PRIMARY HEALTH CARE GROUP

Working paper for managers: 2

PREPARING FOR CUMBERLEGE

Pearl Brown

HOVA (Bro) Centre for Health Services Development

Pearl Brown is a development worker with the Primary Health Care Group at the King's Fund Centre for Health Services Development. She has previously worked as a community nurse manager as well as a trainer and child abuse co-ordinator in an inner London health authority. She was recently a nurse adviser to the Community Nursing Review — the Cumberlege Report.

The **Primary Health Care Group** is a multidisciplinary team based at the King's Fund Centre for Health Services Development. Its aims are to improve primary and community health services, particularly in inner London; to encourage experiments with new ways of working; to disseminate 'good practice'; and to contribute to debates about primary health care policy. The group provides information and advice about primary care developments; works with NHS managers to establish and evaluate demonstration projects; organises workshops and conferences; and publishes papers and reports.

The group's current interests include strengthening the management of primary care services; collaboration between district health authorities and family practitioner committees; decentralising community health services; and services for disadvantaged groups. The work is financed by the King's Fund and the Department of Health and Social Security.

This series of working papers is intended to make material from work in progress readily available to a wider audience. Each paper records the experience of testing a new idea and draws out the lessons learned.

PREPARING FOR CUMBERLEGE

Pearl Brown

Primary Health Care Group
King's Fund Centre for
Health Services Development
126 Albert Street
London NW1 7NF

February 1988

KFC 88/4

Price £2

CONTENTS

PREPARING FOR CUMBERLEGE:
A working paper for managers

Early in 1987 five health visitor managers and five district nurse managers came together from across London to explore ways of working together in the 'spirit of Cumberlege'. The focus of the six-day workshop was caring for elderly people in the community.

With health authorities throughout the country contemplating introduction of neighbourhood nursing teams, a record was kept of the process of the workshop with a view to this being useful to others. This report describes from the perspective of one of the course leaders what happened in the workshops, how the participants reacted at various stages, and what the pitfalls were as well as the highlights. During the workshop the group of managers, who had attended in pairs from their authorities, learnt to respect and understand each other's roles, and began the process of building new partnerships. The group also found new energy and enthusiasm for their work with elderly people.

This report is intended for regional and district trainers, unit managers, and directors of community nursing services in those districts where implementation of neighbourhood nursing teams is being considered.

The course programme can be found in Appendix I and a checklist for running similar workshops is included as Appendix II.

Introduction

> *"Gained insight into my own prejudices"*
>
> *"A feeling that things can be done in spite of current problems. Sharing with others makes one think more"*
>
> *"The importance of having a policy for the care of elderly people"*
> *"Made me rethink my ideas of age"*
>
> *"We have a lot to learn about the difference between the service we* ***think*** *we give, and the service we give"*
>
> *"It gave me an idea of what my district's objectives and aims were, and how I can improve my care in meeting these aims"*

The above comments were made by community nurse managers following a series of six workshops, entitled "Neighbourhood nursing in London: working with elderly people in the community", held at the King's Fund Centre in January/February 1987. Ten managers came from five London health authorities and took part in the the workshops*. "Neighbourhood nursing" is perhaps the phrase most remembered from the Cumberlege Report on Community Nursing in England**. The workshops were based on ideas described in the Cumberlege Report about improving care for elderly people at home; and the aims of the course were as follows:

- to provide examples of good practice in caring for the sick at home, the dependent at home and the healthy at home. Visits to be arranged in London, as well as speakers from innovative schemes outside London;
- to facilitate team working between district nurse and health visitor managers and to encourage a greater understanding of managing a combined group of staff;
- to enhance the contribution that nurse managers are able to make to the development of services for elderly people within their own district health authority.

---

* See Appendix I for the full programme.

