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OFFICIAL

How to... work together across health, care and beyond

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The Better Care Fund



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Contributions

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This series of guides is intended to be of practical use to members of Health and Wellbeing Boards (HWBs) of the membership categories: councils, clinical commissioning groups (CCGs), local Healthwatch and voluntary sector members, representatives of NHS England who sit on HWBs, and additional non-statutory members.

How to ... lead and manage Better Care
[Click here to view publication.](#)

How to ... bring budgets together and use them to develop coordinated care provision
[Click here to view publication.](#)

How to ... work together across health and social care

How to ... understand and measure impact (forthcoming)

*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 focus on working together across systems and organisations.***

We can't do this by continuing to do what we've always done – we all have a role in breaking down and working across organisational boundaries. Working towards achieving this goal will require full engagement of all staff - people from the frontline to board level - with a clear recognition of the new behaviours required by everybody involved.

Patients and service users want care organised around them because it will help them achieve things they prize: independence, control and a meaningful quality of life. Only they know how the care, support and treatment offered by statutory services will best help to achieve this. They must be part of the 'joint working' jigsaw from end to end, and at every level from the frontline service to the senior strategy group.

In the face of shrinking budgets and increasing demand, we need to get much better at working together because it is our whole society's health and wellbeing that is at stake, including the care of our parents and grandparents and of course our own health and quality of life.

Creating a better system for all, based on sustainable person centred care will create one of the most important social changes of our generation. *It will have a profound impact on the health and wellbeing of society as a whole, affecting our personal quality of life as well as that of our friends and family.*

By Don Redding, Director of Policy, National Voices

Better care: why are we doing this?

Implementing Better Care is about improving people's lives and delivering better outcomes for people in terms of their health and wellbeing. As enshrined in the Care Act 2014, wellbeing should be defined broadly – including personal dignity, individual control over day to day life, participation in work, education, training or recreation.

Delivering Better Care will help Mrs Smith from Torbay and all those in our lives and communities, who see lots of different professionals, who have to tell their story multiple times, who can't receive care at home when they want to, who are passed from professional to professional and who are rarely asked about what they want to achieve.

To deliver Better Care, we need to change our approach to respond to what people want and need, rather than what is easy to provide. People – as citizens, service users, frontline workforce and leaders - are a key part of developing the solution.

Building blocks for effective, sustainable change

There is no 'one size fits all' generic model that can be rolled out across the country. Each area will need to establish their own approach to working across traditional boundaries in order to meet the needs of their local population. In this guide we help you to explore practical steps for how to achieve joint working through genuine partnership between strategic leaders, managers, frontline staff, clinicians, practitioners, other professionals, individuals and their community leaders. We focus on the key building blocks for sustainable joint working:

Engaged citizens with a voice and an active role in better care

Frontline staff embracing and driving change

Managers doing things differently – and empowering their teams

Previous 'How to' Guides in this series on leadership (Issue 01) and bringing budgets together (Issue 02) highlight the importance of common themes such as building trust to cement strong relationships, being clear about accountability, and systems leadership at every level in taking forward change. All of these components are essential to support effective joint working, too.

Aims and objectives of this 'How to' Guide

This guide will help people to understand, prepare for and engage in successful joint working around Better Care and the wider goals of person centred coordinated care. This series of 'How to' guides help with the important changes in the journey to better care.

After reading this 'How to' Guide, we hope you come away with four key messages:

- **Joint working does not happen without planning, sign up from all parties and sustained effort.** Joint working is not a new concept, but all organisations will face challenges in making it successful and sustainable in their organisation
- **Joint working needs to happen at every level for Better Care to be a success,** with buy in from all those involved. Joint working is not just about community matrons working with GPs, nor is it just about Chief Executives coming together. 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
- **The role of citizens in a system of Better Care is an active one.** Coproduction enables citizen to drive the design and delivery of Better Care services, and joint working encompasses this shift
- **There are concrete levers you can employ to support joint working** – and taking it one step at a time is ok. This guide contains examples of how different areas have tackled problems associated with joint working in practice.

In each chapter, we explore:

- What joint working means at this level
- Some of the challenges that may be faced
- How other people across the country have addressed these challenges, and
- How you might apply this learning in your own local area.

Challenges

- Engagement can be an afterthought rather than an integral part of the change process
- Citizens may find it hard to access the debate
- It's difficult to translate what people say into real, tangible action and change

Key actions and top links

- Have a clear engagement plan to ensure a comprehensive approach. NHS England has produced a bite size guide 'Principles of Participation' which outlines the rationale and principles behind participation as well as reviewing the engagement cycle and setting out practical steps you can take. **[Click here to view publication](#)**
- Coproduce change with citizens. The Social Care Institute for Excellence (SCIE) gives recommendations on how to develop co-productive approaches in organisations and projects based on a framework for change management. **[Click here to view publication](#)**
- Encourage citizens to take an active role in service delivery. Roz Davies' blog "We Love Life" provides great food for thought on unlocking the combined potential of citizenship and digital technology to improve wellbeing. **[Click here to view publication](#)**
- Use patient activation and self care. Click here to view the King's Fund report on supporting people to manage their health. **[Click here to view publication](#)**
- Embed a community centred approach. There are a whole range of community centred approaches, many included in the Public Health England guide to Community Centred Approaches. **[Click here to view publication](#)**

...valuing citizens as equal partners in developing and delivering new models of care.

How do citizens shape the design and delivery of care in your local area?

During significant system reform it is easy to become entrenched in professional conversations and neglect the views of citizens, but allowing this to happen will mean that a crucial and unique perspective on how services should operate, will be missed. As referenced in the NHS Five Year Forward View, **click here to view publication**, *“patients, their families and carers are often ‘experts by experience’”* and their voice is crucial to service and system redesign.

