

Funding, commissioning and managing health and care

Responding effectively to complexity in the Health & Care System

Toby Lowe

Summary

Working in complexity

Embracing complexity: Human, Learning,
Systems

Examples - Plymouth



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



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Complexity

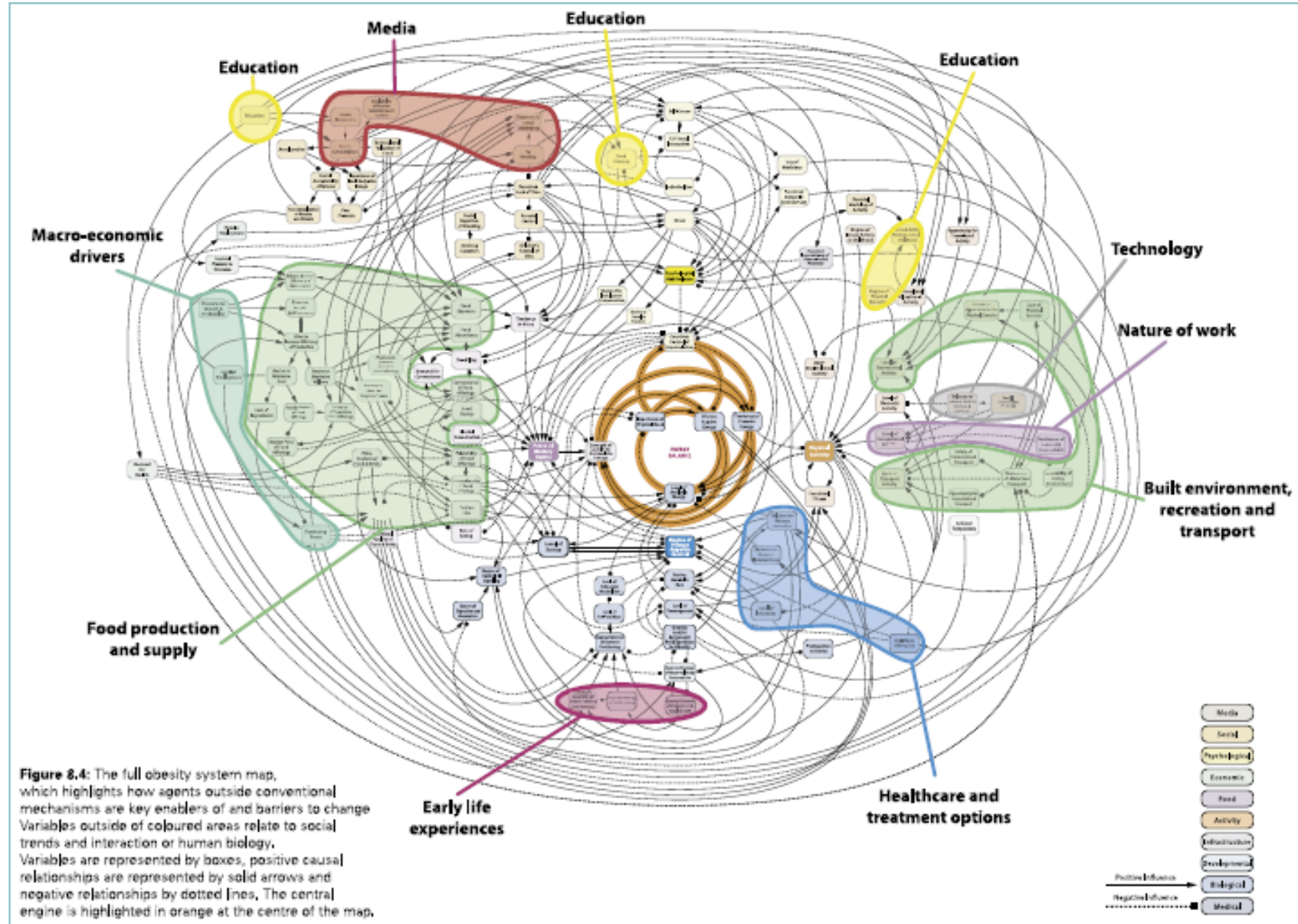
People are complex

Issues are complex

Systems are complex

= embrace complexity, because **life is complex**

collaborate
for social change



Complexity

Let's play a game....

