August 2021

Insight and Co-Creation Workshops

To better understand the behaviours, exchange, barriers and competition for Living Longer Well…

Specially prepared for you by team ice

Cheshire East Council

What we did

A set of engagement experiences designed to bring clarity and accelerate change and develop an effective specification and strategy to support the Cheshire East Team in developing their place-based system of care and self care.

ICE Creates facilitated two 2-hour workshops with 25 stakeholders and 10 residents in East Cheshire.

Powered by Clean Language, Live Graphic Scribing and Theme Capture, the session was designed to bring key community members together to explore and co-design what needs to happen to enable people in East Cheshire to live well for longer.


Cheshire East Council
LIVE WELL FOR LONGER
LIVING WELL TODAY IS LIKE...
DO ALL THINGS I'D DO NORMALLY
BEING IN GOOD HEALTH
HAPPY
SENSE OF PURPOSE
CHOICE & OPTIONS
HEALTHY CONNECTED
"I'M GOOD ENOUGH"
POSITIVE ABOUT THE FUTURE
HOPE
INDEPENDENCE AND CONFIDENCE HAS BEEN BOOSTED
GEOGRAPHY GETS IN THE WAY
SAFE & SECURE
LIVING WELL AT ITS BEST IS LIKE...
FEELING LOVED
CONNECTED
WORKING TOGETHER
FREE!
NEEDED, VALUED, SAFE & SECURE
SELF LOVE
ALL IN THE SAME BOAT!
EMPOWERED COMMUNITIES
AWARE OF WHAT'S AVAILABLE
EASY TO FIND THE HELP YOU NEED
KNOWN TO & BY EACH OTHER
CHOICE & OPPORTUNITY
LIVING LONGER TODAY IS LIKE...
HARDER
LESS MOBILE
SOME DON'T WANT TO LIVE LONGER
KEEP MY DIGNITY!
LOSS OF INDEPENDENCE
POVERTY!
YOU NEED MONEY TO DO IT
HARD TO NAVIGATE THE SYSTEM!
INEQUALITY
KNOWLEDGE
HEALTH LITERACY
STIGMA OF ACCEPTING HELP & FINDING IT
WORK LONGER
LIVING WELL & LONGER AT ITS BEST IS LIKE...
STAY AS INDEPENDENT AS POSSIBLE FOR AS LONG AS POSSIBLE
FUELLING OURSELVES WELL FOR IT
PURPOSE
FREE WILL & CHOICE
CONFIDENCE, COMPETENCE & RESOURCES
GOOD INFORMATION TO SUPPORT CHOICE
ALSO SUPPORTIVE ENVIRONMENT
"THAT'S ALL I WANT!"
ABLE & SUPPORTED TO PLAN AHEAD
CONFIDENCE
ABLE TO ASK FOR HELP
SELF CONFIDENCE & CONFIDENCE IN SERVICES & SUPPORT CHOICES
ACTIVE & ACCESSIBLE CHOICES
SENSE OF CONTROL
THINK OUTSIDE THE BOX
CREATIVE PROBLEM SOLVING
OVERCOME BARRIERS & MAINTAIN HOPE
NEW
START AT ANY AGE!
NAVIGATION
1. KNOW WHERE TO LOOK
2. IT'S ACCESSIBLE IN DIFFERENT FORMATS
PLAIN ENGLISH
NO RED TAPE
AGREED PRIORITIES
COMMON PURPOSE
SHAPE TO PEOPLE'S NEEDS NOT OURS
CO-CREATED NOT IN SILOS
SUPPORTED TO UNDERSTAND
CLARITY OVER WHAT CAN BE EXPECTED
CONTEXT
QUALITY OF LIFE
WHAT DO YOU WANT TO DO?
MANAGE TRAVEL & ACCESS
LISTEN TO INDIVIDUALS & COMMUNITIES
FLEX & ADAPT TO SUIT NEEDS
EVEN GENERATIONAL NEEDS
THINK ABOUT COMMUNICATION CHANNELS THAT ACTIVELY JOIN THINGS UP


