

Chapter 2

Establishing Purpose and Need

Chapter 1 set out some general aims of integration, but when considering an integrated care initiative, you need to understand why you are doing it in order to create an effective, tailored approach that addresses the particular issues in your area. Are you trying to integrate because the current system is broken and failing your users and carers, or are you trying to improve your current approach or improve the outcomes people are achieving, or a mix of all three? One of the problems for those seeking to implement integration is that there isn't a clear evidence base about what works, or which initiatives will best deliver improved outcomes. This means that there is no blueprint for those seeking to implement integration, and that each locality or service will need to develop an approach that meets the needs for people in their area and the context in which they are working. It is tempting to believe that if we implement x, then y will happen, but in a complex system that involves people, professionals and politicians, there is very rarely a simple solution that will deliver expected results.

So this chapter doesn't seek to tell you what or how to integrate, but offers you some useful questions to ask yourself as you develop your new approach, including:

- How can you find out what the issues are with the current arrangements?
- What are the outcomes you want to achieve?
- How can you map out the integrated care initiative?
- How can you be creative when designing an integrated initiative?

How can you find out what the issues are with the current arrangements?

In Chapter 1 four ‘wicked issues’ were set out that are typical of local situations that lead to the development of an integrated care initiative. Faced with the political, financial and personal pressures that commonly build around such situations, it is easy for services to jump to a solution before fully understanding the issues that lie behind them. Whilst there is always a chance that this could be just the right solution for the problem concerned, it is likely that this will not be the case. It is therefore vital that time is spent in understanding ‘what works’ and ‘what doesn’t’ before recommending how best to respond. Table 2.1 shows how the wicked issues introduced in Chapter 1 could be explored, with more detail in the remainder of this section on these sources of data, tools and approaches that can be used to understand this data.

Data sources

Understanding user pathways and journeys: Developing stories of how people experience services in their current state is a powerful way of describing the system and understanding its impact on individuals. Several areas created fictional ‘typical’ users of services to help them understand gaps and duplication in the system and to identify the impact of any changes on individuals. For example, in Liverpool they created ‘Our Ted’, and in Cumbria they used the fictional ‘Mrs Carlisle’. The North Wales Regional Single Point of Access Programme adapted the ‘Mrs Smith’ approach developed in Torbay to create postcards that could have been sent between friends to create the vision for what users want, and also to provide information for stakeholders about what the future could look like (see Figure 2.1). Journey mapping is a powerful way of telling the story of people who use our services, and can be done with users and carers and in multi-disciplinary teams, which helps people within the system to understand the issues, and may create an agenda for change. Involving users and their families in this, and working with them to design a more integrated, seamless and comprehensive pathway, is an excellent way of co-producing an integrated approach. All too often we forget that patients, users and carers are the experts in their own condition; they understand the impact that it has on their daily life – most importantly how they live with it outside the world of health, social care and housing – and can contribute hugely to improving their care and support pathways.

Table 2.1: Wicked issues and how the issues beneath them could be explored

Wicked issue	Could be explored by...
Homelessness	Understanding the user journey – work with homeless people already in receipt of services to carry out pathway mapping to understand their experiences, which services they interact with, and what support would help them Carrying out an audit of case files from across different agencies to understand the issues being faced by the services and the factors behind decisions Developing a multiple cause diagram to understand the factors involved in people becoming multiply excluded, and the links between them Analysing complaints data from the police about crime levels Using networks to identify best practice
A&E admissions	Developing a Pareto diagram (see page 36) to understand the factors at play and the impact they have to identify where to focus resources Developing a cause and effect diagram to understand why increasing numbers of older people are presenting to A&E Undertaking user pathway mapping to gain an understanding of the causes of entry to hospital and readmission
Diabetes	Consulting with older people from the South Asian community, using an advocacy group to understand levels of awareness of the causes of type 2 diabetes Undertaking user pathway mapping of a sample of 30 patients from the point of diagnosis Developing a cause and effect diagram based on the user pathway work Asking the neighbouring clinical commissioning group (CCG) with a similar population but lower rates of type 2 diabetes to conduct a three-day peer review of the service, in return for a reciprocal peer review in an area where they were performing better
Transition	Consulting with special schools, parents and young people to understand the needs of the individuals and to identify concerns and expectations for when they leave school Working with staff from across agencies to develop value stream mapping of the current learning disability service to understand the demands on and capacity of the team Using the ‘five whys’ to understand why young people were being placed out of area Carrying out an audit of recent case files to understand the reason behind decisions to place young people in out-of-area residential care

