



## HARROGATE AND RURAL ALLIANCE

Health & Social care working together with you

### HARA community event 7 Nov 2019

#### Event report

20 November 2019

#### Overview of event

On 7 November 2020 Harrogate and Rural Alliance (HARA) hosted an event for community members to introduce HARA and work in partnership to identify how we can develop the service together.

The event was requested by the HARA board. It was well supported on the day with board representation from all HARA partners present and strong representation from the HARA leadership team who led many of the table conversations through the day.

There was also substantial commitment from community members in attending the event and sharing the benefit of their experience to help us shape the future for HARA.

The objectives for the day were to:

- Introduce HARA to our community
- Build the foundations for future partnership working and 'co-production' with the community
- Understand better what good practice is in place which we can learn from and partner with
- 'Activate' interested community members to help us develop the service now and in the future

The event included three structured conversations, using a modified 'World Café' approach:

- What matters to you?
- Based on what you have heard and discussed already today what do you think our priorities should be?
- How do you think we should work with our community to develop the service and are there any examples of good practice you think we can learn from?

About 65 people contributed to the conversation, including members of GP patient participation groups, members of HARA partner representative groups, and local service users.

#### What we heard

A number of themes emerged from the day; the themes and key points are captured below, and **more detail is available at annex A**.

Headlines:

- Communication, communication, communication!
- Accessibility – of services, locations, information



