

Feeling Known and Cared for Closer to Home: Unleashing Existing Capabilities Across Neighbourhoods in England

The NHS Confederation Bringing Care Closer to Home Conference
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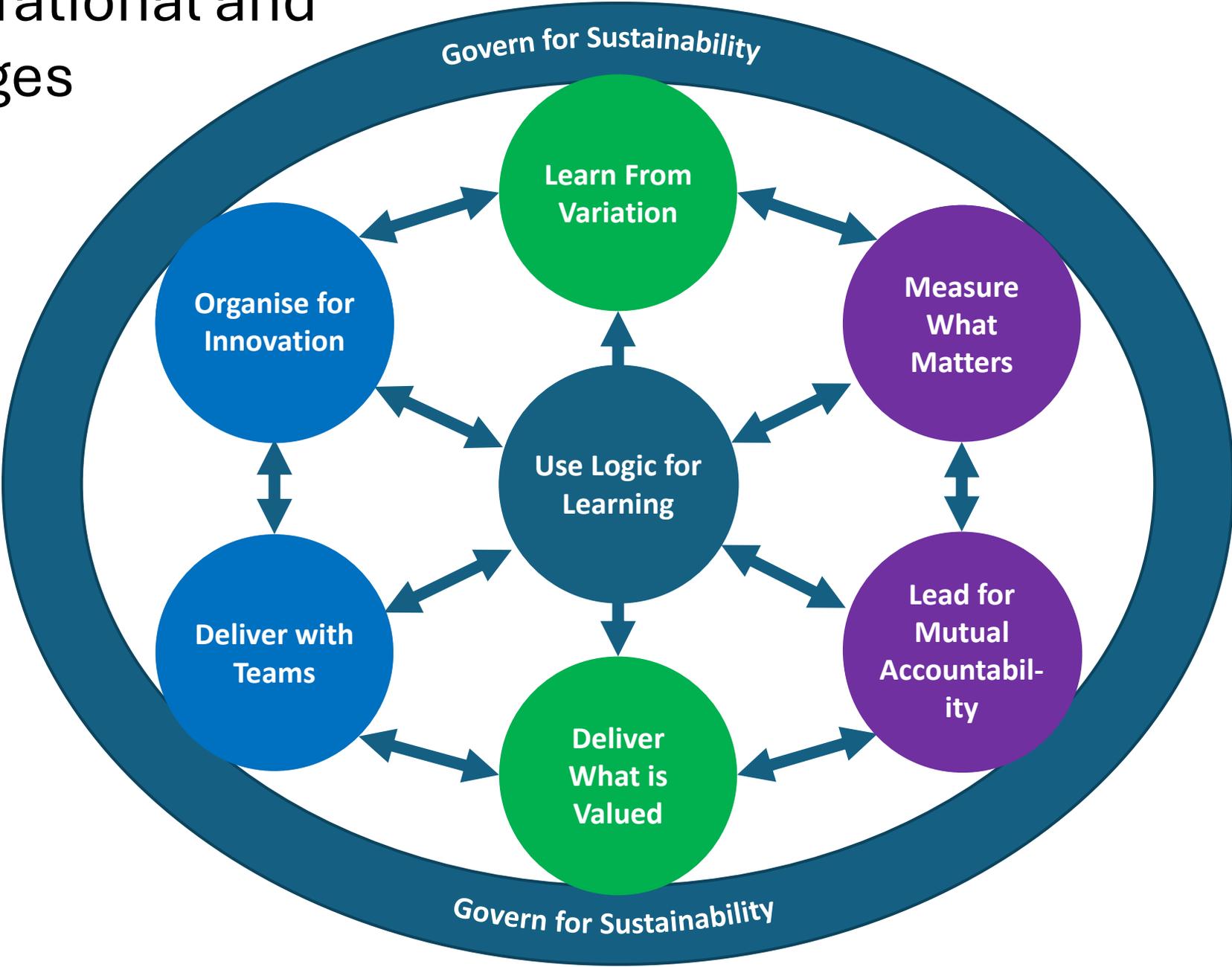
The Dartmouth Institute and Geisel School of Medicine at Dartmouth

Strategic Intent, Operational and Conceptual Challenges

Strategic Intent

Operational Challenges

Conceptual Challenges



Capabilities to Bring Care Closer to Home in Neighbourhood Health Services

Capability 1 Using Logic for Learning

- Define impact for...
- Identify interdependencies across roles & offer tools for mutual accountability.



Capability 2 Learning from Variation

- In our... by...
- In res... across localities by understanding assets & governance



Capability 3 Delivering What is Valued

- Focus on... teams'
- Show manifest respect for what matters most when trade-offs are necessary



Capability 4 Measuring What Matters

- Focus on... reported
- Achieve real-time data & feedback to learn & adapt



Capability 5 Delivering with Teams

- Build... establishing
- Leverage IT to support both



Capability 6 Organizing for Innovation

- Distribute... from
- Identify and learn from similar efforts elsewhere



Capability 7 Leading for Accountability

- Find a... complexity
- Communicate continuously with common measures of mutually reinforcing activities



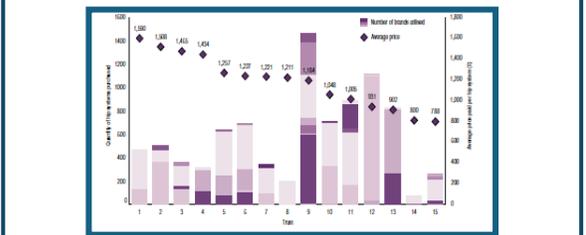
Capability 8 Governing for Stewardship

- Establish... that
- Improve system effectiveness by reallocating & reinvesting



$$C = [(D \times V \times F) - R]$$

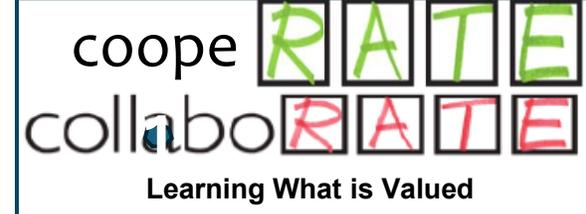
The Leading Change Formula



Learning from Process Variation



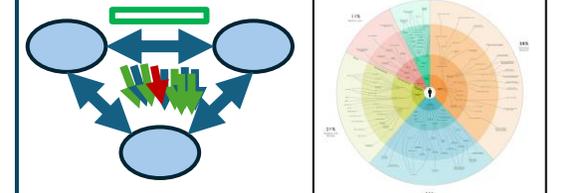
Learning from Preference Variation



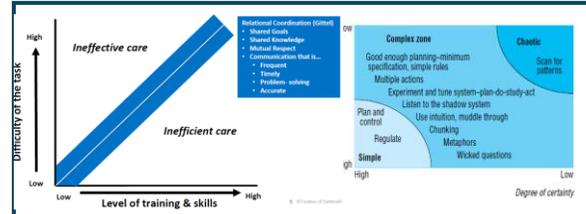
PREMs for Interaction & Coordination



Value Compass for Population Health



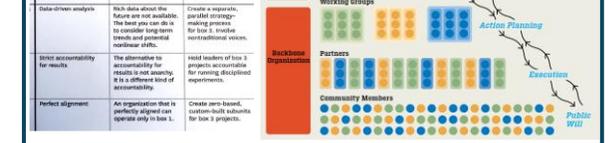
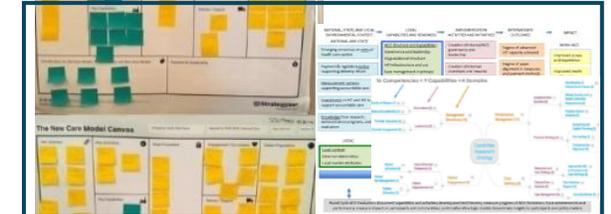
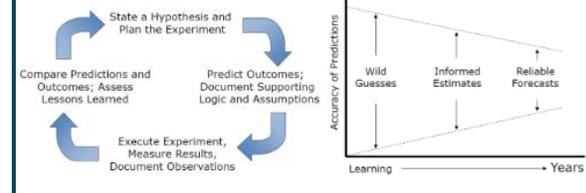
Person Centred Delivery & Learning



Organising Teams for Innovation



Innovators' Accountability for Learning



Aligning Incentives with Purpose

Understanding Motivation for and Resistance to Change

$$C = [(D \times V \times F) - R]$$

C = **Change** that is achievable

D = **Dissatisfaction** with the present

V = **Vision** for the future compelling to stakeholders

F = A **First** step that is credible to stakeholders

R = **Resistance** (the sum **R+R+R...** from all sources)

