

Findings from conversations with the public and staff on the South Yorkshire and Bassetlaw Sustainability and Transformation Plan

SOUTH YORKSHIRE AND BASSETLAW SUSTAINABILITY AND TRANSFORMATION PLAN COLLABORATIVE BOARD

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1. Summary

Between February and April 2017, people living and working in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield were asked for their views on the initial thinking in the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP).

We co-created a discussion paper with communications and engagement specialists from across the partnership. It set out why change was needed and the aims and priorities of the Partnership. We also asked what was important to people when it comes to health and care for themselves and their loved ones, what people should do to stay fit and healthy, what encourages people to do these things and what makes it difficult for them.

We commissioned Healthwatch and the voluntary sector across South Yorkshire and Bassetlaw (SYB) to engage with groups and communities, with a particular emphasis on the seldom heard to capture and report their feedback on the plans. We also asked partners to raise awareness of the survey and to hold discussions in their organisations to gather feedback.

Analysis of the conversations in meetings, discussion groups and the online survey has now taken place, with headline findings and concluding comments.

The Collaborative Partnership Board is asked to consider the analysis.

2. The conversation process

Following publication of the South Yorkshire and Bassetlaw Sustainability and Transformation Plan, the Collaborative Partnership Board was keen to have conversations with the public and staff about the aims, ambitions and priorities within the Plan. In addition to the involvement of patient and voluntary sector groups in each of the five 'place' plans, the conversations with public and staff are very much the start of ongoing involvement in discussions to shape the future of services.

A set of principles for the exercise were agreed with the STP communications and engagement group. They were:

- Keep it simple
- Connect with all our communities – be inclusive, not just the usual suspects
- Have a clear open and honest message – explain why no change is not an option
- Place based conversations, which include place plans and all STP organisations
- Offer a variety of ways to respond

The approach we took included:

- Commissioning Healthwatch and the voluntary sector umbrella organisations to engage with groups and communities, with a particular emphasis on the seldom heard

- STP partners were asked to raise awareness of the survey and to hold discussions in their organisations to gather feedback. Some partners actively chose not to engage with their staff.
- Media release distributed at the launch and also two weeks before the end of the conversation– signposting people to how they could get involved.
- Social media activity with partners using #SYBSTP
- E-bulletin to all those who signed up to the Commissioners Working Together distribution list
- Between 13-20 March, all bus tickets across all journeys in South Yorkshire and Bassetlaw alerted people to the opportunity to have their say

The channels available for feeding back were:

- **Online questionnaire** hosted on Survey Monkey. The survey included some closed questions to measure levels of support around the service options proposed and a number of open questions around the proposals to allow respondents to express views in their own words. Information about demographics and the context in which people were responding to the consultation were also asked for sub-group analysis.
- **Paper surveys** were also available which contained the same questions as the online survey
- **Meetings and events** – a number of meetings, public events, staff meetings and discussion groups were held during the conversation period.

Style and activity in community conversations

In order to engage with as many people as possible, local Healthwatch and Voluntary Action/CVS organisations used their networks and membership to arrange specific conversation sessions and focus groups with existing groups.

Throughout the process of communicating and arranging the specific conversations and focus groups there was additional interest from the wider public in being part of the conversations. In many of the local areas there were open access public meetings arranged so that as many people as possible could engage in the conversations.

The conversation sessions with existing groups and networks proved to be the most successful vehicle for engaging with people although there are disadvantages linked to the fact that these groups are already engaged in some aspect of health or social care and are often populated by people who are not at work.

There are also lessons to be learned from publicising public meetings to encourage more people to attend although there is anecdotal evidence to suggest that awareness of both the Sustainability and Transformation Plan and the local Place Plan is so low therefore attendance at public meetings would never have been high.

The conversations that took place in each of the local areas were supported by a topic guide, conversation prompt sheet and an overview of the online survey that participants were encouraged to access and complete.

The independence and impartiality of the lead organisations in the community conversations, combined with the more informal approach, was key to success and could be a model that is replicated.

