Transformational change in health care

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Leadership and Organisational Development
New Report Launched Today

Transformational change in health and care
Reports from the field

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- Many others from across the King’s Fund and more widely

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1. The Context
2. Case Examples
3. Implications for Health and Care Transformation
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Transformational Change

“emergence of a new state, prompted by a shift in what is considered possible or necessary, resulting in profoundly different structure, culture or level of performance (Ackerman 1997). Not enhancing an existing process. Needs a fundamental rethink to create new and better ways of addressing the same problem.
In Health and Care ...

- Calling for transformation since 2012 (reform from within)
- Many advances – individual, team, organisation, system level
- Focus has been on models and frameworks rather than lived experience
- The need for transformed health and care persists...

A&E
(King’s Fund, 2018)

Mental Health
(King’s Fund 2018)

Determinants of Health
(Barton and Grant, 2007)
The Report – Sparking Change

4 sites:

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Covering primary, mental health, acute and community care

42 interviewees, 700+ pages of transcript, 4 stories their collective perspective

Content verified with the sites, our Advisory Group and the literature

Purpose: to spark dialogue and positive action, today and going forwards

What do we need to do individually and collectively to help transform health and care?
1. The Context
2. Case Examples
3. Implications for Health and Care Transformation
All Four Case Examples Show ...

1. Dedicated groups who work tirelessly together to improve health and care.

These stories are a tribute to their bravery and their dedication to quality. The demonstrate what is possible to be achieved.

2. Key considerations for health and care leaders to note about:

1. Learning
2. Potentials
3. Focus
4. Support
The Bromley by Bow Centre
An innovative community organisation in East London that works with its Health Partnership to transform the lives of people in one of UK’s most deprived boroughs.

**Motivation:** “I suppose a primary driver [was] around a belief in social justice – an inherent desire not to collude with a society that privileged some people and disempowered others. It was fundamentally wrong what was happening to people in that community. How could you stand by and watch that?”

**Consideration 1:** “When you go to the North West or into Bradford or Cumbria you see dependency cultures: the same stories, change a few names, it’s the same thing that we discovered years ago in the housing estate in Bromley by Bow. Institutionally, often none of the lessons learnt, despite thousands of visitors to Bromley by Bow, despite endless research...”

**Review How We Learn:** Focus on approaches & experience

Fostering new ways to solve the problems that really matter
Birmingham & Solihull NHS Mental Health Trust

Created ‘Rapid Assessment, Interface and Discharge’ (RAID) which is a multidisciplinary mental health service that has been transforming liaison psychiatry across the acute hospitals in Birmingham.

**Approach:**

Bridging gaps using data and positive approaches

**Motivation:** *I discovered actually psychiatry has been working at a different pace from the rest of the specialties. What was needed was a psychiatric team that worked 24 hours, 7 days a week, with response targets, like in cardiology.*

**Consideration 2:** “*The workforce hierarchy is not representative of the population*. “Certain members of communities have very poor experiences nationally. Health outcomes are worse for particular BME [black and minority ethnic] groups. These are the things that we need to be looking at.” “*Humans are moving towards working together. Technology will help us. But the infrastructure is not ready yet.*”

**More is Needed to Unlock Potentials of Parity, Diversity and Technology**
Northumbria Healthcare NHS Foundation Trust

Northumbria Specialist Emergency Care Hospital is a purpose-built facility that opened in 2015 to transform emergency care across a large geographical area.

Motivation: “You can imagine two scenarios in two trusts, different ends of the country: the same processes, but one would end up regarded as an overwhelming success and one a complete failure. “Why? Both had a bit of ‘engagement’”. The difference will be the quality of that input.”

Consideration 3: “The NHS is exceptionally risk averse at the moment. People aren’t allowed to fail. There’s been focus on NSECH for lots of good reasons and there’s some really good work going on. But, the ability to say, ‘You know what, this isn’t working’ – I think there hasn’t been that bravery, and I think part of that is because actually nobody wants to know. They just want success stories.”

Re-Balance Our Focus: Quality – not ‘success’ or ‘failure’
Buurtzorg Nederland
A novel care model that has received international acclaim for transforming community care through its nurse-led, cost-effective approach.

**Motivation:** “My idea was, the structures and management systems are damaging professional work of nurses and doctors. Nurses can organise the work themselves very well. We don’t need support from management roles.”

**Consideration 4:** “Start small and grow from your success. Quality, not quantity, and growing fast but not faster than you can guarantee that quality.” “We did a good job in keeping things simple [for the frontline staff to provide quality care].”

**Review systems:** ensure they enable & support, not make it harder for staff to provide quality

Clinical- and client-led change grown widely from a single shoot
1. The Context
2. Case Examples
3. Implications for Health and Care Transformation
What this means for health and care transformation efforts ... 

Thoughts from the research team and Advisory Group.
1. Transforming our approach: embracing the ‘messiness’, being comfortable with chaos
Needs an **organic learning and building approach** centered around a **central core purpose** and deep understanding of **local needs** (data & insights)
2. Opportunities to unlock: the power of staff and communities - supported by technology

Staff and communities
- lived experience -

IT and data
- Keeping it simple & positive -
With focus on quality ...
3. Barriers to overcome: power dynamics, structures, inertia

- Funding
- Training
- Regulation
- Organisational cultures
- Power dynamics
- Wider factors
Key will be:

1. Support, Skills and Confidence
   Support for individuals, teams, organisations, systems

2. Collective review of structures
   Creating a more joined up system nationally to support local efforts
This requires: transformational leadership
Questions For Today

What do we need to do individually and collectively to help transform health and care?

How should The King’s Fund support your efforts?
(email d.dougall@kingsfund.org.uk or complete a feedback form)
Thank you

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