Cheshire East Council
LIVE WELL FOR LONGER
LIVING WELL TODAY IS LIKE...
CONNECTED WITH FRIENDS & FAMILY
DOING THINGS I WANT TO DO... NOT WHAT OTHERS THINK I WANT TO DO!
NO ACCESS TO PHYSICALLY SEE A DOCTOR ANY MORE
MEET WITH PEOPLE TO DO WHAT I ENJOY
AFFORDABLE ACTIVITIES
SUPPORT FROM HOUSING ASSC.
RELIES HEAVILY ON VOLUNTEERS
LIVING LONGER TODAY IS LIKE...
"YOU TOLERATE MORE"
MIX GENERATIONS TO LEARN FROM ONE ANOTHER "SHARE LIFE SKILLS
"IT'S NOT SO BAD"
"WHAT IF?
YOU CAN LOSE CONFIDENCE
POSTCODE LOTTERY OF AVAILABILITY
NOT ALL ONLINE
HEALTH & SOCIAL, STILL NOT JOINED-UP
SO WE MISS THINGS?
DOES THE SYSTEM KNOW ABOUT OUR STRUGGLES?
DO THEY SEE US?
LIVING WELL AT ITS BEST IS LIKE...
DO THE THINGS YOU'D LIKE TO DO
EQUALITY FOR LOCALITIES
CONNECTING WITH ALL KINDS OF PEOPLE
ACTIVELY LINK PEOPLE & ORGANISATIONS TOGETHER
CONTENT & SAFE
WITH ACCESS TO HELP & SUPPORT
PEOPLE KNOW PEOPLE
EASY TO NAVIGATE & UNDERSTAND WHAT'S AVAILABLE & HOW TO ACCESS IT
HEALTH & CARE JOINED
OWNERSHIP & CONFIDENCE
LIVING WELL & LONGER AT ITS BEST IS LIKE...
WHEN PEOPLE ARE HEALTHY, ACTIVE & CAN CONNECT WITH THE SUPPORT THE WANT
KNOW & ABLE TO ASK FOR SUPPORT
LONELINESS BOOKLET
PHYSICAL COMMUNICATIONS ABOUT WHAT'S AVAILABLE
COMMUNITY ROAD SHOW EVENTS
STALLS WHAT'S AVAILABLE
PROMOTING AGE WELL EVENTS
HELP HUB
QUALITY, SAFE, AFFORDABLE WITH TRANSPORT IF & WHERE NEEDED
ACT
INVOLVE US ALL THE WAY
ROAD SHOW
COMMUNICATE TO ALL - EVERYTHING THAT'S AVAILABLE

Living well today is like what?

Stakeholders and residents were asked to think about what living well today was like now. Across both groups, three key themes emerged:

Being Healthy

- Being in good health
- Healthy, happy and feeling content
- Still being healthy enough to do everything I want to do
- Having the capacity to plan.

Feeling Connected

- Being happy, well and connected to friends and family
- Not being isolated. Specifically, stakeholders said feeling part of the community was key to living well for longer.

Feeling Secure

- Positivity and feeling safe
- Having stability, autonomy, a sense of purpose/feeling valued
- Feeling secure and being able to plan for the future
- Living a fulfilled life
- Residents talked in detail about how feeling secure meant being able to make your own decisions, rather than them being given to you.

"Having options – you can't plan for the future, but having the options to take your life in different directions whatever happens, is really important"

Living well today is like what?

The conversation among the residents group brought up several negative issues when talking about what living well longer looked like today. When these are reversed, they support the emerging themes of what living well looks like; having confidence, being able to navigate the services and systems which are available and receiving a person-centered approach to their care (context).

