



‘SUPPORTING THE SYSTEM’ - MILLOM CASE STUDY

The NHS North West Leadership Academy’s (NHS NWLA) aim is to provide current, effective, leadership development interventions, products and support, understanding the present and emerging leadership landscape and helping NHS North West leaders to lead and collaborate with others to achieve the ambitions within the 5 Year Forward View.

The NHS North West Leadership Academy:

- Understands the evolving leadership landscape
- Defines the leadership required to deliver effective health and care services and improve population health in the 21st Century
- Uses experience and expertise to develop new world leaders
- Works in partnership with other sectors to develop leaders to transform the future of health, care and well-being
- Provides bespoke, value for money, shared services for NHS funded member organisations.

The NHS North West Leadership Academy is also a Leadership Development Partner for the NHS Leadership Academy.

The Academy understands the need to impact upon the leadership challenges in ‘place’ and the difficulty people have in releasing themselves for external leadership development interventions. One approach the NHS NWLA has taken is to provide grants to support development that can be developed locally to meet a particular leadership need. Grants are accessed following a rigorous selection process; the identification of measurable outcomes and clear evidence of benefit to the individual, their organisation and most importantly evidence of improved population health. System leadership Grants are one such offer that has been successfully utilised since 2013.

In late 2014 the NHS NWLA offered ‘member’ organisations the opportunity to bid for a ‘System Leadership’ grant of up to £20K. The grant had to be used to develop interventions to support system leadership. Organisations were asked to submit proposals that provided an opportunity to enhance leadership skills, share clinical experience, form networks and deliver sustainable strategic change to improve service delivery and population health at a local level across the system. Applicants were encouraged to be as innovative and inclusive as possible. The focus had to be clinically driven and locally led across the broader health and social care system. In improving population health and tackling health inequalities the NHS NWLA recognise that the solutions to these issues do not all lie purely in health, it is vital to work with others in other sectors, eg. social care, who impact on the wider determinants of health, therefore the bid had to include those operating outside of the health sector too.

The Cumbria Learning and Improvement Collaborative, (CLIC), is a shared “umbrella” initiative made up of Health, Social Care and third sector providers in Cumbria which exists to drive a positive transformation in health and social care across Cumbria and the Morecambe Bay area by leading and embedding a culture of collaboration for continuous learning, continuous quality improvement, and living within our means.

The ‘Millom Alliance’ as an evolving integrated health and social care system submitted a joint bid with CLIC to develop an ‘out of hospital’ leadership programme. The intention was to develop and understand the skills needed for ‘collective leadership’ and to develop local health, public sector and



community leaders together to lead such a change in Millom for its population. The 'Millom Alliance' and 'Cumbria Learning and Improvement Collaborative' were successful in being awarded a 'NHS NWLA System leadership' grant. CLIC on their behalf used it to commission an innovative 'out of hospital' leadership programme. This leadership programme supported the 'system leadership capability' of a range of informal and formal leaders within communities in Cumbria. CLIC also used the funding to seek to understand the reasons why the Millom Alliance came to be what it is and involved both a 'reflective learning' exercise and web based research.

The lessons learned from the Millom case study are informing future programmes in line with Cumbria's 5 year plan. CLIC will continue to lead these programmes.

Dr John Howarth as the GP Clinical Lead together with Ian Reid, Community Lead for the 'Millom Community Action' group initially led the bid on behalf of the 5 organisations representing health, social care and the community:

- Cumbria CCG - Millom Practice
- Millom Community Action Group
- Cumbria Partnership NHS Foundation Trust
- Cumbria County Council
- University Hospitals Morecambe Bay Trust

The Millom team were shortlisted by NHS NWLA, the next stage of decision making on the release of funds is a 'Dragon's Den,' teams are asked to 'pitch' to a panel of leadership development experts and representatives from health and social care. The process is challenging as well as helpful, drilling down into the detail of the bid and supporting the bidding team to think more deeply and more broadly about their project and really challenges their thinking, resulting in much more detailed, rounded bids. The Millom Team were delighted to be told that they had been successful in securing the 20K grant.

