

Working Together

Our plan to improve how we listen to, involve and
work with people and communities we serve

2021-2026



Welcome

Welcome to Gloucestershire Health and Care NHS Foundation Trust's first Working Together plan. We believe that health and care is better when we involve people who use our services, carers, families and the communities we serve - people of all ages, diverse-abilities, ethnic backgrounds, faiths, sexuality, and gender. This plan aims to help everyone understand how we want working together to become a bigger part of our Trust culture and a better experience for everyone we serve.

Our ambition is to have a **Trust-wide culture of working together with the people and communities we serve.**

Our aims are to:

- **Inspire each other** by working together to make improvements that matter and make a difference to everyone we serve.
- **Include everyone** by making it easy for **all** people and communities to have their say, get feedback and be involved in ways that suit them.

To achieve our ambition and aims, this plan outlines:

- ▶ what we mean by working together;
- ▶ the values and principles we will use to guide our improvement plans;
- ▶ examples of what has worked well so that we can see what needs expanding, improving or creating so that people have a quality experience of being involved;
- ▶ the next steps we are taking to work towards our aims; and
- ▶ methods we are developing that test and measure involvement so we can report on our progress.

Our shared journey to build our working together culture will include:

- Improving how we **listen, learn and provide clear communication.**
- Promoting **personalised care and involving carers and families** in all our services.
- Creating **opportunities for people of all ages, diverse-abilities and especially those who are currently under-represented**, to be listened to and involved.
- Establishing **GHC committees and groups** so that **people representative of our communities** can advise, challenge and influence Trust-wide decisions and activity.
- Working together with **local communities and Integrated Care System partners** to address **health priorities and inequalities.**

Introduction

This plan outlines what we want to do and the approach we will take to make sure that working with **people using our services, carers, families and communities we serve**, becomes the normal way our Trust does business and provides quality care. It does not sit in isolation, but is a **golden thread** through the **six enabling strategies** delivering the Gloucestershire Health and Care NHS Foundation Trust (GHC) strategy: '**Our Strategy for the Future 2021-2026**'.

GHC is built on the strong foundations of organisations that value involving people. We understand the benefits of involving people and communities we serve:



People using our services, carers and families have first hand experience of the care and services that we offer.



We can learn from people's experiences and understand what really matters that can make a difference to people's health and the care they receive.



People we serve have a wide range of life experiences, professional and personal skills that we can learn from to improve services we provide.



We can improve health and care by working together and supporting the strengths of people and communities.

This plan was co-produced by colleagues and Experts by Experience during the **COVID-19** global health pandemic. The Covid-19 crisis put into sharp focus **health inequalities and exclusion in our communities**. We have learned that to tackle health inequalities and improve health and care for everyone, we need to involve people more and do it better.

We need to:

- ▶ Become better at showing how we are listening, learning and acting on feedback;
- ▶ Provide a range of opportunities to enable people to get involved and share ideas; and
- ▶ Improve the way we involve people of all ages, abilities and communities.

The Partnership and Inclusion (P&I) team will be key enablers for the Working Together plan. Other GHC teams essential for progress are from patient experience, membership, quality, communications, digital, strategic, human resources and clinical services. This work will also include working in collaboration with our carer and patient forums; community groups and organisations; and partners in our Integrated Care System.

What do we mean by working together?

