted Wilson	Board Member
Tina Allen	The Stroke Association
Tony Roberts	Community Trust Service Managers / Clinical Leads GROUP
Val Beint	Shropshire Council
Vicky Briscoe	Clinical Leads /Frontline Staff (Adult)
Yvonne Rimmer	Clinical Leads /Frontline Staff (Adult)
Yvonne Rowson	Board Member
Attended on the day - not on the original list	
Karen Stringer	
Cecilia Walden	(replaced Hannah Thompson - Shropshire LINk)
Julie Alenthwaite	
Fern Zihni	
Varsha Sadavarte	
Lynne Taylor	
Professor Iain McCall	Medical Director, Robert Jones & Agnes Hunt Hospital - replaces Wendy Farrington-Chadd

Appendix 2 – What Matters to Us…

Tables were divided into sector specific groupings as follows:

TABLE NUMBER	SECTOR / GROUP
1	Commissioning
2	Carers
3 & 4	Partner groups
5, 6 & 7	Patients
8	Service Managers / Clinical Leads
9	Board
10	Frontline Children
11	Frontline Adult

Table	Top Three Things that Matter
1	Empower patients - Everything from self care up - Shaping delivery - Including empowering to use services outside Trust (collaborative as part of whole system)
1	Focus on delivery of quality outcomes
1	Collaborate approach to service design (commissioner-led)
2	Focus on prevention to avoid crisis / acute problems = (long term cost saving)
2	Supporting everyday life
2	Engaging communities to deliver solutions
3	Coordinated care across providers: health and social care interfaces
3	Improving out of hours access: preventing admission and facilitating discharge
3	Technology as an enabler of care closer to home
4	Local people want local services. Trust should take advantage of parish and town council's knowledge and willingness to provide services. Don't duplicate – use the evidence already there e.g. parish plans in developing services.
4	Working together (total health system and total public services system) e.g. voluntary / independent sector, housing providers
4	Maximise use of community settings to keep people out of the Acute hospital e.g. screening, assistive technology
5	Invest in preventative services including condition management. This includes involving voluntary sector delivery.
5	Access to services - Best use of local facilities - And people and other resources
5	Whole systems approach to health, social care and housing – this includes community hospitals, voluntary sector – by breaking down organisational and professional barriers. (This includes communication systems and how we share and use information)
6	The strategy needs to take into account all stakeholders. Local knowledge of voluntary and community sector in Shropshire is not understood at strategic level.
6	The Trust need to communicate with customers. A single contact should enable contact with the right part of the Trust. Don't have to talk to lots of people.
6	The Trust needs to move out of 'silos' and to join up as one community health trust
7	Knowledge and information. - For everyone – patients, carers, professionals - Support to navigate systems via self-help groups, advocates etc - Face to face info and written packs - Keeping it up to date
7	Access to quality services - Regardless of age / disability / area / condition - Equality Act - Even if you lack capacity, information, energy.....

7	Local – where people want it – keeping people where they want to be - Free up NHS funds to support community service development - Choice – informed choice
8	Value and empower and engage staff. - Encourage shared leadership - Support and development of staff - Healthy workforce - Support innovation
8	Quality of info - Info systems across services to enable effective decisions - Need to be meaningful - Needs to reflect complexity - Confidence in data
8	Value for money - Productivity - Reducing waste / duplication - Efficiencies - Working smarter – leaner - Integrated working
9	Transformation – through collaboration and service improvement
9	Affordability – higher productivity / best use of resources within health economy
9	Accessibility – easy to understand and access services / taking into account changing needs
10	Champion children services - Obesity epidemic - Ensure current services not lost - Raise profile
10	Children's - Preventative services and early intervention are needed to meet future adult targets
10	Children's - Children's services need to reflect local need and diversity
11	Ability to listen more holistically to patients health needs and coordinate all aspects of care and service provision to deliver in partnership high quality with patient-focused outcomes
11	Ensure staff have a clear voice, are listened to and actions taken accordingly. That they have career developments, talent management and are recognised accordingly. Investment in staff training to deliver holistic interventions confidently and effectively.
11	To deliver high quality care, being proactive about working our partners innovatively in order to enable most efficient use of resources and delivery of high quality, safe and responsive care

Appendix 3 – Strategic Aspirations and Priorities

Strategic Priority 1-
Improving safety, experience and effectiveness for patients, with increasing patient involvement

Table 1
Key Priorities:

1. Communication – using appropriate language; staff → staff; staff → stakeholders; staff → patients; organisation → population
2. Freedom to act
3. Removing barriers
4. Clear governance, shared learning, feedback from monitoring, data collection & complaints

Table 2
Key Priorities:

1. Marketing strategy – what / where – more explicit than balloons
2. A single place where people / professionals can get information / signposting (could be in GP surgeries / via Shrop-Doc or contracted out)
3. Using variety of formats for dissemination of best practice, sharing widely with community – Facebook / Amazon approach
4. Guide through system – key worker / advocate – to help service users agree meaningful goals

Table 3
Key Priorities:

1. Joint ownership of interface between services, including good information sharing
2. Improved communication skills and listening skills – simpler language / check understanding / follow up opportunities
3. Don't just focus on the medical issue – understand the impact on everyday life – support service user to adjust / work with other support services / facilitate patient to patient / carer to carer contact
4. Close the feedback loop – listen and respond so that things improve and tell service users what has happened. This opportunity needs to be given to staff also.

