

Shaping our future

This set of questions is intended to help us describe what our services might look like in the future. The prompts in the framework are intended to help us learn from the changes that have taken place during covid-19 (what has worked, and what hasn't), taking a population health and equity lens from the outset, and integrating quality, performance, value and population health in the true meaning of the triple aim. It builds on the initial Quality Impact Assessment that has already been carried out.

(Please ask your local performance manager or improvement advisor if you need access to the QIA)

How to use this framework?

We would not suggest that directorates or teams simply circulate this document, or view this as a form to fill in. Instead, we would suggest that directorates:

1. start identifying a service, a group of services or a pathway which is ready to start considering their future state
2. Convene a group of diverse and representative group of people from this area – including staff and service users, and including a senior sponsor who can ensure link with directorate strategy and the wider system plans

The directorate improvement advisor and local performance manager will be the key links for this work. They will facilitate the group session (ideally 2 hours) together with people participation and help with all the pre-work to collate information and data that we already know. We can also bring in expertise from population health, transformation, financial viability as necessary.

Where services feel able to, they can complete this exercise themselves. However, it is critical that our service users and carers help inform and design with us our future service models, so that we build on what matters most to our service users, and what activity is adding most value.

Ultimately we would like each service, together with its service users, to start defining the future shape of the service, so that we can identify how to support this new design through training and development, revising performance indicators, rethinking corporate support etc...

The approach to understanding change, learning and recovery during covid-19 in order to shape our future

	Steps	Aims	Support
1	Quality Impact Assessments (QIAs)	Service specific impact assessments conducted to understand immediate changes made by services and emerging issues/concerns/learning	Service management led
2	Facilitated Workshops (staff and service users)	2 hour virtual workshop: bringing service users and staff together with existing knowledge and data to draw out lessons from QIAs and changes that have taken place during covid-19 (what has worked, and what hasn't), in order to start identifying future service design. This will take a population health and equity lens from the outset, and integrate quality, performance, value and population health in the true meaning of the triple aim.	DMT led with facilitation organised and supported by local IA's, Working Together Groups, Performance & Corporate leads
3	Co-produced local plans to inform service improvements and priorities	Consolidate workshop findings into a local plan developed by senior DMT leads. This will be supported by local performance and improvement advisors, adopting improvement tools as necessary to help implement aspirations of services across DMTs and localities effectively and sustainably	DMTs will be supported by Performance, IAs, PPLs & Corporate colleagues as agreed with them
4	Oversight and review	On-going monitoring and support within existing structures. DMTs to oversee local coproduction and redesign. Corporate oversight through the directorate performance meetings.	On-going support will be primarily provided by IAs, and Performance (drawing in expertise from other corporate teams as needed)
Corporate Support Team		Amrus Ali & Gopal Waddon (performance); Auzewell Chitewe & Katherine Brittin (QI), Carys Essen (transformation); Sarah Barnett (financial viability); Angela Bartley (population health) Paul Binfield (People Participation) and other departments as needed	

Exec lead: Dr Amar Shah, Chief Quality Officer

Population health and inequalities	
Do you think that any of the changes made to services during COVID-19 have actually helped to improve access and reach within communities that you serve? Please give details	
What has worked well for some of your service users / population groups during this time?	
What have they (or you) used to help cope during this time that could be built upon by the service or developed for other service users?	
Do you think any of the service changes have had a negative impact on particular service users & or communities? (e.g. age groups, geographic areas, at risk social groups, BAME, more deprived communities, others) And why?	
<p>When thinking about service users, are there any groups you are particularly concerned about? Which ones, and why ? ,</p> <p>This can be broader than their health care needs for example any change to family income or employment, domestic abuse, social isolation, carer issues, neglect, housing problems)</p> <p>Are we collecting any of this information ?</p>	
What new service relationships or partnerships (both internally and externally, voluntary/ community groups, local authority, Police, GPs, other providers etc) have been fostered (or	

lost) that are deemed to add value to our service users within future service models?	
Does the service currently have a way to measure what matters most for your service users now? Has this changed during COVID-19 If not, do you have any suggestions?	
Service user and staff experience	
Which changes have improved service user experience?	
What changes have improved staff experience and joy in work?	
Which changes have reduced service user experience?	
Which changes have reduced staff experience and joy in work?	
What old ways of working and activities do we not want to go back to, because they do not seem to add value?	
What new ways of working have emerged that we want to hold onto, and implement sustainably in our new service design? Implementation resources	
What changes made during covid-19 need adjustment and amendment, to enable us to better meet service user need and demand?	

What indicators related to service user experience, service user outcomes and staff experience seem to matter most?	
Which indicators that we have historically collected seem to add no value?	
Future service design	
<p>What would your new service model or pathway look like?</p> <p>(you may need to draw this as a flowchart or process map to describe the service user journey)</p> <p>Flowchart resources</p>	
<p>How could the service manage an increased demand once the current restrictions are lifted? What ideas do you have?</p> <p>Demand and capacity mapping resources</p>	
<p>How might the service operate in a way that utilises “digital by default”? What are the benefits and risks of using virtual forms of interaction where possible? When might we need to use face-to-face interaction?</p>	
Value	
<p>Based on the future service model, what aspects add most value to service user outcomes and experience?</p>	
<p>How is the new model more efficient and productive than the old?</p>	

Does the new model offer opportunities to release resources (staff time, building space, supplies etc), avoid costs and potentially remove costs?	
Enablers	
What would need to be part of your people and culture plan to adopt and embed new behaviours and norms?	
What do you predict will be your biggest challenges, and how might you tackle these?	
What support would be helpful from corporate services?	
Are there any infrastructure needs for your new service model? (eg estates, technology etc)	
Are there any community-based assets that we could partner with in developing and delivering the new service model?	

Having worked through these questions as a group of staff and service users together, you may identify some further work to do. This could include:

- Working together to coproduce a detailed service model for the future
(your people participation lead could support with this)
- Creating an implementation plan to hold on to the good practice in a sustainable way
(your improvement advisor or QI coaches would be able to support with this)
- Redesigning an aspect of your service, perhaps to think about managing demand and capacity
(this might form a new QI project, with a QI coach and sponsor allocated)

- Understanding in detail which performance measures we should move away from, and which new measures would provide assurance to commissioners
(your local performance manager would be able to support with this)
- Create a more detailed people plan to consider skill mix for the future, training and development, support etc