As part of the support to the bid process the team took up the NHS NWLA offer to provide support and leadership development expertise in shaping their offer further. The Millom Team spent half a day with one of the NHS NWLA leadership development experts working alongside local experts to explore options, and think about how best to utilise the grant for leadership development. This support helped in ensuring clarity of outcomes and the associated measures; provided further challenge; helped the Millom Team think through how to use resources in the most effective way and to consider the future sustainability of leadership development interventions across the wider system.

So how was the grant utilised, and what were the outcomes?

The funding was used by the Cumbria Learning and Improvement Collaborative to commission leadership development support for the community to help understand what was working well and how they could transfer this to other communities working to achieve the same outcomes in different places in their county.

Clearly the NHS NWLA gave support and expertise to the process but cannot take credit for all of the changes and hard work that significantly changed the way health is managed in Millom but they certainly helped build the skills and behaviours required that achieved the following:



Key outputs:

- An innovative programme that supported the system leadership capability of a range of informal and formal leaders within communities in Cumbria established by April 2015.
- A written evaluation of the pilot development programme at 6 and 12 months.
- 3 leadership coaches competent and confident to deliver future programmes by end June 2015
- A knowledge hub/portal for easy access to information on system leadership to support self-development, place by end April 2015.

Programme outcomes:

- Increased knowledge and capability of leaders within the out of hospital care system
- More impactful working relationships between leaders within primary care communities
- Enhanced performance in out of hospital care through effective leadership based on clarity of shared purpose, effective systems and planning for service change with clear measures of the impact of change on the health care system.

Longer term benefits to the health and social care systems are:

- Better quality care for less
- Reduced costs for commissioners
- Reduced deficits for providers
- Support and sustainability to general practice
- A stronger primary and community team working 7/7 supported by specialists using technology
- Closer working (specialists community and primary care) delivering the clinical model and clinical pathways required to radically reduce pressure and flow to the acute hospitals
- Rapidly provided a working example of a primary care community

The Long term benefits / outcomes of the Millom Alliance can be quantified by the reduced number of patients travelling out of their area for care by :

- 2620 fewer outpatient Visits
- 100 fewer A&E admissions
- 130K fewer miles travelled by Millom residents

And also a range of specific development improvements outlined in the Case Study 'results section below.'

Compared with other Integrated Care Communities (ICCs) in South Cumbria, Millom now has a:

- 16.3% reduction in elective admissions
- 23% reduction in non-elective admissions
- Lowest length of stay for non-elective admissions
- Lowest increase in A&E attendance
- Grange has the greatest % reduction in admissions from care homes followed by Millom

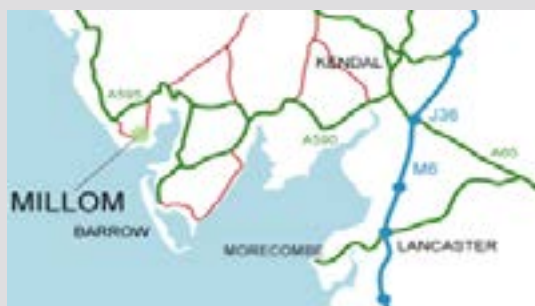
N.B. Millom started off with relatively high users of care compared to some other areas and all data comes from the May 2016 CCG Out of Hospital Impact Report.



Let's now explore the Millom Alliance case study...



MILLOM CASE STUDY - MILLOM: AN INTEGRATED HEALTH AND CARE SYSTEM -MAKING A DIFFERENCE TO POPULATION HEALTH



‘Successful redesign of health care is a community by community task. This is technically correct and it’s also morally correct, because in the end each local community - and only each local community - has the knowledge and the skills to define what is right locally.’