- Feeling isolated, especially in remote rural areas
- Losing confidence
- Not feeling connected to social media
- Systems for medical appointments are increasingly becoming more electronic
- People getting lost
- Older people have lost their confidence and are not overly pushy
- Need an intermediary to speak on their behalf
- Services are not the same across the borough
- Lack of funding.

"We carry out blood testing in the community, people feel safe coming here and like they're not bothering their doctor"

"Getting to physically see a doctor is almost impossible. I talk to group of elderly ladies who aren't pushy, they are more likely to downplay their symptoms, but they are suffering and haven't seen anyone for 2 years"

"As a carer for my husband with Alzheimer's, I am fearful all the time, because the unknown is in the future, and I can't look forward to it. I am fearful of all things, the what if?"

The impact of the COVID pandemic

Throughout both sessions, COVID and the effects of the pandemic were mentioned as having an impact on health and wellbeing.

Participants in both groups discussed a sense of loss, isolation and a decline in mobility among older people, but that it has also brought the chance to reflect and to appreciate what we do have.

"Mum has been shielding and for her, confidence has been a huge thing. Loss of independence – her environment has been her home. Mobility is a big factor here".

- Many older people have lost confidence, especially for those who have been self-isolating or shielding. It was discussed that many people in this situation would need support to build up their confidence and re-enter society.
- Many people have lost loved ones, jobs/career opportunities, money and security, which has negatively impacted their mental wellbeing.
- Many older people have experienced a decline in their mobility as they haven't left their homes often, or even at all.
- There's been more time to reflect. A good opportunity to think about wants and needs.
- Over the pandemic, community spirit has really come to the forefront. It has given people in the community a feeling of ownership.

" I've noticed particularly in older people who haven't been able to get out it's been more difficult – they're living longer, but not as good quality".

"Remembering the "good old days" where everybody helps out. COVID has improved this – everyone in the same boat. The sense of community spirit is back, and we can build on this".

Experiences of living well for longer:

What is living longer like personally and/or for those you support?

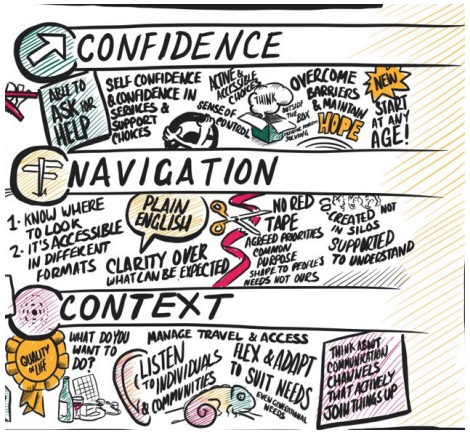
Stakeholders and residents were asked to think about their own experiences of living longer and to think about those they support.

The complexities of navigating the care system as well as recognising the importance of quality life were key discussion points. It was also identified that issues that can arise when 'older people' and their needs are generalised.

- Each person's individual circumstances affect how they live and their experiences as they live longer
- The residents group spoke about how as you get older you become more tolerant, they also appreciated the benefits of relationships between younger and older generations
- The residents shared their opinions that each generation has skills and experiences which can be mutually beneficial to each other. One resident talked about an example where this is currently happening, and collectively the group reflected on how they would like to see more of this type of collaboration.

"A new center was set up to help with computer skills for young and old. Younger people helped the older generations with computer skills and the older generation taught the younger one's service skills – digital skills traded for life/practical skills. Both generations understanding each other"

The comments from both groups echoed the same key themes; communication, context and navigation.



Quality of life aligns to confidence

- You can be as healthy as anything, but if you don't have money, food, heating it's going to be pretty grim
- Many people are now living longer, which means working longer, but not always physically able to do your job. Employers could be more flexible and open minded to employees working part time
- Freedom and the ability to be outdoors enjoying nature.

