South Yorkshire and Bassetlaw Integrated Care System

djs research

Analysis of feedback from staff and stakeholders on the SYB ICS Response to the NHS Long Term Plan

Thematic analysis of responses
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2. **Background and methodology**

3. **Analysis of the three key questions**

    - Looking ahead

    - What would the system look like?

    - What would be the noticeable signs of success?

- What's your role/contribution?

- What is the role of others?

Looking ahead: Key themes

What would the system look like?

Staff and stakeholders feel that **progress** within the System across SYB in five years time would mean that the following would have been achieved:

- **A seamless pathway of care** through:
    - A focus on delivering true patient-centred care
    - Integrated working across teams and organisations
    - Integration of IT systems
    - Improved use of digital technology
- **A reformed and refocused system**, involving:
    - Social care reform
    - A true focus on prevention
    - More care provided in homes/communities
    - Equality of services within the system
    - Equality of services across Trusts and localities
- **Improved staffing conditions**, in particular:
    - Increased staffing levels
    - Better pay and better working conditions
    - Improved staff morale
    - Improved staff training
- **Better leadership**

Looking ahead: Key themes

What would be the signs of success?

Staff and stakeholders feel that **the noticeable signs of success** for such progress would include:

- **Higher staff morale**, resulting in:
    - Better staff retention
    - Lower agency spend
    - Lower sickness absences
    - Lower vacancies
- **A better patient experience** (and lower numbers of complaints) due to:
    - Patients and staff having a better understanding of the system
    - Shorter waiting times for appointments and referrals
    - Being treated by the correct, expert staff
- **Services being used more appropriately**
    - Away from acute as first response
- Lower hospital admissions and less re-admissions
- Entire medical records online and shared with all
- Lower operational costs, less waste and less duplication
- Reduced health inequalities
- People having a better understanding of their own role in keeping healthy

Your role and the role of others: Key themes

What is your contribution?

Staff and stakeholders see **their role** and **their contribution** to achieving these successes as:
- Becoming an advocate for change
- Supporting staff better
- Working more collaboratively
- Reviewing current practices to make them more effective
- Keeping themselves up to date with changes
- Getting more involved in the process of change

What do you need others to do?

Staff and stakeholders feel they need others to:
- **Change the culture through better leadership**, in particular:
  - Create a culture where staff feel valued and validated
  - Challenge long held beliefs and ways of working
  - Create a culture of collaborative working
- **Invest** more
- Provide more **clarity** around the changes and the ICS in general

Background

In response to the NHS Long Term Plan, South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) will publish a Five Year Plan in November 2019. It will set out the priorities for the next five years and be our blueprint for delivery as a System.

Engagement and consultation has taken place with patients and the public across the region to understand what they want from their health and care services in the future.

This next stage in this engagement process is to gather the views of staff and stakeholders to help shape what the future looks like across the System.

The South Yorkshire and Bassetlaw Integrated Care System is one NHS, working as a System. We work with other partners, such as Local Authorities and the voluntary sector, in Neighbourhoods, Place and across the System when we have a common purpose and where it makes a positive difference to people's lives. Our aim is to break down organisational barriers so that we can wrap support, care and services around people as individuals.

The majority of the work across the ICS takes place locally, in neighbourhoods or in 'places' (our places are Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield). Only when improvements can be made across a wider scale are services planned or projects planned at a regional, or ICS, level.

Consultation methodology

Online survey

Staff and stakeholders were invited to complete an online survey comprising three key questions.

Total of 145 responses.

These answers to these questions were open (text boxes), therefore answers varied greatly in length and content.

Paper survey

Two surveys were completed on paper by CHC leads (consisting of open questions).

30 responses in total.

Half of these were asked a previous survey (aimed at the public); these responses have been incorporated as best as possible in the overall analysis.

The other half were asked two of the three key questions.

Face to face events

One face-to-face Guiding Coalition event was held:

- 9th July 2019, New York Stadium, Rotherham

Summaries of the table discussions from these events were provided to include in this analysis.

A further Guiding Coalition event to share the Draft Plan was held on 8th October 2019. Feedback from the session informed the Final version of the Plan

Question 1: Looking ahead

"Imagine five years from now. From your perspective and on behalf of the staff community you represent, what would progress look like to you? What would the System across South Yorkshire and Bassetlaw have achieved? What would be the noticeable signs of success?"

What would progress look like?

A seamless pathway of care

- True-patient centred care
- Integrated working across teams and organisations
- Integrated (and improved) IT systems and digital solutions

A reformed and refocused system

- Social care reform
- Increased focus on prevention
- More care provided in homes/communities
- Equality within the system (of services and across Trusts/localities)

Improved staffing conditions

Better leadership

A seamless pathway of care: true patient-centred care

Patient-centred care

Staff and stakeholders feel that a seamless pathway of care will need to focus on delivering truly **patient-centred care**.

For example, staff and stakeholders would like to see:
- Healthcare directed towards goals of patients and what matters to them, not clinicians or services
- A single pathway of care, not individual illnesses treated separately
- Treated by the right specialists in the right place at the right time
- One-stop clinics; one appointment for multi-morbidities
- An easier referral system
- Easier transfers of patients across services

5 years needs to be designed around what patients actually need and be easier to navigate. People need to stop working on an individual or organisational basis; what is the care this individual needs to receive rather than the care we want to provide.

Better pathways for patients that get them accessing specialist staff and equipment wherever that may be - the acute stroke pathway is a good example of this.

Person centred care, where the patient is asked "what matters to you" and healthcare is directed to towards the goals of the patient. A culture shift from the passive patient and the expert clinician, to patients taking responsibility for those aspects of healthcare that they can take responsibility for, and clinicians supporting them in this.