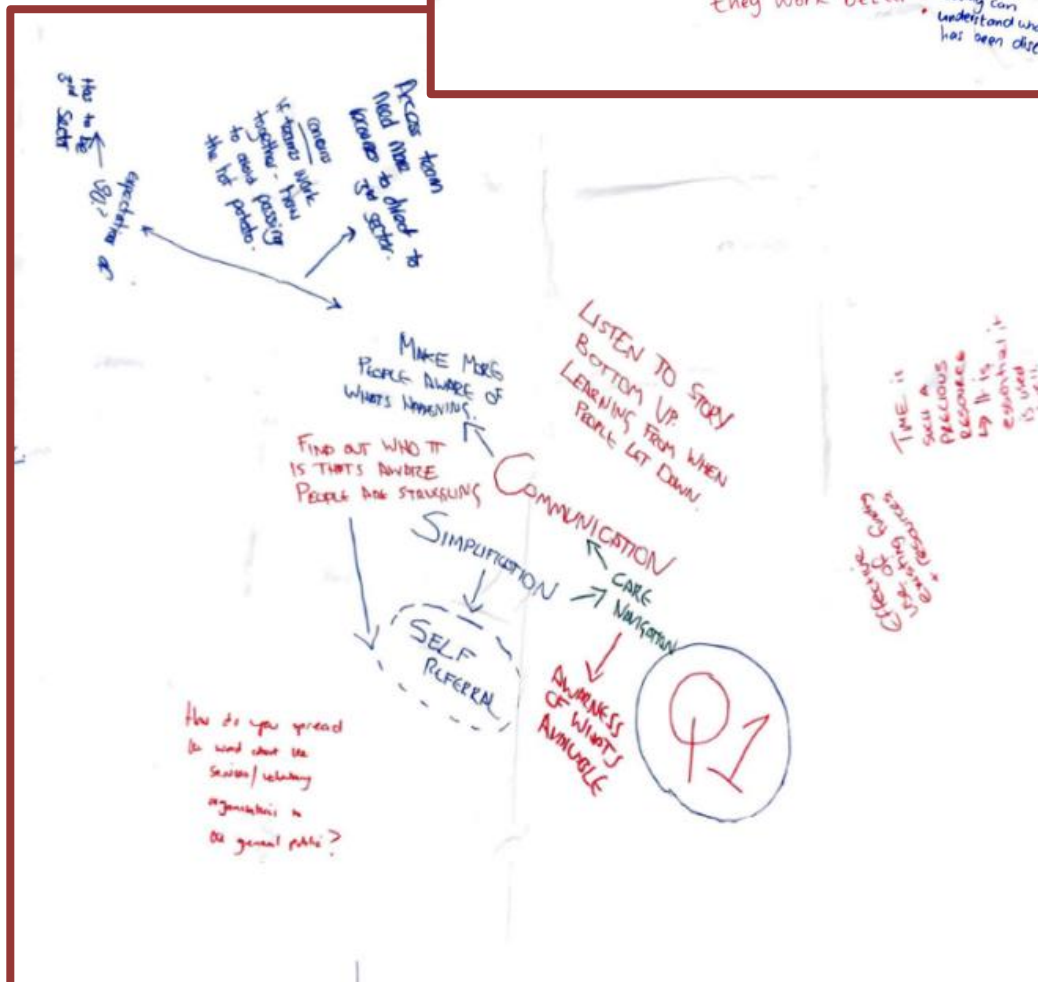
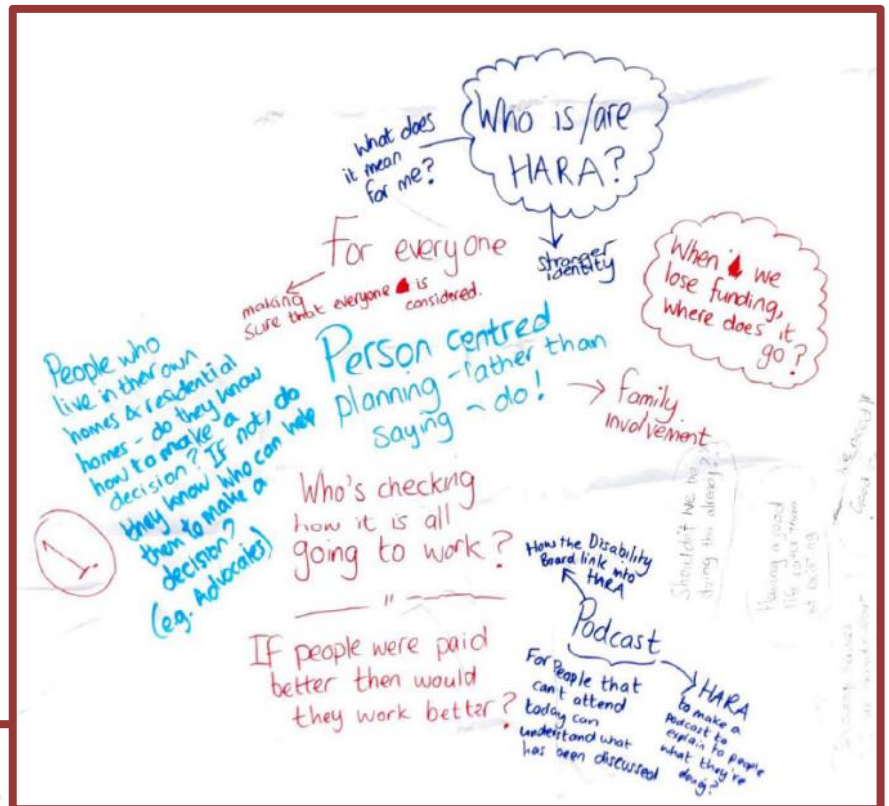
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## Illustrative table cloths





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**Question 2 Based on what you have heard and discussed already today what do you think our priorities should be?**



**Theme 1: Accessing services – referral, information, location, transport, availability:**

*Accessible information; single point of contact; location and availability of services; transport; local services*

**Theme 2: Know your community / working together:** *Understand your community; broad range of community-based partners; think about using volunteers; importance of HARA and voluntary sector working together*

**Theme 3: People, needs, services:** *Complex needs; transitions; specialist services; outcomes-focus; identifying/reaching people with needs; good training; fluctuating conditions*

**Theme 4: Prevention and early intervention:** *Connecting people and communities; social interaction; importance of early intervention; health education; reach young people*

**Theme 5: HARA – how we do things/culture/change management:** *Listen to people; get the basics right; planning and risk management; clear plans; develop good relationships; share learning*

**Theme 6: Communication and key messages:** *Only tell my story once; coordination; feedback; manage expectations*







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**Question 3 How do you think we should work with our community to develop the service and are there any examples of good practice you think we can learn from?**



### **Theme 1: Examples of good practice**

Examples of good practice to look to:

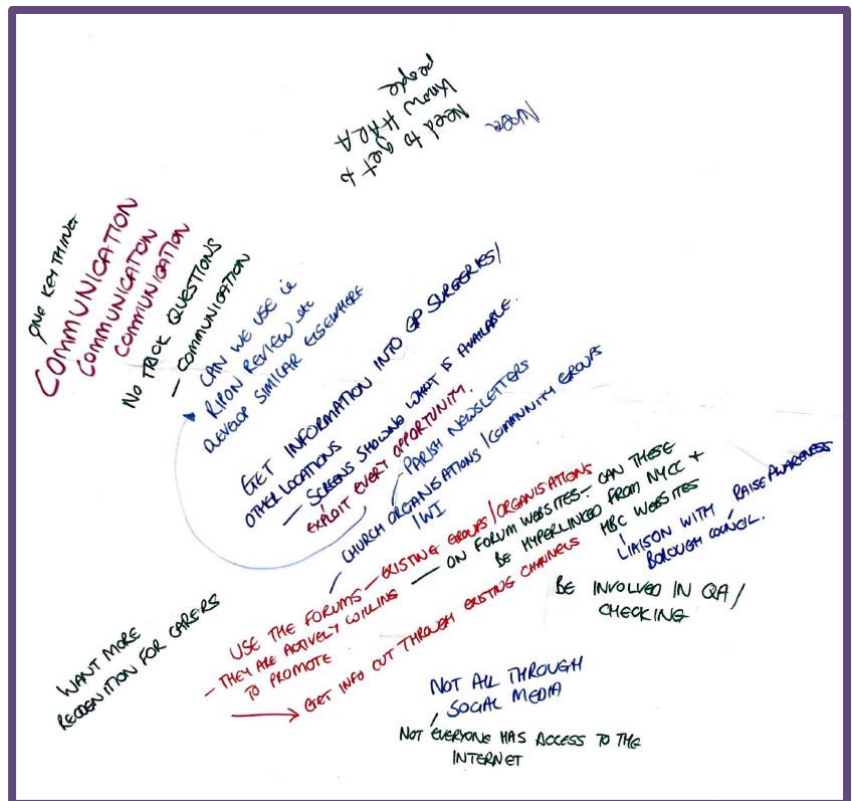
- CoLab (Exeter) are good example – co-located services focusing on culture change / working better together for public; voluntary sector central to the initiative (<http://www.colabexeter.org.uk/>)
- Norfolk Safeguarding Adults Board – mapping service
- An effective partnership – TEWV/Yorkshire Agricultural Society
- Converge model at York St John's University – education/involvement/opportunities

**Theme 2: Ideas:** *Mapping – communities, connectedness; quality checking; co-location; community champions; go where people already are; local solutions*

**Theme 3: How to work with communities – principles:** *Active listening; feedback; wide range of representation; go to existing groups; go to where people already are; not just digital*



### Illustrative table cloth images







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### Main theme for the day

We also asked each table to feedback to us on one main theme they would like us to take away from the day.

This is what they said:

1. Harness energy in this room and make sure you take it forward  
HARA volunteers! And work with voluntary sector  
Learn!
2. In this room, in one year's time, what will be different that we'll be talking about?
3. Our story! Lady goes to church at 9am on Sundays. Carers can't get to her on time, but this is what is most important to her – need to understand what is important to people
4. Recognise the importance of the communities in which we live  
Map assets and strengths, map connectedness (or lack)  
Help people and communities to connect
5. Listening!!
6. Awareness, e.g. signposting – how do people become aware? Take to the people – where they feel comfortable. Might be GP, but might not. Hairdressers? Need to find out where people feel comfortable. Libraries, supermarkets, buses!
7. Listen  
Tell us what you've heard and done  
Take action  
We want to measure / check  
Be accountable to us  
Keep it simple  
Ensure you're inclusive
8. Communication, communication, COMMUNICATION!!





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### **Event evaluation**

Feedback on the event was positive. A full evaluation report – based on feedback from 31 delegates on the day – is included at Annex B. In addition the commitment from HARA partners at a senior and operational level was apparent and welcome.

