Changing attitudes and creating a common understanding in health and social care

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Key learning objectives

• To identify the barriers that commonly prevent health and social care from working together
• To focus in particular on the key role that culture and values play within this relationship
• To consider five approaches to developing shared culture and values
• To draw upon examples from research and practice
What is health and social care?
Person

Housing

Social care

Health care

Other services
It’s the same kind of problems for everyone– a lack of somebody picking the ball up and running with it for you... You have to rely on people going round and dropping bits of information. There’s all sorts of things there, but how do you find out about them? I think there’s a lot of assumptions that you know as much as they do about it and you don’t. (Ken)

It seems like one person after another coming in to do different assessments on something else...It’s not like one person comes in and assesses for everything, it was a never ending stream of people coming. (Carole)

What they put in the discharge letter, nothing was explained to me, what she should take at home and help we would have from social care. We brought her home and I was wondering how was I going to manage her? (Nilesh)
Common relationship between health and social care professionals?
Negative perceptions....

They do an awful lot of training as well, don’t they, don’t you find? They are either on holiday or on training, they do a myriad of training days....And why are they never there on a Friday?

GPs about Social Workers

I’m not sure always that they appreciate the power that people perceive them to have. I think there’s massive power imbalance and that’s with people they support but also with other professionals.

Social workers about GPs
The common reality......
Lack of contact and understanding

‘One of the problems is, is I think we can’t answer the question that well because I don’t know ...I couldn't name one social worker in the area....And the communication is through faxes and letters and their emergency duty team. So I couldn't tell you what they do well or not’

‘It does often get to the point of ‘he said/she said/they said’ and you're trying to kind of pull together who said what and what the situation actually is. That can be really frustrating for patients sometime because they feel like none of us are talking’
Although some exceptions...

’some GPs are just like absolutely fantastic and want to work with you and understand what social care is and what options are available’

’I think they're constrained by the amount of policies and things that they work under and the resources that they have’
Culture

• ‘the shared basic assumptions that an organisation learns as it solves problems of adaptation and integration. These are considered to be ‘valid’ and are taught to new members as the correct way to perceive, think, feel or act.’ (Schein)
• ‘the values and beliefs that characterize organizations, as transmitted by socialization processes that newcomers have, the decisions made by management, and the stories and myths people tell and retell about their organizations’ (Schneider and Barbera)
• ‘the interweaving of an individual into a community and the collective programming of the mind that distinguishes members ... it is the values, norms, beliefs and customs that an individual holds in common with other members of a social unit or group’. (Ogbanna)
• ‘deeply held beliefs about success' (Bissell)
the way we do things round here....
Espoused (Organisation) Values

Assumptions & Beliefs

Artefacts
Consistent messages from research

‘Much of the achievement of integrated care and support is dependent on successful culture change. Both professions and organisations are likely to have developed particular cultures which help to shape their identity and foster allegiance.’ (Petch 2014)

‘By its very nature, joint working brings together professionals with different philosophies and values as well as divergent professional cultures. Not surprisingly, these differences can act as barriers to effective joint working’ (Cameron et al 2012)

‘The realisation of a given pilot’s intended changes relied on its ability to modify existing systems and practices and to make new ones possible. This ability was especially dependent on organisational culture.... pilots often found integration activities were hampered by a lack of openness that several staff perceived to inhibit discussion, and which was part of a wider ‘blame culture”’ (Rand Europe 2012)
Lesson 1: Recognise the importance
Example from policy: Care trusts

**Less successful**
- Lack of previous culture of joint working
- ‘Clash’ in cultures between health and social care staff
- Failure to address intransigent cultures within teams and professions
- New organisational culture no longer fitting with previous bodies

**More successful**
- Transformational leadership set the tone for culture of innovation
- Culture that valued professional diversity
- Shared cultural artefacts that emphasised commonalities
- Willingness to hear difficult messages
General Competency Statement-VE. Work with individuals of other professions to maintain a climate of mutual respect and shared values.

Specific Values/Ethics Competencies:

VE1. Place the interests of patients and populations at the center of interprofessional health care delivery.

VE2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.

VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health care team.

VE4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions.

VE5. Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services.

VE6. Develop a trusting relationship with patients, families, and other team members (CIHC, 2010).

VE7. Demonstrate high standards of ethical conduct and quality of care in one’s contributions to team-based care.

VE8. Manage ethical dilemmas specific to interprofessional patient/population centered care situations.

VE9. Act with honesty and integrity in relationships with patients, families, and other team members.

VE10. Maintain competence in one’s own profession appropriate to scope of practice.
Lesson 2: Put people in the centre
I am writing to share with you my experience of using the Single Point of Access. I have recently been struggling with my own personal care due to my cardiac problems and I was initially reluctant to receive any support as I have been very independent up until now.

However, I spoke to the very helpful lady in the SPOA who spoke to the District Nurses and the Occupational Therapist, and with my permission, arranged for my son to collect a bed rest for me on the same day. I had been sleeping in a chair rather than my bed as I didn’t feel comfortable sleeping on my back, so the bed rest really helped me with being comfortable.

The SPOA lady also arranged for my son to have a Carers Assessment and, thanks to her encouragement, I also accepted support from the Reablement girls who help me with washing and dressing.

The help that I am receiving now has made it easier for me and my son and it was all arranged by the lady on the phone. She sorted everything out and made sure that I got the help that I needed.
Lesson 3: Strengthen teams
Organisational culture

Inter-professional teams

Personal Values
Role of teams

**Inputs**
- Are the tasks to be undertaken by the team clear?
- Does the team contain the right mix of knowledge and skills?
- Is the organisation supportive of the team purpose?

**Processes**
- Does the team have achievable and agreed objectives?
- Is the team encouraged to individually and collectively reflect and adapt their practice?
- Is the leadership valuing of diversity and promoting a common vision?

**Outputs**
- Are there a common set of clinical and wellbeing outcomes?
- Is the direct experience of service users and carers being gathered?
- Are team members feeling motivated, engaged and supported?
Lesson 4: Learn together
Systemic Factors

**Educational System**
(Macro)

- Institutional Factors (Macro)
- Teaching Factors (Meso)

**Professional System**
(Macro)

- Organizational Factors (Meso)
- Interactional Factors (Micro)

**Government Policies: Federal/Provincial/Regional/Territorial**
(eg education, health and social services)

**Social & Cultural Values**

**Research to Inform & to Evaluate**
- Understand the processes related to teaching & practicing collaboratively
- Measure outcomes/benchmarks with rigorous methodologies that are transparent
- Disseminate findings

**Interprofessional Education**

to Enhance Learner Outcomes

**Interdependent**

**Collaborative Practice**

to Enhance Patient Care Outcomes
Sharing impressions

Sharing knowledge

Sharing roles, values and conflict

Sharing plans
The Integrated Care Development Programme

Outcomes:

- Increased staff competency;
- Improved partnership working;
- Greater wellbeing and efficiency

Through:

- Health & social care teams from a locality working on shared priority
- Mixture of taught content, individual reflection, and team development
Lesson 5: Be realistic
Contact

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