A seamless pathway of care: Joined up working

Integrated working across teams and organisations

Staff and stakeholders feel that to provide a seamless pathway of care will need to involve **more integration** of teams, services and organisations, in particular:

- Greater integration between all services: clinical, non-clinical, community, acute, social care…

  - Shared ownership of health needs and priorities

  - Sharing of information

  - Joint ownership of patient pathways

  - Reduction/removal of silo working

- Sharing of resources and less protectionism over money

  - Potentially a single pot of funding

  - Move from competitive to collaborative

  - No asset stripping, or competition for funding, staff or activity

- A single, shared workforce

A truly fully integrated system - policies, procedures and operational polices across the NHS, social care and voluntary sectors, i.e. no barriers, no 'we do it differently', no 'that's what we do', no no common sense, no 'we have to assess again cos we're in a different system'…

A seamless pathway of care: integrated IT and digital solutions

Improving and integrating IT across the system is also considered essential in order to provide a seamless pathway of care, in particular:

- Integration of IT systems across all parts of the system
    - Primary and secondary care
    - Health and social care
    - Across different Trusts
- The sharing of patient records, which would remove the need for duplication and reducing paperwork
    - Same software – not Lorenzo!
- Increased use of digital/mobile technology for both staff and service users
    - Offer a variety of access routes – remote technology, Skype, phone consultations *in addition to* face-to-face consultations
- A focus on improving 'background' processes and data quality

> Better communication between all healthcare professionals and organisations. A system where all the care a person has received and up-to-date information is available, no matter which service they are using.

" Rather than working for an organisation that sometimes 'competes' against others in the region for funding, staffing and activity, all organisations will be working together to deliver the best outcomes for all patients and offering all staff the same opportunities and rewards. Staff would be able to work across the region (if they wish) without having to repeat training, and would be working to the same clinical and operational policies. "

" At the moment, the ICS feels like a very high level, non-operational level, body that does not have direct impact upon the majority of 'staff on the ground'...Progress means that organisations have got to stop being defensive and protective about 'their' services. Progress means that patients and staff understand which services are provided in which areas - and that the various organisations involved communicate effectively, sharing records systems and utilising appropriate electronic records. "

" An end to the 'conveyor-belt' system of healthcare, i.e. I control my care pathway and it does not default to 'treatment', but rather defaults to 'no treatment'. I need to 'opt in' to treatment rather than 'opt out'. At present, patients end up having operations (for example) that they never really wanted or needed simply because the system carries them all the way without fully explaining risks and alternatives. For instance, patients are listed for operations PRIOR to proper pre-operative assessment! "

" Need to make sure you don't asset strip staff from acute trusts to PCNs. Collaborative work needs not to poach current workforce into new areas. "

Example comments

A reformed and refocused system: Social care reform

Social care reform

In five year's time, staff and stakeholders feel progress would involve a **reform of social care**, in particular:

- The integration of health and social care
- A system that tackles social isolation and loneliness
- More, and better in-home nursing care (more, and better carers needed)
- Improved care homes and an increased number of nursing home beds
- More supported living services
- NHS funded facilities and less privatisation

I'd like to see the health service nationalised, ideally. Including dentistry, GPs, pharmacy and health research. Fully integrated with social care, absolutely no private provision and absolutely no charity - completely paid for through a much more progressive tax system and provided free at the point of use according to need only, as decided collectively.

I would like to see social care and health working more closely together and funding to be more available for patients that need residential or nursing care. There would be more carers available that are better trained so care would improve at home reducing the risk of hospital admission. With these changes in place there wouldn't be so many patients blocking beds. Patients would also be at less risk of picking up a hospital acquired infection.

A reformed and refocused system: Focus on prevention
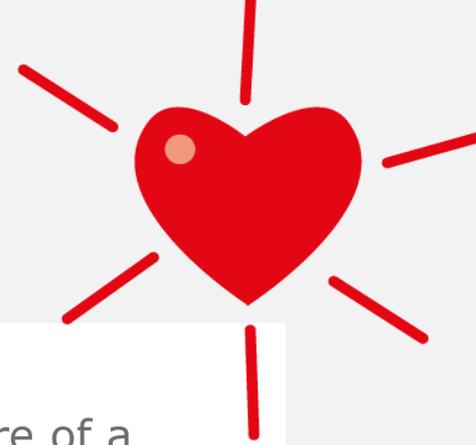
A true focus on prevention

Progress in five year's time will rely on the System taking more of a **focus on prevention**, in particular:

- **A focus on earlier intervention for mental health support to prevent crises**
- Overall health prioritised rather than physical illness
- A focus on health education, particularly amongst young people
- More regular health checks and widespread screening, for both physical and mental health issues
- More local and accessible support groups
- All SYB engages in QUIT programme

Cultural shift – education is the key to moving society forward in terms of self-management and understanding health and wellbeing.

More preventative and proactive care for our patients. On my unit we see huge numbers of admissions with preventable disease. One of the major aspects of preventable disease is in mental health care and this really needs addressing in a major way.

What needs to change in Mental Health?
- Establishment of PCNs / social prescribing
- Better community services
- Focus on prevention

A reformed and refocused system: Care at home/in communities

More care provided in homes or in communities

A key area that staff and stakeholders would like to see change is **more services being delivered both within the community and in-home**, including:

- **Improved access to GPs:**
  - Easier access to GP appointments
  - More out of hours appointments
  - More GP home visits
- More services provided in primary care hubs/in the community
- Increased social prescribing
- Improved flexibility in accessing services across boundaries
- Improved integration of community pharmacies

5 years from now hopefully would enable health care service more integrated within the community services for taking off load from the hospitals.

Better integration of community pharmacy with social services/ mental health services and digital interoperability. Pharmacies could be doing much more if the system allowed – including better signposting and more work on the prevention agenda.

More services currently provided in hospitals delivered in primary care hubs by a much more diverse range of professionals (not all employed by primary care services but definitely working in much closer collaboration and with built in opportunities for regular team/case review).

