St Helens Cares: Developing place-based system-wide collaborative transformation and leadership skills

Case Study

Case Summary

A cross-sector team of 'collaborative transformation practitioners' applied their leadership skills and knowledge to developing a place-based culture of working within St Helens. Their leadership training helped to catalyse and accelerate the progression of the 'St Helens Cares' integrated care system, with the remarkable pace and scale of the transformation now being recognised at a national level.

What was the challenge?

St Helens is a metropolitan borough of Merseyside facing a number of "deep-seated challenges" that have resulted in the borough being ranked as the 35th most deprived local authority area in England[i]. Complex population needs, demographic growth and reductions in public funding have all contributed to increasing pressure on the local health and care system with an £101 million "affordability gap" estimated by 2020 if no further action is taken. High numbers of unplanned A&E attendance and delayed discharges are a significant issue within the local hospitals as part of a complex and fragmented local network of health and care services.

What were the opportunities?

St Helens Cares

In response to these challenges, senior leaders from public, private and third sector organisations came together to form the 'St Helens People's Board' including partners not typically involved in the provision of health and care such as housing and blue light services. Together they established a shared vision and joint responsibility for managing demand, reducing costs and improving health and care outcomes for St Helens. To this end, the Board put in place plans to set up the 'St Helens Cares' (SHC) integrated care system focusing on four transformation priority areas:

- 'Early Intervention and Prevention'
- A 'Single Front Door' model
- 'Primary and Community Care Management and Co-ordination'
- 'Urgent and Crisis Care'

Achieving the SHC vision was understood to require new ways of working to drive a 'culture shift from partnership working to collaboration" that could address the interdependencies of large scale transformation. A cross-sector 'design and delivery' (D&D) team was set up to lead this cultural change and accelerate the progress of projects within each of the priority areas.

What did they do?

To engender the collaborative leadership skills needed to deliver the SHC vision, the St Helen's People's Board successfully applied for NHS Leadership Academy 'In Place' Leadership Innovation funding to contribute to the costs of delivering a 'collaborative transformation training' (CT training) programme for the D&D team.

The programme was structured around a change management framework linked to a set of leadership and OD tools designed to support the team to "lead confidently across boundaries". The team developed their knowledge and skills in using a range of techniques for establishing a shared vision, building trust and engaging stakeholders as well as tools for collaborative project design and delivery. Facilitated sessions opened out to wider stakeholders were also provided to help "initiate system challenges and incubate ideas" for each of the transformation priorities. As the programme progressed, the participants applied their learning to develop "collaborative business cases" for a range of projects underpinning the delivery of an integrated health and care system.

What outcomes were achieved?

Understanding the system and challenging assumptions

Following completion of the programme, participants reported an enhanced understanding of the diverse roles, responsibilities, strategies and perspectives of organisations and individuals operating across the breadth of the borough. In particular, participants valued how the programme had helped them to develop their listening and communication skills to challenge assumptions about each other's perspectives:

> *"We developed our ability to listen and explore each other's' points of view….reaching beyond our comfort zone to live and breathe another point of view in order to understand it and challenge our own assumptions".*

Collaboration in practice

Overall, there was a sense that participants had an enriched understanding of "what successful collaboration looks like" following completion of the training, with the ability to draw on a range of practical methods and tools to support "everyday collaboration". As a result, the D&D team focused on the immediate practicalities of working together to create a regular meeting schedule that accommodated differences in working patterns and cultures. They also found technical solutions for sharing information across organisational boundaries. Establishing shared rhythms and routines helped the team develop a shared sense of belonging to the wider system and a "collaborative identity" reinforced by the use of visual symbols such as SHC lanyards.

Pragmatic decisions were also made that accelerated the pace of collaborative working. For example, data analysts from different organisations were co-located to enable them to work together on producing a single data set for the SHC activity. This change meant that the wider D&D team meetings were not spent working through differences in organisational performance and business intelligence data.