Don Berwick

What was Millom’s “perfect storm”?



What happened at Millom?

The catalyst which drove the development and birth of the Millom Alliance (Integrated health & social care system) started on Wednesday 7th May 2014, its perfect storm, was the potential threat of shutting its local community hospital.

The general practice was in crisis unable to recruit to GP vacancies and maintain services and withdrew from covering the community hospital leading to its temporary closure. The GPs had been unable to engage in any of the wider work on integrated care and were working in very poor premises. Within days 2,500 people out of a total population of 8,500 were mobilised to march in the streets and encouraged by their MP to “make a loud noise”, health leaders were called to public meetings to hear the protests.

The population of Millom used social media led by Jenny Brumby and a large network of contacts to mobilise the population of Millom to protest, take action and to educate its population, it became a social movement phenomena. The storm that had erupted was so important to the people of Millom it was “Life and Death to us “, said Jenny Brumby (Millom Community Action group leader).

The community felt very strongly that the hospital services in Millom had been “depleted, felt forgotten, isolated and stripped to the bone” and they weren’t being told the truth about the future of the community hospital, nor being consulted about their vital resource. Subsequently social media is one of many ways used to spread communication and engage the local community and also to educate its population. Millom community had already lost GPs and couldn’t recruit. If the GP recruitment problem wasn’t solved then the community hospital would close permanently and members of the community would have to travel to the local hospital for treatments, i.e. it takes 45mins to get by car to the nearest hospital. The Millom, Population of 8500, generated 22,900 journeys out of the town every year for care taking 59% of health budget, 1 million miles of travel.



Millom - Mobilised Local Population

“Social Movement phenomena”.



Millom’s problems:

- Good general practice but unable to recruit after partners retired
- Poor premises in a terraced building



- Unable to continue to cover the community hospital which closed temporarily
- Community Services “depleted, felt forgotten, isolated and stripped to the bone”

What is Millom?

‘STARTING WITH PLACES AND NOT ORGANISATIONS’

Millom is a small isolated coastal town situated on the fringe of the Lake District National Park in the southerly part of Copeland. Before the discovery of iron ore at Hodbarrow, Millom was just a few villages and farms. After the discovery, in 1855, Millom became a prosperous town with a population of more than 10,000. Little evidence remains of that iron and steel activity, although it was amongst the largest industrial sites of its type in the world. Millom community exists as an isolated and deprived rural community in South Cumbria. From a population of 8500 there are 22,900 episodes of people leaving the town for hospital appointments every year. This community is made up local GPs, social care, ambulance crews, community nurses and therapists, acute trust managers and clinicians and the Millom Action group representing the community.

Problem

The Millom community group led 2 full surveys of the town to understand the publics’ priorities for care delivery which put simply was to deliver far more care locally with better 7/7 access.

In the first instance the main issues that came from this crisis were:

1. Serious inequity in health outcomes across the Bay;
2. Significant performance, quality and safety issues;
3. Patients’ experience disjointed and wasteful;
4. Major system wide financial deficits;
5. Major workforce challenges in all providers

‘LETTING GO OF THE REINS’

The leadership challenge was to deliver health and social care in one of the most isolated parts of Cumbria. Leaders quickly realised that they needed to enable others to work outside of their normal role, to work innovatively and to ‘let go of the reins of power’ so that the community of Millom were leading the change with the support of its leaders not the traditional style of NHS leadership, i.e. they were at the ‘top of the pyramid’ instead of the bottom. As a result the Millom Community Action group felt “trusted by the Millom Alliance to be able to lead this and other initiatives and be part of the decision making, “a seat at the table.”

“WE ARE NOT DOING IT , IT’S THE COMMUNITY THAT’S LEADING THE CHANGE”



One example of letting go of the reins of power was to allow the community to lead the communications, and not the health and social care organisations traditional communications teams, quite a risk when the community originally saw the health care organisations as the enemy. So the community lead the communications and are supported by the trusts communication team.

