

Changing together: brokering constructive conversations

Introduction

Wicked issues – complex problems that cannot be solved in a traditional fashion – are endemic in the NHS. They are nothing new. But the current challenges facing the NHS, social care and others are arguably the most 'wicked' yet. There is a danger that the new models of care discussed in the Five Year Forward View will be implemented in ways which fail to recognise their inherent complexity. This is because the issues surrounding integration involve a number of different organisations and people with competing interests, who disagree about what exactly needs to change, and how.

Developing new plans can be tough, partly because of how difficult it can be to win the backing of local citizens for radical change. What happens to a vision that isn't followed by a widely owned and agreed plan? In these instances, it very often gets stuck, opposed by the very people who are most expected to benefit from it: patients, people who use services and the wider public. In order to build visions and plans that are more likely to be sustained, it is critical to have service user, patient and carer involvement in service design, commissioning, and delivery. That's co-production.

This report summarises the findings from a research study which sought to explore how we can better broker constructive conversations with citizens to tackle wicked issues when implementing new models of care. The research was undertaken by the Social Care Institute for Excellence, working in partnership with PPL and the Institute for Government and funded by the Health Foundation's Policy Challenge Fund.

Key messages

Brokering constructive conversations at a whole system or service level

- There is no one-size-fits-all answer – Genuine co-production, deliberation and negotiation take time and resources
- The best results are achieved when the engagement process begins at an early stage of planning service change and is maintained during implementation.
- Constructive conversations can help people engage with, and make informed decisions about, options for change.

Brokering constructive conversations at an individual, care-planning level

- There is a need for constructive conversations with citizens not only at a system or service level but also at an individual, care-planning level
- Constructive conversations are critical to good, proactive care planning and, in turn, good care planning is essential for tackling wicked issues, such as improving transfers of care and improving end of life care
- Frontline health and care staff need to be supported to have challenging conversations and to articulate the benefits of new ways of delivering care in the community.

SCIE and co-production

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Case studies – How localities are brokering constructive conversations with citizens

We have explored how areas are brokering constructive conversations with local citizens to develop sustainable solutions and to tackle the 'wicked issues' when implementing new models of care. Our case studies describe how citizens are being involved in developing new models of care, including using co-production.

Case study: Mid-Nottinghamshire Better Together



The Mid-Nottinghamshire integrated primary and acute care system (PACS) vanguard – Better Together – is a programme created to develop a joined-up way of working for health and social care across the districts of Mansfield, Ashfield and Newark and Sherwood. This area of Nottinghamshire, north of Nottingham city, has a population of approximately 347,000. The deprivation indices for Mid-Nottinghamshire vary considerably, with particular levels of deprivation in Mansfield and Ashfield. The demand for health and social care is increasing; there is a growing number of patients who need more complex care and the costs are rising. It is estimated that this could lead to a funding gap of £140 million in this area of Nottinghamshire alone in 10 years' time

The wicked issue with Mid-Nottinghamshire Better Together

Reducing the length of stays in hospital, supporting effective reablement and enabling people to stay independent at home: these are all key priorities for Better Together. Staff and managers from different organisations across Mid-Nottinghamshire are already involved in working groups and discussions about how to support people with complex needs to get back – and stay safely at – home, after hospital care. However, achieving better outcomes in this area involves changing hearts and minds as well as organisational practices and processes and Mid-Nottinghamshire is still facing challenges around achieving more integrated transfers of care.

These include:

- A number of cultural barriers and frustrations between the different partners involved – there is a view held by some that the medical model dominates rather than a model that reflects both health and social care and that is person-centred.
- Pressure (and targets) to achieve quick discharge from hospital resulting in insufficient discharge planning which can sometimes lead to key issues for people not being addressed.
- Negotiations at the system level have not translated into changes at an operational level, even after a significant amount of time has been spent by leaders on this issue.

Many of the issues identified above, point to the need for greater collaboration and consensus between professionals. This is particularly true of frontline professionals who are at the forefront of trying to deliver both new models of care and also constructive conversations with people who use services and their families.