Using the change management framework

The change management framework was used by participants to progress project development against each of the priority areas, for example informing their approach to stakeholder mapping and helping them identify opportunities for aligning organisational drivers, sharing resources and developing collective leadership across boundaries. As the team started to refine their project plans, they used the tools and resources from the programme to ensure that the economic case was built on a clear rationale, including critical success factors and metrics as well as timescales that took into account the myriad administrative and governance structures and processes.

> *"It really made us question things in more detail, ask the critical questions and become more effective at filtering the different options available to us, evaluating what would and would not work…it made me think about and look at things in more depth- it made you think and to question and acted as a checklist ....using it makes you check whether you are happy on the road you are taking and encourages you to go and ask or check with someone else- it provides the checks and balance on what you're doing".*

One of the D&D leads reflected that working from a shared change management framework gave her the confidence and assurance that her colleagues had applied a rigorous methodology that took into account the broader system context, helping to speed up the overall progression of the work.

This more "methodical" approach to collaborative working was found to be especially useful in bringing to light the absence of the "citizen voice" from discussions. In response to this finding, the D&D re-evaluated their community engagement approach and set up the 'St Helen Cares Citizen's Panel'. The panel was an important mechanism for feeding citizens' insights into the ongoing collaborative work as well as providing a mechanism for sharing the SHC vision more widely with local residents.

"We are all one under St Helens Cares" –a system-wide collaborative culture

Upon completion of the programme, the D&D team became accredited 'Collaborative Transformation Practitioners', equipped with the skills, knowledge, confidence and resources to develop a culture of collaboration and innovation within their own team and across the wider borough.

Drawing on this knowledge the team acted as "SHC champions", articulating and reinforcing the SHC vision by modelling positive and collaborative leadership behaviours. A key part of their remit was to support colleagues in their respective organisations to "feel part of the same team" and develop a more 'place-based' mind-set across St Helens. Individuals and teams from across the partner organisations were reported to feel increasingly empowered and confident of their contribution and impact at a system level. As a result, the idea "that we are all one under St Helens Cares" began to take root.

What was the impact?

The outcomes from the CT training programme are understood to have catalysed and accelerated the pace of change for projects across each of the four SHC priority areas. Collaborative projects that have been supported by members of the D&D team are described below:

The 'Front Door' – St Helens Contact Cares

- **The project:** To set up a multi-agency, 24/7 'Contact Cares' call centre to create one point of contact ('a single front door') to access services.
    - The D&D team started out by mapping the confusing 'spaghetti' network of pathways and multiple 'front doors' making up the current health and care system
    - The project team used the change management framework to tease out. inefficiencies and duplications within the current system. Overlap in the roles and responsibilities of social workers, assessment and review workers, physiotherapists and occupational therapists were identified.
        - As a result, these professions were supported to work more closely together to distribute the work and free up capacity.
        - The administrative support associated with each of these roles was also streamlined and downsized resulting in financial savings.
        - These savings created an opportunity to set up new posts for the integrated healthcare system including a bed co-ordinator role and a 'trusted assessor' position to help remove blockages for patients needing to access residential and nursing care.
    - The team agreed to locate the call centre within one of the hospital sites to create a new rental income stream to compensate

for a projected loss of funding from the SHC programme reducing non-elective admissions.

- The contact centre now brings together a multi-disciplinary team of care managers, occupational therapists, physiotherapists and nurses within a single hospital site. Together with improved use of technology, this co-location has enabled closer working relationships and better information sharing that has streamlined referral management systems. As a result, people are now being directed more quickly to the appropriate services.
    - The centre now also incorporates an Integrated Hospital Discharge Team with access to enhanced reablement services and intermediate care beds.
- SHC are beginning to see improvements in a number of key measures as a result of this new way of working including:
    - OT assessment numbers increasing by 150 over an eight week period compared to the previous year and waiting times reduced from 13 weeks to 5 weeks against a 10-week target.
    - Reduced length of hospital stays and the lowest 'delayed transfers of care' in the area
    - Better outcomes in relation to A&E attendances, GP referrals to the acute sector and non-elective admissions compared to neighbouring boroughs.
- Feedback is now evidencing that these developments are having a positive impact on patient and service users' experience of the system.

