

Partnership Working 'my experience and reflections'

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User reviewer

Today's presentation

- Who am I
- 10 mins whistle stop tour.... To stir the appetite
 - My personal and professional experience
 - My reflections on Partnership Working
 - Insight on what works – Values not Culture
 - Organisational Models
 - Implications.....

Who am I...



Reflections (1)

- “deja vu” – the feeling of having already lived through something
- “vu déjà”—looking at a familiar situation as if you’ve never seen it before.
- **Reality is subjective** -Relationships are doomed if we treat reality as a universal truth
- **Who we bring to work (values)** dictates how we see things and how we negotiate relationships

Experience (1)

1980s	1990s	2000s
Coordinated working	Interagency working	Interprofessional working
Shared planning	Social inclusion	Partnership Working
Case Management	Shared protocols	Whole-systems working
Coordinated care	Managed care	Patient-centred care
Care programmes	Shared decision-making	LTC Management
Care management	Shared care	Working in Partnership
Case Management	Joint Futures	Integrated working

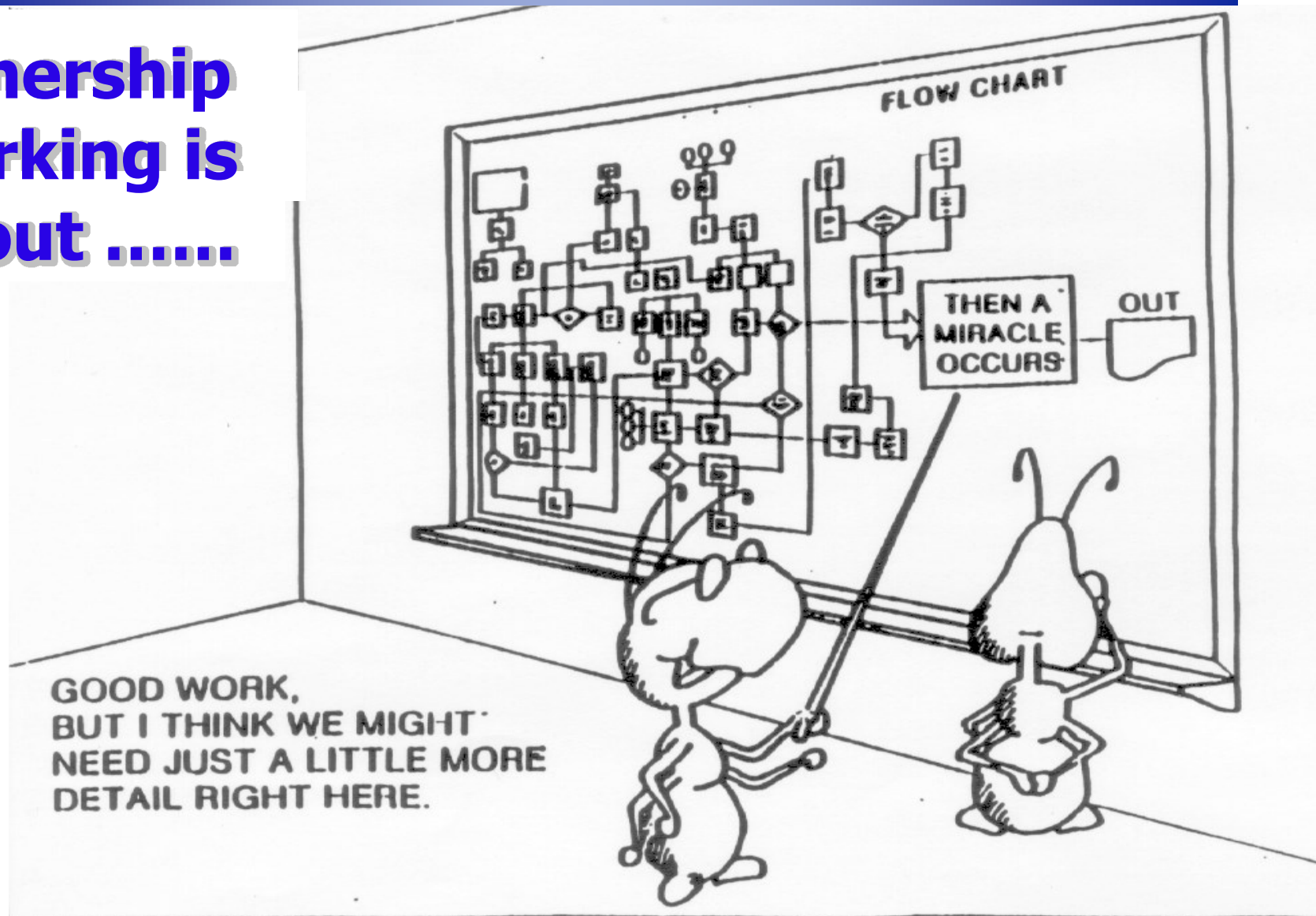
Experience (2)

In my experience.....

