

# Report: Workshop: Working successfully in networks for integrated care 20 September 2018, Utrecht

## Key reflections and recommendations from the meeting:

- It is important to focus on rehabilitation and enablement to prolong independence. Early intervention to address health or social issues is important for the same reason. Services addressing these require sufficient funding, from a social investment approach this pays off.
- > A single point of assessment is important for coordinated care
- The start of any integrated care system should be the service user and person-centred approaches, including co-production the capacity of service providers to integrate this dimension must be financially supported by funders
- In the development of an integrated care system it is important to embed systems thinking and address complexity, as systems and processes are not linear. It is important to take a step back and analyse the situation from a distance
- > Effective leadership is key to success in leading a change and it is important to maintain continuity
- > Training in systems leadership can support leaders in such new situations.
- > Stakeholders need both personal and emotional commitment to creating an integrated system
- > Change should not happen top down to ensure buy-in but this means that processes are not fast
- > Trust and relationships between stakeholders are essential for success
- It is difficult to measure attributable impact of moving to an integrated system but an evidence base can be built, looking at social return on investment

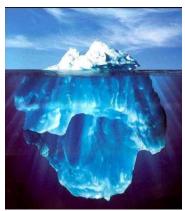
The aims of the workshop led by Dr. Roger Green from Tricordant were the following:

1. Share experience and learning from England in developing a person-centred system for integrated care.

- 2. Explore the potential for application of the learning in other countries.
- 3. Explore the leadership capabilities required for a network of partnerships.
- 4. Explore the policy implications of integrated care for public authorities.

After sharing of expectations and introductions, Dr Roger Green presented "The Importance of what and how" as regards steps to developing integrated care in a partnership with other organisations, using the Iceberg metaphor.

The Visible dimension is what you work on together; how are you currently designing the integrated care system? In the UK, in an integrated care system,



National Health Service (NHS) organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

Participants were then presented with the concept of the *hidden dimension* (what is below the water: *How* you work together and lead the integrated care system. The importance of this dimension was illustrated with the quote "culture eats strategy for breakfast".



An illustration of the Integrated Care model was furtherly explained, based on the English experience. According to the World Health Organisation, integrated care is seen as a possible solution to the growing demand for improved patient experience and health outcomes of multimorbid and long-term care patients.



Different stages of the Care Pathway were then presented. Stages went from Stage 0 being the **equilibrium** that illustrates a stable or improving health in the normal place of residence to stage 5 called the **palliate** that represents the end of life care.



Participants were then introduced to a case study illustrating person-centered outcomes, that was used in the case in the UK. The speaker emphasised these two points before presenting the case:

- Keep the person-centred outcome as the goal of every activity.
- People's stories are important align partners emotionally as well as rationally.

The story was of two elderly people and it went as follows:

Phil is 83 and Rose is 79. They have been married for 58 years, and for the last 40 years they have lived in a 3 bedroom house.

2 years ago Phil was diagnosed with early stage dementia and is now becoming increasingly confused and disoriented. He had been diagnosed with hypertension.

Rose is his primary carer. She has smoked since her twenties. She has cut down over recent years but still smokes about 5 a day and is not motivated to give up, despite having a persistent cough. She now has moderate COPD, having first been diagnosed 4 years ago.



Phil has a single personal budget for his health and social care.

They have a 12 year-old Labrador Bonnie and use part of Phil's personal budget to hire a dog walker Debbie.

Participants were then presented with an activity to conduct: group work - design for outcomes. Groups were asked to consider a stage of pathway where Phil, (the character from the case study) suffered a mild stroke. Participants were asked what outcome they wanted from the total pathway process and how should their stage of the pathway be designed to help Phil transition as quickly and safely as possible to the next page.

All groups has time to work and discuss this activity, then, a group discussion was sparked where feedback was given by each individual group. Putting yourself in the position of the service user helps creativity in solving

# Leading a Health and Care system - what does it look like?

Dr Roger Green went through 7 points that answered the following question: What does a Leading Health and Care System look like?

- I. It's more than complicated, it's complex!
- 2. Systems Leadership is essential
- 3. Build on "Place"
- 4. Develop a shared history, vision and values
- 5. Focus on outcomes.
- 6. Organisation & Governance is important
- 7. So what does that mean for you?

The speaker then went on to illustrate the concept of Systems leadership by explaining Collins, Porras & Hansen's definition of **great leaders.** "Compared to high profile leaders with big personalities who make headlines and become celebrities, the good-to-great leaders seem to have come from Mars. Self-effacing, quiet, reserved, even shy-these leaders are **a paradoxical blend of personal humility and professional will**. They are more like Lincoln and Socrates than Patton or Caesar."

# Systems leadership - wrestling with complexity

An explanation how systems leadership is comparable to wrestling with complexity was then illustrated and explained.

•...problems are new, recalcitrant or intransigent – you don't know what to do, you put up with poor systems because you're used to them or the issues have been around forever and

- seem impossible to fix
- •...they can't be solved in isolation
- •...they sit outside single hierarchy and across systems
- $\bullet\ldots$  you don't know where they start or end sometimes you can't even agree on what the issue is
- •...there are no right or wrong solutions; rather you need to aim
- for progress and better developments
- •...you work with constant uncertainty and ambiguity

#### Systems Leadership – how complex issues feel

A definition of systems leadership was then provided; the collaborative leadership of a network of people in different places at different levels in the system, creating a shared endeavour and co-operating to make a significant change.



Dr Greene then explained that in order to reach shared endeavour, there were questions to start with: What do we want services to be like for people in our place? Who else needs to be in the room?



The speaker then explains that while it is good to know where to start, he then elaborates on where *not* to start, this was structures, organisations, hierarchies, governance and money. Dr Greene strengthened his argument by sharing the following quote: relationships, influence, trust: "Systems move at the speed of trust".

## Systems Leadership - behaviours and values

Participants were introduced to a synthesis paper written by Deborah Ghate and Jane Lewis entitled **Systems** and Leadership: Exceptional Leadership for exceptional time.

- •Ways of feeling about strong, personal values
- •Ways of perceiving about listening, observing and understanding
- •Ways of thinking about intellectual rigour in analysis and synthesis
- •Ways of relating the conditions that enable and support others
- •Ways of doing behaving in ways that lead to change includes narrative and reframing skills
- •Ways of being personal qualities that support distributed leadership

#### Build on Place - an example from Greater Manchester - shared history and endeavour.

•Built on historic common interests as a City Region.

•Voluntary collaboration.

•Economic regeneration.

•Integrated public transport system.

•A major celebration – the Commonwealth Games 2002

Dr. Roger Green then spoke of a specific case he worked on, the Greater Manchester - Taking Charge

He highlighted the need to focus on people and place (neighbourhoods) for Public Service Reform through the following points:

Life Chances – a common language and framework

- –Start well
- -Live well
- –Age well

Participants were then presented with the following statement "By working together, organisations will provide integrated care to support physical, mental and social well being. Our new models of care will re-orientate our health and care systems so that we focus on preventing the big health and care problems but also social isolation and deprivation which undermine our prosperity as a city region, and investment in early years and employment."

Participants were then introduced to the role of organisation and governance in the project through: •Creation of Greater Manchester Combined Authority (GMCA).

•Led by Elected Mayor.

•GMCA only does what adds value to the 10 Local Authorities, who have all retained their duties and responsibilities.

•Many leaders appointed to work for the system not for an organisation.

•Single leadership development programme across all public service agencies – learning and developing together.

Participants then discussed conclusions and take aways from the discussion; reflected in the key reflections.

