Response to NHS Chief Executive’s Open Call for Evidence and Ideas

Respondent ID: 114

Organisation name: British Association of Social Workers

Type of response: Document
Innovation in the NHS Call for Evidence

British Association of Social Workers response

21.8.11

1. **NHS Innovation.** The NHS is part of a complex web of relationships which requires partnership working at all points of the change system. It is important to re-emphasize that without this, even a comparatively simple change in one part of the system will have unintended consequences elsewhere - partnership is the key, with patients/users/carers/social care staff /not for profit and private providers. Engaging users and carers is an essential part of innovation and helps both generate innovation and manage change. It does need recognizing however that the involvement of patients and their carers has a cost element and requires real support - Mental Health has much expertise in this. They could train acute trusts in what works on service user and carer involvement. Although there is a cost element to this the cost of not involving users and carers is much greater. (See also section 9 below)

2. **Culture** - the top down target system has in many areas created a transactional style of leadership. The targets have become ends in themselves and it has been very difficult for leaders to be other than transactional because input and output targets are what services have been judged on. This is not to ignore the considerable amount of work that has gone on to move targets to outcome ones, however outcome targets are a) much more difficult to reach consensus on and b) managers because of their learnt experience have the tendency to treat outcome measures as figures to manipulate rather than opportunities to learn. Real innovation requires transformational approaches.

Time and capacity needs spending on not just changes but on embedding change. This includes including the use of organizational memory and history. Often change is not well embedded and not enough time is available for implementation, so new ideas are brought in, but people move and change falters.

A related issue to the issue of targets relates to the very nature of foundation trusts. They have been established in a competitive framework, which inevitably has led to competing trusts not finding it in their interests to share information. Clearly it is not part of the Government’s agenda to end this sort of competition, however the unintended consequences in terms of continuing with competition for innovation need to be acknowledged and ways found to work to improve competitor’s willingness to share innovation. In theory competition should increase innovation, this may work in a highly competitive industrial sector where outputs are clear, it is a much more complex situation
where public services are the product. First class events, with independent expert facilitators are needed to discover ways to break down these barriers.

If the culture is wrong, both at the organizational and local level the consequences can so quickly become dire. The lessons of Winterborne View and the recent examples of terrible treatments in older care units need to be taken very seriously. The causes of the problems in these two examples are different, the commonality of a culture not based on respect for patients is highlighted for all to see.

3. **Learning environment** - capacity. When staff feel besieged and worried about their jobs and when there are less people to do more work they turn inwards and stop learning and innovating. Staff are inundated with emails, web information etc. They need to have the capacity to learn. Bottom up discussion needs to take place in all settings with staff to help them develop the capacity to learn. Bottom up discussion needs to take place in all settings with staff to help them develop the capacity to learn. Practical ideas include: having a day where no emails are sent unless urgent and supporting staff to spend 1 hour accessing best practice. Mentoring of staff from other areas is something that also needs to be considered, (although staff often say it is not that other organizations are better they just are better at promoting themselves and the very idea of best and better can close down their thinking). Brief placements with other organizations job shadow, buddy, mentoring are all areas that could be used more effectively to develop staff and their capacity for innovation. Supporting students from professional’s own specialty and others is also a constructive way of shining a light on one’s own practice.

4. **Communities.** Many staff complain that in the NHS the world is viewed from the prism of inpatients, people live in communities not in hospitals so systems that do not reflect this are less liable to work and also lead to closed down thinking by staff and service users. Social workers and social work departments have expertise in understanding the experience of patients and carers in their communities and importantly also experience of working in communities where the focus is on community well being, or the mental health of communities as opposed to focusing on individual pathologies. Accessing and sharing this expertise is something that does take place, but patchily.

5. **Contextual** issues are very important, the geography, socio economic make up of communities and other factors are essential in understanding need and solution to those needs. The impact of rural communities is an important example. Ideas for an inner-city urban system may not work in a rural community. Like needs comparing with like, so initiatives such as twinning rural areas can be helpful and using rural research (MIND rurality is a good example in mental health).

6. **Culture spanners** - It needs to be acknowledged that there has been a real loss resulting in the ending of organizations like NIMHE in mental health and the regional forums. They brought both capacity into the whole system, and brought Trusts and others together in a spirit of co-operation acting as both a resource for research and an honest broker bringing people together. With the loss of organisations such as NIMHE we have a great risk of even more fragmentation. While not suggesting these organisations were perfect examples the Acute Care Forum and Star Wards, did bring about real improvements. In their absence new ways need to be developed to replicate some of the benefits of such organisations. There is a need for some leadership which is outside of the commissioning process to bring organisations together nationally and regionally.
7. **Initiative fatigue** is also a real spanner in the development of innovation. Staff and managers have become so overwhelmed by wave after wave of poorly thought out initiatives that the good ones will be lost in the sea of bad ones.

8. **Practical skills.** The skills and knowledge of staff working in mental health services, combined with the expertise of service users and carers are central to the development of services. These skills will be learnt on initial and further training courses as well as the effective use of learning in the work place ensuring that learning takes place by supporting effective supervision (supervision that includes space for reflection). Skills are also developed using process mapping, person centred planning and care pathways. The need to link into and support the development of community development needs to be encouraged, helping communities find solutions to problems. Staff need a portfolio of skills in their tool bag not just one that is followed messianically. BASW has great concerns about the seeming inexorable rise of CBT as the treatment of choice and questions both the efficacy and ethics of this tool for so many situations. Learning and development for staff is often the first to go in difficult times, yet as successful industry demonstrates if one cuts this the long terms effects are much greater than the short term savings. The Dignity in Care model with dignity leads from all walks of life really did engage a lot of staff .The vast majority of health and social care staff come to work to make a difference to people’s lives. The best innovations will be rolled out and engage staff if this can be demonstrated. Examples like South Tees hospital website where real patients tell the story of what made a difference for them in Dignity in Care are powerful messages.

9. **Investing in working with patients/carers training.** The benefits of supporting carers and patients in the development of services and staff is very important. It is however easy for this process to be tokenistic and not cultural. Time and resources are needed to work with service users and carers to develop their skills, their voices and to help them help with innovation of new approaches Service users and carers should be involved in evaluating services.

10. **Commissioning/relationships** - Good relationships are key to effective commissioning, but building these relationships takes time and capacity. It is also very important that commissioning has at its heart a real will to put the patient/service user at the centre. While there needs to be a critical tension in the commissioning approach, throwing hand grenades across the divide does not help anyone. Commissioners and providers need to be trained together and need to develop pathways together. The Body Shop were doing this decades ago with great success. There has been a lot of good in the past as well as problems and restructures have in many areas reversed change with the loss of key relationships as well as trusted groups and rebuilding trust and relationships takes time.

11. **Using technology** to spread ideas is clearly important, but innovation needs to take place to acknowledge and counter act the overload that staff experience. There are no easy solutions, however careful thought needs to be given to language and subliminal messages. For example messages that use the words “best” and “better” imply that what staff are doing is not the best. Language built around changes that service users have found makes their lives can be powerful. Pull not push language.
12. **Be honest** about what is possible and the barriers. The real and significant cuts in budgets, will impede and slow change. The major changes particularly in adult social care cannot just be politicized.

13. **Celebrate.** When people do good things they are often diffident about celebrating. Remembering a thank you makes a real difference at every level from DOH to Chief Executives and Directors down to staff and patients and goes a long way but also if there are poor things happening react quickly and strongly, listen a lot not tell a lot.