

A photograph of a man in a white shirt and glasses standing and presenting to a group of people seated around a table in a meeting room. The room has a whiteboard and various items on the table, including water bottles and papers. The image is overlaid with a semi-transparent teal filter.

**‘Restructuring’ Health Regions:**  
**“Perfect is the enemy of the good - learning  
as we go: the evolving approach of  
the Health Regions Team  
to partnership”**  
**(Feb 2023-Sept 2024).**

*September 2024*

***“It is the long history of humankind (and animal kind, too) those who learned to collaborate and improvise most effectively have prevailed.”***

**– Charles Darwin, Biologist & Author -  
“Origin of the Species”**

# Why Partnership in the design of Health Regions?

## Health Regions Programme Team:

A key focus for the Health Regions programme is ensuring that the patient and service user voice is integral to:

- The design work within the Health Regions Programme
- The future functioning of Health Region structures

The objective of the Health Regions Programme was to develop through co-design a future approach to patient and service user partnership within Health Regions.

## Patients & Service users:

- To improve the system from within
- Afford patients & service users increased access points to collaborate on service improvement
- Bring the decision makers, decision takers and decision benefactors closer together; ensuring that the service provider's outputs are benefiting the end users health outcomes in a meaningful & appropriate way

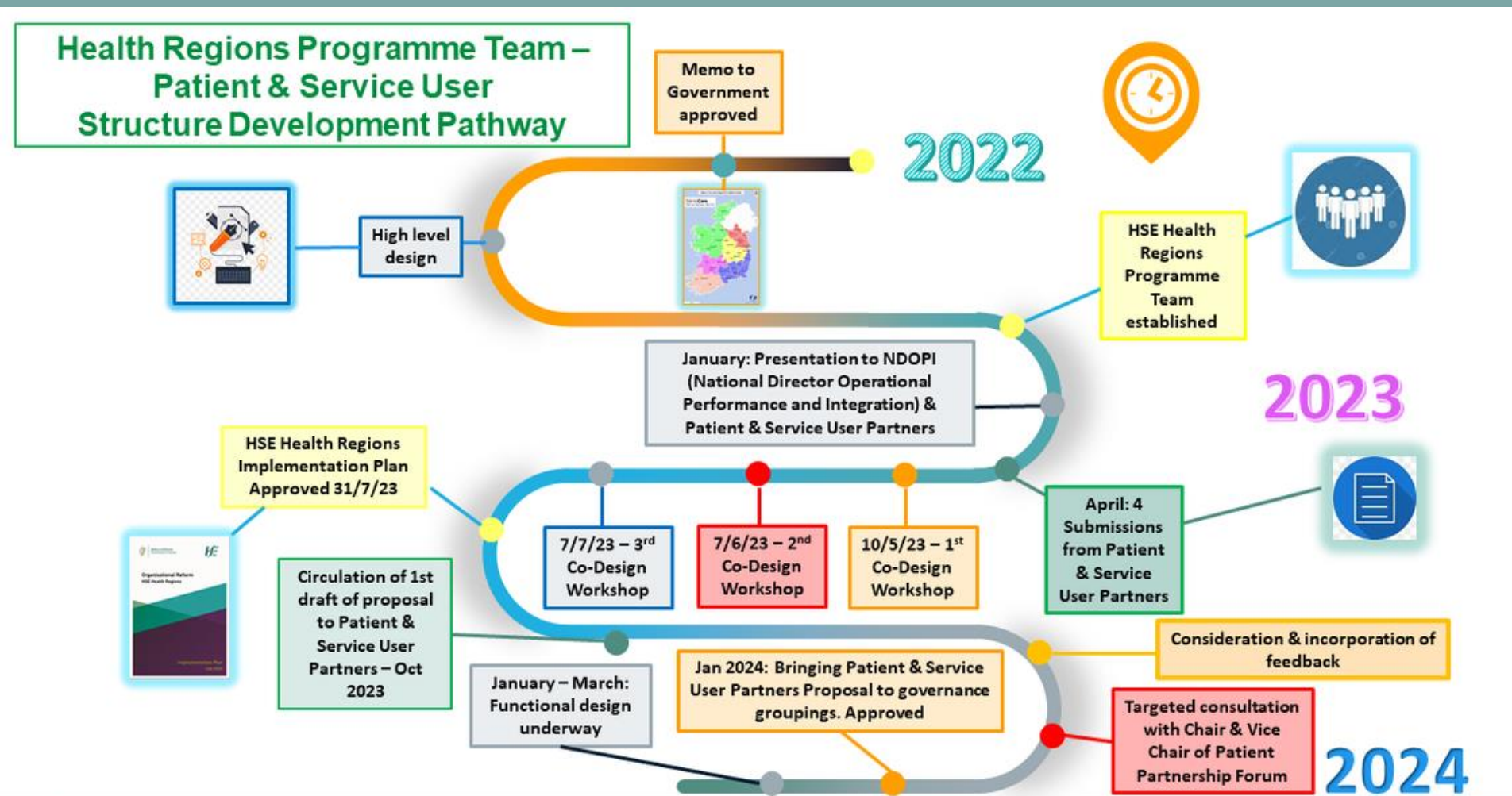


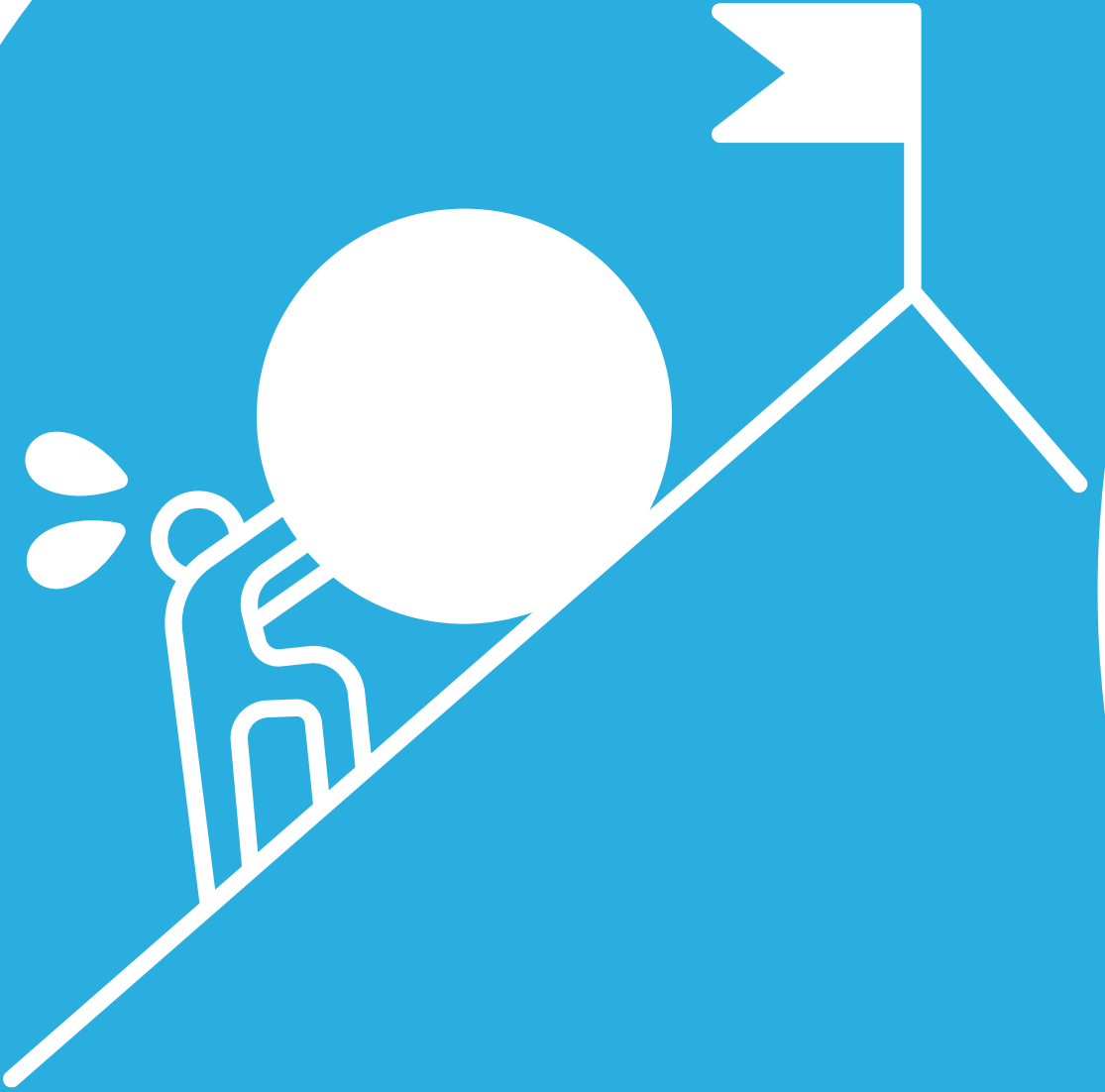
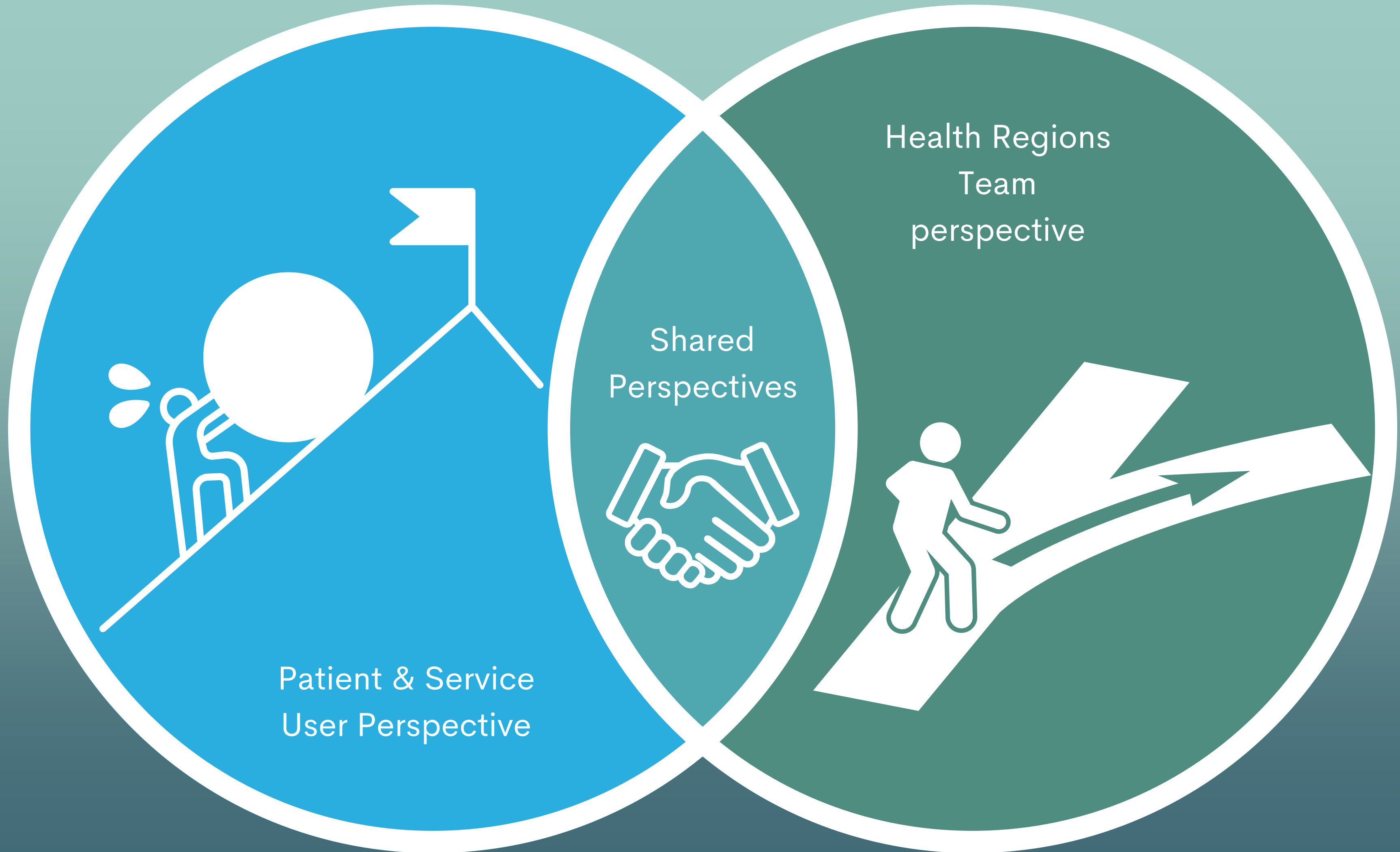
# Perspective is everything

Outline the journey of partnership between the patient & service user partners & the health regions programme team ...