A reformed and refocused system: Equality across the system

Equality of services and equality across Trusts and localities
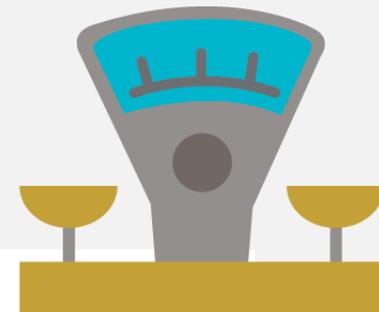
Success in five year's time would also mean more **equality of care** and **equality of services**, in particular staff and stakeholders would like to see:

- **Mental and physical health treated equally**
  - Improved access to Mental Health services, and decreased waiting times
- Children's and adults services treated equally
- Different specialties treated equally
- Equality across localities and between different Trusts
- Equality with other regions nationally

All the funding into SYB would be in a single pot and investment would be decided upon irrespective of where you live in SYB.

Would like to see more investment into providing equal parity between mental health and physical health within an integrated care service. More mental health nurses within ICS and more training for none mental health workers right across the board.

Neighbourhoods –where people live is not always where they can access services. We would like this to support better choice for people and a more unified approach to delivering care and support i.e. flexibility in accessing services across boundaries.

I would like people to have more proactive assessment of health status, rather than responding to ill health. Health services would adapt to patient need and respond accordingly.

Joined up health and social care to facilitate a quicker/ smoother transition from hospital to community.

Improved services for children and families. Universal and preventative services for children, young people and families have seen significant reductions in funding over the last few years and unfortunately this will have a long term detrimental impact upon on the health and wellbeing of adults as these children grow into adulthood.

GP surgeries that are more flexible in their opening times and appointment systems. Clinics where people could 'drop into' for face to face advice on health issues.

Less medicalization of long-term conditions that should be self managed by integration of services. Clear access to social input such as social prescribing for an appropriate cohort of patients. Integration between physical and mental health.

Lower patient waiting times. More access to multiples services at one point. Geriatric and mental health care improvements (Appointments and care plans). Supported living services.

Example comments

Improved staffing conditions

Improve staffing conditions

For many staff and stakeholders, progress will depend on improving the staffing situation, in particular **improving staff morale** and therefore **improving retention of trained staff** through:
- Recognition of work done
- Better pay and equality of pay across regions
- Better working conditions, including:
    - More manageable caseloads
    - More flexible contracts
    - Less paperwork
    - More robust HR system and equality of HR policies
    - Discounted/free staff car parking
- Better staff training and therefore improved staff skills sets
- Improved staff understanding of services
- A common training offer to allow cross-organisational working

In addition, staff and stakeholders would like to see **increased numbers of staff**, particularly amongst nursing and admin staff, and an improvement in staff recruitment processes.

"Shared workforce bank staff; hospital passports so people can port across for workforce without having to redo mandatory training, this is a quick win, we could do this in the here and now.

"Adequate staffing levels to deliver timely healthcare to all requiring it. This will mean making work more attractive to retain existing staff and encourage new staff to join the service. In particular modifications to unsocial hours practice, including enabling (by making rooms with beds available) and encouraging staff to sleep during breaks and quiet periods on their shift - the cognitive and health benefits to night shift workers from short periods of sleep are well established, but the NHS seems unable to accept the need to change. It will mean making space and funds available. Improving working conditions for clerical staff - more space, rest rooms to take breaks - would be welcome."

"Staff nurses who want to progress but are limited to the trust policies would become more autonomous in progressing into advance roles for taking workload off from Dr's. This will enable a more patient flow within the hospital and also for Dr to concentrate in more advance management plans. Also the endless debate of not being paid enough for the job required might also change in next five year, the truth of the matter is that staff are very tired and demoralised with the constantly increasing workload but not being paid enough for it."

"To see staff recognised for their work and not be seen as just another number.
I'm fully aware the NHS has to save money, cutting shop floor staff isn't the answer."

Example comments

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Better leadership

Staff would like leaders to be more visible, more accountable and for leadership teams to work more collaboratively across the System. Examples of comments include:

- More accountability of leaders
- Leaders spending more time spent on shop floor
- Leadership that focuses on patients, not activities to further individuals' careers
- Changes only made for the good of the service their staff provide
- Better workforce planning
- A more consistent plan and vision across the ICS

> There is a lot going on at the moment without much cohesion or overarching strategy; don't think we have a consistent plan and vision across the ICS.

> Noticeable signs of success would be having a manager who gets their hands dirty, and makes changes for the good of the service their staff provide and not for their own gratification and for the sake of making changes. Higher up the ladder, to see the upper managers to come to the shop floor to see what really happens.

> No authority or organisational boundaries, rights for patients as we work for patients not parts of the system. No financial bonuses for hitting organisational targets, we get joint finances for hitting system targets that benefit patients across the whole of the city and regional. Remove place terminology. Look at what Wigan have achieved. Swap the leaders around for a bit and give them a different mind set and set of objectives.

What would progress look like? Other (less prominent) themes

Other themes from respondents included:

Wider system changes and involvement, e.g. increased use of VSCE, stronger co-production with local government, improved transport and social housing etc.

Patients and communities involved more: improved understanding of services, increased co-design

Improved local hospital facilities: better equipment, improved waiting areas, a new hospital

Improved marketing and communication: communication of services and marketing of NHS roles

Reduced wastage and duplication in every area

A hub and spoke system

Be a leader on environmental issues

I would like to see emergency services and A&E departments reliably efficient and effective, minimising patient and family distress during emergency attendance and admission. A modernisation of hospital facilities as a whole, creating a bright and pleasant atmosphere for patients to be treated in.