Communications and engagement activity

An overview of the range of channels and engagement opportunities for the conversations is below.

- Digital communications and engagement through dedicated webpages, which were established and updated throughout the conversation period, banners and links through to the Commissioners Working Together (CWT) website and Survey Monkey questions. There were more than 3,000 web-page views (survey page specific) with almost 1500 unique users. Over 1000 people clicked through from social media
- #SYBSTP reached more than 50,000 accounts and 102,000 timeline impressions made via Twitter.
- Broadcast and print media releases with a local, regional and national reach, resulting in 5 pieces of media coverage
- A SYBSTP animation (to aid discussions) reached over 5000 people on social media and received over 1500 unique views. Audiences were targeted based on previous campaigns.
- Social media using all the partners' Twitter and Facebook profiles. Tweets on #SYBSTP about the conversations generated more than 102,000 impressions and reached more than 50,000 accounts
- Meetings, discussions and events with groups and communities took place locally in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. 878 people took part in these.
- Staff briefings via internal communications channels, newsletters, forums and groups

3. Conversation responses

A total of 1056 responses were received online and 872 people took part in face to face conversations. A further 6 people from a local campaign group requested a meeting with the STP team to discuss the STP and their comments are also included in the analysis. The total number of online public responses was 476 and staff responses was 580. 471 staff specified their organisation.

Depending on the audience, in some face to face conversations people were encouraged to complete the survey online and included as part of the session. For example, in discussion with students at Doncaster College they were actively encouraged to go online at the end of the conversation/focus group and complete the survey, then come back together to finish off the session. This does mean there is some discrepancy in the numbers.

Response by place (public) online

Response by place		
	Number of responses	% of all public who gave their postcode
Barnsley	133	47
Bassetlaw	15	5
Doncaster	52	18
Rotherham	26	9
Sheffield	53	18
Total	279	100

279 total members of the public gave a postcode. 189 didn't answer the question.

Response by organisation (staff) online

Partners were asked to reach one per cent of their overall workforce.

Response by organisation	
	Number of responses
Barnsley CCG	5
Bassetlaw CCG	11

Doncaster CCG	96
Rotherham CCG	8
Sheffield CCG	9
Barnsley Hospital FT	4
Doncaster and Bassetlaw Teaching Hospitals FT	82
Rotherham, Doncaster and South Humber FT	60
Rotherham Hospital FT	24
Sheffield Children's Hospital FT	36
Sheffield Health and Social Care FT	42
Sheffield Teaching Hospitals FT	53
Barnsley Metropolitan Borough Council	26
Bassetlaw District Council	2
Doncaster Metropolitan Borough Council	3
Rotherham Metropolitan Borough Council	10
Sheffield City Council	0
Other/not specified	109
Total	580

327 staff specified their roles as clinical or non-clinical. Of those, 148 (45%) were clinical and 179 were non-clinical (55%) 253 staff did not specify.

The full breakdown of the groups and communities reached by Healthwatch and the voluntary sector during the conversation can be found in the appendix of the Healthwatch and CVS report (Appendix 1).

The breakdown of the findings from the online survey can be found at Appendix 2.

3. **Headline findings**

3.1 **What did people feel about the ambitions laid out in the Sustainability and Transformation Plan?**

In the online survey, overall 89% of respondents agreed with the ambition. This breaks down as 90% staff and 87% public agreeing, 2.7% staff and 3.6% public disagreeing and 8% staff and 10% public not sure.

When asked later in the survey 'given the challenges outlines and our commitment to working together for improved health and social care, do you agree that we need to work differently and potentially change the way we provide some services?' the overall response is 73% agree, 3% disagree and 23% say it depends (on the reasons behind the change and asking for clinical and public involvement)

Although the majority of respondents agreed, there were some clear caveats. Online comments from staff and the public and themes from the face to face conversations were:

Positive

- Overall people did not disagree with the ambitions laid out in the Sustainability and Transformation Plan but there were questions and discussion about the practical implementation to achieve the ambitions. There was a suggestion that the ambition should be changed to 'stay healthy longer'. There was belief that this would put the emphasis on quality of life.

