Organisational strategy refresh

Summary

This paper summarises the key areas of feedback received from the engagement events and online surveys that were part of our the development of our organisational strategy. This feedback has been vital in helping us develop the first version of the strategy. We are discussing the strategy over the Summer and will finalise it in October 2019.

Feedback themes

1. People

The care we provide

A key theme in the feedback was that whilst standards of care remained high, demand on services was continuing to increase, with resources staying the same or even decreasing in some areas, and that this was placing significant ongoing pressure on staff. In response participants in the groups felt that we needed to:

Change the way we work

People felt that we could create additional capacity:

- by developing greater clarity for teams (**including service criteria and menus of interventions**) to help them better prioritise their resources (including being clearer about our offer to people who use of services) – particularly for our community services / ATSs
- though supporting the development of **new ways of working and new roles** (including expanding peer worker and nursing associate roles) which can create additional capacity – helped by new partnerships with local education colleges
- by developing a more **graded approach to our service offer** in ways that parallel the low intensity and high intensity service offer within IAPT
- by experimenting with and then **adopting new digital resources** (e.g. websites, Apps and online resource directories)
- through **reducing the administrative burden** on clinicians
- by spending less time on managing the pressure of the 'front door' (keeping people out of services) and **more time on providing interventions** to people already in our services.

Invest more to address current service gaps

People felt our service offer could be improved by:

- addressing the **gap in service provision that sits between primary and secondary care** services (where people's difficulties are too complex for IAPT but where they do not yet meet criteria for secondary care services) to reduce the current pressure on services to work beyond their remit to address this gap (usually to the detriment of people with more serious mental health problems)
- ensuring better and more **integrated care between physical and mental healthcare** services
- implementing a **single point of access** to enable services to be more accessible and to reduce the overall number of assessments
- delivering on our new **crisis care** offer
- **creating more bed capacity** and ensuring greater clarity over the purpose for admissions
- developing **better rehabilitation pathways and services**
- **increasing mental health care provision for children and young people** – including in educational settings
- developing better **transition services** between CAMHS and adult services
- creating capacity to deliver more evidenced based **psychological interventions**
- supporting better and more joined up care for people with **learning disabilities** and **substance misuse** difficulties
- introducing **new wellbeing centres**
- working more closely with housing associations and **expanding housing officer / liaison roles** to help people stay in their homes and to support people being discharged from hospital with their housing needs

Provide more evidenced based interventions and less generic care

Participants also generally agreed that we needed to focus more on **evidenced based care** through:

- shaping services around the **CAG menus of care**
- ensuring **service users and carers know what they can expect** from services
- ensuring CDSs **maximise the availability of the interventions** in the menus of care within the resources that they have available
- looking for **alternative ways of supporting people's affiliative and social care needs** with partners in the wider system (see below)
- supporting staff in giving advice on how to best **manage conversations** with service users and carers if the intervention they would like, or which might be best for them, isn't available

- ensuring that we **evaluate** our care and treatment effectively, placing the **experience of the service user** and carer at the heart of this

Staff wellbeing

Whilst most people felt that Sussex Partnership Trust was a good employer, many staff still reported feeling **stressed and tired** due to excessive workload. People therefore identified staff wellbeing as a key issue for the organisational strategy refresh. Ways of improving staff wellbeing included:

Reducing burden

We heard that when teams are under pressure, people can get compassion burnout and they are then not always able to remain kind or sensitive to each other's needs. To help address this, participants in the feedback sessions thought we should:

- make current **information systems and processes less bureaucratic** and resource intensive
- **address accommodation problems** so that this does not act as a constant stressor for staff as well as impact on clinical care
- ensure all staff have **clear expectations for their role** that are realistic and enable people to do their jobs well
- implement **better demand management tools** across all teams

Support and self-management

People also recognised that we needed to embed specific wellbeing initiatives including:

- more **training for managers** in how they might model a positive approach to wellbeing (e.g. not sending emails outside working hours) and in supporting their staff to monitor and look after their own wellbeing
- ensuring that **we actively select for the values** we want to see in our staff at interview
- introducing **'recharging stations'** for staff – to help people feel valued and to offer a focal point for conversation and reflection
- supporting the introduction of **health and wellbeing champions** in teams
- ensuring staff work in a **positive environment** with accommodation that leaves them feeling valued, connected to other members of the team, and enabled to do their jobs well
- ensuring that wellbeing support and training is **available across all localities** including Hampshire
- offering **rotation posts** for staff to allow them to pursue their interests and have a break from the demands of each role
- offering **development days to go and work with other teams**, or **away days between teams**, especially where there is friction between them

2. Prevention

Everyone appeared to be in broad agreement that the Trust needed to focus more on prevention, early intervention and community wellbeing to prevent mental ill health, promote wellbeing more generally, and to stop people needing more intensive support through intervening earlier.

