NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Our Co-creation Journey to Change

Preface

Welcome to our Co-creation Journey to Change. This is our strategy for how we will achieve the overall Our Journey to Change (OJTC) goals of:

1. Co-create a great experience for our patients, carers and families.
2. Co-create a great experience for colleagues.
3. Be a great partner.

We will achieve our goals through co-creating our services, governance and operations which will improve care delivery for the people using our services, their carers and families and the communities we serve.

Those who use our services includes people in distress who may have a mental health need, a learning disability and/or autism. We also include families and carers when referring to people who use our services. We serve people from across the life span, meaning that some people have a longstanding relationship with us and for others it may be brief. Above all, we must be consistent, compassionate and provide quality care.

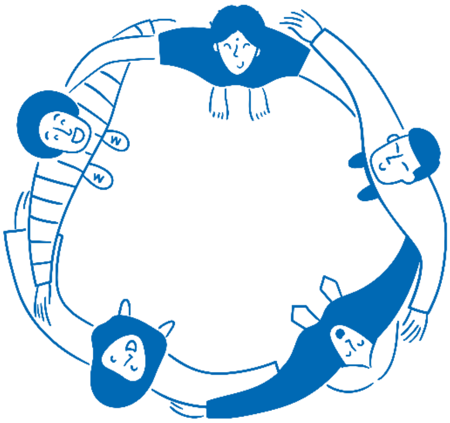
We strongly favour working collectively with people using our services and pledge to deliver co-created, holistic models of care. We have adopted a national initiative called Triangle of Care and the principles around this putting both carer and patient voice at the heart of all we do. We will support individuals, their families, and our partners, to help manage fluctuating needs with a responsive approach.

The most important way we will deliver on our co-creation journey is by living our values, all of the time:

We are respectful:
- Listening
- Inclusive
- Working in partnership

We are compassionate:
- Kind
- Supportive
- Recognising and celebrating

We are responsible:
- Honest
- Learning
- Ambitious



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1. Introduction

Our Journey to Change (OJTC) is about the kind of organisation we aspire to be and the three big goals we are committed to achieve. It was created through our biggest ever listening exercise; it was co-created by staff, patients, carers and partners.

Our Co-creation Journey to Change is a more detailed strategy focusing on our aim to provide a better experience of high quality, safe, effective clinical care to the people who use our services. Clinical care that will be person-centred, timely, compassionate and kind.

Our big goals

Our Co-creation Journey to Change will support the delivery of our three goals:

1. To co-create a great experience for our patients, carers and families.
2. To co-create a great experience for our colleagues.
3. To be a great partner.

What do we want to achieve?

Our ambition is to ensure that co-creation is the at the heart of all we do. We will work to ensure that that co-creation runs through our governance, our operations and our clinical practice. With co-creation at the core of decision making, organising ourselves and delivering care we will create equal partnerships with people who use our services, carers, staff and partners.

We will do this because we know that co-creation improves our services and the overall health and wellbeing of people experiencing mental health issues, learning disability or autism in our region by:

1. Ensuring co-creation in care planning.
2. Growing, diversify, and embedding service user and carer involvement across the Trust.
3. Expanding and developing lived experience roles and leadership, including peers.
4. Capturing accurate patient, carer and partner experience data including friends and family test, surveys, Patient Advice and Liaison (PALS) and complaints, and triangulating this with other intelligence e.g. serious incidents and using this to redesign and improve our services.

We have chosen these four core objectives because they will create the foundations we need to ensure co-creation runs through TEWV's DNA. Through these goals, we will impact on the experience of patients, carers and families, staff and our partners:

1. Impacting our patients, carers and families:

Meaningful co-creation has the potential to:

- Harness better relationships between patients and families, and TEWV staff and the organisation.
- Improve patient and carer experience of care delivered by TEWV.
- Improve patient outcomes through better understanding what matters to people.
- Improve patient safety through considering how people feel safe in our care.
- Reduce re-traumatisation and reduce harm through readdressing power imbalances.
- Challenge stigma and discrimination towards people with severe mental illness (SMI).
- Process of co-creation in itself can be empowering and therapeutic.
- Provide a timely response to concerns being raised.

2. Impacting our people (staff)

Meaningful co-creation has the potential to:

- Support staff to have better and more authentic relationships with patients, carers and families.
- Improve job satisfaction through delivering care that better meets people's needs and supports a better experience.
- Support staff when concerns are raised.
- Ensure that we have a well-trained, experienced, professional workforce to deliver high quality care.
- Support staff to develop greater insight into the experience of mental illness.
- Greater permission to bring whole self to work and share own vulnerabilities.
- Help shift the 'them and us' culture and make sure that we accept individuals with a non-judgemental ethos.

3. Impacting our partners

Meaningful co-creation has the potential to:

- Improve partner experience through a culture of being more collaborative and respecting different types of knowledge and expertise.
- Create more space for user led organisations to work with TEWV through valuing lived experience.
- Support and rebuild trust and reputation in the Trust through external endorsement.

2. Co-creation of this journey

Extensive engagement has taken place to shape the clinical journey in the form of various formats including workshops, events, *Our Big conversation* – a large scale engagement exercise to gather feedback from service-users, carers, the wider public, partners, staff and other stakeholders. We have listened to the feedback gained and this journey was co-created as a result.