This chapter explores the range of levers that can be used to support a move to joint working with citizens and communities, including advice on how to put this into practice in your local area.

Recognising the role of citizens in holding the system to account and demanding better care is essential. **If citizens have low expectations, one of the main drivers for improvement will disappear. In other industries and services the public’s high expectations are used as an active driver for involvement and improvement. Person centred coordinated care will only become universal if citizens expect and demand it.**

Appreciating the vital contribution of carers and volunteers

There are an estimated **5.5 million carers and 3 million volunteers** in England that make a substantive contribution to the health and care system. There is clear evidence suggesting that volunteering is beneficial for the people that receive help as well as the volunteer. 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. **Click here for more information.**

“

...new models [of care should] also draw on the ‘renewable energy’ of carers, volunteers and patients themselves, accessing hard-to-reach groups and taking new approaches to changing health behaviours.”

Click here for more information.

- Simon Stevens, Chief Executive, NHS England

How can you make best use of citizens as assets within the system?

To truly embed citizens in the process of developing and delivering Better Care is not easy. If the challenges and pitfalls listed below are not considered upfront, the outcome is likely to be tokenistic engagement which results in disillusionment both on the part of professionals and citizens themselves. Things to think about include:

- How to ensure that citizens are appropriately reimbursed for their time and expenses, such that they feel valued and can afford to take part but in a way that is sustainable and does not jeopardise other community activity undertaken on a voluntary basis
- How to ensure there is a real commitment to sharing power between professionals and citizens, for example through co chairing meetings etc.
- How to ensure that you are engaging with a diverse group of citizens that represent the breadth of demographic across your local population and that are relevant to the services in question
- How to upskill both citizens and professionals in working together in a new way
- How to ensure that citizens are up to speed on the health and care system in a way that allows them to contribute freely and knowledgeably
- How to ensure that any codesign / codelivery sessions are accessible and inclusive for citizens with a range of different needs

- How to manage any conflicts that may potentially arise and to equally share responsibility for resolving these
- How to balance the time required to properly engage with citizens at a pace which works for them with programme delivery needs and deadlines.

There are pockets of good practice where citizens and communities have played an active role in codesigning and codelivering people centred coordinated care. The following pages explore how this has been done, and how the questions above have been addressed through locally and nationally designed frameworks.



Whether using the National Voices narrative, [click here for more information](#), local variants, similar statements from Making it Real, [click here for more information](#), or stories of archetypal service users such as Torbay's 'Mrs Smith', it is now clear that citizens' perspectives are the key means to establish consensus on goals and outcomes, and to judge progress. The reason for these difficult changes cannot be found in the planning rooms of PMOs that organise the change, but exists in the lives of the people who use services and their carers who experience the problems created by existing fragmented care.

It is vital that citizens' experience is brought into the rooms where this change is being developed.

To ensure we are working towards the outcomes that matter most to local populations, and to get the redesign right first time, we must work jointly as partners, with citizens who use services. In the voluntary and community sector this is referred to as coproduction or codesign.

The swift establishment of the Better Care Fund allowed little time for local areas to co-produce plans with their citizens. However, the development of Better Care is a process, and success demands that you start the 'cycle of engagement' as soon as possible.

- Don Redding, Director of Policy, National Voices

Citizens and communities driving better care

How people have addressed the challenges

Effective engagement requires a clear citizen engagement plan that takes into account a wide range of views

To ensure that services meet the needs of your population you need to take account of a **wider range of views about what people want from local services, achieved through a clear citizen engagement plan.** Your engagement approach should cover different channels, considering the communications preferences of different demographic groups. Some people will respond well to traditional consultations, where they are asked to respond to a paper document setting out a range of questions or scenarios. Others will prefer the opportunity to discuss their views face to face, and some may be interested in contributing online.

Some useful tools to support your citizen engagement plan can be found on the **Community Planning toolkit** including:

- **Brighton and Hove's community engagement framework:** A document which provides a clear definition of community engagement and sets specific standards for this. [Click here to view publication](#)

- **Self assessment toolkit for partnerships:** Practical assistance for partnerships to self assess current levels of community participation, identify the participation they would like to have, and undertake a series of exercises to help partnerships get from where they are now to where they want to be. [Click here to view publication](#)

The NHS Citizen model



Coproducing change with citizens and communities

To make change effective, it should be coproduced with citizens and communities. This means local leaders sharing power and responsibility with citizens to design working arrangements and structures which correspond to their experience of receiving services.

To learn the principles of coproduction, **[click here for more information](#)**.

To engage effectively with citizens and communities, you will need:

- ✓ Time, resources and **skilled staff**
- ✓ **Authentic relationships** of shared purpose, responsibility and trust
- ✓ **Genuine leadership commitment** to active listening and willingness to take action for change together

Good examples of applying a community centred approach in practice include:

- The Asset Based Community Development Barnwood Trust. **[Click here to view publication](#)**
- MoveMore Sheffield. **[Click here to view publication](#)**
- Community Health Champions. **[Click here to view publication](#)**
- Social Prescribing. **[Click here to view publication](#)**

Working Together for Change (WTfC) is a best practice approach to coproducing change with people and families. The simple six stage process is designed to be low cost and low tech and can help commissioners and providers make better use of scarce resources, improve productivity and lead to better outcomes for people by ensuring services provide the things people want and need in the way that makes most sense to them. **[Click here to view publication](#)**.