Tips for future events:

- Everyone should use the microphone so everyone can hear.
- Repeat questions from the floor so that everyone knows what they are.

### **Next steps**

HARA have committed to another community facing event in the new year, possibly February/March. This has been added to the Alliance Leadership Team (ALT) action log.

**Annex A – Detailed themes from the day**

**Annex B – Questions and answer session**

**Annex C – Evaluation report (responses from 31 attendees)**



### **Annex A – Detailed themes from the day**

**7 November 2019**

#### **Themes from the table conversations – initial analysis**

The event steering group reviewed the output from each of the table conversations and captured the main points for each of the three questions. The output for each question has then been grouped into themes, indicating the nature of the conversations that were taking place across the room.

### **Question 1: What matters to you?**

#### **Theme 1: Accessing services – referral, information, location, transport, availability**

- Accessible information and communication, including accessible formats, access to BSL or community language interpretation, plain English, signers, braille
- Concern that digital communication can increase isolation
- Awareness of what's available, being able to navigate the system, understanding by who and how people get referred in
- Transport – being able to access services from a rural location
- Availability of services out of hours
- Route back in after discharge from services / good discharge planning / joined up conversations in discharge

#### **Theme 2: Importance of person-centred approach and family carers**

- The person is the constant – HARA needs to work around them/inform them/understand individual needs – try to ensure same care teams – a person is not a diagnosis, they are an individual and a valued member of their community
- Make sure the person is at the centre
- Care for carers – MOT/peer support training for carers and family/care navigation
- Consider needs of family
- Consider all ages
- Continuity of care
- Empowering people
- Coproduction
- Working with voluntary sector to provide personalised care
- Advocacy

#### **Theme 3: Good communication**

- Only want to tell my story once
- Do IT systems talk to each other?
- Importance of accessible information/communication
- Two-way communication



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- Communication up and down
- Better education - people who use services, in schools
- GDPR
- Sharing information – consent

### **Theme 4: Teams/staffing/roles/hubs/design**

- Invest in staff, work smarter, support for staff, avoid agencies
- Continuity of care
- Consider role/function and accountability – no passing the buck
- Employ the right mix of primary care workers – not just GPs
- Are GPs the right professionals to wrap HARA around? Don't know everything (eg what about people who aren't registered, who are 'off the radar'?)
- Consistency of service in each hub
- Is 1 hour MDT/week enough? Do people have enough knowledge of the individual?
- Travel time impacts on time available to meet needs
- Avoid duplication
- Robust assessments
- HARA needs to demonstrate better outcomes than previous / risk audit / learn from mistakes

### **Theme 5: Services**

- Community phlebotomy
- Out of hours / night service / around the clock care
- Include mental health support
- Social prescribing – how will it work, how will it be funded?
- Group therapy
- Musculoskeletal therapist
- Wasting money on hospital care – effective use of community hospitals
- Connect with Living Well – prevention
- Prevention coordination group
- Care of those with long term medical conditions eg COPD / asthma
- Frailty indicator/planner



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### Question 2: Based on what you have heard and discussed already today what do you think HARA's priorities should be?

#### **Theme 1: Accessing services – referral, information, location, transport, availability**

- Accessible information eg for people with learning disability, community languages, non-digital
- Where services are located – local, transport, non-drivers
- Single point of contact/key worker
- One call leads to a response, not passed from pillar to post
- Keep services local – not Harrogate-centric
- GP = first point of contact. Option for anything else – redirect to VCS. Good signposting. Advertise 111.