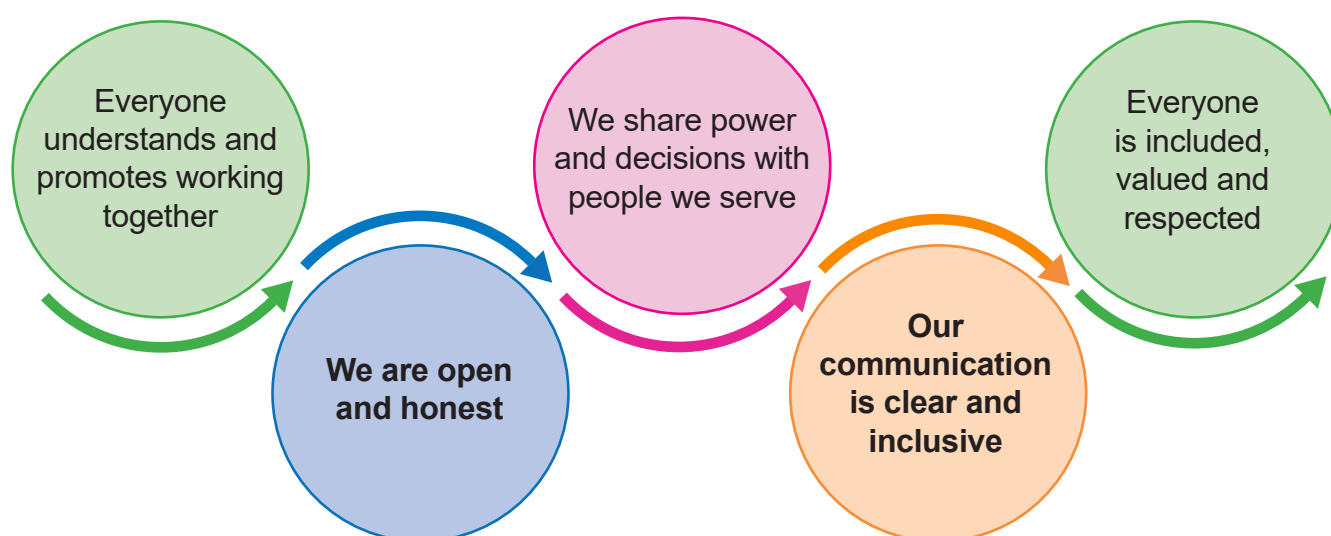
In the health and care sector, working together often means: making sure **people are involved, as much as they want or are able to, in decisions about their care and giving them choice and control over the NHS services they receive**^[1]. We use lots of ways to involve people and we know we need to make improvements.

Some of the ways we involve people and work together:

| Informing | Listening | Discussing | Collaborating | Empowering |
|-------------------------------------|-----------------------------|------------------------------|---------------------------|-----------------------------|
| Friends and family test. | Survey | Workshops and focus groups. | Elected public governors. | Citizens jury. |
| Our website and social media. | Comments. | Awareness campaigns. | Project groups. | Personalised care planning. |
| Annual General Meeting and reports. | Complaints and Compliments. | Better Care Together events. | Service improvement. | Community projects. |
| | Feedback. | | Experts by Experience. | |

We want to take this further and develop a culture where working together becomes the expected way we do all our work and our approach to improving the services we provide. Working together is one of our Trust values. We will know when we have a good culture of working together when all the values and behaviours^[2] are part of everything we do.

Working together behaviours we want to see:



¹ Involving people in their own health and care: Statutory guidance for clinical commissioning groups and NHS England (2017)

² Adapted from 'A Co-production Model: Five values and seven steps to make this happen in reality' NHS England coalition for personalised care (2020) A Co-Production Model – Coalition for Personalised Care

Joining-up with our partners

A great deal of importance is now placed on involving people and communities at a national level. It is a key feature of the 2021 Care Quality Commission (CQC) strategy that will assess care quality standards; and also features in guidance for how health and care partnerships, called Integrated Care Systems (ICS), will function.

Our organisation is part of the **One Gloucestershire ICS**. This is a partnership between the NHS, local councils, voluntary, community and other public sector organisations. The aim is to work in a joined-up way towards shared goals:

- ▶ **To improve outcomes in population health and healthcare**
- ▶ **To tackle inequalities in outcomes, experience and access**
- ▶ **To enhance productivity and value for money**
- ▶ **To help support broader social and economic development**

GHC is adopting the ten principles that are recommended for how ICS's involve people and communities. This will make sure we use the same approach to guide our plans for improving how we can involve people and work together.