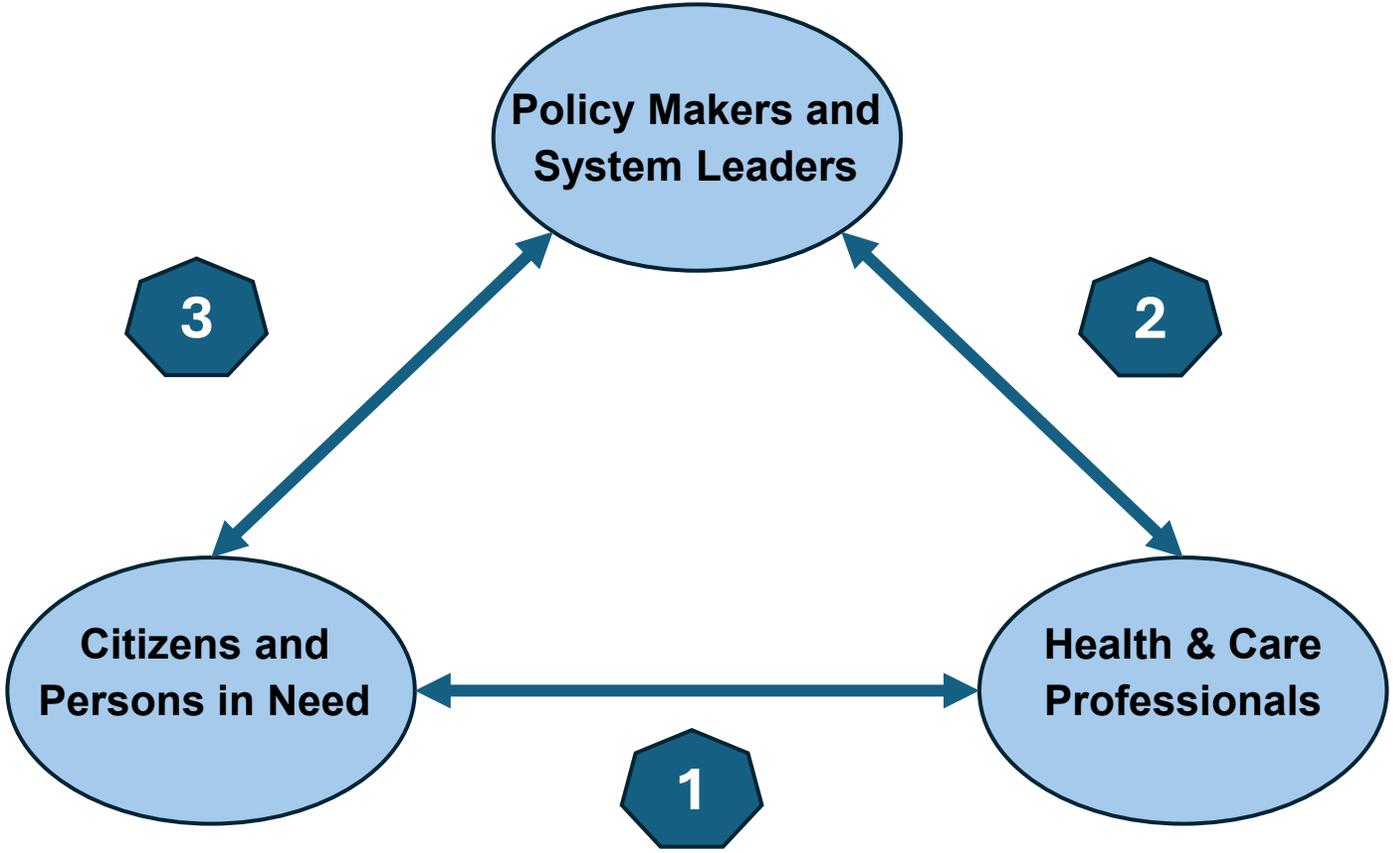
(Rank **D**, **V**, **F** on a 0-9 scale)

Rated on 1-10 Scale by All Team Members	
Mindset Shift....	8.7
Actionability.....	8.5



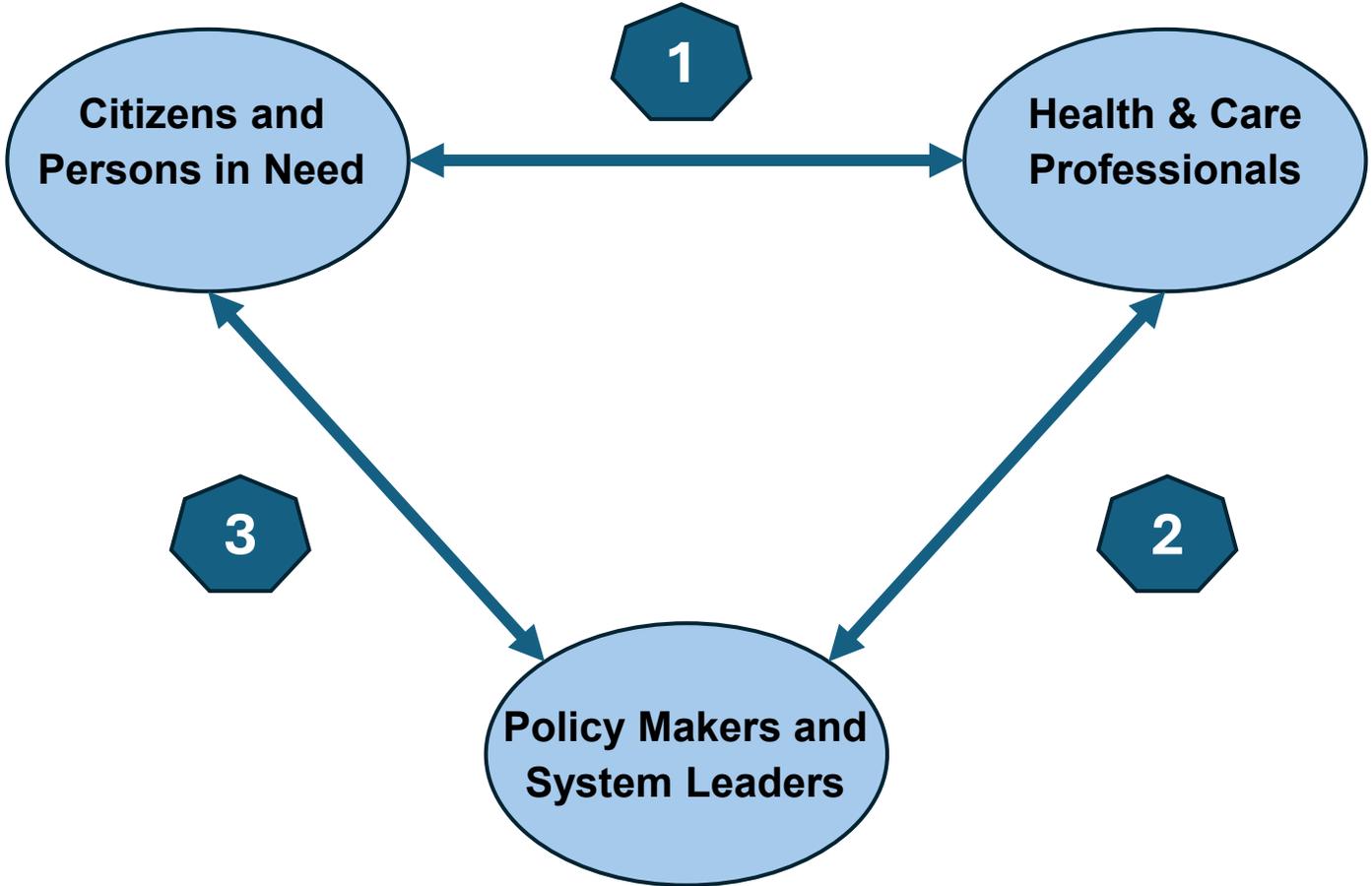
Learning from the Three Dialogues of Health and Care Systems

- 1** Professional Services
- 2** Organisational Process
- 3** Governmental Politics