Ray

Joan





Patient & Service  
User Perspective

Shared  
Perspectives



Health Regions  
Team  
perspective



***“Without trust, we don’t truly collaborate; we merely coordinate or, at best, cooperate. It is trust that transforms a group of people into a team.”***

**– Stephen Covey, Author,  
“7 habits of highly effective people”**

# CO-DESIGN

May 2023:

Workshops May, June & July



# Design Thinking Methodology

A non-linear, iterative process that teams use to understand users, challenge assumptions, redefine problems and create innovative solutions to prototype and test. It is most useful to tackle ill-defined or unknown problems.

## Why?

- already in use for Patient & Service Users
- facilitation resource available
- clear steps to work towards clear decisions
- a standard approach to work through decision making and prioritisation tasks

## How?

- 3 x Workshops
- 31 asks, refined & grouped into 3 high level themes for proposal



# Challenges

## Method:

- wide scope initially then prioritise into themes
- rigid methodology relies on same participants at all sessions

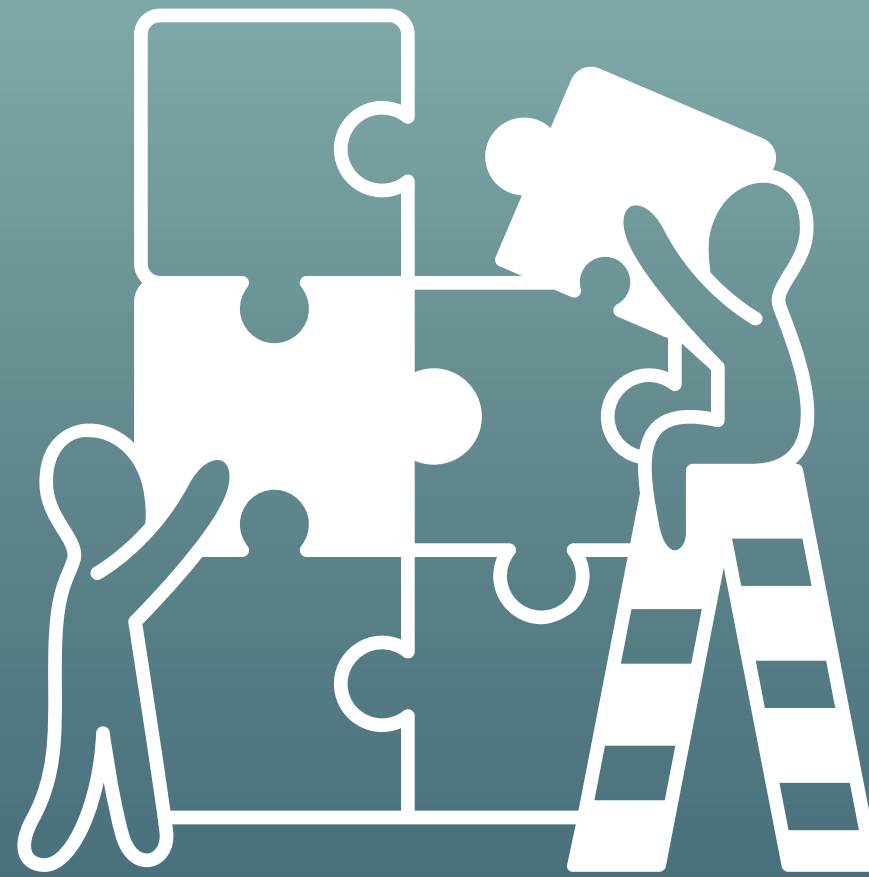
## Health Regions Team:

- timebound project
- SMART goals
- scope of project

## Patient & Service users:

- past experience determines future performance
- exclusions
- trust

# Outputs



# Outputs

## Patient & Service User Partnership Proposal for Health Regions Design Approved – Proposal Overview

### **Patient and service user representation.**

- Patient and Service User Councils;
- Patient and Service User Partnering Office;
- Patient and Service User Partner Lead;
- Strategy & Planning.