Ten ICS principles for working with people and communities³ :

- | | |
|--|--|
| 1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS. | 6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust. |
| 2. Start engagement early when developing plans and feedback to people and communities on how their engagement has influenced activities and decisions. | 7. Use community development approaches that empower people and communities, making connections to social action. |
| 3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect. | 8. Use co-production insights and engagement to achieve accountable health and care services. |
| 4. Build relationships with excluded groups, especially those affected by inequalities. | 9. Co-produce and redesign services and tackle system priorities in partnership with people and communities. |
| 5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners. | 10. Learn from what works and build on the assets of all ICS partners - networks, relationships, activity in local places. |

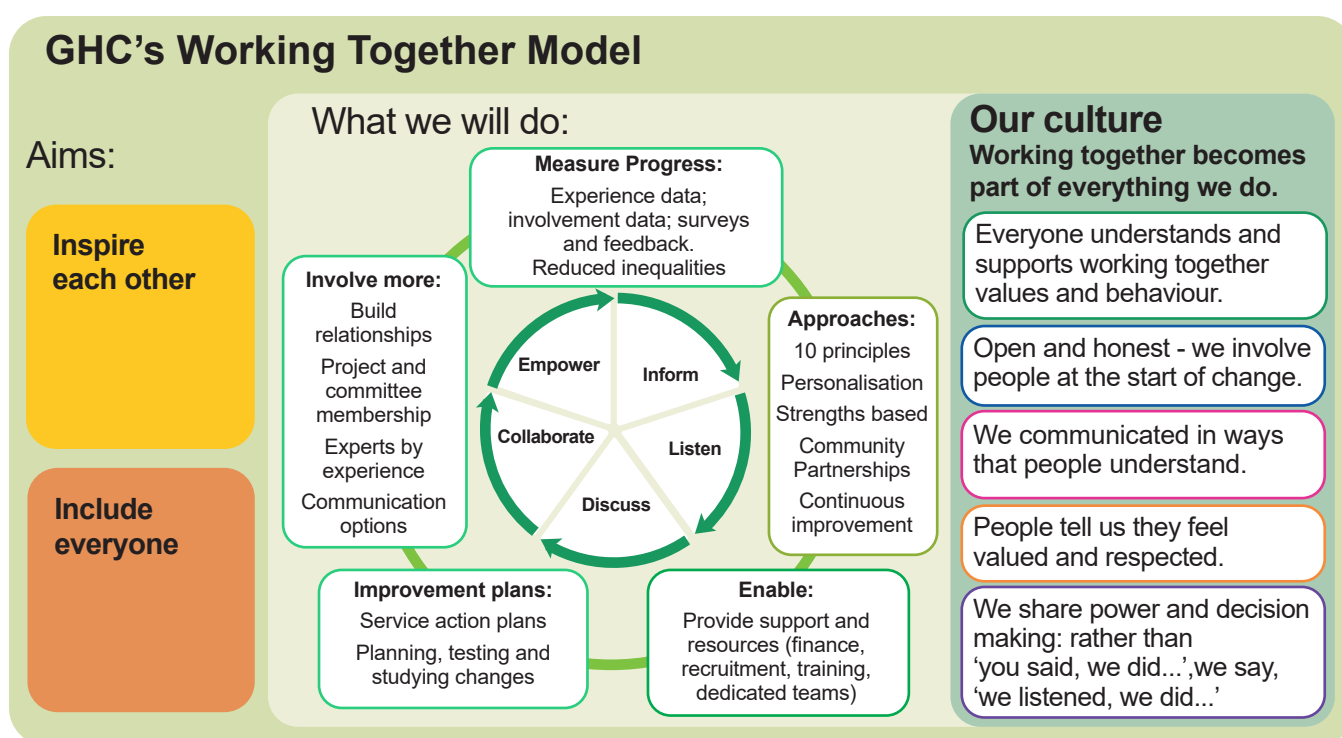
³ Building strong integrated care systems everywhere: ICS implementation guidance on working with people and communities (Sept.2021)

How are we going to make sure we are working together?

We know that it will take time and commitment to achieve what we want: **a Trust-wide culture of working together with the people and communities we serve.**

Our Working Together Model shows how we can work towards this culture:

- ▶ We set aims and goals to define what we need to do. These adapt over time as we progress and learn.
- ▶ The NHS spectrum of involvement (inform, listen, discuss, collaborate and empower) and ICS ten principles identify standards for how we can involve people in the best way⁴. We will update what we do as NHS-England develop these models further.
- ▶ We see behaviours in all our staff that mean working together is part of our culture.



