

**FAMILY ECHO SUPPORTING THE DELIVERY OF HEALTH VISITING  
SERVICES IN EAST CHESHIRE**

**Listening to the Voice of Families and their Health Visitors**

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## **Purpose of Document**

This case study focuses on an improvement in service quality, innovation or a new way of working, specifically along one or more of the strands of the health visiting service vision and family offer

**Community  
Universal  
Universal Plus and  
Universal Partnership Plus**

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## **Brief Description of Case study/Project**

Prior to the introduction of the 'Family Echo', staff had expressed a lack of engagement, involvement and influence through poor communication in relation to the 'Implementation Plan' and the delivery of the 'Healthy Child Programme'. As an organisation, it was agreed to plan an all inclusive event which showcased key stakeholders and offered an innovative way through the 'Family Echo' for staff to be 'actively' involved and empowered in driving this agenda forward. It was agreed that the outputs from the echo would be used to facilitate the next stage in compiling a concise and focused plan of delivery - the vision of how we were going to implement the two stated agendas.

It is too early to assess. Early insights are suggesting the following:

- There is an emerging vision for the future of health visiting at East Cheshire, yet it is not yet clear how engaged the staff are with it
- Views expressed during this campaign suggest a variety of visions for the future of health visiting held by different staff in the trust
- Insight from staff can be used to assess the completeness of the current service vision, and identify gaps based on family expectations and experience from the front-line.

More insights will come after further analysis, however early indicators suggest the top ideas generated through this process are:

- Enhance and value the role of Community Staff Nurse and NNEB'S
- Quality of written resources
- Hiding the wiring (children's centre)
- Extended skill mix
- Invest in the workforce

These ideas clearly align with the current direction of the Healthy Child Programme and Implementation plan for ECT NHS Trust. This process has achieved a good outcome as the support and direction within the five areas have helped us to build momentum and accelerate the delivery of our plans. We have also identified and improved our understanding of the barriers we may face in realising a strategy and translating this into delivery.

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## **Challenges**

We wanted to use the Family Echo process to address two leadership challenges:

1. Understanding how engaged front-line health visiting staff are with the health visiting vision
2. Identifying potential gaps in the service vision.

The Family Echo campaign invited all health visitors and their team members from across East Cheshire to take part in a three week online discussion. Participants were asked to share their views around three questions:

1. If our service was as good as it possibly could be, and we were achieving the best possible outcomes for children and families, what would it look like?
2. What do we do that sometimes disappoints our families and what ideas do you have to stop this from happening?
3. What actions do you take that make you feel proud to be a member of the health visiting team?

Insight into our leadership challenges would be gathered in two ways:

- by analysing the sentiment expressed by front-line staff in their contributions to the three questions in the campaign, and
- by assessing the engagement level of staff with the campaign.

Challenges had been expressed prior to the launch by some staff in relation to their ability to use an ICT supported platform, however this was not reflected in the amount of staff that had contacted for technical support – approx 3-4 calls.

Concern was also noted on the 'Family Echo' platform, in relation to comments being made that would not be acknowledged or actioned by management, as previous processes had reinforced this view. It had been agreed at the launch of the 'Family Echo' that outcomes would drive the agenda forward, and staff have since expressed that they feel this is happening.

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## **Summary of Achievements**

There have been key achievements in two areas:

First, in the true engagement of staff in this process, and second, in the direct outcomes in achieving clear focus and direction from all frontline staff in driving the two agendas forward.

In three week period, the Family Echo campaign engaged 99 health visitors across the trust, generating 566 value adding contributions around 26 unique ideas for service improvement. All this was achieved without:

- anyone co-ordinating the participants diaries,
- holding any centrally controlled meetings, or
- anyone taking any time off work.

This was achieved by creating tailored communications and a social media campaign that allowed staff to share their views anonymously, in their own time and at their own pace.