WTfC has been used to great effect by providers and by commissioners to review how well services match the priorities of local populations. Some examples include:

- MacIntyre, an award winning national provider, has recently adopted WTfC as a means to embed coproduction across its services. **[Click here to view publication](#)**
- In **Lancashire**, the process has become a core part of the commissioning cycle and is run regularly to ensure commissioning priorities reflect what people most want and value from services. Most recently, commissioners used the process to help review how well direct payments (DP) were working for people and what the future shape of DP support services should look like. **[Click here to view publication](#)**
- In **Teesside**, commissioners have used the process to inform the development of regional strategies for children and adults with autism, ensuring that the voices of carers and people with autism are able to directly feed into the way future services are shaped. **[Click here to view publication](#)**
- The process has also been used at a sub-regional level in the **Manchester region** to inform the first ever sub-regional Market Position Statements (MPS). **Trafford, Manchester and Stockport Councils** used WTfC process to ensure that the MPS gave the right messages about what services should be providing in the future. **[Click here to view publication](#)**

Supporting citizens to lead the delivery of care services

Full coproduction means citizens playing a role in both designing **and delivering** care services. Citizen-led services can bring a range of benefits both to the person delivering the service and to the person receiving it. For example, community befriending programmes are known to reduce isolation and increase independence.

Establishing a currency of time credits is one to encourage services delivered by citizens. In **Lancashire**, an approach to encouraging this sort of volunteering has been developed to thank volunteers who work to tackle social isolation among older people. If a volunteer gives 1 hour of time to a community organisation, they earn 1 time credit that can be spent on a range of activities in the local area for example, an adult learning course, swimming, children's play centres and activities, a trip to a football match or a show at the local theatre. **Click here to view find out how they did it.**

Focusing on self-care

We know that those with **long term conditions spend on average 4 hours a year with a health professional, which means the remaining 8756 hours are spent self-managing.** As such self care is going to become an increasingly important aspect of better care. Self care can be used to reduce health inequalities and deliver improved outcomes, **click here for more information.**

Setting up a system like eDayBook can support people to manage at home - **click here for more information.**

Figure 1: A coproduction approach: User and professional roles in the co-design and co-delivery of services

		Responsibility for design of services		
		Professionals as sole service planner	Professionals & service users/ community as co-planners	No professional input into service planning
Responsibility for delivery of services	Professionals as sole service deliverers	Traditional professional service provision	Professional service provision but users/ communities involved in planning and design	Professionals as a sole service deliverers
	Professionals & users/ communities as co-deliverers	User co-delivery of professionally designed services	Full co-production	User/ community delivery of services with little formal/ professional
	Users/ communities as sole-deliverers	User/ community delivery of professionally planned services	User/ community delivery of co-planned or co-designed services	Self organised community provision

Source: NESTA & nef (2009), 'The Challenge of Co-production' discussion paper by David Boyle and Michael Harris. Adapted from Carnegie Trust (2006), 'Commission for Rural Community Development – Beyond Engagement and participation, user and community co-production of services' By Tony Bovard, Carnegie Trust.

How will you apply a community centred approach?

Develop a clear strategy for building community capacity which should include investing in schemes such as time-banking, befriending, community navigation, peer support and volunteering. You should also consider the **role of communities in workforce development** strategy, focusing on the role of carers.

Use digital technology blended with offline support as a powerful tool to support a community centred approach - from the basics of using social media to the development of community platforms to engage, share information, provide peer support and enable collective action.

- The Tinder Foundation have a national network of 5000 community centres who support people who are digitally excluded to go online. **Click here for more information**
- **Social media toolkit** – guidance on how to set up Facebook and Twitter accounts and use these effectively. **Click here for more information**
- **Using online tools to engage** – guidance on how best to use online tools to engage the public. **Click here for more information**

Ways to embed coproduction to develop people powered better care

Across the country, communities are finding their voice to challenge the apparent gap between plans and reality. Partners should encourage challenge locally, integrating the citizen's voice into the process of evaluation and the procedures of scrutiny. This can be done by:

- ✓ Developing and embedding coproductive approaches - **click here for more information**
- ✓ Considering a strength-based approach
- ✓ Engaging the local voluntary and community sector in design, evaluation and coproduction – tapping into their different networks and ability to have conversations with citizens in a different way to statutory organisations
- ✓ Tapping into virtual communities, e.g. Mum's net, **click here for more information**, I want great care.org, **click here for more information**
- ✓ Building on good practice e.g. The Leadership of Empowered and Healthy Communities programme, **click here for more information**
- ✓ Constant evaluation to ensure you are on the right track and that coproduction is working for everyone involved

Engaging with citizens and communities

- DO** develop a clear strategy for building community capacity
- DO** coproduce the design, delivery and reviews of individual and community centred approaches with citizens
- DO** create a culture of active listening, respect for diversity and collective responsibility and action across partners. Encourage challenge
- DO** be flexible but also clear about boundaries and expectations and work together to resolve differences and issues
- DO** work with community leaders/champions to reach deeper into communities
- DO** work together to identify and lift barriers to engaging, e.g. language, childcare and transport
- DO** ensure communications are clear, accessible and jargon free
- DO** use and create spaces which are comfortable and welcoming
- DON'T** underestimate the importance of building relationships of shared purpose and trust with citizens and communities. Understand that this takes time and authenticity

Things to consider...

- ...using digital technology for engagement blended with offline support
- ...the role of professional independent advocacy in supporting citizens to get involved
- ...integrating peer support into routine care
- ...how can you make it fun, social and creative?