- People felt that the ambition for everyone to have a great start in life, supporting them to stay healthy and live longer was right. There were multiple references to how this was the 'ideal' and that it was 'what everyone wants'.
- People indicated that although they agreed with the ambition they cautioned that it was going to be very difficult to achieve.
- People were positive about the ambition of the Sustainability and Transformation Plan - and thought it was ambitious in terms of change. However there were some comments that it should not just be about living longer but about quality of life when living longer.
- Some people felt that living longer shouldn't be the target and living better should. They talked about the need for dignity in later life.
- Having appropriate IT systems and technology within and between organisations to support cross boundary working.

Cynicism

- Some people stated that it was impossible to disagree with the ambitions – "motherhood and apple pie" whilst other comments that overall there was a huge ambition.
- "If we go along with the Sustainability and Transformation Plans what is going to close and why?"
- What difference is all of this really going to make?
- Good ideas but will they work?

Fears

- There were also fears and concerns that work required to achieve the ambitions could only be achieved by large change across the region rather than by local changes.
- Anxiety that Bassetlaw Hospital is being run down and that it will be closed leaving a substantial and ageing population without local, accessible services (and potential transport issues)
- Any plan must be financially sustainable in the long term and provide services that are not quickly lost as funding is re-assigned.
- People were fearful for the future of the NHS
- Some distrust in the ambition – concerns around cuts to services.
- More money is needed to achieve the ambition/confusion between the 'STP' and the government in terms of funding

Engagement

- It was recognised that there are huge ambitions for the Sustainability and Transformation Plans and that people and groups need to be involved.
- People in the groups were also asking for more public engagement and to ensure the STP guidelines for consultation are followed.
- People commented on lack of publicity on the plans in general and wanted further open meetings both for the public and NHS staff.
- There were feelings that the public should have been more engaged in writing the plan.
- People's voices are not heard enough. There needs to be an increase of communication and explanation so the public can be informed.
- There was a need to consult more with service user groups as a result of the community conversations

What is missing from the ambitions?

- People felt Mental Health is missing and the Care Act needs to be followed
- The patient needs to be at the heart of everything.

- Technology must be utilised to make processes simpler and more streamlined. Although it must not be at odds with the ambitions of the Sustainability and Transformation Plan.

3.2 What were people's views about the ten priorities laid out in the Sustainability and Transformation Plan?

In the online survey, overall 77.5% of respondents felt the priorities were the right ones. This breaks down as 81.5% staff and 72% public agreeing, 0.7% staff and 4.5% public disagreeing and 18% staff and 23.5% public agreeing with some but not all.

In the online responses, we asked people to list the **three most important** priorities. 676 people responded. They said:

- **To join up health and care services, so they respond better to people's needs (48% of respondents all picked)**
- **To treat and care for people's mental and physical health (42% of respondents all picked)**
- **To have health and care services that are funded long term (31% of respondents all picked)**
- To reduce inequalities for all, helping people to live well and stay well for longer (29%)
- To develop a workforce in the right place and with the right skills (28%)
- To spend more money on care in communities, focusing on local healthcare centres (22%)
- To make urgent and emergency care simpler so that it's easier for people to get care (19%)
- To work with people, staff and communities to make all this happen (18%)
- To use technology to support people to be well at home, manage their own care and for staff to be connected better (10%)
- All are equally important to me (5%)
- To make hospital care the same for everyone, everywhere (4%)
- 0.4% of respondents said, "none" of the highlighted priorities were important to them, stating the need for more "lobbying of the government" for increased funding overall.

Many of the participants in the focus groups and conversations voiced general approval for the ten priorities set out in the Sustainability and Transformation Plan. Some people asked what the ten priorities meant and how they would work in practice

Conversation and feedback indicates that some people feel that the priorities are national issues and not just specific to the local area. The priorities need greater definition to really enable people to understand what they mean – the language used is 'politician speak'

There were general feelings from some discussions that the priorities were written in such a way that people could not generally disagree with them but that the details of how they would be achieved need to be discussed with local people and plans, ideas and opportunities co-produced at a local level – could this be done through the Place Plan?