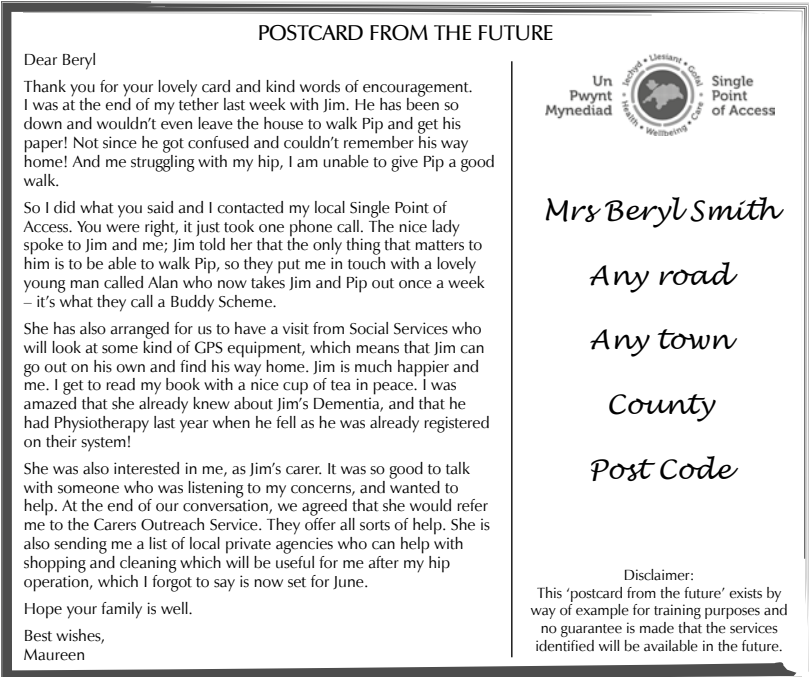


Figure 2.1: North Wales Regional Single Point of Access Programme

Rich pictures: Rich pictures can be used to illustrate complicated situations or issues, to help analyse a situation. They can be drawings, pictures, symbols or text that represent a particular situation or issue from the viewpoint of the people drawing them. They can show relationships, connections, influences and cause and effect, but also more subjective elements such as character and characteristics, as well as points of view, assumptions, etc. Rich pictures can be helpful in communicating issues between groups of people from different backgrounds and organisations where there may be cultural or language differences. Drawings, pictures and text can provide the basis for the shared understanding needed to enable further dialogue. People don't need to be able to draw, though – they can use stickers or cut out pictures from magazines, anything that is creative and reflects how they see the situation.

Audit of case notes and files: Case notes can provide an insight into the system and, in particular, where parts of the system are not working together effectively. You could review recent decisions that have been made about referrals, take a sample, or look at those where there was disagreement around the best outcome. Sharing these with other practitioners may

provide interesting insights into the way in which professionals work together and how decisions are taken. From these insights you may be able to start to develop ideas about pathways and where agencies could better work together, to inform a more preventative, integrated pathway.

Analysing complaints data: Using anecdotal as well as more formal complaints data can be a rich source of data about what might be going wrong with current arrangements. For example, if staff members mention that a user has complained about being visited by lots of different people, or never seeing the same person twice, this is all data, and may be an indication of an inefficient system where there is duplication.

Survey feedback: There is likely to be a wealth of information about services as part of user surveys. The questions may not be exactly focused on issues that might be addressed through integration, but they are likely to be rich sources of data, especially open comments. Be curious and open about the data, and analyse it to see where gaps in quality of services lie.

Feedback from staff: Frontline teams are often those experiencing the sharp end of a fragmented system. Working with them to understand how the issues affect their work and the people they deal with can be a very powerful way of understanding how the approach is impacting on users and patients. For example, what is their experience of making referrals to other services? Do they receive feedback on what has happened to the referral? How do other professionals respond to them when they try and contact them to discuss an individual?

Direct consultation with service users and their carers and families: It may be that you do not have enough insight or evidence into your service and want to commission some primary research with people using your services. There are a range of different approaches (see Chapter 3) to support engagement with service users and their carers and families.

Peer review: Opening your service up to peer review can be a very powerful approach to getting an external, objective take on what's working well. You don't have to engage in a formal peer review approach – you could ask colleagues from other services to take part, or from a neighbouring area. They may want to use some of the approaches outlined above, such as interviewing users, creating pathways and looking at case files.

Understanding how to compare against benchmarks and best practice: What do you know about what best practice is and how your service compares? How does the performance of your service compare with others? A good

way of understanding this is to visit other services that are willing to tell you about their experiences, and not always the best practice ones – there is a huge amount to learn from things that have not worked so well, as well as those areas that are highlighted as best practice.

Specific tools and methodologies

There is a wealth of change and organisational development tools that you can use to understand the current state. The Social Care Change Compendium (Miller *et al.* 2015) offers some helpful ideas. Here we have selected some of the most useful, and simple to use, approaches:

Multiple cause diagrams: This technique uses a picture to plot the relationships between parts of the system and to understand how different parts impact on others (see Figure 2.2). Various causes of a certain event or situation are represented, and relationships between variables in a given situation are investigated. Multiple cause diagrams explore why something has happened (often why something went wrong) or why a situation is as it is (often why a problem recurs). The multiple cause and effect diagram below illustrates the various causes for older people entering residential care, and the links between those.

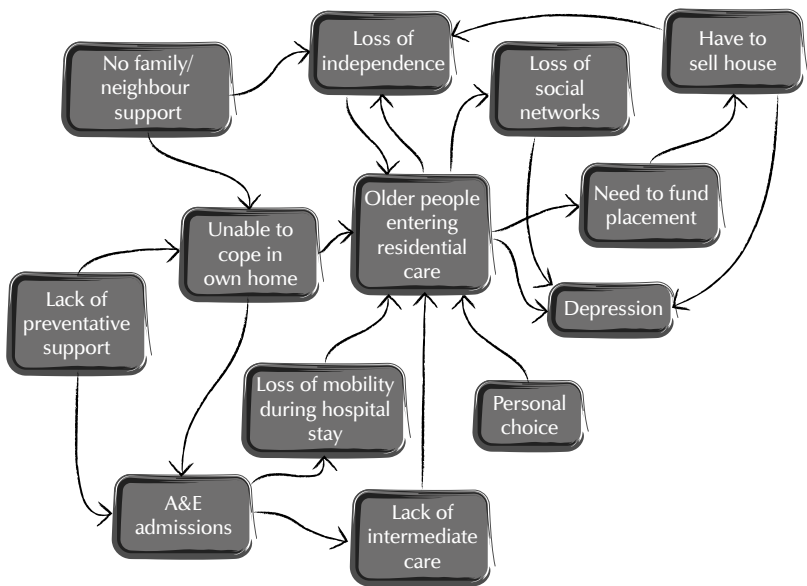


Figure 2.2: Multiple cause diagram

Cause and effect diagrams (also called 'fish bones'): A variation on the multiple cause approach above, this exercise is usually done with a team of those involved with the issue. The process starts with a 'why' – for example, 'Why do more people enter residential care earlier in our area than average?' Or 'Why are waiting times in hospital so long?' Potential causes are then mapped under specific headings, such as 'Materials', 'Methods', 'Equipment', 'Environment' and 'People', and links between the causes identified. The benefit of this approach is that it helps teams understand that there are many causes that contribute to an effect, it graphically displays the relationship of the causes to the effect and to each other, and it helps to identify areas for improvement. Figure 2.3 looks at the causes of provision of adaptations taking too long.