#### **Theme 2: Know your community / working together**

- Understanding and knowing your community – using community resources
- Use voluntary sector more
- Using local partners in the broadest sense – eg libraries
- Can we involve Citizens' Advice Bureaux?
- Use of volunteers?
- Lack of knowledge of Living Well and other services within Primary Care
- HARA and voluntary sector speaking to each other

#### **Theme 3: People, needs, services**

- How are HARA going to get involved with people with complex needs?
- Concern about transitions: CAMHS/CTPs to working age adults/HAS
- More specialist services/nurses/autism nurse
- Better education around LD for health and care staff
- Flags on person's record to identify them as 'vulnerable'
- Fluctuating conditions – episodes can be far apart – how is this picked up?
- How can HARA reach 'off the grid' people?
- Outcome, not prescribed needs. Flexibility in approach, in response to changing needs
- Always put the person in the centre of everything
- Reduce health inequalities
- Health visitors
- Assistive technology
- What is an emergency? Define
- Knowing who is responsible for my care

#### **Theme 4: Prevention and early intervention**

- Simplify social prescribing





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- Connect like-minded people to reduce isolation / importance of social interaction / use of befriending
- How does HARA do early intervention? Identify those who might benefit from early intervention
- Self-care – health promotion/smoking cessation services – active patients
- Health education – prevention/start young/knowledge [of condition] is always an afterthought [eg people are more motivated to manage condition once they've got it rather than preventing condition in the first place]
- 'People expect a magic fix – there is a pill for everything'
- Getting involved with younger people – early intervention / working together
- Peer support

### **Theme 5: HARA – how we do things/culture/change management**

- Get the basics right before extending services
- Take the politics out
- Success measures:
  - Communication / all teams well educated / good relationships
  - Communication – shared culture
  - Support for people with any mental health condition
- Make the new structure work – listen to people / don't give us what you want, give us what we want – communication
- Gaining feedback
- Plan – a plan we buy into
- Time to manage risks – moving towards aligned services
- State aspirations and timescales – develop pathways
- Support to be able to be involved
- Understand what services are being delivered
- Good interpersonal skills – trust between teams and hospital and community – no professional snobbery
- Caseload management
- Move resources from acute to community
- HARA and voluntary sector speaking to each other
- MARAC [safeguarding] meeting methodology for MDTs?
- Shared learning / forum to share
- Good ongoing relations
- The right staff

### **Theme 6: Communication and key messages**

- Only tell my story once
- Coordination between HDFT and the communication team
- Need to manage expectations



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- Feedback – when we give it, we need to know if it has had a positive effect – we never do hear
- Information – right amount at the right time

### Question 3: How do you think we should work with our community to develop the service and are there any examples of good practice you think we can learn from?

#### **Theme 1: Examples of good practice**

- CoLab Exeter good example of this – co-located services focusing on culture change / working better together for public; voluntary sector central to the initiative
- Norfolk Safeguarding Adults Board – mapping service
- An effective partnership – TEWV/Yorkshire Agricultural Society
- Converge model at York St John's University – education/involvement/opportunities

#### **Theme 2: Ideas**

- Map community assets
- Map connectedness
- Target the most and least connected and provide them with tools to connect 'least'
- Mystery shoppers / people involved in quality checking (definition of a good service – what does good look like)
- Promote HARA in GP services (but difficult to access GP – can be a block from accessing specialist services)
- Feedback through PPGs
- Patient pathway passport
- Having a social worker in GP surgeries
- Training neighbours/visitors/postmen in basic health
- Can we use Ripon Review to publicise HARA? And develop similar elsewhere
- Go to where people already are – pubs, hairdressers – involve Stronger Communities also outreach
- Advertise for volunteers to help HARA (but where will the volunteers come from)
- Go to excluded groups eg travellers
- Lots of services out there – look at local solutions
- Support for carers
- Work with local partners

#### **Theme 3: How to work with communities - principles**

- Develop good relationships
- Listen, actively listen and hear feedback from patients – need to have time to talk
- Involve representatives in making decisions about services



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- Wide range of representation – some people come with an agenda
- Use/go to existing groups
- Go to where people already are including non-health and social care setting
- Communication, communication
- Not everyone has access to internet and social media
- Importance of feedback

### **Other:**

- Create ownership and buy-in with a visible and credible plan
- Transparency – what's available and how to access it – don't keep it a secret
- Transport
- Learn from past experience / learn from your mistakes



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### **Annex B – Question and answer session from the day**

**Q: Will I have to pay for services?**

A: No, this is just a refreshed way of providing existing public services.

**Q: How can we get better at social prescribing?**

A: By working together in a new way we should be able to intervene earlier. We are also looking at how we can best involve the volunteer and community services (VCS) sectors in the new approach and there are four sessions coming up with the VCS to have these conversations.