It would be great have a cohesive way of engaging people in South Yorkshire and Bassetlaw so we can have meaningful conversations with them on health and social care matters that affect their lives and the lives of their family and loved ones. Success is when people feel informed and heard.

What would be the noticeable signs of success?

Higher staff morale, resulting in:
- Better staff retention
- Lower agency spend
- Lower sickness absences
- Lower vacancies

Better patient experience (and lower numbers of complaints) due to:
- Patients and staff understanding system
- Shorter waiting times
- Treated by correct, expert staff

Reduced health inequalities

Lower operational costs, less waste and less duplication

Entire medical records online and shared with all

Services used more appropriately – away from acute as first response

Lower hospital admissions and less re-admissions

People understand own role in keeping healthy

Example comments

> I feel that success in the trust would be to facilitate the community to be cared for in the least restrictive manner, including a reduction in hospital admission lengths and facilitating the care that is required to support people in the community to prevent admission to hospital environments. I feel that success would include supporting those in our care to achieve their potential through meaningful occupation and empowerment.

> We would have no vacancies in any clinical or non-clinical role. We would be in demand to offer training places. Other workforce indicators would be exemplary (sickness absences, retention, low agency spend). We would make it easy for people to gain career advancement opportunities across organisational boundaries. We would have a single HR and P&OD strategy and senior leadership team. The implantation of pay rate bands would be the same across the whole sub-region.

> Everyone using the same electronic system and documenting appropriately on it. No opt outs because they give the excuse that another system is better for their patients. It isn't. The best one for their patients is a system that everyone is on.

> Signs of success: SYB targets and performance measures rather than multiple individual targets, network recruitment and retention plans, movement of staff across SYB for benefit of patients and staff, standardisation, improved resilience of services, equality of access, cost effectiveness.

> The sign of success would be hearing fewer stories from patients about how they've spoken to so many people who have told them different things. Patients and their carers spend SO much energy trying to navigate this complex system that we've designed. They should be spending energy on getting better and looking after their families / lives etc.

Question 2: What's your role?

"If that is what success looks like, what do you need to do? What is your contribution"
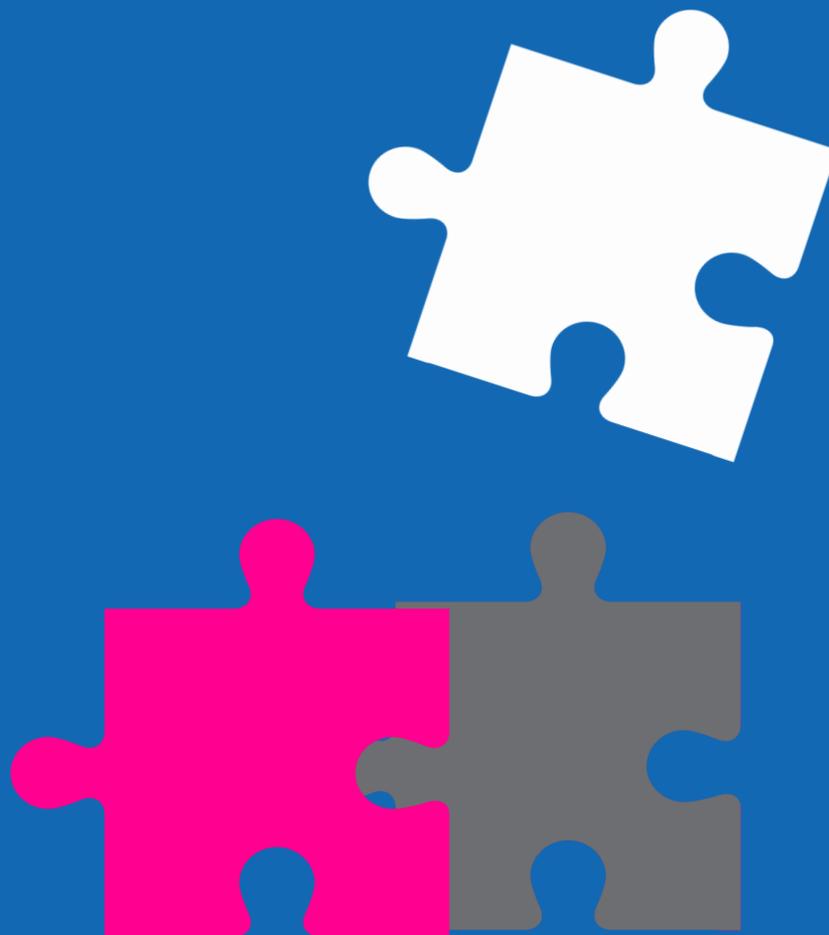
What's your role? Key themes

If this is what success looks like, what do you need to do?

Become an advocate for change

Keep myself up to date with changes/ get more involved

Support staff better

Work more collaboratively

Review practices to make them more effective

My role: become an advocate for change

One way in which people feel they can contribute to this progress is to be an advocate for change, to actively promote change and champion the aims of the ICS to.

Become an advocate for change

Invest in relationships and change the culture – push for change

Feedback on issues to managers/ seniors

Champion ICS thinking; encourage engagement with ICS

Focus on intervention and prevention

Communicate changes to staff and public

Contribute to consultations

We all need to invest in relationships and changing the culture. There needs to be a commitment from all to work together with openness/ trust and maturity – with some principles that underpin this.

Encourage others to engage with the aims of the ICS.

My role: Support staff better

For those in more senior and managerial roles, many feel that a key part of their contribution is to support their staff better and to improve working conditions and morale.
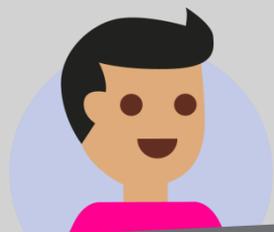
Improve working conditions and morale

- Ensure staff are comfortable feeding back
- Ensure staff are involved in service design
- Empower staff to own problems and deliver solutions
- Offer more flexible working

> Encourage managers to look at what the current situation is doing to staff morale, the number of vacancies and the need to change the working environment to make it attractive.