Challenges

- Frontline staff are operating in a challenging environment and may be suffering from change fatigue
- There are multiple uncertainties about how and when their roles may change
- Staff may feel that they lack control over the change

Key actions and top links

- Ensure clear, honest communication to maintain trust throughout the change process
- Coproduce a shared agenda for change with staff. A good practice example is Salford Royal Hospital where high levels of staff engagement have helped ensure workforce as well as improved patient outcomes. **Click here to view the case study**
- Recognise the role of front line staff as crucial change agents (not passive change recipients). **Click here to read more** about the role of frontline staff in integrating health and social care in Scotland
- Empower staff to find the best ways of making the change happen. **Click here to read more** about how leadership can be grounded in everyday practice

... a significant change to how and where people work, which will provoke a range of reactions.

“

The value of people from different disciplines and organisations working together across traditional boundaries cannot be over stated. This helps instil person centred approaches which focus on best pathway, with the right blend of care and support services to achieve their outcomes and enjoy best possible quality of life.”

- Martin Farran, Executive Director of Adults and Communities, Barnsley Metropolitan Borough Council

Frontline staff are crucial to successfully delivering person centred coordinated care. As the key point of contact between the system and citizens - patients, people who use services, carers and their families – frontline staff have an important role to play both in delivering Better Care and in offering a unique perspective about how to achieve more joined up care in practice.

In order to deliver person centred care around the needs of individuals, **frontline staff need to work together.** This will involve creating new relationships with different professions across a range of sectors, changing the way they interact with one another and with citizens.

Working in a way that people are not used to can have an impact on many levels

Joint working may involve a number of changes 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 the change will have on them. Strong engagement with staff is important not just in terms of workforce motivation but also in terms of outcomes for patients.

This chapter explores the range of levers that can be used to support a move to joint working for frontline staff. It looks both from the perspective of a frontline worker and from people working and interacting with frontline workers. It provides practical advice about how to approach joint working and the frontline as well as examples of what has worked elsewhere and why.



Change fatigue – what's different this time?

We know that this is a time of significant reform in the sector and that staff may be suffering from 'change fatigue'. Every professional in health and social care has had an excess of change thrust upon them repeatedly throughout their careers and a majority never get to grasp the vision behind the change and are not given the time to understand what will be better for patients and what might be better for "me"? Indeed what they think is "how on earth am I going to fit this new thing in, I don't have enough time for what I am doing now?"

When budgets are tight and jobs are at risk, adapting existing working practices to enable joint working may feel like a step too far.

How will this affect me?

In tackling this, it is important to understand how frontline staff feel about changes to their working arrangements. Some may be excited by the prospect of joint working whereas others may be apprehensive or worried about the proposed change, and there may be a mix of reactions within the team.

Understanding the challenges from the perspective of frontline staff is crucial to the successful implementation of joint working. Examples of some common concerns include:

I would be really happy to work differently if only someone would think about what I can stop doing within my current workload

If only they would stop and listen to me and the people I work with, I could tell them how to do things better - but no one bothers to listen to me

This has been done before and it didn't work then

Ok, I will play my part but it will change next year, so it doesn't really matter

- Facing and juggling multiple uncertainties, both personal and organisational, from across the system
- Working in an environment that may lack clarity, where no one person or single organisation can find or organise the solution on their own
- Feeling that they don't have visibility or control of the change process and that it will be 'done to them'.

Once you have acknowledged and understood the challenges from a frontline perspective you can start to develop a strategy for tackling them and moving towards the implementation of joint working.

Frontline staff: the touchpoint between citizens and the system

How people have addressed the challenges...

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Salford Royal has consistently high levels of employee engagement and it scored highest out of the 142 acute trusts in England in all of the national surveys of the last three years. Staff satisfaction is high across the board; out of the 28 key findings in the staff survey, their high levels of employee engagement are matched by exceptional performance across the board. Patient satisfaction is very high at the trust and it performs very well on the inpatient survey. Salford Royal aims to be the safest trust in the NHS and it currently has the fifth lowest mortality in the country.

Devolving decision-making: The whole culture at Salford Royal is very much focused on involving employees in decision making. This is reflected in the trust's structure. Unlike at many trusts, there is no Director of Operations or Chief Operating Officer taking major operational decisions at the top of the organisation. Instead, the trust is organised into clinical divisions, with responsibility for decision-making and management devolved to the senior nurses and doctors in those areas. Senior leaders at the trust understand how important prominent clinical leadership is. Clinical leaders are seen as the experts in their services.

Continuous Improvement: There is an established and effective methodology for continuous improvement at Salford Royal.

Employees are encouraged to think about how they might be able to deliver their service more effectively and efficiently, to get teams together to work on their ideas collaboratively, and then to test them in their services, measuring their impact.

People management: Salford Royal has a real focus on people management, ensuring their line managers are really able to engage with their staff. The trust invests time and money in leadership programmes for line managers, ensuring they have the skills, capability and confidence to act as effective leaders. The trust comes top of the 142 acute trusts in the country in terms of support from immediate line managers. Appraisals are a key part of this process, ensuring staff have a clear understanding of their personal goals and objectives, and how they align to those of the organisation.

Leadership: The senior leadership has been relatively stable, which has helped ensure consistent messages. There is a recognition that engagement needs to be a shared priority across the trust, rather than an initiative owned by one individual or team. Senior leaders place great importance on being highly visible around the trust and spend at least half a day a month in a different service working alongside staff.

Values and purpose: The four values – putting patients at the centre, continuous improvement, respect and accountability – were developed with extensive involvement from employees through focus groups across the trust. The values are mainstreamed throughout the trust, forming a key part in the service delivery strategy and the annual planning process, as well as informing the recruitment and appraisal systems. Increasingly, the trust is looking to align reward and advancement to individual contribution towards these goals and the values of the trust.

“

A team needs a champion who can constantly remind us what we are doing and why and can tell us when we are making progress and how we can do even better.”