There was discussion and support for integrating health and social care services, reducing inequalities, treating people's physical and mental health, spending more on care in communities. It was identified that joining up acute services (NHS) with wider health (primary) and social care (local authority) and thinking about the context of health inequality and societal problems makes sense to people.

Many conversations and online comments highlighted a need for a greater focus on prevention and education and incentivising people to look after/care for themselves

People also requested more detail on how things are going to be achieved and more patient choice – where to be treated and by who (community/hospital/GP/voluntary groups)

3.3 What did local people say was important to them when it comes to their health and social care?

There were 564 responses online, with key common themes:

- Care close to home
- Being able to get treated quickly and easily
- High quality and safe care provided by experts
- Being able to get a GP appointment
- Feeling respected/listened to
- Good communication between staff, teams and services

In meetings and groups, discussions around what was important to local people were lengthy and involved. There was a high degree of emotion with a focus on local services for local people i.e high quality local services that were close to local communities ensuring that everyone had access to right care and that they were treated correctly.

Many conversations also focussed on what was viewed as important to individuals and their perceptions of NHS care and support – often this was about Primary Care and General Practice.

Mental Health

- Everything should be explained to me in a way I can understand.
- Mental Health care was a key concern amongst the groups containing 16 – 25 year olds.

They want direct access to a specific service for young people's issues that does not require going via their GP. They feel they do not know where to go to get help.

GP appointments

- Give GPs the backing and support that they need to meet increasing demands
- People raised issues about access to GP's with mixed views about how quickly they could get to be seen- some perceived it as an issue others felt it was no problem
- "GP's need to offer an out of hours services staffed by them, I want to see my own GP not someone I don't know, they are getting paid to look after me"
- GP appointments are very difficult to get, and then do not give sufficient time once you have one.
- For any mental health issue it is almost impossible to open up to the GP as there is so little time per appointment.
- GPs must not use medical jargon as young people do not understand it.

Schools and young people

- Concerns in particular for children who are looked after: a joined up/ collaborative approach e.g. Schools, CAMHS, all services.
- Schools are not highlighted in the Sustainability and Transformation Plan - where do education/school nurses fit in?
- Prevention has to start young!
- Young people spoke about accessing support – when a solution is identified, it needs to be available to access.

Access

- To be able to get the correct help and healthcare when we need it.

- Communication using online technology so that patients are kept informed and information is passed on much more quickly between departments, doctors and other healthcare services. Not being passed backwards and forwards between departments and organisations is critical.
- A return to a walk in clinic where you can be seen on the spot. This would reduce the pressure on A&E services.
- People most frequently talked about wanting quick access to the care and support they required. People talked about it in the context of waiting times to see specialists for diagnosis and accessing primary care services.
- Lots of comments about access to GPs and to mental health services (particularly highlighted at conversations with young people and with BME communities).
- There should be access to specialist units in the same building as general healthcare services without a need for a GP referral
- Being able to get care outside of a hospital if possible, but with adequate help from medical professionals

Quality

- People wanted to ensure everyone is treated correctly.
- The importance of receiving good or effective treatments and medication was highlighted
- People talked about compassionate care as being important to them. They wanted to be supported by staff who showed an interest in them, showed that they cared and delivered what was described as personal care.
- People talked about quality of service. They wanted the best possible care, wanting it quickly and we don't want be referred to dozens of different places
- Conversations highlighted that people wanted to be able to get health care quickly before things got worse.

3.4 What discussions took place around what local people should do more for themselves to feel fit and healthy?

There were 562 responses online, with key common themes:

- Take responsibility for their own health eg, through:
- Eating healthily, exercising, not smoking and drinking alcohol in moderation
- Understanding more about the importance of positive mental health
- Educate their children and encourage each other (friends/neighbours/colleagues) to make healthy lifestyle choices
- Share worries/talk about problems

Discussions and conversations in all groups across South Yorkshire and Bassetlaw identified similar themes around lifestyle, smoking, diet, exercise and motivation/self-responsibility. These common themes are not unsurprising but it does highlight the need for a focus on prevention and support for health behaviour change.