Improve staff training

- Ensure staff are accessing training/upskilling
- Provide more opportunities to train and retrain
- Bring staff in at lower levels and train them to stay

> To give access to training even though staff time off the ward is unbelievably difficult at present.

Be more available/ more visible

- Be a role model, train others and share expertise
- Lead with compassion
- Encourage staff to be less risk averse (esp. re taking decisions that enable patients to maintain or increase independence)

> I need to be more versatile and agile, meet staff in departments more, be more present and provide more face to face discussion and compromise.

My role: work more collaboratively

Some of the respondents feel they can contribute to progress by working more collaboratively, both with others within their organisation and with others in organisations in the wider system.

Work more collaboratively

Share ideas and expertise; share and adopt good practice

Review governance structures to promote integration

The 5 LAs need to be better at talking to each other. Can we support them to better collaborate to enable us to better work with them collectively?

Work more in partnership with VCSE sector

Work more in partnership with social care

Commit to working with others in similar roles across ICS

Collaborate with local authorities

Seek input from other networks to challenge local thinking

Increased working of similar roles in all CCGs. I commit to working with others in my role across the ICS.

My role: review practices

Many respondents feel they can contribute by reviewing current practices to identify waste and inefficiencies.

Review practices to make them more effective

Review pathways to improve flow of patients

Identify waste and inefficiencies

Admit to wastage in system

Continuously try to improve ways of working; try new models

Support digitalisation of back office functions
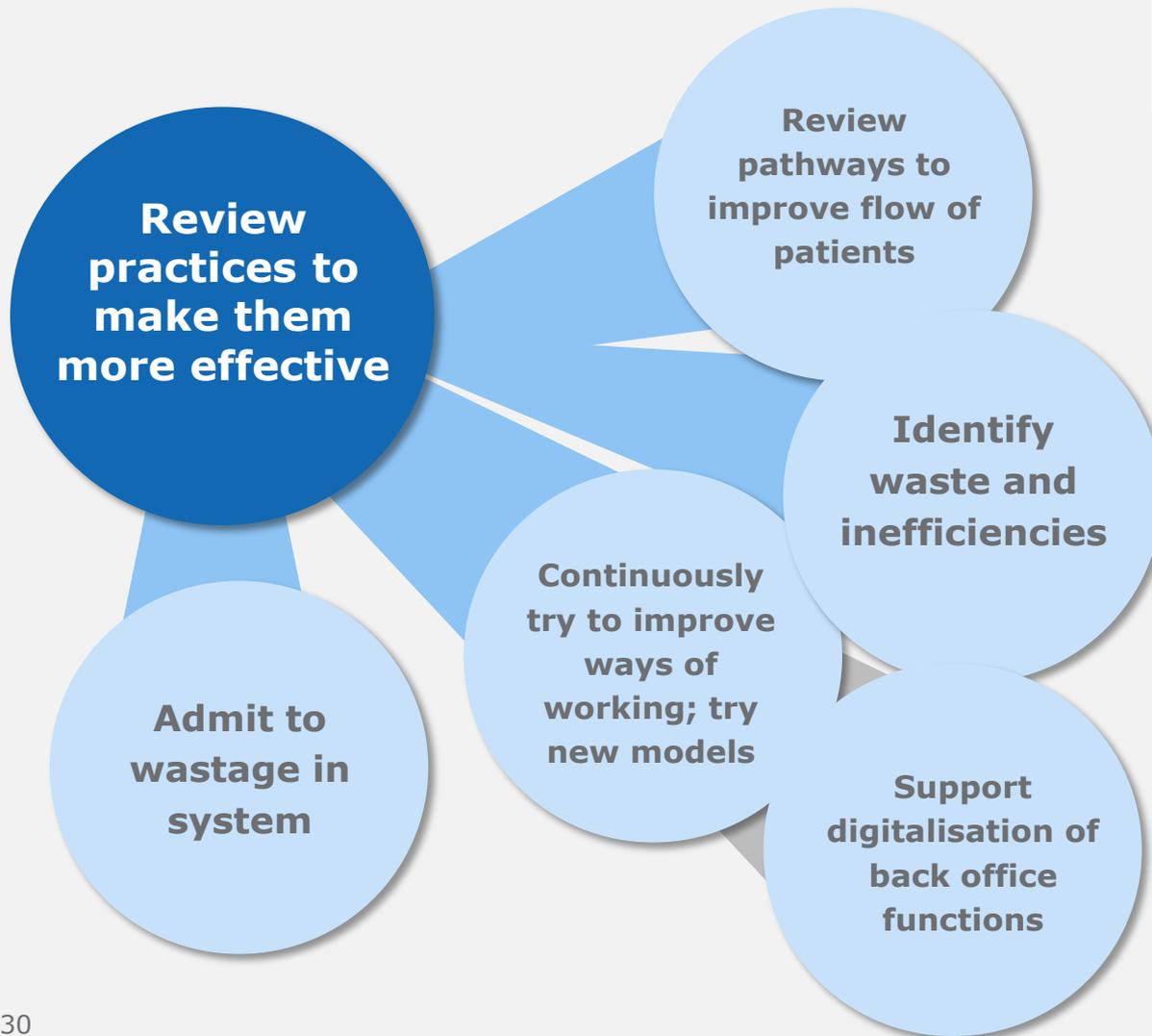
Identify waste and inefficiencies to ensure the service is as lean as it can be, and engage all staff members in being aware of the concept of "lean". Engage service users in the same, so there is a culture of valuing the NHS as a resource and not wasting it.

In terms of what I can do - I'm not important enough to directly affect change, but I will always highlight any issues to my line manager and make suggestions in meetings.