In 2021, a Co-creation Working Party was brought together and carried out a review of service user/carer participation (involvement, engagement, coproduction etc) within the Trust, collated learning from outside the organisation, and developed some recommendations for how the vision can be achieved.

This working party incorporated learning from a variety of focus groups which included various stakeholders, the outputs of the Big Conversation and the special interest groups, previous internal reviews, reviewing other Trusts and external organisations and support form experts in the field. The focus was on identifying areas of good practice and lessons learned with an ambition to co-create some recommendations that help us realise the ambition to co-created our services set out in Our Journey to Change. This work has been conducted with the ethos of co-creation at its core, seeking to involve service users and carers as equal partners in the review and in the development of the recommendations.

A dedicated Co-creation Programme Board was established in November 2021, whose membership included many with lived experience themselves including involvement members and staff, who were also able to shape the co-creation journey and its priority areas. Various task and finish groups were set up, and feedback from those who participated in engagement events and themed webinars, was collated, themed and evaluated to identify issues and gaps in services. This was then used to inform the write up of the overall journey.

3. The current state

Tees, Esk and Wear Valleys NHS Foundation Trust (referred to as TEWV in this document) is a sizeable mental health, learning disability and autism NHS foundation trust with 8,000 employees serving a vast geographical area, said to be equivalent in size to Cyprus. TEWV provides community and inpatient services to approximately two million people of all ages living in County Durham; Darlington; the Tees Valley boroughs: Hartlepool, Stockton, Middlesbrough, Redcar and Cleveland; Scarborough, Whitby, Ryedale, Hambleton, Richmondshire, Selby and Harrogate areas of North Yorkshire; the City of York; the Pocklington area of East Yorkshire; and the Wetherby area of West Yorkshire.

4. PESTLE Environmental Analysis

External environment (PESTLE) analysis

This Journey, and the others produced by TEWV, includes an examination of the external environment. The analysis below is a list of those external environmental changes that are considered most important for this journey. We have used the PESTLE tool which comprises the headings of Political, Economic, Social, Technical, Legal (including regulation) and Environmental, and is designed to explore wider influences that affect the overall organisation.

Political

There have been three different Prime Ministers during the period in which this Journey was developed. Looking forward, we know that there will be a general election by December 2024. This may or may not lead to a change in Government. It is possible that one or more of the major political parties could develop proposals for change in NHS funding or structures, but it seems more likely that there will be a continuation of the current direction of mental health and learning disability national policy.

However, despite the acknowledgement of the amount of uncertainty we face politically, coproduction / co-creation with service users and carers has now become a standard expectation in mental health policy development, with paid lived experience/patient director roles increasingly recognised and recommended. For example:

- the Community Mental Health Framework has a formal requirement for transformation to be coproduced from start to finish with people and families,
- the NHS-led provider collaborative model requires people with lived experience to be embedded within the leadership and governance structure,
- NICE guidance NG197 (shared decision making) encourages trusts to recruit a patient director,
- the integrated care system (ICS) guidance on working with people and communities', states that people's voices should be at the centre of decision-making and governance at all levels; and,
- the new Patient Safety Incident Response Framework (PSIRF) outlines the expectation for all NHS trusts to have active Patient Safety Partners working to ensure a coproduced, inclusive and lived experience-focused approach to patient safety.

The Co-creation Journey works in line with the key deliverables of the NHS Long Term Plan, that sets out the national guidance for improvements in mental health. It will also help implement the Care Quality Commission regulatory framework and as part of the Back to Good programme. Our approach will also reflect upon the 4Pi National Involvement Standards, developed by National Survivor User Network (NSUN), that provides a simple framework to base standards of good practice for meaningful involvement. The NHS

Advancing Mental Health Equalities Strategy also gives us clear direction to work across racially diverse communities, and ensure their voice is heard and acted upon in service delivery. These local and national frameworks will work together to increase meaningful coproduction and help reduce health inequality.

Economic

The cost of living crisis is having a significant impact on residents in the communities served by TEWV (especially lower income people/deprived communities). Real wages have fallen significantly during 22/23 and interest rates have risen back to historically normal levels, and an increase in unemployment rates is forecast. Past experience suggests that economic difficulties increase the demand for mental health services. There has been some government intervention to mitigate higher energy costs caused by the war in Ukraine, but it is uncertain how long these mitigations will be in place.

We know that people in poorer parts of TEWV’s geographical area live shorter lives and have worse health than those in more affluent areas. We also see similar disparities affecting groups with specific shared characteristics, such as people from BAME backgrounds, or people with learning disabilities. These differences and disparities are the health inequalities that exist in our geography, which we see as unacceptable. We recognise that “one size doesn’t fit all” and our population requires different things of our services.

Social

The need for urgent mental health services is increasing post pandemic, with greater demand for responsive and flexible care and treatment. Society at large has greater awareness of mental health issues and people are more likely to seek help than in previous years. Wider media campaigns have resulted in greater take up of services, thus people in general have greater awareness of the need to look after their own wellbeing, and seek help when it is needed.