“COMMUNICATIONS ARE LED BY THE COMMUNITY SUPPORTED BY THE TRUSTS COMMUNICATION TEAM”

“LEADERSHIP IS THE KEY COMPONENT AT ALL LEVELS NOT A TRADITIONAL POWER BASE WAY OF OPERATING”

The leadership team also needed to deliver better quality at lower cost (the health economy is significantly overspending) in a sustainable way through connecting the systems. It transpired that it was the community they co-opted and listened too that had the answers as to how to connect the systems as they already had the networks which they mobilised through social media etc. creating a massive momentum for tremendous and rapid change. So the community was the power leading the change, taking control together. The strength in the community was that they were able to identify those who had the skills to make the changes, i.e. to create the newsletters, set up the support groups, make innovative recruitment videos etc. all for no actual cost.



Action taken in response to the crises (Solution)

Millom Alliance Solution

“COMMUNITY POWER HARNESSSED BY CO-OPTING THE CELL”

The healthcare organisations response to the local protest was to co-opt the community groups (the cell) to join them in a series of meetings culminating in an innovative project to create the first multi-speciality ‘Alliance’ practice in Cumbria – a partnership between the community of Millom, GPs, the community trust, acute trust, social care, ambulance trust and the community. Early on the main leaders of this Alliance were initially led by Ian Reid from the Millom Action group and Dr John Howarth (GP and Deputy CEO Cumbria Partnership Foundation Trust) but a wider leadership group from all partners was rapidly developed.



Through engagement, “truly deep listening” and dialogue “respectful of the views of the people”, a strong supportive network of stakeholders came together to address the significant issues the community faced and “co-design a care model which suited the community much better”, as an NHS “biomedical approach wouldn’t do it”. This project felt really precious by all and the dialogue was effectively facilitated by both John and Ian, working well because everyone bought into a shared sense of values and beliefs, a common purpose which was to ‘provide the best possible care for the people of Millom’ this became their ‘guiding compass’.



Deep Listening

INVITED COMMUNITY GROUPS TO CO-DESIGN A NEW CARE MODEL: “THE BIOMEDICAL APPROACH WON’T DO IT”



SHARED VALUES: GUIDING COMPASS

“Alliance provides the structure & backbone to support the community”

“Leaders let go and gave their staff space & permission to do the right things”

It is leadership development in this wider context that the Alliance wanted to develop – not just leadership around a narrow biomedical model of care delivery as they appreciated that a traditional top down model of leadership wasn’t the answer to Millom. They needed Leaders to listen deeply and let go of their power base and trust the community to make it work. By letting go leaders gave their ‘staff space to do the right things’ and ‘permission to step out of their normal roles and operate differently’. The “Alliance provides the structure and backbone” of support to the community to enable them to lead on the initiatives they felt to be important.



NHS NWLA £20K System Leadership Grant



The ultimate purpose of the NWLA grant was to create a diagnostic tool building on existing knowledge, to help assess the readiness of other areas in Cumbria; Identify and develop a core leadership programme to support the existing Alliance and two other areas. The grant was used to commission external providers to work with CLIC to develop the diagnostic tool for population based out of hospital health and care system leadership, along with a programme for the development of leaders across these systems, divided in to 3 stages:

- Laying the foundations
- Taking control together
- Sustaining the Alliance

Alongside designing the program they were able to develop internal coaches to support these and future Integrated Care Community projects across Cumbria.

INNOVATIVE APPROACH TO THE SUPPORT AND DEVELOPMENT OF SYSTEM LEADERSHIP

Purpose of the diagnostic tool

1. To help Millom review, consolidate and learn from their journey to date.
2. To help the Millom Alliance move from their start up phase, to one that is sustainable for all parties and parent organisations.
3. To identifying those common or essential elements that really make a difference, and are crucial to other aspirant alliance areas.
4. To help new or potential Community Care Community sponsors assess the elements that need to be in place, or at least need to be identified and considered, before starting upon the journey of creating a new Alliance.
5. To provide a dynamic means of measuring progress for Millom and any future alliances and to help them to respond to the inevitable external influences that can either set back, or provide opportunities, rather like a joining them via the slip road on a motorway, rather than doing it for them.