Prevention and early intervention

People described the need for preventative and early intervention work in many areas, but there was a desire to focus particularly on:

- **young children**
- **schools and secondary school pupils**
- **university students**

Community wellbeing

People also felt we should be working to more clearly define our offer to the wider community. People talked particularly about the role the trust might have in:

- **connecting communities** through outreach support to community groups
- **promoting wellbeing** in organisations and in the wider community
- **challenging the myths and stigma** around mental health through public campaigns

3. Partnerships

New partnerships

All participants agreed that partnerships were crucial to the future success of the organisation and to our ability to offer high standards of care to service users and carers. Examples of partnerships that people thought we could develop or further build on included:

- **working more closely with primary care** to support people to move through our services more effectively – and to discuss possible referral options with GPs before these are made
- forming new or **more effective partnerships** with third sector organisations and community groups who can do much of what we currently do but potentially more effectively and more cheaply with our support – particularly in helping to meet people's social care and affiliative needs. The veteran's network in Crawley, and Pathfinder services in West Sussex, were named as examples to build on
- prioritising time to develop **more effective partnerships with families, schools and the voluntary sector**.

- looking at new ways of **supporting other organisations to manage risk** and to better include service users as full partners in making risk management decisions
- investing in **housing officers** located in housing associations to help patients move from inpatient care into accommodation

Principles of partnership working

People also explored how we might use the STP (Sustainability and Transformation Partnership) to create new partnerships and to challenge some of the current barriers to good partnership working. In so doing, people also identified the key principles to good partnership working that we should build into our new strategy. People commented on the fact that:

- **good partnerships require shared goals** – for example, NHS and local authorities sometimes chase different goals and targets, which can lead to organisations becoming defensive when everyone is stretched
- **STP is an opportunity to integrate systems more effectively,** including between physical and emotional healthcare, and NHS and local authority services, as this is a key current barrier to effective partnership working
- **educating each other** about our roles, tasks and challenges can help improve partnership working significantly as it breaks down the us and them mentality
- partnership working **needs investment of people and time** as they are fundamentally based on trusted relationships
- we need to be involved as a Trust in the **Hampshire STP and wider system developments**

4. Culture

Most staff reported real improvements in the culture of the organisation over the last five years. People described it as being more positive and optimistic, less 'top-down', with more training opportunities and better engagement.

Fairness and accountability

Whilst the principles of **Just Culture** (fairness, learning and accountability) were warmly received, staff felt there needed to be:

- **greater consistency around the way staff treated** when things go wrong. There was a feeling that there is currently inequity, particularly where doctors were concerned
- **more awareness around Freedom to Speak Up** and examples given to staff where this has made a real difference
- a more coherent approach to **balancing consistency of service offer across the trust with the desire to support local autonomy and innovation.** It was acknowledged that we have more work to do to get this balance right although there were differences of view as to

where we were currently on the consistency versus autonomy continuum, suggesting differences of view and approach across the organisation

Connection and communication

Staff often repeated the view that feeling connected to the wider Trust and feeling informed about what was going on was an important part of maintaining a positive trust culture. To further build on what people generally thought was an improved approach to communication, people suggested we should:

- explore how to **prevent smaller teams from becoming isolated**
- look at ways to **ensure information filters down from CDSs** to teams and individuals
- Support **team leaders to take a more active role** in both disseminating and filtering information
- ensure information is shared in a **creative and meaningful way**, and in ways that are easy to find, but ensure that staff are **not bombarded with information** that they then ignore
- ensure that **teams organise regular 'huddles'** so people have the chance to talk and ask each other for advice
- **improve the staff intranet (SUSI)** so that it more effectively acts as a useful resource for guidance and information. Service users also felt that it could be developed into a much more accessible and helpful information resource than it is at present
- be **clear about when innovation is happening and where**. For example, one group suggested that at the Positive Practice Awards, staff could be told the reasons why staff or teams won, rather than just who won

5. Quality Improvement (QI) and innovation

Creating the space for innovation

People were on the whole fully behind the organisation's QI approach to innovation and problem solving, but mentioned a number of specific things that made it difficult to create space to reflect and make changes. This included:

- **too much administration** and unnecessary form filling
- the need **to chase targets** rather than focus time and energy on the things that could have the greatest impact on people's experience of care
- the challenge of the **'daily grind'** , with demand outstripping the capacity to deliver, leading to a sense of powerlessness and hopelessness

To overcome these challenges staff felt the organisation needed to:

- change the way we work to **create more time for innovation** and change

- continue to **encourage staff to do the QI training** and for **QI to be part of people's appraisals**
- **encourage managers to support people to take risks** and to try something new

Building on successful innovation

People also talked about the fact that we now had an opportunity to get better at identifying and then disseminating good practice. People suggested:

- developing an **'innovation hub'**
- organising **more QI events to share good practice**
- we need to **challenge the "we already know what's best locally" narrative** which can get in the way of innovation and be a defence against change

Principles underpinning good QI work

Participants in the sessions identified the following key issues as important in good QI work:

- where QI opportunities are identified, it's important **that service users and carers can get involved,** with people suggesting the approaching the Working Together groups at an early stage in project development
- **working together groups** are good feedback forums
- **involving patients and families gives projects momentum**, because they will always ask about progress
- some initiatives should be able to attract **additional resources specifically identified to support QI implementation** and roll out
- **"don't over complicate it"** - the principles are very simple but the NHS is very good at overcomplicating something we are doing anyway
- we need to be able to **see things through to completion** and it is better to have a few priorities you concentrate on rather than trying to run several small projects
- **QI must link to outcomes in the clinical strategy**
- we can **use team away days to come up with ideas for QI** projects that the team can work on together