

# MANAGING COMPLEXITY

# FROM HEALTH TO INTEGRATED CARE

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**APSE Oxford**



# Today

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- **How Health & Social Care NI manages funding flows?**
- **Leading Change through Integrated Care Partnerships**
- **Challenges and Learning to date**



# Why?

Health & Personal Social Services  
N Ireland Order 1972

A Growing &  
Ageing Population

Poorer  
Health and  
Growth in  
Chronic  
Conditions

Instability in the  
Health and Social  
Care System

*Increasing Pressure on Health and Social Care*

## Consequences

Unplanned &  
Haphazard  
Change

Poorer Care &  
Treatment

Poorer Health  
Outcomes

Difficulties  
Meeting Future  
Health Needs

Failing the  
Health and  
Social Care  
Workforce

# Structure of Health and Social Care

**Political**



Minister  
for Health

**Policy**



Department  
of Health

**Commissioner**



Health and Social Care  
Board (inc 5 Local  
Commissioning Groups)

Public Health  
Agency

**Provider systems**

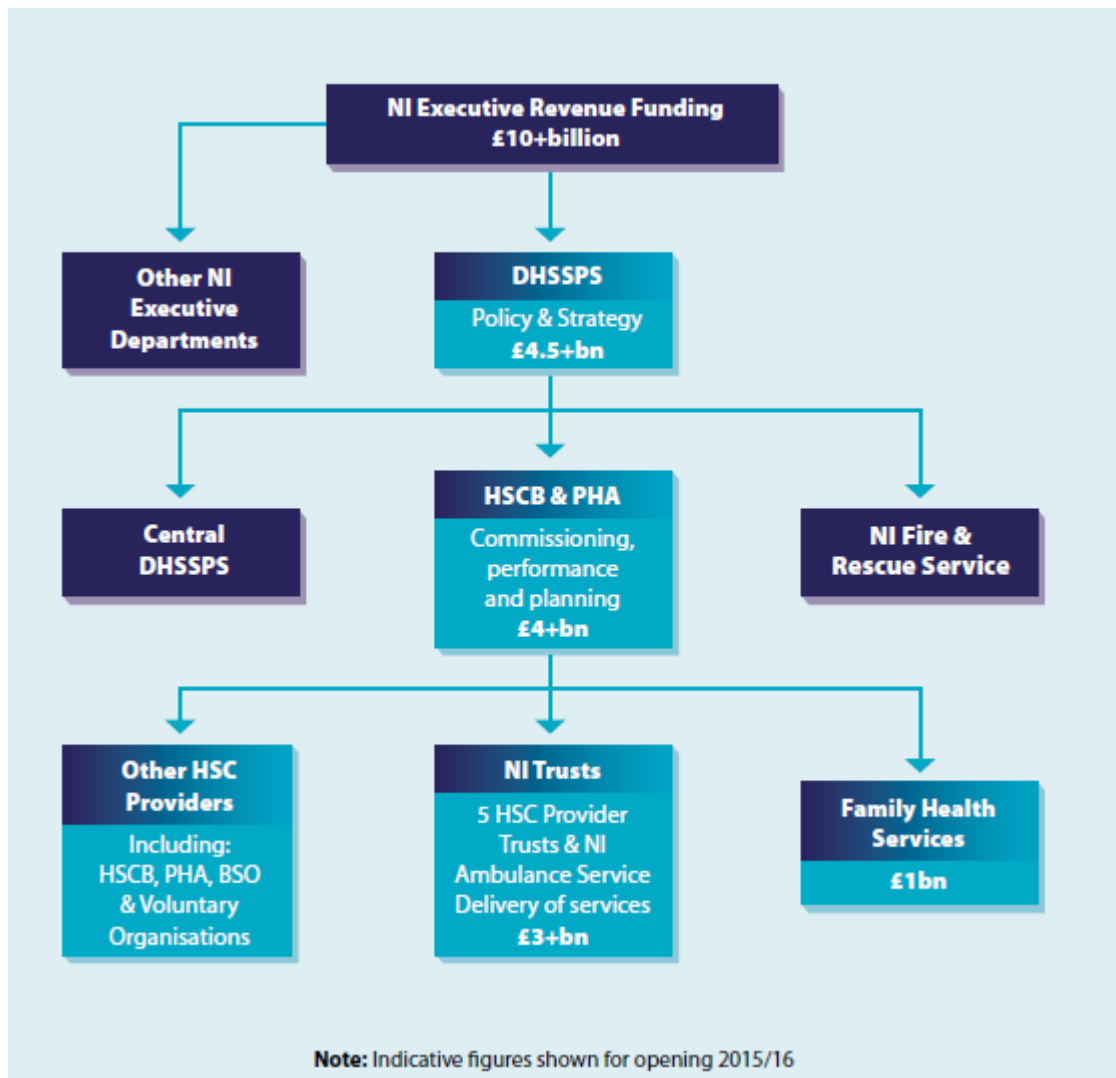
6 Health & Social  
Care Trusts

Primary Care: GP/  
Dentists/ Opticians/  
Pharmacist

Not for Profit,  
Charity and  
Voluntary Sector

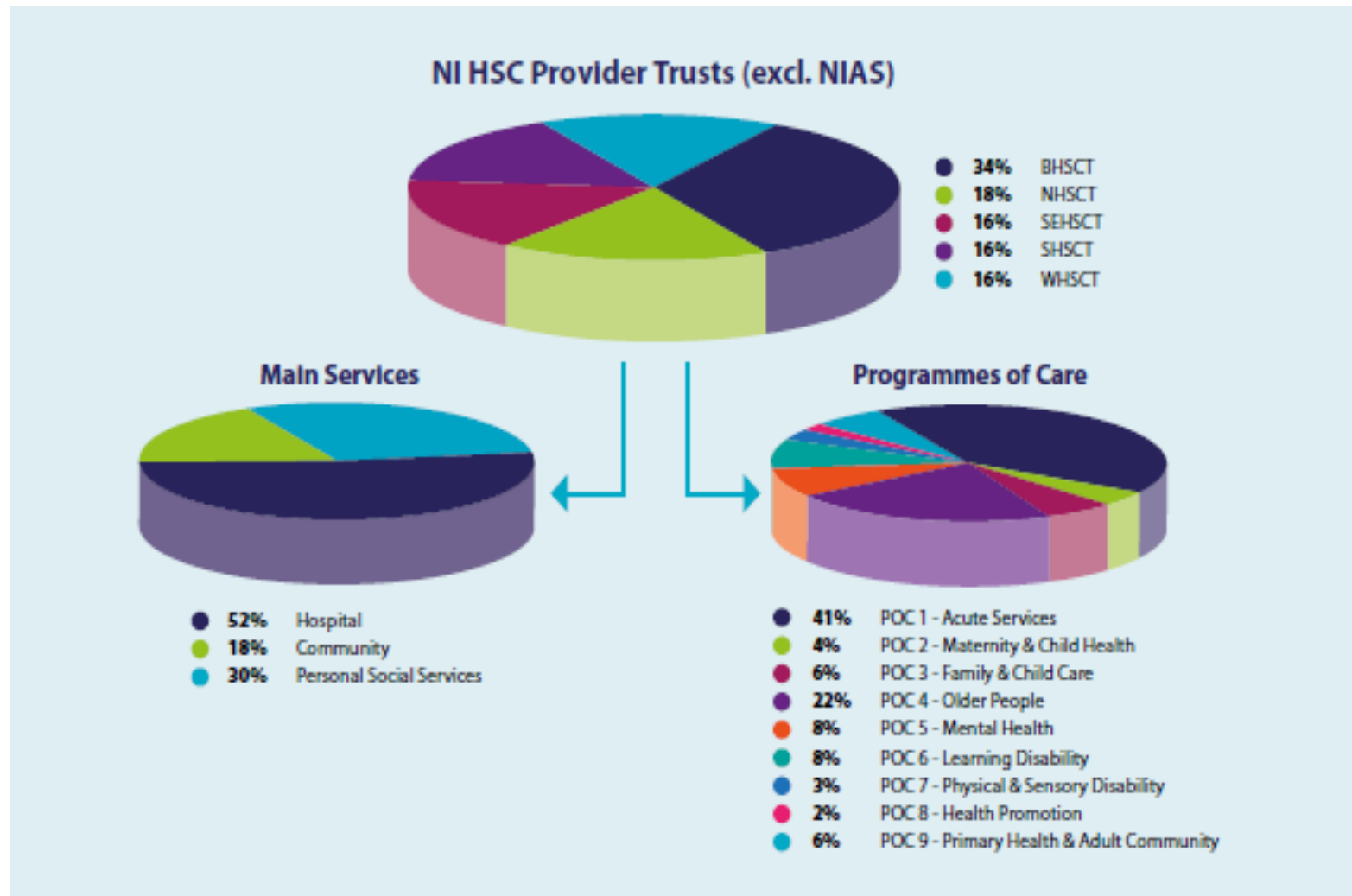
Private,  
Independent  
Sector

# HSC Resources

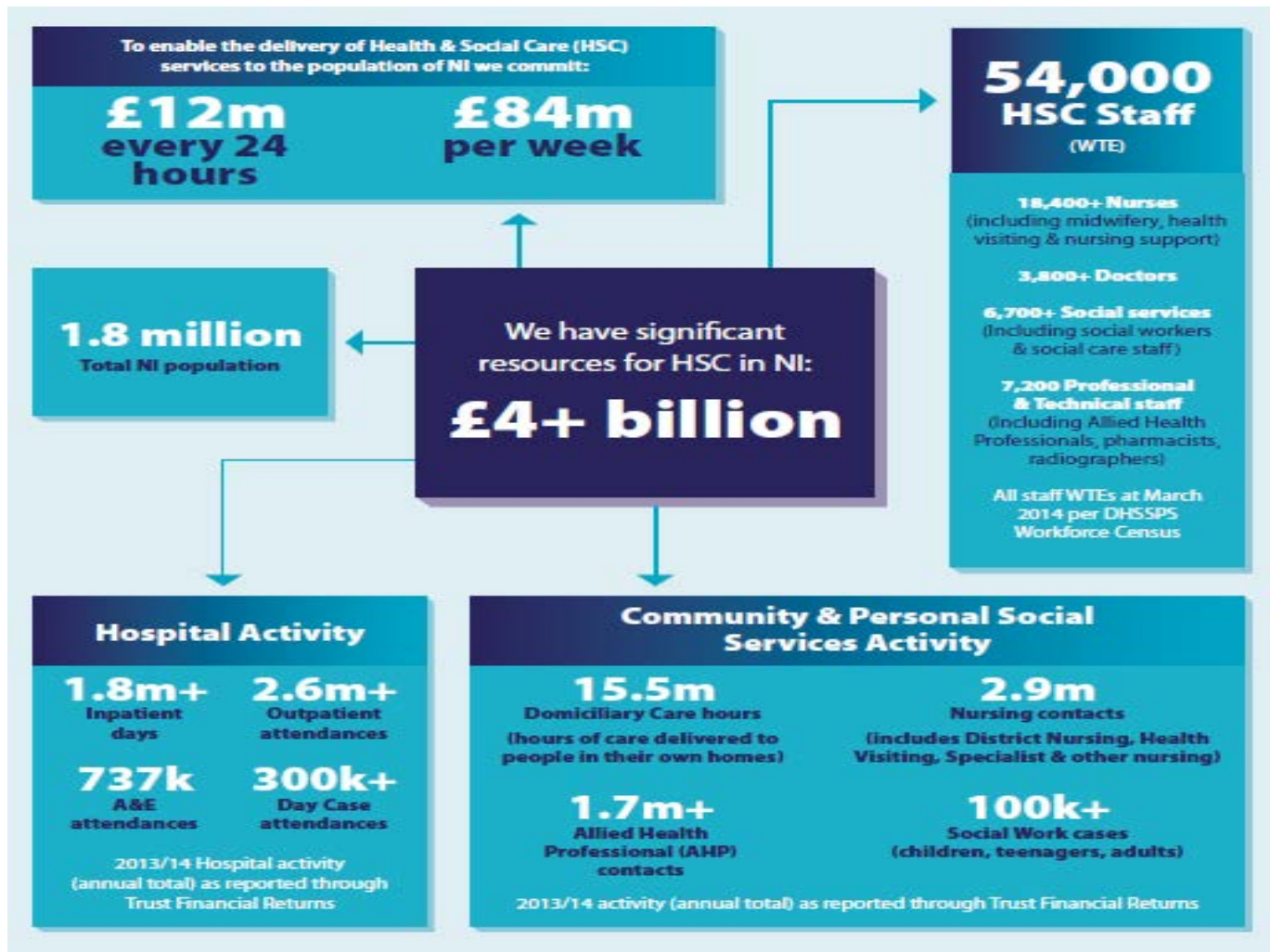


HSCB = Health &  
Social Care Board  
PHA = Public Health  
Agency  
BSO = Business  
Services  
Organisation

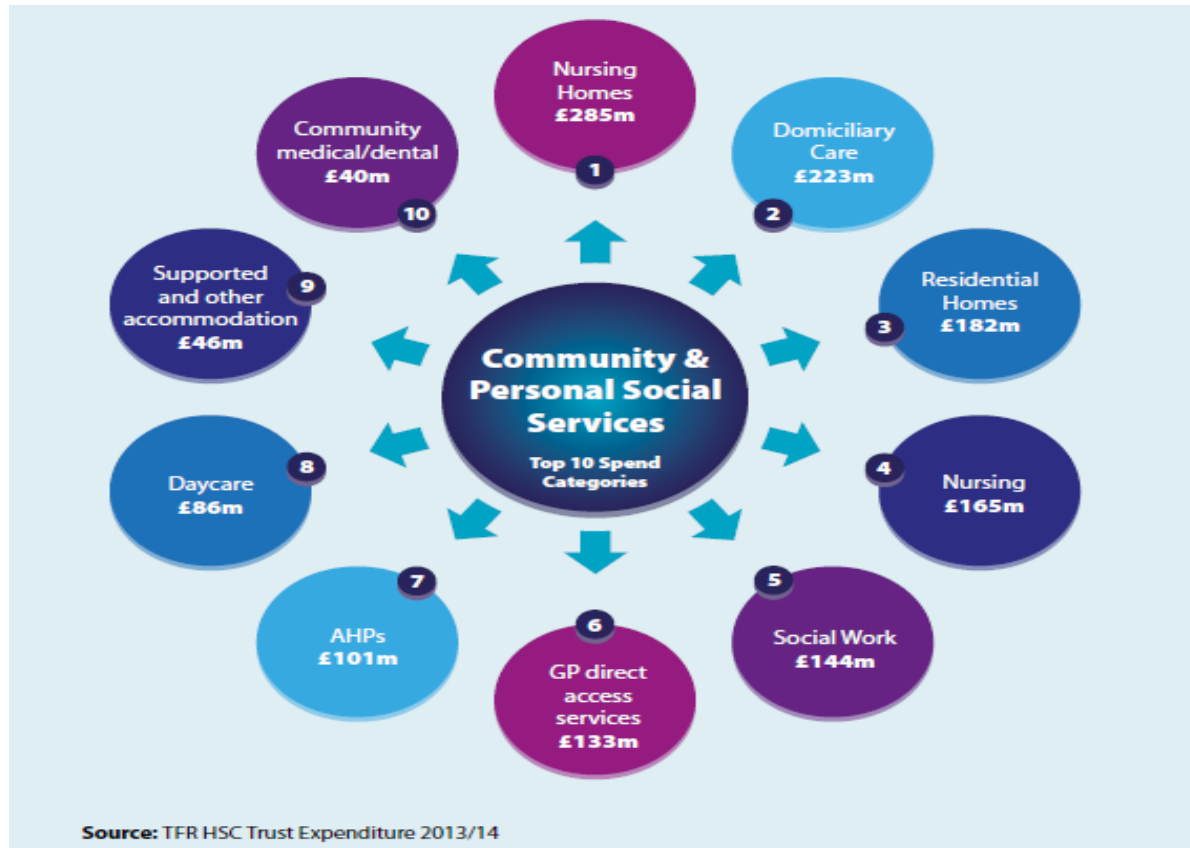
# Planned Utilisation of Commissioning Resources 2015/16