My role: keep up to date

A minority of staff and stakeholders feel part of their contribution is to ensure they keep themselves up to date with changes, and potentially to become more involved in the process/

Keep up to date with changes and get more involved

Keep up to date (and communicate) best practice

Be trained on new processes

Keep myself up to date with ICS changes

Better understand how services fit with ICS
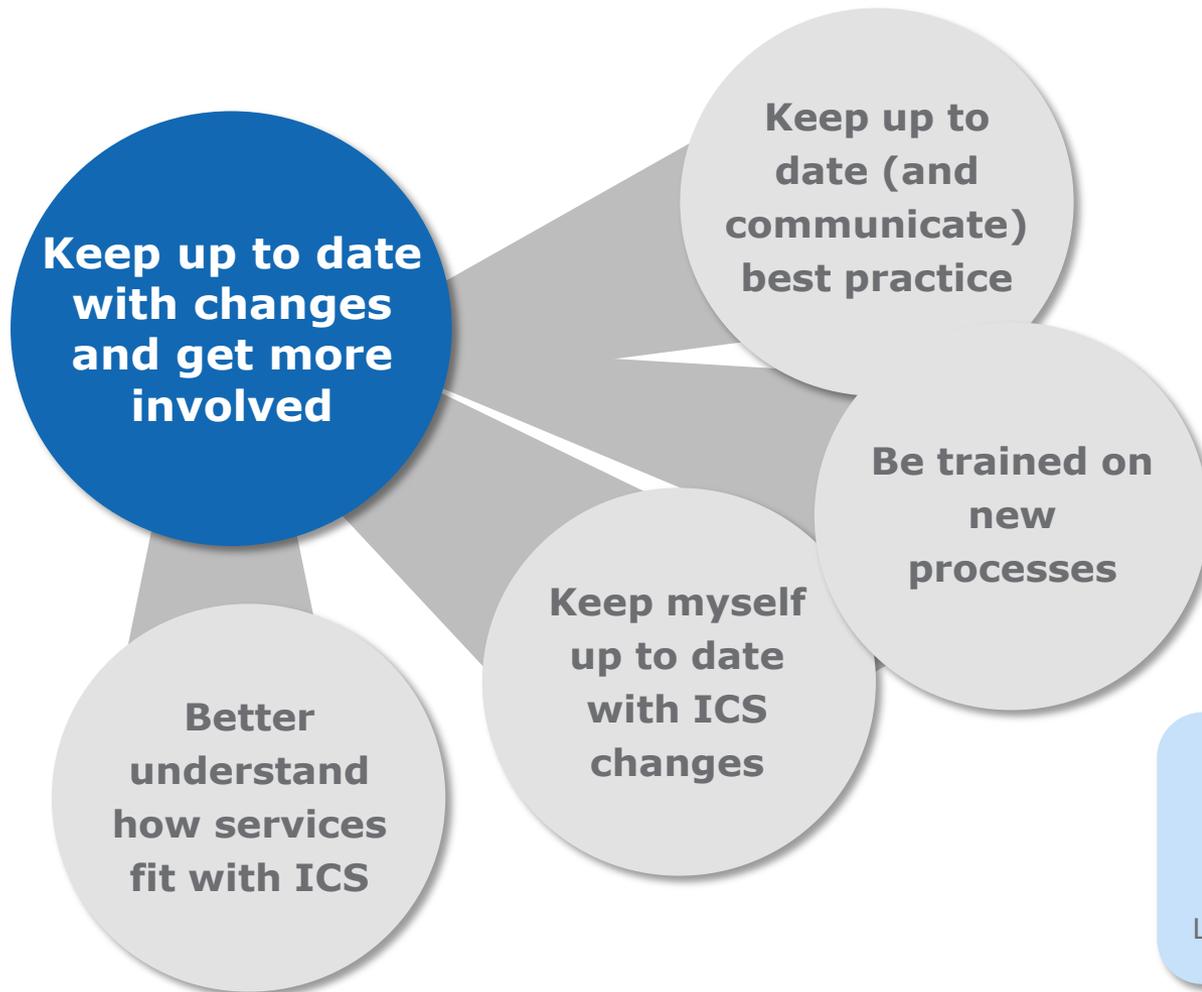
If I am informed, I will become involved, be an advocate. If it is all done behind closed doors, you will never get buy in from staff.

Contribute to consultations and attend any meetings where these might be discussed. Volunteer for champion roles. Live the values in my workplace.

What's your role? Other (less prominent) themes

Other themes from the online survey in particular included :

'I am not sure I can contribute': some people don't feel they are in an appropriate role to contribute, do not feel senior enough to enable change (or don't feel their ideas would be listened to)

'Just carry on doing my job': a minority mention their contribution is to work within their current remit and do whatever is required if changes are made

'I would like to do more, but can't': some respondents feel they would like to work more efficiently but are prevented from doing this by current policies/practices

'I am already trying to do this': several respondents feel they are already working in ways that will contribute to the progress of the system across SYB

This is initially a commissioning issue, and not within my role.

I feel powerless to contribute. Ideas are trampled on from above, creativity is often seen as competition and quickly wiped out by those who want to hold on to senior well-paid positions.

Question 2: What's the role of others?