- GP representative, Oxfordshire

How will you recognise the importance of frontline staff as change agents?

Person centred coordinated care cannot be delivered unless there are changes in the behaviour of front line staff – accepting, creating and championing new working relationships to achieve Better Care. Acknowledging that staff are key to successful change and engaging them from the start of the change process through a robust communications and engagement plan will help smooth the transition to joint working arrangements.

Frontline staff can only change their behaviour if they are empowered to do so

It's therefore vital that frontline staff have permission to take the initiative and test out ways to work across organisational boundaries. This needs to be clearly and consistently communicated by all managers and built into the responsibilities in job descriptions.

Frontline staff need to recognise that when they do this they assume a **leadership role**. Such leadership from below is grounded in every day behaviours and must become a part of the culture in every organisation. There are tools, guidance and resources available for free to help frontline staff develop leadership behaviour, for example:

- The Leadership Qualities Framework for Adult Social Care, National Skills Academy for Social Care, 2012, [click here to view publication](#)
- The Healthcare Leadership Model, NHS Leadership Academy, 2013, [click here to view publication](#)
- The Social Work Professional Capabilities Framework, The College of Social Work, 2013, [click here to view publication](#)
- You can use these frameworks as a benchmark or checklist to build on what you already use.

“

In Greenwich we have developed core competencies for our care navigators to nurture, develop and measure performance. I have found it helpful to distinguish between MDTs and inter-professional practice, which is more conducive to integrated care. It's also been useful to use mechanisms to share learning and monitor the system changes to keep all informed and adapt accordingly.

One of the key things for us is to incorporate learning from service users, carers and staff all the time. This helps us to identify both subtle and significant service gaps and functions that are not meeting peoples needs, particularly those with complex mental and physical health needs (also any social needs).

*My advice would be to **challenge, influence and nurture change** with commissioners and senior managers to ensure investment and refreshed ideas.*”

- Wendy McDermott, Integration Lead, Greenwich

Work with frontline staff to create a shared agenda

Having started to explore the issues and anxieties surrounding joint working, the next stage is to develop a common understanding between different individuals about the purpose and objectives of joint working. A shared ambition around making things better for local people – developed in open partnership e.g. at a team away day – gives staff from across different organisations the opportunity to come together and start developing relationships while influencing the design and priorities of the future service.

Use guidance from specialist bodies that highlights the importance of joint working

Another approach is to refer back to the guidance from the main professional bodies in health and social care who hold a shared view that working across organisational boundaries is crucial to providing effective care and support. This is helpful because clinical and professional staff are influenced by and work to adhere to the values of their professional group.

A joint statement from the Royal College of Physicians (London) and the Royal College of General Practitioners supported by the Academy and Medical Royal Colleges

All professionals have a duty to work collaboratively with patients, families, carers and other teams to deliver person centred care that meets physical, psychological and social needs. Professionals should work across traditional organisational boundaries in order to coordinate care and meet people's needs.

“

The biggest changes I have been a part of have only been delivered by working as a team across boundaries. Moving outcomes for stroke care from bottom quartile performance to top decile in 18 months (In Oxfordshire) was only achieved by GPs working with specialists and both working with nurses, social workers and senior managers. The whole team accepted that what had been happening was not good enough for patients and was frustrating for all parties. There was a real “feel good factor” when we saw outcomes improve and no new money was required! It felt good when what we had done was shared in big meetings across the region.

My patients just do not understand why we are not working as a team on their behalf. Why don't I know the community nurse, the social worker and the specialist? Why can't I just pick up a phone to any of them and make something happen today and not in a month's time.”

- Dr Stephen Richards, GP, former Chief Executive of Oxfordshire CCG

Can your frontline workers express their views and influence change?

An important first step is to **acknowledge the significance of the change** and ensure that frontline workers are able to **articulate their views** and help design the new joint working arrangements. This will not only reassure staff that you are taking their concerns on board, but will also highlight the local barriers to joint working from their perspective, and allow you to plan around these.

Communicating clearly to ensure staff involvement throughout

In the first instance at least, the intended change should be communicated in person, alongside a clear plan for how staff can codesign the new joint working structure and processes. To overcome the barriers to joint working it is important to **harness the energy, ideas and expertise of a range of actors across the system**, include frontline staff and engage them in the change from the outset. After this there are a variety of different engagement approaches you can take including:

- ✓ Weekly sessions to discuss the change, either run as a drop-in or focused on specific issues
- ✓ Asking teams to nominate a representative to attend working group meetings, where key issues are discussed and resolved
- ✓ Mass, anonymised engagement through surveys and consultation, ensuring a clear feedback loop so staff understand how their views have informed the new model



Failure occurs when staff aren't involved from the beginning in designing how integrated care will be implemented. Imposed change with 'consultation' doesn't enable the necessary relationships to start developing between the different professional groups. The narrative has to resonate with people's every day work. If it is data and stats and finance it won't. Change also doesn't work if people believe it is just this year's fashion and not here to stay. Integrated care is a necessity for the majority of people we now have to care for, and for the sustainability of the health and care system. That is why every main political party backs the concept and why it will happen irrespective of Government.