# Key areas of spend



# Top 10 Spend Categories Community & Personal Social Services





# Lessons

- **Eases discharge process – no negotiation across organisational boundaries**
- **Enables equity of resource deployment**
  - Across geographic patches
  - Between health and social care programmes
- **Social, Community, Primary Care often used to cover acute service deficits**
- **Macro integration does not mean that at meso and micro levels the work is any more integrated**



Align incentives

Professional boundaries

Interface

Complexity

Precision management

eHealth

Workforce

Infrastructure

Estate

Challenges

Responsiveness

Design  
v  
Implementation

Innovation

Clinical Quality

Precision medicine

# Leading change in a new era

## Dominant approach

Power through hierarchy

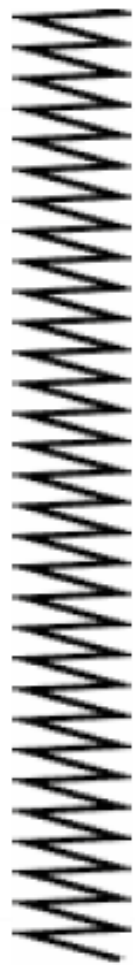
Mission and vision

Making sense through rational argument

Leadership-driven (top down) innovation

Tried and tested, based on experience

Transactions



## Emerging direction

Power through connection

Shared purpose

Making sense through emotional connection

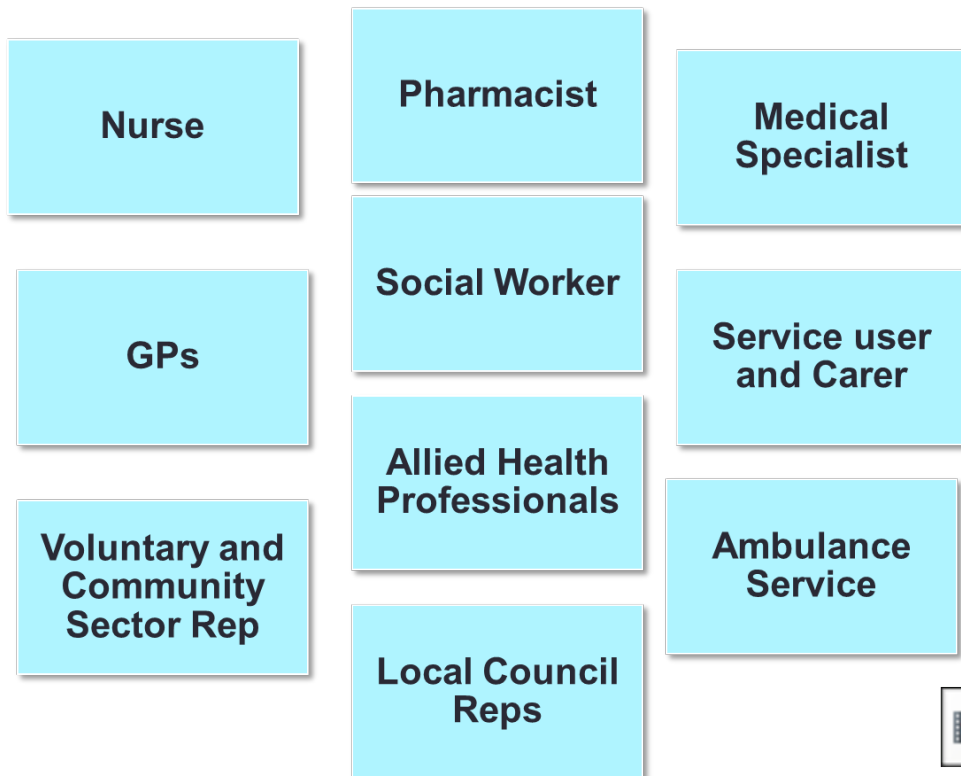
Viral (grass-roots driven) creativity

“ Open” approaches , sharing ideas & data, co-creating change

Relationships

# Integrated Care Partnerships

**Networks of providers** - *Working together to deliver the right care, in the right place at the right time.*



Integrated Care Partnerships-SD.mp4

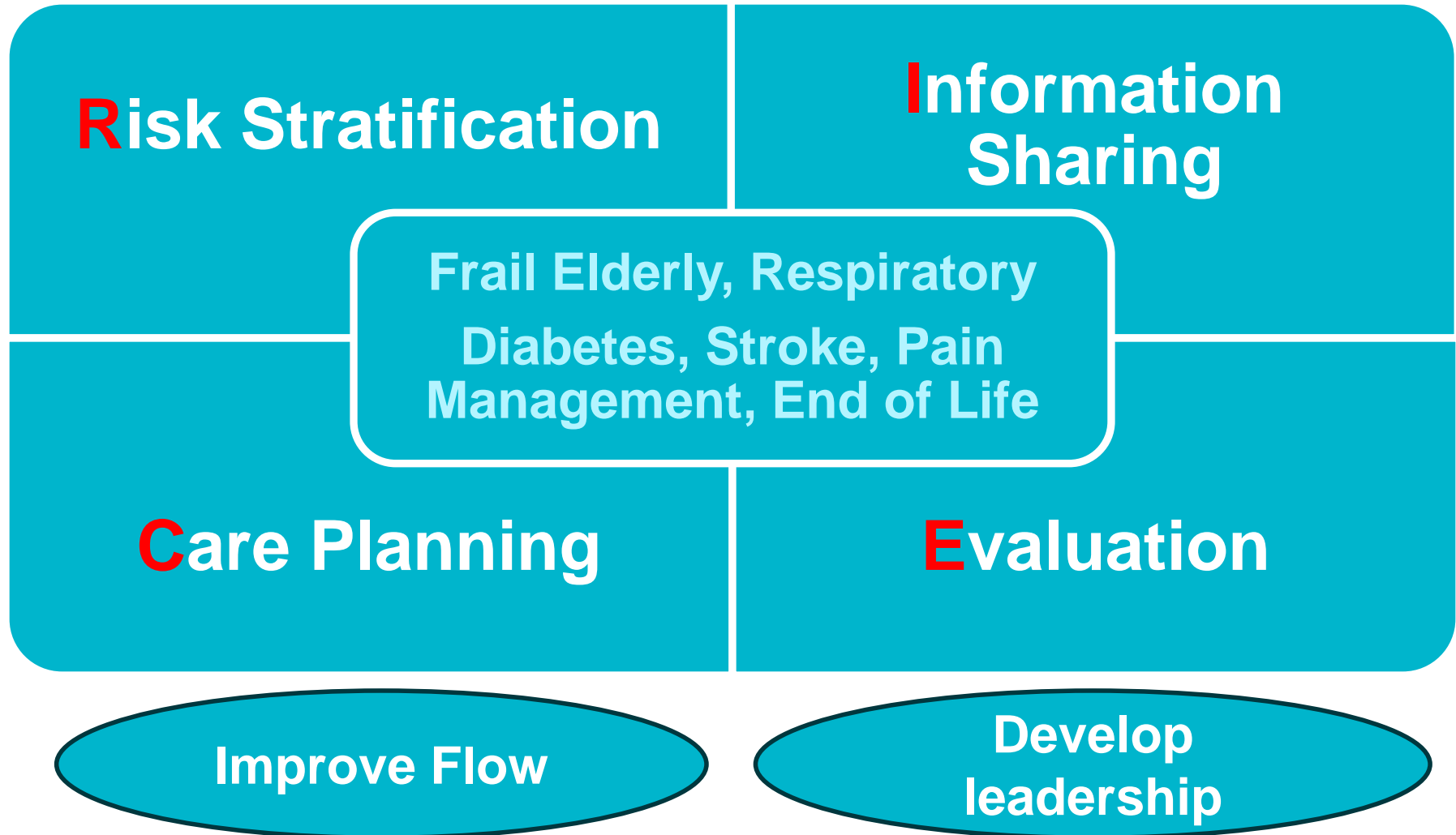
17 Integrated Care Partnerships (ICPs)