Complex systems

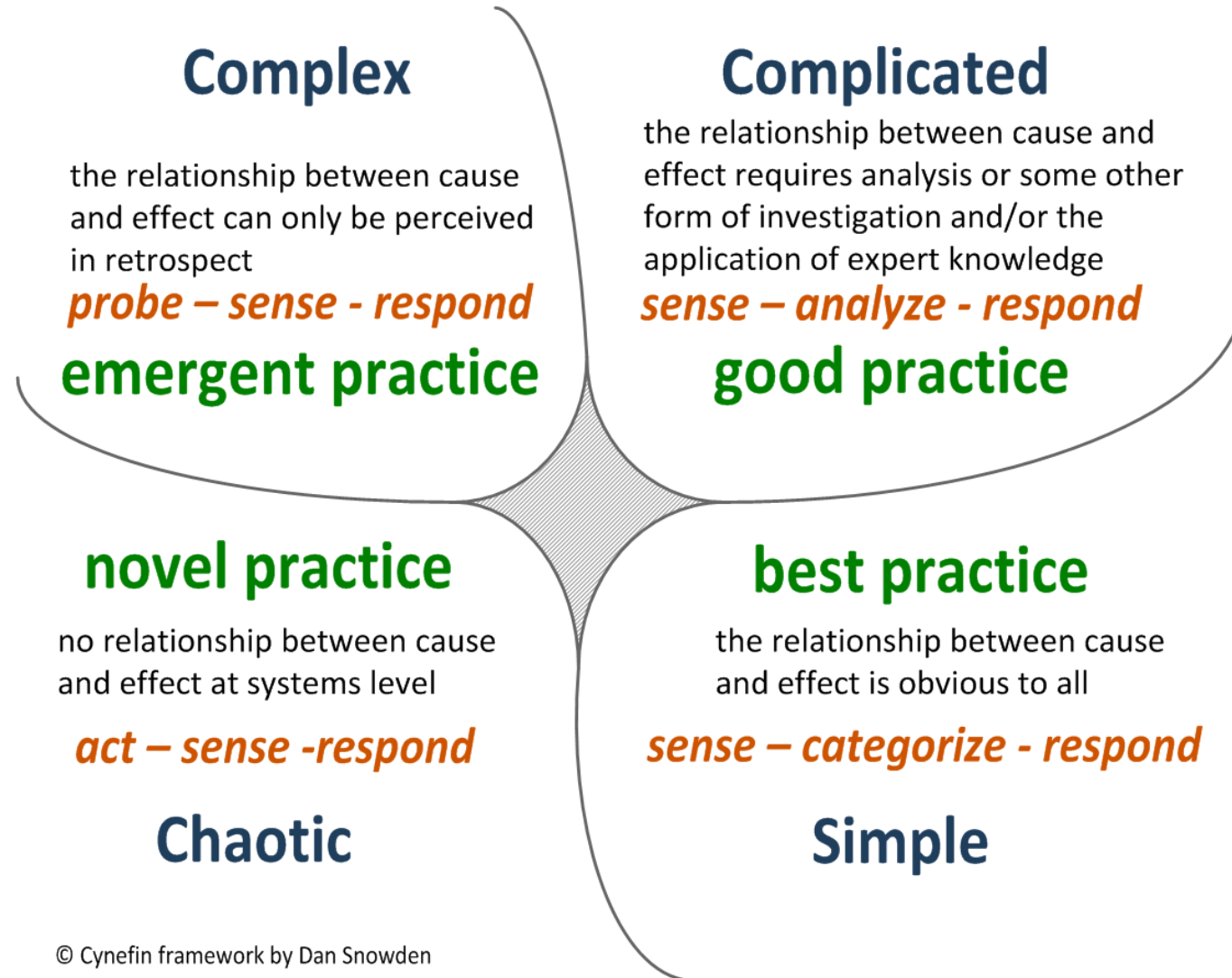
The results in complex systems are emergent

Complex systems are not under our control

The outcomes we desire are emergent properties of complex systems



Recognising complexity



Means no more of this....