Outputs from the East Cheshire Family Echo can be discussed in four ways:

1. levels of participation
2. levels of contribution
3. geographic spread of participation and contribution
4. and, importantly, top ideas

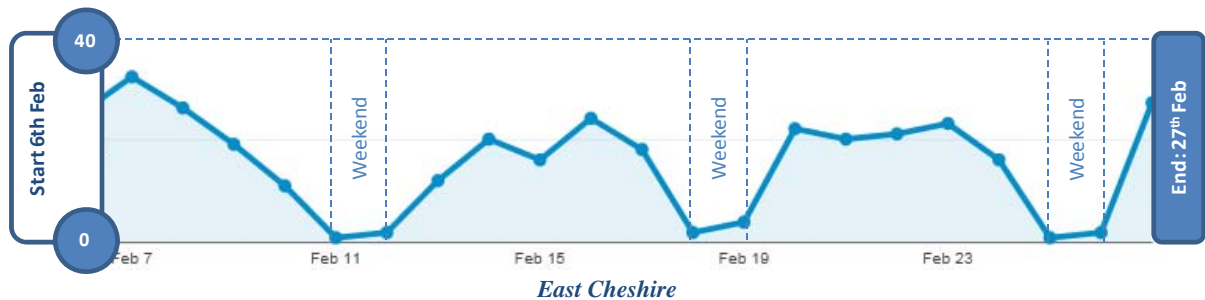
## Participation levels

The level of engagement and participation in East Cheshire was strong throughout the campaign. The table below shows a summary of this data.

East Cheshire	
<b>Launch date</b>	Monday, 6 Feb
<b>People invited</b>	122
<b>Unique site visitors</b>	99
<b>Active participants</b>	54
<b>Basic engagement</b>	81%
<b>Actively engaged</b>	44%

*Activity and engagement in East Cheshire*

Participation activity can also be viewed across the duration of the campaign – shown in the graph below. The campaign displayed choppy but strong activity in the first two weeks. The Catalyst Communications, sent out at the beginning of the week commencing on 19 Feb acted as a reassuring signal to participants, stabilising engagement throughout the remainder of the campaign.



## Contribution levels

The table below shows all contributions made throughout each campaign.

East Cheshire	
<b>Launch date</b>	Monday 6 Feb
<b>Value-adding contributions</b>	566
<b>Ideas</b>	26
<b>Comments</b>	72
<b>Votes</b>	347
<b>Comment votes</b>	121

*Contributions to Family Echo in East Cheshire*

The direct outcomes relate to the five key areas these areas will be used to promote the QIPP initiatives, whilst setting out a clear and shared vision, with a plan that frontline staff, not only influenced but truly supported the development and direction of in its delivery plan.

## Impact

The Family Echo campaign has had notable impact on both trust leaders and front-line staff.

From the perspective of leaders responsible for service improvement Family Echo delivers:

- A view of staff opinions that are aligned with existing plans, with a view to help accelerate change that is desired by all;
- A view of staff opinions not aligned with existing plans to help improve future planning.

From the perspective of staff members involved with this process, the impact includes:

- A response to calls for stronger communication with leadership;
- Evidence of being listened to by leadership;
- An opportunity to share ideas anonymously, meaning that their contributions are judged on merit rather than the status of their author.

The table below presents how each top idea captured by the Family Echo in East Cheshire has been analysed to generate leading indicators of change (measurable changes that would need to be implemented) and the benefits that could be delivered (the lagging indicators of change). The table shows that the ideas combined can be used to help our Trust to deliver its QIPP objectives:

Ref.	Title	What will be the measurable difference (i.e., the leading indicator of change)?	What is the likely benefit (i.e. the lagging indicator of the change)?
EC1.1	Enhance and value the role of Community Staff Nurses and NNEB	<ul style="list-style-type: none"> <li>&gt; Numbers of staff nurses and NNEBs using new support programme</li> <li>&gt; Number of Staff Nurses and NNEBs trained to support HVs in delivering the HCP</li> <li>&gt; Clearly defined roles with training needs analysis and progression identified</li> <li>&gt; Equity of role provision across ECT HNS Trust</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Quality: improved care all round by enabling more joined up working across roles and increase consistency of service standards</li> <li>&gt; Productivity: HV teams will be enabled to enhance support where it's needed though more streamlined partnerships and smarter use of skill mix to support delivery an deficiency</li> <li>&gt; Prevention: faster health promotion and advice, more early interventions and early diagnosis, a clear demonstration of a commitment to supporting wellness rather than treating illness</li> <li>&gt; Evidenced based practice –equity and consistently</li> </ul>
EC1.2	Quality of written resources	<ul style="list-style-type: none"> <li>&gt; number of materials updated</li> <li>&gt; number of new materials distributed</li> <li>&gt; Process of distribution</li> <li>&gt; Evidence and agreement to support distribution</li> <li>&gt; Equity in delivery</li> <li>&gt; Equity in evidence based advise</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Quality: increase consistency of HV service standards</li> <li>&gt; Productivity: spend less time with people who don't need the attention means delivering front line services with fewer resources</li> <li>&gt; Prevention: more informed public not entering healthcare system via more up-to-date health promotion and advice - a demonstration of commitment to supporting wellness rather than treating illness</li> <li>&gt; Efficiency in the process of delivery –centralized control</li> <li>&gt; Quality assured –in all resource is evidence based and current</li> <li>&gt; Innovation –different ways to deliver the same message</li> <li>&gt; Productivity increase –centralized process reduced</li> </ul>