Brokering constructive conversations

The Better Together programme has undertaken an extensive programme of engagement with a wide range of stakeholders, including partner organisations, the voluntary sector, staff, patients and the public. The engagement programme heard from a wide cross-section of the public and patient community and took place via several routes and approaches. The Programme Board also established a Citizens Board, made up of eight lay members. Its function is to enable active consultation of citizens and patients before, during and after the reforms to deliver the new model of care.

As part of our action research with the site, health and care leaders expressed a desire for an independently-facilitated constructive conversation between staff and managers from across the local health economy, alongside local people from the Citizens Board, to discuss ways to improve how people are helped back home safely after hospital care.

A commitment to find solutions was evident, and the opportunity to take time out to have an open and honest conversations about the issue was appreciated, by those who attended. The event helped to identify a number of challenges that needed to be addressed collectively, including lack of communication, accountability and risk-taking, discharge planning delays, lack of capacity in parts of the system, and a lack of health and social care integration. Once these issues were identified, the event also enabled groups of staff to work together to develop possible solutions to overcome these barriers.

The learning

The Better Together health and social care partners have recently signed up to a set of principles and behaviours which they hope will help them to work together more effectively and help with addressing some of the cultural challenges and professional barriers around discharge arrangements. The principles and behaviours focus on the need for greater collaboration and consensus and include, for example:

- Encouraging cooperative behaviour between partners and engendering a no-blame culture
- Learning, developing and seeking to achieve full potential by sharing appropriate information, experience and knowledge, to learn from each other and to develop effective working practices
- Working collaboratively to identify solutions, eliminate duplication of effort, mitigate risk and reduce cost.

The Better Together health and social care partners have agreed to undertake an integrated review of discharge arrangements. As a starting point, they will use the findings of this constructive conversation between staff and managers from across the local health economy and local people from the Citizens Board. A steering group of senior managers has been convened to drive the review forward. Encouragingly, this most recent event was also attended by a wider group of stakeholders from the voluntary and community sector who had a really positive impact on the conversation.

Case study: Dudley. All Together Better



Dudley is a metropolitan borough to the west of Birmingham. It has a population of 318,000 and in two decades' time there will be 25,100 more people aged 65 and over, and 9,900 more aged 85 and over. While Dudley itself is relatively affluent, there is disparity in levels of deprivation across the borough with 24% of the population living in areas that are in the 20% most deprived in England.

The **Dudley Multispecialty Community Provider (MCP) vanguard – All Together Better** – is a new partnership between local NHS and care organisations, general practitioners and the voluntary sector in the borough. The MCP model in Dudley aims to develop a network of integrated, GP-led providers across health and social care, each working at a level of 60,000 people. One of the key areas that will be transformed through the development of a multi-specialty community provider model is end of life care.

The wicked issue for Dudley Multi-specialty Community Provider

When someone comes to the end stages of life the complexity of care required can increase significantly and therefore the potential for multiple organisations to be involved also increases. Coupled with this is the problem

that many staff and patients struggle to have conversations about death, making it more difficult to plan for this. Significant costs are incurred in the last two years of an individual's life, further compounded by the fact that the numbers dying in acute hospitals remains high, despite this often not being a person's preferred place of death. Dudley has identified a number of areas that require improvement including:

- Patients nearing the end of life not being identified early enough
- Increasing referrals to end of life care services
- Multiple entry points to services with variance in response times.

The Dudley Group NHS Foundation Trust, Dudley Clinical Commissioning Group, Dudley Council and Mary Stevens Hospice are working in partnership to transform the way they care for dying patients and families or carers. To facilitate these improvements, All Together Better is currently developing a new End of Life Care Strategy to support its service transformation.

Brokering constructive conversations

Dudley recognises that communication, involvement and engagement need to be at the heart of the service transformation it is trying to achieve to make it sustainable for the future and responsive to the needs of the Dudley population. It has embarked on a significant programme of communication and engagement regarding the development and implementation of the MCP, involving multiple events with the public, research and online engagement.