System navigation

- Navigating the care system is complicated/disjointed – difficulty trying to understand who does what and access the right services
- A lot of services have moved online, but not everyone has the tools or sometimes the confidence to access them
- Ensure people have access to the knowledge and the tools to act on it. This includes checking that people have the right equipment and skills to look for information online or making sure people can read the literature they are being given
- Accessing and being aware of relevant benefits can be an issue. Having better finances can mean older people don't have to make the choice between hearing and eating.

Cont.'
"and resources for example to be able to travel"

- **Personal Choice (Context)**
  - There's a large percentage of people who don't want to live. They've had their time and are ready to move on
  - People choosing to not accept support and care because they are proud and may not be aware that they need it.

Living well and for longer at its best is like what?

"What we feel is living well may not be what someone else thinks it is – it means different things to different people".

Both groups were asked to think about, at its best what is living well and longer like?

Good health was talked about as a key feature, as well as remaining independent for as long as possible.

"People think marketing is all online, it doesn't have to be"

However, the conversation mainly focused on personal choice and personal circumstances. The residents group particularly recognised the importance of individuality and the context of each person's unique circumstances.

Health and Independence

- To enable you to live longer you need to ensure you are healthy
- Diet is important, what am I feeding myself that's going to help me live longer
- Feeling happy
- Keeping active
- Stay as independent for as long as possible in the place you want to be
- Having independence with support as needed.

Navigation

- Having processes in place where you can reach out when you need to
- Information is accessible and not just a website.

Choice/Context

- Providing a person-centered approach to receiving support
- Getting old and retaining dignity and choice
- Not everyone is in a position where they can make the choices they want, they can be constrained by their circumstances
- Having independence with support as needed.

What supports people to live well for longer?

Community

Throughout both sessions the conversation often steered toward community.

Participants discussed the positive effects a strong community can bring to older peoples' quality of life and the health benefits of having these links. They also recognised the negative effects when older people feel isolated from their community.

- Quality of life can be improved by knowing what activities, groups and volunteering opportunities are available to keep active and connected with others
- In some areas of Cheshire East, older people were grateful for what they had around them, the strong community and family links
- Communities need to work together in a holistic way, supporting each other, looking out for each other
- It needs to be recognised that people in the community are assets and how we can help each other
- The residents recongised that trust is a big concern among older people and being local is a common link between people which develops this trust. This means volunteers within a community are more trusted.

"Remembering the "good old days" where everybody helps out. COVID has improved this – everyone in the same boat. The sense of community spirit is back, and we can build on this".

"Blood pressure tests in the community made people come to the community centres. It was ideal, people coming to ask questions."

What supports people to live well for longer?

Navigation

For both groups navigation came back into the conversation when talking about the difficulties that can arise when trying to access services.

Ranging from the frustration that comes from being asked to repeat conversations to multiple people within the same services, to the complexities of families accessing services across postcode borders, the practicalities of finding out what is available and getting support in place can be exasperating.

- There needs to be better signposting
- Sometimes it's just the simple things, like help with form filling
- Families don't follow neat postcode borders. It can be very confusing
- People should be empowered to identify and meet their own needs
- Most people don't know what they don't know, more deprived areas have no chance as they haven't got help with the navigation.

"Knowing where things are, with knowledge comes empowerment. What is the need and where is the help? Once you know that you can get it for yourself."

Who should be meeting the needs of older people?

When the stakeholder group where asked who should be meeting the needs of older people, there was a mixed response. On one hand the participants recognised the need for the Council to offer good quality, assessable care, but on the other hand the role of services outside of the statutory sector;

- There are statutory services that the council needs to provide
- There needs to be more resources on the front line and less time and money spent on building new structures
- It should be the people who are best for the job but coordinated with the person who needs the support.

"Understanding 'what is the need' is essential. Is it something small like aids and devices around the home, or a full care package?"

There where also several references to community playing a part, one example was blood pressure testing and a second was shopping support and cooking meals.

We ask participants to give one to three words for living well, on the right is a word map of the words used.