** Neighbourhood Nursing — a focus for care. Report of the Community Nursing Review. London, HMSO, 1986.

Participants

Details of the course were circulated to all the inner London health authorities and twelve places were made available. Numbers were kept small to facilitate group work, and in the event ten participants attended, one authority withdrawing at the last moment. Participants were invited to come in pairs — one district nurse manager and one health visitor manager from each authority. The fee was kept low, £60 per head, to make sure that cost would not prevent anyone attending.

Course leadership

There were two course leaders who between them had backgrounds in district nursing, health visiting, nurse management and training.

It was extremely useful to have a leader from each nursing discipline because we were able to challenge participants' views in a way that was not threatening. We had experienced many of the issues they were now having to face and so were seen by the group as peers. Also, because we were working on a new area, that of the two disciplines working more closely together, it was evident to the group that we were learning alongside them and this proved useful in exploring new approaches without appearing to have all the answers. This also meant that the group came up with many of the answers themselves.

Although the six-day course was fairly structured, there was enough flexibility in the programme for the group to be able to say which areas they wished to explore in more depth. In this way the group members had some say in the direction the course took.

The course leaders met at lunchtime and at the end of each day to discuss the day's events, the difficulties as well as the good parts, and to prepare for the next sessions.

Course content and approach

The course used a number of approaches to learning and development.

Outside speakers

Visiting speakers were kept to a minimum (at most two a day), and each speaker's session was followed by group work to allow the subject area to be pursued in more depth by participants. Sessions ranged from the specific, for example the

hospital-at-home scheme in Peterborough, to wider issues, such as ageism awareness and working with elderly people from black and ethnic minority groups.

Group building

Having an 'awareness session' on the first day, in which group members had to share with each other deeply-held feelings, proved particularly valuable. The first and second days of the course were deliberately planned to be consecutive, with the remaining four at weekly intervals. By the second day a degree of 'bonding' had emerged within the group which was aided, we felt, by the awareness session of the previous day. The group work sessions varied between working in health authority teams and working in groups with other authorities. In this way the participants were able both to work closely with their immediate colleague and to share the experience of those from other authorities.

Time to discuss and reflect

After each presentation or visit the group was given the opportunity to reflect and discuss in groups the main messages from the presentation, and how these related to their own work and their own health authorities.

Supplementary information

To complement the presentations and workshops, journal articles were given out both on specific projects and on general issues such as health surveillance for elderly people. These had been collated by the leaders before the course, and as well as providing added information, we hoped to encourage the participants to get used to searching for their own material. With this in mind, a formal visit to the King's Fund Centre library was included in the workshop schedule.

Visit

One visit was made during the course, and this was to the Lambeth Community Care Centre. We encouraged the two participants who came from West Lambeth Health Authority, who already knew the Centre, to remain in the group and take part in the visit. Participants were urged to be present at all sessions even when they felt they knew the subject well already. It was important that the course leaders insisted on this because, while the subjects were familiar, the approach of the course — the nursing disciplines working together — was likely to be new to participants.

Meeting the aims of the course

During the workshops a verbatim record was kept of the proceedings, and on completion of the series participants filled in a questionnaire giving them an opportunity to comment on the various sessions. It is from both these sources that we are able to gauge whether the aims of the course were met.

Learning from examples of good practice

The questionnaire showed that participants valued the examples of good practice in care and provision for elderly people that they had heard about or seen during the course. The visit to the Lambeth Community Care Centre left the most lasting impression. This was partly because the subject matter was so interesting, and partly because participants saw the unit for themselves. Given the popularity of the visit, should more opportunities like this have been included? This would almost certainly have enhanced the value of the course but would have meant extending it beyond six days. In planning the workshops account was taken of how long managers could be released for, and of setting a realistic price for a single training initiative. Bringing project leaders to the course to describe their work rather than arranging outside visits is a more economical use of time and resources, but the value of participants seeing good practice for themselves is lost.

Participants were also able to build on what they had heard about various projects throughout the duration of the course. For example, the issues that arose in the initial session on ageism awareness were raised frequently during the rest of the course. Similarly, the importance of involving users and carers in planning services became a constant theme.

