

Making the case, creating the culture

Report

Neighbourhood Network

11th Oct 2018

The event

'it was one of the best events I've ever been to be honest, the energy was amazing and the learning I took away was so valuable. I can't wait for the next one!'

Twenty of use came together to explore the complexity of working with Neighbourhood Networks and how we might address it in bite sized chunks:-

Describing the Neighbourhood's story: clarifying the purpose of the Neighbourhood Team.



Cultivating the right culture and ways of working: enabling the right behaviours

We took a more coaching / action learning set approach focusing on the knowledge and expertise in the room

Describing the Neighbourhood's story: clarifying the purpose of the Neighbourhood Team.

World Café

A set of 4 questions were set to the room and we all moved tables for each question to work with different people and hear others' perspectives.

**Welcome
to the
World Café**

*'People already have
within them the
wisdom and creativity
to confront even the
most difficult
challenges; that the
answers we need are
available to us; and
that we are Wiser
Together than we are
alone.'*

'It is in these... conversations that patterns can be identified, collective knowledge grows, and possibilities for action emerge.'

1 What are the potential purposes of Neighbourhood Teams.

2 What is required to achieve a well defined purpose?

3 What are the implications of having a poorly defined or not-understood shared purpose?

4 How will you know the purpose has been adopted?
What can you do to improve adoption?

1 What are the potential purposes of Neighbourhood Teams

These are the summary notes from this discussion...

Community

- Self resilience
- Address loneliness
- Individual focus
- Ownership / belonging
- Disrupt archaic labelling of the population – children elderly and so on
- Optimise experience of living in the locality
- Community assets
- Focus on community and people
- Close to home self care

Coming Together

- Collaborating
- Joined up
- Sharing learning
- Resilience
- Breaking down barriers
- Flexible delivery
- Bringing in housing, employment, schools
- Tardis – to connect to the network
- Different skill set

Quality

- Different way of thinking
- Impactful
- Accelerate Learning
- Move away from a referral culture
- Understand Need
- Iterative learning

Resources

- Efficiency – remove waste and duplication
- Savings

2 What is required to achieve a well defined purpose

What is required to achieve a well defined purpose?



***Meeting
neighbourhood-
guided priorities?***

***Positive citizen
outcomes/
experience?***

***Promotion of
health and
wellbeing?***

**What could
success look
like?**

Effective training?

***Effective
teamworking?***

***Reduced A&E
admissions?***

System working?

***Different teams in each area that
suit each neighbourhood?***

3 What are the implications of having a poorly defined or not-understood shared purpose?

What are the implications of having a poorly defined or not-understood shared purpose?



The overall message was that:-

- the **multi-organisational system** and **relationships** would **fail** if **individuals/organisations** work towards **different goals**.
- this would result in **inefficiency** (duplication) and potentially **negative staff/patient experience**.

Other outcomes that were discussed

Need **more** than just a shared purpose – it's about language, culture, the professions involved and what this means to the individual

Workforce

Blame culture
No clarity of activities to be done
No teamwork
Competing priorities
Motivation loss
Stagnation of skills
Reduced staff retention
Low morale
Reduced commitment

System

Lack of leadership
Ambiguity
Default to what was done before
Lack of information flow
Disharmony
Confusion
Hard to evaluate
Chaotic
Lack of resulting impact

Patients

Poor outcomes
Poor experience
Lose trust in services

**4 How will you know the purpose
has been adopted?**

**What can you do to improve
adoption?**

How will you know the purpose has been adopted?

There is time for meeting together

Community needs are prioritised

Costs are saved?

There is shared language, teamwork and collective thinking

Staff do "right" for the system, not their own agenda

Information is shared and standardised

There is a compassionate, trusting and forgiving culture

There is a sense of belonging/ownership

If regular reviews and monitoring of progress show it

Old models are unlearned

There is leadership at every level

Overall, there will be positive outcomes for staff (e.g. satisfaction/retention) and for the community (e.g. individual empowerment to live well/ individuals get what they need)

The public are aware of the aims/successes of the new change

What can you do to improve adoption?

IMPROVEMENT

Overall, make the neighbourhood "a good place to work"

Speed up the wheels governance to reduce the time taken to make change

Standardise and **share** information and make **communication** within/between organisations easier

Run events that create a sense of place, belonging and community cohesion (e.g. Tea, Toast and Talk).

Change culture to become more compassionate/ forgiving

Encourage "bravery" not "blame"

Understand that things will take time

Give people the **opportunity** to think and form relationships

Recruit to values and **reduce** egos

Ensure people are able to make change **without fear** of being disciplined

Motivate people (e.g. with elevator pitches)

Invest in staff (development/ wellbeing)

Key learnings, discoveries and reflections that you had made throughout this process...