- Sir John Oldham, Chair, Independent Commission for Whole Person Care

Codesigning the change with frontline staff

- **DO** develop clearly documented service pathways in conjunction with staff from all parties
- **DO** support easy communication by providing a contact list of staff, thereby removing barriers to action
- **DO** provide a clear map or inventory of organisations and services provided – more people will need this than you think!
- **DO** ensure there is a secure email service in place across local authorities and other stakeholders to prevent any information sharing barriers
- **DO** create shared objectives, built into performance management
- **DO** establish joint team meetings to promote frontline staff coming together to collaborate and problem solve
- **DO** make sure any joint teams are colocated as far as possible
- **DO** ensure all organisational KPIs are recognised and shared openly among teams made up of different organisations. Create an aligned/ shared view of what success looks like for the team'
- **DON'T** expect frontline staff to be enthusiastic or bought into change from the start, but understand that this is not because they don't care

Challenges

- Individual remit in a joint structure can be unclear
- In a joint team the manager's job is made harder because staff have a wider range of roles and needs – and they are going through uncertainty of transition
- It's hard to sustain the time and energy for the commitment required to lead a team through change on top of the day job

Key actions and top links

- Ensure managers have time, support and investment they need
- Provide joint management training and set up joint management meetings. Skills for Care have produced a helpful manager induction standards guide. **Click here to view the guide**
- Ensure clear and consistent communications. For further guidance **click here to view** the NHS Confederation's website for good practice principles for communicating change
- Explore practical levers including colocation, joint appraisals, learning and sharing information as trailed in the West Norfolk Alliance Pioneer Programme. **Click here for more information**
- Implement structural mechanisms including joint or shared performance frameworks and shared management posts, like the joint accountability framework in West Dunbartonshire. **Click here for more information**
- Look at sharing money across organisations to underpin joint working, for example the Staffordshire and Stoke-on-Trent Partnership Trust where they have pooled budgets for adult social care and health. **Click here for more information**

Managers: translating aligned strategic direction to joined up frontline delivery

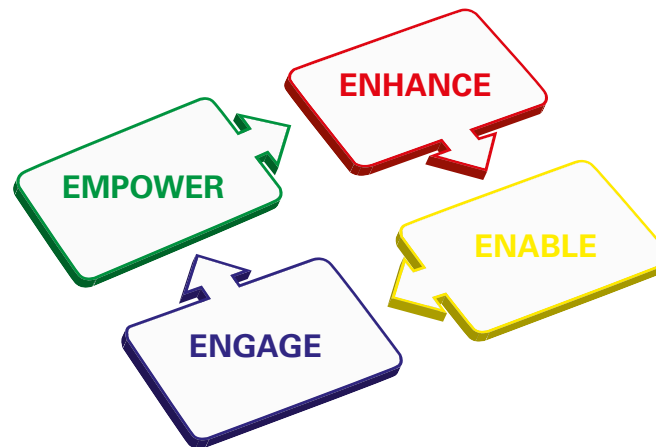
Joint working at a management level means...

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...performing your role in a new way, and supporting other people to be able to do so.

Understanding, buy in and culture shift among operational managers **is crucial as they will set the tone and lead their teams in new ways of working.** Even if senior leadership is clearly committed to change - managers have to operate in an environment of uncertainty, where the goalposts are constantly changing, and are often working to different and sometimes conflicting priorities. Engaging them in a clear vision, demonstrating their clear part in the narrative for change, is pivotal to the success or failure of projects and understanding this is paramount in the context of delivering better care. **Click here to view publication.**

It is really important to have a clear plan as to how you will target, address and engage operational management in joint working, and demonstrate how they are a clear part of the narrative for change. Even if senior leadership is clearly committed to driving forwards working in a new way, success can be impeded by a lack of understanding, buy in and culture shift at this level. This chapter explores the range of levers that can be used to support a move to joint working for both senior and operational managers, including service managers, commissioning managers, heads of service and team leaders. It looks both from the perspective of managing a joint team and undertaking joint management posts.



It provides practical advice about how to approach joint working at an operational management level as well as examples of what has worked elsewhere and why.

Managers need a clear mandate - and need to be able to express this downwards

Managers need a clear mandate and empowerment in order for a new model of joint working to be successful, which should be clearly communicated from the leadership, both verbally and in written form.

This mandate should give managers the autonomy to experiment with different structures, models and ways of working until they have found the right balance, collectively, with their team. Managers need to have the confidence (and implicitly, the support) to feel potentially uncomfortable doing things differently, and to be able to test new ways of working. An effective joint working system will ensure clear lines of accountability whilst allowing freedom to innovate at each and every level.

Empowering staff at all levels through effective management structures

Managers need to encourage front line staff to be bolder and focus on holding teams to account for achieving better citizen outcomes, rather than tasks or processes. This change needs to be communicated effectively, and should become part of their on going development and performance plans. Doing this well will remove some of the perceived threat around joint working (and new ways of working in general), and support the positioning of the opportunities that come with this. Many people are incentivised by freedom and autonomy ensure this is a part of your management toolkit.

Challenges you may face

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Understanding individual remit within a joint structure

Joint working at a management level (either managing a joint team, or assuming responsibility for managing across organisations in a joint post) requires a new skill set. This should be acknowledged, and any gaps in training addressed. For example, understanding the priorities and systems of your staff's 'home' organisations or taking on responsibility for the management of different professional groups.

It is difficult to organise and influence people when the parameters around responsibility are unclear, which can often happen in any transition from direct organisational responsibility. Managers can find themselves in uncharted territory, where it's not immediately clear what power they have to influence change.

It's very different managing a joint team

It's vital to spend time gaining a real understanding of where the people in your joint team have come from and what they have been used in their previous organisations. Think about what's different for them – the language being used, the place they are working,

the IT system they are using, the colleague they sit next to.

Have conversations with staff to understand where the changes are, which ones might be more painful than others, and work through them with patience and support. Empathise with the loss that takes place and stress the improved outcomes of their new joint ways of working. Small changes can make a big difference to the way that an entire team interacts.

Continuing the commitment to joint working

The new behaviours required for joint working at a manager level might be hard to maintain in the face of day to day priorities. Continuing to put in energy and effort is essential to ensure that joint working sticks and becomes the cultural norm. Managers should look to allocate a specific percentage of their time to promoting and actively driving this and their line managers should support them in doing so.