Technological

The government’s ambition is to make the NHS a world leader in technology. Aspects of this approach include the new Genomics Strategy and attempts to make better use of data. Advances in technology such as Artificial Intelligence (AI) and robotics are yet to make a significant impact on mental health services, and self-care apps are opening up increased opportunities for self-care and self-monitoring. New treatment options are also emerging such as the use of Ketamine or Psilocybin in the treatment of severe depression. The first partially effective pharmaceutical treatment for Alzheimer’s is likely to be approved in the next couple of years.

Legal

The wider landscape is changing with the establishment of Integrated Care Boards and Partnerships now legally in place, following the Health and Care Act 2022, and are now tasked with producing an Integrated Care Strategy by the end of March 2023, which could have an impact on our priorities and on current partnership commissioning governance.

The new Mental Health Act reforms mean services will need to adapt to this legislative change, resulting in improved rights for those with a learning disability and autism.

Also, the changes to the Mental Capacity act with the new Liberty Protection Safeguards (LPS) will result in changes to practices.

In July 2022, NHS England launched the Working in Partnership with People and Communities statutory guidance, which outlined organisations' requirements for meeting their public involvement legal duties, to ensure that NHS trusts work collaboratively to involve people and communities, in ways that are meaningful, trusted and lead to improvement.

Environmental

The NHS has a big role to play in sustainability. This links to the government's aim to be net zero in line with the United Nation's 17 Sustainable Development Goals (SDGs), of which the government has signed up to achieve. As a result, the NHS has a part to play in meeting these goals by becoming net zero in reducing carbon footprint, emissions and tackling inequalities. The net zero target for the NHS, set in October 2020, is:

- for the NHS Carbon Footprint (emissions under NHS direct control), net zero by 2040, with an ambition for an interim 80% reduction by 2028-2032; and,
- for the NHS Carbon Footprint Plus, (which includes our wider supply chain), net zero by 2045, with an ambition for an interim 80% reduction by 2036-2039.

TEWV will need to adapt and come up with new ways of working to deliver significant carbon emission reductions by 2028.

It is clear to protect our own health and wellbeing, and to protect the existence of future generations, we need to prevent further harm and adapt to an environment that is changing and the pace of change is accelerating. We can no longer allow action on climate change be crowded out by other perceived more immediate concerns. We need to be ambitious if we are to meet this challenge and we have established key aims for our Green Plan, including:

- For the emissions we control directly (our carbon footprint) to be net zero by 2030 and for the emissions we can influence to be net zero by 2045.
- To provide sustainable services through ensuring value for money, reducing wastage and increasing productivity from our resources.

- Continuously developing our approach to improving the mental, physical and social wellbeing of the communities we serve through innovation, partnership and sharing.
- We will promote a culture of collaboration, supporting our people and suppliers to work together to make a difference.
- We will innovate and transform to provide high quality care and support as early as possible in order to improve physical, mental and social wellbeing.

5. Our co-creation ambition

Co-creation: what does it mean?

Our ambition is for services user and carer voices to be sought out, listened to, and acted upon at every level in our organisation.

We are using the term co-creation to describe that ambition.

Our vision for co-creation

We value lived experience of life changing mental illness, living with a learning disability and/or neuro divergent, and the wisdom it can bring to our organisation. We want close partnership working with patients, families, and carers.

This will be supported through partnership working across our organisation to provide best possible experience and outcomes.

We will also work in collaboration with our partners and regulators to make sure we understand what best in class looks likes, to bring meaningful change in the care we provide.

We refer to this partnership-style working as co-creation. It is at the heart of OJTC and is fundamental to how we improve the care we provide to the communities we serve. It is also very crucial to how we work collaboratively across the organisation and closely with our partners and regulators to improve the experience for all patients and families.

We want this to run through everything we do, becoming the normal way of doing things from:

- Care plans being written in partnership, where patients and families have choice about their care and make shared decisions with their clinician.
- A thriving and diverse involvement community that supports co-creation across all areas of trust business from policy to research, recruitment to quality improvement.
- A growing and diverse peer workforce across all services, underpinned by peer values and driven by peer leadership.

- Innovative and diverse methods to really hear the experience of all patients and families and understand the relationship between patient experience, complaints, and serious incidents.
- Lived experience leadership roles supporting transformation and culture change.

Method

How will we fulfil our ambition?

Each specialty area will produce a work plan detailing the projects, programmes and action plans needed to achieve our goals which will be monitored using the Trust's programme framework. A dedicated governance group will oversee the transformational change emerging from this co-creation journey.

We will focus on four core co-creation goals outlined in this journey, to make sure we meet our commitment to embed co-creation across all we do in TEWV. This means that services, from the frontline clinical teams to our valued partners we will have clear governance and meeting structures that include a range of diverse voices and value input equally. That through these co-created methods we will achieve outcomes and standards that transform and improve the experience of our patients, staff, carers, and partners. We will work together on our all our strategic journeys to deliver our ambitions, with a golden thread of co-creation sewn through all of them.

We continuously analyse the current methods, structures and feedback around patient experience, involvement and engagement, and co-creation across our services. This information will be drawn from clinical audits, particularly around care and safety planning, patient and carer feedback, staff feedback, PALs and complaints responses, and serious incident reviews. In addition, it will be important to continuously ensure links with, and input from our partners in the voluntary sector and wider health and social care system.

As we progress, we will provide a full range of evidence-based, outcome-focused interventions, appropriate to the needs of the individual. We will empower our lived experience networks to undertake research, service evaluation and identify best practice and introduce innovation.