Dragons' Den Pitch



In summary the Leadership Approach to support the community development was :

- A 3 stage approach; Laying the foundation, taking control together & Sustaining the Alliance
- A Systems Leadership approach &
- Focused on Identifying and developing leadership capabilities and characteristics

TAKING CONTROL TOGETHER

SYSTEMS LEADERSHIP CONNECTING SERVICES FOR BETTER PATIENT CARE



GUIDING PRINCIPLES OF THE ALLIANCE



The Guiding principles / values of the Integrated Care Communities project identified and pivotal to its success are:

- A population focus - we will work to promote wellbeing and reduce inequalities across our population that goes beyond preventing disease and delivering services;
- A system built on trust - we will build trusting relationships with local people and communities, and with each other, as the starting point for all that we do;
- What is right for our users is right for the system - the right care and support, in the right place, at the right time, by the right person;
- Everyone's contribution matters – from frontline clinical teams, to backroom staff, volunteers, senior leaders and Board members;
- One system, one budget - we are moving from fragmented to integrated care, with the needs of the system coming before those of individual organisations.

The key components of a Population Health System are felt to be:

- **Local communities mobilised at scale**, taking the lead for their health and wellbeing
- **An integrated health and care system**, that together takes responsibility for ensuring the delivery of all health and care for the local population, and works with others who influence the local environment and wider determinants of health.

THE RIGHT 'DRIVERS' MAKE DOING THE RIGHT THINGS EASIER

In making the change to an integrated health and social care system they also had to establish the right drivers for change - getting the 'drivers' right will help promote the right behaviours at system, team and individual level.

- One system one budget – a fixed budget for the whole system incentivises keeping people healthy and intervening early when problems occur, rather than just being paid for more activity;
- Integrated clinical information – allows clinicians to “see” the whole story wherever they are in the system; reduces duplication; increases clinicians accountability to each other; and gives patients access to their complete clinical record;
- Standardised processes (clinical and non-clinical) – reduces unwarranted variation and increases quality, reduces waste, and gives patients a more consistent experience;
- A common approach to quality improvement – allows individuals and teams to work together easily across the system to continuously improve the services we provide.

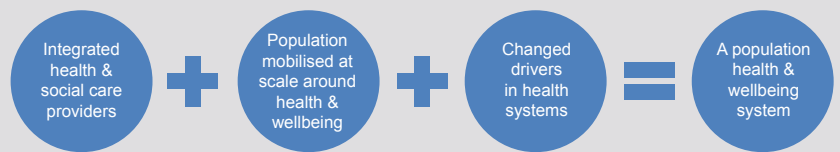


Millom Alliance

MILLOM ALLIANCE RESULTS

What were the results that the Millom Alliance achieved?

Millom and its partners came together to form an Alliance, a population health and wellbeing system. The Alliance is a formal Integrated Health & Social Care collaboration between a number of organisations which now take on responsibility for all the care of the population of Millom. **The Millom Alliance brings together all these partners to deliver radically more care closer to home.**



Millom Alliance has achieved much in the way of results early on and continues to develop. These results were prioritised and driven by the population of Millom rather than driven by the NHS and Social Care organisations and here are a few examples:



Around the Combe
From the comfort of your living room, all the news ... from Around the Combe!

