Aberdeen City Health & Social Care Partnership
A caring partnership

Enabling Collaborative Leadership through Self Managing Teams

Sandra Ross – Chief Officer

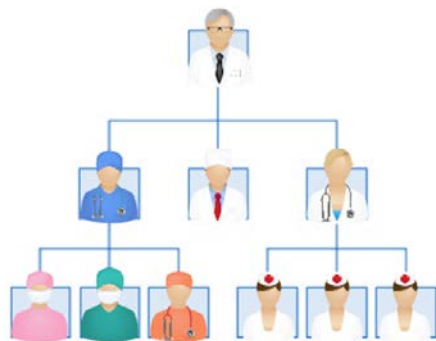**Gail Woodcock – Lead Transformation Manager**

**Dr Calum Leask – Transformation Programme Manager**

Learning outcomes for session

- Understand what self-managing teams are - including what is evidenced to work
- Understand the benefits of transitioning towards a collaborative leadership model
- Understand barriers and facilitators towards implementing such an approach
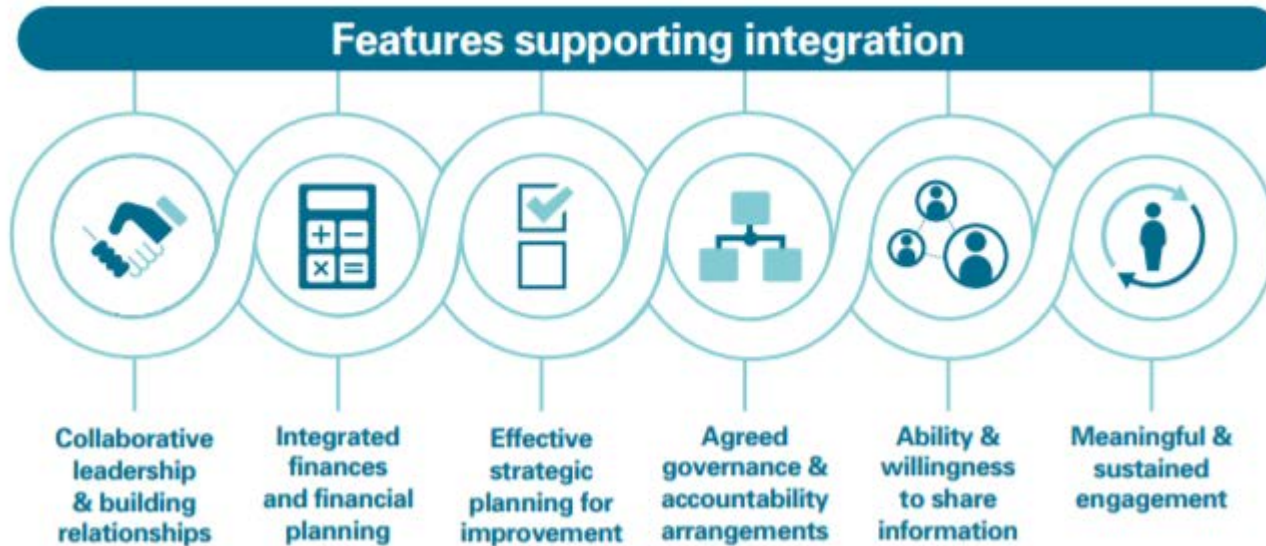- Understand how a similar model could be delivered in your local area

