

Co-designing 'Getting It Right For Everyone' (GIRFE) with Health and Social Care Partnerships

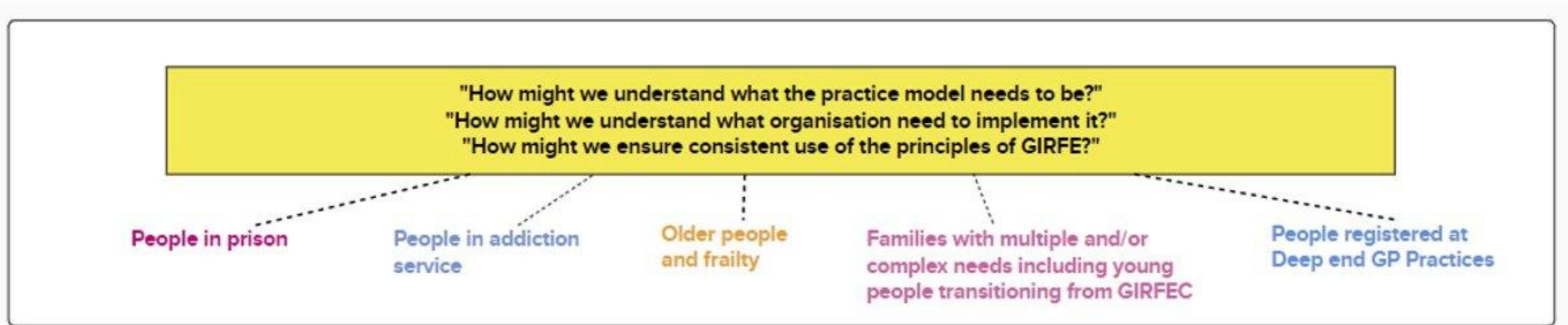
What is GIRFE?

- ▶ Getting it right for everyone (GIRFE) is a proposed multi-agency approach to health and social care support and services from young adulthood to end of life care.
- ▶ It will form the future practice model of all health and social care professionals and shape the design and delivery of services, ensuring that people's needs are met.
- ▶ GIRFE is about providing a more personalised way to access help and support when it is needed.
- ▶ It will place the person at the centre of all the decision making that affects them, with a joined-up consistent approach regardless of the support needed at any stage of life.

Why co-design GIRFE?

- ▶ Everyone agrees that principles and frameworks describe how services and support should be delivered, but we need to design a model of what that looks like in practice.
- ▶ Getting insights and ideas from pathfinder teams working in their communities to understand problems, then collaborating to design solutions will help us create a practice model that can be applied consistently across Scotland.
- ▶ The iterative nature of the design process, means we can make sense of local insight and connect this to policy areas and understand ‘system barriers’ and ‘enablers’ to implementation.