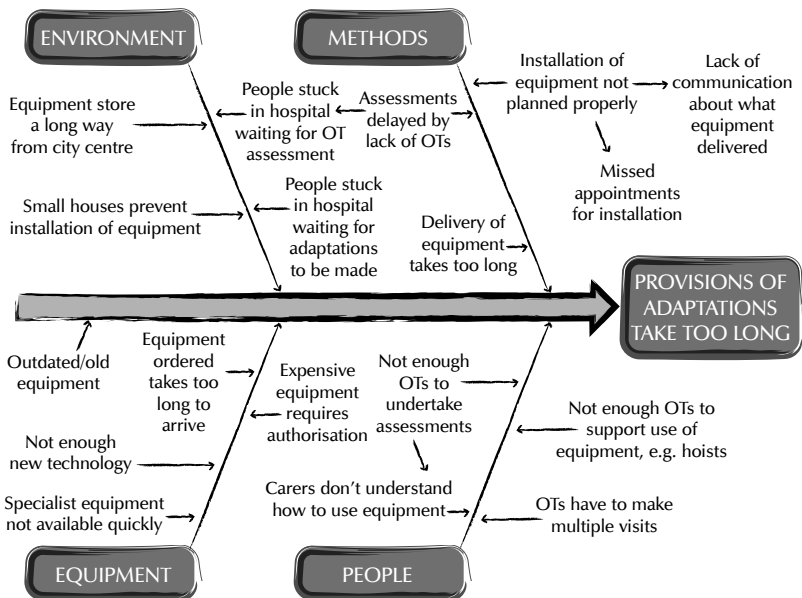


Figure 2.3: Cause and effect (or fish bone) diagram

Value stream mapping: This is part of 'lean' methodology, and can be particularly helpful in understanding what processes might not be working most effectively. The approach can be most usefully carried out with a multi-disciplinary team. The process requires mapping of all processes involved in providing a service – for example, all stages involved in the provision of adaptations to assist home living to identify value-giving and wasteful steps in the pathway. Start and end points are agreed – for example, diagnosis of a physical disability through to the provision of an aid. Those who come into contact with the client throughout the process

undertake the mapping activity, initially looking at current practice on their own part of the pathway, and subsequently coming together to identify wasteful steps. From this you can produce a current state, and hence from there, an ideal state.

Pareto analysis: This is a type of chart that helps to identify the key issues that cause negative or positive impacts on a service. The technique helps you to focus efforts on the problems that offer the greatest potential for improvement. The chart is based on Pareto’s principle (the 80/20 rule, that most things are not evenly distributed, and so, for example, 80 per cent of complaints are about 20 per cent of services, or 80 per cent of a nurse’s time is spent on 20 per cent of patients). The number and/or percentage of different factors are mapped on a graph and put in order of frequency, with the most common on the left. Those that contribute to the first 80 per cent of an impact are seen as the most important (‘the vital few’), with those that contribute to the remaining 20 per cent seen as relatively unimportant (‘the trivial many’). It can be a helpful means to focus on the issues of most importance and so define how best to channel the available energy and resources. Figure 2.4 illustrates the data about complaints received about a care service.

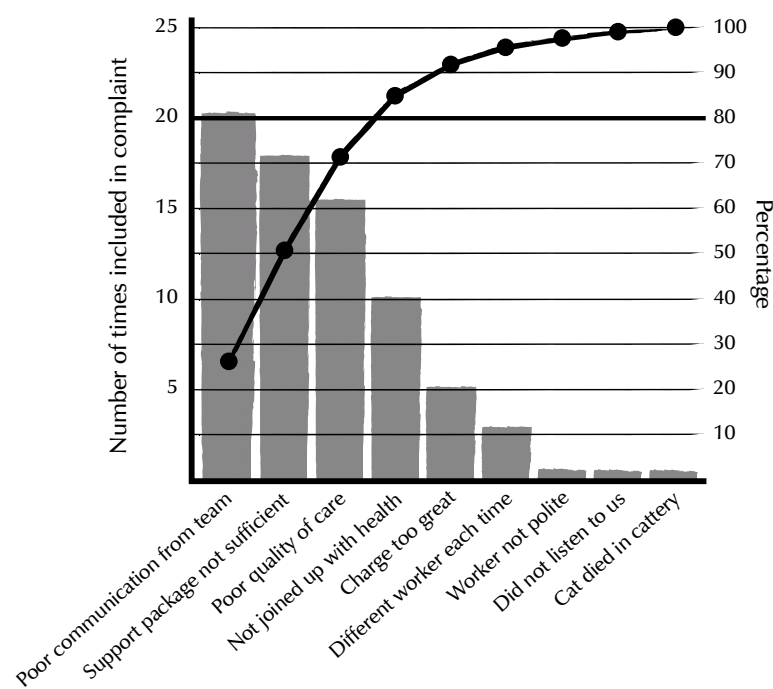


Figure 2.4: Example of a Pareto chart

Five whys: This approach is useful to guide the investigation of single problems or issues rather than explore an organisation holistically. A simple yet powerful approach, it enables the factors that lead to a situation to be identified through asking a series of questions related to the event or issue. Once a problem has occurred, the first ‘why’ question is ‘Why did this happen?’ It is likely that a number of answers will be found, and for each, the next ‘why?’ is asked: ‘Why is that?’ The sequence continues until the question has been asked and answered five times (see Table 2.2).

Table 2.2: Five whys

1. Why (did this happen)?	The young person with learning disabilities was placed in an out-of-area school	
2. Why (is that)?	There were no appropriate places available in the area	
3. Why (is that)?	The number of children with learning disabilities has risen	Schools have not been able to expand to increase capacity
4. Why (is that)?	High numbers of families have recently moved into the area	School sites are unsuitable for expansion
5. Why (is that)?	A large number of housing estates have recently been built, but with no additional school provision	Mainstream schools have not been willing to establish learning disability (LD) units on their sites

What are the outcomes you want to achieve?

