‘It was people that brought down the Berlin Wall - not process’

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Abstract

Purpose – Integrating services does not necessarily lead to improved outcomes for people with care and support needs and fails to address the need for workforce integration. Workforce integration requires different professional groups to give up personal power, put the people they are supporting ahead of entrenched professional rivalries and be versatile not flexible in how they work. Integration is not important to people with care and support needs, unless it makes a difference to their ability to lead an independent life. The paper aims to discuss these issues.

Design/methodology/approach – A personal opinion piece based on learning from the development of principles for workforce integration with social care and health employers.

Findings – Integration takes time and there is no quick fix or magic solution, but it can happen. People’s behaviour and motivations are complex, confusing and often inconsistent, and mandating service integration will not change the way workers behave. Perhaps it is now time to stop using service integration as a way of avoiding making tough decisions about the more challenging issue of workforce integration and what this means for those with power and control over people’s lives.

Originality/value – The paper separates integration into service and workforce integration and argues that too much focus is given to the former rather than the latter.

Keywords Organizational development, Integration, Service development, Workforce development, Opinion

Paper type Viewpoint

Integrating services doesn’t necessarily lead to improved outcomes for people with care and support needs and fails to address the need for workforce integration. Workforce integration requires different professional groups to give up personal power, put the people they are supporting ahead of entrenched professional rivalries and be versatile not just flexible in how they work. Integration is not important to people with care and support needs, unless it makes a difference to their ability to lead an independent life.

Introduction

Integration – and the particular merits of integration between social care support, health and housing – is not a new subject for discussion. Integration has been given many names over time – joint working, partnership working, integrated care, multi-agency and multi-professional working and inter-professional care and support being some of the terms found in the literature and policy documents.

In the early part of the new millennium the Health Act 1999 gave local government and the National Health Service in England an opportunity, through section 31 agreements (i) (and latterly section 75 agreements), to bring people, funding and organisations together and create new ways of working and models of care and support.

These Health Act flexibility arrangements were presented as heralding a new age in social care and health, where integration would break down barriers, lead to greater co-ordination of care and support and produce efficiencies that could be reinvested in people’s lives.

However, over ten years on from the introduction of such agreements integration still seems to be the cause of much hand wringing and introspection.

What is stopping integration from working as successfully as it should? Or is integration already working well and we have not put enough energy into promoting examples of integration in action, working to the benefit of all?

Having spent most of my career working in a range of joint/partnership/integrated roles in social care and health workforce development and practice, I would argue that most
of the current debate on the need for a greater impetus behind integration is focused on
the wrong part of the integration agenda. This focus leads to proposals for change that
do not necessarily lead to improved care and support, or greater efficiencies.

Integration needs to be thought of as two linked but distinct subjects – structural or
process integration (called “service integration” hereafter) and workforce integration –
which need equal attention and different answers if people with care and support needs
are to see the benefits of integrated social care, health and housing reflected in their daily
lives. By workforce integration I mean enabling workers to change the way they work,
their work and professional culture and the way they behave – merging skills, tasks and
roles in response to the varying needs of people with care and support needs.

Much of the focus of policy, strategy and action to date has, I would suggest, been
on service integration, whilst workforce integration is rarely addressed in detail when
integration issues are debated and discussed.

Muddling up service integration and workforce integration under a single banner does
not lead to successful implementation of new models of support that make a real
difference to people’s lives. In this paper I will explore the difference between service
integration and workforce integration and argue that too much attention is paid to service
integration and not enough attention given to workforce integration.

Why service integration is not enough
Gov.uk is a UK Government web site that brings together government services and
information. The digital by default government service design manual describes service
integration (and management) as “letting an organisation manage service providers in a
consistent and efficient way, making sure that performance across a portfolio of multi-
sourced goods and services meets user needs”.