Urgent and Crisis Care

- **The project:** A trial initiative to help older people stay out of hospital by providing nursing care within the community supported by a consultant geriatrician.
    - The project team lead used the change management framework to produce a business case for introducing Skype technology so that the nurses could remotely contact the consultant.
    - This technology is helping nurses to identify the most appropriate early intervention. Other areas are now looking to implement a similar model.

- **The project:** The introduction of hospital avoidance cars as the first responder to 'green' ambulance calls to tackle an over-reliance on ambulances attending 'unattended falls'.
    - The hospital conveyance rate for the car is 37% compared to 71% for ambulances attending a similar call
    - Financial savings from this change have so far totalled £99,317[ii].

- **The project:** Provision of 'extra care services' and accommodation for older people waiting for home adaptations and/or domiciliary care arrangements to be put in place after leaving hospital.
    - o Housing, local authority and healthcare leaders are working together to develop plans for the NHS to utilise untenanted housing stock to provide 'extra care services'.
    - o A council-run rehabilitation centre has accessed NHS funding to provide 16 extra beds as part of a 'step up, step down' scheme.

- **The project:** Improving use of the discharge lounge to tackle the issue of bed blocking caused by delayed discharges.
    - o The project lead used the change management framework to collect evidence and make the business case for creating a new and improved discharge lounge.
        - ▪ The project team identified the reasons why the current discharge lounge was underused and made a series of small improvements based on these findings.
        - ▪ These changes have resulted in increased usage of the lounge and an attendant release of bed space earlier in the day with recent figures recording 27 patients discharged by noon compared to only 6 discharged over the same time last year.
        - ▪ There is now a shared understanding at board level that a new transfer lounge is needed with commitment to providing the funds and estate to facilitate this.

Early Intervention and Prevention

- **The project:** A single commissioner for all voluntary sector contracts within St Helens with one point of contact for residents.
    - o The D&D team worked with local communities, voluntary services and the faith sector to better understand the landscape of organisations contributing to citizens' well-being and resilience.
    - o Together they revealed a complex set of relationships built upon multiple contracts resulting in a fragmented and confusing service for residents.
    - o They set up a single commissioner that has simplified access, reduced duplication and improved co-ordination of services.

- **The project:** Improving access to non-clinical interventions for low-level mental health needs, stress and loneliness presenting within primary care. These appointments have been overwhelming the capacity of GP practices leading to an increase in A&E attendance by patients unable to make an appointment. These pressures have also contributed to clinical prescriptions being made for non-clinical problems.
    - Non-clinical interventions were provided within eight GP practices including access to a health trainer and/or debt advisor, and the piloting of social prescribing interventions ranging from 'Arts on Prescription' to boiler installations to improve patient health and wellbeing.
    - These interventions have helped alleviate the pressure of non-clinical presentations within primary care.

- **The project:** An alcohol liaison service has been set up within the hospital A&E department to respond to the high level of alcohol-related A&E admissions.
    - This intervention has resulted in a reduction in the average length of stay for alcohol-related admissions from 4 days in 16/17 to 3.3 days in 17/18 along with an overall reduction in the number of admissions.

Primary and Community Care Management

- **The project:** A single 'Continuing Healthcare' (CHC) team to replace the fragmented service caused by CCG and Council CHC teams operating at divergent rates.
    - The single CHC team is creating system efficiencies and providing a quicker, simpler service for patients with more timely assessments and reviews.

- **The project:** Lead provider arrangements set up to deliver acute and community nursing resulting in more 'joined up' nursing services and the redesign of respiratory and cardiology clinical pathways

- **The project:** Multidisciplinary locality teams have been established to work with individuals with complex conditions and/or chaotic lifestyles. Together they are working to identify cross-organisational solutions to reducing the costs incurred in supporting this cohort of residents.

- **The project:** An integrated multi-agency strategic estates group has replaced a fragmented, organisation-based estates strategy to manage planning in relation to the usage, occupancy costs and associated services of all public sector estates within the borough.