The need for change

Hierarchy based on *seniority, experience* and *publications*

RETIRE NEXT EXIT

STRESS

Culture

People

Resources

Aberdeen City Health & Social Care Partnership
A caring partnership
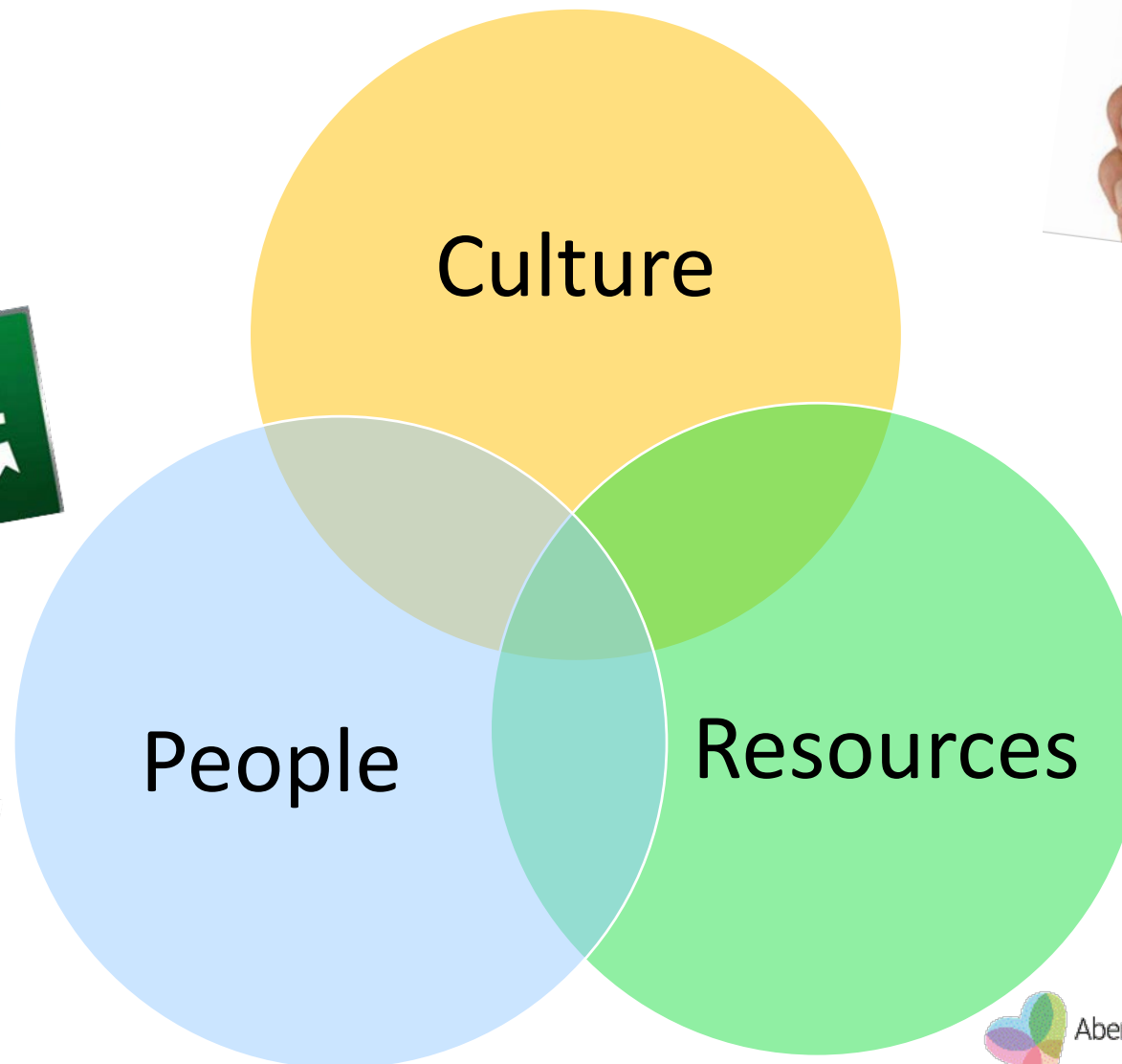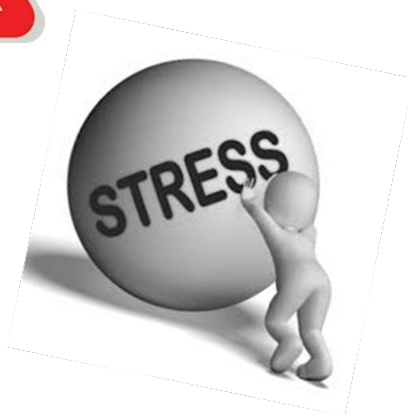
Audit Scotland Report – progress of integration

"A lack of collaborative leadership and cultural differences are affecting the pace of change"

Features supporting integration

Collaborative leadership & building relationships | Integrated finances and financial planning | Effective strategic planning for improvement | Agreed governance & accountability arrangements | Ability & willingness to share information | Meaningful & sustained engagement

