



Managing care

An integrated service

Rissa de la Paz

An integrated service. The Somerset Partnership is an integrated health and social care NHS trust that was set up after a detailed review of mental health services in the area. Its aim is to provide a more joined-up approach to mental health care by bringing together professionals from both health and social services into a new structure. The trust commissions and provides services through a number of integrated management teams that serve different localities. How far has the dream been translated into reality? We look at what partnership working has meant in practice. First, some members of staff reflect on their hopes and fears prior to the merger. Community psychiatric nurse, Andy.

Andy

It's hard to say really what my hopes were because it was going into the unknown. The main concerns were that there was an understanding of Social Workers and Community Nurses doing very similar jobs and that they could be knocked together. Unfortunately we do similar tasks from very different perspectives. And being aware of that, my concern was that it would be a cheap way of getting one person to do two people's jobs.

I think that what's happened is that we've become much more understanding of each other's role. We have been able to stand together with the Social Workers to defend our role, so the difference between Social Work and Nursing has become amplified and more clear to both of us and say, to the managers that "you can't expect us to carry on knocking things together as though we are the same organisation, or the same, or function in similar ways."

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A sharing of professional expertise was one of the benefits envisaged by Carol, a mental health manager for older people. But there were also anxieties.

Carol

The hopes were that we would do more joint working, joint assessment, joint risk assessments and break down some of the barriers that existed before. Some of the difficulties about people falling between two stalls. Particularly with the older people, the physical aspects of their care sometimes you know, they automatically said, "Well they've got a mental health problem so it would go to Mental Health rather than a Geriatrician" or something like that. My hopes were that we would break all of those barriers down. Fears that we'd get lost within a bigger organisation and that people would lose their professional status and roles. We are very professional orientated within our team, so we respect each other's professions as well.

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There were certainly benefits to be gained from partnership working, as far as service users were concerned. Nigel, an approved social worker, explains.

Nigel

If you look at it from a public service point of view and you think about people accessing the service, the public. For them it was going to be, it's a cliché, but it's the one stop shop situation, where you can ring up one office, you can talk to a Community Psychiatric Nurse, you could possibly talk to a Doctor or at least access a doctor through a secretary. You could talk to Social Care Staff and we're all in the same building and we're all in constant communication with one another. And as time goes by that communication gets stronger. There's a bond, you actually become a team as opposed to two disparate groups in separate buildings, trying to work as a team.

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But the merger involved drawing together people from quite distinct professional backgrounds, with their own cultures and traditions of working. Mental health team manager Carol, comes from a social work background.

Carol

You've got two sets of people coming together and the Health Group have different sets than Social Services and quite often it was "Well we used to do it one way and we used to do it another," and you had to be careful about which way you actually adopted. It's a bit like pulling a tug of war if you're not clear you know, which way we were going. Difficult sometimes if people have worked in a situation for a long time. And you know the change is always very difficult for people to accept.

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The merger certainly highlighted differences between the professions – from paperwork to pay and conditions. Sarah, a specialist liaison nurse at the trust.

Sarah

Initially, there were problems with people using different types of documentation. Used for the same purpose but they were different sorts of paperwork, which had to be streamlined. There are still issues around pay and working conditions, which haven't been sorted out. People doing similar jobs but who have different pay structures or different conditions to their work, such as different amounts of annual leave, although they do similar jobs. There are still problems which haven't been sorted out since the integration. Personally I'm not affected by them but obviously I hear other people talking about those problems and there doesn't seem to be any move to sort those things out at the moment, that I'm aware of.

Nigel

There have been great difficulties with terms and conditions. Because with somebody like me, I remain employed by the County Council because the Mental Health Act requires that I'm not employed by the same agency that employs the doctors that are making recommendations. So therefore I have different Terms and Conditions to my colleagues and that can cause some friction, because we're not as well paid as they are.

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Social worker Nigel manages the mental health care of older people. He foresees that as roles and responsibilities change in the merged trust, his own post will inevitably evolve.

Nigel

If you actually look at what's happening to me as a Social Worker, I think the change is going to be quite dramatic. And I think probably if you come back in five years time the term Social Worker may or may not be there, but I would expect to see a marked change in what's happening. There is new mental health legislation on the way. I think that may affect the role of the approved Social Worker which is sort of part of my work, but it doesn't actually impact on the work that I do with older, or non-working people. So I think change is inevitable and I'm not quite sure how that's going to impact on me as a qualified Social Worker. I think possibly you will come back in time and see the whole processes is changed a great deal.

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In order to support staff through such changes, front-line managers such as Carol rely on the back-up of relevant professional bodies.