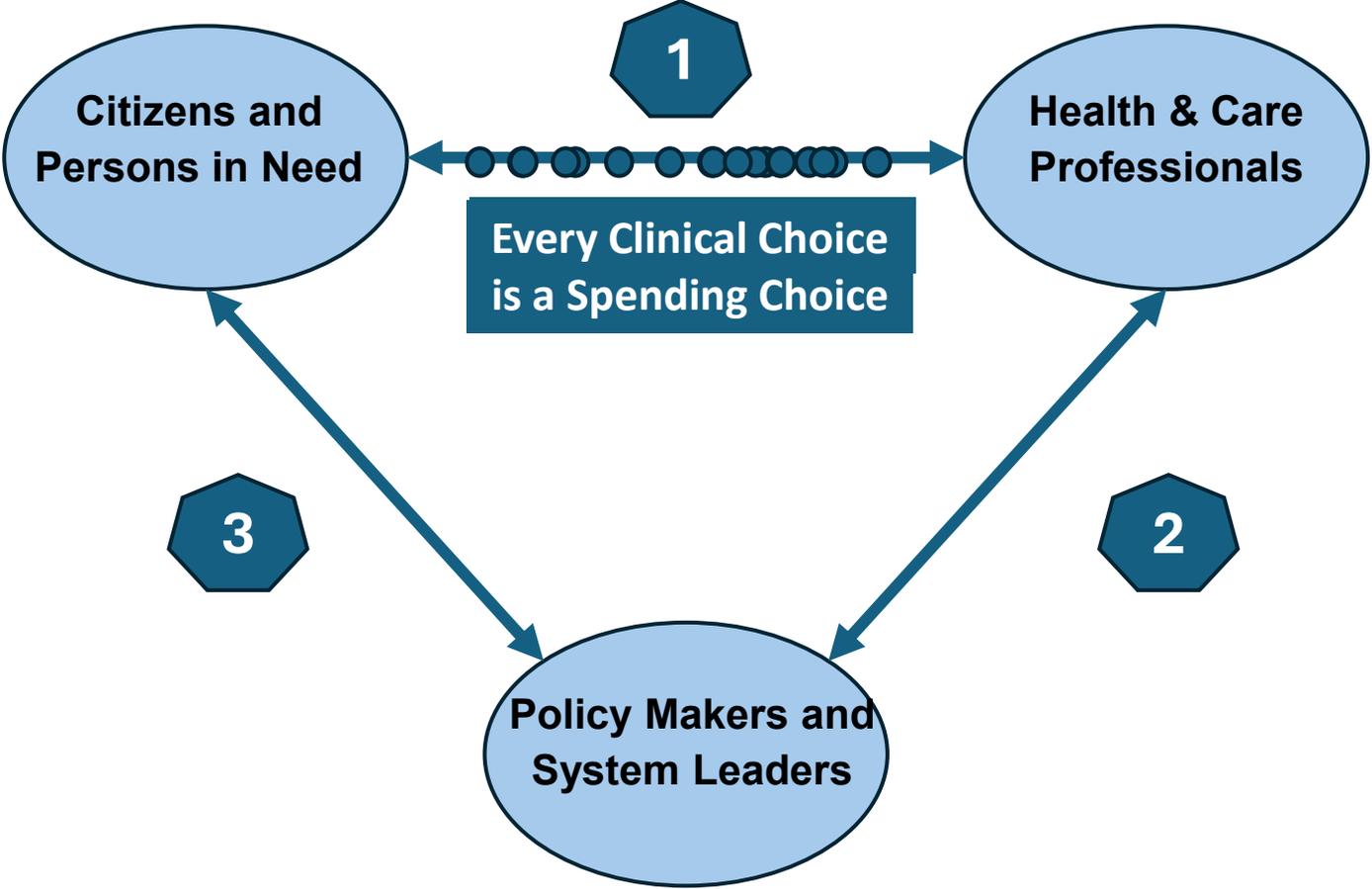


Learning from the Three Dialogues of Health and Care Systems

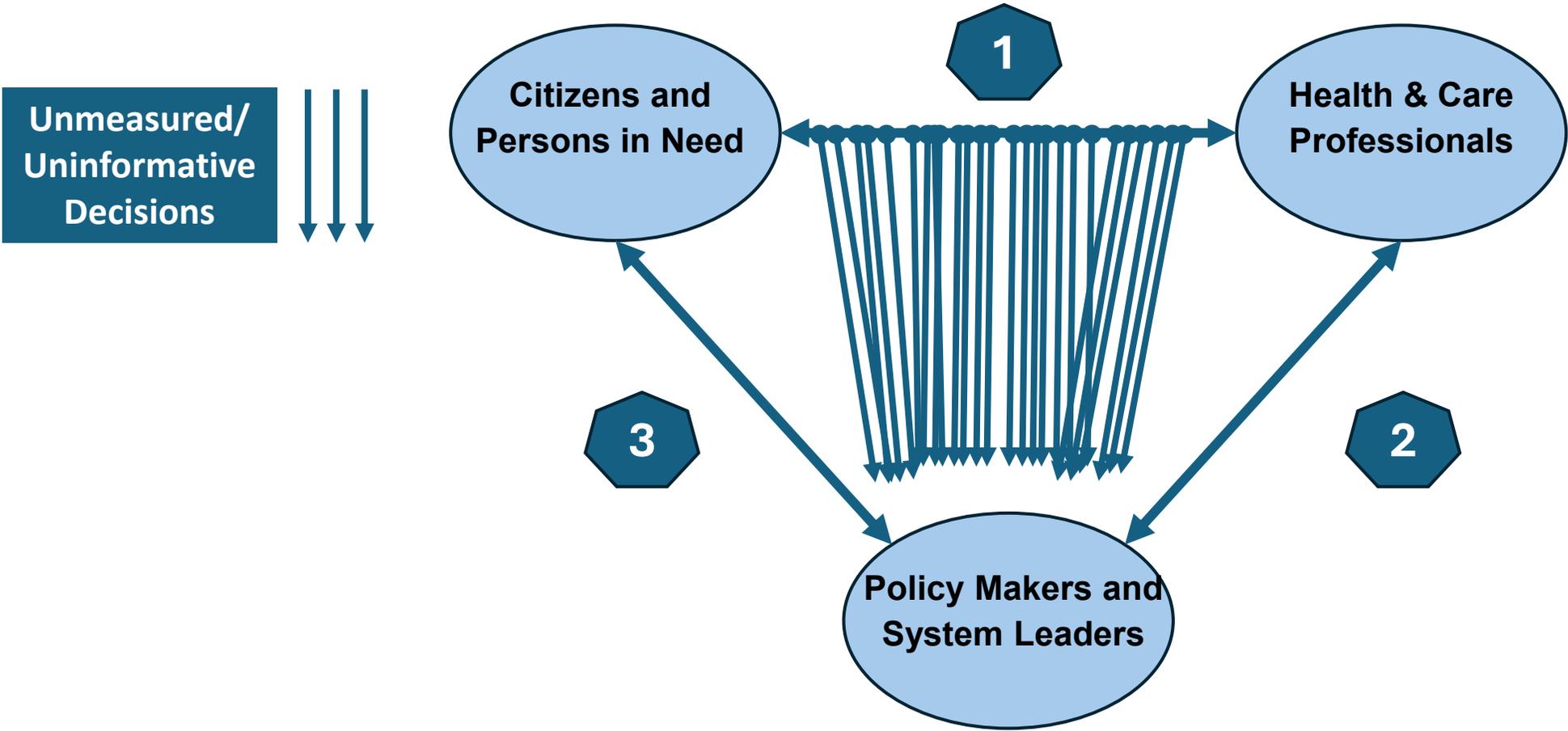
- 1** Professional Services
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Learning from the Three Dialogues of Health and Care Systems