Standards

The cornerstone for co-creation feeding through everything we do

We will ensure that our standards of co-creation and patient experience are consistently high. We will draw upon the evidence-based, best practice and regulatory requirements to ensure that the care and service offered is safe, effective and of high quality. We will use our participation and co-creation networks to set our monitor and embed our co-creation standards.

The Trust's care group boards will oversee the operational delivery of our services, and the way we work with our partners. The co-creation journey to change will inform operational decision making at all times, and we will be clinically-led and operationally-enabled.

Research and development will play a key role in ensuring our standards are high. We will work together with staff, service-users, carers and our partners to undertake meaningful research. We will grow the next generation of clinical researchers and develop research careers.

What will this mean for people?

For our service users, this means that:

- Through being meaningfully involved in co-creation, I will have opportunities that support my personal growth and development.
- I will feel like I am an asset, not a burden on services.
- I will experience the belief in my ability to make a difference in service development, decision making and delivery, and that my needs are better met when I am involved in an equal and reciprocal relationship with staff and others.
- By engaging with my motivation to support change and my values to see positive change for myself and others, my own wellbeing will positively impacted.
- By experiencing encounters with staff that are mutual, focused on partnership not power, I will feel energised and connected to the services that serve me.
- By bringing my whole self into co-creation with TEWV, I will be enabled to bring a range of skills, experience and expertise that reflects my complex identity.
- Through co-creation, I will benefit from opportunities that enhance my skills that will transcend my experience of services and link to my daily life.
- With these opportunities in co-creation, I will be given new opportunities and possibilities for employment if this is right for me, where my lived experience will be acknowledged for the valuable skills and knowledge it brings to services.

For our carers and families, this means that:

- Through co-creation I will experience my role as a carer or supporter of someone is genuinely valued and listened to.
- I will have the opportunities to input into how services are run.
- By being heard my own wellbeing will be enhanced through the process of co-creation and the skills I will be supported to develop.
- My own self-worth, sense of purpose, confidence and capability will be increased.
- With the right support for me as a carer, I will be provided with new opportunities to do something new, in different environments, with different people that enhances my loved one’s care and experience of services.
- Like the person I support, I will be seen as an asset, a valuable resource that can both help care and inform services.

For our staff, this means that:

- Through partnership and mutual, collaborative relationships, I will have the opportunity to develop through co-creation.
- I will gain a better understanding of the people I support including services users, carers, partners and colleagues.
- I will feel connected to their lived experience of care and services.
- Whilst my role and professional expertise will be valued through co-creation, I will supported to think differently, identify new ways of doing things, and question practice in a curious and productive way.
- My focus will be people, not processes.
- I will tailor the support that I provide, making services fit to people, rather than expecting people to fit to the service.
- Lived experience roles will enhance the options and opportunities for quality care, and make sure that I have the information I need to be focused on the needs of people I support.

For our partners, this means that:

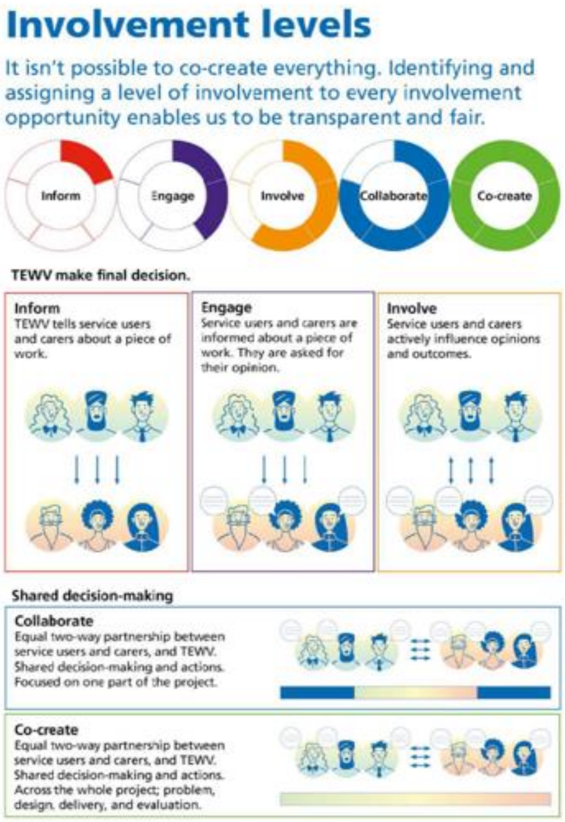
- I am respected and valued for the expertise and experience I bring.
- I am confident TEWV will work closely with us as equal partners in the design, delivery and evaluation of services to improve quality, safety and responsiveness.
- This includes working together to make every contact count.
- I know TEWV will go that extra mile to be helpful and understanding.

Co-creation in action

TEWV is a big, complex organisation, Partnership work, or co-creation, will differ in different services, pieces of work, and circumstance. And, it won't always be easy.

However, we've made some bold ambitions in Our Journey to Change, and in this journey, and co-creation needs to be a core part of service development, and of an individual's care.

It's really important therefore that we take a pragmatic approach, however that shouldn't be used to avoid co-creation. There will be different forms or levels of involvement, and we've started to work through what those might look like, in our draft Co-creation Charter (see more information at Appendix 1).