"And finally, what do you need others to do?"
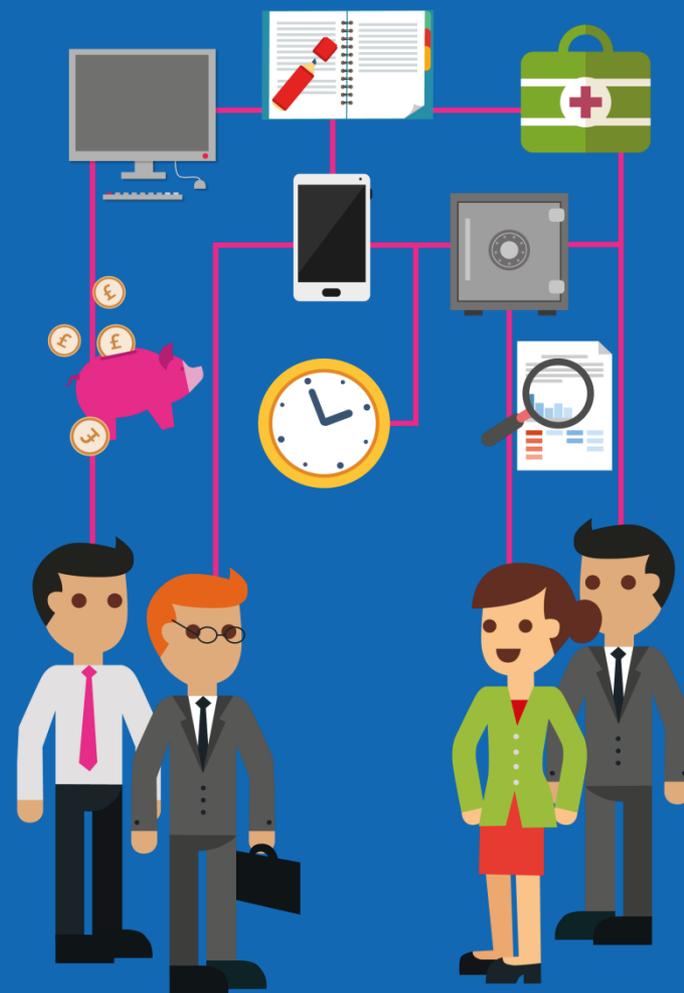
What do you need others to do?
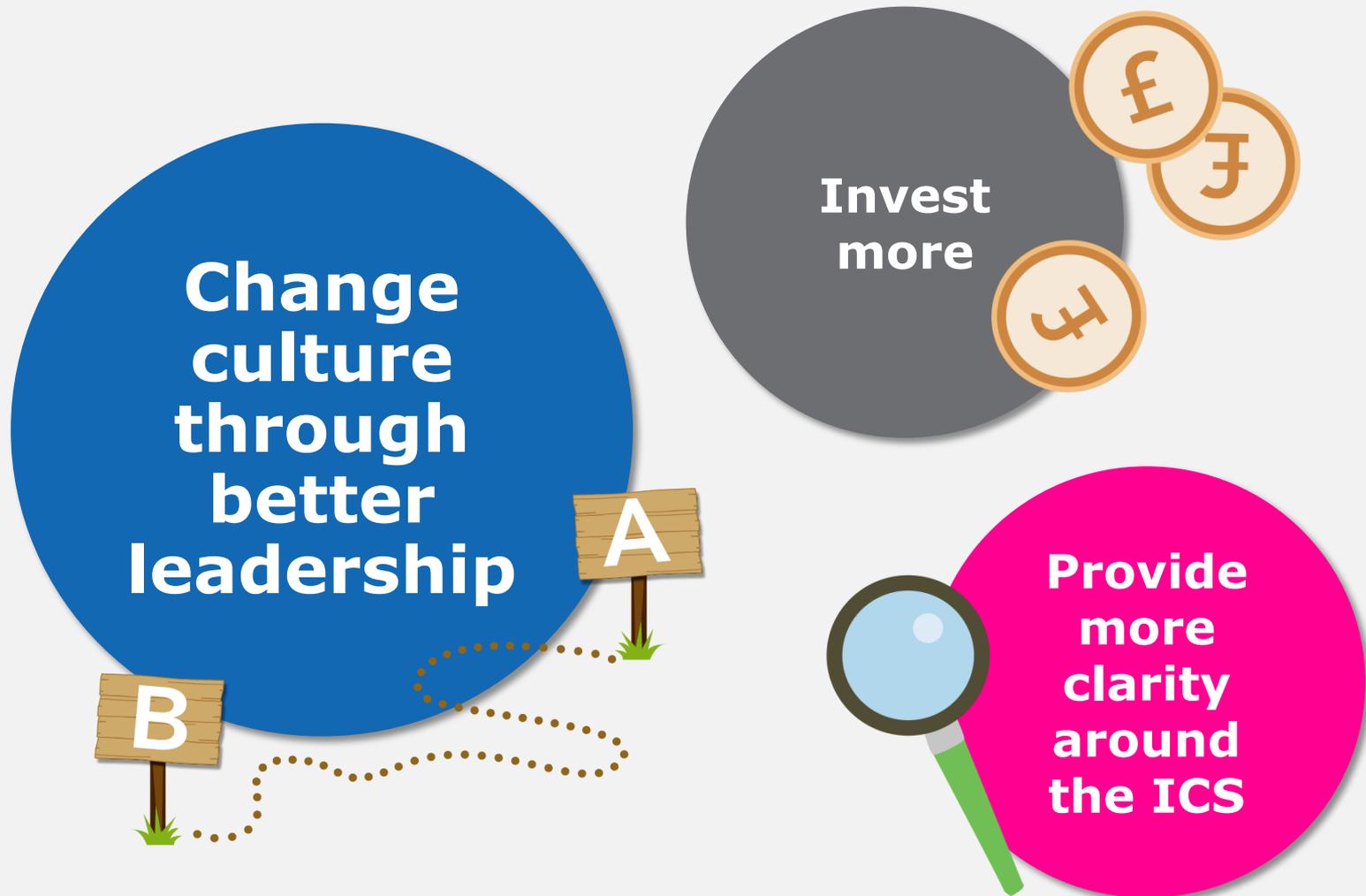
Change culture through better leadership

Invest more

Provide more clarity around the ICS

A

B
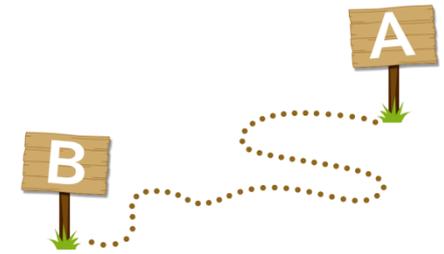
Create a culture where staff feel valued and validated

Staff and stakeholders want leaders to ensure staff feel the work they do is valued and that their opinions are listened to.