Our design brief

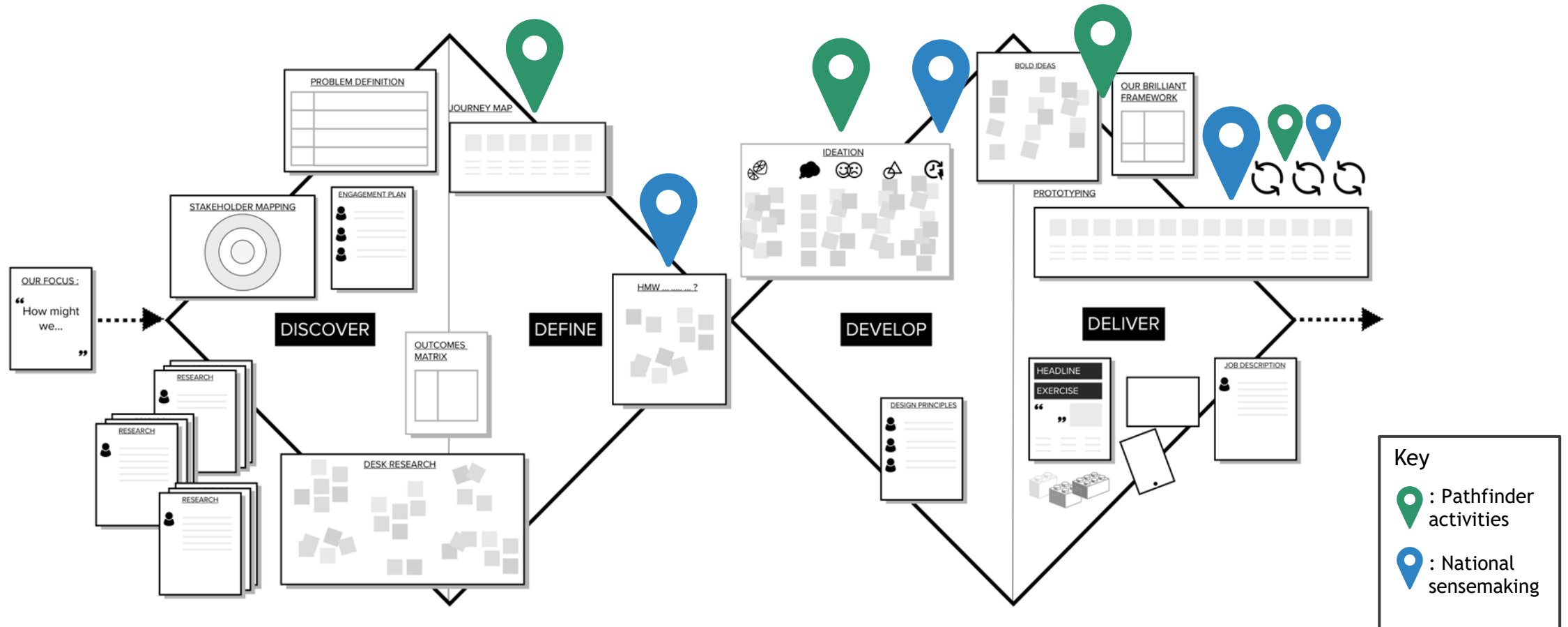


Who is involved?

- ▶ Health and Social Care Partnership Teams (our ‘pathfinders’ and ‘partners’)
- ▶ Their staff and people who access services
- ▶ The Scottish Government GIRFE policy team
- ▶ The Office of the Chief Designer
- ▶ Professional leads
- ▶ Policy contacts across Scottish Government

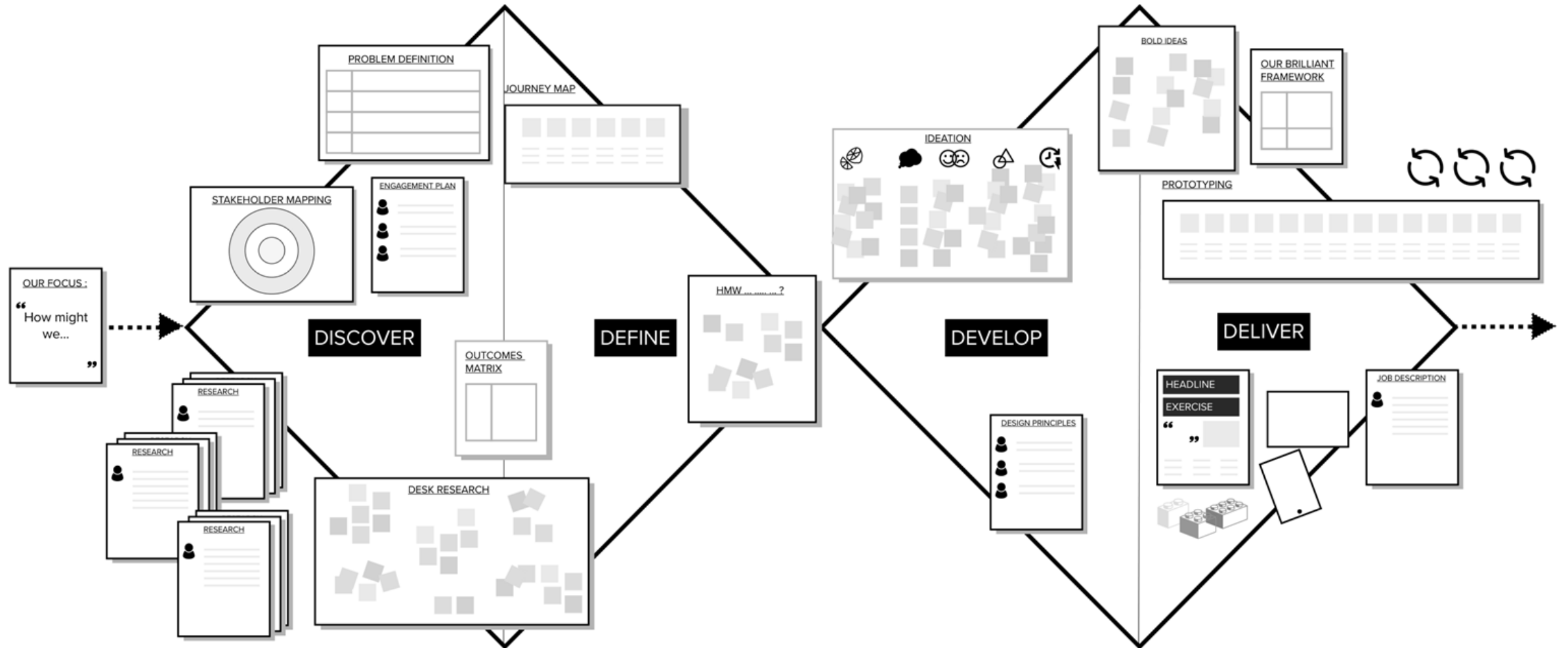
The co-design process

This diagram highlights the moments when the pathfinders facilitate or take part in co-design activities.