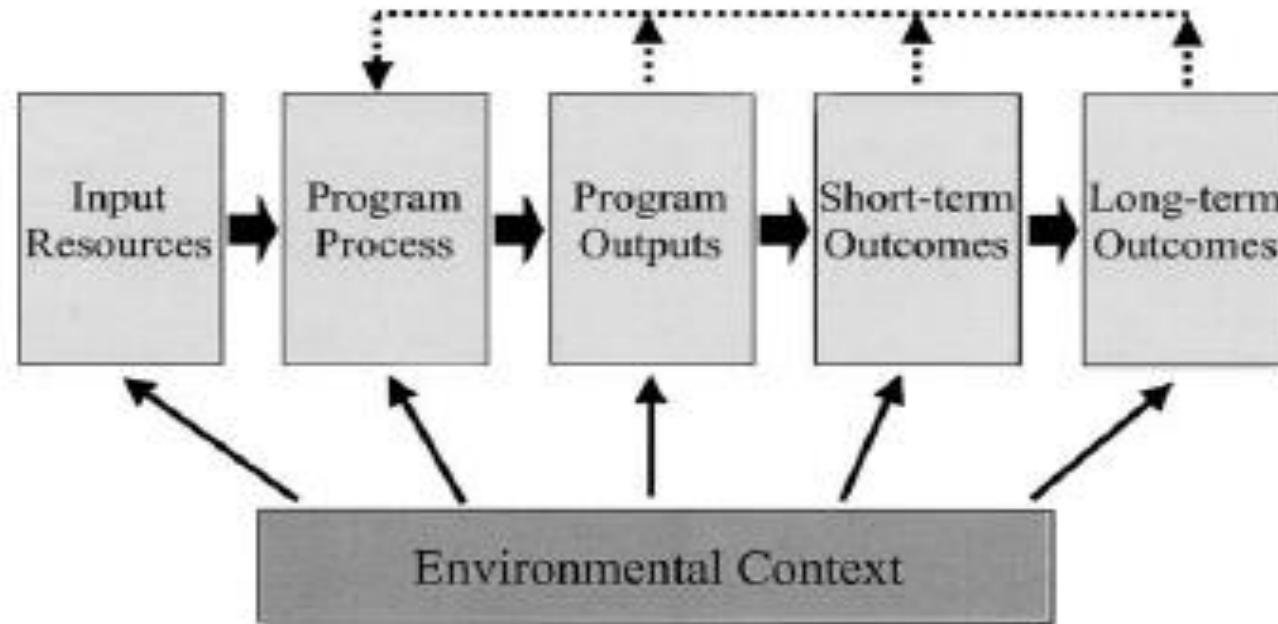


Fig. 2. Program logic model.

Robert Schalock & Gordon Bonham “Measuring outcomes and managing for results”, *Evaluation and Program Planning*, 2003

And this....

**We cannot hold people/organisations
accountable for producing outcomes.**

Because outcomes are made by complex
systems that are beyond their control.

So what else can we do?



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A Whole New World: Funding and Commissioning in Complexity

....

Annabel Davidson Knight
Toby Lowe
Marion Brossard
Julie Wilson



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for social change



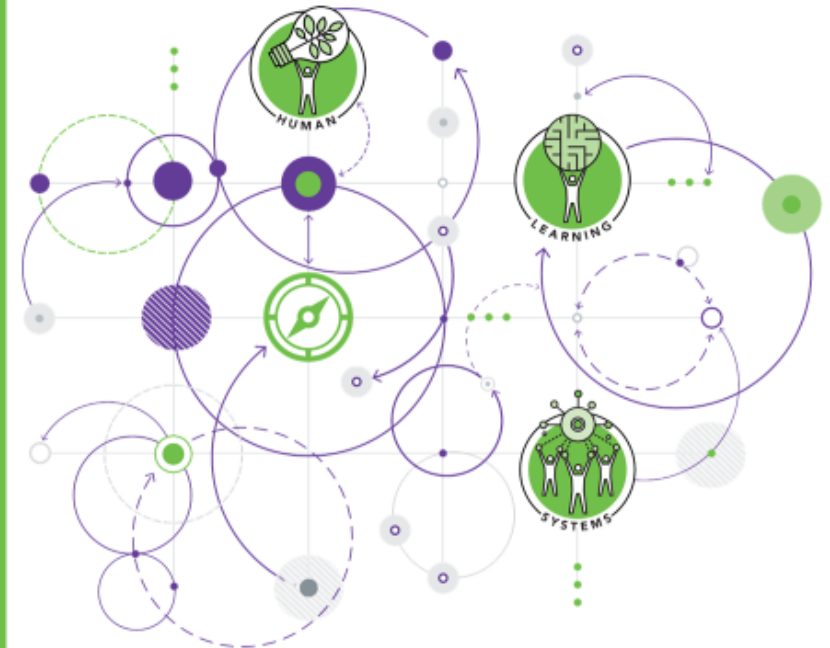
Newcastle Business School

Exploring the new world:

Practical insights for funding, commissioning
and managing in complexity

...