- Partnership Working a Phrase not a defined approach
- Normalisation of deviance in healthcare delivery–Banja 2010
- Mixed messages - strategies and policies come and go sometimes unfulfilled?
- Initiatives and Projects linger on..... Why?
- Not enough research or intelligence based partnership working (structure, process, systems)
- What comes around, goes around – Rhetoric vs practice Bell K. et al (2008)
- Capacity and Capability – Not sufficiently understood

In ALL projects ...

**Partnership
working is
about**





Our people are already stretched in their time.

Do we have the rights skills to make partnership working successful?

What is needed to get it right?

How can they do even more?

It is not the case if people spend 20% of their energy on partnership working, and 80% of energy on their day job job.

Reflection (2)

- Very welcome research of the evidence base
- The theory vs practice
- Simplicity/Complexity/Context
- Good examination of what the divide is between:
 - what we know to be good Partnership Working (plenty of brilliant examples) and
 - Shared experience of what happens in a lot of Partnership Working

Active Partnerships work best when I show.... Values not Culture

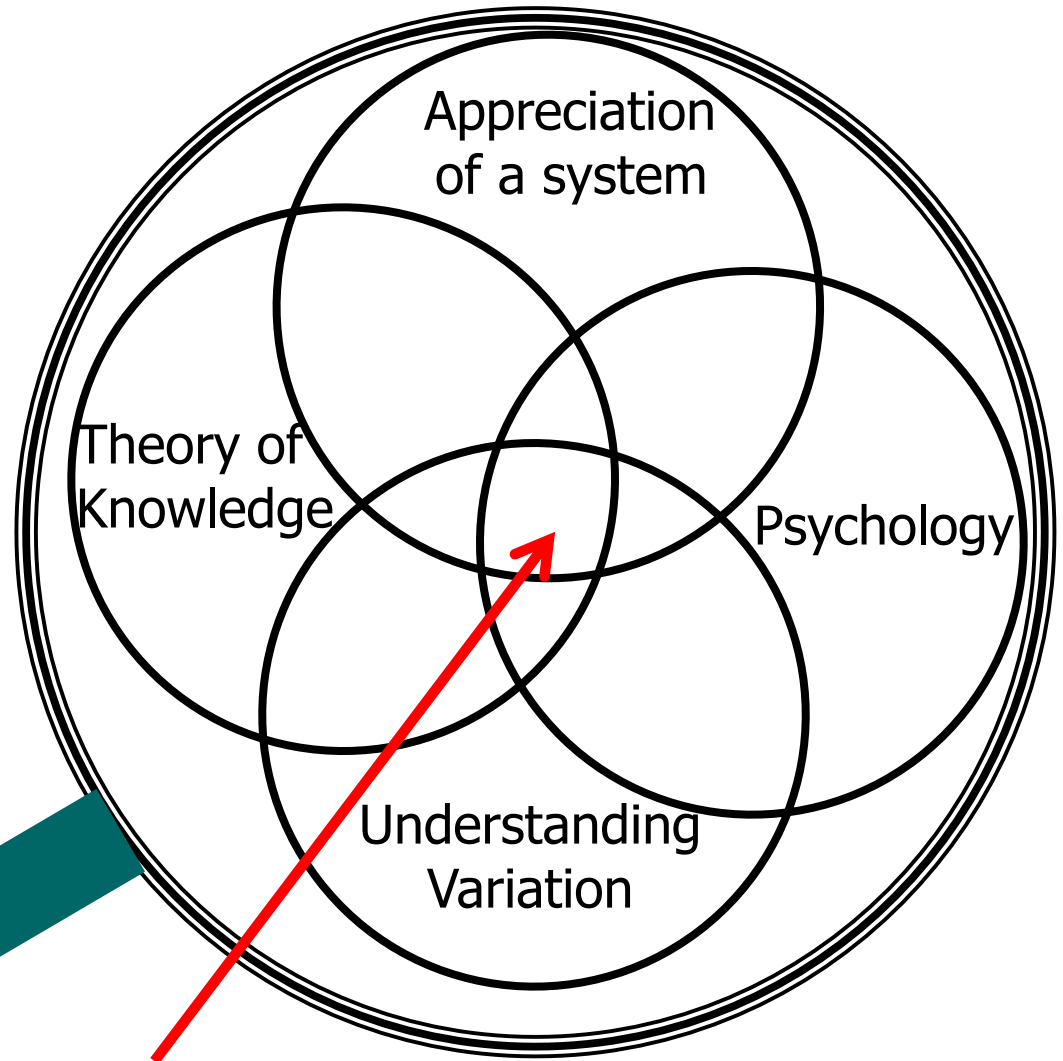
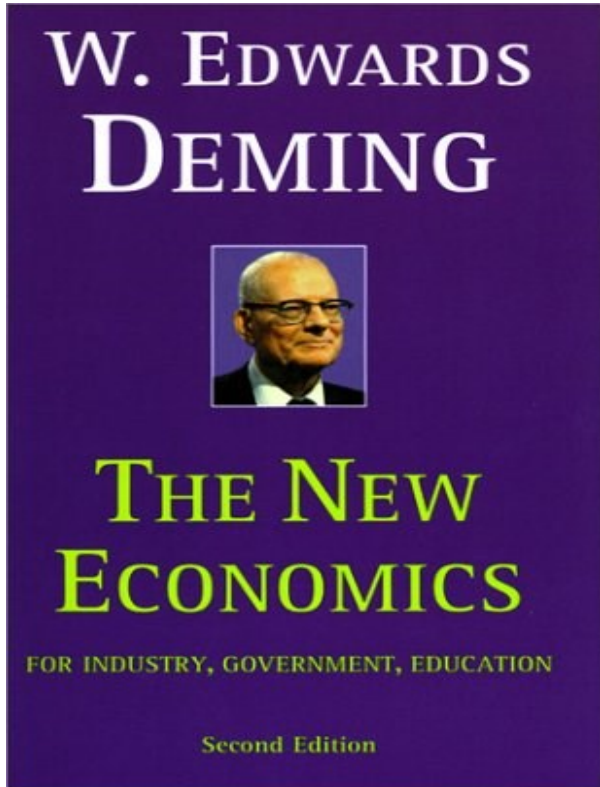
- Openness
- Transparency
- Authenticity
- Willingness
- Integrity (intimacy)
- Intensity
- Open to new ideas
- Open to being influenced
- Can be who i am at all times (say what i mean, mean what i say)
- Show I can be impacted, not hiding behind titles/professions/cultures
- Willingness to be vulnerable
- Willingness to stretch beyond my comfort zone

People Support Change When They...