Learning from the Three Dialogues of Health and Care Systems



Raising the Level of Decision Quality to Meet Strategic Intent

Level 5: Raise the Patient's Voice

Level 4: Eliminate Biases

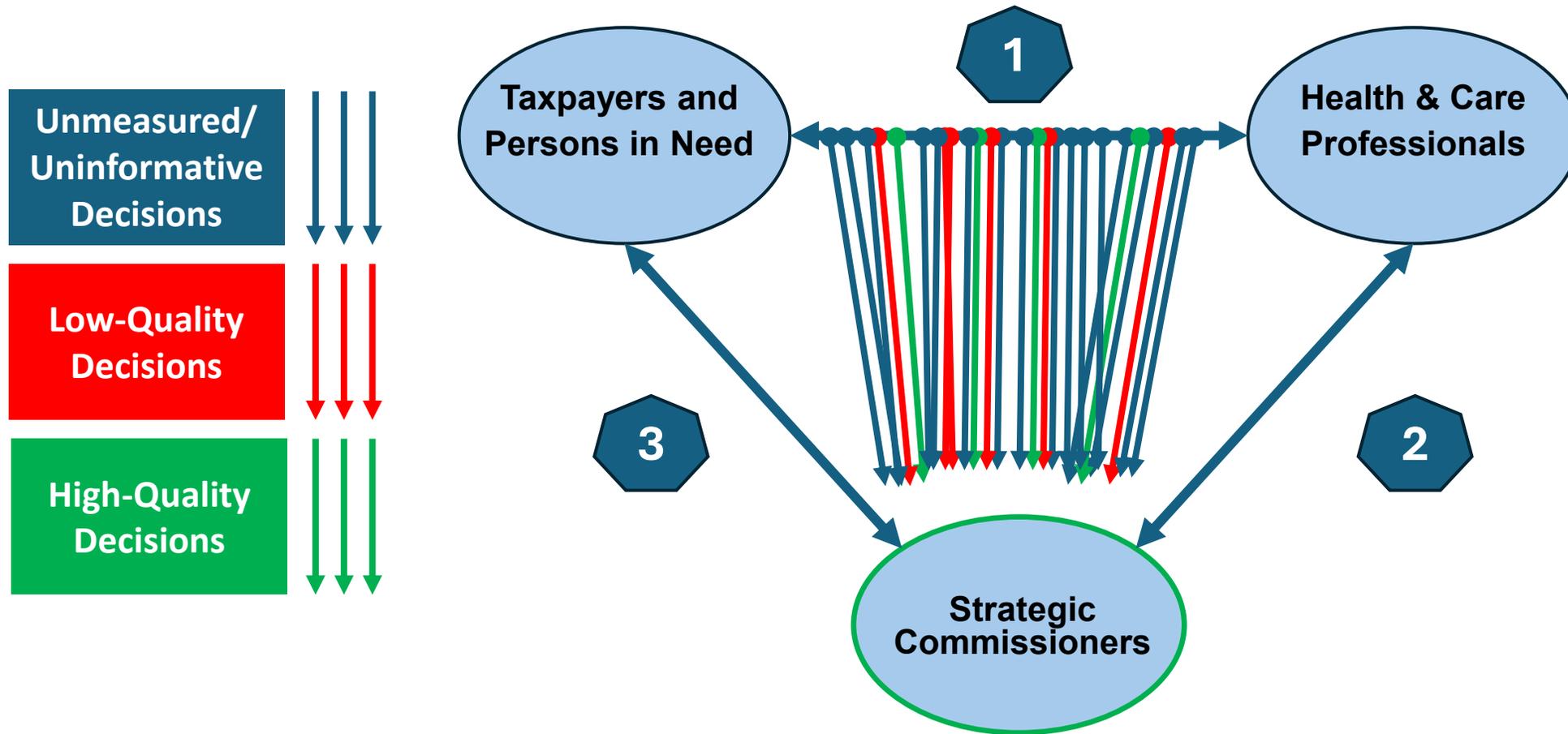
Level 3: Expand the Possibilities

Level 2: There is a Range of Reasonable Decisions

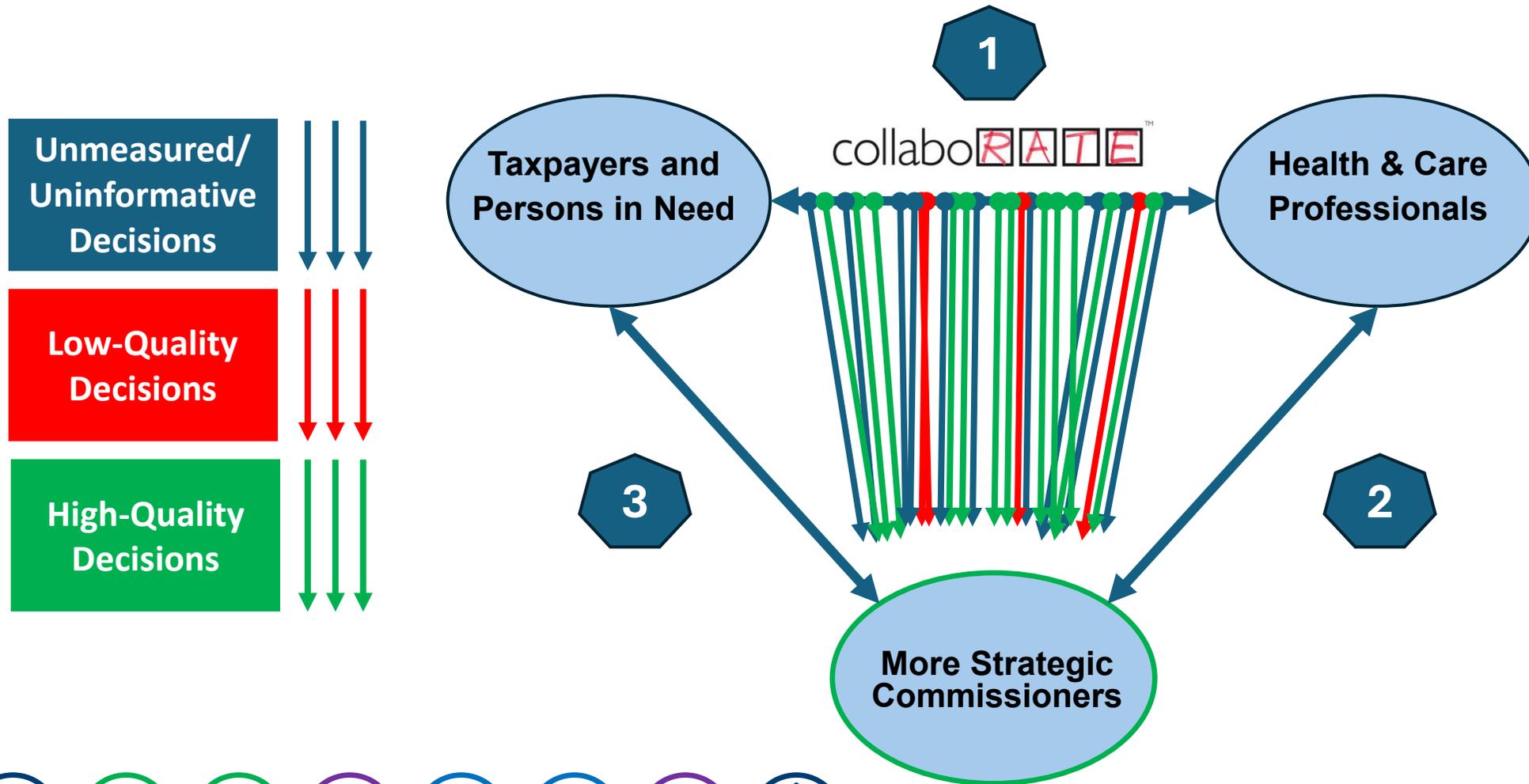
Level 1: Doctor Knows Best – Scientific Evidence is Determinative



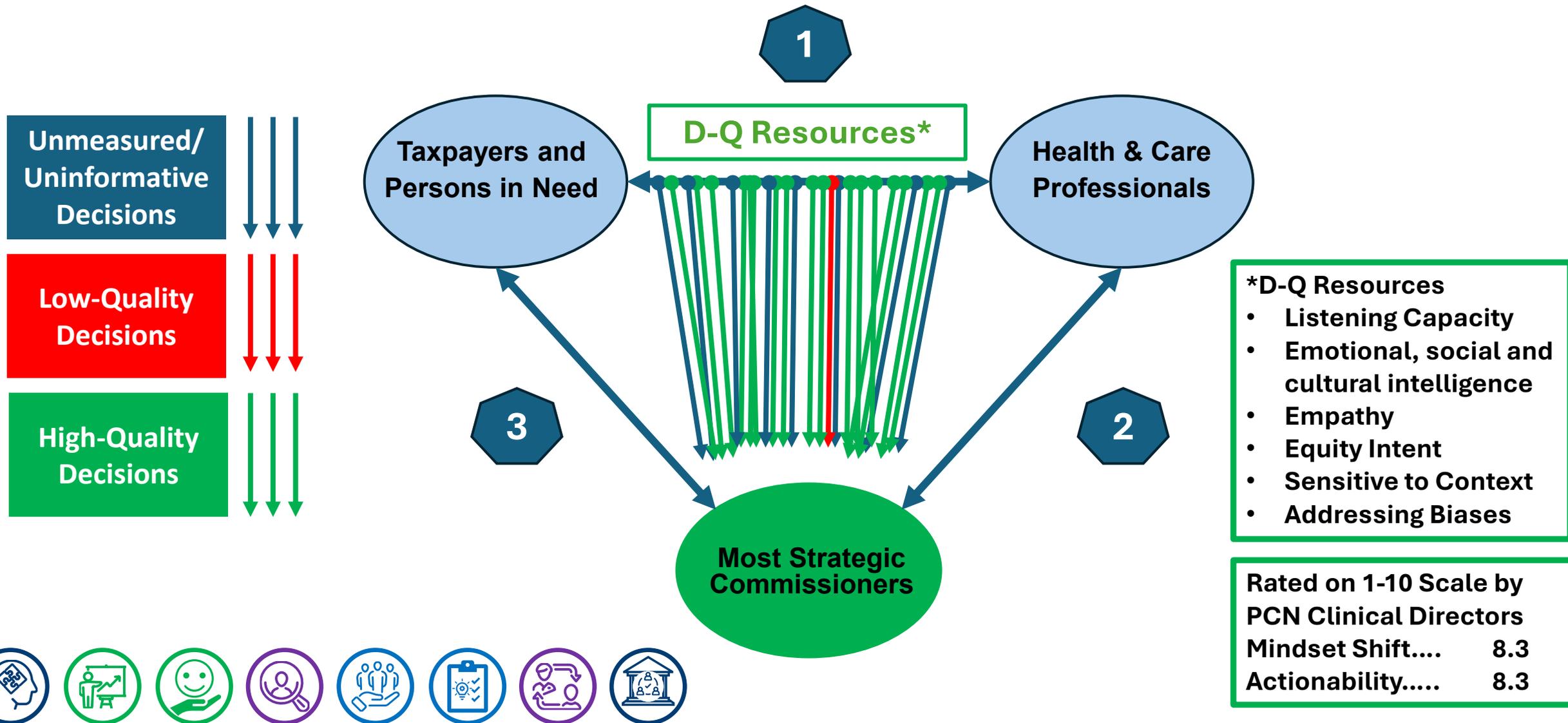
Learning from the Three Dialogues for Strategic Commissioning



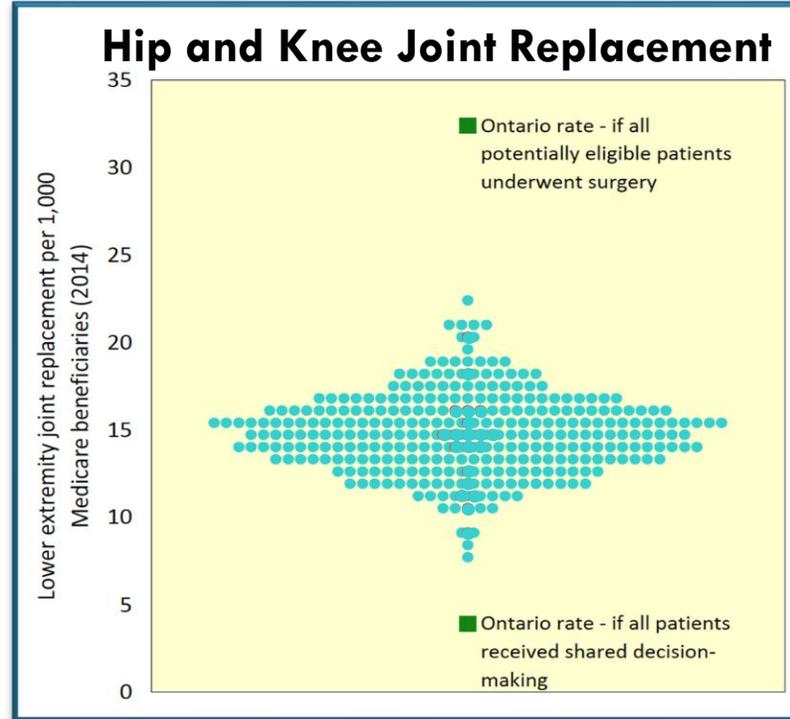
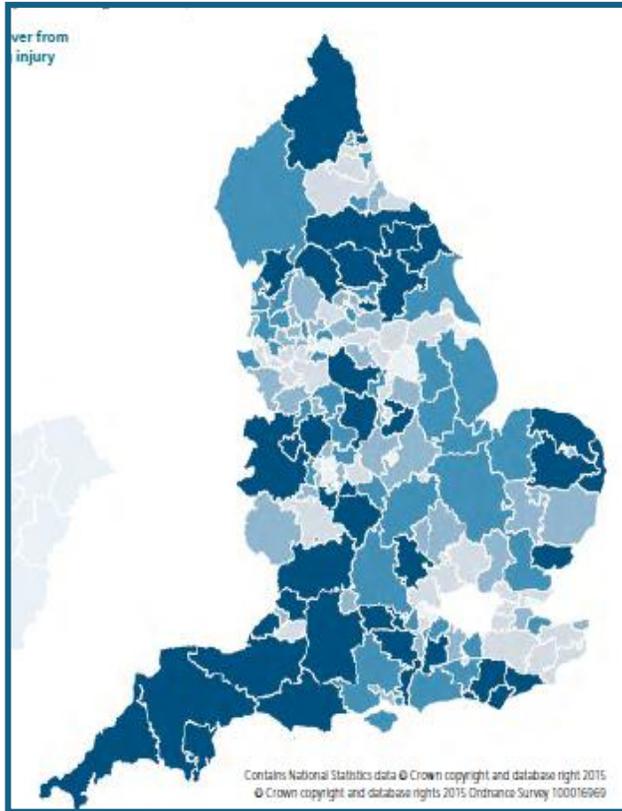
Learning from the Three Dialogues for **More** Strategic Commissioning



Learning from the Three Dialogues for **Most** Strategic Commissioning



Learning from Variation in Rates in the UK, US, and Canada



Dartmouth Atlas of Healthcare Analysis: 2016
Hawker GA, et al. *Med Care* 2001;39:206-16.