Three main themes

"When we are confident, we are more likely to move forward with people and opportunities, not back away from people. Also, if something doesn't work out confidence helps you to try again".

During the workshops with both stakeholders and residents, 3 key themes emerged when decoding and synthesizing what living well for longer is like at it's best;

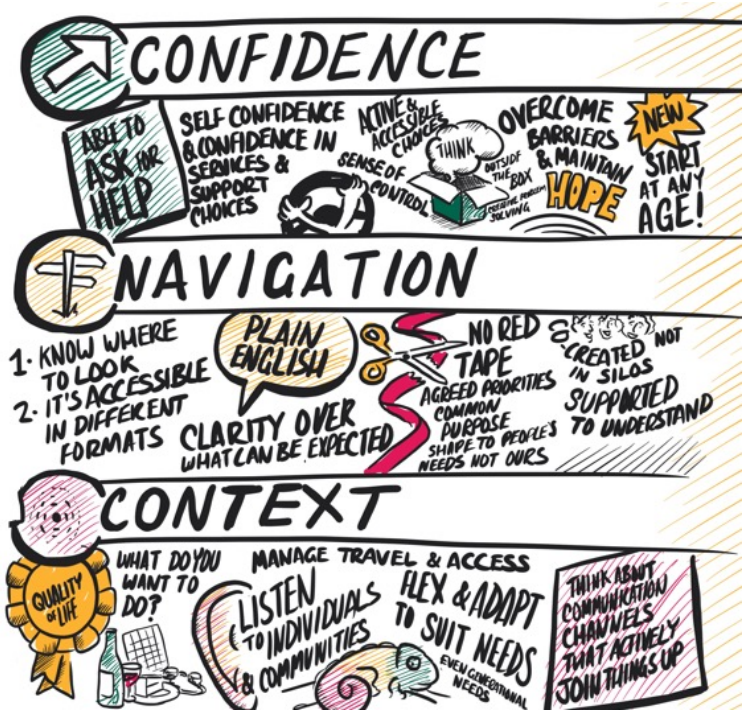
1. Having **Confidence**
2. **Navigation** - The Ease of finding your way within a complex system and vast range access to services
3. The **Context** of my life - Having a person-centered philosophy and approach.

Taking each one in turn the group were asked to explore when each one of these is at its best, what do you notice and why is that important?

When confidence is at its best, what do you notice?

- People are asking for help
- People are positive and proactive
- There is confidence in local support and systems
- People are willing to try new things
- People are reaching out and connecting with others
- People have the motivation to find the help or activities they want or need
- People can seek solutions for their own needs
- Confidence to have a new start, at any age.

"Confidence gives you the chance to make active decisions – sometimes you 'do things to people' you say come here, be part of this activity, eat dinner here, let someone take care of you, but you don't always ask 'what do you want to do'? Empower older people, ask them what they want to do."



When navigation is at its best, what do you notice?

- People know where to look for information, its easy to find and understand and is accessible for all
- Clear signposting with support on hand to explain and help navigate if needed
- Jargon free and clear explanations of what's available and who's eligible
- Clear pathways, who to go to initially who then know who to sign post you to
- Remove acronyms
- The right information at the right time which is current and not out of date
- Sharing what works well
- Joined up working and an awareness of what's available.

When the approach is person centered, what do you notice?

- There are new ideas, thinking outside off the box, energetic approaches
- Having confidence to face your fears and overcome barriers – carry on chasing your dreams
- Thinking about what the future look will like.

What is stopping us doing this?

The stakeholder group were asked to keep in mind what confidence, context and navigation look like at their best, and then consider, what's stopping us getting there?

- Red tape
- Not listening to what our community needs and wants
- Programmes are being designed and created in silo
- People lack motivation
- Mental health barriers
- Information needs to be accessible to hard-to-reach groups
- Travel limitations, particularly in rural areas.