Building on five years of work by Dudley Council for Voluntary Service (CVS) in experimenting with new approaches to active citizenship in the borough, the partnership has been testing out innovative ways of involving people in co-producing new ideas for how health and care can be better provided locally. In doing this, it has sought to promote an asset-based approach, which is an approach to service development that seeks to build on people's natural skills, knowledge and assets, rather than seeing them as people with problems to fix.

Building on this, Dudley has been taking a proactive approach to involving people in constructive conversations about end of life care. This began during Dying Matters Week in 2014 when Dudley convened a Public Healthcare Forum meeting, attended by around 70 members of the public, to have a conversation about how Dudley could help ensure that at the end of life, patients die in the way they want to, where they want to and with the right support and help to make important decisions. This public meeting was followed up in 2015 with an initiative Dudley call 'Feet on the street', which is where they approach individuals on the street and try to engage them in a videoed conversation about a range of different health and care issues; this one in particular was about end of life planning.

The CCG has most recently (June 2016) made efforts to engage the public in the development of the new End of Life Care Strategy by holding a workshop to understand peoples' experiences and perceptions around end of life care in terms of what works well and what could be improved; to help All Together Better take stock of how current services are delivered; and to explore how things could be improved.

Some of the key findings from the workshop included: the need for more recognition of cultural beliefs; families having more of an awareness of what support is available; improved communication between all relevant teams and a person's family and friends; talking positively to one another; and respecting patients' end of life wishes and their rights. These point to the importance of having constructive conversations with individuals and their carer and families about advanced care planning.

“ Sustainability and Transformation Plans are a way of having a focused, honest, trusted conversations about some of the 'elephants in the room', some of the 'big ticket items', the difficult choices, that need to be resolved. ”

Simon Stevens,
Chief Executive of NHS England, 2016

The learning

The findings from the workshop were fed back by the lead commissioner to the End of Life Strategy Group, to inform the emerging strategy. A group discussion followed. It was based on the findings from the workshop and it was agreed that additional areas should be included in the Implementation Plan including: organ donation; paediatric end of life care; supporting people to die in a care home if that is their preference and normal place of residence; and engaging seldom-heard groups. There are plans to hold further conversations with the public as the strategy and implementation plan develops.

Dudley says it is already starting to see the impact of its efforts to transform end of life care. It is reporting an eight per cent drop in the number of people who die in hospital compared to their preferred place of care.

One of the key outcomes the locality hopes to achieve, through continued engagement efforts, is supporting health and care leaders and teams to develop the skills, knowledge and confidence to facilitate the co-production of health and care services.

Case study: Camden and Islington NHS Foundation Trust



Camden and Islington Mental Health and Social Care Trust provides mental health and substance misuse services to adults living in Camden and Islington. It has two inpatient facilities, at Highgate Mental Health Centre and St Pancras Hospital, as well as community-based services throughout Camden and Islington.

Camden and Islington covers an area with a rich mix of ethnic and social backgrounds. The area has some of the highest needs for mental health services within the United Kingdom. Islington has the highest prevalence of psychotic disorders in England, nearly double the national average, and the highest prevalence of depression in London. At least 38% of inpatients are new to the area each year, which creates special demands and has a direct impact on the services provided.

The wicked issue for Camden and Islington NHS Foundation Trust

There is a feeling that mental health has not had the priority awarded to physical health, with a lack of funding and staff shortages. Camden and Islington is in the process of transforming its mental health services. In an area with significant demand for mental health services, the local NHS Foundation Trust has embarked on a programme to transform the service offer available. The Trust believes that

too many people who use services needlessly end up in specialist, acute care and / or end up staying there for unnecessary periods of time. The perceived absence of change on the ground makes some service users sceptical about the influence their input is having and there is a risk that this will start to erode trust.

The Trust is moving towards an integrated practice-based model of mental health service provision, and has rigorously adopted co-production as a way to engage the patients and public. It wants to allow people who use services to access person-centred support in one location only, and staff will be trained in dealing with mental health as well as physical health issues. This innovative pathway is using value-based commissioning principles and includes moving funding from the acute sector into the Trust so that it ultimately become a commissioner for its population. But this does mean changing hearts and minds at a system and local level.

