

Through the Looking Glass.

Jon Skone Director of Social Services/ County Director - Pembrokeshire.

“In another moment Alice was through the glass, and had jumped lightly down into the looking glass room. The very first thing she did was to look whether there was a fire in the fire place, and she was quite pleased to find that there was a real one, blazing away as brightly as the one she had left behind.

The she began to looking about, and noticed that what could be seen from the old room was quite common and uninteresting, but that all the rest was as different as possible. For instance, the pictures on the wall next to the fire seemed to be all alive, and the very clock on the chimney-piece (you know you can only see the back of it in the Looking-glass) had got the face of a little old man, and grinned at her.” (Lewis Carol 1871)

My story starts over a year ago with the arrival in West Wales of Trevor Purt as the new Chief Executive of Hywel Dda Health Board. Trevor had a vision of decentralising the organisation based upon the three counties of Carmarthenshire, Ceredigion and Pembrokeshire each managed by a County Director one of whom would come from an acute background, one from a community background and one, he hoped, being a Director of Social Services.

Just before the Christmas break last year I received a telephone call from a friend and colleague who is an Executive Director of the Board asking how I would feel if Trevor approached my Chief Executive, Bryn Parry-Jones, with a proposal that I take on the role of County Director for Pembrokeshire. It is true to say that I did not think twice saying that I would be up for this because it would provide me with the golden opportunity to make some of what we have been talking about locally come to be. Frankly it would have been difficult for me to have said no.

Rumour has it that Bryn and Trevor agreed the concept and a way forward in about 20 to 30 minutes. The whole arrangement consists of an exchange of letters stating that 50% of my time and that of my colleague Angela Watwood (who became Head of Community and Primary Care) would be purchased by the Health Board at an agreed cost for an initial period of 13 months and our activities on behalf of the Board would be covered by their insurance.

Today I can tell you that last week they met again and agreed to the arrangement continuing without a time limit. This was agreed during a 45 minute meeting and again has simply involved an exchange of letters.

I am usually asked three questions about my current role.

The first involves governance. My view is that one of the real advantages of linking the two organisations at Director level is that because I am so used to working within a matrix of accountabilities the need for negotiated accountabilities and governance arrangements has not been required.

The second involves money especially what happens with overspends and the like. Without giving too much away I have to admit that over the last 10 months I have had sleepless nights working through the challenge of providing services within the available resources. Within the two organisations I am clearly responsible for the relevant budgets and combined I have a resource in excess of £170 million. There is not an issue of liability for over commitment between the authorities as there has been in England in the past and I suspect that it is because of this that I am completely committed to managing both and will not walk away should things get hairy.

What definitely does happen is that my view of resource has changed. I do not think about trying to pass responsibilities between organisations. My world is how

I manage both in harmony to achieve our objectives. Our approach towards continuing health care would be an example of this. I am even less tolerant of different groups blaming each other for perceived failings as it is clear that there are problems within the whole system. Delayed Transfers of Care are very irritating because I cannot ignore our performance indicators but I am not interested in trying to ensure data does not reflect negatively on either the NHS or local government. This just produces wasteful activity which does little for individual patients. I am far more interested in patient outcomes, bed days lost and improving patient flow. We should be driven by the concept of right place at the right time rather than whose fault anything is.

The third question is usually “how do you manage to do two jobs in one?”

I don't know half the time but the idea that these roles could be undertaken separately with a neat division of time, quickly went out of the window and as far as I am concerned, and I think Angela as well, I am doing one new job, one which involves responsibility for a District General Hospital which I understand was a first for England and Wales.

I don't think that I am working any more hours. That would have been difficult but I may be. I rarely work weekends now because this was one of my wife's conditions when I took the job but I rarely stop thinking through issues and problems, but there is nothing new about that. What is true is that when I am in work it is pretty relentless and in my face.

There are changes because one has to move from talking and believing in partnerships and integration to living and breathing it. I no longer have any excuse or other person to blame or negotiate with. It would be fair to say that I do have some strange conversations with myself.

Angela and I really had no idea what we were letting ourselves in for. We thought that we understood the health service. We did but on this side of the mirror people and places look subtly different.

Working together, integration merger joined up and partnership are easy words to say but believe me once you are in there it is very hard work and not for the faint hearted.

Before I share with you some of my observations in terms of joint workforce development, which is why we are all here today, I just want to make it clear that This is the best decision that I have made, it is the way forward and I am now lucky enough to work with an extended group of colleagues who just happen to work in separate organisations.