There is nothing so useless as doing efficiently that which should not be done at all. ---- Peter Drucker



Delivery Quality or Decision Quality? Efficiency or Personal Value?

Learning from variation in outcomes and costs by **making visible processes**

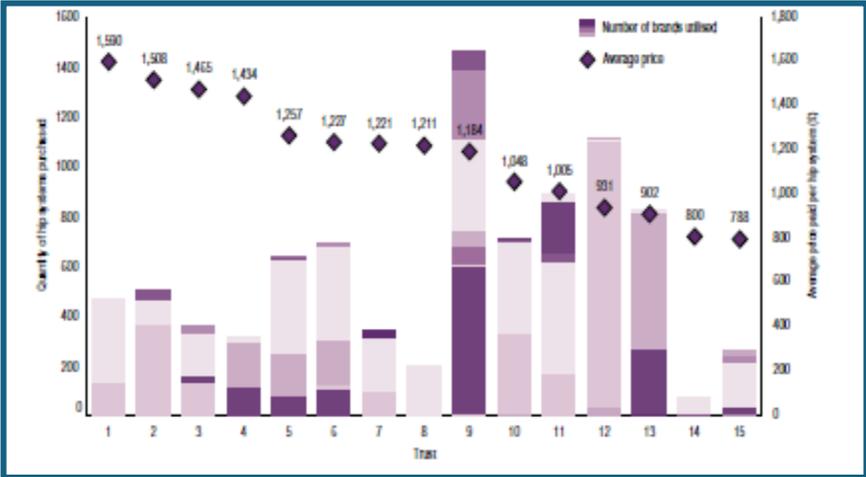
Learning from variation in intervention rates by **making visible preferences**



Delivery Quality or Decision Quality? Efficiency or Personal Value?

Delivery Quality
Learning from variation in outcomes and costs by making visible processes

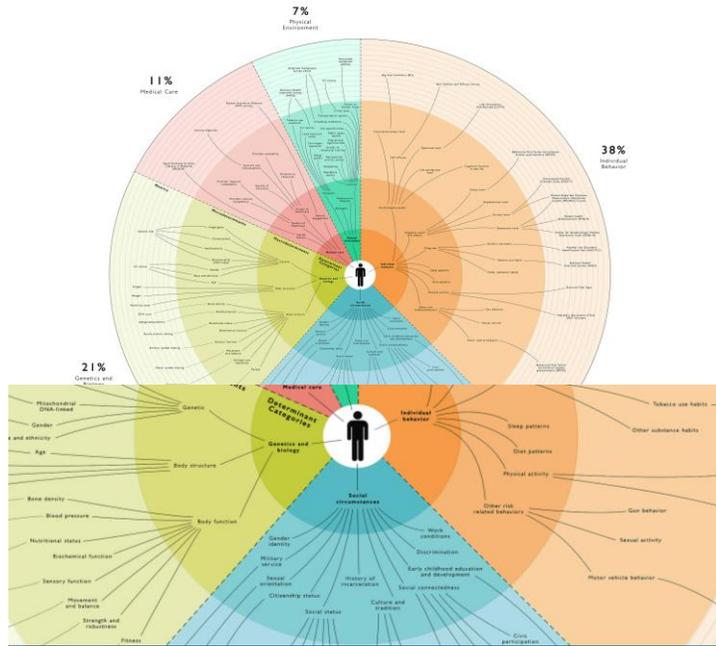
Decision Quality
Learning from variation in intervention rates by making visible preferences



There is nothing so useless as doing efficiently that which should not be done at all. ---- Peter Drucker



Expanding Options to Meet Social and Emotional Needs



How do we avoid the waste, personal arm, and moral injury when we substitute medical interventions for needed social and emotional support?

Level 3: Expand the Possibilities

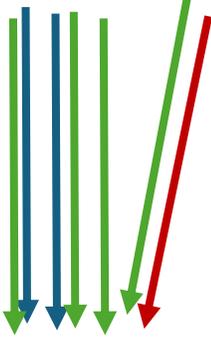
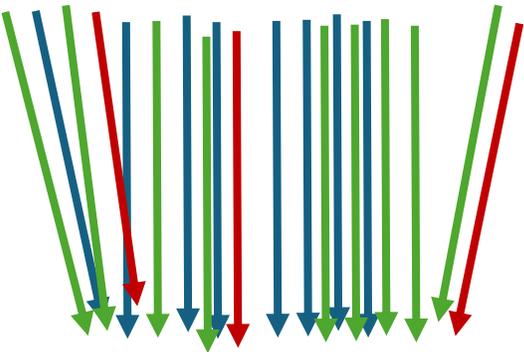
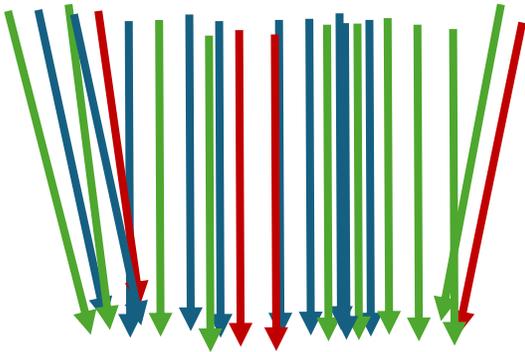