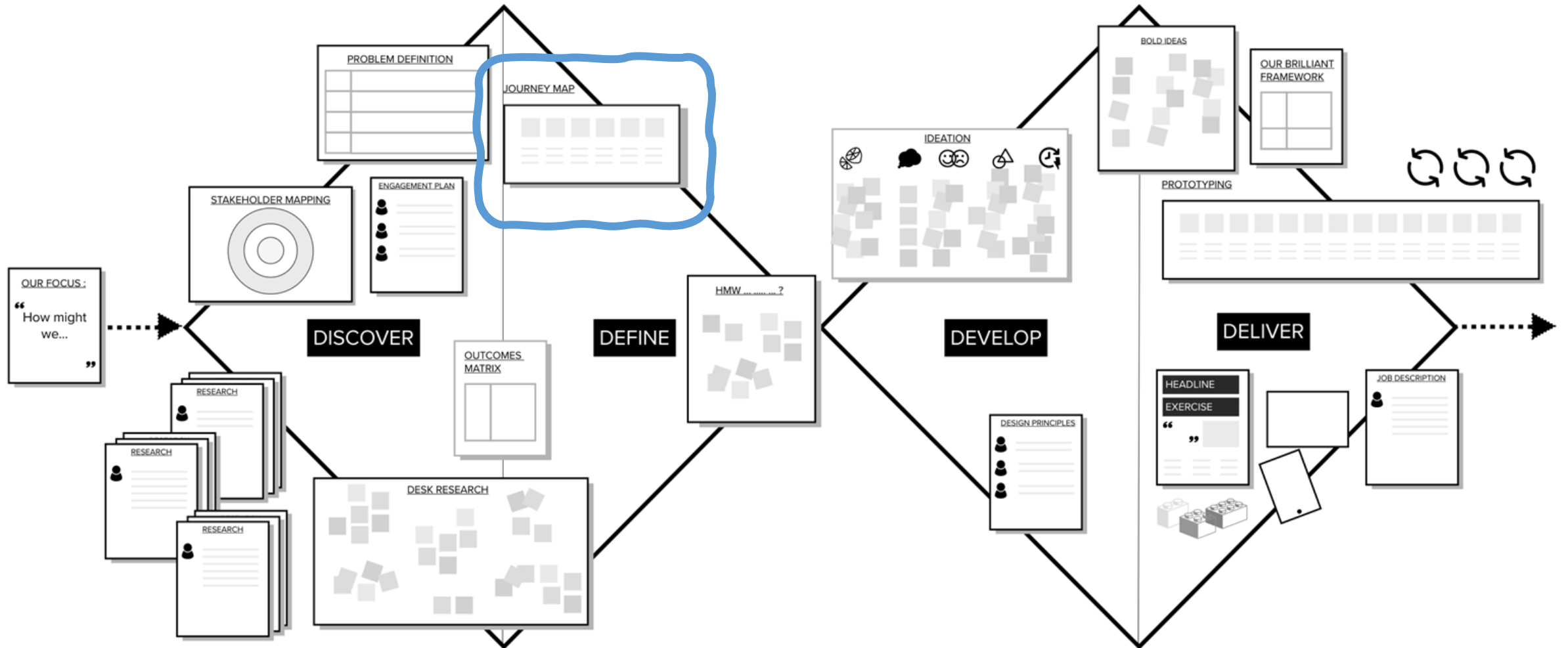
The co-design process

And the tools we used.



The co-design process

Today we are focusing on journey mapping.



A description of journey mapping

Journey maps can help us:

