Building Health Partnerships in Lancashire and South Cumbria: Wednesday 27th February 2019

Partnership Meeting 3: Summary of Discussion

**‘People need to be in a space like this (BHP workshops) to see themselves as part of an interconnected whole and start to model healthy system behaviours’**

## Background

Since partnership session two (Jan 2019) a small cross-sector group had come together to develop a ‘straw man proposal’ for the BHP programme. The aim of this partnership session was to provide an update on that approach, to hear from Dr Toby Lowe from the University of Northumbria on commissioning in complex environments and to fuel and inspire discussion on developing the framework for the 5 areas.

## Update and feedback on the strawman (refer to test project framework)

**Aim**: To develop a strawman proposal for the BHP programme. The aim of the project is to conduct tests in 5 different areas in Lancashire and South Cumbria to understand and test the engagement between the Integrated Care System (ICS) and the voluntary, community and faith sector (VCFS) at a neighbourhood level. The intention is *to look at ways to harness the leadership, power and capacity of our communities to improve their own health and wellbeing*.

**Areas**: The groups stressed there needed to be consensus on selecting the right areas to conduct the tests. 5 areas will be identified, one in each ICP area, and will include a mix of criteria, including: rural/ urban; advanced/ non-advanced VCFS; 20-50k population. The areas will need to be interested in the programme and not necessarily accelerator areas. Peter Tinson, Out of Hospital Lead for Commissioning Development will provide support selecting the areas.

**Relationships:** The BHP programme will look at the relationships between: primary care network lead; sponsor from the Integrated Care Partnership (ICP); community link workers (this will vary by areas and whether they have one in place); public health. Each test will have these core components and will investigate the different models of engagement performed in each area. The NHS want to facilitate equal power but the VCFS also have to feel able/ confident to ‘take it’. Therefore, it is essential to demonstrate the mutual need/appetite for this relationship.

**Purpose:** To look at how relationships have started and developed over time, to enable the right support to be provided to the ICPs, and to share learning. Some areas might have developed more than others therefore, the more advanced areas might need less work but other areas could learn from the good examples.

**External context**: The group highlighted the important things that are currently happening in the external context (e.g. Link Workers/[Connectors](https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf)), and at a higher strategic level, ICS. Therefore, these tests need should not take any of these credits, but it is about recognising this and uncovering what is happening at a neighbourhood level. It is important to also acknowledge what has been highlighted in the [10 year plan](https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf) and will affect the wider context.

**Funding:** Neil has been successful in accessing £10,000 for each area to support and test the neighbourhood engagement work.

## What is the ‘Value’ of Building Health Partnerships programme?

Although there are good examples happening in the local areas the group talked about using ‘BHP as an opportunity to test things out’ specifically focusing on the range of ways of working with VCFS at a neighbourhood level.

The value of the work is about understanding how to establish equal, honest, open and transparent relationships between the statutory and community sector.

To promote the value of the tests thought needs to be given to how their activity will be measured, why it is worthwhile, what learning that can be shared e.g. relationships should be formed from the bottom up rather than top down.

The group noted ‘that the approach may or may not work but it is also OK to fail, the programme won’t have been a failure as relationships will have been developed along the way’.

Questions to be considered when developing the straw man:

* Is there a piece of commissioning coming up that this programme could use to test the complex commissioning framework? What about the mental health commissioning about to happen?
* Does there need to be a CCG sponsor or champion to be on board with the programme?
* Is there a possibility for sixth test to be conducted at an ICP/strategic level?
* Another option is to look at existing contracts that could be reviewed and changed – for example adding in certain ‘freedoms’?
* What are the different opportunities around the 5 test areas? E.g. potential to test the healthy lives consultation of the wellbeing services?
* esources to draw upon to find the theme in each area for example a citizen’s health inquiry; and /or joining with Public Health social care professionals; VCFS partners. Important to bring perspectives together to identify the theme.

## Talking points (refer to the talking points document)

Last session we developed some Talking Points as helpful pointers to try out with ICPS, to look at how engagement is working now Joe Hannett is trialling in Central Lancs ICP.

## Complex systems approach applied to Lancashire and South Cumbria BHP programme

**Trust:** These is some trust in the Lancashire and South Cumbria area, but this is not system wide. Some individuals are bought into the ideas and others are not. This is due to the large scale, its complexity (realise there are ‘systems within systems within systems’), and the personalities involved. For example, Lancashire and South Cumbria has two unities, council and city, and different CCGS and ICPs. Between the ICP areas there is a breakdown of trust, ‘*it is challenging to build trust within the ICP silos let alone for this to be across all the ICP areas*’. It was a challenge to see how commissioning in complexity approaches could be applied across the area, however it was noted as important to be clear on what BHP can achieve as a programme, separating that from the wider system whilst being aware of how the learning can be shared and the ‘ripple effect’

The Plymouth example in a unitary authority took 4 years. If the same system change was to happen in Lancashire and South Cumbria this may take 10 years.