Involvement levels

It isn't possible to co-create everything. Identifying and assigning a level of involvement to every involvement opportunity enables us to be transparent and fair.

TEWV make final decision.

Inform
TEWV tells service users and carers about a piece of work.

Engage
Service users and carers are informed about a piece of work. They are asked for their opinion.

Involve
Service users and carers actively influence opinions and outcomes.

Shared decision-making

Collaborate
Equal two-way partnership between service users and carers, and TEWV. Shared decision-making and actions. Focused on one part of the project.

Co-create
Equal two-way partnership between service users and carers, and TEWV. Shared decision-making and actions. Across the whole project; problem, design, delivery, and evaluation.

6. Impact on our strategic goals

Measuring impact helps us realise our ambition

The Trust already has a range of quantitative metrics which it monitors each quarter, and reports on through Executive Quality Assurance and Improvement Group, the Trust's Quality Assurance Committee, and up to the Trust's Board.

However, these metrics only go so far, particularly around number of PALS / complaints and response times, and patient experience data, but they don't tell the whole picture. They lack rich, qualitative data e.g. themes which is particularly important in things like patient safety and metrics linked to the Quality and Clinical Journeys.

In addition, as governance structures develop, the original Co-creation Programme Board will evolve as the journeys have, as we move from strategy development to delivery, and the new Co-creation Journey Board will require assurance that co-creation is being embedded in the organisation, across the four strategic objectives. This will in turn be reported monthly through Executive Directors Group, and up to Trust Board on a quarterly basis.

Furthermore, historically involvement opportunities and activity has been reported into the Trust's Governor-led Involvement and Engagement Committee, however again this only provides a snapshot of quantitative data e.g. number of opportunities, locality of involvement members – this simply won't help us understand the different types of activity, or indeed that we are embedding co-creation in the organisation.

Therefore, it is really important we ensure that we continually monitor and evaluate whether what we are doing is working, learn from it, identify the gaps and barriers, what's working well and model it (show and tell), and evolve what we do based on what we learn, to affect change that leads to improvements. We need to develop a culture and expertise for evaluating all key aspects of co-creation objectives and associated activity.

New innovations like the new electronic record system will incorporate outcome measurements once it goes live in 2023, will certainly help. We will embed outcome measures routinely in clinical practice to ensure high quality and effective care. By being able to measure clinical practice and everyday care, we can identify what is working well and what needs to stop or be amended.

Given co-creation is in the early stages of development, we will explore how to best capture and extract meaningful information through a range of methods, some of which are outlined above.

By doing so, this will allow us to monitor if we are meeting the three Our Journey to Change strategic goals of: co-creating a great experience for our patients, carers and families; co-creating a great experience for our colleagues and being a great partner.

7. Our guiding principles

The right principles will drive forward our overall ambition

A culture of co-creation: we will become an organisation that works in partnership with patients, families, our partners and regulators. Co-creation is about relationships, and we will ensure we empower the voices of all involved.

Co-create to improve care: we will recognise that our services and the care we provide is improved if it is co-created together, with the people who use it.

Inclusive: we will have robust, flexible mechanisms in place to listen to and hear the voice of **all** people, families and communities we serve.

Value diversity: we will establish innovative and thoughtful methods and practices to hear from people with protected characteristics or from marginalised communities that are typically under-represented, in service user and carer involvement.

Commitment to sharing power: we will commit to making shared decisions together as much as possible. We will be honest and transparent where this is not possible.

Fair means to value people's contributions: we will demonstrate valuing and effectively support the contributions of all who input to our services, in a way that is fair and reflects the emotional labour of co-creation.

Lived experience leadership: we will cherish lived experience alongside professional expertise. We will have paid and volunteer roles throughout our organisation that recognise the value of lived experience leadership including peer roles.

Trauma informed: we will use our knowledge and awareness of the impact of trauma and adversity in people's lives to inform practice ensuring by co-creating we offer psychologically safe environments.

8. Delivering our co-creation journey

As outlined earlier, we have four strategic objectives which are:

1. Ensuring co-creation in care planning.
2. Growing, diversifying, and embedding service user and carer involvement across the Trust.
3. Expanding and developing lived experience roles and leadership, including peers.
4. Capturing accurate patient experience data including friends and family test, surveys, compliments, PALS, complaints, and serious incidents and use to inform change.

1. Co-creation in care planning

We want all people who access TEWV services to have a voice and choice within their own care. We want all families and carers to be considered and valued in the care planning process. This will include:

- All patients having access to their own care plan online through the patient portal.
- All patients having access to their bill of rights and important key information.
- Care plans written in an accessible way, with language that is human, kind and clear.
- Every patient making shared decisions with clinicians about their care.
- Patients and families having information about advance directives and advance statements and the option to have them included in their care.
- Patients and families having a co-created safety plan written in their own words and that is shared with them.
- All new care planning tools to be co-created with people and families
- Patients being supported to chair their own meetings if they want to and having a say about who attends.
- Care planning meetings planned around everyone- everyone's time is important.
- Everyone having access to robust advocacy and/or peer support when required.