Edition 3, March 2015

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Welcome to Around the Combe

Issue 3: March 2015

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- **GP practice moved in to the community hospital** - £2.3m extension to start this year
- **A community led** (including local primary school) **GP recruitment campaign** - video (www.youtube.com/watch?v=8rky8n7Co5U) spread by the community on social media and twitter with 7000 views which helped to recruit 3 GPs
- **Dual trained Nurse Practitioner** (Physical and Mental Health) – medical care for in patient unit, home visits for GPs who also does **MH clinics for GPs** – resulting in a 80% reduction in onward referral to CMHT
- **Widespread community mobilisation for health and wellbeing including a new community health promoting newspaper ‘Around the Combe’**, 2 surveys of the towns views on healthcare priorities, leafleting every house with health promotion literature.
- **Rebuilt the health team** including a new nurse practitioner and advanced community paramedic and Care Navigator.
- **A new multi-specialist , multidisciplinary model of primary care**
- First advanced community paramedic in the North West embedded in the community practice
- **Telehealth** – live link to A&E. Also planned links to outpatients, prison and local hospice; GP out of hours service; rethinking outpatients clinic





Health Week



700 children taught to use their health service

- Care homes support scheme
- Pharmacy minor illness scheme promoted and use now highest in Cumbria
- Care Navigator
- Successful Dragons' Den pitch for developing a System Leadership Programme with NW Leadership Academy
- First donor community in UK
- Park run every weekend
- Community group have surveyed the town
- School plays on using the health services properly and healthy eating initiatives , GP involved
- Promoting self triage and self help
- **700 children taught how to use the NHS more effectively**; this was seen as a transformational way to educate the population of Millom, through their children, to use the services more effectively, eat healthier, exercise more and to cook at home. Leaflets advertising how to self- care were also key to this.
- **Hope & Cope support group** for people of Millom who have debilitating illnesses to meet and support each other, reducing the need to attend GPs surgeries.
- A variety of awards e.g., The UK Public Sector Communications awards

“THE NEW TEAM BUILT ROUND INTEGRATION, INNOVATIVE NEW ROLES AND MAKING CONNECTIONS BETWEEN TEAMS”

“SPECIALIST SKILLS BUILT WITHIN THE TEAM AND CONNECTED USING TECHNOLOGY”

In summary there have been 3 levels of impact of the Millom Alliance so far:

• **The individuals involved**

Awareness and recognition amongst the operations group for Millom of the attributes they and other leaders in their system possess. One of the leaders will become a coach for other systems across South Cumbria

• **The organisations involved and the system leadership team**

The experience that has been gained has been shared widely through the strategy group for Morecambe Bay. Other parts of the wider health system are benefiting from this. The success regime in North Cumbria has embedded this approach in the organisational development plan across all the organisations Cumbria Partnership Trust, North Cumbria Acute trust, Cumbria CCG and Cumbria CC

• **Patient care**

Too early to say for other areas but Millom have reduced the number of patients travelling out of their area for care by :

- 6.3% reduction in elective admissions
- 23% reduction in non-elective admissions
- Lowest length of stay for non-elective admissions
- Lowest increase in A&E attendance
- 10% reduction in admissions from care homes
- Approximately 130,000 fewer unnecessary miles travelled



NEXT STEPS



Bay Health and Care Partners - Creating a Population Health System for the Bay

Supported by a System Wide 'Common Platform'

Empowered - Bottom up approach

Our ambition is to see a network of such communities around Morecambe Bay and West, North and East Cumbria covering a population of 365,000 and 330,000 respectively enjoying great physical, mental, and emotional wellbeing, supported by a health and care system providing care that is recognised as being as good as it gets.

To achieve this they will:

- Support the mobilisation of communities to improve their health and wellbeing;
- Deliver high quality, continuously improving and compassionate care to everyone using our services;
- Do this in a way that is sustainable in the long term – which means having happy staff and reducing health and care costs.