Brokering constructive conversations

The co-production of care is an overarching theme. The Clinical Strategy 2016–2021 says: 'Instead of services "doing for" they will "do with" service users'. People who use services can, through being helped and supported, become participants in their community rather

than solely dependent on services. In order to foster a culture of co-production, staff have talked about the need to give up the authority they are used to having in their day-to-day job as mental health practitioners; and instead make themselves more open, vulnerable and comfortable with uncertainty.

There is a rich tradition of user involvement at the Trust. For instance, recently, the Trust has started to host monthly workshops called 'evolution groups' which bring together people who use services, partners, staff and other stakeholders in order to influence the development and implementation of its new Clinical Strategy. The ambition is to genuinely co-produce the Clinical Strategy and the way services are delivered.

This ongoing dialogue builds an active community of people who use services, which makes it easier to develop a shared understanding between them and other stakeholders. Service users are paid for attending, which recognises their time and expertise, and places them on the same footing as paid staff. Further to this, the facilitators ensure that the discussion groups include a mix of people who use services, staff and other stakeholders; and that all contributions are reported anonymously so that all feedback and ideas are treated equally. Professionals, users and carers want to see real change to services on the ground based on their feedback.

The learning

The Trust admits its approach still has room for improvement. For example, the organisers would also like to involve people who use services in the actual planning of the 'evolution groups', which they are not currently doing. Further to this, despite the 'evolution groups' being open to everyone, there is a tendency for the same people to attend and those people are also often involved in other user forums. So the Trust is currently thinking about how it reaches seldom-heard groups, for example through social media.

Nonetheless, staff reflect that the process has taught them how to be more flexible – summed up by the idea that: "If things aren't working, change them."

Ultimately, the Trust's ambition is to create the freedom to give service user groups their own funding, plus their own agenda and accountability. This would mean that users and carers can co-design services that will advance the aims of the organisation and also empower service users to be co-production 'public servants'.

Conclusion

Recent surveys and analysis of the funding situation for the NHS and local government are disheartening to read. The NHS and local government face enormous challenges just to manage current demand, never mind meeting fast-rising future demand. The new models of care could provide an important way to overcome these challenges by providing delivery models that enable more people to be treated and cared for within their homes and communities rather than in expensive acute care settings.

But change on this scale cannot be 'done to' local communities – it needs to be negotiated with communities' close involvement through co-production. And change also cannot be dictated through old-fashioned linear planning; we need creative approaches to problem-solving – which include a fair degree of trial and error and experimentation – to arrive at solutions. Constructive conversations, taking place between service providers and service users and communities, can help broker these solutions, enabling hard-pressed service leaders to use the expertise, assets and experience of citizens to help guide their decision making.

Further information from SCIE

Changing together: brokering constructive conversations. Full report.
www.scie.org.uk/future-of-care/changing-together

SCIE: co-production with people who use services and carers.
www.scie.org.uk/co-production

SCIE: bespoke co-production training from SCIE

www.scie.org.uk/training/co-production

SCIE: expert advice, consultancy and improvement support
www.scie.org.uk/consultancy

NHS England: NHS Five Year Forward View
www.england.nhs.uk/five-year-forward-view

NHS England: Sustainability and Transformation Plans (STPs)
www.england.nhs.uk/stps

Researchgate: public policy networks and 'wicked problems': A nascent solution?
www.researchgate.net/publication/229886285_Public_policy_networks_and_'wicked_problems'_A_nascent_solution



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About SCIE

The Social Care Institute for Excellence (SCIE) improves the lives of people who use care services by sharing knowledge about what works. We are a leading improvement support agency and an independent charity working with adults', families' and children's care and support services across the UK. We also work closely with related services such as health care and housing.

About Constructive Conversations

The research was undertaken by the Social Care Institute for Excellence, working in partnership with PPL and the Institute for Government and funded by the Health Foundation's Policy Challenge Fund.

Future of care

The SCIE Future of care series aims to stimulate discussion amongst policy-makers and planners about the future of care and support, based on analysis of developing evidence and projections for the future.

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Social Care Institute for Excellence Kinnaird House, 1 Pall Mall East London SW1Y 5BH

www.scie.org.uk