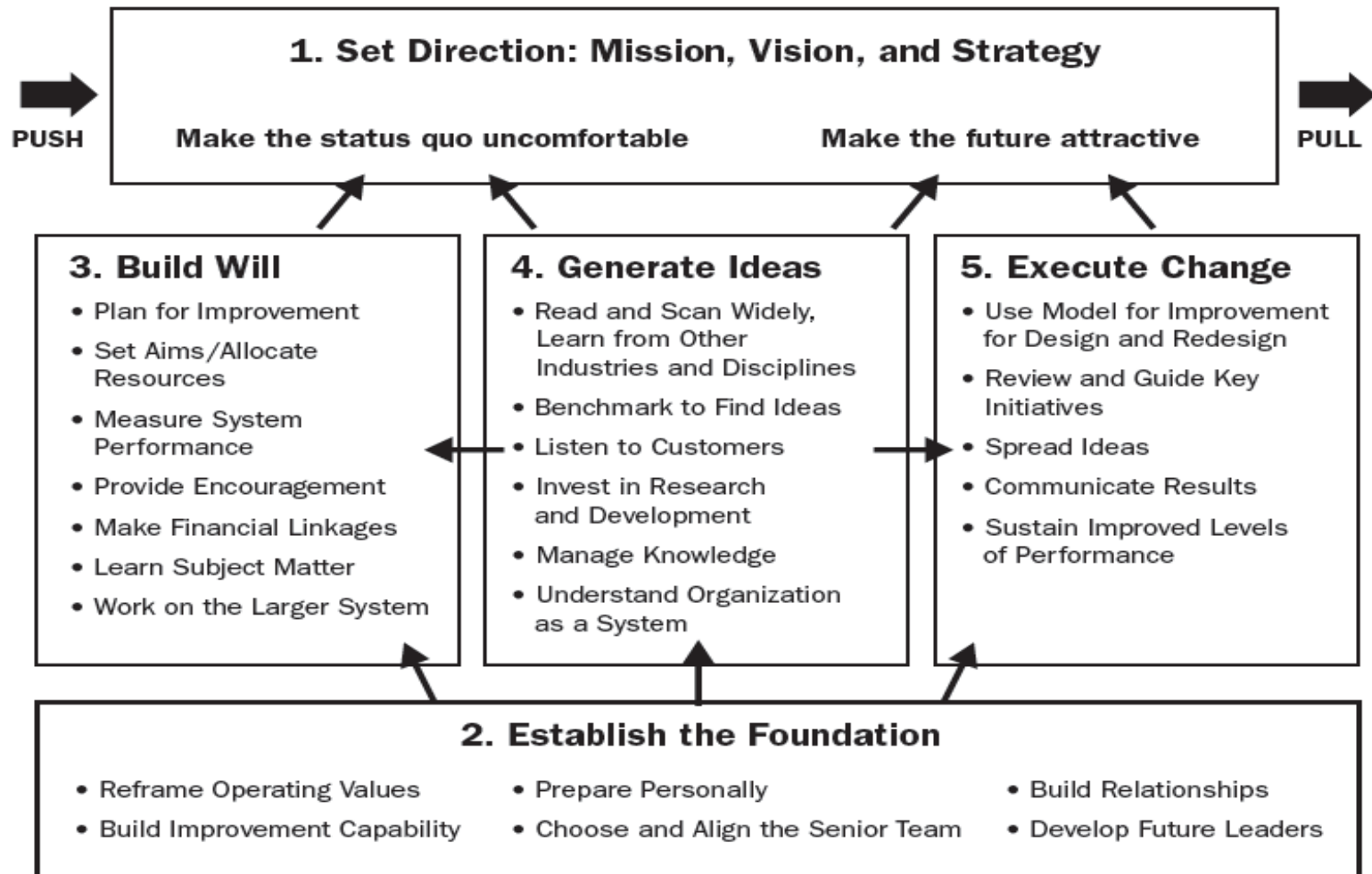
- Relate to the vision.
- Expect personal gain.
- Give input.
- Respect the leader.
- Believe the time is right.

Deming's System of Profound Knowledge



Knowledge for Improvement

Institute for Healthcare Improvement (IHI) Framework for Leadership for Improvement



Patient

Vision

To be the Quality Leader
and transform health care

Mission

To improve the health and
well-being of the patients we serve

Values

Teamwork | Integrity | Excellence | Service

Strategies

People



We attract
and develop
the best team

Quality



We relentlessly
pursue the
highest quality
outcomes of care

Service



We create an
extraordinary
patient experience

Innovation



We foster a
culture of learning
and innovation

Virginia Mason Team Medicine™ Foundational Elements

Strong
Economics

Responsible
Governance

Integrated
Information
Systems

Education

Research

Virginia Mason
Foundation

Virginia Mason Production System

What is Scotland Model



Reflections (3)

Talking points:

- How to acknowledge the checklist – diagram 1
- Is Partnership working core business or a temporary endeavour for the most complex wicked issues
- How to make the landscape less messy – more precise research – investment in people; skills, capacity to get it right
- Explore the barriers to spread of what works, understand context (Context - not everywhere is the same set up)
- Once for Scotland approach – HEI support for public sector work
- High Performing Organisations – 9 Attributes

Implications

- Unprecedented levels of change, process re-engineering, incremental to transformational
- If Partnership Working is not easily defined it is difficult to take a structured approach to change
- Realising change takes time, fail to plan, plan to fail
- Risk of further fragmentation as we work through 31 new Integrated Authorities
- Confusion, delays, reasons change fails
- Risk of further fragmentation of service delivery, how do we continuously improve