### **Improving governance and accountability.**

- Governance;
- Standards & measurement.

### **Improving the patient and service user experience.**

- Communication;
- Culture;
- Access & integration;
- Data & information;
- Training, education & research.

# Ideations

- Golden rule – ‘treat others as you wish to be treated’
- Create an equal partnership – patient included in setting the agenda
- Change should revolve around patient satisfaction
- RHA level – build trust
- Opportunity to assess public value
- Better informed staff and patients/service users
- Do we need roadshows, e-surveys/e-polls?
- Visible to key stakeholders
- Patients/service users have access to their information
- Patient Partnership Office in each RHA
- Participation at all levels, groups and committees
- Opportunity to decide what to ‘leave behind’
- Create a budget for patient partnering in each RHA
- New thinking around service delivery
- Staff awareness of patient engagement
- More training for/of staff to change the culture
- Look closely at transport for access to health and social care
- Real-time feedback to be acted upon,
- Accessible anywhere (real time)
- Importance of outcomes and measures
- Agree a PPI structure at RHA level
- Need a national PPI policy
- Make PPI the norm
- Resource and allocate staff and budget for Patient Partnership Involvement
- Start with the end user. Value our experience
- Story telling – personal experiences
- Electronic Health Record (EHR)
- New thinking around service delivery
- Involve Patient Partners in oversight to transition to Regional Health Areas
- Involve Patient Partners in identification of local needs at the earliest stage
- Health Literacy for all in the community

# Ideation Themes

- Culture
- Human rights based
- Takes into account its weakness
- Communication
- Ability to share data collected
- Access
- Design and implementation
- Processes
- Consider the Barriers
- Upskilling and training of staff
- Integrate the logistic parts
- Real-time Feedback
- Outcome Measures
- Performance Management
- Monitoring of Services
- Accountability
- Transparency
- PPI Policy
- PPI at DoH Level
- Learning from others experiences
- Advice Capturing
- Technology
- Possibility of Integration
- Partnership
- Input at point of patient
- Language

# Priority Themes

## Patient and service user representation

- Patient and Service User Councils
- Patient and Service User Partnering Office
- Patient and Service User Partner Lead
- Strategy & Planning

## Improving the patient and service user experience

- Communication
- Culture
- Access & integration
- Data & information
- Training, education & research