"There are too many priorities, we need just one agenda – what's best for the person"

"There is a lot of information available, but they often lack the motivation/confidence to seek this out"

"Agencies working together, we are more joined up now but one hospital for a blood test, another for the results – this needs sorting"

What would you like to see?

The resident's group had several practical ideas of initiatives they would like to see in their community which would bene older people, living longer;

- Doctors have patient records; they could contact people who are alone/isolated, so people aren't on their own
- More funding for volunteer organisations
- People getting access to information about what is available
- Door knocking and leaflets
- An 'aging well' roadshow held where all support comes together to advise what is available.

The topic of what the group would like to see next brought up some skepticism around the practical impact their feedback would have, based on their previous experiences;

- Opportunities to voice and hear views are great, but what is the end goal - a mission statement?
- The council are good at designing strategy and showing it to people, but there needs to be more safe spaces created where the public can be honest
- There is a lot of office speak. You'll try and put together a document in a 'user friendly' way, but the people who need support the most won't be looking at a booklet.

The group were asked, what is the most important thing we can do next?

While the resident's group where thinking about what they would like to see, they were asked to consider what the most important next step would be for them?

- Pull together everyone's views and act on them
- People need to be involved, a proper plan which includes everyone's thoughts
- Get the message out there, there are lots of deprived areas are not getting reached
- The council are not understanding or not wanting to understand.

The data points towards 3 focused action areas

1. **Health and Inequalities** - Poor health outcomes in older life, creating demand on the system. Leading to unplanned and planned care being:
    - Costly
    - A poor experience for all
    - Transactional rather than transformational.

2. **Happy** – *the senses of knowing you are OK, that you and your network can deal with the good and the bad in your life and that you are in a place that can grow and change, (hope)* this is for staff, population (older and all), focus of safety was a prime concern.

3. More **adaptable and shared resource**. To be more resilient to be able to change/take risk.

This model provides a way of building a plan of action that focuses on what is desirable, feasible and viable.

The next slide and more importantly the next action would be to agree the work packages that the strategy can lead to, with a distributed design that includes community ownership.

Value Design high level identification of factors

Reduce	Raise	Create	Eliminate
Duplication	Aspirations, regardless of age	Opportunities	Complex navigation systems
Ageism	Transport options	Empowerment	Can't do attitude
Complexity of services	Opportunities for local people to share their views	Choices	The stigma of asking for help
Stigma	Social care so its seen on par with health care	Collaborative networks	Organisations thinking they know best
Barriers	Can do attitude	Open friendly communities	Criteria for services
Health Inequalities		Services with people who use them	Making assumptions about people
Time it takes to engage with a service		Opportunities for people to have a go!	Inequality in accessing healthcare
Isolation			"it's because you are old, what do you expect"