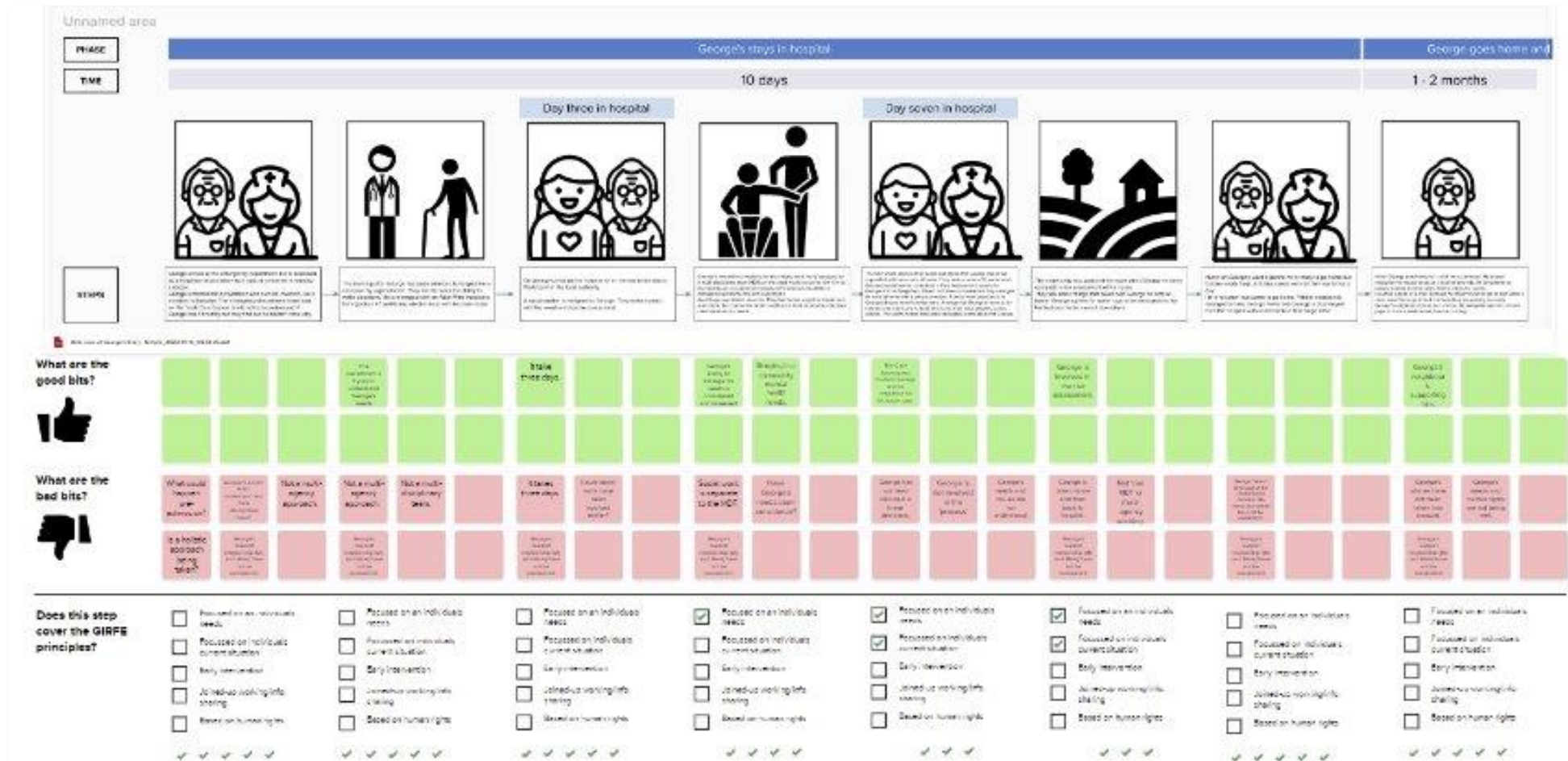
- Build understanding from the perspective of a person
- Analyse a service
- Zoom in and out of a person's experience

Types of journey mapping

- Hypothetical (based on assumptions) mapping a current experience (As is)
- Researched mapping a current experience (As is)
- Designed future experience (To be)