			repetition in other areas undertaking the same task
<b>EC1.3</b>	Hiding the wiring (Children Centres)	<ul style="list-style-type: none"> <li>&gt; Numbers of co-located teams</li> <li>&gt; Current level of integration-baseline</li> <li>&gt;Current service delivery – scoping</li> <li>&gt; Amount of information sharing</li> <li>&gt;Defining joint training</li> <li>&gt; Numbers of people in joint training</li> <li>&gt;Review of processes that hinder integration e.g. CAF /OFSTED</li> <li>&gt;Clarity and agreement of process</li> <li>&gt;Joint workforce approach-creative new role</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Quality: families experience will be enhanced by a more integrated service, where the Trust is supported to focus on health outcomes and increased consistency of service standards through more joined up working across roles and agencies</li> <li>&gt; Productivity: enable HV teams to enhance support where it's needed though more streamlined partnerships and smarter use of specialisms to get more done, define areas of responsibility in interagency working reducing in efficiencies. Agree processes that support efficient working across agencies</li> <li>&gt; Prevention: deliver smarter health promotion and advice and demonstrate a commitment to supporting wellness rather than treating illness, whilst enabling early interventions and early diagnosis and preventing harmful behaviours and practices. Delivery of joint training to promote evidence based approach and consistency in delivery across agencies.</li> <li>&gt;Innovation- creation of a joint role to support interagency working</li> </ul>
<b>EC1.4</b>	Extended Skill Mix	<ul style="list-style-type: none"> <li>&gt; numbers of HV teams with integrated admin support</li> <li>&gt; numbers of admin personnel included within planning and delivery of services</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Quality: more consistency of knowledge base within Trust will further increase consistency of service standards and enable more joined up working across roles, services and agencies</li> <li>&gt; Productivity: increased efficiency of skill mix, enables HV teams to enhance support where it's needed and smarter use of specialisms to get more done</li> <li>&gt; Prevention: deliver smarter service delivery ,</li> <li>&gt; Innovation: potential to develop a 'new' role that fully supports the delivery of HCP extended outside current role boundaries.</li> </ul>
<b>EC1.5</b>	Invest in the workforce	<ul style="list-style-type: none"> <li>&gt; number of positive articles highlighting importance and impact of Health Visitors in the prevention agenda</li> <li>&gt; number of new HVs</li> <li>&gt; number of HV undergoing training</li> <li>&gt;Clearly defined training programme</li> <li>&gt; numbers of staff invited to engage in service improvement initiatives</li> <li>&gt; numbers of staff involved in service improvement initiatives</li> <li>&gt;Number of staff progressing</li> <li>&gt;Training programme defined for all skill mix</li> <li>&gt;Clearly defined role for all skill mix</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Quality: commissioners' recognition of clear evidence base regarding HVs impact on public health will lead to improved experience for families via a focus on health outcomes</li> <li>&gt; Prevention: deliver smarter health promotion and advice and demonstrate a commitment to supporting wellness rather than treating illness, whilst enabling early interventions and early diagnosis and preventing harmful behaviours and practices</li> </ul>

We intend to prioritise those ideas which are strategically aligned and offer rapid implementation and empower our staff to realise the change. By listening to our staff and taking action on their views in this way, we intend to focus on strengthening strategic leadership and support for our staff

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## Benefits

Family Echo offers a low-cost and outcomes-focused approach to facilitating systematic, transparent communication between leadership and front-line staff. In the long term, this empowers staff involvement in service improvement in a systematic, efficient way.

