



'We want in, just tell us how!'

**East Sussex Better Together
Staff Engagement – Report of
findings. June 2016**

healthwatch
East Sussex

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Background

- ▶ East Sussex Better Together programme is a 150-week programme to transform health and social care
- ▶ The programme is committed to ensuring that staff across both health and social care are able to give their view and be involved in shaping the programme
- ▶ This phase of staff engagement has been carried out independently through Healthwatch East Sussex

Executive Summary

- ✓ People understand why there is a need to change and are ready to make the changes
- ✓ Levels of knowledge vary, in the main people have heard of ESBT but most don't know what it means for them
- ✓ The process is feeling a bit 'top down'
- ✓ Some frontline teams are not receiving messages
- ✓ People don't have a good understanding of what ESBT looks like in practice
- ✓ People want to see visible change and positive impact on patients and service users
- ✓ People want help to know what to do differently

Executive Summary (continued)

- ✓ People want more discussions, face to face is better where possible
- ✓ Team meetings and staff training are seen as good ways to engage
- ✓ People want to share ideas but not unless this is done with permission/authority
- ✓ There is a feeling from social care that ESBT is being led by health
- ✓ There is a risk of project fatigue for those who were involved in initial discussions, especially when they feel as if nothing is changing in practice
- ✓ A visual representation of what is happening, when and how would be welcome, demonstrating what is different in real terms because of ESBT
- ✓ The newsletter and website are not capturing people's attention at present

Purpose of the Engagement

- ▶ Provide an update on the story so far which will include:
 - Stage of the programme
 - What has happened to date
 - How we have kept you involved so far
 - Reiterate the message that they want to deliver this programme of change in partnership
- ▶ To establish current levels of understanding of the ESBT programme
- ▶ To give an overview of what it might mean for 'me'
- ▶ Provide an opportunity for people to ask questions
- ▶ Establish what information people would like about the programme going forward
- ▶ Establish preferred on-going communication and engagement channels
- ▶ Identify what members of staff can 'offer' the programme to shape the change together

Approach

- ▶ The intention has been to talk face to face to as many staff as possible across health and social care in East Sussex by:
 - Attendance at existing ‘drop-in’ meetings that had been organised to discuss the implementation of the Integrated Locality Teams
 - Attendance at existing team meetings; and
 - Organising specific meetings to which staff were invited to attend
- ▶ Attendance at 14 sessions across East Sussex and approximately 116 members of staff were spoken to and given the opportunity to give their view

The questions we asked

The discussions were shaped around the following questions they were kept informal to ensure we could capture feedback that would be valuable to the programme whilst sharing knowledge about the programme when this was required.

- ▶ How familiar are you with the programme?
- ▶ What do you think about the changes so far?
- ▶ Have you made any changes so far that will help to deliver the outcomes?
- ▶ Do you have any ideas about improvements that could be made that are specific to your role?
- ▶ Tell us how you want to hear about progress and how you would like to be engaged to help shape the changes in the next phase?
- ▶ Do you have any other questions?

Themes from our conversations ... (thanks to all those we spoke to!)

A summary of the feedback has been captured in the following key themes:

- Levels of knowledge
- Being kept informed/engaged
- Empowering staff to make change
- Key questions/comments

Levels of Knowledge about the ESBT Programme

- ▶ There were a minority of staff that knew about the programme in detail. Generally this was because they were involved in one of the work streams. However a few suggested that they may know their own work stream in detail but are not so knowledgeable about the wider programme.
- ▶ The majority had heard of the programme specific to their work area but not necessarily a great deal of knowledge about the wider programme.
- ▶ The 6+2 box model helped to provide the understanding that the programme covered the whole cycle of a persons care but was seen as somewhat theoretical. People wanted to understand what the changes looked like in practice.
- ▶ In the main staff didn't understand what the changes may mean to, "me and my team".
- ▶ There were a minority of staff that had never heard of the programme or didn't recognise the logo, however when made aware through the discussions were keen to know more and get the opportunity to be further involved:
 - "It feels like there are three projects but it can feel detached – we are carrying on as normal"
 - "At risk of knowing what you don't know you carry on with what you have always done"
- ▶ Where attendance levels were low, it was cited as an indication that people do not know what ESBT is or why it matters to them and therefore not a priority to come along.