To help us do this we will:

- ▶ develop assessment tools that measure how people have been involved and where improvements can be made;
- ▶ provide training and support people to collaborate in the work we do;
- ▶ ensure we communicate in ways that people understand, such as: use clear plain language, provide easy read, digital, video description and preferred language options;
- ▶ develop better community relationships to help us improve how we can meet the health needs of people who don't or can't access the services we provide.

⁴See Appendices A for more information on the Spectrum of Involvement in Building strong integrated care systems everywhere: ICS implementation guidance on working with people and communities (Sept.2021)

What we do that works well

Making sure we involve people during a global pandemic has been challenging and has meant changing what we do and using new ways of working together. We aim to involve people in lots of different ways so that as many people as possible can tell us about the quality of their care experiences. Using feedback, such as from the **friends and family test, complaints, 15 step challenges and workshops**, helps us understand and learn so that we can improve and develop better services.

2020-2021

18,292
completed





11 services had a 15 step challenge review

Transforming Children and Young People's Mental Health Services



145 Experts By Experience

GHC achieved Veteran Aware Accreditation





40 local community engagement events involving people of all ages across the country

45 awareness campaigns and information sharing events





Interpretation and Translation services were regularly used, including BSL

The Expert by Experience, or EbE, programme is an important way GHC involves people and it is a something we want to expand.

The term Expert by Experience refers to someone with recent experience of accessing GHC services or of caring for someone who has. People are recruited to the Expert by Experience programme through a clearly defined process in order to fulfil a formal advisory role requirement. Currently only people over the age of 18 are Experts by Experience, however we will develop a children and young people's programme.

Examples of how Experts by Experience get involved, include:

- ✓ Project work, co-producing the planning, delivery, and review of services
- ✓ Evaluating services e.g. 15 step challenge
- ✓ Staff training and co-delivering workshops
- ✓ Peer training in Recovery College
- ✓ Campaigns and events - information stalls
- ✓ Taking part in staff recruitment
- ✓ Taking part in research
- ✓ Blogs, personal stories, media interviews.

Experts by Experience (EbE) stories

Each story below highlights examples of working together that have inspired us to do more, learn and improve. This has helped us develop this plan and our next steps. A few of our Experts by Experience shared their stories, telling us what they have gained personally and what the Trust has gained from their experiences.

When we work together we understand the benefits of seeing people as more than a condition: we learn from people, benefit from their strengths and improve what we do.



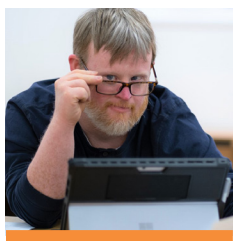
Jennifer's story: "Becoming an Expert by Experience has given me an interest outside of family life. As a carer for my disabled adult son, as well as having some physical health issues myself, I am limited in what I can manage to do outside of taking care of the family home and helping with my son's chickens. I am doing a distance learning degree which means I don't meet with others from the university to practice and apply the skills I have learned. However, being an EbE has allowed me to put those skills to use, and see how they work in real life.

This also means that GHC teams get some extra insight that they might not otherwise have. It is one thing hiring a faceless consultant but working with a patient who has real lived experience of the services that GHC provide as well as academic experience allows for a richer experience for both myself and the trust."



Jo's story: "I have worked as an Expert by Experience for GHC, NHS Gloucestershire Clinical Commissioning Group and NHS England over the past few years. When I first started, I was anxious that no-one would want to hear my views or take me seriously. However, my experiences of attending meetings, giving talks and co-facilitating training to professionals were very positive. I often received feedback that hearing a first-hand account from a service user perspective brought the issues to life and highlighted things not thought of

before. It was also good for me – my self-esteem increased and I even eventually felt confident enough to make a career change into mental health myself. I now work as a Lived Experience Practitioner for the Complex Emotional Needs service using my own experiences to help others on a daily basis, which I love."



