Webinar on Joint Working for Better Care

17 March, 12:00 – 13:30
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Webinar on Joint Working for Better Care

Introduction

– Joint working is both very important and very hard

Issue #1: Joint working does not happen without planning, sign up from all parties and sustained effort

National responses

Greenwich responses

Issue #2: Joint working with citizens and communities

National responses

Greenwich responses

Issue #3: Joint working with front line staff

National responses

Greenwich responses

Issue #4: Joint working with operational managers

National responses

Greenwich responses

Conclusions

– Greenwich responses

– National responses

– Greenwich responses

– National responses

– All parties and sustained effort

– Joint working does not happen without planning, sign up from

– Joint working is both very important and very hard
Introduction

Joint working is both very important and very hard. There is increasing consensus from health and care leadership at a managerial and political level that in order to develop sustainable, person-centred care we need to work together across systems and organisations.

Don Redding, Director of Policy National Voices

- Joint working with operational managers
- Joint working with front-line staff
- Joint working with citizens and communities
- Joint working with very different professions to work seamlessly together
- Joint working with very different organisations

We suggest tackling these issues in reverse of normal order: Most individuals can appreciate the need to work together but the change that everyone has to make is not easy...

The fragmentation of health and social care services has developed over 60 years.
Issue #1: Joint working does not happen without planning, sign up from all parties and sustained effort

The Issue:

- Culture ("the way we do things round here") has been built up within separate organisations
- The separate organisations have been underpinned by separate professions
- Within fragmentations individuals are working well, with their own service user close to their hearts
- Resulting in a deep fragmentation of existing services which for many patients is bizarre
- Joining this up – when everyone is working so well within their bits - provides a challenge
Joint working is about embedding change across multiple organisations, across all levels, and importantly across communities, including individual citizens as part of the local population.

With buy-in from all those involved, joint working needs to happen at every level.

The Solution:

It's a marathon NOT a sprint

- Although not a new concept, embedding joint working and making the change real is much more difficult than just understanding the process.
- Understanding the process
  - Their concerns need to be acknowledged, understood and addressed in order to make a move to joint working.
  - Being asked to work in a new way can provoke an emotional reaction and may feel uncomfortable to some individuals.
- Developing and use the narrative all the time
  - This may seem like an obvious point, but it’s worth revisiting every day and every meeting why we are doing this. We must build motivation for the new health and wellbeing.
- Implementing better care is about improving people’s lives and delivering better outcomes for people in terms of their
development.
- For better care to succeed joint working needs to happen at every level.

For Parties and Sustained Effort – National Responses

Issue #1: Joint working does not happen without planning, sign up from all parties involved.
Issue #1: Joint working does not happen without planning, sign up from all parties and sustained effort – sustaining the change

Greenwich responses

- **Greenwich Partnership (integration board)**
- Build relationships and trust
- Behaviour as one group and choose not to be constrained by organisational governance and bureaucracy etc.
- Greenwich Partnership (integration board) – build relationships and trust
- National Voices ‘I statements’ underpinned the process
- Independent support to facilitate culture change management, engaging front line staff
- Long term vision – no quick fixes and the challenge is when individual leaders leave – sustaining the change
- Modelling integrated relationships, strong leadership in practice
- Independent support in access to reemployment offer
domestic care packages, increase in access to reemployment offer
- Interests in each others’ KPI’s, e.g., shared few (AA avoidance, reduction in care home admissions, reduction in
  domiciliary care packages, increase in access to reemployment offer)
- Working culture across organisational boundaries, creative, innovative, taking risks together
- Modelling integrated relationships, strong leadership in practice
- Parties and sustained effort – Greenwich responses
Issue #2: Joint working with citizens and communities

Citizens, service users, patients…

These individuals…

- Have become used to having to tell their story many times and being treated as body parts rather than people
- Are usually treated kindly but as deficits with little attention paid to the different cultural and experiential assets that they have
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- Too often voluntary organisations are ignored
- Too often the crucial asset of their independence is squandered

The same individuals are called different things and treated very differently
The Solution:

Citizens have a unique perspective to contribute towards the design of better care

Citizens have a critical contribution to the design of dementia friendly communities

The Alzheimer's Society have emphasised the importance of involving people with dementia and their carers in the process.

Citizens make a critical contribution to the provision of health and care services as carers and community volunteers.

Higher levels of social integration and lower levels of loneliness increase people's health and happiness as well as having far reaching consequences for educational attainment and reduction of crime.

Citizens can offer a unique perspective in how to deliver better care.

Citizens have a unique perspective to co-design and co-deliver new models of care, both the right thing to do and hugely important.

There are pockets of good practice in engaging the public to play an active role in designing and delivering people-centred, coordinated care.

There are an estimated 5.5 million carers and 3 million volunteers in England making substantive contribution to the health and care system.

The Solution:

Issue #2: Joint working with citizens and communities – National Responses
Issue #2: Joint working with citizens and communities – Greenwich responses

- Citizens had already told us what they wanted via National Voices, also our local systems of Patient and public engagement with GPs
- Conscious decision not to engage further as we learnt people locally just wanted ‘us to get on with it’
- Test and learn project working with citizens to develop a community response to improve access and identify gaps in services
- Healthwatch are carrying out discovery interviews about our care navigation/test and learn model with GPs
- Voluntary sector integral part of the integration board/design of services
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The Issue: Joint working with front line staff

Change fatigue
■ Every professional has had an excess of change, without the time to grasp the vision and the way it will positively impact patient experience.