More Resources at Decision Points – Especially in Neighbourhoods

££

100% < 10%

££££££££££££££££

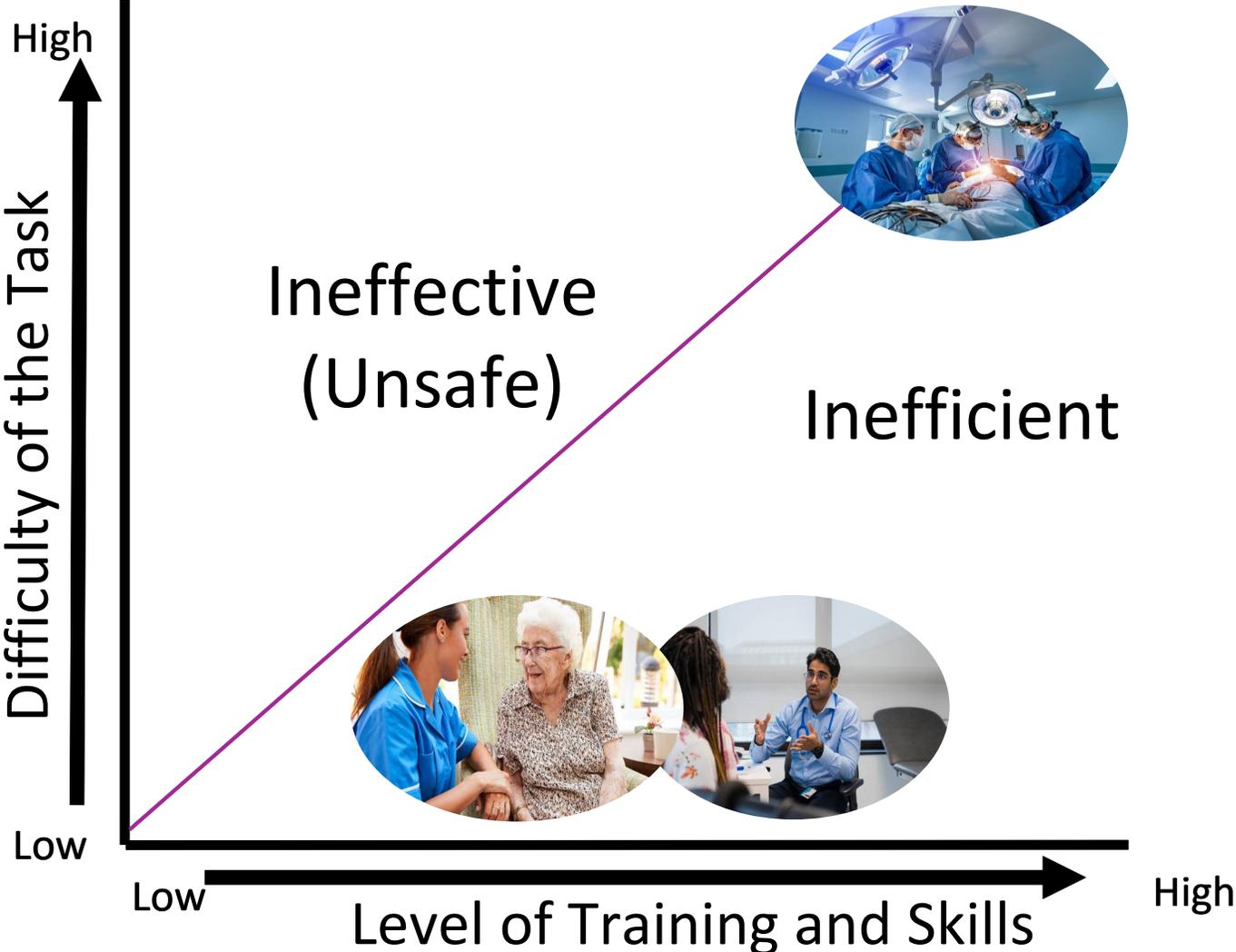


Decision Quality Dominates

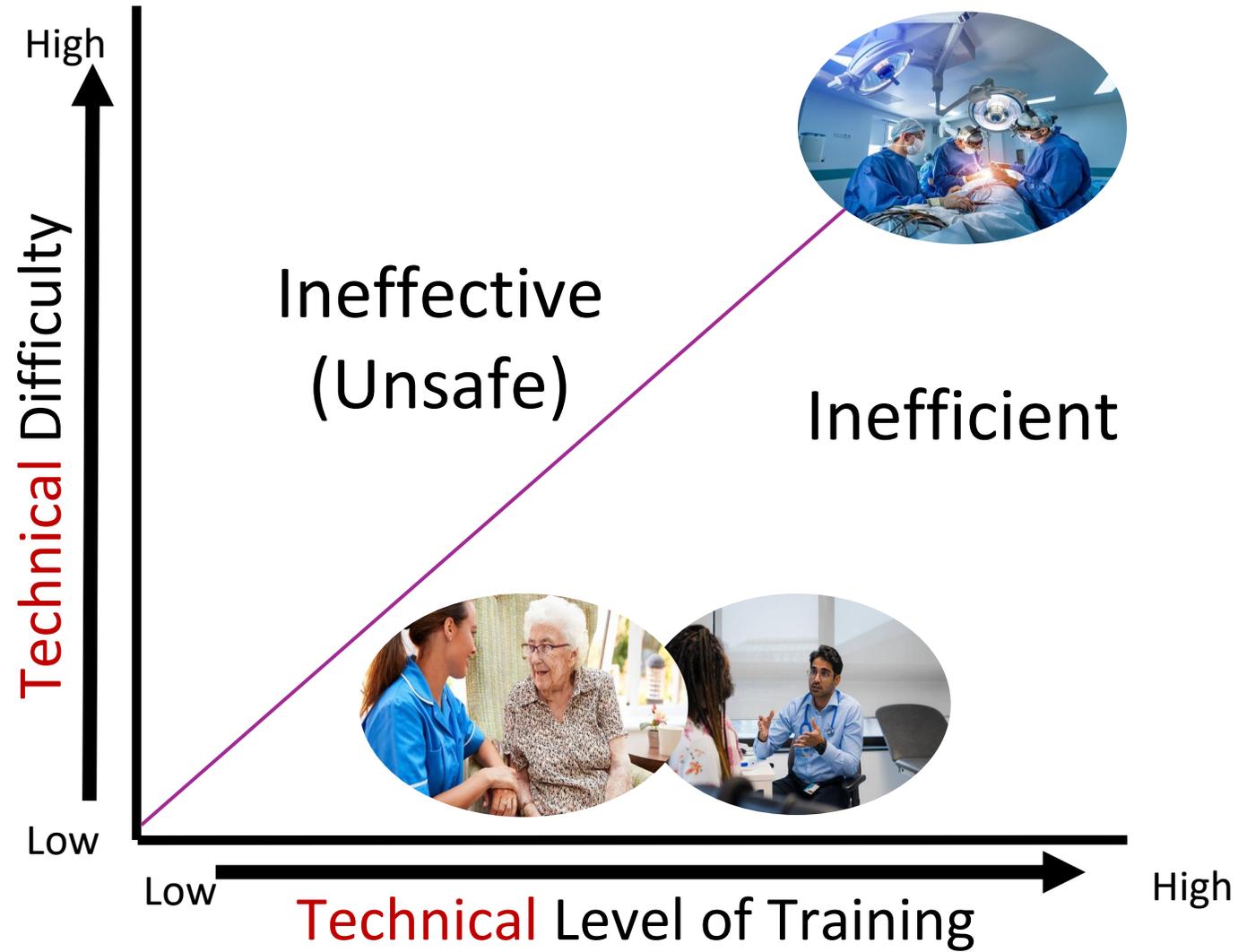
Delivery Quality Dominates



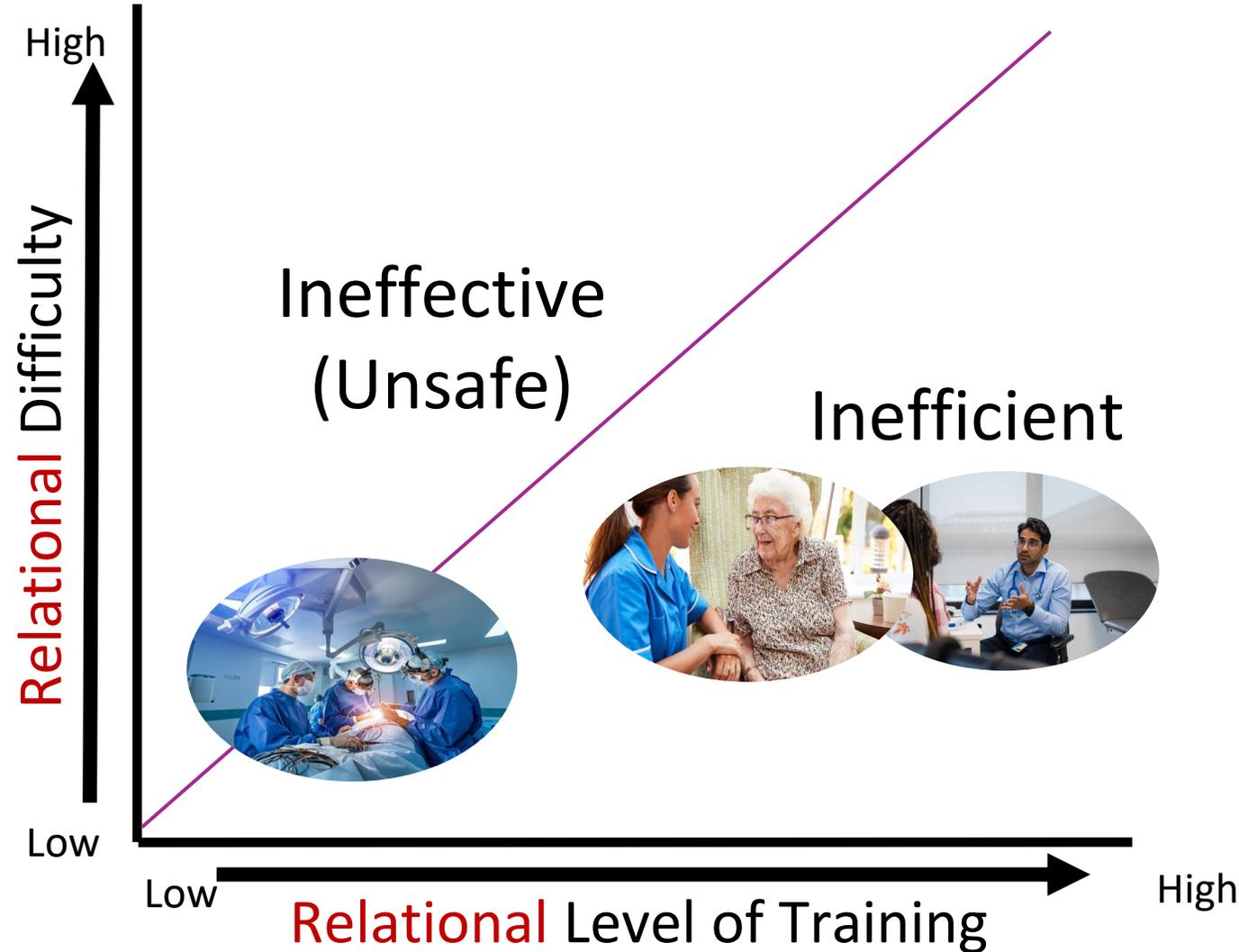
Perceptions of Competencies Needed to Deliver with Teams



Perceptions of Competencies to Deliver with Teams: **Technical Skills**



Perceptions of Competencies to Deliver with Teams: **Relational Skills**



Delivering with Psychological Safety and Relational Coordination



Edmondson

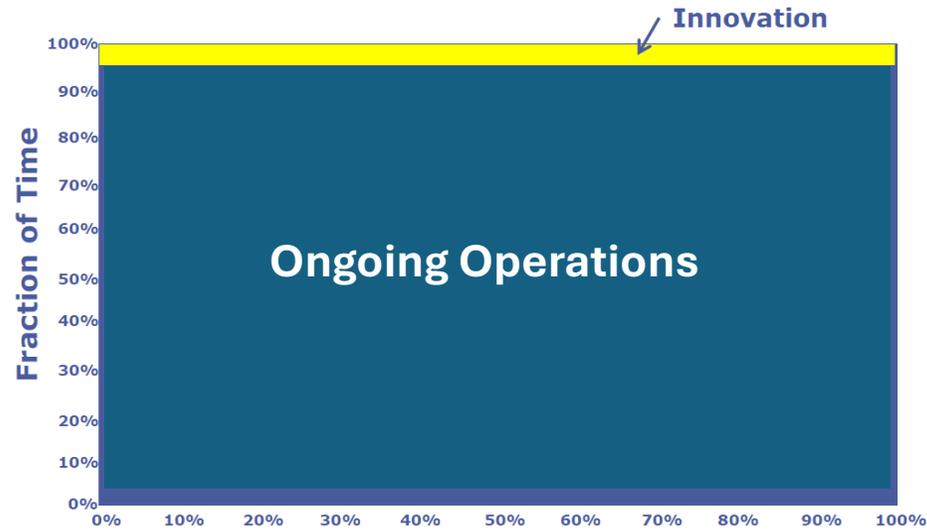
Measuring Teamwork as Relational Coordination

- Shared Goals
- Shared Knowledge
- Mutual Respect
- Communication that is...
 - Frequent
 - Timely
 - Problem-solving
 - Accurate

Gittel



Organising for Innovation in Neighbourhoods



Service Innovation (Intelligent Enterprise)

A focus on **frontline microsystems** that connect the core competence of the service enterprise to its customers.

These '**smallest replicable units**' (SRUs) of service include the service provider, the service recipient, and the bidirectional exchange of information.