As Chapter 1 suggests, there are often high-level, strategic aims of integration, to:

- tackle so-called ‘wicked issues’
- ensure that individuals are protected from harm
- improve people’s outcomes and experience of accessing care
- ensure that available resources are used efficiently
- meet a statutory requirement
- enable organisational survival and growth.

You may have some of these drivers for your integrated care initiative, and there may be a whole organisation mandate to integrate services. However, as someone who is going to develop a specific service or project, you need to develop a clear set of outcomes that you want to achieve.

One way of conceptualising these outcomes is through the ‘triple aims’ of integration (see Figures 2.5 and 2.6) (Berwick *et al.* 2008):

- raising the overall health of the community and addressing health inequalities (population health)
- improving people’s experiences of care and their personal wellbeing (experience of care) *and*
- achieving more efficient use of resources through increased productivity and less intensive models of care (cost per head).

To achieve successful integration, all three of these aims are important, and it is short-sighted to achieve only one or two of them.

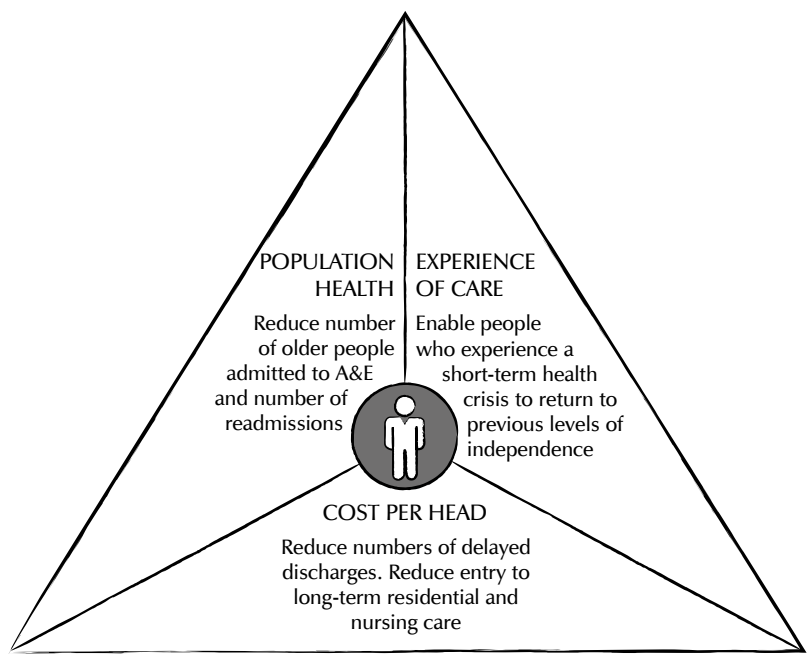


Figure 2.5: Triple aims in respect of the A&E admission scenario

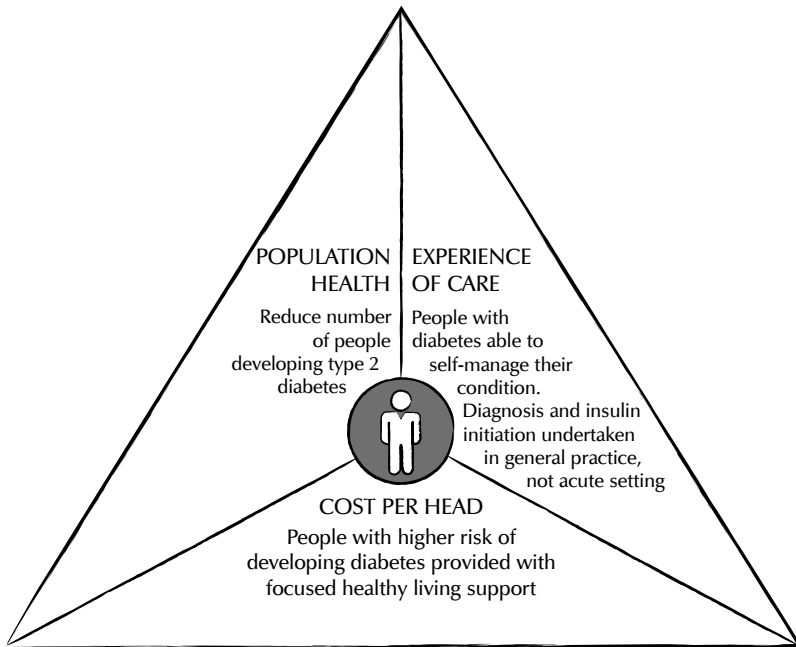


Figure 2.6: Triple aims in respect of the diabetes scenario

These aims can be viewed both at the macro level (whole population) and micro level (individuals). So, for example, the overarching aim of integration in your area might be about enabling people to remain in their homes for longer, and ensuring services are developed around individuals. You will want to think about how those aims play out for those individuals experiencing your services (micro level); for example, ensuring your service users do not need to repeat their stories over and over, can avoid unnecessary hospital admissions, have friends or neighbours who will pop in to support them, or that they are able to walk down to the local shops. It is essential to involve users and carers in discussions about what they want from your services, and it is useful to have both the macro and micro aspects in mind when developing an integrated approach. You may also want to include outcomes for professionals, such as job satisfaction, professional relationships, training and development.

The work that you have done to identify the issues within your current arrangements and to understand the way in which people experience your service will help inform the aims and outcomes that you want to achieve from your integrated initiative. These can be very specific to the service that you provide (see Table 2.3).