across Northern Ireland



# What are ICPs doing?



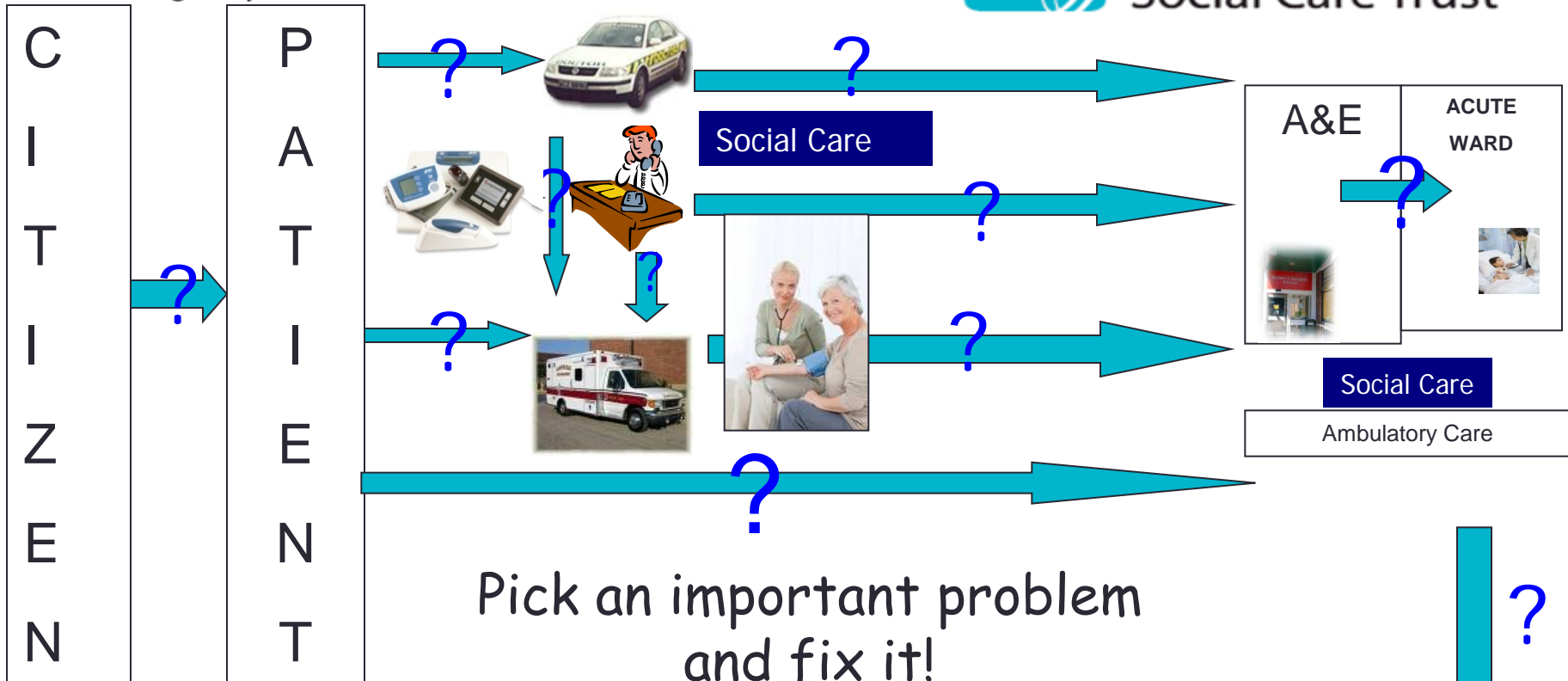
# Stroke Care Pathway



4.5% shift

5% ↓  
Pathway  
Activity

Patient  
experience



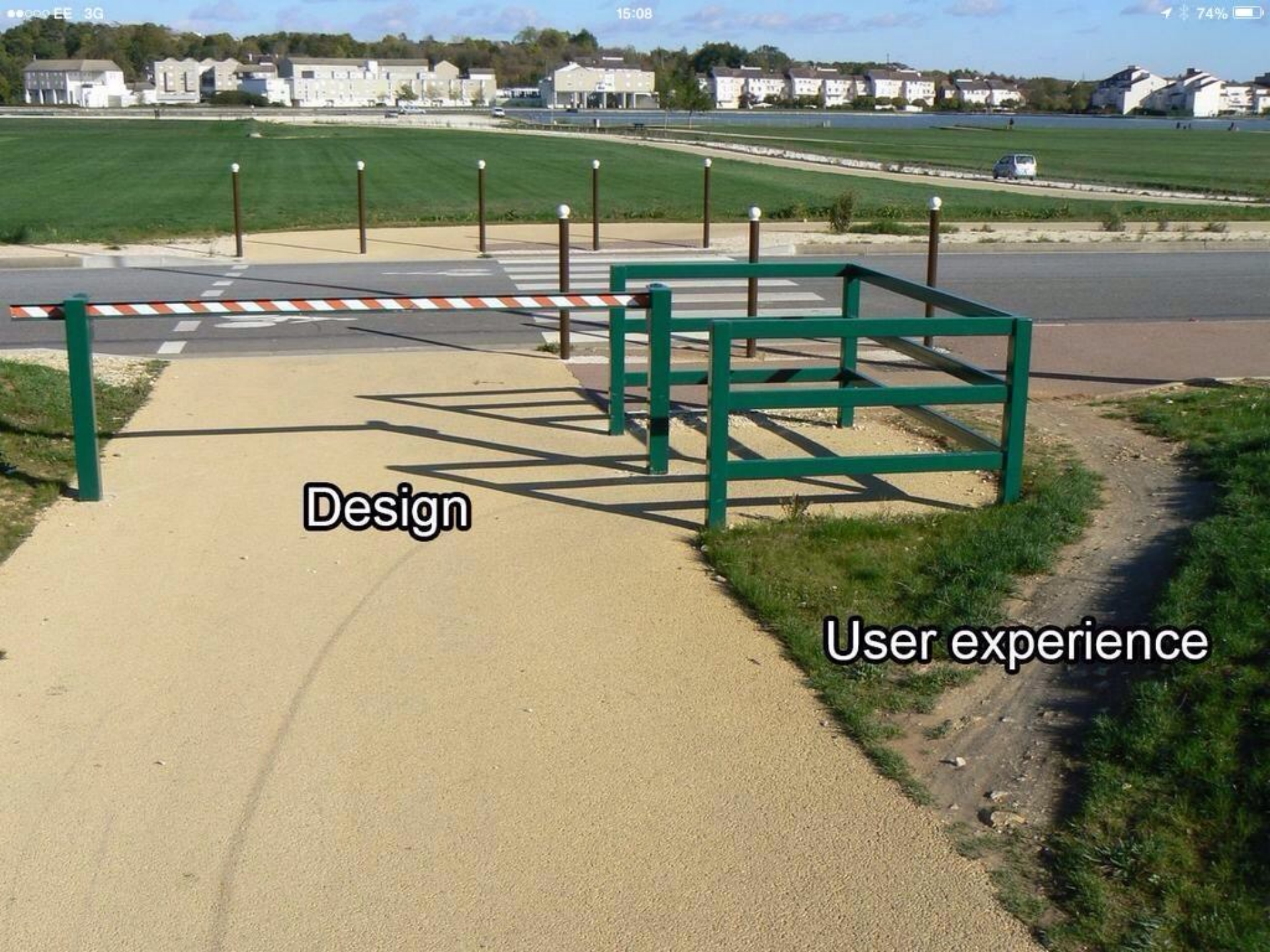
Social Care

Voluntary & Community Sector eg  
Chest Heart & Stroke









**Design**

**User experience**

# Complex Web of Interdependence

small actions

x

=

BIG

lots of people

CHANGE

Power of Networks



# Challenges



# Integrated Care Partnerships-Progress

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**Social  
Prescribing**

**Ambulatory  
Coronary Care**

**Acute Care at  
Home**

**Integrated  
Community  
Respiratory  
Service**

**Nursing Home  
In-Reach**

**Co-ordinated  
Falls Pathway**

**Community  
Health &  
Wellbeing Hub**

**Integrated  
Community  
Diabetes  
Service**

**Advanced  
access for GPs  
to Diagnostics**

# Progress- Capturing & Using Patient & Client Experience Information

*“My confidence has grown, my balance is so much better now and I don’t have the same fear of falling”*

Falls Programme – South East ICPs

*“The programme has made me realise a lot of other people are in a similar situation and you are not alone. The support is invaluable”.*