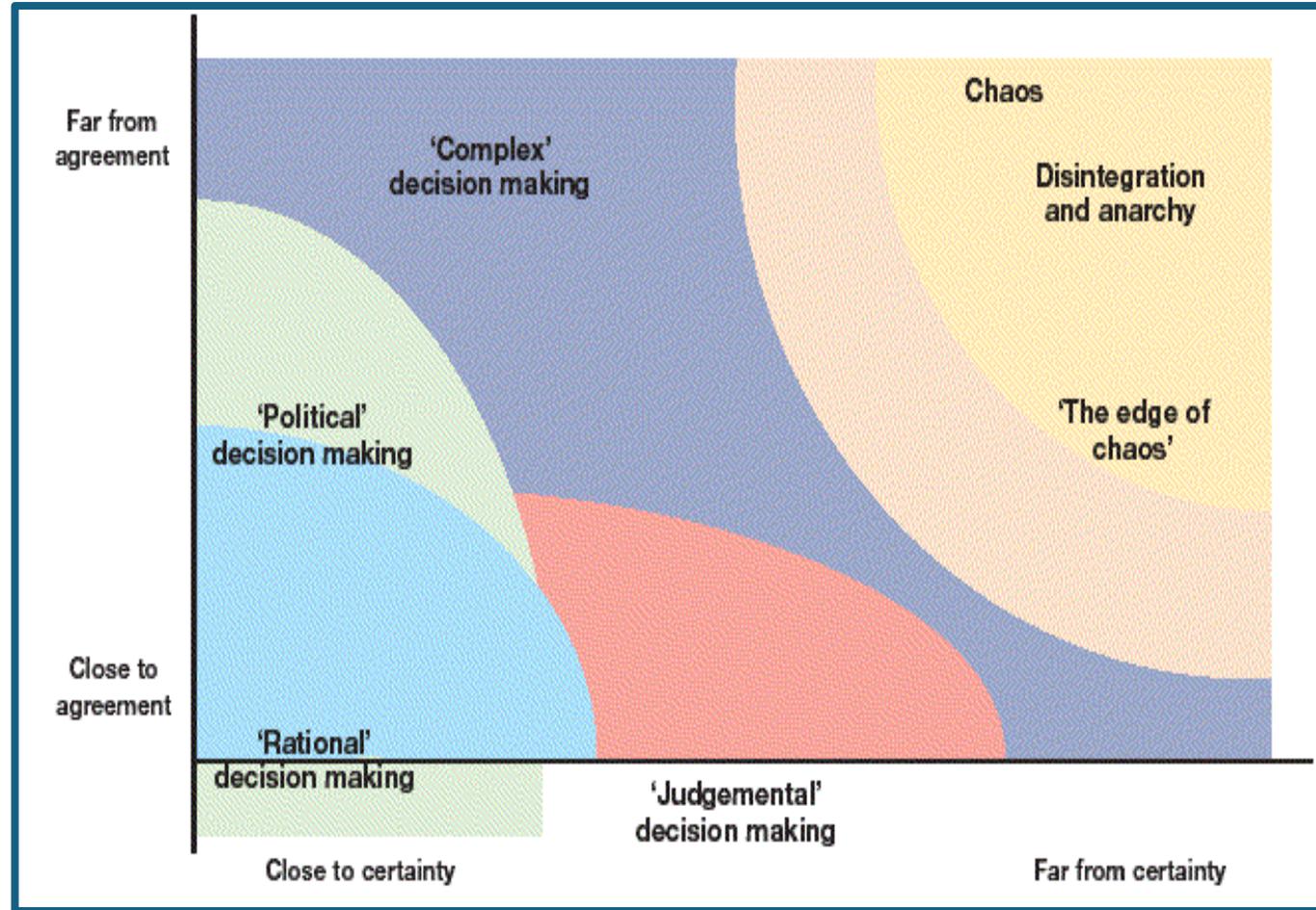
'Best in class' service enterprises empower frontline teams with understanding of system interdependencies and resulting complexity within the larger organization.

J Brian Quinn



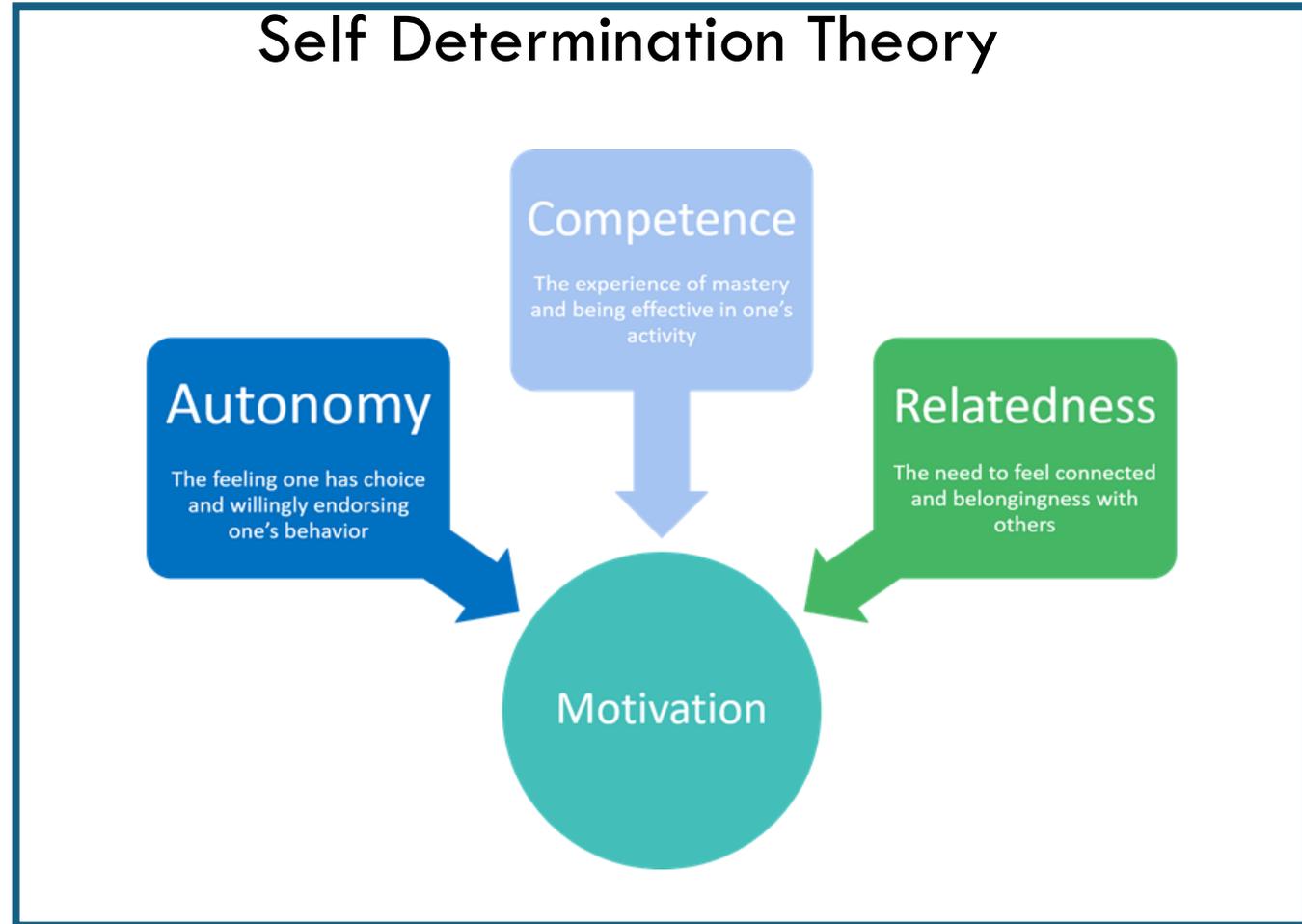
Learning from the Three Dialogues with Respect for Complexity

- 1 Professional Complexity
- 2 Organisational Complexity
- 3 Governmental Complexity



Learning from the Three Dialogues with Respect for Agency

- 1 Professional Complexity
- 2 Organisational Complexity
- 3 Governmental Complexity