**Q: Where will money to invest in prevention come from? We need more funding.**

A: There is a real commitment to prevention across HARA members and focused investment on prevention will continue. Of course more money from government would be helpful and this could be a lost opportunity if prevention does not stay a visible priority on the policy agenda.

In the NHS prevention is reflected in the Long Term Plan and we want to look at how we use money and challenge ourselves as to whether we might use it differently. Prevention can be as much a mind set as a resource. We are encouraging the workforce to think about what more they can do to focus on the prevention agenda and help people stay well for longer.

**Q: What about people who live rurally or those with disabilities such as visual impairments? How will GP practices fit in with this model?**

A: We are looking at what needs to happen to enable us to ensure we can identify the people for whom we can have the biggest impact. This will also be facilitated by primary care networks.

**Q: Currently care is often given for a certain length of time rather than by results. Will this new approach fix this?**

A: We would like to do things differently, e.g. moving away from short visits. Changes won't happen overnight but this new approach provides an opportunity to look at improvements.

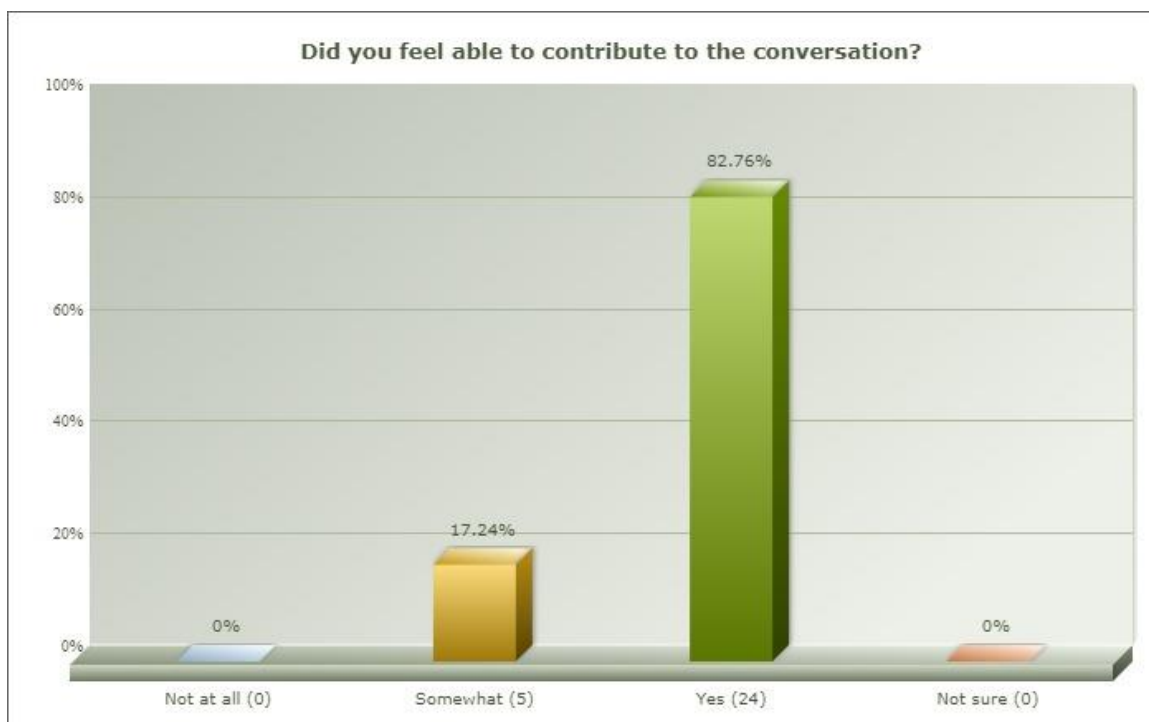
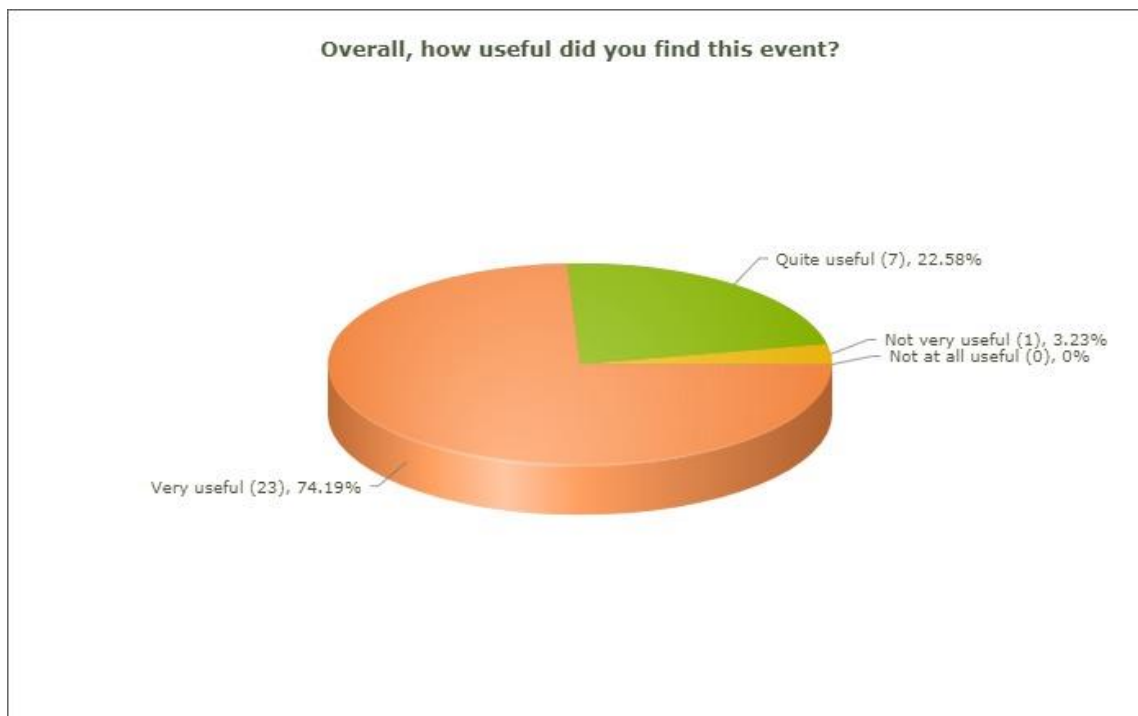