Joint working will involve a number of changes.
■ Many will think “how on earth am I going to fit this new thing in, I don’t have enough time for what I am doing now?”
■ Impact patient experience.

Strong engagement with staff is important not just in terms of workforce motivation but also in terms of outcomes for patients.
■ The change will have on them.

Including adapting to new team members and styles of working, understanding new terminology and processes, and moving to a new workplace. It can be a difficult and emotional time for staff who may be anxious about the impact.

For example, Salford Royal was rated the top acute trust for staff engagement in an NHS survey in 2012 and the Chief Executive David Dalton reached by saying “I am delighted with our results, which reinforce the strong link between high staff satisfaction and low mortality rates. At Salford Royal, we have been successful in creating an environment where staff feel listened to, valued and well supported, where they are enthusiastic about their work.

The Issue: Change fatigue
The Solution: How will this affect me?

■ Important to understand the mix of reactions and feelings from frontline staff. Understanding the challenges from this perspective is crucial to the successful implementation of joint working arrangements. Frontline staff can only change their behaviour if they are empowered to do so.

■ Frontline staff must take the initiative and work across organisational boundaries. A robust communication and engagement plan ensures a smooth transition to joint working arrangements.

■ Acknowledge the importance of frontline staff as change agents.

■ Freely available tools, guidance and resources to help frontline staff develop leadership behaviour. Use existing frameworks as a benchmark or checklist to build on what you already use.

■ frontline staff are at the sharp end of joint working. Creative, and consistent, communication by all managers and built into the responsibilities in job descriptions.

■ Frontline staff need permission to take the initiative and work across organisational boundaries. This needs to be clearly and consistently communicated by all managers and built into the responsibilities in job descriptions.

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Issue #3: Joint working with front line staff – Greenwich responses

- Greenwich responses
  - Built on principle that the only way to change people’s experience is by engaging front line practice
  - Start engaged and feeling confident to be creative and continue to develop ideas and be supportive to implementation
  - Shared access to training and development opportunities – joint learning sessions

- Greenwich responses
  - Built on principle that is the only way to change people’s experience is by engaging front line practice
  - Strong leadership – really making sure people really understand where we are going and behave in a way to show
  - Eltham test and learn – working with GPs to change the way they have worked for many years, investment – Initial
  - Interprofessional practice – moving beyond MD working, use of one shared care plan (now called an IPLLN built on the concept of I statements)
  - Health and social care managers at all levels in the teams working in partnership has been a significant enabler

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The Issue: Joint working with operational managers

- Emphasise with the loss that takes place here and stress the improved outcomes of their new joint work. Small changes can make a big difference to the way that an entire team interacts.
- It's very different managing a joint team where the members have come from – they may have had to make changes to language and workplace culture. Understanding individual remit within a joint structure.

Crystal clear to consider where the team members have come from - they may have had to make changes to language used, the place they work, the IT systems they use etc.

Managers can find themselves in "no man's land", where it's not immediately clear what power they have to influence change. It is difficult to organise and influence people when the parameters around responsibility are unclear.

Crucial to spend time gaining a real understanding of which ones might be more painful than others, and work through them with patience and supportively.

Small changes can make a big difference to the way that an entire team interacts.
The Solution:

Quick wins for managing joint teams

- Co-location, co-locating, co-located
  Physically bringing people together creates day to day interaction and
  Pool resources: including staff, offices and management systems
  learning and development – together

- The role of joint management training is vital
  Skills for Care’s managers induction standards are a good place to start
  common way

- Developing shared common qualifications and joint learning will embed jointness and ensure it is recognised in a

Strong engagement should use clear language and consistent messaging, however, communications should be
tailored to meet the needs of different audiences

Most serious risks to service change programmes relate to communications and engagement

Communication

Case study: West Norfolk Alliance Pioneer programme – use appraisal schemes to ensure consistent joint objectives

for managers and help remove any conflicting targets – focus on shared objectives and outcomes across the

Communioin which in turn generates the new joint culture

Issue #4: Joint working with operational managers – National Responses
Issue #4: Joint working with operational managers

Greenwich responses

- Co-location for all integrated teams
- Integrated management structure (health and social care)
- Joint learning – being reflective/reflexive
- Co-location for all integrated teams
- Encourage/empower people to be confident to articulate challenges and difficulties, in a solution-focused way – well designed team meetings to be encompassing of both health and social care agendas
- Health and social care managers needed to understand the health and social care business, culture, priorities, and on balance notice and celebrate successes
- Build confidence in the staff to feel confident to approach either the health or social care manager to ask core questions about our service users
- Take time to understand the individuals, use annual appraisal to develop a wider perspective of learning and develop on all levels
- Well designed team meetings to be encompassing of both health and social care agendas
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Conclusions

Watch out for, ‘How to develop joint working for person centred coordinated care’ by Paul Corrigan and Richard Humphries in HStJ (to be published)

How-to guide on working together across health, care and beyond:

http://www.scie.org.uk/about/partnerships/better-care.asp