Encouraging team working

As the course developed it became clear that the two disciplines were learning to appreciate the each other's roles in the provision of health care, and how their roles complemented each other. In some sessions the district nurse manager had more to contribute, for example in discussing hospital-at-home schemes. In others, such as working with well elderly people at home, the health visitor managers were more experienced. The course leaders encouraged each discipline to contribute to discussion on **all** subjects. In this way the participants were encouraged to step outside their discipline and contribute as general nurse managers, rather than a health visitor manager or district nurse manager. This appeared to stimulate the participants and give them confidence to appraise their own disciplines critically. This approach gathered momentum throughout the six days, and by the time the course was over all the managers were more able to make a contribution as a community nurse manager rather than being defensive on behalf of their own disciplines.

By the end of the course the managers were unable to define care of elderly people in the community as the responsibility of one discipline rather than the other — they saw it

as a shared responsibility. On the first day, in the 'getting to know you' session, almost all of the health visitor managers had confessed to little or no involvement with elderly people; but by the end of the series, they were contributing confidently to discussions on future policy for the care of elderly people.

Developing services within the health authority

The importance of a multidisciplinary approach to planning and providing services was recognised early on in the course. Initially the participants approached any discussion with a nurse-centred bias. In the feedback from the working groups the course leaders challenged this, and encouraged the managers to question whether nurses and their nurse managers had all the skills necessary to plan and carry out effective care for elderly people. This emphasised the importance of the general manager, planners, finance and information officers, paramedical and medical services, voluntary agencies and, above all, the consumers. By the end of the course, discussion about involving other workers and considering users' wishes became the norm rather than the exception.

The course leaders had taken for granted that managers worked within a clear policy framework, that health authorities had a philosophy and a policy with aims and objectives for elderly people, and that this was known by the managers. It soon became obvious, however, that the group had little knowledge of the planning processes within their own authorities, how management decisions were arrived at, and what, if any, their districts' policies and plans might be for elderly people. This came to light because after each new topic or speaker the group was asked to explore how they might adopt such an approach in their own authority.

The leaders coped with this unanticipated discovery by asking participants to find out, in the week's interval between days two and three of the course, about their districts' plans and philosophies for elderly people, to bring this information and share it with the group. This exercise helped them to see the importance of having a framework within which to work and having agreed goals to work towards. In the questionnaire at the end of the course the comments on this exercise included the following:

> *"made me want to establish what they were because I obviously didn't know them well";*
>
> *"it concentrated the mind on how little we do know";*
>
> *"it gave me an idea of what my district's objectives and aims were and how I can improve my care in meeting these aims".*

These and other responses to the questionnaire suggested that the managers felt more able and confident to take part in planning services for elderly people in a multidisciplinary or multi-agency setting. However, at the three month follow-up session the managers said this had been the most difficult aim for them to achieve. They had learned the theory on the course, but they needed support in putting it into practice. The course on its own appeared to be of limited value in this respect: given the participants' initial lack of knowledge about planning processes, it was perhaps

unrealistic to expect them to be able to return to their districts and penetrate an often obscure and complex system after six brief days at a workshop. Supplementary management training and personal guidance may be required. Also, some authorities may not encourage first-line managers to get involved in planning and policymaking at unit level. However, as community units increasingly decentralise services, first-line managers will be expected to make a contribution at locality level.

The three month follow-up — what had happened in the meantime

The group met again for half a day three months after the end of the course. All participants were sent a reminder of the objectives they had set themselves during the course and encouraged to come back and share with the others their progress, whether good or not. Nine out of the ten managers attended. The tenth, having moved to a new post, sent in a letter reporting her progress.