Planning is everything, you can't map what you don't know

The journey mapping example



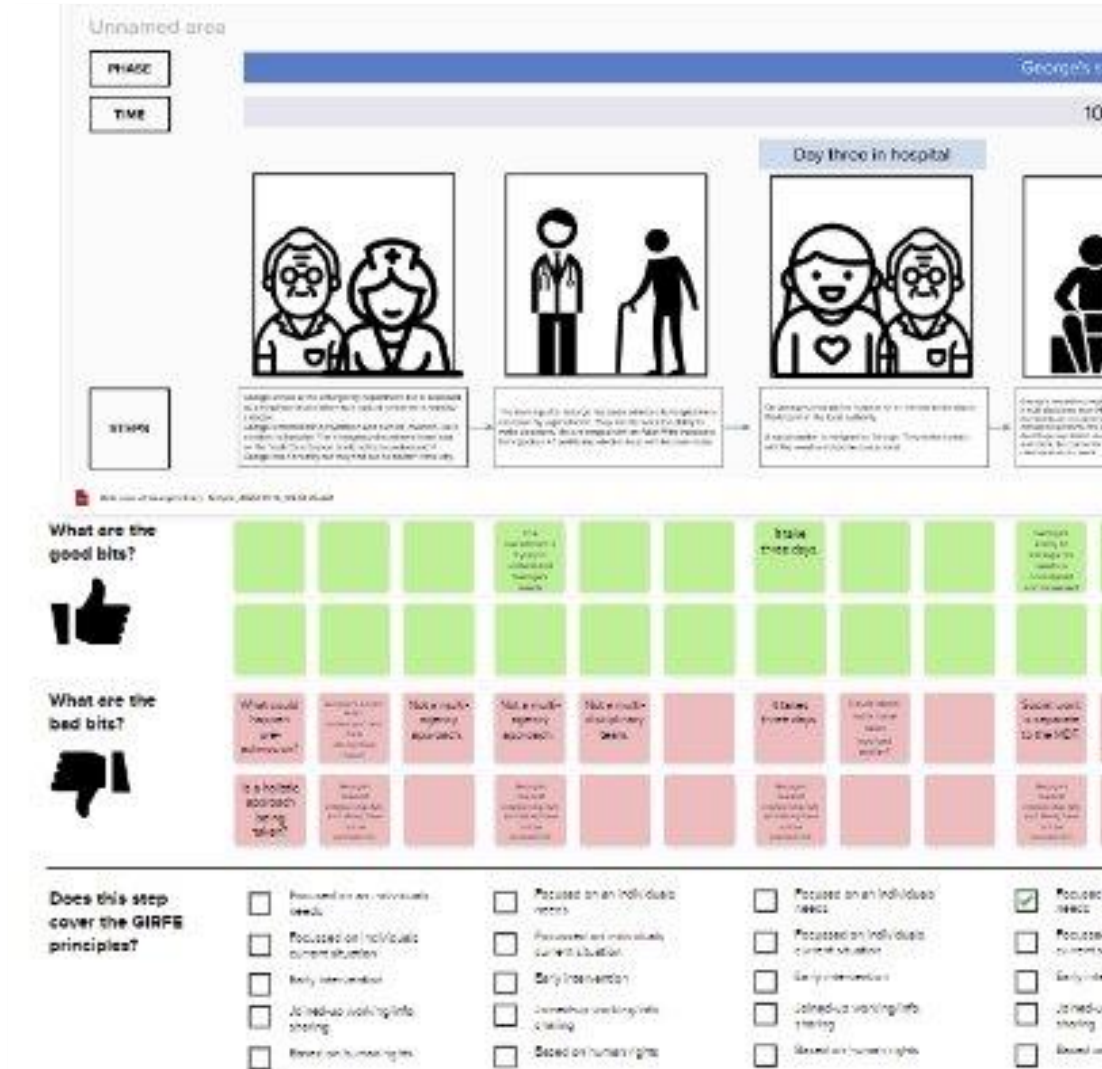
A breakdown of the example

Passage of
time

What's
happening

What's
working/
what's not
working
from a GIRFE
perspective

GIRFE
principles



Journey mapping template

Current experience (as-is) journey map

A journey map captures an experience from a person's perspective.

The person whose experience is captured is

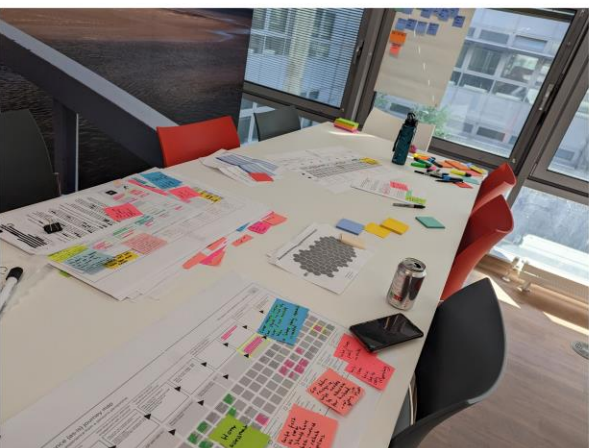
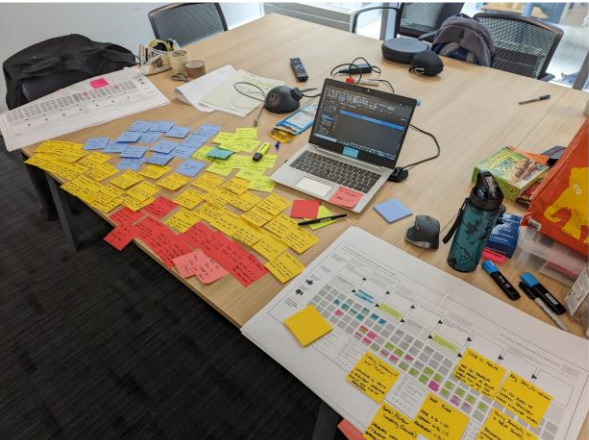
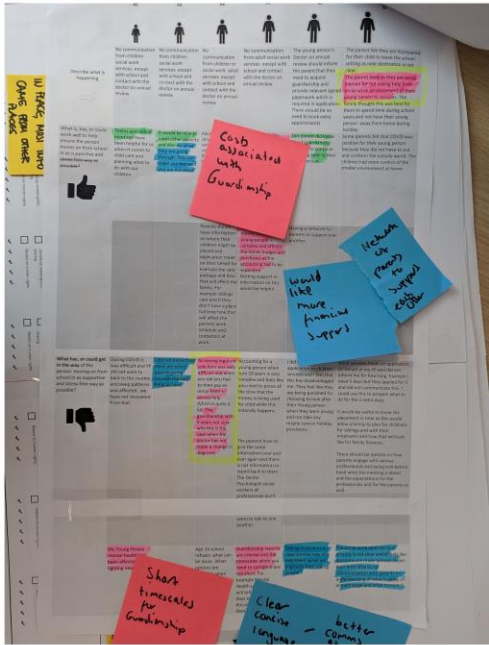
	How does a person's experience start?	How does a person start their engagement with a service?	How does a person experience the service?	How does the experience develop for the person?	How does the experience end for the person?
Draw or use icons to show what the person does.	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Describe what is happening.	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
What are the good bits?	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
What are the bad bits?	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Does this step cover the CIRFE principles?	<input type="checkbox"/> Focused on an individual's needs <input type="checkbox"/> Focused on individuals' current situation <input type="checkbox"/> Early intervention <input type="checkbox"/> Joined-up working/info sharing <input type="checkbox"/> Based on human rights	<input type="checkbox"/> Focused on an individual's needs <input type="checkbox"/> Focused on individuals' current situation <input type="checkbox"/> Early intervention <input type="checkbox"/> Joined-up working/info sharing <input type="checkbox"/> Based on human rights	<input type="checkbox"/> Focused on an individual's needs <input type="checkbox"/> Focused on individuals' current situation <input type="checkbox"/> Early intervention <input type="checkbox"/> Joined-up working/info sharing <input type="checkbox"/> Based on human rights	<input type="checkbox"/> Focused on an individual's needs <input type="checkbox"/> Focused on individuals' current situation <input type="checkbox"/> Early intervention <input type="checkbox"/> Joined-up working/info sharing <input type="checkbox"/> Based on human rights	<input type="checkbox"/> Focused on an individual's needs <input type="checkbox"/> Focused on individuals' current situation <input type="checkbox"/> Early intervention <input type="checkbox"/> Joined-up working/info sharing <input type="checkbox"/> Based on human rights