'It is in these... conversations that patterns can be identified, collective knowledge grows, and possibilities for action emerge.'

Realised we're all in this together, which is a powerful force!

We should move away from expecting A&E admission reductions with neighbourhood working

We need to create a shared agenda with local government

This will require a culture change at every level

Establishing the shared care record is vital to enable this communication between agencies

A change to neighbourhood working will take incremental steps

Relationships take TIME to build

Senior leaders should protect their staff and bare the brunt of any backlashes so that staff can be brave and make change

Influencing from the bottom upwards will require new relationships

Personalities and egos are critical to the success/failure of neighbourhoods – how can we manage this?

Language is vitally important - flexible narratives should be crafted for why neighbourhoods are beneficial, that will appeal to different agencies

Cultivating the right culture and ways of working: enabling the right behaviours

The Frimley Case Study

A study revealed that for the first year after referral to the Integrated Care Teams, when compared to a matched control cohort, A&E attendance and emergency admissions increased. Why could this be?

Questions that were raised about Frimley...

Was there a **lack of training**?

Were only a **few staff** changing their **behaviour**, meaning the **system** behaved as **status quo**?

Was the **knowledge/ equipment** needed to make change **accessible** and/or in the **right place**?

Did **staff accept** the **changes**? What were the **human aspects** of **change** for the **team** (and **patients**)?

Did the change **increased demand** and hence **not reduce A&E admissions**?

Culture can be difficult to describe...so we chose to use behaviour as a vehicle to explore it

Cultivating the right culture and ways of working: enabling the right behaviours

The common attributes of a Neighbourhood Team

A set of attributes collated by the Strategy Unit were displayed to everyone and individuals gave feedback on whether they thought these were correct or if any needed to be added.

The common attributes of a Neighbourhood Team

Should be multiple practices involved

Not just professionals (e.g. volunteers)

- Made up of a multi disciplinary team of professionals
- Made up of staff from different organisations with different professional skills

Why should this be based on GP lists?

They may be working in a recognisable neighbourhood based on GP list(s)

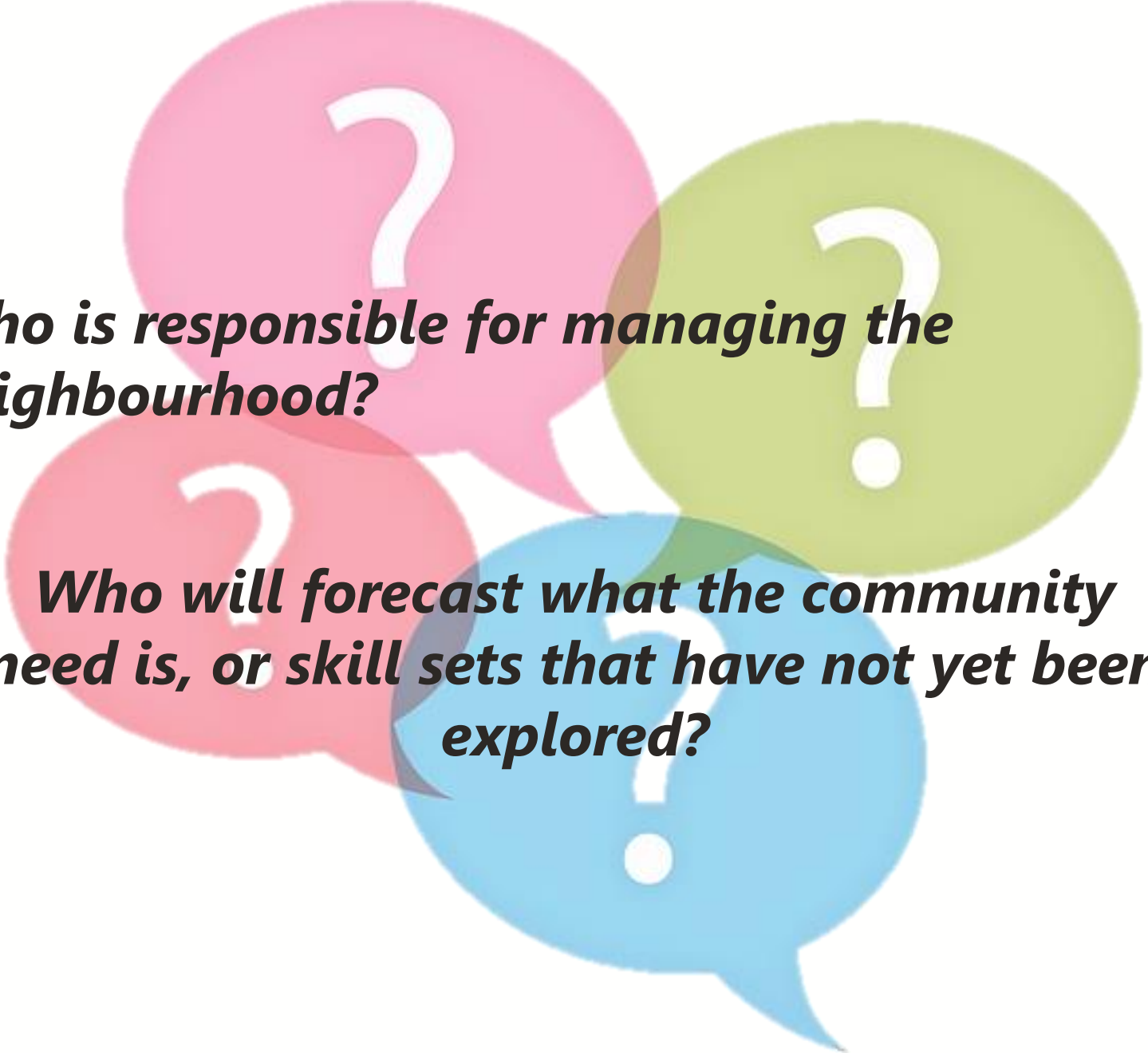
- They focus on a cohort of the population whose needs are made up of multiple needs that could span across mental health, physical health and social needs
- Members of the population are referred to them
- They meet on a regular basis to discuss a case load.