Few of the participants felt that they had achieved all the objectives they had set themselves, but once they started reporting back it was evident that a certain amount of progress had been made despite their general feeling that things had not moved as quickly as they would have liked. Examples of some of the new initiatives they had taken as a result of the course are as follows:

- One participant had encouraged a local team which ran a community hospital to visit the Lambeth Community Care Centre. This had happened, and as a result the local team were re-examining their policies and ways of running things. This participant had also been in touch with someone else from the course in another health authority about support groups being held for staff by psychologists.

- One pair of managers had called an open meeting of district nurses and health visitors within their health authority. The meeting was to discuss the common areas in working with elderly people. As a result health visitors and district nurses in one health centre had suggested doing a fact-finding exercise on services available for elderly people within their joint catchment area. The work is to include identifying voluntary agencies active within the patch as well as the statutory agencies such as GPs and paramedical and social services. From this, the workers hoped to produce a strategy for working jointly with this group. One of the pair, the health visitor manager, also had a brief in her job description to look at health visitors working with elderly people, and the course had set her on the way to writing a philosophy and strategy for such work. The community unit had no policy for working with elderly people and she thought her work could influence this.

- Another manager reported that the course had encouraged her to seek help outside her peer group but within the district, in preparing an evaluation paper on the work of the visitors to elderly people. The district research nurse had been of great help in interpreting the material she had gathered. This she said was a direct result of being encouraged to see that most work was not the prerogative of one group and that many skills may be needed to develop policy.

- As a direct result of the session with carers in the course, a district nurse manager had made a point of contacting a local voluntary agency about the work it was doing with informal carers as a direct result of the session with carers in the course. Another manager had written to the carers who presented at the course. This carer had herself been encouraged by the letter to go on and speak to other groups and had since contributed to a national conference.

- Another manager had discussed with her staff three areas of work she thought they were not covering and had then talked to her locality manager about this. Learning how and when it was appropriate to involve general managers in such discussions had been explored in the course.

- A pair of managers based in the same health centre had met to discuss possible ways of joint working. The next step was to involve their staff in such discussions. Although the two knew each other well socially and had worked in the same building for some time together, they had never before met formally to discuss joint areas of work.

Lessons from the course

A questionnaire was completed by course participants at the end of the course and the team secretary had taken notes throughout the workshops and on the follow-up day. With this material, together with impressions gained by the course leaders, it is possible to gauge how well the course was accepted and enjoyed.

The organisation

Having six days spread over five weeks was popular and thought to be the right length of time. In between the days of attendance participants were asked to find relevant material from their own authorities about topics that had arisen during the sessions. Opportunity was given for a report back on this during the next meeting, and this kind of fact-finding exploration would not have been possible had the workshops run consecutively.

Attending in pairs was also popular, with comments such as:

"sadly, I have to admit it has given us more opportunity to understand each

other's roles more fully and the problems we encounter. We are so busy going round minding our own business that there had been little opportunity to get together";

"enabled me to think how we could and should plan work together with other groups of staff. Easier to implement changes back in our own authority";

"I think it will make for a better working relationship both before and after the jointly managed teams are set up";

"we can support each other and maybe see the possibility of working with each other".

It became noticeable as the course went on how the disciplines became more prepared to listen to each other's view, and to step outside their own discipline and approach the subject as a community nurse manager rather than a health visitor manager or a district nurse manager.

The content

The questionnaire showed that in general the course content had been much appreciated. The most contentious areas were the 'awareness' sessions on ageism and working with people from black and ethnic minority groups. One or two participants found these unhelpful. *"Of no value"*, *"gained little"* were among the comments. This reaction was not wholly unexpected as these sessions encouraged the participants to share feelings that perhaps had not been explored before. The majority, however, found these discussions useful, and this would make us feel we should use them again. There were two sessions on ageism awareness, one on the first and one on the last day, and most participants felt that this was too much. In six days, time for any one topic is limited and in future courses the session on the first day will be the one retained as this was felt by all to be most valuable, not only for its content, but as a means of the group beginning to form a common identity. Two members of the group found the ageism sessions of most value on the course.