The current context

NHS England said every adult accessing community-based care should have the opportunity to co-produce a holistic, personalised care and support plan. They should also be provided with the name of a key worker they can contact if their needs change. With the development of CITO, a tool called "DIALOG" will be used as part of a new approach to care planning. DIALOG makes it much easier for mental health workers to identify a person's individual needs, find out what matters to them and to co-produce a personalised care and support plan. Research shows that using DIALOG can significantly improve a patient's quality of life and care experience.

Our approach

Supporting people to be actively involved in decisions about their care and treatment, should be reflected in the ethos, management, policies and care practice of each service. All services should be able to show how they do this.

Meaningful involvement is based on a sharing of power between the person using the service and the service, team or person providing care as much as possible. Involving people in designing their care plans means:

- having a conversation among equals who are working together to help reach a shared decision about their care and support
- that the person seeking help is considered beyond their diagnosis or 'symptoms', taking into account all aspects of their identity and life
- that the plan belongs to the person, keeping them in control whenever possible.
- that the plan is only implemented or shared with others if the person gives consent (where they have capacity to do so).

A conversation between the person seeking help and their practitioner is an essential aspect of care planning. This should focus on the impact their condition has on their life, their individual needs and goals and what support they can be offered for their holistic health and wellbeing needs to be met and for them to be safe. The care plan that is generated from this conversation, should be owned by the individual, and shared with relevant others, with their consent. It is important that a discussion takes place as part of the care planning process, there is a record of it, and people have a copy of the resulting care plan.

To support this, we will:

- Co create care and support with the person. The conversation should be led by a key worker who has a positive relationship with the person and has a good understanding of their needs and preferences.
- Co created care planning will be holistic and follow a bio-psychosocial model of care: a model that considers biological, psychological and social factors contributing to someone's health and wellbeing.
- There will be a focus on personal goals and aspirations, what the person would like to achieve from their care and support.
- Co created care planning should explore and consider what support and treatment can be offered and is best suited to the person to meet these goals and keep them safe.
- The person should be supported to express how they would like their care and support to be delivered. The professional provides information about what the service can offer in a manner and format that best meets the person's communication needs. Their should be a shared decision about what will be in the care and support plan. A copy of the plan should be made available to the person and/or their representative/carers when appropriate.

- Ideally, the care planning conversation should take place at a time when the person is most or more likely to have capacity, is able to engage and feels psychologically safe.
- Power will be shared equally as far as possible.

2. Grow, diversify, and embed service user and carer involvement across the trust.

Developing a co-creation framework

We will establish a framework underpinning service user and carer involvement work, which will include:

- A charter of values and behaviours for partnership working.
- A clear and robust process for when there are challenges.
- Definitions of different types of participation and what the constraints are.
- A structure for involvement payments that is fair and reflects the work.
- A support offer that enables involvement members to thrive and safely participate.
- A training offer that facilitates growth and development for involvement members.
- A communication and training offer for clinical and corporate staff.

This will provide the building blocks for the organisation to ‘do’ co-creation, or embed it across the Trust. An early co-created draft of this is available at Appendix 1.

Increasing diversity across co-creation

We recognise that currently the patients and families who get involved do not collectively reflect the diverse communities we serve, and that needs to change.

We will ensure that people with protected characteristics, neurodivergent and marginalised communities are represented among our involvement members – and importantly, reflects the needs of the populations we serve.

We will value the input from the Voluntary and Community Sector and survivor-led organisations to develop better quality and safe partnership working.

Grow the resource in the Involvement and Engagement team

We will expand the Involvement and Engagement team, with a focus on increasing diversity across specialities and localities. We will include a communications lead to better promote co-creation across the organisation, and model what good co-creation looks like.

We will foster a team culture that values lived experience.

Identifying key areas for involvement work

We identify the following areas of focus for growing service user and carer involvement:

- Research: to develop survivor researcher roles in the Trust's research department, embedding co-creation across research.
- Recruitment: the recruitment across the organisation will have lived experience embedded throughout.
- Staff training: where possible staff training that impacts on patient care will be co-created.
- Policy development: all policies due to be reviewed and/or in development that impact on patient care to be co-created.
- Quality and safety: patient and carer involvment in assuring safety and quality including mock inspections.
- Governance: co-creation acoss all governance structures.

Developing patient and carer networks

We recognise the value in patients, families and communities coming together to share ideas, experience, concerns, to challenge collectively, plan for the future, and to offer peer support.

We will develop thriving networks across the trust that are integral to trust governance. This will include:

- A co-creation group for each specialty in each care group.
- A trust-wide Lived Experience Network that is open and inclusive, chaired by the Lived Experience Directors.
- A Lived Experience Advisory Board for each care group that will provide robust check and challenge on safety and quality issues.

Developing the specialties outside of Adult and Older People Mental Health Services

We recognise that the focus on involving service users and carers at Trust-wide and strategic level has largely facilitated participate for adult and older people mental health services. We will invest time and resource in the development of equal opportunities for all and people from seldom heard communities.

Developing an online platform to facilitate co-creation

To facilitate an open, fair and transparent culture and where appropriate we will develop comprehensive access to online information (eg online platforms / extranet for involvement members). This will be a way to communicate what is happening across the trust, share involvement opportunities, process payments.

We will create an innovation fund to support involvement members to lead and pilot new work.

We will ensure people who are digitally excluded are not disadvantaged by this development.