Tim's story: "I'm Co-Chair of the Gloucestershire Learning Disability Partnership Board. I do lots of things as an Expert by Experience at Inclusion Gloucestershire, in the Training and Development Team. I enjoy being an Expert by Experience at GHC with Simon Shorrick as well as at Inclusion Gloucestershire where I work. Simon is Strategic Health Facilitator at GHC. Working with Simon, I am involved in the Health Action Group. The Health Action Group is for people with a learning disability. The aim of the group is to

work together to make health care better. I also took part in designing and delivering the Oliver McGowan Mandatory Training in Learning Disability and Autism. I am involved in the Big Health and Wellbeing Day that GHC organises every year.

We want to develop our Expert by Experience programme to include children and young people and to be more representative of communities we serve. We want to support GHC teams across the Trust to involve people with lived experience to help improve services."

The Oliver McGowan story

When people are valued, included and respected, health and care is improved.

Collaboration is about more than ensuring people using services, carers and families are represented in an improvement project. It includes **seeing beyond a person's condition, using their strengths and skills, and handing over power.**



The Oliver McGowan Mandatory Training in Learning Disabilities and Autism is a great example of collaboration in training design and facilitation that aims to improve care quality and enhance learning experiences. Everyone on the team brings a range of skills and experiences that inspire people to think and behave differently. We want to encourage more services to develop training using collaboration.

The Oliver McGowan Mandatory Training is named after **Oliver McGowan**. His death shone a light on the need for health and social care staff to have better training in learning disabilities and autism. It is part of a national commitment to develop a standardised training package. Our Trust is one of four national partners testing the Oliver McGowan Mandatory Training.

Launched on 1st April 2021, all of the training is fully co-designed and co-delivered with people with learning disabilities, autistic people with or without a learning disability, family carers and people working within learning disability and autism services. The trial aims to help shape the development of the final training package, which will become mandatory across England in 2022.

We want to improve care quality by increasing the number of projects and opportunities to involve people using services, such as in: staff training programmes; service improvement projects; and involving more carers and families in care planning.

The COVID vaccination story

When we build relationships with people and communities we can understand the challenges to accessing services and can work together to find solutions.

The Vaccine Equity Group formed in January 2021. It is a partnership between health care providers, voluntary sector organisations, public health and commissioning services. Its aim is **to ensure that all people have fair access to COVID vaccinations.**

During the COVID vaccination programme it became clear that some groups of people and local communities in Gloucestershire were not getting COVID vaccinations. Working together with local people was seen as the best way to understand what could make a difference.

Three main approaches were co-designed and delivered by working in partnership:

- 1. Improving communication options.** This included: information translated and videos delivered in 9 of the main languages spoken in Gloucestershire; Easy Read and BSL.
- 2. Working together with community and Faith leaders to listen and understand people's concerns.** This included: Virtual live question and answer sessions with community and support groups, religious groups and in languages spoken locally;
- 3. Working with individuals, community leaders and services to co-design solutions to deliver COVID vaccinations.** This included providing **bespoke services** to people with various needs: homeless or living in Hostels; mental health conditions and learning disabilities; criminal justice custody suite and bail hostels; migrant workers; vulnerable women; and undocumented communities. Mobile teams provided **pop-up clinics** for example: Matson 'Jacket and Jab' clinic, #GrabaJab Friendship café outreach, Bengali community Mosque, engagement at Stow Horse Fair.

These approaches helped lots of people make an informed choice and get support from people they trust. Many people were able to get a COVID vaccination from pop-up clinics or at a place that suited them best and supported by people they trust.

We want to build on learning during COVID-19. By building relationships, involving communities and working in ways that can improve people's health we can improve care quality and tackle health inequalities.

The Complex and Emotional Needs Service story

When we empower and collaborate with people and communities we make differences that matter to the people we serve.

The Complex Emotional Needs Service (CEN) is a new service within GHC that launched in October 2021. It is a fantastic example of how service users, carers and professionals both from GHC and the voluntary sector, have worked together to design and deliver services from the start.