Some participants felt there should have been more group work, although this was arranged to follow every presentation. Only one session was devoted to role play, working through what it would be like to be a generic nurse manager of a nursing team of district nurses, health visitors and school nurses as proposed in the Cumberlege Report. This was thought to be very useful by all, with such comments as:

"I learnt how little we understand each other's role and how much we still need to learn";

"I learnt how to participate and share ideas";

"it showed me difficulties I had not thought of before".

More time devoted to role play would have been valuable.

The course leaders thought that more time should have been given throughout the course for the participants to discuss what a policy for a district or unit might look like. Few authorities represented actually had policies for working with elderly people, and the need for a policy framework was identified early on in the course.

Conclusion

This was the first course of its kind to be run at the King's Fund Centre and in this sense it was experimental. The initiative appears to have worked in that the aims set for the course were achieved. The participants gained knowledge about new projects and the principles on which they were based; they developed skills and confidence in team working; and saw themselves as having a contribution to make to planning services in their own authority.

The structure of the course and the three month follow-up session appeared to work well and was popular with participants.

Most importantly for the course leaders, the managers' attitudes towards working with colleagues had become more positive by the end of the course. And above all, they seemed to have found renewed optimism about community nursing and caring for elderly people.

Appendix I

NEIGHBOURHOOD NURSING IN LONDON: WORKING WITH ELDERLY PEOPLE IN THE COMMUNITY

A course of six workshops at the King's Fund Centre, on
15/16/22/29 January and 5/12 February 1987

PROGRAMME

Thursday 15 January 1987

9.45 am	Coffee and registration
10.00 am	Introduction
11.15 am	In teams: 'good things' and 'poor things' about the services in your own authorities
12.30 pm	Library visit
1.00 pm	Lunch
	The Sick at Home
2.00 pm	Group work: who should be involved in a working party for this group? What are the main issues?
3.00 pm	Feedback and tea
4.00 pm	Ageism — becoming aware of our own attitudes: *Cathy Itzen*
6.00 pm	Supper

Friday 16 January 1987

9.30 pm	Visit to Lambeth Community Care Centre (map enclosed) followed by lunch back at the King's Fund Centre
2.00 pm	In own teams, feedback from above: what can you take back to your own authority?
3.00 pm	In groups: involving health visitors, school nurses and other workers in the issues surrounding care of the sick at home
3.45 pm	Tea
4.00 pm	Feedback
5.00 pm	Finish

PROGRAMME

Thursday 22 January 1987

The Dependent at Home

9.45 am	Coffee
10.00 am	Group work: who should be involved in a working party for this group? What are the main issues?
11.30 am	Feedback
12.30 pm	Lunch
1.30 pm	Library use
2.00 pm	Working with carers in the home: *Peter James* and *Gillian Knight*
3.00 pm	Tea
3.20 pm	Group work: how can you as nurse managers work more effectively with informal carers?
5.00 pm	Finish

Thursday 29 January 1987

9.45 am	Coffee
10.00 am	A hospital at home — the Peterborough experience: *Mrs. Ball-Kasanis*
11.10 pm	Group work feedback: what can you take from the above session back to your own authority?
12.30 pm	Lunch
1.30 pm	Library use
2.00 pm	The common manager: role play — the first meeting of a neighbourhood nursing team.
3.00 pm	Tea
3.30 pm	Working with elderly ethnic people: *Nirveen Kalsi*
5.00 pm	Finish

PROGRAMME

Thursday 5 February 1987

The Healthy at Home

9.45 am	Coffee
10.00 am	What value 'At Risk' registers?: *Ann Bowling*
11.00 am	Group work: what sources are there for identifying where elderly people are and what their health needs might be?
1.00 pm	Lunch
2.00 pm	What value specialist teams?: *Mrs. Lloyd*
3.30 pm	Tea
4.00 pm	Group work — Further discussion on where and when specialist teams might be appropriate.
5.00 pm	Finish