Comments include:

- Encourage the contribution of ideas – staff need to feel comfortable challenging decisions and suggesting change
- Leaders need to really listen to staff on the frontline and act on feedback
- Create a culture of respect
- Create a culture of equality
- Improve staff retention and staff sickness through understanding the importance staff morale, staff wellbeing and the true working conditions
- Provide clear direction on roles
- Improve progression opportunities and salaries
- Be honest with staff about what can and can't be done
- Improve training in leadership and team management
- Support staff to progress in their roles by providing specialist training (including for admin staff)

Provide proper support to those on the administrative front line instead of saying they listen but doing nothing.

The senior management of the hospital need to understand the importance of morale in their organisation. This trust could be more transparent and communicative with staff to make us feel valued and like we can achieve great things as a group.

Listen to ground floor staff their ideas and consult with them.
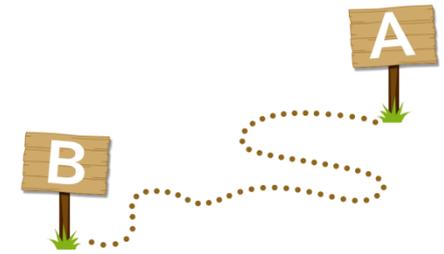
Challenge long held beliefs and ways of working

Create a culture where change is supported and continuous improvement is the norm, through, for example:
- Being more innovative
- Making brave decisions
- Allowing staff to be less risk averse
- Focusing on creating person-centred healthcare not on the delivery of services
- Improving transparency and honesty
- Being receptive to new workforce models: move away from traditional model of doctors and nurses, or 'doctor knows best' to recognise the many other experienced professionals who can lead services
- Working smarter, not harder
- Challenging political leaders/changes when appropriate
- Removing/simplifying contracts in system
- Moving from discussion to action

Be receptive to new working and workforce models. Be flexible to change.

Encourage more 'risk taking' in terms of decisions to enable patients to maintain or increase independence. Hospital doctors are often risk averse and are not supported to make these types of decisions.

We need to take more risks – focus on outcomes and less about contracts.

Change culture through better leadership (3 of 3)
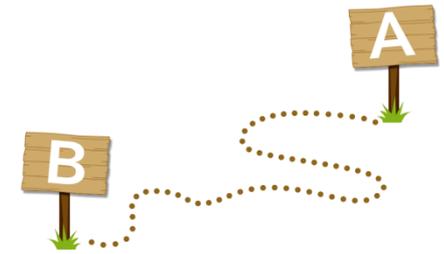
Create a culture of collaborative working

- Change the silo mentality: organisations are working in silo and departments within organisations are working in silos
- Change culture of protecting 'own patch'
- Share information with other organisations on what is available and how to access services
- Share best practice and learn from others
- Leaders need to work together to agree shared services and common practices
- Establish a joined up approach with GPs, hospitals, CCG, Local Authority etc.
- Empower and support community services to deliver

Listen to staff, stop treating their departments like their own private fiefdoms and treat people equally, very much unlike they do now.

The Boards of all the organisations need to be open, honest and transparent. Can understand they have to protect their own patches but that has to be parked to get this moving.

Sometimes duplication across the system – e.g. 7 cancer performance meetings within 2 weeks – more time explaining performance than managing performance. Enabling staff to have conversations and develop themselves, chat to staff, get involved and give permission for staff to do more as a system would be useful.

Invest more

There is a general feeling that more investment is needed across the board.

Invest more in…

More staff: nursing _and_ admin

Capital investment: IT _and_ medical equipment

Social care

Setting up services to work together

The VCSE sector

Prevention of ill health, particularly amongst younger people

Invest in social care so it is based on need and free at the point of delivery.

Invest resources in the VCSE to enable people to take responsibility for their own health.

Find funding, build the services, look at smarter, not harder, ways of working.

More money going into direct services rather than overheads/transactional costs. Money then needs to be invested in technology.

More clarity around ICS
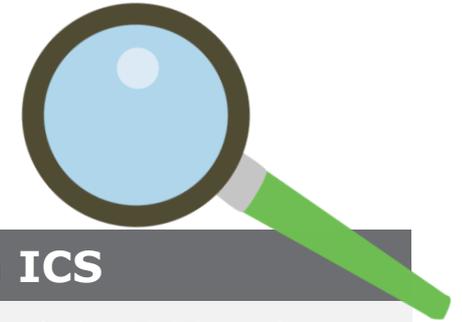
More clarity around, and engagement with ICS

Staff and stakeholders would like others to provide more clarity around the ICS and any changes, and for there to be more engagement around the changes. For example:
* ICS need to be clear on objectives and roles
* ICS needs to decide on a small number of key priorities/tangible things that everyone can get behind
* Develop a clear narrative for staff and public
* Communications departments need to more effectively communicate what ICS is and what it means to both staff and public
* Keep it simple and use simple language
* Engage with community on changes – listen to communities and align priorities to their needs
* Communicate progress made

Refresh the ICS vison and all take responsibility for communicating it and getting everyone on board.

Tell people what the ICS money is funding. People as an ICS we don't tell feel they don't know. our stories well.

Need also to engage workforce with the vision of the ICS especially at lower bands.

If we really struggle with understanding the system then how do people with additional needs or some of our vulnerable members of society cope? Comes back to conversation about how we sell ourselves and communicate with the public.

Thank you...

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