Table 2.3: Desired outcomes for the four wicked issues

Wicked issue	Desired outcomes
Homelessness	• For these individuals to have somewhere safe and warm to live and to have regular meals • For these individuals to access general healthcare and welfare benefits • For these individuals to get support in relation to dependency and mental health • To reduce perceived and actual increased levels of crime within the local community • To reduce the number of emergency admissions of multiply excluded homeless people
A&E admissions	• To enable people who experienced a short-term health or social crisis to return to their previous level of independence • To slow the rate of deterioration in the physical and mental health of people with long-term conditions • To reduce the use of A&E and readmissions to hospital • To reduce entry to long-term residential and nursing care • To maintain (reduce) numbers of delayed discharges
Diabetes	• To improve general awareness of the local community regarding the risk of diabetes through lifestyle and diet • To target those at higher risk of developing diabetes with focused healthy living support • To undertake diagnosis and if necessary insulin initiation in general practice rather than in the acute setting • To encourage those with diabetes to self-manage their condition and to avoid worsening and complications
Transition	• To carry on developing the young people's communication and independent living skills • To ensure the young people can maintain their key friendships from school • To ensure that parents/carers have the practical support that they need to continue to be the main carers • For the young people to continue to receive specialist health support when they transfer to adult services • For health and social care funding to be used efficiently and to develop local capacity and skills

How can we map out the integrated care initiative?

Having understood the strengths and weaknesses of the current situation and agreed on the outcomes to be achieved, it is now possible to think through how best to deliver these in practice. A key approach that will help you to identify outcomes and design and test your integrated

initiative is to create a *theory of change*, or *logic*, model. These terms may sound confusing, but their approach provides a simple framework through which we can map out the various elements of an initiative, and how we think they will interact to provide the expected outcomes and impacts.

There are different schools of thought regarding the best way to map out and present the theory or logic of an intervention, and whilst these share common principles, they can vary in their use of terminology and what is emphasised in their mapping (see the Resources section at the end of this book). What is of particular debate is the issue of what an *outcome* and an *impact* is. We suggest five key elements that we have found helpful in unpicking integrated care initiatives that we combine under the term ‘mapping’: context, resources, activities, benefits and assumptions (see Figure 2.7).

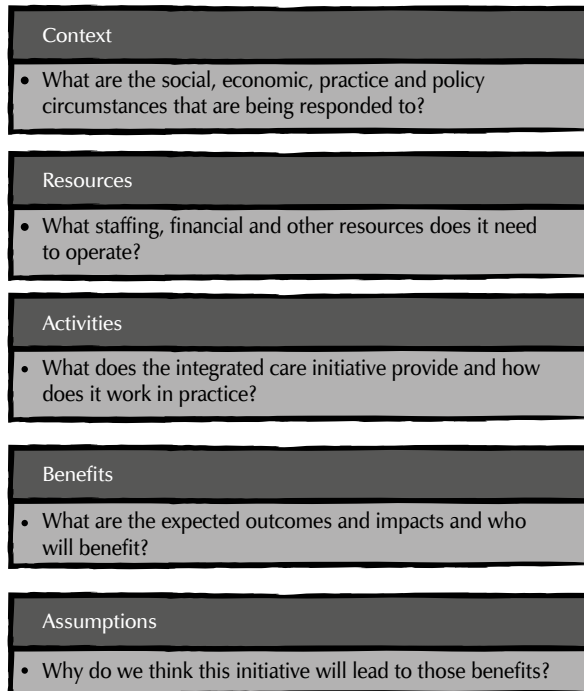


Figure 2.7: Five key mapping elements

Context

There is increasing recognition of the importance of context in understanding how an integrated care initiative works and the benefits that it achieves. This is particularly important in terms of learning from different approaches. A project that has been successfully run in one area of a country may not be so successful in a different locality, and a new model trialled by a pilot project may not then deliver such good results when it is adopted in services. Talking through the context with your stakeholders is also important for the initiative itself, as it can provide a more complete view of what led to its development. Key aspects of context that we would suggest are included are as follows:

- local history of integrated care in this service area – what has been tried before?
- current strengths and weaknesses of local services (including the experiences of people who have accessed the service)
- current and future national policy context
- future local changes in demand and expectations.

Resources

You need to have a clear idea of what type and level of resources you will need to implement the initiative. This should encompass those that have been provided specifically for the service or project, and also existing resources that are required for its development and running. Even if the economic aspects are not of prime concern, you will still need to get a good overview of all the people, funds and technologies that will potentially contribute to the integration to understand how they connect and interact. Key resources that you may want to include are:

- *staff* who will be dedicated to working in the service, including managers and professional supervisors
- *budgets* that are available to the service in respect of both purchasing care and support for the service user and maintaining the service
- *equipment* that will be made available to service users to support their independence and wellbeing

- *technologies and systems* that will support the inter-professional working and delivery of integrated care
- *buildings* that will be used to provide support or to host the staff within the initiative
- *external partners* that the service will need to engage in its work, even if their resources remain separate.

Activities

The activities are the actions through which the identified resources will be connected together in order to provide the expected outcomes and impacts. There are a variety of potential activities that could be included, such as those that primarily operate within the service, for example a multi-disciplinary referral meeting or professional supervision processes, and those with an outward focus, such as care planning with service users or partnership meetings with other agencies.

The examples outlined in Case example 2.1 set out how a range of approaches involving a variety of agencies are likely to be needed to achieve the outcomes sought.

Case example 2.1: Developing integrated care initiatives

Integrated care initiative in Lincolnshire

In Lincolnshire, the outcome they wanted to achieve was for people with long-term conditions to remain in their own homes for as long as possible. To achieve this they established an integrated wellbeing service that supports proactive care. The approach includes:

- » support to gain home management and lifestyle skills
- » access to befriending services
- » supporting access to various activities provided by local clubs and voluntary or community organisations
- » support where people require help and advice to remain in their home
- » support to secure and maintain appropriate housing
- » help to manage finances and benefit claims

- » help to complete forms to enable people to stay independent in their own homes
- » support to understand the options available by gathering information and explaining it in a way that makes sense to people.

Integrated care initiative in Hertfordshire

Hertfordshire had some key outcomes they wanted to achieve through developing integrated services. These were to:

- » support people to live independently at home to reduce unnecessary hospital or social care admissions
- » improve the coordination of services around the needs of the person
- » prevent unnecessary hospital admissions by offering alternative care in the community.