To develop "one team" thinking sounds simple, but is extremely hard at the best of times. However, there are many tools you can draw on to encourage a single team mindset and an outcome based focus.

“

Unless the whole system changes, services cannot make a real difference to people who have multiple, long-term conditions. It is about getting the right people together in a room to bring about change and the meetings are based on delivering outcomes. [For us], those partners are: Director from KCHT Sue Scott; Assistant Director West Kent Mary Silverton and Integration Programme Lead from KCC Jo Frazer. Without their commitment and sincerity to deliver the Pioneer objectives the work streams would not be as far developed. We are now networked and hash tagged with national partners and sharing best practice through teleconferences.”

- Sue Excell, Service Manager for West Kent & Clinical Lead for Integration

Effective management of joint teams requires concrete inputs

Managers need support and investment to manage joint teams effectively, including being allowed the space and time to reflect on what is working (or not!). Establishing joint management meetings will bring to the managers attention the day to day problems of creating joint services.

'Quick wins' for managing joint teams

✓ **Colocation, colocation, colocation!**

Physically bringing people together so they are based in the same office or place, creates day to day interaction and communication which in turns generates a new joint culture (e.g. in the West Norfolk Alliance Pioneer programme where integrated operational management brings together community health and social care. [Click here for publication](#))

✓ Use appraisal schemes to ensure consistent joint objectives for managers and help remove any conflicting targets – focus on **shared objectives and outcomes** across the management team

✓ **Pool resources:** including staff, offices and management systems.

Embedding the manager role in a person centred narrative

The main tool managers will need is a strong, citizen-led change narrative which where managers can place their day to day work in their story. Managers are often caught in the middle, neither on the frontline interacting with citizens on a daily basis nor at the more senior leadership levels where narratives pervade strategic vision. Placing managerial work in the narrative, ensures that there are clear links between their aims and objectives and the impact on everyday lives for their local population.

Learning and development – together!

The role of joint management training is vital. Developing shared common qualifications and joint learning will embed 'jointness' and ensure it is recognised in a common way. Skills for Care's managers induction standards are a good place to start. [Click here to view publication.](#)

Communication

Given that many of the most serious risks to service change programmes relate to communications and engagement, the role played by communications and engagement leaders is crucial. Although there are some key themes for strong engagement such as clear language and consistent messaging, communications should be tailored to meet the needs of different audiences. This can include both the content of the message and the most effective. Refer to 'How to' guide on leading and managing Better Care implementation for further information. [Click here to view publication.](#)

[Click here to read the NHS Confederation's good practice principles for communicating service change in the NHS.](#)



'Quick wins' for managing joint teams

- ✓ Form **Joint Action Learning Networks** to allow space for reflection and encourage frank and honest dialogue at management level across organisations (e.g. the Scottish Social Services Council's Action Learning Sets commissioned to bring senior managers the social services and health together to work on the issues that prevent good and improving outcomes for those who use services)
- ✓ Spend **'a day in the life'** of a manager colleague from another organisation – actively encourage job swap days across organisations to build insight into other people's roles, responsibilities, priorities and ways of working
- ✓ Use **information sharing platforms** that will enable collaboration and easy access to share materials (e.g. Camden CCG's use of Huddle). **Click here for publication.**

Using structural mechanisms to establish new ways of working

There are lots of examples of joint or shared performance frameworks which you can draw on to standardise your approach, like the Joint Accountabilities Framework in West Dunbartonshire. **Click here for publication.**

In Greenwich, joint management posts have been created across health and social care. Integrated management is assured through having a Royal Greenwich assistant manager where there is an NHS manager and vice versa. **Click here for publication.**

Other examples of frameworks or structures to use as guidance include the joint management arrangements for older people's services in South West Yorkshire. **Click here for publication.**

Sharing money can help erase traditional organisational boundaries

Pooled operational budgets such as in the Staffordshire and Stoke on Trent Partnership Trust, can also support effective joint management. **Click here for publication.**

Managers: translating aligned strategic direction to joined up frontline delivery

How people have addressed the challenges (cont.)