Recommendations

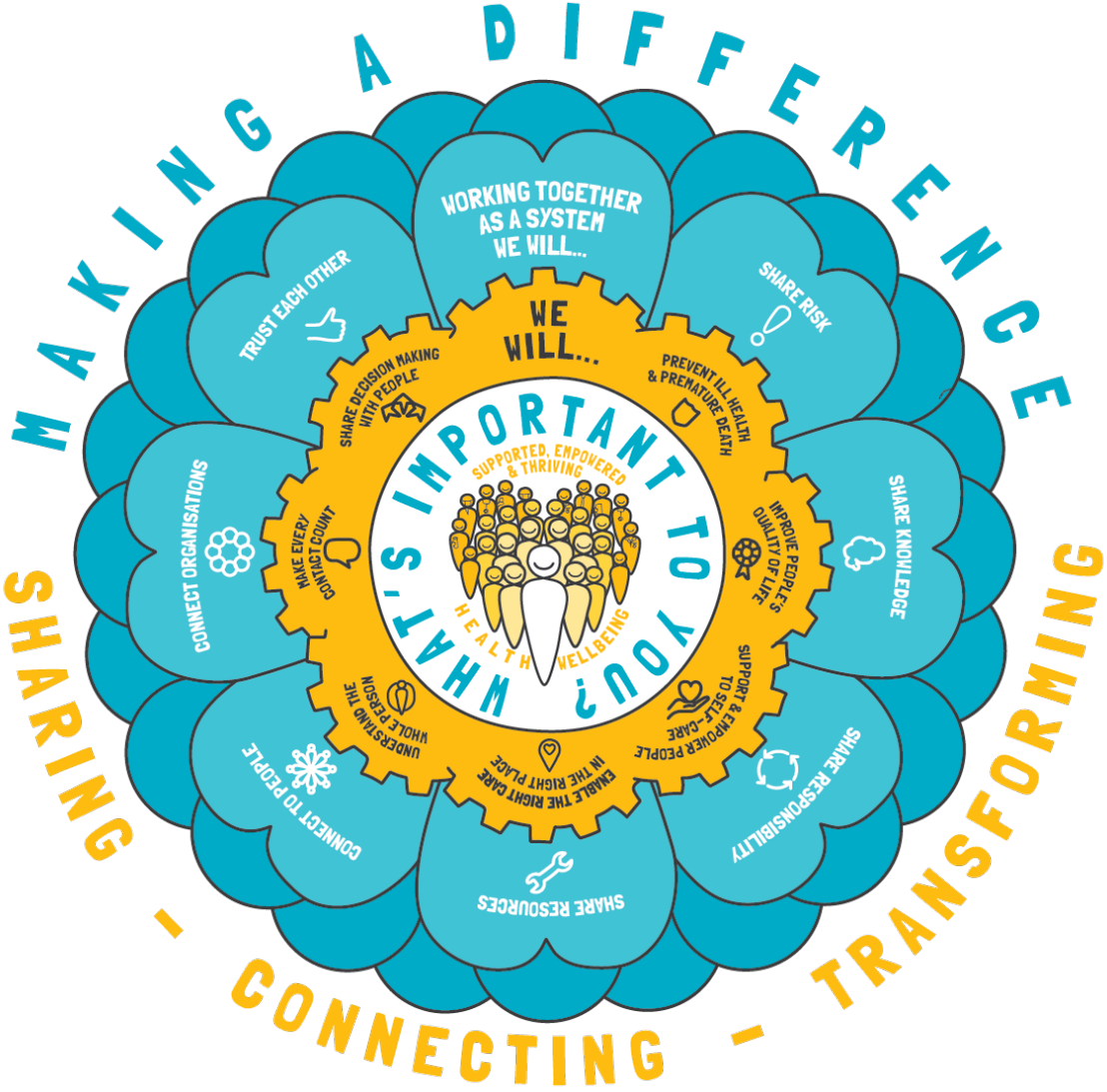
This piece of research is small and concise in nature, it holds many insights into the why and how people would like to collaborate and provide the most effective environment and services to support the population of Cheshire East to live well for longer.

We have drafted an approach towards modelling what the insight has shone a light on. The fundamentals for the system and the living well for longer is "**to make a difference**". If the model of care achieves its vision, it will have made a difference to the lives of people. Each individual and service working across the system has unique "differences" that they want to make. The variety of "what's" are too complex to detail in a visual model, therefore, the "call to action" of "**making a difference**" has been used. The visual model is designed so that when anyone sees this model they will think of the difference they want to make. This purpose will then align to the individuals purpose and why they chose to do what they do. No matter if its for a family member, a neighbour or as a service or provider. In short, encouraging them to act. The draft model follows

Additionally to this, we believe a road map or journey map would really help people to identify and bring clarity to the roles they could play and help with system navigation, we have included a similar map for online consultation that Devon ICS have adopted to help their networks and population.

Finally, engagement will be critical to bring the energy and alignment, people talked about road shows and the drip drip drip effect of consistent messaging and engagement.

The model is built with the "**why**" in the centre. The why is the **health and wellbeing** of people. This represents a fundamental shift in approach from an illness model to a wellness model. We want people to be supported, empowered and thriving.