## Improving governance and accountability

- Governance
- Standards & measurement

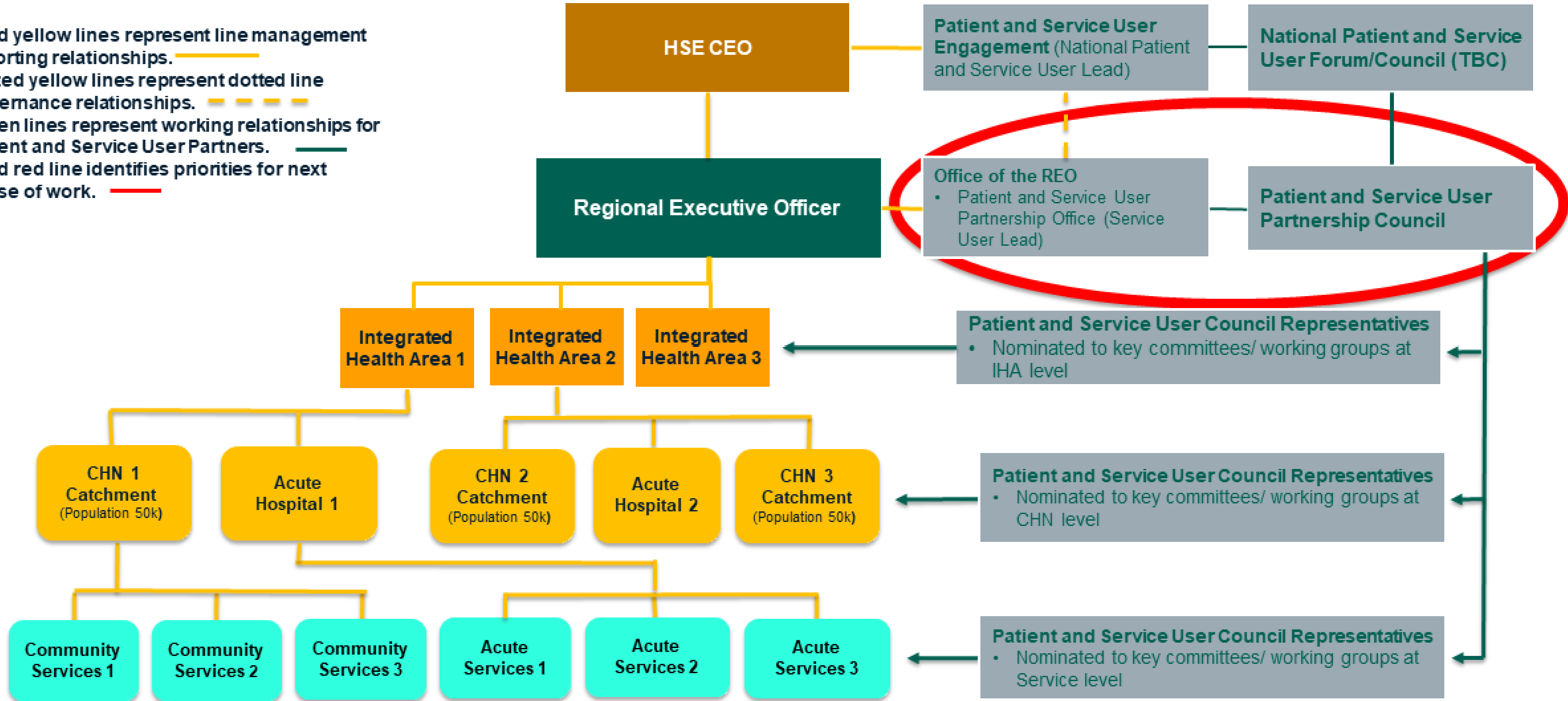
**National office to work with six REOs on implementation**



# Proposed Regional Patient and Service User Partnership Structures

**Note:**

- Solid yellow lines represent line management reporting relationships. —
- Dotted yellow lines represent dotted line governance relationships. - - -
- Green lines represent working relationships for Patient and Service User Partners. —
- Solid red line identifies priorities for next phase of work. —



*This is one of a number of management structure options being considered. This is being used for illustration purposes to identify the Patient and Service User Partnership Council and its interactions in the National and Regional structure. It does not represent all interactions with partnership/ governance forums etc.*

# Regional Partnership Councils



Councils will have a mandate to assist the REO and EMT to deliver an improved service to patients & service users

1

Councils will be the primary mechanism for patients, service users and organisations to come together and discuss cross organisational issues

2

Will have membership/roles on various different committees and working groups across all layers of the health regions

3

Will have a clear mandate which is standardised nationally

4

Broad representation across geographic, ethnic, health, age, gender & sexuality

5

Will have a clear set of achievable outcomes which are measureable, collaged and analysed nationally to ensure consistency

6

# CURRENT STATUS & NEXT STEPS

April - Now 2024:

Implementation Steering Group



# Building Partnership

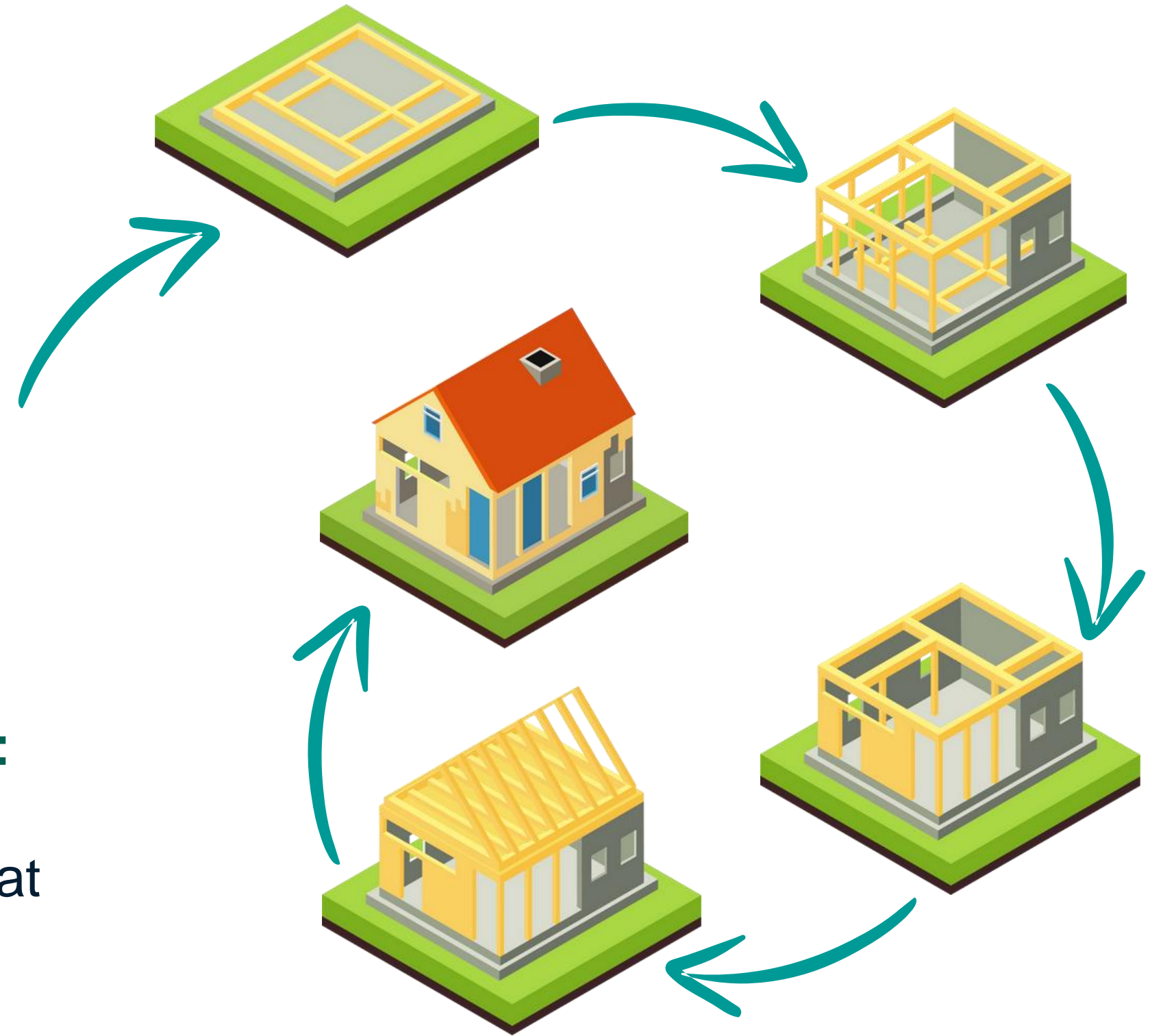
## An incremental process

### National office to work with six REOs on implementation of structures:

- Appoint regional patient & service user partnership leads
- Establish regional patient & service user partnership offices
- Recruit for regional patient & service user partnership councils

### National office to work Patient & Service User partners to finalise agreement on the:

- National office structure
- Regional office structure (proposed Lead at Grade 8 level)
- Regional council structure





# Reflection

## External Factors:

- Timebound process
- Defined parameters & scope of project

## Keep:

- Formalised process to collaborate & explore complex topic in depth

## Change:

- Clear description of project parameters & scope from outset
- Advance planning
  - pre-workshop induction - outline process, steps, clear end point/ timeline
  - pre-set all workshop dates from the beginning
  - pre-set contingency dates - additional workshops if required
- Hybrid participation - better accessibility across all 3 workshops
- Pathway for out of scope asks

**“Perfect is the enemy of the good”**

**Very Good Collaboration + Significant Consensus\* = Good**

**\*(most can agree/live with outcome)**

**Very Good Collaboration + Full Consensus = Perfect**

‘Effective work is about moving toward the desired destination, and not necessarily about ensuring that nothing gets spilled or knocked over in the process. Mistakes will happen. Missteps will occur. It’s momentum that matters, and ensuring that time is not wasted obsessing over the little things that won’t end up moving the needle anyway.....

Deep Patel, Serial Entrepreneur, Author & Forbes Contributor

# Questions