Hertfordshire developed a range of services to achieve these outcomes, for example *HomeFirst*, an integrated community support service that provides effective care for people at risk of hospital admission or social care placement. It brings together expertise from NHS and social care services to ensure service users get the right care and support to stay at home wherever possible. HomeFirst teams include nurses, occupational therapists (OTs), social workers and care staff. The service consists of two elements:

- » a reactive rapid response service, where health and social care staff respond within 60 minutes to people in crisis
- » a proactive virtual ward that supports people who are at risk of hospital admission; this helps keep people in their own home.

There is also the *Community Bed Bureau Scheme* that focuses on improving the management and coordination of community bed rehabilitation services. It coordinates, tracks and monitors the use of community beds, and assigns the person to a bed that most suits their needs. There are two main types of community beds:

- » intermediate care, where need is mainly medical, usually to help a person recover from a period of ill health
- » enablement, where a person is supported to regain their abilities and confidence to continue living independently.

What do these examples tell us?

- » The outcomes that we often want to achieve from an integrated initiative are complex and varied.
- » The interventions that are designed to achieve those outcomes will involve a wide range of specialist and universal services, partners and direct support, as well as preventative approaches.

Benefits

The expected benefits of the integrated care initiative should reflect the work done to develop the outcomes that you want to achieve from the integration. It is important that all stakeholders that were involved in the development and delivery of the integrated initiative have the same understanding of why the initiative is being put in place and what benefits they expect to achieve.

Assumptions

Assumptions are the ‘theory’ aspect of the mapping process in that they set out the ‘beliefs’ that we hold about the integrated care initiative, and why we think this combination of resources and activities will lead to the expected benefits. It is very common that these are not properly aired in the development of an initiative beyond the superficial level of ‘integration is a good thing’. This is a potential problem, as it may be that stakeholders have different views of what they think will be the key to success, or the overall model is not correctly configured or sufficiently resourced to work in this context. Encouraging stakeholders to express these can lead to some difficult but necessary discussions about their alternative perspectives. The thinking about why the initiative will work can be done on the basis of the knowledge and insights that the stakeholders bring, but can also be informed from learning from similar initiatives seeking to bring about such benefits in comparable situations.

When undertaking the mapping and potential solutions, it is also important to remember that a new integrated care initiative is not necessarily a solution to every problem. In some cases a less radical solution may be equally as effective in addressing the problem. It’s all about understanding what the issue is, what outcomes you want to achieve, and designing something that is likely to achieve them. The

scenario presented in Table 2.4 suggests how an alternative solution might be reached.

Figure 2.8 provides an example of a mapping model in relation to the diabetes wicked issue scenario outlined in Chapter 1.

Table 2.4: Wicked issue in which a new integrated care initiative is not seen as the best solution

How did they design an integrated intervention to deliver these outcomes?
• Held an Open Space event for schools, parents, young people and health and learning disability teams to identify what could be achieved • Used the de Bono ‘Six Thinking Hats’ approach to develop the ideas raised at the Open Space event • Developed a theory of change model to understand the current system and what a different system might look like
What did the integrated initiative look like?
• Due to the very different needs and interests of the individuals and a move to access community resources rather than rely on segregated services, it was decided <i>not</i> to develop a new integrated care initiative • Instead, existing care planning processes across children and adult services will be improved, with additional funding for advocacy and person-centred planning services

How can we be creative when designing an integrated initiative?

A myriad of different approaches can be helpful when trying to think through options for achieving integrated care. We set out here some of the ones that we find most helpful in the context of integrated care and that are achievable without any external support.

Safe-fail experiments

Safe-fail experiments enable you to create a hypothesis, a safe opportunity to try it out, expand it if it works and close it down if it doesn’t. This type of experimentation can be helpful when working within a complex system as there are unlikely to be repeating relationships between cause and effect, and small interventions may have a significant impact on how the system works, which cannot be predicted. They are small-scale, and approach issues from different angles, in order to reveal possible successful approaches.

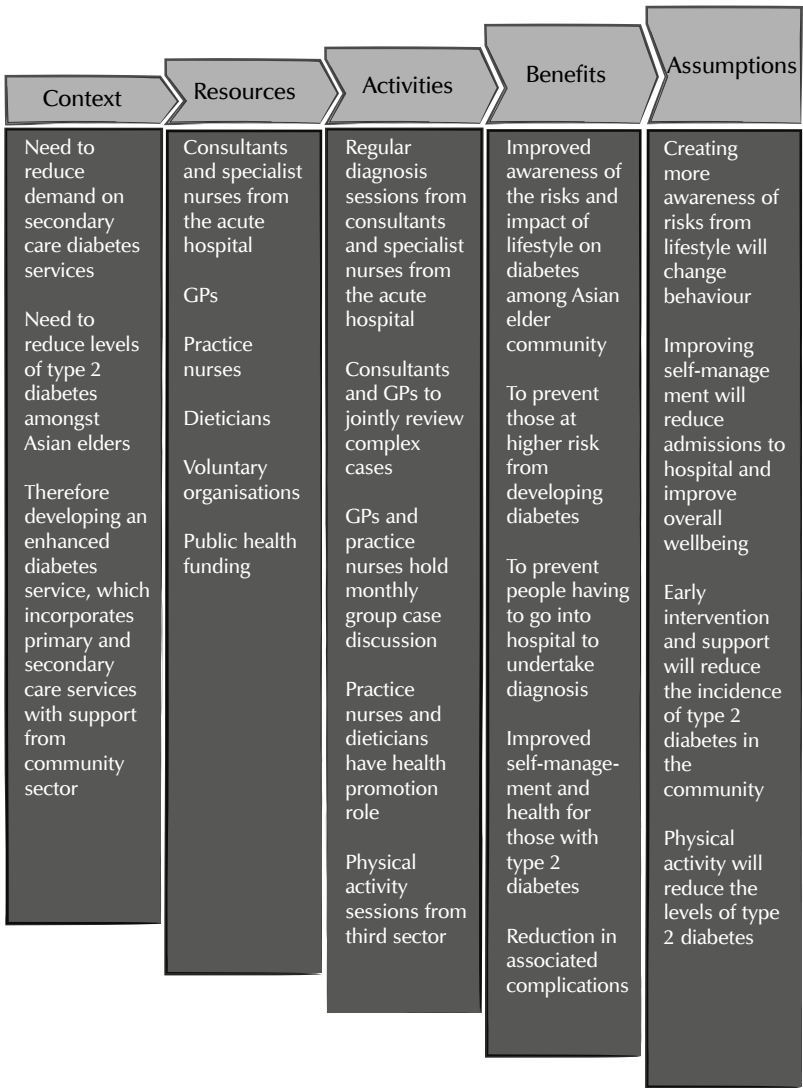


Figure 2.8: Example of a mapping model

Key principles on how to manage a safe-fail experiment include the following (Leadership for Change 2013):