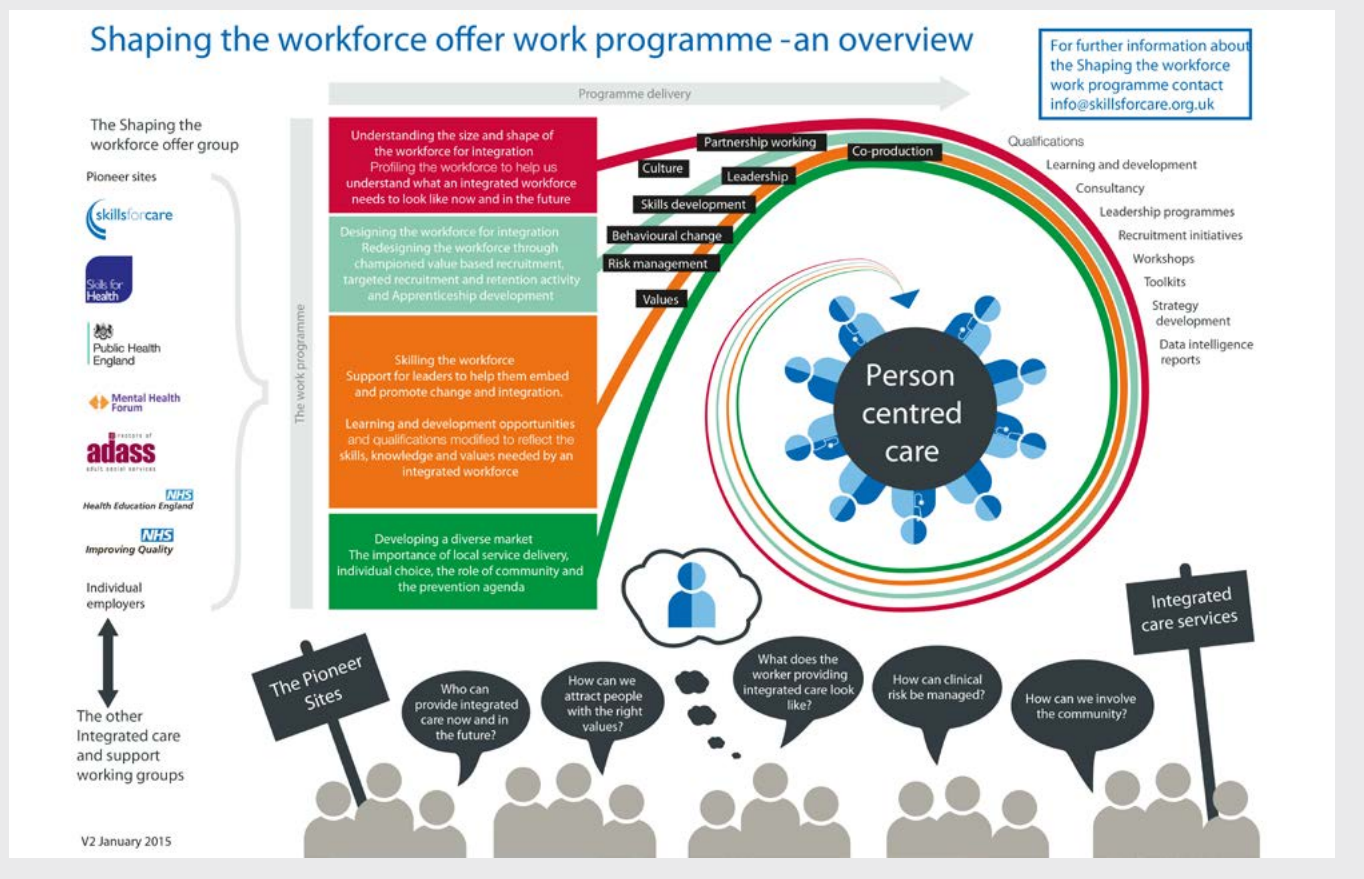
Shaping the workforce offer work programme

Sites involved in the Skills for Care programme include representatives from the Pioneer sites, HEE, PHE, ADASS, Skills for Health, NHS England. They have developed a programme based on workforce needs identified by the sites.

Priorities are:

- Understanding the size and shape of the workforce for integration
- Designing and redesigning existing workforce with the right values
- Skilling the workforce
- Developing a diverse market, focusing on workplace culture.

The group has identified the need to ensure that our focus of work crosses all service areas and is not predicated on older people.



How can you apply this learning?

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Remember: as a manager, you can drive joint working and better care outcomes.

Creating better care outcomes and greater social value is an exciting opportunity even if it is also challenging. Developing person centred coordinated care is a change process that will only be achieved through enacting managerial behaviours that actively learn from what is happening day to day. These include things like:

- Be proactive in your approach, don't wait to be told you're doing something wrong
- Treat complaints as an opportunity to demonstrate that you're responding quickly and positive, and constantly striving to improve
- Reach out to your local Healthwatch
- Get feedback from your staff

New outcomes will only be achieved through working in a new way, and managers will have to get used to the uncertainty of this. Joint working and working differently doesn't have to be innovative every day, but it must involve new behaviours.

Share learning: No one is getting this 100% right, and being able to evaluate this is a key part of being a manager of a joint team. Mentoring across sectors is hugely rewarding from both a mentor and a mentee perspective – find some connections in your local area that want to try this with you and see what you learn.

Encourage staff to speak up about their concerns: It is important that staff feel able to express their views, highlight any concerns that they have and that whistle blowers are protected. This could include following Staffordshire & Stoke-on-Trent Partnership Trust's example and creating an 'ambassador for cultural change' role to ensure a clear line of feedback between staff, the chief executive and the board.

Skills for Care undertook an evidence review of integrated health and social care in October 2013, finding that:

- **Effective management** of integrated teams is key to successful integration
- **Team management** is different, and should be separated from, clinical or professional management
- Separate management structures **do not support** integrated approaches to delivery

Click here to view publication.

Checklist

- DO** ask managers to manage positively. Encourage joint working through recognition of behaviours in line with this.
- DO** create joint management posts and / or shared performance frameworks
- DO** involve staff in decision making, and proactively seek their views and feedback
- DO** encourage shadowing and mentoring opportunities across organisations at manager level
- DO** have the confidence to feel uncomfortable and test new ways of working
- DO** build evaluation into the role of managers
- DO** consider implementing performance management arrangement across organisations. This should include a single set of tools for objectives and standards, measures and monitoring arrangements.
Click here for more information on how this has been implemented in Torbay
- DO** consider whether structural integration would be beneficial for your partnership. **Click here to read lessons from the integration of health and social care in Northern Ireland, Scotland and Wales**
- DON'T** focus on managing tasks and processes – empower your team by managing outcomes
- DON'T** be afraid to call out poor behaviour and create mechanisms to share power
- DON'T** dismiss complaints: turn them into a virtue!
- DON'T** forget that this is about better care for individuals that we all know

Introduction

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Citizens and communities: driving better care

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Frontline staff: the touchpoint between citizens and the system

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Managers: translating aligned strategic direction to joined up frontline delivery

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The Better Care Fund