The 3 essential ingredients of this new paradigm population health and well-being system across the Morecambe Bay New Care Models Vanguard are:

- **Integrated health and social care providers practising population medicine** (building real teams around place and pathways) +
- **A population(s) mobilised at scale for health and wellbeing** (the community as part of the local leadership and delivery team) +
- **Changed drivers in the health system (Accountable Care)** (system leadership, system architecture, system culture, changed drivers, impacting on commissioning and provision)

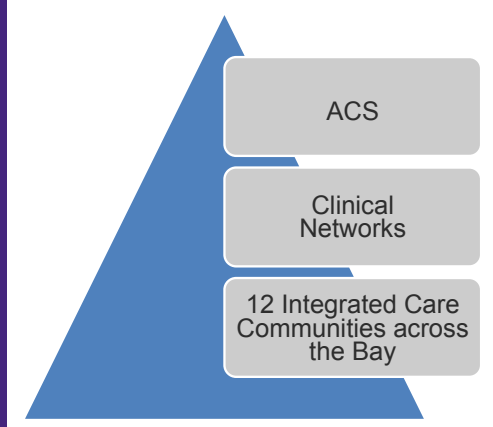
Current ongoing challenges:

The 3 main challenges are ongoing recruitment fragility, high workload and the poor state of premises for the general practice with frustrating delays in release of the NHS England funding for the new build (promised in March 2015).

The Alliance has used Millom community as a source of information and model of success. This has enabled them to identify key enabling factors and attributes of leaders which are important for success.

MILLOM IS A PATHFINDER FOR AN INTEGRATED 'ONE TEAM' APPROACH WE ARE CALLING PRIMARY CARE COMMUNITIES

A number of Integrated Care Communities are emerging across the county in different forms but with a shared common purpose of improving out of hospital care.



Need a flexible Leadership tool- system aware leaders



Supporting the development of integrated care communities is a key element of their 5 year strategy in Cumbria and Lancashire North and there has been widespread engagement across the health and care economy on this.

Listening to, and trying to understand the journey so far of those involved in the Millom Alliance, has led to the development of a diagnostic ‘tool’. It has been used in the roll out and is also based on the premise that these complex systems respond best to influence and leadership rather than management and control.

We believe that there is **not a single checklist that can cover all the complexities** – activities, procedures, systems and people/cultural elements. If one could be created for one area, it may not work for another. If it did work now, it may not work in a year’s time.

For the reasons above they propose a **leadership tool that is flexible and will take into account the complexities, and is itself dynamic**. It is also participative and lends itself to the development of ‘system aware’ leaders, irrespective of where they fit in an organisation’s hierarchy.

The tool will take a holistic view to address several important elements. It will also build on some of the existing diagnostic and development tools rather than introduce too many new models and concepts. It can be both a ‘rough and ready’ work in progress as well as a rigorous project plan. It is capable of having, at the same time, micro, meso and macro levels of detail and so will help leaders at all levels of the system.

Cumbria is building a new paradigm for healthcare, based on the Millom project. Millom is a working example of one of the integrated care communities in which the community hospital has become the hub – a 21st century community hospital.



Future



75% of the change effort needs to be about people and culture

ACCOUNTABLE TO THE POPULATION LEADERSHIP FOCUS ON DELIVERING THE TRIPLE AIM - OUR COMPASS

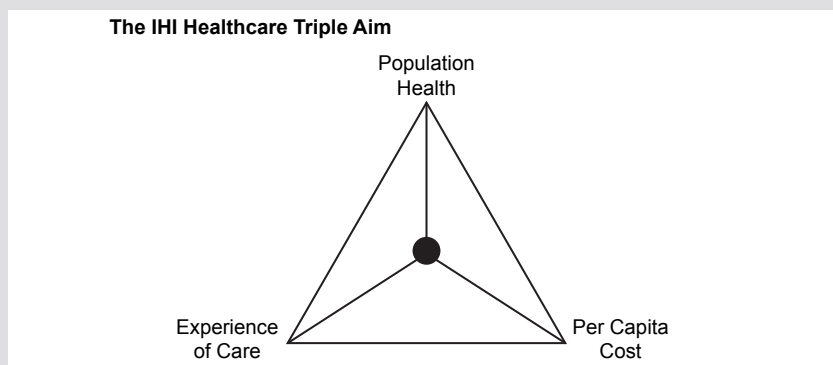
Colleagues at the Alliance...