- *Experiment freely and expect failure:* Recognise that failure is good and promotes learning.
- *Consider as many ideas as possible for experimentation:* Any idea that has a remote possibility of creating an improvement that can be carried out within the next eight weeks.
- *Start with experiments where failure can be tolerated:* Choose experiments where the overall impact of failure on the system is likely to be small and/or manageable.
- *Be comfortable with 'safe uncertainty':* Provide just enough structure, just enough control and just enough planning to mitigate the biggest of risks whilst leaving enough fluidity, spontaneity and freedom to welcome new possibilities.
- *Design experiments that can be monitored:* To plan future experiments, you need to be able to determine whether the outcome of an experiment was favourable.
- *Run multiple experiments in parallel:* Over time, experiments producing undesirable results should be wound up and new experiments started in promising areas.
- *Share the results of your experiments with others, and learn from the results of their experiments:* But be wary that the complexity of systems and contexts means that results can be hard to replicate across different areas.

Asking powerful questions

A powerful way of thinking what type of integrated initiative you need to design is to ask yourself a series of 'powerful questions', such as:

- What issues in the system are adaptive challenges, and what are technical problems?
- Are there any of our projects or activities that we are treating as day-to-day management when they are really transformative change? (See Chapter 4 for more details.)
- What day-to-day management processes do we need?

- What connections do we need to make, what relationships to build? Are the right people involved?
- Are any power differentials stopping change?
- What is 'messy' that we need to live with? Are there opportunities for experiments? How can you help contain any anxiety (including yours)?
- Do you understand the rules that guide how the system works? (Even in complexity, there are often simple rules that lead to outcomes – for example, in the case of integration, the rules might be that, if in doubt, refer to hospital, always defer to senior consultants and give acute physical services priority over chronic and mental health. If these simple rules always determine what happens in the system, any integration effort needs to address these.)

Open Space approach

Open Space brings together groups of people to identify and address issues connected with a shared matter of interest. Its basis is that shared understanding built through participation will yield coordinated action. Its purpose is to surface differences in understanding, to work through them, and build a new response. Successful events require a compelling theme, attendance of all those with a stake in change, and relevant tasks to complete within subgroups during the event.

Open Space uses a minimal formal structure, allowing participants to self-organise around topics associated with the overarching conference theme. It is often beneficial to get an external facilitator who has used the Open Space methodology in order to get the best out of these events.

Appreciative Inquiry (AI)

Most approaches to change begin with identifying the 'problem' to be solved and working back to understand the causes of the problem, and therefore how it can be addressed. In contrast, AI frames change as a 'mystery' to be embraced, and starts from identifying the best of what could be, discussing what should be, and innovating what will be. It is sustained by the belief that social systems evolve in the direction of

the positive images that individuals hold about them – looking forward and extending ‘that which is going right’. The approach applies positive questions with the aim of surfacing, and then extending, ‘positive core’ ideas across the networks of individuals that make up organisations (see Figure 2.9).

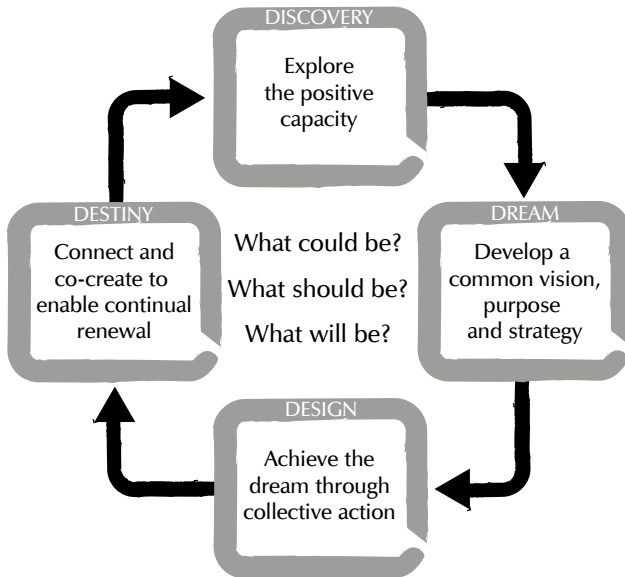


Figure 2.9: Appreciative Inquiry

De Bono's Six Thinking Hats¹

The ‘creative thinking’ approach is a tool for stimulating focused group discussion, built on the assumption that the human brain may respond to challenges in six distinctive ways:

- information (white hat) – the facts at hand
- emotions (red hat) – intuitive reactions of emotional feeling
- discernment (black hat) – logic of caution
- optimism (yellow hat) – logic of possible benefits
- creativity (green hat) – investigation of possibilities
- meta thinking (blue hat) – a combination of the other types.

1 See www.debonogroup.com/six_thinking_hats.php

Each of these responses may be harnessed to encourage reflection on a specific problem/challenge/question. By organising participants to consider the problem specifically from each of the six perspectives, the group will be more creative in their response to the problem. The metaphor of ‘six thinking hats’ is adopted to describe the ordered use of the six approaches in the above sequence.

Below we bring the processes together to show how new integrated care initiatives were developed for three of our wicked issues (see Table 2.5).