3. Expand/develop lived experience roles and leadership, including peers

Lived experience roles

Under the leadership of the Lived Experience Directors, we will expand the number of lived experience roles across the Trust, bringing the expertise of patients and families into paid roles throughout TEWV.

We will create roles for areas of clinical practice where we need to create change, including in: trauma informed care; autism; community transformation; equality, diversity and inclusion; learning and development; and carer support.

We will explore where lived experience can add value to corporate services, including in complaints, communications, research and development.

Peer workers

Peer Workers are people with their own lived experience, who are employed to work to peer values while using their lived experience to support service users/carers. They also support the development of the teams, services and systems they work within.

Employing peer workers as equals, within teams and throughout our leadership structures, has a crucial role to play in creating an excellent experience for service users/carers, colleagues and partners. This links to Our Journey to Change ambition to create a great experience for the people using our services, those who work within it and our partners.

We will work to embed employed peer workers across the full range of Trust teams and services. We will also implement an approach to appropriately commission high quality voluntary, community and social enterprise (VCSE) peer support roles, that optimises the use of resources across the system and encourages collaboration with partners.

The key areas of focus for further development will be:

- **Engagement, partnership working and system leadership:** we will continue to co-create our work with the people our work impacts. We will engage in a leadership role in developing peer work and creating collaborative peer support systems.
- **Peer support practice:** we will continue to develop the ways we support peer workers to provide high quality and safe peer support, that is grounded in the co-created TEWV peer support values.
- **Wellbeing:** we will develop a defined offer for all staff in lived experience roles which supports wellbeing. We will ensure all lived experience roles within the Trust are supported by the peer and co-creation structures.

- **Workforce development:** we will create development opportunities that actively support people to work towards accessing peer work roles. We will support people in peer work roles to develop and work towards career progression. We will equitably establish peer workers as a professional group within the trust.
- **Equality, diversity and inclusion**: we will work to embed peer workers across the full range of teams and services, to ensure there are opportunities to access peer support and peer work roles for people across all our services. We will take active steps to ensure we are inclusive and employ a diverse peer workforce representative of our communities.
- **Feedback, evaluation and celebration:** we will capture feedback and implement learning from our work as we go: we will reflect on where we can develop and take action to improve in these areas; we will acknowledge and celebrate success when we get things right.

The current position

The TEWV peer support values are the foundation of all peer work in TEWV. They were co-created with a lived experience reference group and draw heavily on the grass roots approaches to peer support that our work is inspired by. Our approach to peer support puts the creation of values-based peer relationships at its heart. We are committed to supporting service user’s voices to be heard, and to supporting the development of trauma-informed approaches and recovery values-based practice within teams and services.

At the time of writing, the organisation has 27 passionate and committed peer workers within the programme, who have successfully established roles in a range of Adult Mental Health (AMH) community services (Perinatal, Rehab, EIP), and in AMH inpatient wards across the Trust. We also bring leadership and peer support expertise to Trust and system peer support developments. This includes the creation of commissions of VCSE peer support and working in partnership to support and assure the provision from external providers.

There are significant local and national commitments to the further development and expansion of the TEWV peer workforce and systemwide VCSE peer support commissions. Our peer support programme has developed a strong foundation from which to support these developments and provides a good example of what could be offered to others, particularly those who undertake involvement work, specifically in relation to extended offers of co-creation linked to the other strategic journeys.

The approaches we have developed to team preparation, recruitment, training, peer support practice and supervision receive outstanding feedback. Service users and colleagues have given excellent evaluation feedback on their experience of peer work.

We have also been asked to present to NHS England as an example of best practice in our field. We have been evaluated as a trauma-informed peer support programme that other Trusts can learn from, and praised by grass roots peer support leaders with national and international reputations for our relational and peer values-based approach to peer support within the NHS.

Strategic vision

Our vision for peer support is to successfully embed peer workers and access to peer support across the full range of TEWVs teams and services.

The implementation will be based on the co-created TEWV peer support values, and appropriately adapted to each different service and person who accesses peer support.

We will also engage in a leadership role in the development of peer support as a professional group, and of collaborative peer support systems.

In doing this, we will utilise the relative strengths of the TEWV peer support programme – namely its integration and specialism within the NHS for providing values-based peer support roles within teams.

We will also bring our expertise to support the utilisation and development of the strengths of local VCSEs peer support provision where appropriate – namely their location and infrastructure within our communities, and where relevant, their experience specialising in serving and providing in-reach to people who are marginalised and under-served groups.

This utilisation of relative strengths encourages collaboration rather than competition. This will help optimise the use of the resources available across the system, while also leaving enough flexibility to allow for local needs to be met.

Feedback and evaluation

It is important we make sure that we monitor whether what we are doing is working, learn from everything we do, develop what we do based on what we learn, and celebrate our successes.

Over the course of this strategy, we will develop a culture and expertise for evaluating all key aspects of our work. We will capture feedback and implement learning from our work as we go: we will reflect on where we can develop and take action to improve in these areas; we will acknowledge and celebrate successes when we get things right.

To move towards this we will:

- Develop or commission lived experience expertise evaluation capacity within the peer work programme.
- Routinely collect and act upon feedback on our work.
- Develop our approach to collecting and learning from data, for example for assurance audits or to allow us to monitor the diversity of applicants for peer work roles.