- Are convinced the population health system approach is right and will need to learn and adapt as they go.
- Believe the overall leadership focus must be on delivering the Triple Aim. It is not to deliver any particular structural change although this could follow over time.
- Are transitioning from an organisational to system leadership – and have found that the traditional single organisation regulatory approaches try and pull them in the opposite direction.
- Believe that at least 75% of their change effort needs to be about people and culture.
- Understand that, as health and social care providers, we should think of ourselves as accountable to the population we serve as opposed to what normally happens where they have to go through multiple layers of accountability, which is quite paternalistic.

‘POPULATION HEALTH SYSTEM APPROACH IS RIGHT’

The journey at Millom appears to us to have been a combination of a clear, shared vision, together with an evolving and adaptive model, leading to a new health and social care paradigm. It is growing, changing and adapting all the time, yet part of the challenge is to replicate this model, or something similar, elsewhere in Cumbria. But replicate what, exactly? The system is both complex and dynamic. It also has a distinct locality element to it, grounded in both a sense of place as well as the actual geographic and geopolitical place.

We found the journey for Millom was not a neat, step-by-step approach, created from some detailed Grand Design. It began with a local crisis certainly but also drew inspiration from several people in Cumbria as well as from external models such as that in South Valencia, and other Integrated place based models that are evolving in the UK and around the world.





IN SUMMARY This has been a really useful opportunity for Cumbria and has generated significant interest from across their 2 big strategy areas (South Cumbria Better Care Together and North Cumbria Success Regime) the integrated care community approach has been embedded into the organisational strategies for both the Morecambe Bay New Care Models Vanguard and the North Cumbria Success Regime and is seen as an important enabler for the population based ‘Out of Hospital care systems’.

The system that makes up the Millom Alliance is the combination of a complex series of activities being undertaken by people, using the procedures and protocols of several distinctly different and autonomous organisations. Each brings with them elements of an existing culture or ‘ways of doing things through people’, including how the leaders operate and empower. One of the reflections shared was the potential gap around behaviours and values which is often big and that the greatest strength of the Millom Alliance was that these were aligned to the ‘leaders’ personal and professional values. (Leaders were not always those paid to be leaders and included leaders of the Millom Action group for example).

Added to this heady mix are the values, beliefs, motivators, needs and feelings of all those directly involved including those on the periphery. The Millom Alliance only exists because the parent organisations remain happy and able to support it and let go of control “allowing the normal power dynamic to flip”. Their leaders behind the scenes have made significant efforts behind the scenes to make it all possible. Everyone involved was ‘Permitted’ by their organisations to make it work. The Alliance found that complex systems respond best to ‘influence and leadership’ rather than ‘management and control’.

If the Millom Alliance is to flourish and be replicated elsewhere, then part of the readiness question is also around the willingness of the Trusts, CCG, GP Practices and other organisations to ‘let go’ of the old model(s) and to do things quite differently, including how they fund and resource the project. The Valencia model appears to have addressed this question by awarding the contract to one organisation that is responsible for the total provision.

Participants also learn a lot from each other by adopting a “humble enquiry” approach by turning their focus to truly ‘serving the population’, which requires a mind-set change. They believe that there is not a single checklist that can cover all the complexities. You have to “Aspire to do the right things, not the easy things.”

Millom is Anchored in a strong ‘sense of place’, many live in and have a strong connection and pride for their local community-and this strong sense of its self was ‘Key’ in mobilising its population for change. Each community will need to find a similar driving force for change, its own ‘Perfect storm’.

FINALLY The traditional way of solving problems from the outside in doesn’t work; it has to be solved from the inside starting with the population itself and the population itself need to be given back control, to nurture independency.