The story so far

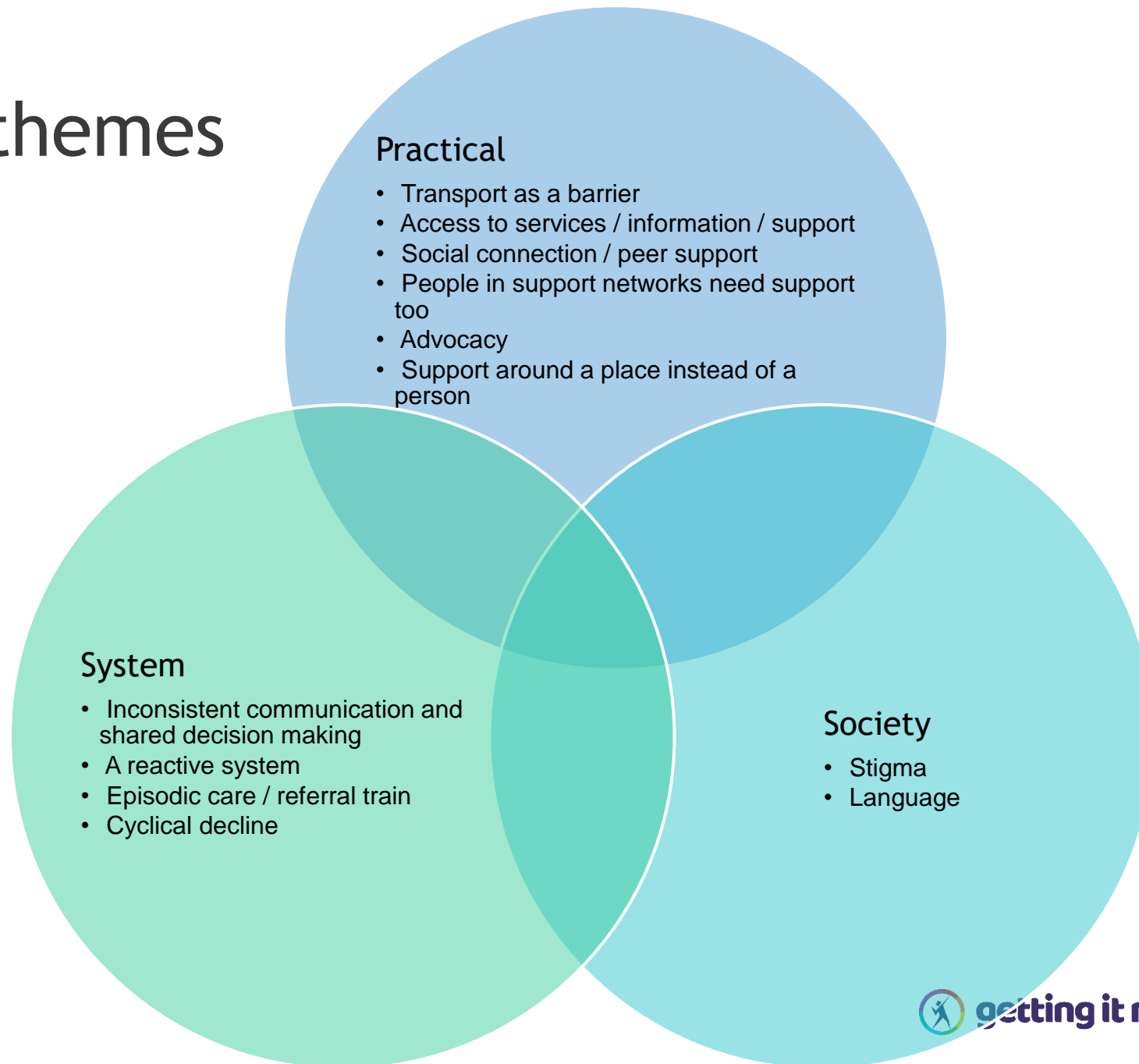
- ▶ 8 Health and Social Care Partnerships working across 5 thematic areas:
 - ▶ People in Prisons
 - ▶ People in Addiction services
 - ▶ People registered at Deep end GP Practices
 - ▶ Families with multiple and/or complex needs; and young people in transition between children and adult services
 - ▶ Older people and frailty
- ▶ The design school training, preparation and engagement took place between January and June 2023, with refreshers at later stages
- ▶ 145 journey maps were produced by the pathfinder teams through engagement with service users and staff
- ▶ Analysis of all maps at national level and insights produced
- ▶ Collaborative sense-making with pathfinder teams to check insights, and to produce and prioritise 'how might we?' statement
- ▶ Ideation - more than 300 ideas produced (500 including policy and profession input)
- ▶ Collaborative sense-making with pathfinder teams (current work)