Should meet for other reasons (e.g. to discuss their purpose, behaviours, progress etc..)

They should be proactively case finding

SHOULD HAVE A SHARED COMMON PURPOSE

Key questions raised about the Neighbourhood



Who is responsible for managing the neighbourhood?

Who will forecast what the community need is, or skill sets that have not yet been explored?

Cultivating the right culture and ways of working: enabling the right behaviours

What behaviours would you expect from your Neighbourhood Team

Each table discussed and fed back on the behaviours they thought were important, then a vote decided on the four most popular behaviours. People then chose a table to discuss one of the behaviours.

What behaviours would you expect from your Neighbourhood team?

Trusting (do what they say they will)

Openness

Humility

Empowered

Forgiveness

Caring

Compassionate leadership (with each other and patients)

Role modelling

Emotional resilience/
intelligence

Commitment (to each other)

Innovative/
experimental

Bravery/courage

Fun!

Tolerance

Respectfulness

Listening/sharing

(open to) challenge

Honesty

Trusting

What does this mean? Are there examples of this being done effectively? Who are the experts?



*It's about forming **strong, reliable relationships**, through using **clear and coherent language**.*

*Trusting relationships require **consistent investment** and can be **built upon**.*

*You should have the **freedom** to **share** your **beliefs** and **opinions** without holding back.*

*There are **no experts**, this is **relational***

*E.g. **reverse mentoring/ coaching***

Compassionate Leadership

What does this mean? Are there examples of this being done effectively? Who are the experts?



*It's about being **kind** to the workforce and highlighting that "**it is ok not to be ok**"*

*May involve having **challenging conversations**, whereby the **language** and **tone** used are highly important*

***Professor Michael West** is an expert*

*E.g. **Compassion Circle** facilitator training*

Bravery/courage

What does this mean? Are there examples of this being done effectively?
Who are the experts?



*This is about making **difficult decisions** and **owning them**, even if they are unpopular*

*When people have **stepped up**, made themselves **visible** and **voiced** their opinion*

*It may involve **recognising weakness**, **highlighting it** and **involving others** to make change*

*E.g. creating the **Buurtzorg** model of care*

Commitment

What does this mean? Are there examples of this being done effectively?
Who are the experts?



*It's about **turning up**, **taking part** and **being prepared***

*Involves taking **responsibility**, **following up** on actions committed to and **meeting/ exceeding** expectations that others have of them*

*Maybe a "**role model**" to others for their commitment*

We are the experts!

*E.g. **multidisciplinary teams** working with **communities***

Quotes of the day

The pub is an analogy for life – buying a round

I didn't even realise what I thought until now

This way of thinking I don't usually do...

It is powerful discussing/reflecting together

We are scared together!

Thank you...

We very much appreciated your contribution to this event and we hope that you enjoyed it and found it valuable!

We look forward to seeing you at our next event



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