Previously people with CEN may have been described as having personality disorders or complex post-traumatic stress disorder. Locally and nationally there are gaps in the support people need. We were tasked with creating better services in Gloucestershire.

The approach used to develop, design and deliver the CEN service pathway is an example of true collaboration – albeit mostly virtually due to COVID restrictions. This involved a commitment to shift power to the experts – people with lived experience – in order to create services that make a difference and meet people's needs. Experts by Experience have been vital in advising project managers and clinicians, this includes:

- identifying what services to provide to meet the needs of people;
- the type of language to use to support people;
- ensuring that the CEN service is trauma informed in all its approaches;
- recruitment of staff (helping to write job descriptions and interview questions, and candidate selection); and
- provide awareness raising with partner agencies to improve responses for people with complex emotional needs.

Highlights: Four Experts by Experience will be undertaking national training alongside professionals, and will enable more training delivery.

The employment of lived experience practitioners as valued and equal members of the team continues to be a key element of how the CEN service sets out to make cultural changes and improve service experience.

We want more services to develop partnerships between Experts by Experience and Experts by Profession to improve services and ensure they really are meeting the needs of the people and communities we serve.

What we are planning to do

Our ambition is to have a Trust-wide culture of working together with the people and communities we serve.

We have outlined the goals and next steps we will be taking. Over the next five years we will continually review and develop plans to help us towards our ambition.

Aim 1: Inspire each other by working together to make improvements that matter and make a difference to everyone we serve.

Our Goals are:

- ▶ To involve people and communities at the earliest stages of service design and improvement planning.
- ▶ To embed a culture of decision making where all people are included, valued and respected.
- ▶ To involve more people and community groups to reduce health inequalities and focus on local priorities.

Our next steps

Establish, test and develop forums involving the people we serve of all ages to oversee progress, advise, challenge, influence decisions and action plans. This includes setting up:

- Quality forums (concerning care standards, safety and improvement activities)
- Working Together Advisory Committee (Over-sight and board advisory group)

Develop and improve resources that enable staff to involve people at the earliest stages of service improvement design and planning. This includes:

- Develop a Working Together champions programme.
- Review the feedback services have received and identify areas of learning where working together principles can be applied to improve services.
- Provide support to service leads to develop and embed personalisation models of care.
- Improve methods of involving people to obtain feedback and review learning.

Support and promote working together quality improvement projects. Some of the projects that have recently started include: Carers Project Group; Personalisation agenda; Quality improvement projects; Civility Saves Lives; Health equality programme.

Develop and launch skill sharing training, includes:

- Involved more people with lived experience in designing and delivering staff training.

Promote and support working together principles and practice within a range of ICS projects and groups.

What we are planning to do

Aim 2: Include everyone by making it easy for all people and communities to have their say, get feedback and be involved in ways that suit them.

Our Goals are:

- ▶ To enable more people to be involved by providing a range of options, support and training.
- ▶ To ensure communication is consistently clear, open and honest, and provided in ways that people can understand.
- ▶ To ensure communities and people who are often marginalised or ignored are listened to and involved.

Our Next steps

Develop and improve the quality of communication used throughout GHC, including:

- Review and improve GHC communication approaches – clinical and general information (clear and plain language use; letters, website, video, auditory and easy read options)
- Develop opportunities for people to collaborate with services to improve communication quality.
- Develop, test and ensure this links with the ICS Get Involved in Gloucestershire (GIG) platform.

Create new ways for people to be involved, including:

- Expand our Expert by Experience programme to include more people with physical conditions, children and young people and representatives of the population and communities we serve.
- Create and promote opportunities via Trust membership and volunteering programmes.
- Support ICS programmes to involve people and communities.

Review and develop training and support available to the people we serve in order to promote working together, including:

- Increase the number of people we serve completing Quality Improvement and digital training.
- Increase support and opportunities for people to be involved in GHC recruitment panels.

Develop, test and implement assessment tools that will:

- Measure our working together maturity.
- Provide guidance and measure how people have been involved and could be involved further.