- A concern was voiced that membership of working groups is an extra burden on top of already high workloads.
- As subsequent campaigns are executed, staff will become increasingly familiar with the process increasing both the quality and quantity of its outputs.

Staff have already indicated that they feel positive and engaged in the future development and direction of their service. We were able to take an opportunity to turn around the direction and view of health visiting in a very short time. Staff could see results immediately in 'real time', and comment and influence the direction of discussion – unlike all previous methods where results and insights are difficult to share. Whilst the outcomes will be clearly seen to drive the next steps in delivering the agendas forward, this will happen at a much faster pace due to the immediacy of the outcomes.

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## Innovation

The Family Echo campaign presents a departure from traditional methods of reaching out to staff such as workshops and interviews. In addition to the cost and time benefits described above, this approach offers:

- Unprecedented transparency of all discussions. Compared to workshops and meetings, ideas, comments and votes are visible to all participants immediately
- Improved collaboration capabilities. All discussions are conveniently grouped by theme, allowing individuals to easily participate in discussions around several topics
- No time constraints. Workshops and interviews offer a short window of opportunity for participants to share their ideas when, in practice, people have insights at all times of day

## Sustainability

The data analysis being undertaken plans to:

- Substantiate service improvement plans, with real examples and insights from the front-line.
- Identify gaps in existing improvement plans based on insights from front line staff.

Over the next 12 months, the process could be repeated to generate deeper insight into specific aspects of service improvement or to socialise plans within the broader organisations, generating buying and feedback.

Long-term, Family Echo can be developed into a systematic method for including front-line staff, and indirectly families in HV service improvement.

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## Personal Narrative Story

Ideas discussed in the platform suggested improvements ranging from tactical and operational through to changes that go right to the core of the health visiting role.

Examples include:

- Bringing administrative staff into the health visiting teams, both as support staff, but also due to the depth of their knowledge of families, services and the local area. A further suggestion was to work with management to ensure specialist skills are utilised efficiently
- Creating standardised, quality resources that support service delivery.

Staff have expressed directly to Team Leaders and Management that they feel we are actively 'listening' and committed as an organisation. This is a great step forward in engaging this large staff group. Indeed, without this level of engagement our plans for realising 'how' we are going to deliver the Healthy Child Programme and Implementation Plan become unrealistic and unattainable.

## Pictures

Below is a screenshot of a challenge within the Family Echo campaign which lays out how our social media campaign stimulated discussion and exchange of ideas directly amongst staff.

The screenshot shows the East Cheshire NHS Trust website interface. At the top, there is a navigation bar with 'Home', a search bar, and links for 'Contact us', 'Change Password', and 'Log Out'. The main content area is titled 'What should our future service look like?' and includes a prompt: 'If our service was as good as it possibly could be, and we were achieving the best possible outcomes for children and families, what would it look like?'. Below this, there is a section for 'Ideas' with two tabs: 'Show newest ideas first' and 'Show most rated ideas first'. The 'Show most rated ideas first' tab is active, displaying a list of ideas. The top idea is 'Enhance and value the role of staff nurses and nneb' with a rating of 21, 7 comments, and was posted by user19800 on 14.02.2012. The second idea is 'Have some resources' with a rating of 19, 6 comments, and was posted by user16932 on 13.02.2012. The third idea is 'Extended Skill Mix' with a rating of 18. To the right of the ideas list, there is a 'Keywords in this challenge' section with a word cloud including terms like 'areas', 'families', 'family', 'feel', 'has', 'health', 'local', 'mix', 'need', 'needs', 'nurses', 'provide', 'resources', 'role', 'service', 'skill', 'staff', 'support', 'team', 'teams', 'visiting', 'visitor', 'visitors', 'visits', and 'where'. Below the keywords is a 'Help' section with the title 'How to contribute your views:' and four numbered steps: 1. Press like or dislike to vote on ideas, 2. Press Comment to comment on an idea, 3. Press Submit new idea to share yours, and 4. Press Home to see the list of questions.



Below is map showing the geographic reach of the Family Echo campaign