Next steps

Sharing and spreading the learning

Since completion of the programme, the SHC place-based transformation work has been recognised at a national level through winning the 2018 Municipal Journal Award for care and health integration. Within the Cheshire & Mersey Health Partnership, SHC has been identified as one of two areas in the region that are "leading the way with place" with senior SHC leaders invited to present their work in a variety of forums at a regional and national level. Some of the D&D team are now also being invited to share their experiences and contribute to projects outside their home organisations and sectors.

Ongoing transformation

Top-down re-structuring and integration is now taking place in St Helens by bringing together the CCG and the council's 'People's Services' department with the appointment of a new, joint senior leadership position encompassing the role of chief accountable officer of the CCG and strategic director of people's services.

At the same time there is a renewed focus on bottom-up, community-based system initiatives, for example, leaders from Torus Housing Association, St Helens and Knowsley Teaching Hospitals and St Helens CCG are now working together on setting up a new community "locality hub".

Learning and development initiatives are now turning to explore how best to further embed place-based, collaborative behaviours across the wider workforce, building on the emerging culture of collaboration fostered by the D&D team. OD leads from across SHC are looking at how to align organisational OD strategies and approaches and are exploring the possibility of using the council's 'adaptive innovators' framework to support staff in developing the competencies needed to realise the aspirations of SHC.

What were the lessons learnt?

Collaborative leadership skills

As 'Collaboration Transformation' practitioners, the D&D team catalysed cultural change across the wider system, setting the tone and role-modelling the

behaviours needed to drive collaboration and expand transformational leadership capacity and capability within St Helens.

Developing a better understanding of the complexity and breadth of the existing health and care system, identifying shared problems, listening to different perspectives, challenging assumptions and nurturing relationships based on trust and mutual understanding were all identified as key elements of learning how to collaborate effectively.

Everyday collaboration

One of the unexpected lessons from this process was the importance of attending to the practical minutiae of everyday collaboration, for example committing to dedicating time and space to work together and developing ways of creating a shared sense of identity, purpose and belonging. Technology that enabled the sharing and dissemination of information across organisational boundaries also played an important role in supporting system-wide collaboration. In addition, learning to listen was considered to be the foundation for successful collaboration and key to "driving a wider cultural change" through uncovering and challenging assumptions, engaging and gaining buy-in from stakeholders, and teasing out duplications and inefficiencies within the system.

Communication

Careful and consistent communication was highlighted as vital part of effective collaboration. The D&D team worked on coordinating communications and ensuring consistency of language through establishing a dedicated communications team. With hindsight, one of the participants reflected that increasing the regularity of communications from the team would also have helped ensure that the team were not duplicating work in other parts of the system. More work remains to be done to communicate and engage with citizens around the SHC vision.

Dedicated resources

The pace and scale of the changes seen in St Helens attests to the vital importance of dedicated resources - time, space, people – to catalyse system-level transformation. Participants reflected on the benefit of being in roles focused (if only temporarily) on the SHC work, giving them permission, capacity, time and opportunity to advance the collaborative projects. Suggestions of secondment opportunities and job shadowing have been put forward as a way of sustaining and developing the collaborative approach beyond the close of specific projects.

Senior Leadership

The success of the transformation work is understood to rely on the Board having "already signed up to the vision and values" of SHC with the outline areas of focus previously agreed. Relationships at a senior level were

considered "critical in getting things off the ground from the highest levels all the way down" and meant that there "wasn't much resistance" in getting the projects started, which in turn accelerated overall progress.

The system leadership skill of "enabling others" (Timmins, 2015)[iii] is something that the SHC People's Board demonstrated from the top by empowering the D&D team to "get on and do", providing the opportunity for colleagues to develop their knowledge and skills, solve problems, make decisions and take ownership of the projects. The team were then positioned to "pass it on" by enabling others to progress the work, enhancing system leadership capability and capacity across St Helens.

Note: Quotes included in the text have been taken from grant proposals, evaluation reports and interviews with participants and programme leads.

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[i] St Helens Cares (2017) CIPFA North West Audit and Risk Group Presentation
[ii] St Helens Cares (2018) Developing place based system wide collaborative transformation and leadership skills Evaluation Report
[iii] Timmins (2015) The practice of system leadership: Being comfortable with chaos
https://www.kingsfund.org.uk/publications/practice-system-leadership