But for someone from local government the NHS does take some getting used to.

As a Director of Social Services I am used to operating as the person who is responsible and accountable for everything that happens in my area of the business. I have just about come to terms with the differences within the health service. I fully understand the need for professional accountability but I am used to this being organised through a single management structure. The concept that each professional group has its own lines of accountability is alien to me and I find it an added complication which is not particularly helpful. It also adds to management structures and costs which is inefficient and causes potential conflict between groups. I appreciate that for some of you this is sacrilegious but it needs to be said even if it is a given. And I can see how it happens. When we were looking seriously at physically integrating teams under NHS management we quickly came up against the need to protect the professional accountabilities of social workers. This is why we did not progress one particular model because

it would have added additional cost, structure and would probably have acted against true integration.

I thought that local government was bad with working groups and the like but it nothing to the NHS. There is so much of this going on, probably to engender engagement that one could be gainfully occupied attending these and never having to worry about the real world. On a serious note a balance has to be achieved because too much of this type of activity stops the very transformation it is trying to achieve.

The NHS is a massive organisation which is varied and wonderful. This is both its strength and its weakness. Our clinicians do amazing feats to make life better for people and I have honestly been very impressed with those I have met in both the acute and primary and community care sectors. But the NHS is at times like a collection of warring parties who present a common face to the outside world. Until organisations are able to integrate internally it is difficult to integrate with external organisations.

It also feels like an immovable force which overwhelms anything which stands in its way. A week or so ago I was watching a television programme about the Norman conquest of Britain. The difference in their approach to England and Ireland was very interesting. In England, eventually the Normans did what all successful conquerors do and assimilate themselves with the local people and their cultures. This is why there are so many French words in the English language and why so many English structures and institutions have French names. It is true that French names were used for refined activities and English for the more basic but even so the two cultures came together and as they say the rest is history.

The Normans behaved very differently in Ireland. They viewed the local population as being less than themselves and made no attempt at assimilation.

The approach was one of dominance and subjugation. In this case the two populations remained very separate and a deep antagonism developed which over the centuries was re-enforced by other “conquerors”. The end result of this again is history with the violent emergence of Eire and the “troubles” in Northern Ireland.

The NHS can behave like the Normans in Ireland and view integration as a natural consequence of domination. History and experience tells us that this does not work if you want a joint workforce. All that will happen is that people find ways of protecting their own “culture and belief systems” and once they have an opportunity to escape they go for it.

This is one reason why in Pembrokeshire we have not moved quickly to integrate our Occupational Therapy services. Before we took on our current roles both Angela and myself saw this as a logical thing to do. Angela is a qualified Occupational Therapist. We have had to draw back from this because without very careful thought all that would have happened was that the local authority priorities and requirements would have been overwhelmed by the NHS.

Another flavour of the month has been the concept of generic workers across health and social care. I am interested to observe that various pilots to test this have run into difficulties and some have even folded. To be honest I am not surprised because I think that all though it’s a great idea the premise is all wrong.

Firstly it assumes that the different people who support our customers actually have the same roles, responsibilities and competencies. This is not actually true.

Secondly there is another assumption that health and social services work with the same people. Again this is not born out in reality although it is true that they/ we do have common customers.

Thirdly there is an assumption that there is equity and a level playing field. Again this is not the case. For example the concept of having a generic health and social care worker who can fulfil the roles of home carer, re-ablement assistant and nursing assistant is attractive and logical. However the reality is that they do different tasks, are not working with the same people and some would say is all about local authority staff undertaking health functions. I have no problem with this but it needs to be recognised if true lasting and robust integration is to be achieved.

I have come to the conclusion that the priority areas for integration are in terms of management arrangements and systems.

Mine and Angela's roles are mirrored in different ways across Wales and they do make a difference. They are breaking down silo barriers and creating a new culture within health and social care where our strengths are being used to address our weaknesses. At the next tier of management it is proving more challenging for us in West Wales for one simple reason. NHS middle managers are paid five figure sums more than their local authority colleagues undertaking similar functions. We have not been able to move on this on a broad front because of the internal consequences of doing so.

Finally one of the unintended outcomes for me in undertaking this role was how much I would find myself valuing the weekly corporate management team meeting of the County Council. It may sound strange but they have really helped me from being swept away in the NHS, maintaining a balance and also acting as a conduit between the two organisations. And although I remain employed by Pembrokeshire County Council I work for and lead Pembrokeshire Health and Social Care Inc.