Health and social care series

Health and social care integration

Update on progress

ACCOUNTS COMMISSION

AUDITOR GENERAL

Prepared by Audit Scotland
November 2018

Evidence based approach

Origin – Buurtzorg

Concept

<12 60>
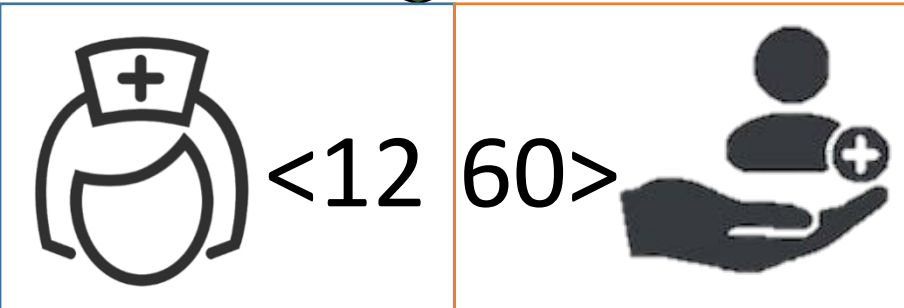
Geographically alignment

Self-Management

- **Work Schedules**
- **Assigning Roles**
- **Optimising Team Outcomes**
- **Care Coordination**
- **Mapping Informal Networks**

Benefits

89%
Average staff satisfaction

50%
Reduction in patient visits

33%
Reduction in hospital admissions

INCA

Integrated Neighbourhood Care Aberdeen

Model	Commonalities	Differences
Buurtzorg	-Self-management ethos -Draw / build on informal networks -Enable patients to be independent -Deliver person-centred care -Coach resource to facilitate team working / cohesion	Purely nursing model
INCA		Integrated health and social care model

Key learning

1) Patient perspective *(INCA service is highly acceptable)*

Evidence

Quantitative

Of patients who had outcome data collected on initial assessment and 3 months later …

- **Quality of Life scores improved in 50%**

- **Self-rated Health scores improved in 50%**

- **Diet scores improved in 50%**

Qualitative

Reduced loneliness:

"I know they are coming and I am grateful for them to come in just to speak to because there is nobody else … I like their company when they come in….I have made friends".

Improved self-efficacy:

"As long as they are here when I am showering, I have no confidence to go in the shower myself, but they sit here and if I need them I shout".

1) Patient perspective *(INCA service is highly acceptable)*

Mechanisms

Quantitatively measured mechanisms

Construct	Mean Score (scale 1-5)
Encouraged to live independently	4.7 (94%)
Provide input to support	4.8 (96%)
Confidence in INCA staff	4.9 (98%)

Qualitatively assessed mechanisms

Fluctuating frequency of care delivery based on need:

"In five months they got me from three times a day to be independent enough to have them just coming in once in a while, just a courtesy visit"

Partnership between patient and team:

"We talk about it and I have suggested about changing my going to bed time could be a bit earlier … there is an opportunity if there is something I want to say or something I need help with"

2) Staff perspective

Staff retention may be increased when skills are sufficiently utilised

Number of Interventions by Intervention Category
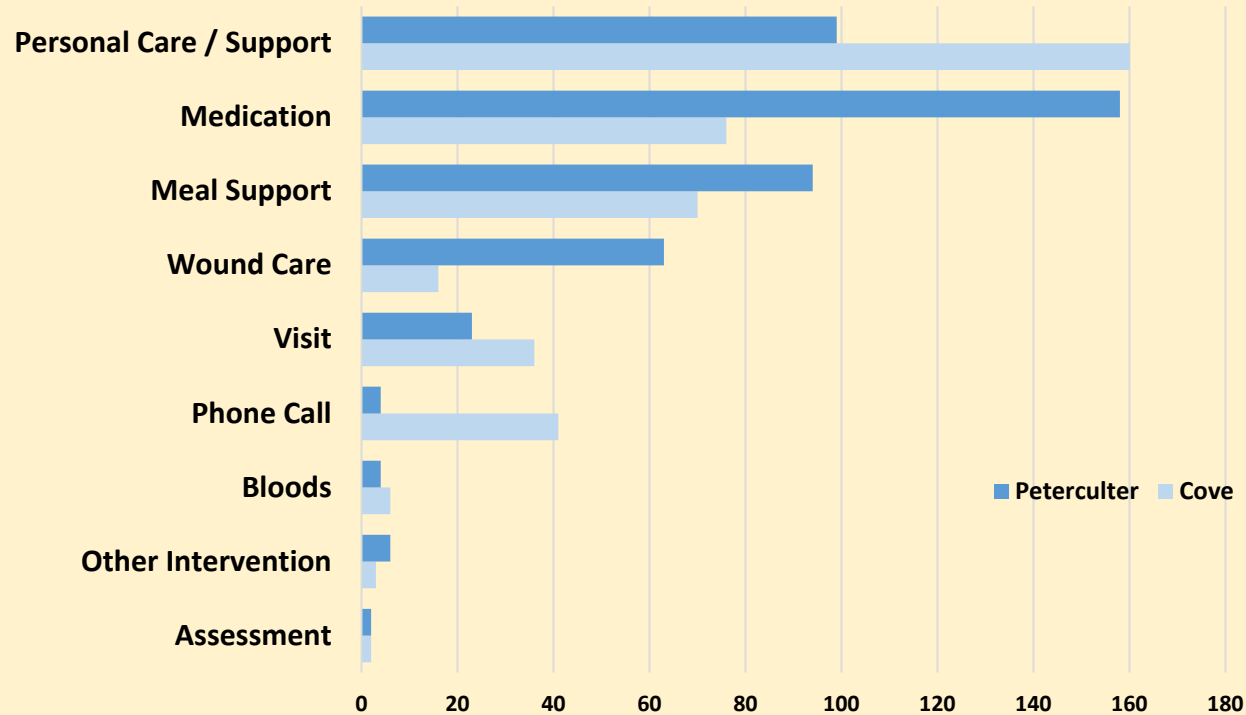
Double running service
Opportunities to use skills