Ways to make sense of the data

- ▶ National themes - in each thematic areas and across the thematic areas
- ▶ System map - people in the system and the connections
- ▶ System pattern - components of the system



National themes



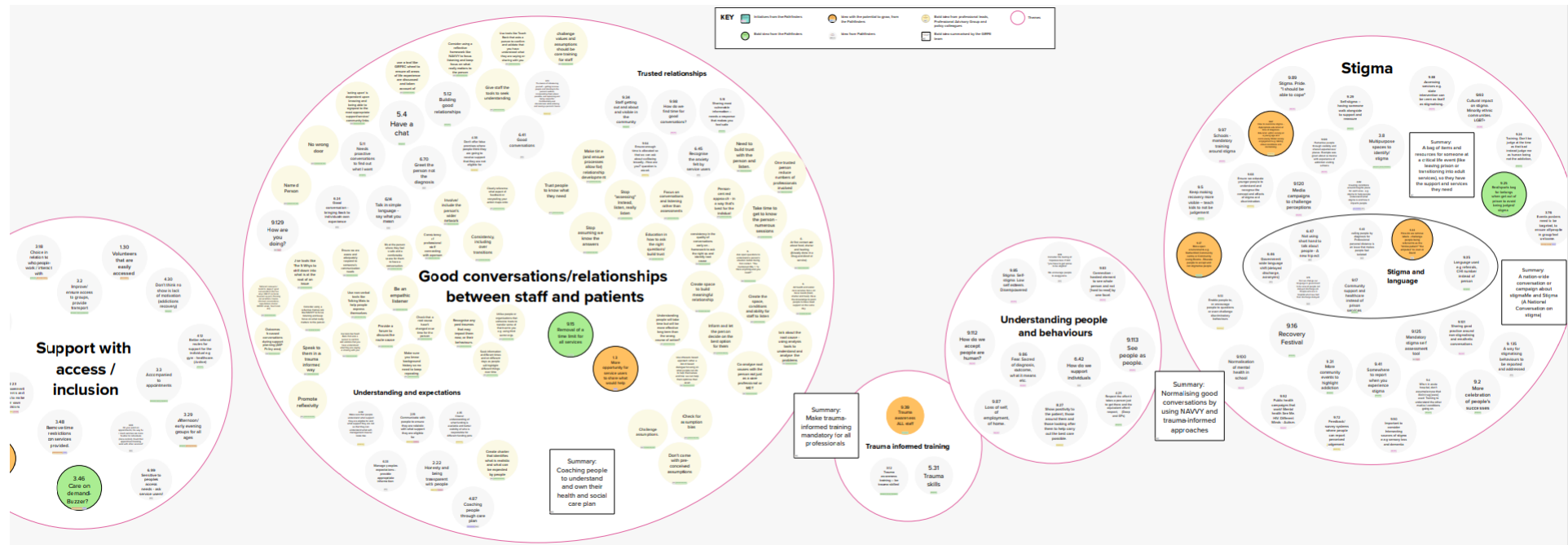
Example insights

Cluster	Insight	Detail
Peer Support	People are more likely to engage with peer led support over other services.	<ul style="list-style-type: none"> • People feel the value in having someone to talk to who has walked the same path. Peer support is described as not being as judgemental as other services. • Many participants credit their peer support worker as the reason they were able to get clean and avoid reoffending. For many, it comes down to having someone there who believes in them and doesn't judge. • Feedback on peer support services were overwhelmingly positive for those who engaged with them. Many who accessed these sources went on to become peer workers themselves.
Recovery planning	Plans need to be collaborative, updated often, and next steps should be clear.	<ul style="list-style-type: none"> • Care plans are created at start of recovery journey however participants may not have mental capacity at that point to meaningfully input to this and the care plan is not updated. Lack of clarity about next steps. • It wasn't made clear what happened next in terms of recovery plan/journey • Drug screening at first appointment - didn't know what was happening • Care plans are not collaborative, some people do not even have a care plan
Support upon release	"Little" things have a big impact on a person's release from prison.	<ul style="list-style-type: none"> • Many participants discussed feeling scared and stressed about their release day. The causes of their anxiety were often small, easily fixable pain points that are falling through the cracks. Having someone to pick you up from the gate upon release is a small detail that means a lot to a person. • Participants who did not have a source of support on leaving prison spoke about reoffending right away. This was particularly prominent in people with addiction issues. • Left adrift without an idea of what to do next, participants fell back into previous habits. • Another small detail that prevents people in prisons accessing support is the cost of communication. With calls and texts costing money they don't have, people are cut off from support.