Being kept informed/engaged

How staff are being engaged at the moment

- Many people said they have slots at team meetings however these are likely to be short and don't always provide the required detail or join up with whole picture
- "Only hear something when it is going to directly impact the team"
- Communications are patchy and some people don't know where to get answers
- "The programme is meant to be central, however staff have conflicting priorities and therefore not able to engage in the programme at present"
- "Management speak puts me off"
- "Didn't seem real and therefore I gave up reading it"
- "I'm not clear what we have achieved so far?"
- "It's supposed to be core to the business but it doesn't feel like that"
- People felt the website and newsletters were a bit dry
- A few of the staff had seen nothing about the programme at all

How staff want to be engaged in the future

- The majority said the best way to engage is through face to face engagement at team meetings – go where the teams are
- Staff need to understand the full picture – what is happening
- Make it real – case studies/scenarios/facts to explain what it means for the patient and what it means for staff – what is going to be different from now?
- Use a variety of communication and engagement mechanisms that make it real and draw people in:
 - Face to face through specific meeting
 - Bulletin/newsletter (mixed feedback)
 - Email (mixed feedback)
 - Advertise the website/have a website specifically for staff
 - Videos
 - Possibility of having champions?
 - Protected learning sets
 - Bring together a panel of social care and health staff
 - Engagement events bringing together staff
- Work with the managers who may not be passing this information to their teams in the most effective way – consider a team meeting info pack

Empowering staff to make change

Current experiences	How staff would like to help shape change in the future
<ul style="list-style-type: none"> - At the moment some say it feels top down instead of ground up - Generally people feel they are not involved in the change – have been under direction rather than listened to – if they have been engaged some feel their ideas are not listened to - “Minions – we do as we are told” - “Feels like a done deal” - “Things currently just get rolled out and nobody has the opportunity to shape or have a say” - “Staff are undergoing change fatigue as so much change is taking place” - “There are too many staff engagement meetings and that can be confusing for staff” - Some staff are feeling uncertain and overwhelmed – a tiny cog in a big machine - Adult Social Care felt that they are only involved when the changes are being implemented – they would recommend if its about the pathway they need to be involved - Locally some staff felt that they are able to effect change within their own services however there was some cynicism about being able to affect change on a higher level 	<ul style="list-style-type: none"> - People would find it useful to understand the governance structure from both health and social care angles to understand how they can be involved in shaping change - “Would be good to see what has changed already/how have things been improved” - “Need to talk to people on the ground” - Bring staff from both health and social care to build relationships and understand how each other work to build the change successfully - “Awaydays are good” - More discussion at team meetings and more organised ‘led from the top’ opportunities to shape ideas would be welcomed - “Could be more innovative in the way we commission services – a checklist to show how it fits with ESBT priorities would be very helpful” - Suggestions were made about how to encourage people to share ideas maybe through an on-line message board or chat space, some anonymity might be useful - There wasn’t generally appetite for a staff reference panel

Comments/key questions (1)

Key theme	Comments
ESBT Programme	<ul style="list-style-type: none"> - All were very positive about working together and felt this was the right way forward
	<ul style="list-style-type: none"> - There was concern that the ESBT programme is health orientated and not social care
	<ul style="list-style-type: none"> - “It would be good for people to understand the value of the change – “is it a good thing or are we doing it just to save money?”
	<ul style="list-style-type: none"> - Children’s services are feeling that Adult Social Care are more involved than Children’s and not sure whether the model fits with their way of working - Children’s already working in an integrated way through: <ul style="list-style-type: none"> - supporting parents/adults with mental health needs - Children’s have own version of Health and Social Care Connect – how will the two work together and link up? - Connecting up for a single point of access needs to go beyond phone line e.g. websites
	<ul style="list-style-type: none"> - “There is a gap in service for people who take an elected/private pathway as they are not often referred back into the NHS for ongoing support – is this included?”
	<ul style="list-style-type: none"> - “Lots of what Public Health do is already working in the ESBT way, will it change our roles and have a direct impact?” - “At the moment it feels a bit one way”
	<ul style="list-style-type: none"> - “In the early days there was an ESBT charter – this was good what happened to it?”