2) Staff perspective

Self-management requires a clear framework in which to operate and may be viewed as a spectrum

Successful elements	Challenging elements
Autonomy to adjust care provision	Resolving conflict
Developing work roster	Communication with Partners
Care continuity	

Elements to consider integrating across system where:
1) appropriate and
2) currently not operationalised

Elements that may require input from management

3) Service perspective

Co-location with existing primary care teams appears to improve collaboration and job satisfaction.

Site	Peterculter	Cove
Status	Co-located (in primary care setting)	Not co-located (in corporate office setting)
Positive collaboration with Partners	More frequently identified	Less frequently identified
Evidence	*"I work quite a lot with her, very collaborative, and very easy to approach and that is the outstanding person from my experience, the OT. We have had a lot of contact as we have to seek her advice and help sometimes with implementing equipment and providing wheelchairs or chairs or whatever".* (Support Worker)	*"It was difficult in terms of interaction because the team was based in a remote centre rather than within the Medical Practice. That's never absolutely ideal within an integrated team. Whilst electronic communication is good, there's nothing that beats the corridor conversations at particular times of more intense need."* (GP)

3) Service perspective

Cultural challenges implementing a flat structure within a traditional hierarchal organisation
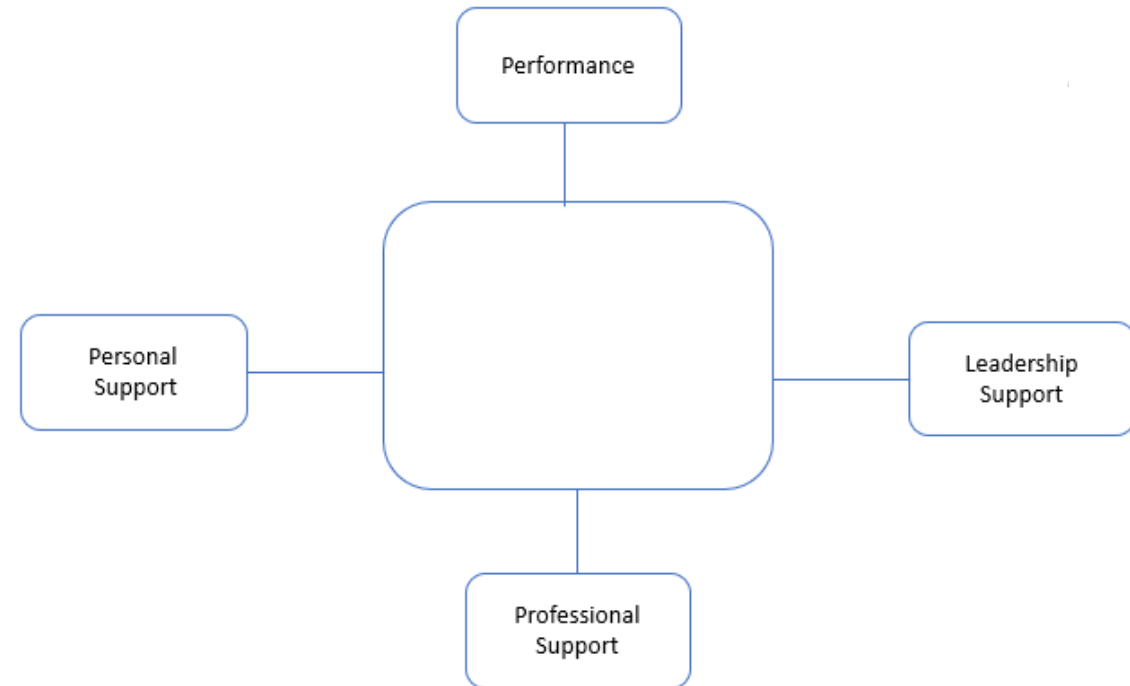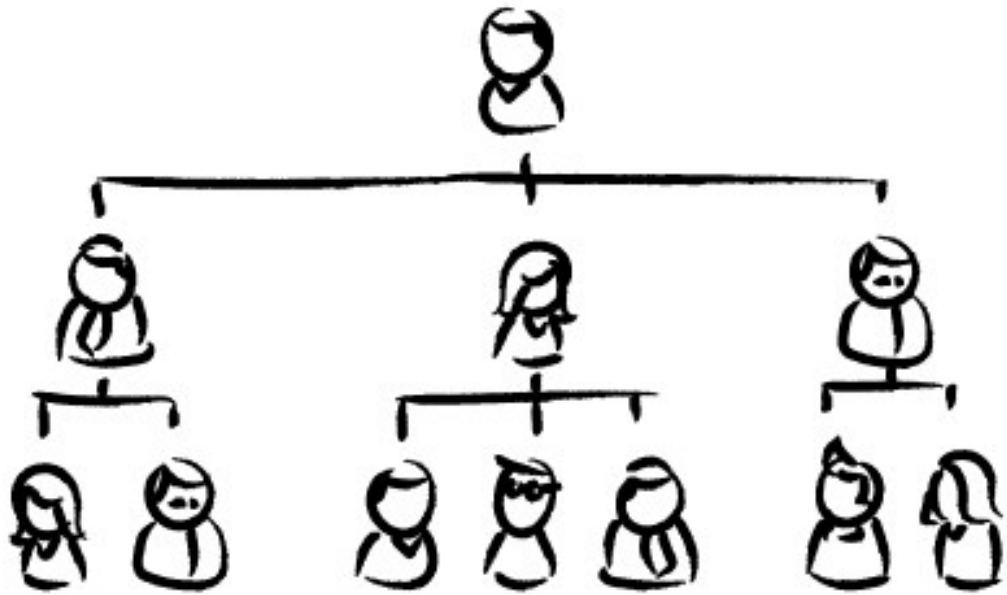
"I have my doubts whether that could be totally self-managed" (GP)

"There is that, you could see ... resistance to that because actually we're [existing teams] working that way" (Project Manager)

"I have real doubts that any team can self-manage effectively" (Nurse Referrer)

Using our past learning to shape our future

ACHSCP Leadership Team Structure

ACHSCP Leadership Team Structure

Evaluation of progress

### "Overall satisfaction" derived from iMatters reports

	2018 Mean (Hierarchal team)	2019 Mean (Self-managing team)	Difference (+/-)
Satisfaction score	5.18	6.74	1.56

Thematic analysis of perceived barriers of self-management model

Theme	Sub-theme	No. of mentions	Example
Team size	Team too large	4	"It's a very large team too, which can make it more challenging to work as well as possible."
Interpersonal factors	Limited team-building opportunities	3	*"I think we are seeing less of each other now (flexible working) and this isn't helping develop relationships"*
Clarity	Knowledge of concept	3	"I'm still not clear what it actually means in practice; and therefore find it difficult to comment on what the challenges are."