Carol

There're always difficulties but I think as a team we've been able to sit down and talk about the lines of accountability, so that we're fairly clear about that. It's to do with understanding each other, understanding each other's professions and roles. Obviously nurses are very strongly affiliated to certain groups so there's been no change for that. And as regards the Social Workers I can only support them and prompt them to go to their own associations.

We're all professionals and we're all specialists in our own right, so they need their support and their back up otherwise they become isolated.

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Despite the difficulties, Kathryn, another approved social worker, feels positive about the benefits of the merger, for a shared approach to staff development.

Kathryn

Before integration the focus was all about how we must protect own identity, our difference. And as we integrated we're all amazed by actually how similar we were, rather than our differences. It's so easy, because we all wanted to work here, we all wanted to make integration work. It was really hard then to hold on to those bits that were different and to not get caught up in the whole situation. And I think sometimes people do have different understandings, or they prioritise different things, or their knowledge base is different and say some of it's just about taking the time out to understand where they're coming from, rather than just jumping in. Often if you just take that time out it can be much more helpful.

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Given the possible barriers to integration, how can front-line managers act as catalysts for effective joint working? When the Somerset Partnership trust was set up, it was divided into different localities, each with its own management team. Joe's role as locality manager brought into focus for him the special skills needed for the team managers below him.

Joe

One of the interesting things and it's only just becoming clear, is that obviously there's all sorts of ways of being a Manager. It strikes me that we're asking people to be managers in a different way to their previous experience. The three or four team managers that work here come from a Nursing and Social Care background. For the Social Workers it's clear that their management experience has been as team leaders with a very particular role that's really good at supporting people, problem solving and you know helping on a day to day basis. And the same for Nurses too, but that in terms of their overall responsibilities representing their teams in working outside of their team, that we've had to help people think more about that role than they probably traditionally did.

And I suspect that's because we've taken away the other structures that supported people. Social Services have clearly got a strong administrative structure that's separate to their care delivery. The Health Service tradition is not to have that and that there are expectations that you need to find out where people are coming from and do something about has been our experience. And it's constantly coming up, because I think what we did was just jump in and start doing business together and it's not until you see people in action over a period of time, do you begin to have an understanding of where they're coming from and what their background is and whatever. So it's not a year of just starting, it's two and a bit years and it's still finding out about things. There's a real plus side, it's really fun to, makes the job really interesting.

Rissa de la Paz

Carol outlines her vision of the team manager's role.

Carol

I see the role that I'm in at the moment as being a, very much a negotiator, an allocator. Ensuring that referrals are seen within an appropriate amount of time after we've received them. Ensuring that the right people with the right skills go to assess the client and the carer and also to ensure that after referral they're seen by the right profession so that they get the requirements to their needs. A negotiator to ensure that both my staff are clear in what's going on and also the outside services that we use. Communication is the key to keeping a team informed, happy and to ensure that we are all pulling together, know where we're going.

Rissa de la Paz

What are the skills needed for team-building across professional boundaries?

Carol

The team manager within this joint office has to be aware of the needs of both professional groups and to keep on top of their needs. If you're not on top of that, that can cause conflict and we can't afford that because we need to team-build all the time. With an expanding team as well, you have to be acutely aware of rocking the boat when someone new comes into the service. They need to be informed all the time of advancements, what their expectations are. We need clear communication with medics in the team to know that we are sailing in the same direction; it's no good for my team to decide to do something that's not supportive of in-patients, nurses or doctors.

Rissa de la Paz

Kathryn, an approved social worker on the mental health team, gives her perspective.

Kathryn

I think my Manager's really crucial to making my team work effectively. I think in terms of creating an atmosphere within the team and I know my Manager's personally put in a lot of effort, certainly when we integrated into actually making that work and making people feel supported and making us get, have a sense of a team and team response. That we have regular Community Team Meetings and through those we develop that sense of team identity and support and it's how you use those team meetings and often the Manager can be very crucial in that. And so we set a structure, which although she chairs the Meeting it's very much your decisions that are decided amongst the team and are not her decision and that's made a real difference. Also it's about the sort of response I get from her when I have a difficulty and I know that I can always go to my Manager and you know, she will give me a response. It might not always be what I want to hear, but she will always give me a response that's supportive. And it helps me do my job, that gives me the freedom to know in any situation I've got support.

Rissa de la Paz

With an integrated organisation looking after the needs of service users, there's a greater need for streamlining and sharing information. Inevitably, issues of confidentiality arise. Andy voices his concerns.

Andy

As a nurse with a health perspective, I'm sharing information with a Social Worker who's from a legal perspective. I don't really know what they're gonna do with that information. When it comes to sharing information with the Police it's even more complicated. It's a case of making it up as we go along at the moment. In a way it's more open, but you know clients wouldn't agree with you that it has their best interests at heart. And very often we're making decisions about people's lives that are more to do with the law than to do with what they want. There is tension between how we resolve them and who's the loser in the resolution. That's a hard one. I don't think it's ever been solved and ever will be solved. I think it's one of these things that's gonna be constantly changing.