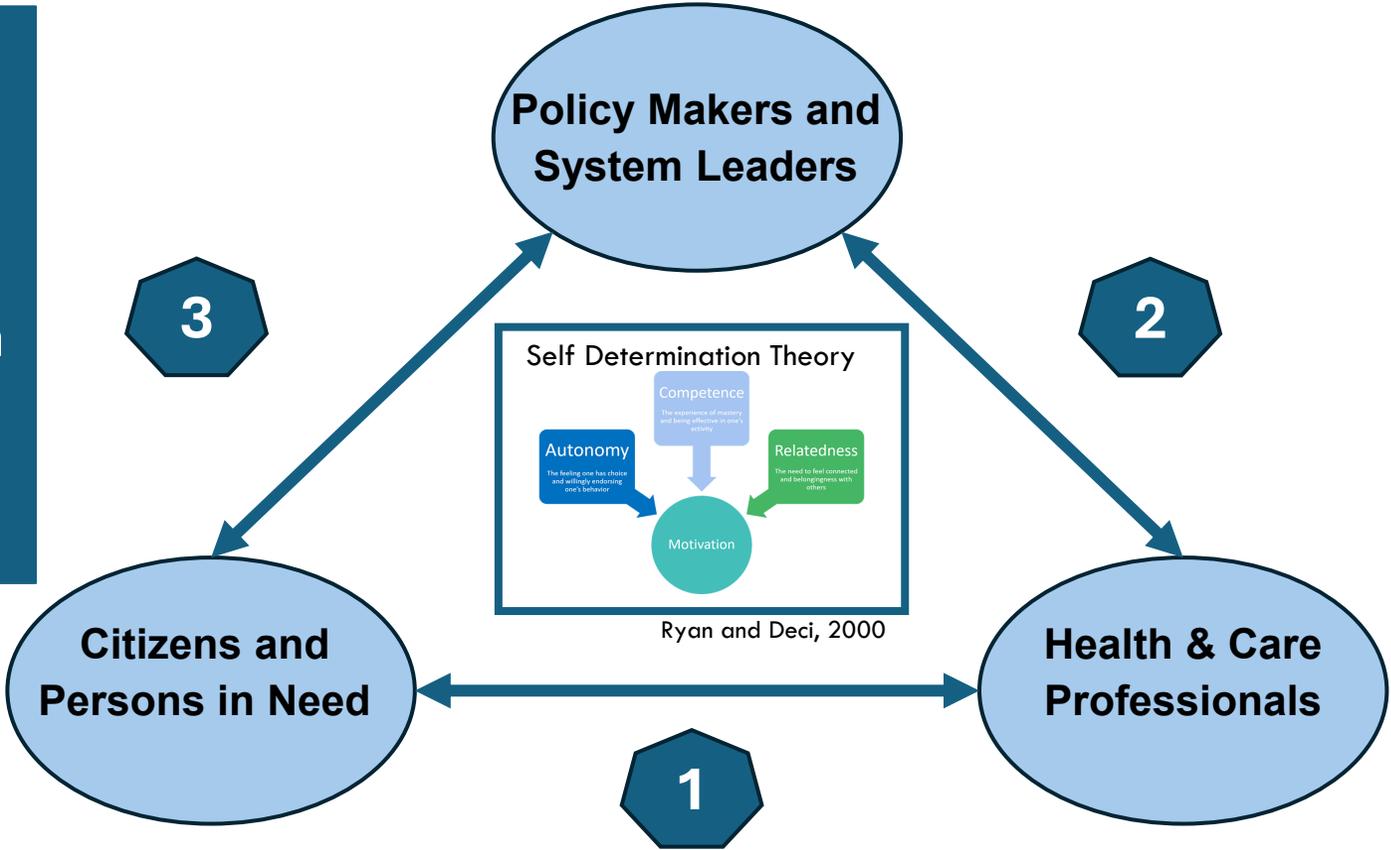


Ryan and Deci, 2000



Learning from the Three Dialogues: Mindset Shifts and Actionability

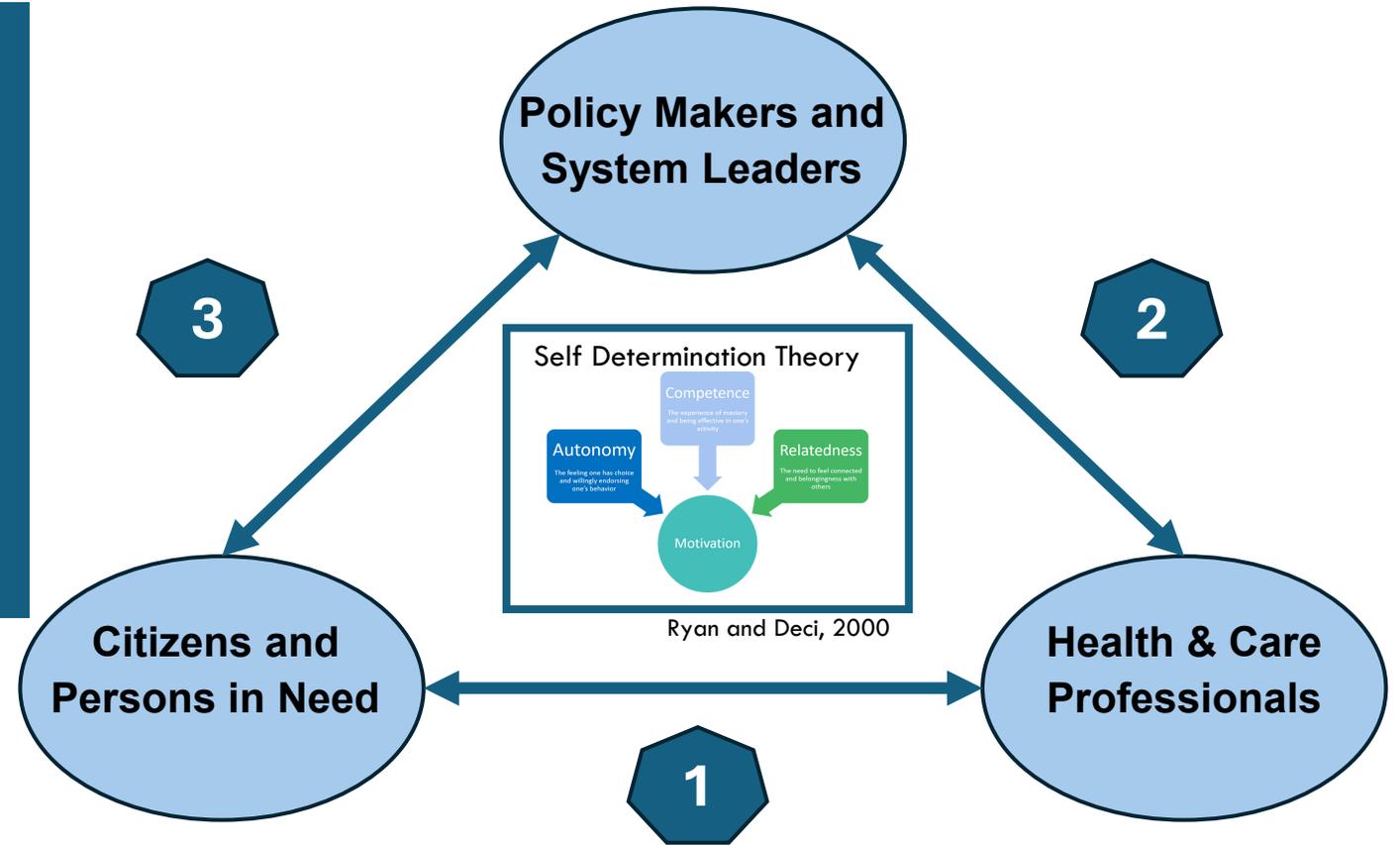
Mindset Shifts?
Delivery → Decision Quality
Production → Service Metrics
Efficiency → Personal Value
Unwarranted → Warranted Variation
Technical → Relational Skills
Specialist → Generalist Knowledge



Learning from the Three Dialogues: Mindset Shifts, Actionability, and Change

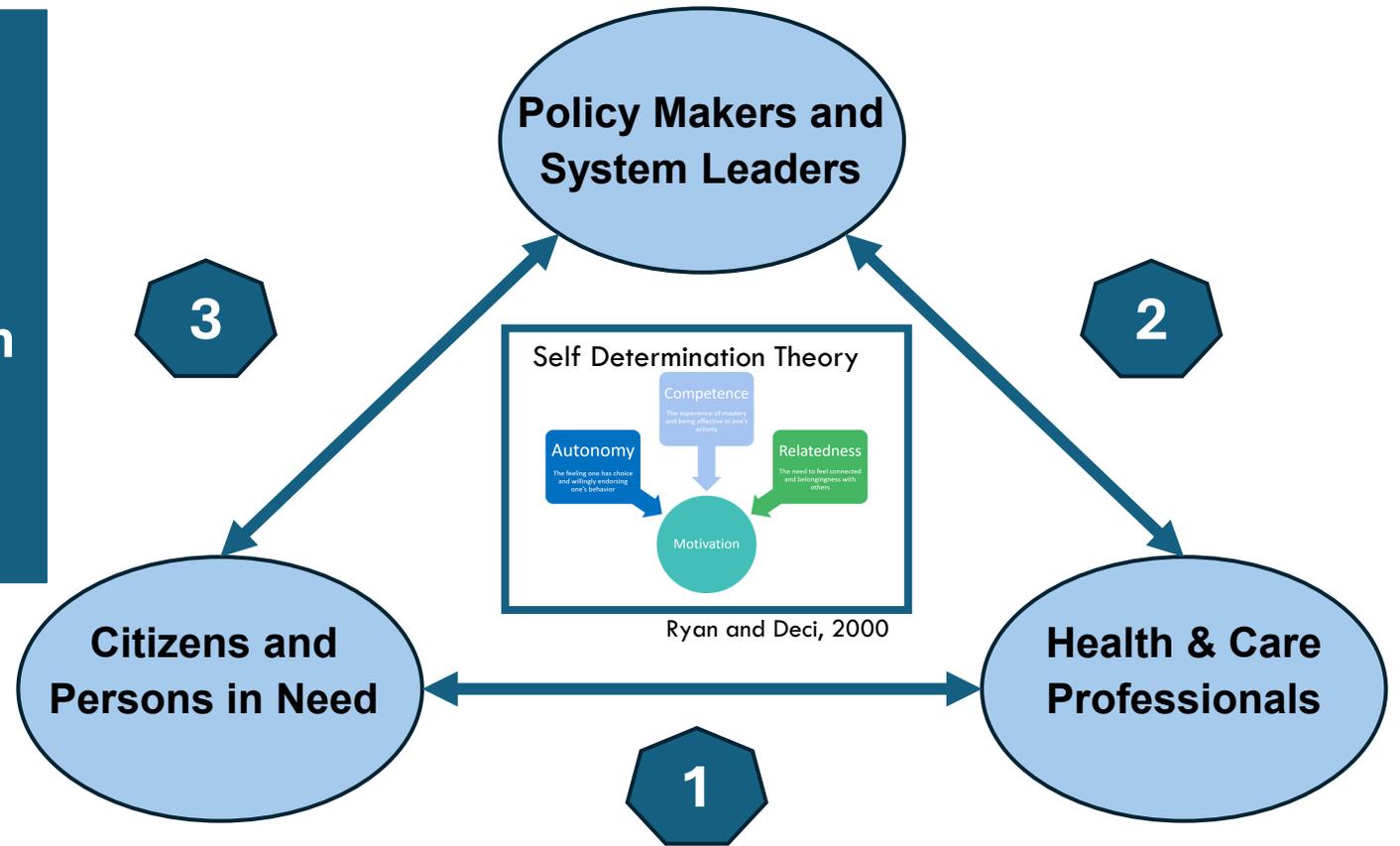
Mindset-Shift Actionability

1. How will you learn differently in conversations today and tomorrow?
2. Has your vision for NbHSs changed?
3. Who will support your new vision?
4. Who will resist?
5. What first credible step will mitigate resistance?



Learning from the Three Dialogues: Mindset Shifts, Actionability, and Change

Mindset Shifts!
Delivery → Decision Quality
Production → Service Metrics
Efficiency → Personal Value
Unwarranted → Warranted Variation
Technical → Relational Skills
Specialist → Generalist Knowledge



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