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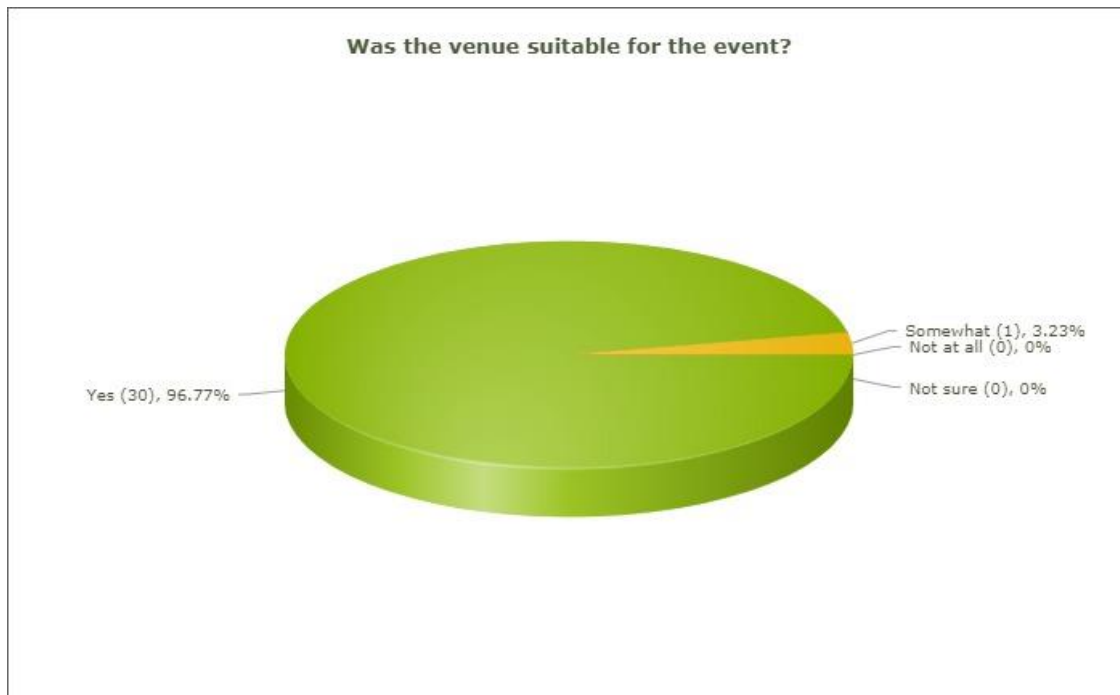
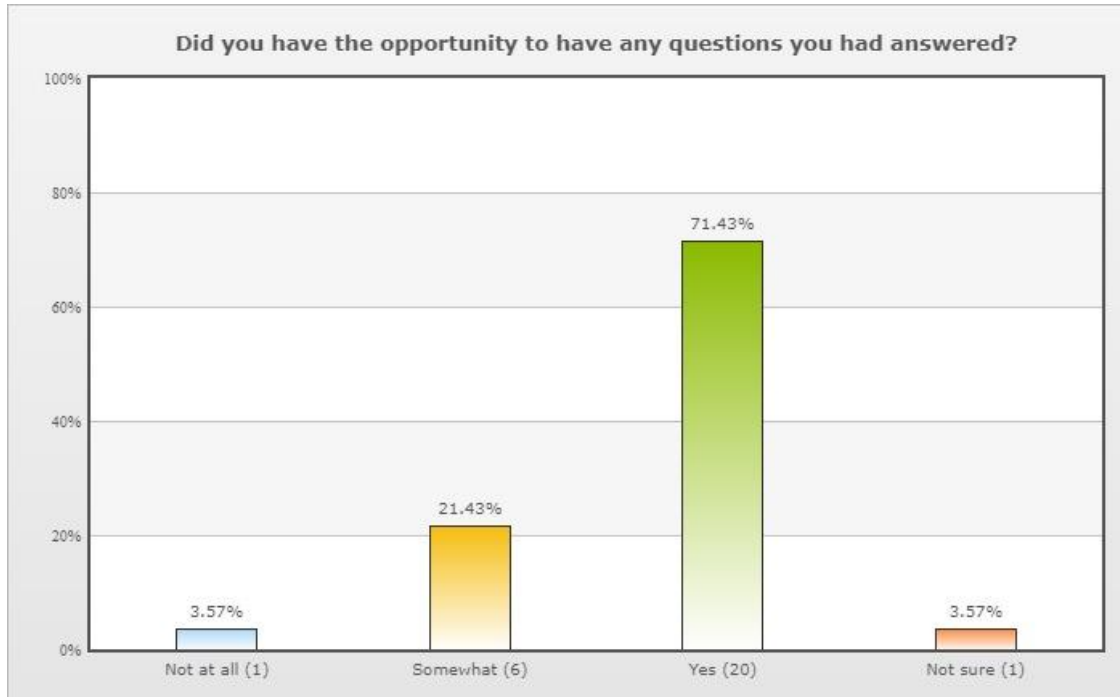
### Annex C – Evaluation report (responses from 31 attendees)





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### Did the format of the event work well?



*Comments:* All three comments suggested the powerpoint section of the event could have been more concise.

### Question: is there anything we could have done better?

#### *Comments:*

- Sometimes hard to hear – use microphones
- Turn off lights near screen so that it can be better seen
- Simplify powerpoint presentations
- Advertise details of parking before the event
- Slow things down a little – there was too much information at times
- More activities to gather views and additional creative engagement

### Question: are there things we did you would like us to do more of?

#### *Comments:*

- Keep people informed of developments, regular communication
- Explain acronyms and keep it simple
- Use the energy in the room and build on it
- Communicate with rural areas
- Continue these conversations and make sure they are accessible to everyone
- Keep sense checking, keep asking questions, keep involving everyone