Thematic analysis of perceived benefits of self-management model

| Theme	Sub-theme	No. of mentions	Example
Interpersonal factors	Relationships (building and improving)	3	*"I feel that relationships are improving across the team"*
Organisational change	Understanding skillsets	2	*"Understanding the different skill set that people have and actively seeking this out when required"*
Personal attributes	Improved creativity	1	*"I think the training on systems leadership and leading the brain has helped us be more creative"*
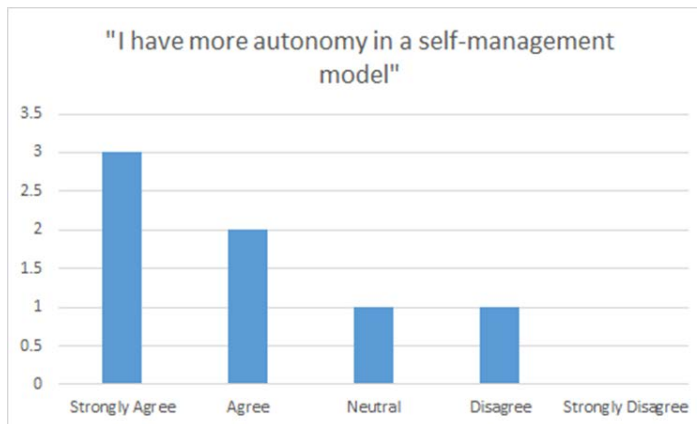
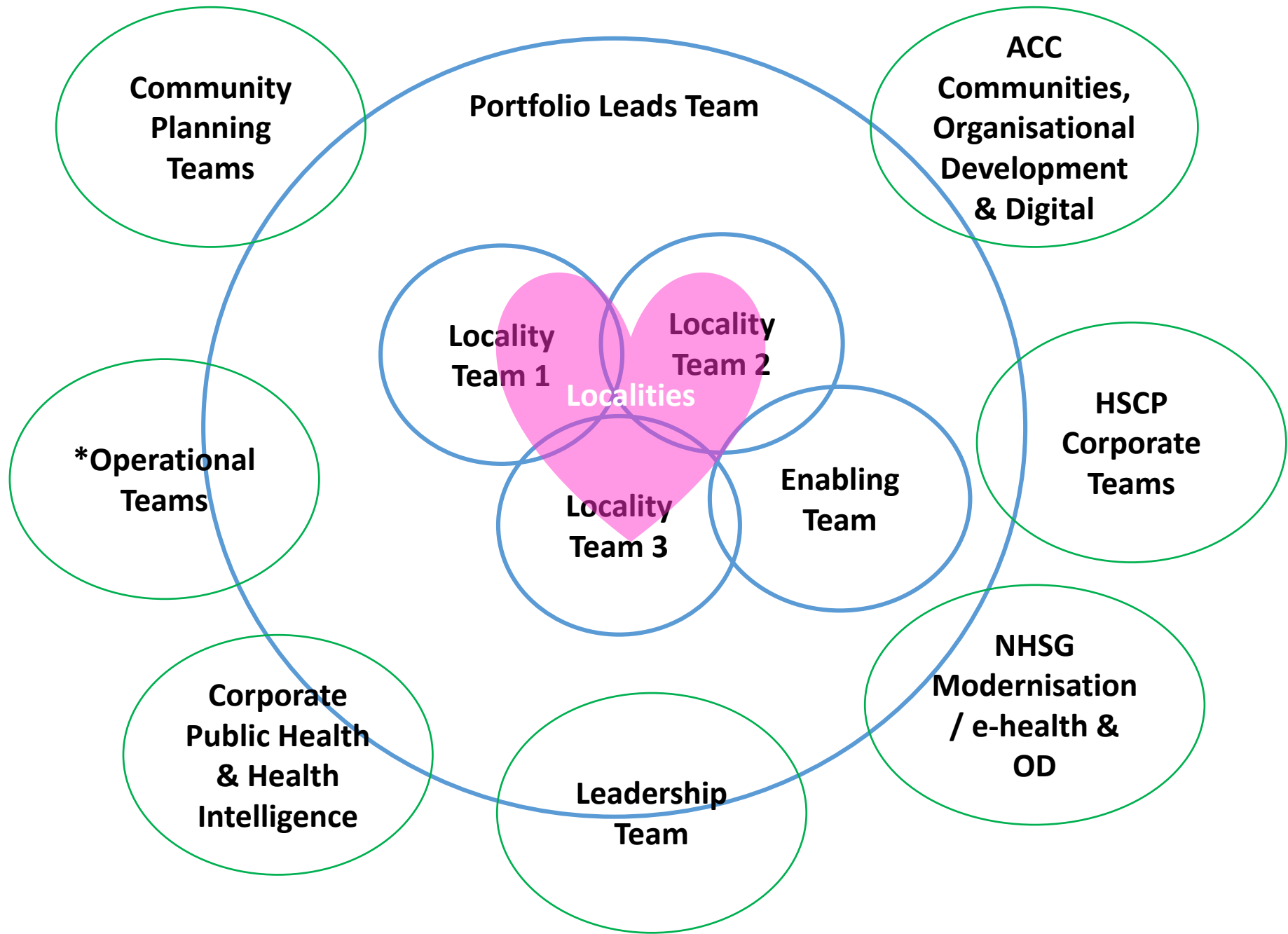Leadership Team Structure: Evaluation of progress