This is not a definition of service integration wrapped in the language of social
care, housing and health. It is a definition from business, government, technology and
commissioning. Yet its process-driven description is a good way to think about what
service integration between social care, housing and health means.

The basic logic behind service integration makes sense. By merging systems and
processes, and streamlining management and leadership structures it can be argued
that this will naturally lead to efficient person-centred integrated working. Similarly, it
is frequently argued that removing the “Berlin Wall” between services will resolve the
confusion for people with care and support needs about what is a free service and what
is means-tested, and where they can go for help without being passed from pillar to post
across service boundaries by agencies disputing responsibility.

Equally, by having a single system for assessment and care planning, it is argued,
people with care and support needs would not be asked the same question over and over.
By having a single process for managing complaints people with care and support needs
will know how to raise their concerns and get them addressed quickly and efficiently. By
having a single management and leadership structure people will have confidence in the
decision-making process and know that management and leadership decisions will be
made in a balanced and coherent way. However, the
ideology of service integration fails to take full account of people and their idiosyncratic
behaviour.

People (workers) populate service systems, people deliver and receive support
through service integration and people find ways to circumvent service integration if
service integration does not fit with the way they perceive their role, their function, their
expectation for support, or their place in an integrated organisational structure. It is one
thing to say you are committed to person-centred coordinated care.

It is another thing entirely to put your professional identity to one side and define how
you work through the eyes and ears of the people you are supporting and the service
integration model that you find yourself working in.
Service integration does not necessarily lead to better outcomes for people with care and support needs, unless it can get beyond systems and process and enable workers to behave differently. This is where workforce integration becomes an important, separate but linked consideration.

**Workforce integration – versatility is the key**

Workforce integration is about working together to meet people’s needs and enabling people with care and support needs to live as independently as possible. Its purpose is to improve the quality of care and support by keeping the individual, not the organisation or particular profession, as the driving force behind care and support. Adopting a workforce integration approach enables workers to understand each other’s roles and contributions, and to build support networks around individuals. At a strategic level, workforce integration creates a more seamless experience for individuals.

Workforce integration does not require workers to be managed through a single process or structure. Workforce integration acknowledges that tensions and challenge are a normal part of working life and that service integration would not remove those tensions and challenges.

Cultural change is a key element of workforce integration. Acknowledging and accepting that workers would not necessarily want to work in an integrated way and that they may need support rather than coercion for workforce integration to be successful is an important starting point.

If people are to work as part of an integrated workforce then we need to rethink how people are moulded into the worlds of working in social care, housing and health. Instead of teaching people how to work within a clear and specific framework of responsibilities we need to stop people from being merely “flexible” and instead enable people be to be versatile in the way they think about their work.

The rationale for this suggestion is that flexible workers are taught and trained to operate from a fixed set of cultural values that have been developed over time by the profession that those workers wish to become a part of and identify with.

This leads flexible workers into a position where as the world of work changes around them they bend and twist to meet new service structures, remaining true to the professional group they first trained to be part of.

Being flexible creates a constant tension between the workers values and beliefs and the demands of integrated working. A flexible worker describes themselves by occupational type (I am a nurse, a doctor, a physiotherapist, a social worker) rather than the role (I am here to support you with X, to understand X about you, to resolve X with you) they have been asked to undertake.

For people with care and support needs a description by occupation type can lead to assumptions about what that worker can or cannot do, or how that worker can be challenged. This can lead to people with care and support needs not being able to ask the questions they need or want to ask because of the assumptions being made about the occupational type that the worker personifies.

Describing what the worker is there to do by role, I would argue, is clearer, less intimidating and changes the balance of power. It does not diminish the occupational type that the workers uses to define themselves, but creates a different dynamic in the relationship between different workers and between workers and the person with care and support needs. A versatile worker starts with a clear professional cultural identity, but is able to adapt and change their understanding of who they are and what their role is as the demands and expectations of the people they are supporting change.