Lifestyle choices

- People who chose to smoke, drink to excess or become obese should have it made clear that this is their choice to do this and that it will impact them in later life
- Attend your GP for a frequent health check.
- Being told "not to" in health campaigns just incites a rebellious streak in young people, whereas being told that "these are the consequences if YOU CHOOSE to smoke/drink/eat to excess" could have a better impact.
- The STP must take into account the wider social picture of the area and the challenges this imposes.
- Everyone should eat healthily and exercise. Keeping fit while younger is much easier than suddenly having to start later in life.

- Quite a lot of discussion about using technology more effectively so that patients do not have to tell staff the same thing over and over again
- Conversation highlighted the need to look at the impact of new technologies and apps which encourage ownership and accountability

Exercise

- The most talked about suggestion for how people could keep themselves and their families fit and healthy was to exercise
- Exercise little and often.
- Low cost affordable activities and user-friendly services
- Stop smoking, walk and exercise more, eat healthier.
- There was recognition that this could be difficult for people due to age and illnesses affecting mobility but that it was still important for people to 'do what they can'.

Smoking

- Stop smoking – this came up in nearly every discussion and conversation
- Smoking and drinking – reduced or stopped completely.

Self – motivation

- Feeling motivated to be healthy – through positive role models in the community/people you can relate to
- People thought it was important to 'help yourself' and 'take responsibility' for your lifestyle.
- Informal peer support/ friendship has enable access to other facilities and activities e.g. gym, attend walking football and other activities
- Most people acknowledged that they probably needed to eat healthier and be more active. They felt that on the whole they used services properly but some within groups felt that some people abused the use of services
- There was recognition that people could and should do more for themselves to feel fit and healthy with a focus on taking more exercise and eating more healthily. It is interesting to note that there were some discussions around looking better and feeling better and this does raise the question of whether improving aspirations and self-esteem through community development can support transformational change of health-related behaviour.

Health Promotion

- Holistic education in school to support "live well and stay well for longer"
- Better education for parents to help them feed their families healthier food that is easy to prepare and budget conscious. Parents should look after their children better – it is their job to teach their children how to eat healthily – not solely the schools.
- People like the idea of social prescribing but asked whether it be funded adequately.
- Education and schools should have a greater role in promoting a healthy lifestyle
- Giving people information about local activity groups
- Attending GP when symptoms first develop to avoid them getting worse and seriously impacting on health.

6. Conclusion

Overall engagement in local conversations was more successful where there was an opportunity to link in with an existing group, community or community of interest.

Many people had not heard about the Sustainability and Transformation Plan before the conversation sessions and where they had heard about them, their knowledge had come from

local newspapers and internet news sites. They reported that they had not read the plans or knew where to access them. There was even less awareness of local Place Plans.

The lack of detailed knowledge of Sustainability and Transformation and Place Plans does need to be addressed. This can be done through a more inclusive approach to developing the current and future work.

Overall, people are supportive of the ambition (89% when first asked, dropping to 73% when they have more context) but with some notable caveats. They question the practicality of the ambition are worried about losing services and the future of the NHS and want greater involvement and engagement in the next phase of the STP.

The findings are both helpful and directional. They provide the Collaborative Partnership Board with feedback on its high level aims and ambitions which will inform the strategic approach and individual workstreams. They also send a clear signal for increased engagement with communities and communities of interest in the next stages of the Partnership.

7. Next steps

In addition to the SYB findings, two national reports, commissioned to better understand the perceptions of the public and NHS clinicians about STPs, have recently been published and also provide some valuable insight. These have been shared with the STP communications and engagement group.

All three reports will be discussed and considered in the development of the SYB communications and engagement strategy. A working group, which in addition to communications and engagement specialists will include a lay member, clinician and STP workstream lead, has been set up and will meet shortly to quickly progress the work.

Paper prepared by Helen Stevens

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