- Evaluate our team preparation, recruitment, training, and supervision implementations.
- Evaluate our peer work implementation, prioritising the experience of peer work for service users, peer workers, colleagues and partners.
- Hold a peer work in TEWV celebration event.

4. Capture accurate patient experience data including friends and family test, surveys, PALS, complaints and serious incidents and use to the intelligence to inform change.

Truly valuing patient and carer experience

We are committed to ensuring that we listen to our patients, families, and carers, to understand what is important to them, to value their ideas and to learn when care doesn't meet expectations. Through our journey of continuous improvement, we will see:

- Outstanding and compassionate care access, choice and involvement to care that is right for them.
- Carers and families will be actively involved in sharing of information and decision making.
- Patients feeling safe in our inpatient wards.
- Availability of resources.
- Support in their recovery and to achieve their goals

We will have achieved our ambitions, people will see:

a) Significant, demonstratable improvements in the experiences of the people using our services.
b) Use and triangulation of information from a range of resources, utilising quantitative and qualitative feedback.
c) Value patient and carer feedback and learn when care does not meet expectations to help redesign and shape future services.
d) Make best use of technology to improve the experiences of our patients and carers.
e) Patients will feel safe whilst on our inpatient wards.

To achieve this ambition, our focus will be to:

- Listen to patients and carers to provide education and training opportunities which enable all health professionals to deliver effective and compassionate care.
- Develop a culture which promotes the positive patient and carer experience within the Trust.

- Use technology to aid in the collection, analysis of feedback, identify themes and trends in greater detail, and use this in a meaningful way to improve the quality of care provided.
- Change our focus to be more proactive and seeking out evidence in real time.
- Ensure more timely responses when concerns are raised and offer a more restorative and proactive approach to resolve issues quickly.
- Act on what patients tell us and co-create solutions together to the challenges they face.
- Triangulate all of the information available to make service improvements to increase the sense of safety for our inpatients.
- Collaboration with partners to provide joined up and holistic care.

Our approach

We recognise that digital exclusion, language barriers, neurodiversity, literacy and accessibility etc bring challenges to how we capture patient experience. Therefore, we will create innovative and flexible ways that ensures we hear from **all** the patients, families and communities that use our services.

Under the leadership of the Lived Experience Directors, we will ensure that patient experience data is triangulated with complaints, serious incidents and intelligence from involvement activities, to develop a clear understanding of issues and identify potential systemic problems.

We will develop a culture where patient experience is valued and drives practice, improvements and transformation.

To support this, we will: put communication at the centre

We want to build on the work that has already taken place and improve the way we listen to and communicate with our patients, their families and their carers', including:

- Proactively capture the experiences of our patients.
- Review experience (positive and negative) and learn from it to continuously improve our services and how people are involved.
- Encourage feedback via electronic means.
- Publicise where we have made changes as a result of patients' feedback.
- Help staff to translate feedback into local actions.
- Improve how patient information is made available electronically.
- Continue to engage with the national patient survey programme and take action on feedback given.
- Continue with real time feedback surveys undertaken by volunteers and governors.
- Communicate the available feedback channels so that patients and visitors know how they can pay a compliment, raise a concern or make a complaint.
- Ensure the Patient Experience Boards and information are kept up-to-date and useful for patients and their visitors.

- Review our website to ensure it is accessible, navigation is clear and information given is current - explore ways to make the website more responsive.
- Explore ways to make the Salisbury District Hospital App more patient-friendly and useful.

Co-create together

We want to review patient experience (positive and negative) and learn from it so we can improve our services and how people are involved, to:

- Reach out and co-create with our patients, carers and local communities to improve the way services are delivered.
- Continue to co-create with patients (and their carers) in decisions about their care.
- Include patients and carers through the lived experience and co-creation networks.
- Hold PALS surgeries in our local community so that we can help people navigate through our services and help them if they are having problems accessing our services.
- Review our patient experience, PALS and complaints services and processes.
- When staff are developing questionnaires for patient feedback, make sure patients and carers are co-creating them, so that the questions asked are understandable and written in plain English.
- Support staff who want to involve patients and the local community.
- Continue to embed patient and carer experience into the lived experience networks.
- Continue to learn from and share learning as a result of deaths of patients in our care.

Co-create outstanding care

We want our patients, their families and carers to have an outstanding experience first time and every time they come into contact with our staff, including to:

- Review our patient experience training.
- Capture, celebrate and publicise positive feedback from patients and staff.
- Engage with and support carers to give feedback on their experiences of care.
- Continue to promote our Freedom to Speak Up initiative for staff to escalate concerns and empower staff to take appropriate actions as required.

Activating delivery

Ultimately, responsibility to deliver our co-creation journey sits with everyone.

This journey links and relies upon or is enabled by the other strategic journeys, particularly the clinical and quality journeys.

Therefore, care boards, clinical leaders and colleagues across corporate services will develop separate delivery plans for each of the four strategic objectives, as set out in the co-creation journey.

Governance structures are being developed as part of the work being undertaken in strategic objective 2: growing, diversifying, and embedding service user and carer involvement across the Trust (and covered in section 6).

For taking the time to read this document.

We hope you endorse our co-creation journey ambition and join us in this dynamic journey of change, to improve our service offer to everyone who needs safe, compassionate, and safe and kind care from us.

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