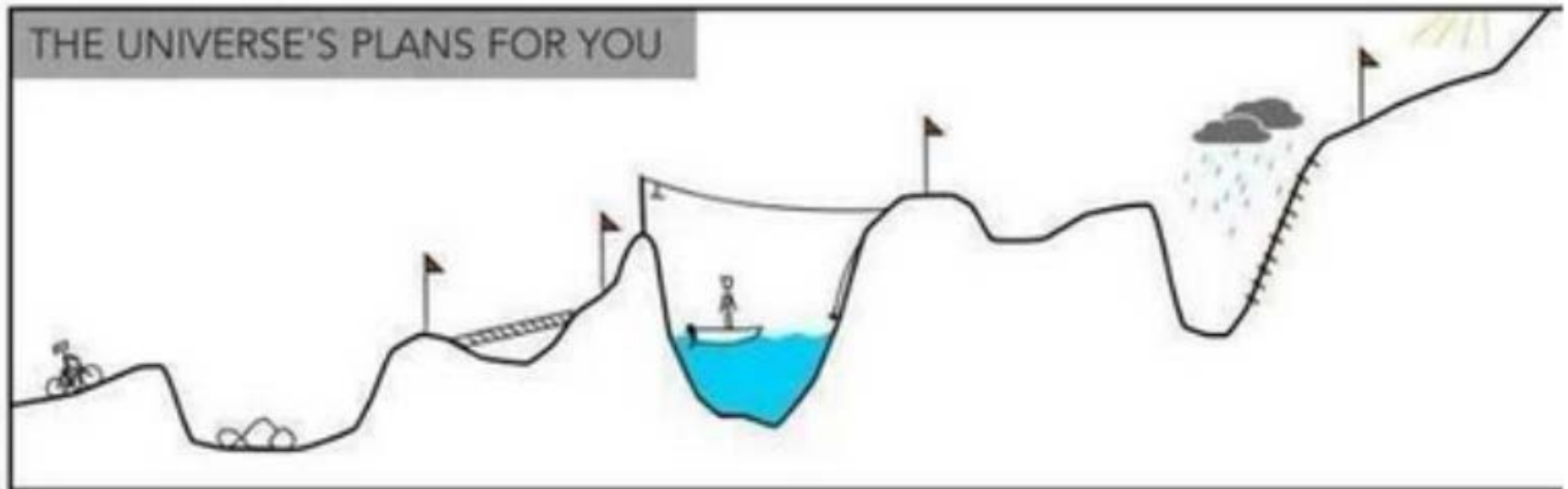
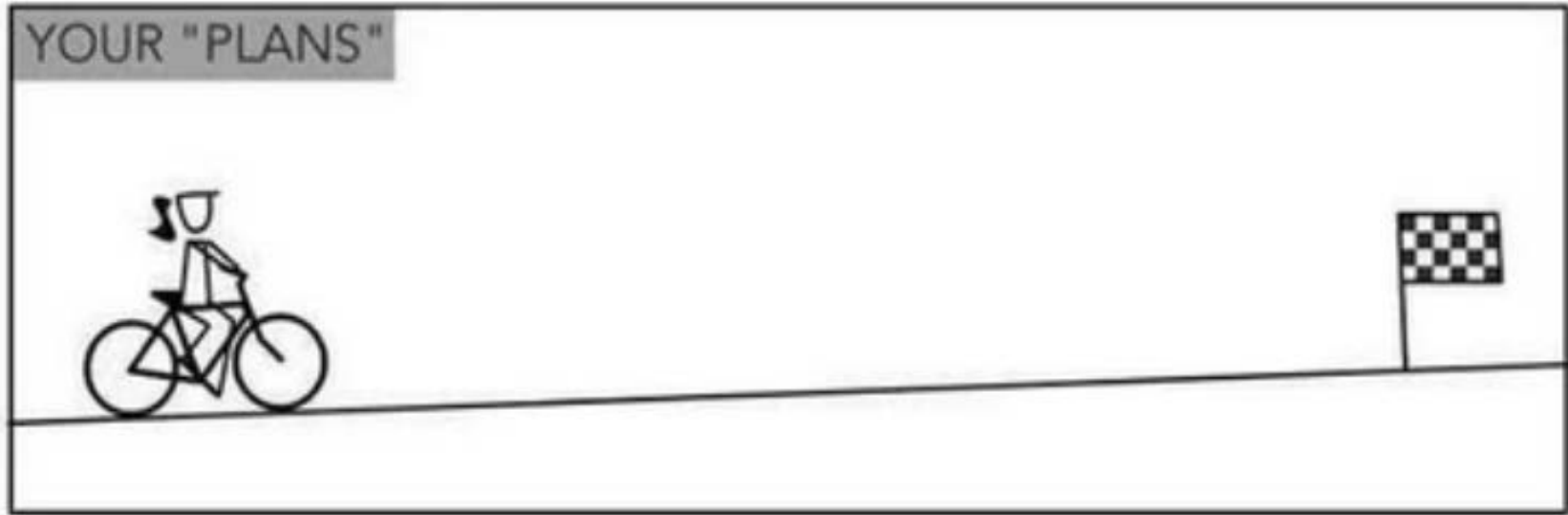
Frail Elderly Carers Support - West ICPs

*“I hope this service is maintained. I found all the team were very helpful. Any other time I came to CAH with my chest I was admitted, this time I got to go home.”*

Rapid Access Respiratory Clinic- South ICPs



# Learning



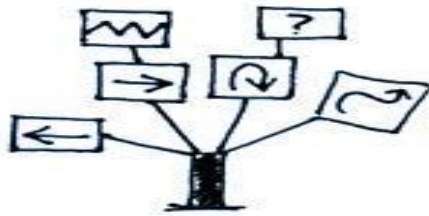
# Learning

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- **Importance of a clear vision and narrative about what we are trying to change /where we want to get to**
- **These are complex, leadership roles which require support and time to build skills and relationships**
- **Must see some quick wins and continue to evolve to keep people motivated and interested**
- **Integrated budgets need to protect social & community care**
- **No one right way**
- **Seek to align incentives across systems**







# LEADERSHIP IN A VUCA WORLD



**V**OLATILE: RATE OF CHANGE  
**U**NCERTAIN: LACK OF PREDICTABILITY  
**C**OMPLEX: ISSUES & CHAOS  
**A**MBIGUOUS: HAZINESS OF REALITY

MARKET LEADERS DISRUPTED




AGE OF CONVERGENCE

GENERATIONAL SHIFTS AT WORK

RISE IN AUTOMATION & GLOBALIZATION

## MINDSET/SKILLS TO THRIVE IN A VUCA WORLD

-  **DEVELOP an ADAPTIVE MINDSET**
-  **HAVE A VISION**
-  **EMBRACE ABUNDANCE MINDSET**
-  **WEAVE ECOSYSTEMS FOR HUMAN ENGAGEMENT**
-  **ANTICIPATE & CREATE CHANGE**
-  **BE SELF AWARE**
-  **BE AN AGILE LEARNER**
-  **NETWORK & COLLABORATE**
-  **RELENTLESSLY FOCUS ON CUSTOMER**
-  **DEVELOP PEOPLE**
-  **DESIGN FOR THE FUTURE**
-  **CONSTANTLY CLARIFY & COMMUNICATE**



# More information

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- **Subscribe to the ICP E-zine**

**E-mail** [integratedcarepartnerships@hscni.net](mailto:integratedcarepartnerships@hscni.net)

- **Visit the ICP pages of the HSCB website**
- [www.hscboard.hscni.net/icps.](http://www.hscboard.hscni.net/icps)