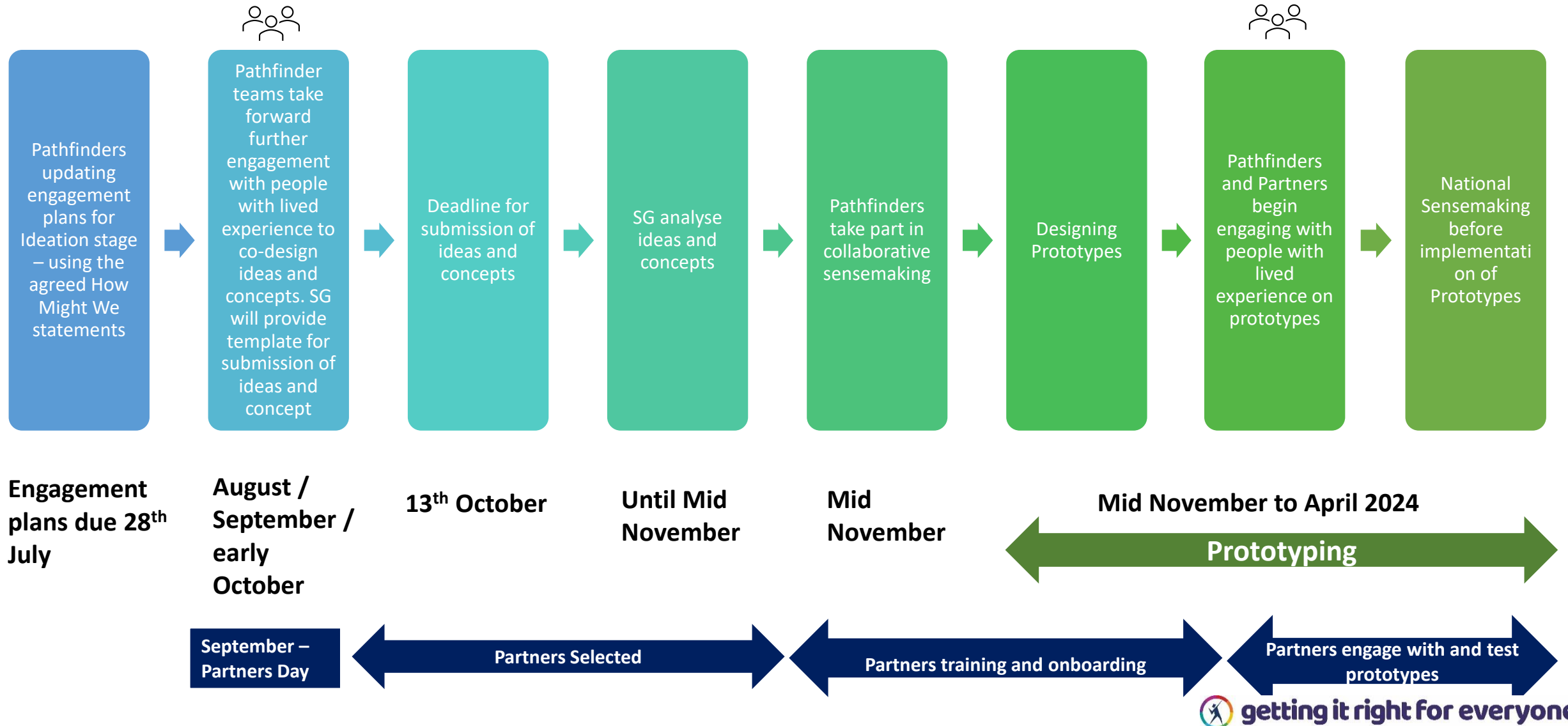
How Might We? statements

How might we... statements	Angus	Aberdeen City	Aberdeenshire	East Ayrshire	Edinburgh	Fife	North Lanarkshire	Orkney
1. How might we understand what matters to people earlier so we can provide the right support before they hit a crisis point?			X				X	X
2. How might we communicate with people about available support and services in a consistent, impartial and accessible way?		X						
3. How might we value social connections and relationships with people accessing support as a proactive measure?				X		X		X
4. How might we work together with a person and their community to plan and provide health and social care support?		X		X		X	X	
5. How might we work together to share information between people, providers and organisations effectively?				X				
6. How might we look beyond medical diagnosis to support the other social, financial and practical factors which impact a person's life?	X				X			
7. How might we help people understand they have a responsibility for their own health and wellbeing?	X		X					
8. How might we ensure that a person's health does not decline over time by working together to make early referrals which consider the impact to existing health and social care support?		X			X			
9. How might we ensure that anyone accessing support is treated with kindness and is not judged by providers, their community or themselves?		X						

Themed ideas and initiatives map



GIRFE Timeline



Reflections...

We've learned so much from this process already, but we have some big challenges coming up too...

- ▶ How we work with policy in a meaningful way
- ▶ How we fill some of the gaps in our understanding (partner input, existing research, future engagement planning)
- ▶ Developing a systematic way of developing insights from useful tools like journey maps