There needs to be a critical cultural shift that will facilitate the implementation of the model of live well for longer. Words such as "supported", "empowered" and "thriving" were used by the workforce when describing their purpose . People are at the centre of the model. The heart shaped grouping represents health and wellbeing. Different colours have been used to visually represent 4 layers of people and support. **Individual**, **family**, **community** (which would include volunteers and non-paid carers) and **statutory** services. An animation could be developed and would build from the centre out, demonstrating the importance of the individual first and the different layers of support that an individual may have.

Devon ONLINE/REMOTE CONSULTATION AT BEST **DRAFT** JOURNEY

1 Public Education

Patients are educated & supported to navigate the healthcare system
patients choose the best service for their conditions/symptoms.

2 Signposted by GP Website

clear routes into primary care

Access to self-care advice & other local services to support early signposting.

3 Online consultation form

The online consultation form is user-centered to make it easy for the patient who completes it and the practitioners who review it.

- Simplified, contextual questions
- Identify the user
- Long-term condition or new symptoms?
- Early Free-text box to self-describe (character limit with spell check) guide on what to type.
- Key words/phrases are 'tagged' & trigger key actions
- Practices have flexibility to tag words/phrases to align with GP preferences & local services
- Select contact preferences
- Capture info pertinent to QOF & create opportunity to send info to linked systems
- Auto holding email shaped and framed by practice.

4 Risk Management

- Certain words/phrases are tagged to redirect to urgent assistance
- . = 111 Full stops used in boxes to circumvent system will redirect to NHS Direct
- Why Patients know why they have been advised to go elsewhere
- Patients make an informed choice to redirect or continue to consult GP online
- Patient advised to to redirect Flag in consultation notes

5 Sifting/Triage & Decision Making

Practitioners who sift/ triage have the knowledge and confidence to triage patients to the right clinician/service for their conditions/symptoms.

- The tool suggests a clinician/ service for the patient's needs
- Suggested clinicians/services can be tailored by the practice to align with what they offer
- A person verifies the suggested clinician/service & makes final sifting/triage decision
- A person verifies the suggested clinician/service & makes final sifting/triage decision
- A clinician reviews the form & determines how urgent it/ appropriate response time
- A person checks the form to ensure sufficient info is provided & requests more info if needed e.g. photos
- Live progress tracker to keep patient informed & also that the HCP can call and be answered.
- Ability to task/case transfer from one clinician to another

6 Clinician reviews the online consultation

- Seamless interoperability with practice system & patient record
- Automatic suggestions to add to patient record to be clinician verified
- Automatic suggested coding approved by the clinician
- Practice flexibility to alter codes for QOF - coding can be overided by 3rd party application coding where desired i.e. Ardens or Docman)
- Consultation identity matched to patient history identity
- Sufficient info to review in one go open two systems at one time
- Red flags if a form is missed

7 Remote consultation

Clinicians contact using patient's preferred channel

TEXT/email

- Templated responses can be tweaked SMS/email messages to send unique questionnaires or booking system etc.
- Manage templated responses available to use, to fit practices resources
- Patients can send text or photo response
- All messages are saved to the patient's record
- Tool generates new templates about other reviews/tests relevant to patient. Clinician sends reminder which is automatically coded for QOF.

PHONE

- Pre-empt Patients expect the call back to reduce DNAs

VIDEO

- Chat bar with ability to attach docs etc.
- Easy to set up - Join via link or call patient direct like FaceTime
- High quality to diagnose with confidence
- Video transcript to be copiable to patient notes????

System can recommend a reminder for a patient review etc based on patient data to the clinician

8

The patient's needs are met from receiving appropriate care, treatment & advice

OR

The patient is seamlessly referred to face-to-face or secondary care

Key

- Primary user features & function
- 'Back end' secondary user features & functions

Together we…

make better happen

For support or more detailed information and feedback please contact

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