Strategic Priority 2 –
Redesigning services to deliver more volume and variety of services closer to home, that are high quality and productive

Table 4
Key Priorities:

1. Develop a single 'front door' to structure response, identify demand and capacity. ?7 day response
2. Collaborative working with patients and partners to develop whole health and social economy pathways. Jointly funded / commissioned
3. Patient involvement and education – individualisation using patient groups, voluntary sector, specialist nurses
4. Patient records - ?patient held? Reduce duplication, increase efficiency, empower patients

Table 5
Key Priorities: joined with table 4 for the final round and to develop key priorities

Table 6
Key Priorities:

1. Coordinating Hub: bringing together all partners formally in local community services redesign maximising community intelligence
2. Creating joint agreed goals and outcomes for service users
3. Formalising and coordinating and showing continuity of volunteer services
4. Linking and maximising technology to share service input information

Strategic Priority 3 –
Closer partnership working with Local Authorities, GPs, Acute and other health providers, patients and community groups

Table 7
Key Priorities:

1. Educate patients to self-care and optimise their health outcomes and quality of life. Scope current patient support groups and gaps.
2. GP is the link to all services. All agencies need to agree a central sign-posting hub (Signpost recently closed)
3. Breaking down organisational boundaries – making best use of all people on the ground (including private / voluntary sector)

Table 8
Key Priorities:

1. Openness, trust between partners – working closely together
2. Directory of services accessible to all – joined up and including all sectors and circulated widely
3. Planning seamless pathways across commissioning and providers

Table 9
Key Priorities:
Communication

1. All people to access services. One central point of access for advice and signposting of all available community services
2. Central point for access for urgent health needs e.g. Shrop doc
3. Agencies working together with one electronic system that "talks to each other"
4. Reduce bureaucracy
5. Mutual respect between all partner agencies
6. Clear understanding of each other's role in the patient journey and who does what and when

(It would be useful to have a delegate list with contact details who they work for – circulated / networking)
Funding:

- Who pays for services?
- Increase efficiency and avoid duplication
- Maximise resources
- Use a variety of non-NHS services. Who pays?
- Who takes responsibility for innovative commissioning?

Strategic Priority 4 - Improve financial stability and resilience

Table 10 –
Key Priorities:

1. Provider innovation in use of resources
    - More local ownership
    - Knowledge and relationships with local organisations
2. User involvement
    - Recycling and re-use of equipment / drugs
    - Cost awareness
3. Joined up systems
    - Sharing data systems – IT support and practice
    - Staff skills
4. Preventative Service
    - Continual investment

Table 11
Key Priorities:

1. Staff engagement
    - Provide information
    - Understand implications
    - Service line reporting and management
    - Encourage and reward innovation
    - Reduce waste
2. Transformation with partners
    - Honesty and communication
    - Myth busting – staff / public

- Convincing commissioners – work on solutions together

3. Plan / model in place
    - Communicate the strategy and plan

Appendix 4 – Evaluation Summary

36 people completed the evaluation form on the day

A) What have we achieved today?

Key themes (some people included 3 of these)

- Increased **understanding and sharing** of different views, clarity, listening (25 people)
- Excellent **networking**, partnership working, cooperative spirit , involvement (13 people)
- **Agreements** on common themes for principles, some input into strategy, cohesive approach, shared vision of strategy, a way/step forward, objectives set (11 People)
- Wide ranging debate, much food for thought (2 people)
- Wait to see how much action is taken, depends on the outcome (2 people)
- Feeling we were validating predetermined outcomes, identified what you already knew (2 people)
- Romped through fast – wonder if anything unexpected, too big too busy

B) On a scale of 1 to 10 how far do you think we have created a shared understanding by really listening to each other, developed clarity of who we are, what our customers want and how we can successfully deliver by working together?

1	2	3	4	5	6	7	8	9	10
0	0	0	1	2	4	10	13	4	2

C) Why did you mark it where you did?

Themes

- **More work** to be done, need to see something tangible, needs to be made a reality, not quite got the solution yet, good start, too early to tell (8 people)
- Well organised, successful day, **positive** day. overall good, better than expected , helpful and useful , thought provoking and inspiring (8 people)
- Lots of agreement, lively debate, we **listened** to each other, real discussion (7 people)

Comments made by two people

- As carer felt totally part of the event , thank you for inviting me as a carer// Range of stakeholders , impressed with variety of views included, wide mix of people // Lots of opportunity to discuss in a non-judgemental way// Sharing and networking that took place, team-working, good involvement// Felt I helped shape the trust, tangible principles and actions to work on// Need to see outcomes before 10 , not sure how loudly messages heard// Some people reluctant to 'let go' of firmly held views, some very different views, some misunderstanding of roles still // Pace of day, limited reflection time, are the Trust really listening, moving tables made things disjointed

Individual comments

- Very much agree//Learnt so much //Some people not clear why they were here //Hope //Other dimension over which we have little control – GOVERNMENT //Not sure how much voluntary sector can influence

D) Any other comments

Themes

- Can we please have a written summary of the day, feedback on the outcomes (5 people)
- A useful exchange, great opportunity to get contacts and appreciation of diversity (4 people)

- Good venue and food (3 people)

Two people

- Another session in 12 months , important to meet again – more than once //Well facilitated//Delegate list please

Individual comments

- Only the first step – further discussion needed //How will we recognise change //Need to learn to //communicate more effectively //Include mare lay people //Realisation of what grass roots can offer to the sector//Long day ///good to have venue accessible by public transport //poor design of feedback form