Comments/key questions (2)

Key theme	Comments
ESBT Programme Cont'd	- "Mental health is a gap"
	- "How do we realise the benefits of scale at a local level?"
	- "Does ESBT connect up with the 'Make every contact count' work?"
	- "Need to understand the structure of the programme – a diagram with names from all organisations"
	- "How is the quality and benchmarking being measured?"
	- "CCG boundaries – cross over with High Weald Lewes and Haven no longer being involved – how will those affect referrals?"
	- "Two years building the foundations is too long – people needed to see change"
	- "Have been working on the urgent care project – two years and now it's going to be delayed.."
	- "It is frustrating at General Practice when the programme is trying to sort out the 'out of hours' before sorting out the 'in hours'"
	- "I don't know if I am doing it the ESBT way? I would like a checklist to help me to change my practice so that it is in line with ESBT approaches e.g. commissioning new services the ESBT way"

Comments/key questions (3)

Key theme	Comments
Health and social care	<ul style="list-style-type: none"> - There are differences between health and social care - “Health seems less flexible than social care” - “Should be like building a salad and less like making a soup, so that each part retains what is unique” - “So many layers and teams now it seems more complicated for people not less” - “At the moment care starts when someone needs help” - “Concerned that some of the holistic aspects of social work will be lost within the machinery of the NHS”
Geographical areas	<ul style="list-style-type: none"> - “How do we realise the benefits of scale at a local level?” - “How do you identify geographical areas that work?” - “GPs seem to be moving in the opposite direction – over larger geographical areas?” - “ILT managers proposed an option 3 but were told it wasn’t possible?” - “Concerned about duplication e.g. referrals without assessments” - “Concern that we will stick in CCG areas – that we will talk about localities without the funding following” - “How realistic is locality based funding?”
IT/Agile working	<ul style="list-style-type: none"> - “Social Services recently had a new system which has had a huge impact on staff and now worried that going to be more new systems- are there going to be any more?” - “Health also just got new IT systems – this should have been joined up” - “Change needs to happen at organisational level - shared IT would make the biggest difference” - “Is going agile part of the programme?” - “Being given conflicting information – being told will all be working the same building whilst at the same time moving to agile working?”

Comments/key questions (4)

Key theme	Comments
GPs	<ul style="list-style-type: none"> - “Things are beginning to change, doctors referring patients to support workers – saves their time and makes a difference” - “GPs seem to be moving in the opposite direction – over larger geographical areas” - “The goal will be reached when a GP can say they are doing it a different way because of the ESBT programme” - “The budget should be split fairly between primary care and secondary care” - “Patient advocates are required as GPs spend so much time sorting out social problems and not health” - “An education programme is required to get people redirected from primary care” - “GPs could be given all the money in the world however still wouldn’t have the resources as cannot recruit GPs due to the workload” - “GPs are resistant and will only try things different once”
Teams	<ul style="list-style-type: none"> - “There is some overlap between health and social care OTs - it’s the nuts and bolts that matter to people the most” - “In Social Care the OTs work in an agile way whereas in health they do not” - “In Social Care have a legal obligation to work within the Care Act however in health they do not – how is this going to work?” - “OT Support staff within Social Care (OTA) have a caseload whereas in health (OTS) are more like assistants – how is this going to work?” - “NHS are more into specialisms (if it isn’t their specialism they refer on) whereas Social Care happy to cover most areas” - Some anxiety amongst staff that there is a potential overlap between new teams and old teams – people are keen to understand the implications - Confusion about new teams and roles – keep getting phone calls asking for frailty nurse and don’t know where they are - “Sometimes it feels the new teams are doing the work that we already are” - “Are the ILTs cost neutral?” - “Would be useful to see a job description for the ILT managers” - “Should identify the gaps and then organise teams to meet the gaps”

Next Steps

We would suggest the following next steps are taken:

- ▶ The feedback from the engagement exercise with staff is reported to the ESBT Programme Board
- ▶ Feedback is provided to staff across health and social care advising how their involvement has helped to shape future engagement with staff



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