A versatile worker is able to move from one role to another role without needing to go back to a fixed point or definition by occupational type of who they are. They do not need an occupational identity to be confident in their decision making and actions. They are able to share their power with other workers and with people with care and support needs.
At the beginning of this piece, I suggested that service integration is often seen as a way to sidestep workforce integration and have subsequently suggested that workforce integration was perhaps more important if we are to accrue real benefits to people with care and support needs from integrated approaches.

My argument is that a focus on service integration avoids addressing many of the core people issues that have to be tackled if integration is to be of benefit to people with care and support needs. Successful integration requires a focus on workforce integration first and service integration second. Tackling differences in worker culture, values, hierarchies and models of leadership and supervision are part of workforce integration thinking and that a greater emphasis on the challenges set out by the principles of workforce integration is more likely to lead to successful models of integrated social care, health and housing and support. If we think of these components as being distinct brands then the workforce culture of each is very different. Each brand has strengths that it can bring to the other brands and each workforce has much to learn and share. A process driven, systematic approach to integration will not of itself create the space for that sharing to take place, for that cultural horse-trading to happen and a new integrated workforce culture to emerge.

How to achieve workforce integration
Skills for Care, working in partnership with Skills for Health, The Local Government Association, The Centre for Workforce Intelligence, Think Local Act Personal, NHS Employers and the Association of Directors of Adult Social Services has developed and published a set of principles that aim to describe the key elements of workforce integration. The principles were developed and published as a discussion document in the autumn of 2013 (Skills for Care, 2014). From the autumn of 2013 through to the spring of 2014 a broad series of local and national conversations led by partners sought to refine and test the principles in action. A revised version of the principles was published in the summer of 2014. Partners are now working with local organisations to develop case examples of how to use the principles in action. The principles are:

■ Successful workforce integration focuses on better outcomes for people with care and support needs.
■ Workforce integration involves the whole system.
■ To achieve genuine workforce integration, people need to acknowledge and overcome resistance to change and transition. There needs to be an acknowledgement of how integration will affect people’s roles and professional identities.
■ A confident, engaged, motivated, knowledgeable and properly skilled workforce supporting active communities is at the heart of workforce integration.
■ Process matters – it gives messages, creates opportunities, and demonstrates the way in which the workforce is valued.
■ Successful workforce integration creates new relationships, networks and ways of working. Integrated workforce commissioning strategies pay attention to each of these, creating the circumstances in which all can thrive.

Achieving workforce integration requires honest transparency and a recognition that change does not occur though the publication of a new structure chart.
Conclusion

If we are to avoid the false dawns of the past we should have confidence in the need for service integration and workforce integration to work side by side and give equal attention to both.

Success will require workers and people with care support needs to rethink roles, responsibilities and values. It will require a move away from flexible behaviour and thinking, to versatile behaviour and thinking. It will require more than one approach in different areas.

It may require some groups of workers to acknowledge that there may no longer be a need to train people to undertake particular roles and that some worker traditions may not have a place in a new integrated world of social care, health and housing.

Whatever the challenges, workers and people with care and support needs must be at the centre of our thinking about integration. After all if people did not need health care, housing and social care and support there would no need for this distinct and valuable group of organisations and workers.

In a discussion recently with a senior manager of an integrated social care and health organisation born of the merger of social care and health support from the National Health Service and local government, they described how they were half way through creating an integrated workforce after seven years of existence. It reminded me that integration is not a quick fix. That a pretty structure chart and a new logo will not mean that people will instantly work in an integrated way with a clear sense, together, of how the person with care and support needs can be at the centre of all decision making.

Integration takes time and there is no quick fix or magic solution, but it can happen. People’s behaviour and motivations are complex, confusing and often inconsistent, and mandating service integration will not change the way workers behave. Perhaps it is now time to stop using service integration as a way of avoiding making tough decisions about the more challenging issue of workforce integration and what this means for those with power and control over people’s lives.

Reference


About the author

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