**What is the BHP programme going to support from here?**

* Multiple things are happening, BHP is a step along the way to start some of this to then demonstrate good examples system wide
* It was thought that to build the trust at the ICP level, relationships need to be developed locally. Building a bottom approach, not just 5 leaders at the top but getting actual buy in from the top
* The complex system concepts could be used as a framework that could be applied to the different areas. E.g. this is what it would look like if we had a bonfire of the strategies and it was all integrated. The programme is able to enable and test some of the thinking in 5 areas.

 *‘What are the kind of leadership structures that can impact on a bottom up approach?’*

*‘Our system is massively complex- What are the first steps to embed some of this at a local level?’*

*‘This is about changing the way we think’*

* Small organisations/groups within the VCFS sector do not feel that they are equally represented therefore the programme has an opportunity here to look for good examples to share, highlighting the need again for a bottom up approach. Part of the rationale for testing at a neighbourhood level is so it is grassroots, coproducing, to bring people in and build trust, so it is not just the loudest voices.

The ICS has demonstrated their commitment to being in the programme and developing the project framework e.g. putting resources behind it to move things forward. Energy is focused on wanting to develop better relationships between the VCFS and build communities. A request for more clarity on how Amanda, Talib and Andrew will support the programme. Neil’s commitment support to the process was noted.

**Toby’s reflections:**

Whilst there is a need to change the way we think about things, there is also need to change the way the money works and flows. There first needs to be a culture change and that then enables the money to be done differently. There also needs to be a ‘thinking’ change for commissioners AND providers- it requires there to be a process of change together. It makes sense to use the neighbourhood conversations as a way to start thinking about communities differently.

**‘Building a movement of how we can have a different type of power’**

## Next steps

* To share the Talking Points with the wider group - done
* Neil Greaves to share the project framework with the group for comments on what needs to be revised/ what is needed to make it happen/ and how to move forward - done
* To share Toby Lowe’s presentation with the group - done
* Partnership session four will be held at the end of May

**Appendix: Funding, commissioning and managing health and care**Responding effectively to complexity in the Health & Care System

Dr Toby Lowe, Northumbria University

**Key messages from the presentation** (refer to the powerpoint for more detail)

**What does it mean to work in complex environments?**

We live in a complex environment: this means that individuals are complex, they have intertwined issues, and there is variety between individuals. Therefore, the systems that respond to this issues are also complex.

Previously organisations have tried to simplify supporting these issues but if they do this it can have the result of disrespecting the work being done. It ignores the numerous moving factors that are involved and need to be understood when we should embrace the complexity.

By using outcomes- based commissioning we are holding the organisation to account of all the moving parts in the wider system, and instead organisations get good at data production, rather than focusing on the service they are delivering.

**Reflections from the system exercise:**

*‘Difficult to see the whole system when it is moving’*

*‘It created a different shape to what it was at the beginning’*

*‘They were immersed in the activity rather than focusing on what’s happening’*

*‘How can baselines or Random Controlled Trials work in this case?’*

*‘I learnt how to play the game’*

*‘The system has a set of norms that govern the system- where do these rules come from that we internally follow?’*

*‘When we have a clear common goal- if everyone follows the goal then the system works, but if one does not follow the rules then they [would] become separated’*

**On Complex Systems**

‘The outcomes we desire are emergent properties of complex systems’

**On recognising complexity**

It takes a lot of work to find out more about the problem. The problem looks different to everyone, and there is no single right answer. Even if we did find something that works the world changes all the time so it wouldn’t be right for long.

We should not try to find best practice- as this does not exist. If you believe this then you do not acknowledge that we live in a complex world.

Therefore, logic models or linear programmes, are not helpful. Individuals want it to be simple and linear to manage the complex environment, but really this is setting a situation up to fail as things change all the time and this way of doing things does not take into account the complexity that exists.

Toby Lowe described that previously the commissioning environment had been set up on principles from the Public Choice Theory. New Public Management, which stems from Public Choice Theory, is an approach to running public services in an efficient and ‘business like’ manner. Toby Lowe describes that this approach has consequentially built a commissioning environment with little trust and promoting behaviour based on a reward and punishment method. However, he argues that this attitude needs to change from being ‘**not about what we measure but about why we measure’.**

**So what else can we do? Key ideas to do in practice:**

* Think about the language that is being used
* ***We need to be human with each other showing empathy, variety, strength based, and trusting individual’s decision-making process***
* We need to respond to variety, using asset-based strengths
* To be continuously learning and adapting what we are doing
* We need better systems which should also be nurtured

**The core of this is:** Individuals should be motivated to go to work to do a good job rather than to meet outcomes. To heighten this motivation responsibility should be devolved to the individuals to make responsible decisions. That said here is also a need to fully *enable* individuals to make these complex decisions for example, are they paid enough? Are they given the right resources and skills to make these important choices?

This approach clearly contrasts to the principles outlined above from New Public Management which tend to push for hierarchical structures which hold the majority of the power and control. Previously the energy has been on trying to bureaucratise good relationships but really it should be based on building good relationships.

Learning is often perceived as a phase in a process, however, in a complex environment learning should be viewed as a continuous process and with the intention to learn and adapt. To do this it is important that both qualitative and quantitative data should be collected, including capturing the failures and mistakes with the purpose to inform decision-making in the future.

This approach means thinking about accountability and blame differently too.