Toby Lowe
Dawn Plimmer



Key ideas

Funding, Commissioning and Managing in complexity involves:



Being **Human** to one another: trust, empathy, asset-based



Learning and adaptation: improvement requires continuous learning



Systems: Nurture healthy systems in order to create positive outcomes



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Human

To be Human, put on your VEST:

- Respond to **Variety** of human need and experience
- Use **Empathy** to understand the life of others
- View people from a **Strengths-based** perspective
- **Trust** people with decision-making

Means:

- Recognise intrinsic motivation of staff
- Devolved decision-making – people in the work decide what to do

“liberating” workers from attempts to proceduralise what happens in good human relationships, and instead focus on the capabilities and contexts which help enable these relationships”



Human

= Public service is Bespoke by Default

Each human being is recognised as having their own strengths and needs.

The job of the health & care system is to:

- Hear and understand those strengths and needs through forming relationships with people
- Respond appropriately to those strengths and needs



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Learning

Current view: Learning is a phase in social innovation

- Learn & experiment.
- Find “what works”
- Do more of that



**Young Foundation, Stages of
Social Innovation**



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Learning

In a complex environment, **learning is a continuous process**
We need to continuously adapt to changing strengths and needs of people, and changes in the wider system.

There is no such thing as “what works” – because “what works” is always changing.

“What works” is a continuous process of learning and adaption.

= funders and commissioners are “purchasing” the capacity for organisations to **learn and adapt**.



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Learning

Using data to learn, not to “demonstrate impact”

- Campbell’s Law: “The more any quantitative social indicator is used for social decision-making, the more subject it will be to corruption pressures and the more apt it will be to distort and corrupt the social processes it is intended to monitor.”
- Measure only what’s useful for learning
- Stories, as well as measurement

Creating a learning culture:

- Positive error culture
- Removing competition



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Systems

Commissioners take responsibility for the health of the system

What does a healthy system look like?

Lankelly Chase System Behaviours?:

Perspective

- People view themselves as part of an interconnected whole
- People are viewed as resourceful and bringing strengths
- People share a vision

Power

- Power is shared, and equality of voice actively promoted
- Decision-making is devolved
- Accountability is mutual

Participation

- Open, trusting relationships enable effective dialogue
- Leadership is collaborative and promoted at every level



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Systems

Commissioners set the tone – they are part of the system

“We're not in opposition. They're not our enemy. We all want the same thing. We're not [in] a purchaser/provider [relationship]. We're a collective....”

Let go of the illusion of control

Sharing Power – commissioners as enablers, not controllers

How are you making sure that all voices are heard? And all voices count?

System Stewards

Whose job is it to look after the health of the system?

Plymouth case study

The Council and CCG created an £80m, 10 year, shared budget to commission a health and care system for vulnerable adults in Plymouth

This was tendered through an Alliance contract model whereby organisations in the city came together to create a shared response.

The tender did not specify outputs or outcomes to be delivered. Instead, it focussed on collaboration and learning together.

Plymouth case study

The tendering process = **series of design conversations** between the commissioners and providers in the Alliance

Generated **a set of core service principles** and activities emerged.



Plymouth case study

Alliance principles

All of Us commit to working to Alliance Principles which are:

- (a) to assume collective responsibility for all of the risks involved in providing services under this Agreement;
- (b) to make decisions on a 'Best for People using Services' basis;
- (c) to commit to unanimous, principle and value based-decision making on all key issues;
- (d) to adopt a culture of 'no fault, no blame' between the Alliance Participants and to seek to avoid all disputes and litigation (except in very limited cases of wilful default);
- (e) to adopt open book accounting and transparency in all matters;
- (f) to appoint and select key roles on a best person basis; and
- (g) to act in accordance with the Alliance Values and Behaviours at all times.

together the "Alliance Principles".

Plymouth case study

No **outputs or outcomes** in the tender or contract

This commissioning process was made possible by **four years of system change** work, which built relationships of trust between the actors involved.



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Plymouth case study

<https://campus.recap.ncl.ac.uk/Panopto/Pages/Viewer.aspx?id=df91ebad-4f28-4a8b-a24a-84b4137f90d3>



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Questions/reflections

Putting it into practice

What issue would you like to look at?

Elements of a **commissioning process** to address that issue:

- Starting with purpose
- Understanding the system
 - Building relationships and trust
 - Establishing shared purpose
 - Developing principles, values and behaviours
- Design
- Resource allocation
- Experimentation
- Governance and learning
- Embedding and influencing



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