Thursday 12 February 1987

9.45 am	Coffee
10.00 am	Working with the community: *Christine Smith* Group work
12.30 am	Lunch
1.30 pm	Library use
2.00 pm	What are you taking away from the course (in teams)?
3.00 pm	Tea Ageism — strategies for managers: *Cathy Itzen*
5.00 pm	Finish

COURSE INFORMATION

Course leaders:	Brian Anthony, Senior Nurse (District Nursing), Tower Hamlets Health Authority
	Pearl Brown, Development Worker, King's Fund Centre
Rapporteur for the course:	Christine King, Secretary, King's Fund Centre
Speakers:	Cathy Itzen, Senior Research Officer, University of Essex
	Peter James, Carer
	Gillian Knight, Carer
	Mrs. Ball-Kasanis, Nursing Officer, Peterborough Health Authority
	Nirveen Kalsi, Ethnic Minorities Development Worker, Haringey Health Authority
	Ann Bowling, Senior Research Fellow, City & Hackney Health Authority
	Mrs. Lloyd, District Nurse, Hounslow & Spelthorne Health Authority
	Christine Smith, former development worker with elderly people in Bethnal Green/Chair of Community Health Council in Tower Hamlets Health Authority

Appendix II

CHECKLIST FOR COURSE LEADERS

DO	DON'T
Limit numbers to approximately 12 people to facilitate good group work.	Try to economise by having too many participants at one time. Run several workshops rather than this Themes can be changed.
Have at least five days working together to allow time for the group to work through issues and current themes in relative depth. Have longer if possible.	Run the days consecutively. There is value in having staff work with the realities of the health service while they are exploring some ways for dealing with these.
Insist on participants attending in pairs from different disciplines and attending all of the sessions.	Allow selective attendance.
Limit the number of outside speakers and new subject areas to two per day. One is even better, to allow a subject to be followed in more depth. A balance has to be found between covering several areas and pursuing some in depth.	Try to cram too much into the programme. Running something as short as this means that areas can only be touched on and the constant themes are the important areas to be worked on.
Try to assess early on what current themes are emerging; and as course leaders, develop these throughout the series. This may involve the course leaders working together between days to prepare different material for the next sessions.	Make the programme so rigid that themes identified by participants can't be discussed.
Be prepared as course leaders to meet at the beginning and end of every day to refresh and review progress.	Neglect the value of learning to work with another 'trainer'.
Have a good selection of written material as back-up to the sessions. Encourage participants to develop skills in information gathering and assimilation.	Overload the participants with handouts — a few well chosen ones are more likely to be read. It is useful to give relevant material out a week early and then refer to it in the session to encourage cooperation in reading it.

DO	DON'T
Be prepared to ask the participants to do work between the days, for example finding out about policy, or how a particular service works. Remember to ask for feedback on this at the next session — some will have gone to great lengths to gain information.	
Try to have two course leaders. If a second trainer is not available (as in this case) a manager with an interest in the subject area would gain good experience in running such a series.	Neglect your own development as a trainer and draw on lessons to be learnt.
Think about the value of learning alongside the participants. Although you should be well prepared in the subject area, the course may have much to offer you.	Set yourself up as an 'expert'.
Remember the care group that is the focus of the course is a vehicle for learning about other issues, too. It is a way into discussing the processes of working together.	
Think about having an 'awareness session' on the first day to speed up the process of the participants sharing experiences.	Forget that some people find these sessions particularly difficult.
Prepare a questionnaire for participants to give you feedback about the course and have a follow-up session some time afterwards to encourage participants to have a goal to work towards and to help you evaluate the course.	'Chicken out' of evaluation — it's worthwhile.
Encourage participants to think more widely than their own discipline. This may need constant attention. Role play can be useful in this area.	Let participants retain the idea that they can work effectively in isolation with a care group.