Rissa de la Paz

Social worker Kathryn also notes the contrasting approaches to information-sharing between medicine and social care.

Kathryn

My understanding of our confidentiality is that I'm a representative of the organisation and therefore not so much of an individual. So the fact that we all work together makes that easier. Other people's understanding might be slightly different and some of the doctors have a much clearer sense of an individual responsibility in terms of confidentiality. The other side of it though is that as Social Services we always used to have very strong links with housing for example and DSS and Benefits and share a lot of information with them. And the medical position has always been clear about not sharing that information. So that's something that at times has been a bit more of an issue.

Rissa de la Paz

Team manager Carol sees confidentiality issues in a broader context.

Carol

Confidential issues have always been high on both priorities of Social Services and Mental Health Nurses. For us as professionals that's not really changed, because we always respect each other's confidentiality issues. What may be a wider concern is the agencies that we're connected to. Obviously they need to know vital pieces of information, but it's at what level do you stop giving a piece of information or respect a piece of information that you have. I think that's what we have to be acutely aware of, that the information we give out to people that are supporting our clients, has the correct nature, the correct amount and with the client's agreement.

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The goal of partnership working is to improve the quality of services on offer. To what extent has this been realised? In this band, staff at the Somerset Partnership assess their progress. Sarah, a specialist liaison nurse at the trust.

Sarah

I think there are a number of benefits really because the integrated trust promotes closer working, promotes joint working, makes those sort of things much easier to organise. I think also the information that we give out to people from different agencies should now be the same. Which I'm sure benefits the users. I think everything should be a lot clearer and hopefully things should happen quicker, because we should be able to communicate quicker between professions, whereas before, two different agencies, there's obviously gonna be a delay before things happening, so I think in that respect clients have benefited.

Rissa de la Paz

Team manager Carol agrees that services users have gained from the merger.

Carol

We've had a lot of positive feedback because now they go to one office rather than hunting around two different offices. The expertise within the team are phenomenal and you know we've got the expertise where we can ask each other, we don't have to run around and then, as a result, the users actually get the best of both worlds. They get a response very quickly and it's to the benefit.

Rissa de la Paz

How responsive is the new service to users' needs?

Carol

The service users are able to influence the system, because we operate a user questionnaire system, where they have their voice. They can give us their opinions when they're in the service, or whether they've been discharged from the service, it's an on-going system. And we do hold open forums where we invite users and carers to that, simply to collect their views and see if we're going in the right direction for what they require. In the past we may well have been putting square pegs in round holes just so that the user had what we provided. Now we're listening to users and saying "Well actually what we're providing isn't what they require, so we need to listen to what they want and do our utmost to provide it." It's not always possible, it's, we've got to be realistic, that's the only way that we can be responsive to the carers and the users.

Rissa de la Paz

Kathryn, a social worker, is aware that some people may feel that the merger has come at a price.

Kathryn

Service users would have, I think depending on the individual, would have probably mixed perceptions. I would hope that a lot of it is been positive, that instead of having to be referred here and then referred there, all those sort of delays have stopped. They're able to access services much more freely and I would also hope that when they do access us, they get a much wider range and option and therefore much better service. I also think that you know, because we are working much better as a team, that means that we can provide a much

better service to them and we can be much more responsive to their needs. However, there might be some users who feel that they preferred having a separate Social Care Service from the medical model. I've heard people say that they felt that that has been lost.

Rissa de la Paz

Nevertheless, the possibility of delivering a more streamlined and effective service brings its own challenges, as locality manager Joe points out.

Joe

I think what service users who I meet say is that "On the one hand things are probably easier in terms of communication between professionals is probably clearer, delays are reduced and that in theory asking the person, somebody for their address and the name of their dog, should be reduced by having a joint care planning process and people would support that. At the same time as we might have made it easier to assess and plan people's care, the rate of referrals and the business that we get is increasing by the month and that we're not in a position to influence that as strongly as we probably want to be.

Rissa de la Paz

Given an increased number of referrals, how is it possible to ensure that quality of service is maintained?

Joe

We've employed part-time, two users to do significant service evaluations. We've reviewed our out of hour's service led by users. We've also established and it's slow to come but on the move, a user reference group to which we take ideas about the service, developments about the service and we use forums in which we invite interested members of the general public to talk to us about the service. So I think we're taking it seriously, there are certain things that are heavily influenced by service users for use. An example would be that we now ask to people to phone our in-patient unit for a month after their discharge because that's what service users wanted.