Develop, maintain and increase our network and relationships with community leaders, groups and organisations. This includes:

- Develop and support campaigns and events to increase awareness and involvement of marginalised groups, including: LGBTQIA+; Veterans; Roma, Gypsy and traveller communities; Homeless; Ethnic minority groups and faith communities.
- Collaborate with community and VCSE groups to increase understanding about how services can work in different ways to meet the needs of people.

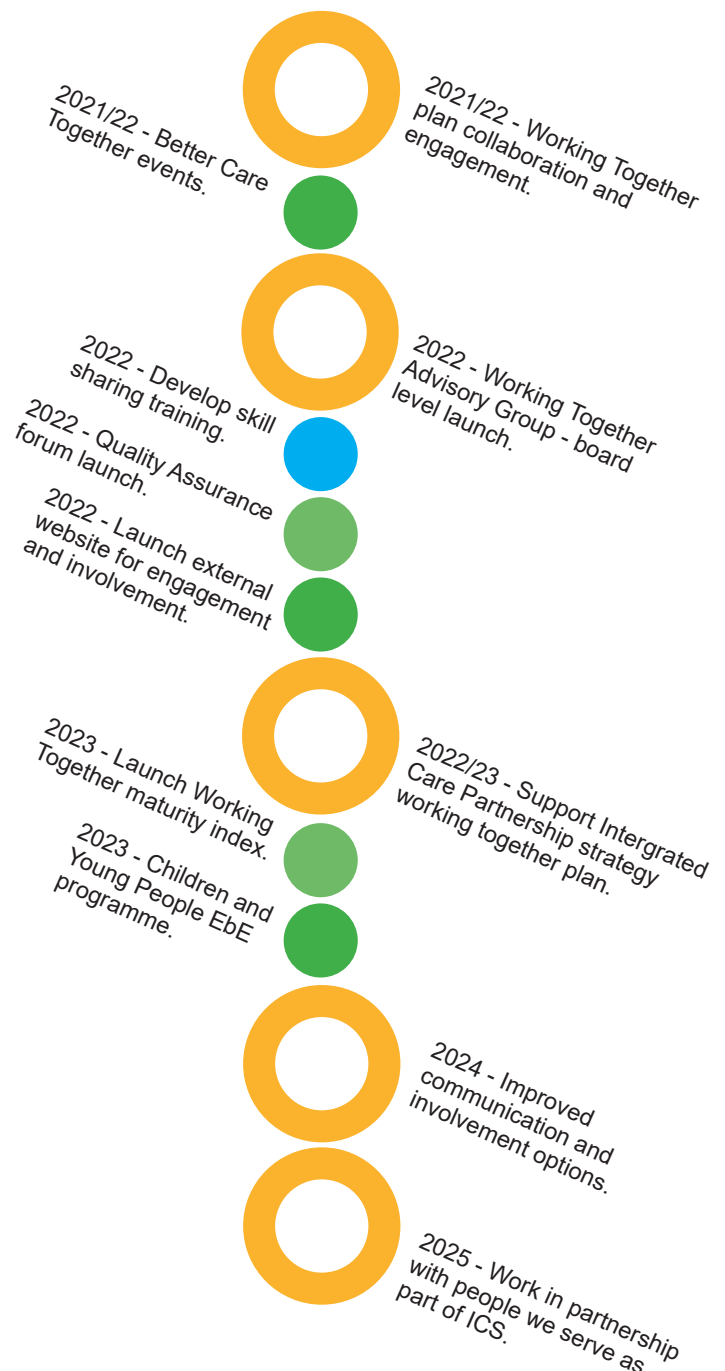
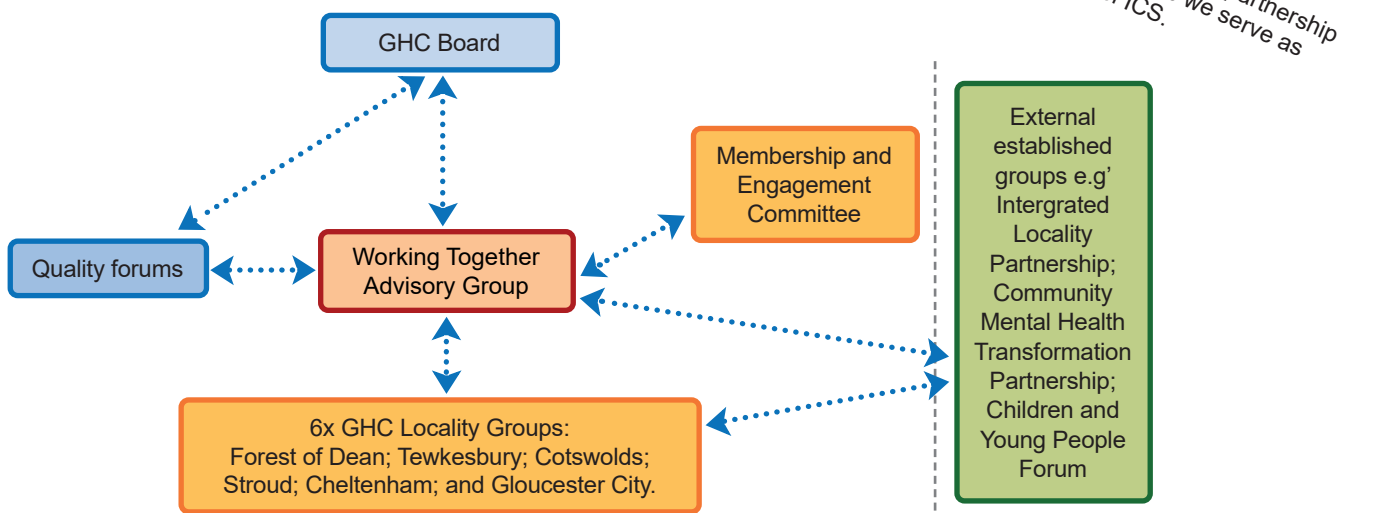
How we will measure our progress