Table 2.5: Responses to the wicked issue scenarios

High numbers of homeless people in the city are not able to live in the usual homeless accommodation
There is an increase in the number of multiply excluded homeless people in the city – those who commonly suffer from mental health problems, abuse alcohol/illegal substances and/or have contact with the criminal justice system (either as perpetrators or as victims). This population are not able to live in the usual homeless accommodation due to the chaotic nature of their lifestyles and/or because they have been banned due to use of drugs and/or violence.
How would you find out what the issues are with the current arrangements?
• Understand the user journey – work with homeless people already in receipt of services to carry out pathway mapping to understand their experiences, which services they interact with and what support would help them • Carry out an audit of case files from across different agencies to understand the issues being faced by the services and the factors behind decisions • Develop a multiple cause diagram to understand the factors involved in people becoming multiply excluded, and the links between them • Analyse complaints data from the police about crime levels • Use networks to identify best practice
What are the outcomes you want to achieve?
• For these individuals to have somewhere safe and warm to live and to have regular meals • For these individuals to access general healthcare and welfare benefits • For these individuals to get support in relation to dependency and mental health • To reduce the perceived and actual increased levels of crime within the local community • To reduce the number of emergency admissions of multiply excluded homeless people
How could you design an integrated intervention to deliver these outcomes?
• Use an AI approach to build on what the user mapping identified as good about current support • Use a creative thinking approach with staff and users to generate new ideas about a different way of supporting individuals • Develop a theory of change model to understand what the initiative would achieve and what the benefits would be

cont.

What might an integrated initiative look like? A solution to the issue was to commission a local housing association to run a hostel that is able to cope with challenging behaviour. This will be achieved through: • higher than usual staffing levels • staff having additional training • a specialist health team undertaking clinics in the hostel • joint working with crisis mental health teams • a multi-disciplinary team formed round each individual with a named care coordinator • a multi-agency steering group with representatives from each key agency
Which services would need to be involved? • Homeless services • Community mental health team • Community addictions service • Local authority social work team • Probation Service • Police
Increasing numbers of older people are being admitted to A&E There are concerns regarding the increased use of the acute hospital by older people with multiple morbidities, including those with dementia. This is leading to higher attendances at A&E and rates of readmission. There is also a need to reduce admissions of older people to residential and nursing home care from hospital whilst ensuring that there are not increases in people waiting for discharge.
How would you find out what the issues are with the current service? • Use a Pareto diagram to understand the factors at play and the impact they have to identify where to focus resources • Develop a cause and effect diagram to understand why increasing numbers of older people are presenting at A&E • Undertake user pathway mapping to gain an understanding of the causes of entry and readmission
What are the outcomes you want to achieve? • To enable people who experienced a short-term health or social crisis to return to their previous levels of independence • To slow the rate of deterioration in the physical and mental health of people with long-term conditions • To reduce the use of A&E and readmissions to hospital • To reduce entry to long-term residential and nursing care • To maintain (reduce) numbers of delayed discharges
How could you design an integrated intervention to deliver these outcomes? • Gather best practice from existing approaches • Use an experience-based design (EBD) approach to work with patients and their families to design a different approach • Use de Bono's 'Six Thinking Hats' to generate creative ways of addressing the issues identified • Use a 'safe-fail experiment' with one bed in a community hospital • Create a theory of change model to design how a different approach would lead to improved outcomes

What might an integrated initiative look like?
A community-based rehabilitation and support service that seeks to enable people's timely discharge from hospital and to avoid readmission within 28 days, run by the acute hospital, and involving: • community therapy services • a reablement service with specialist home carers • intermediary care beds in a community hospital • social workers for hospital discharge (seconded into an acute trust)
Which services would need to be involved?
• Community therapy services • District nursing • Local authority social work team • Reablement team • Sheltered housing services • Social care providers • Preventative services delivered by the voluntary sector • General practice • Ambulance service • Community leisure and education resources • Out-of-hours health services With strong links to a 'hospital to home' befriending service run by a local voluntary sector group, and access to a flat in a sheltered housing scheme that can be used for short stays prior to someone's own accommodation being available
There are high rates of type 2 diabetes in the South Asian community
The local area, which has a predominantly South Asian community, has high rates of type 2 diabetes. This is resulting in high rates of demand on secondary care diabetes services and other complications such as obesity and depression.
How would you find out what the issues are with the current service?
• Consult with older people from the South Asian community, using an advocacy group, to understand levels of awareness of the causes of type 2 diabetes • Undertake user pathway mapping of a sample of 30 patients from the point of diagnosis • Develop a cause and effect diagram based on the user pathway work • Ask the neighbouring clinical commissioning group (CCG) with a similar population but lower rates of type 2 diabetes to conduct a three-day peer review of the service, in return for a reciprocal peer review in an area where they were performing better
What are the outcomes you want to achieve?
• To improve general awareness of the local community regarding the risk of diabetes through lifestyle and diet • To target those at higher risk of developing diabetes with focused healthy living support • To undertake diagnosis and if necessary insulin initiation in general practice rather than in the acute setting • To encourage those with diabetes to self-manage their condition and avoid worsening and complications

cont.

How could you design an integrated intervention to deliver these outcomes?
• Commission local university to do a rapid evidence review into what works around diabetes prevention • Hold an Open Space session with people from across the public sector, third sector organisations and users and their families to identify issues and potential solutions • Use the de Bono ‘Six Thinking Hats’ approach within a multi-disciplinary team meeting • Develop a theory of change model to understand how the initiative would achieve the outcomes
What does the integrated initiative look like?
GP surgeries will offer an enhanced diabetic service that includes the following: • regular sessions from consultants and specialist nurses from the acute setting • consultants will jointly review patients with more complex diabetes with GPs with less confidence • monthly group case discussion with GPs and practice nurses who are more confident in which particular cases they bring for discussion • practice nurses will take on an additional health promotion role with support from dieticians • third sector organisation will provide sessions with a physical activity worker through a public health grant
Which services are involved?
• Federated general practices • Diabetic team in acute setting • Practice nurses • Community and religious groups • Local leisure and education services • Dietician service • Public Health department • Sheltered accommodation service for Asian elders • Voluntary and community support services for the local Asian community