Rissa de la Paz

For staff, joint working has involved not simply working with other professionals within the trust, but also with outside agencies. What has this meant on a day-to-day basis? Kathryn, a social worker, describes the range of typical encounters.

Kathryn

Within the team I work very closely with the Nurses, with the Psychiatrists, the House Officers and other doctors. Within day services I work, have some close working relationships with the Occupational Therapist and the Nurses there. I've tried hard to have close working relationships with the Ward Staff and Nurses on the ward. I'm doing some link working with the day services that aren't based on site. I also try and have contacts with the learning advice worker that I've good contacts with. Speak quite closely to Housing. I also have a lot of contact with the GP's and Doctors Surgeries.

Sarah

I work with a number of different organisations. I work quite closely with Social Workers, some of whom are part of the Trust I work for, Psychiatric Social Workers, but I also work with a lot of Social Workers who aren't part of our Trust. I work with District Nurses and liaison staff, also have links with some voluntary agencies and nursing homes and residential homes.

Rissa de la Paz

In his social work capacity, Nigel also works with external agencies.

Nigel

With regard to agencies outside our Partnership there are still colleagues in what is still Social Services. We often have to access services through them and certainly our monies for residential care home care, come via Social Services. Perhaps more importantly, we actually work closely with the agencies that have been contracted to provide us with services. Specialist Day Care for people with dementia, that may be Red Cross, Alzheimer's Society.

Local Homes of Provision for Contract also deal with the homes that provide residential care, nursing care, charities. Somebody I feel sometimes need some money, so we're looking to charities. Certainly I am very broad Church when I'm looking for help or assistance, I'll go anywhere if I think I can get it.

Rissa de la Paz

Forging links with other agencies has been made easier by a history of collaboration before the trust was set up. But team manager Carol could still see areas that needed addressing.

Carol

I think we were fortunate to be working with good close working relationships with other agencies before we actually amalgamated. But having said that, we have spent an awful lot of time negotiating, talking with other agencies such as the Primary Care Social Workers that aren't specialists, district nurses, GP's. We've set up link-working nurses to do that, where they go out to these different agencies. Primarily to pick up difficulties that they're experiencing, where it's a two way process really. And also we've got a nominated person to do that.

Rissa de la Paz

What systems have they put in place to keep lines of communication clear, for staff working in this partnership setting?

Carol

We've got a duty worker system, which people can ring in to and use as an advice line if they've got problems, they can ask us about. If they don't know where to go with someone they can ask us about it as well. We've invested a lot of time in liaising and communicating. The communication and clear guidelines of how to refer and what makes us different from other people we've invested heavily in. We've done a lot of joint work creating pathways of care with District Nurses and other professionals so they are very clear about what they can expect of us.

Rissa de la Paz

Staff such as Kathryn can see the benefits of improved working relationships between groups of people who had only limited contact before.

Kathryn

My hopes definitely have been realised even beyond my expectations. The joint working that we get now is superb. It used to be so difficult to get messages to people and you, there's just so many things you just wouldn't bother saying to people. Whereas now you catch their eye while you're writing up your notes and you just start having those sort of conversations. The fact that the Doctors are on site and that they are just down the corridor makes a tremendous difference and I feel now that I can go to them for medical support and for advice in a way that I never could before. And that gives me a lot more freedom in my job and a lot more support. I think my relationship with the ward staff and the Day Service has improved just because we're on site and we can meet each other frequently and it's so much easier. And I really appreciate the support that I get from all my colleagues and that I've learned a lot more about the medical side and have a much better understanding about their perspective and that's reduced a lot of my assumptions as well. So that's been really helpful and I've gained a lot in knowledge.

Rissa de la Paz

But she's still aware that joint working inevitably impacts on her own sense of professional identity.

Kathryn

Personally, the challenge is about getting on with different people that have actually meant that I feel as a professional I've developed more and grown more. The challenges have also meant that there's been more opportunities. So for example, I've got involved in doing group work, which I never probably would have had the opportunity before. And that I've been seeing individuals much more on a one-to-one basis doing some sort of almost intensive work

that perhaps before I'd always referred over to the nurses. Initially I was apprehensive about that and thought I was losing my identity as a Social Worker, but actually now I've seen that it's actually stuff that I always could have done as a Social Worker, but I never had the skills or support to do it. So the challenges have also now become a sense of growth for me in terms of my individual professional skills.

Rissa de la Paz

The experience of the Somerset Partnership highlights the fruits of collaborative working. It also pinpoints the potential barriers to success. These include different professional cultures, different patterns of employment and accountability, even different perceptions of the cost and benefits. Negotiating this complex, fluid but potentially exciting set-up is a task that will continue to challenge managers who embrace the prospect of partnership.