We will be using a number of different ways to measure our progress. This includes:

- ✓ External reviews by CQC, feedback from organisations such as Healthwatch;
- ✓ Internal peer and service user reviews;
- ✓ We will develop an assessment that will measure our working together maturity status against working together values and behaviours.
- ✓ We will collect personal stories and data about how people have been involved.
- ✓ We will use project planning to manage activities.
- ✓ We will establish a governance structure that monitors and holds us to account for our plans.
- ✓ GHC Quality teams and the Partnership and Inclusion team will provide annual update reports.

The proposed governance structure:

We will create and test a number of forums involving people and community groups we serve and GHC colleagues. These forums will connect with established GHC leadership and external groups to oversee progress, advise, challenge, influence decisions and action plans.



Conclusion

Our Working Together plan has set out Gloucestershire Health and Care NHS Foundation Trust's aims and goals for the next five years. We have an ambition to have a **culture of working together with the people and communities we serve right through our Trust.**

To achieve this, we have set aims and goals that focus our activity and that will help us **inspire each other and include everyone.** Our approach is about involving people and communities in ways that empower and promote collaboration supported by good communication.

Our Working Together plan is not an isolated idea. It is part of our Trust's overall strategy to enable people to live the best life they can and provide outstanding care. It is also part of a wider commitment by the One Gloucestershire Integrated Care System, to address inequalities and health priorities by working with the local communities we serve.

We know that working together is the best way to achieve **better care for everyone** and this is why we are excited about our **Working Together** plan.

**We want to take this opportunity to say a big thank you to everyone who has contributed to shaping our first Working Together plan.
We could not, and would not, have done it without you.**

THANK YOU!

APPENDICES A: Spectrum of Involvement

In *Building strong integrated care systems everywhere: ICS implementation guidance on working with people and communities* (Sept.2021), NHS England and Improvement recommend the Spectrum of Involvement as a useful tool for understanding a range of approaches to working with people and communities. We have adopted the language and approach as part of developing our Working Together Model and assessment tools so that we can define different levels of involvement and measure progress.

Spectrum of Involvement



This spectrum uses elements from the Patterson Kirk Wallace Spectrum of involvement and the international Association for Public Participation Spectrum.



He Tangata Consulting