Scaling the model across our teams

Transformation/ Public Health/ Organisational Development/
Wellbeing/ Evaluation
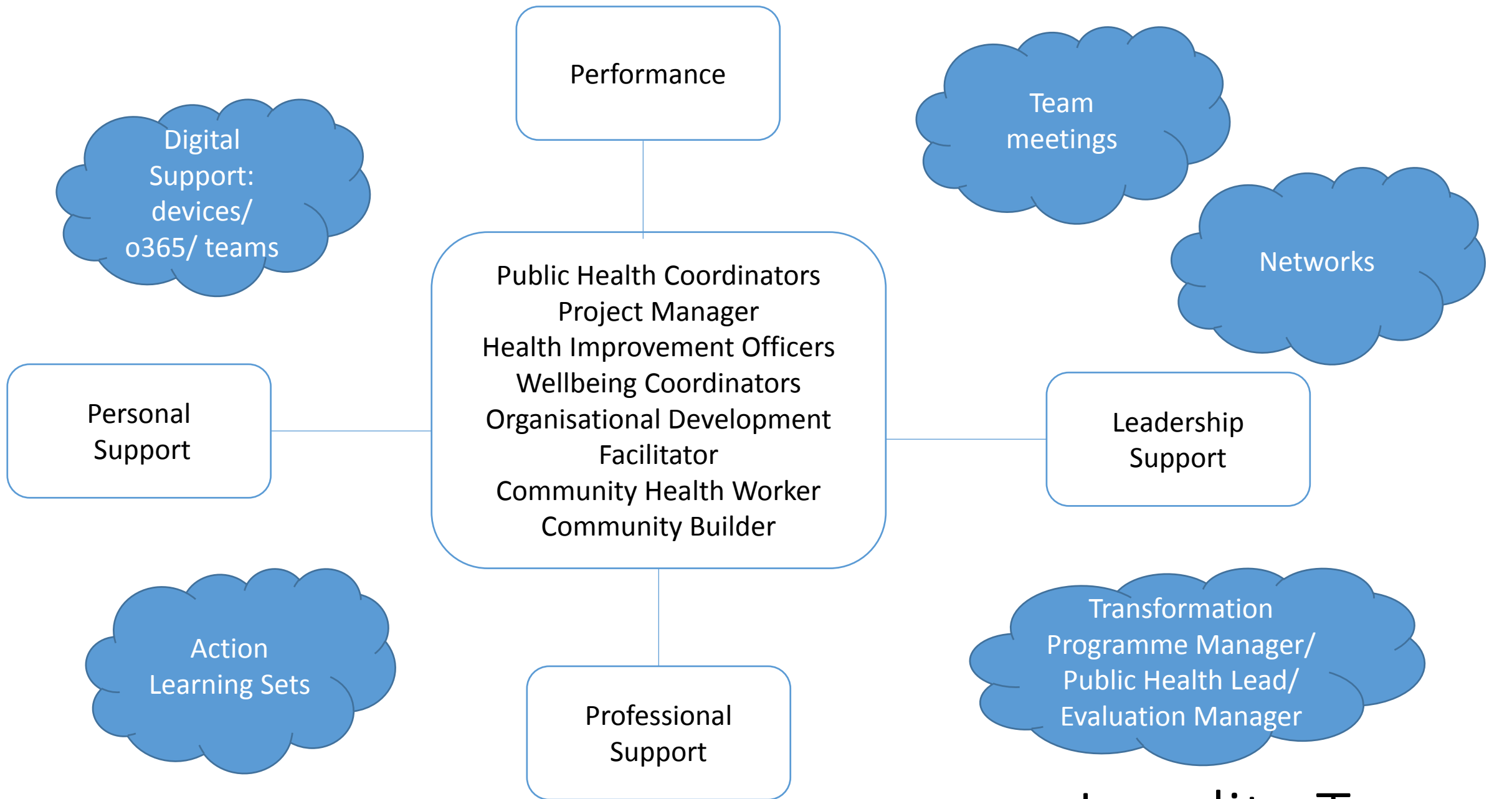
Scaling the model across our teams
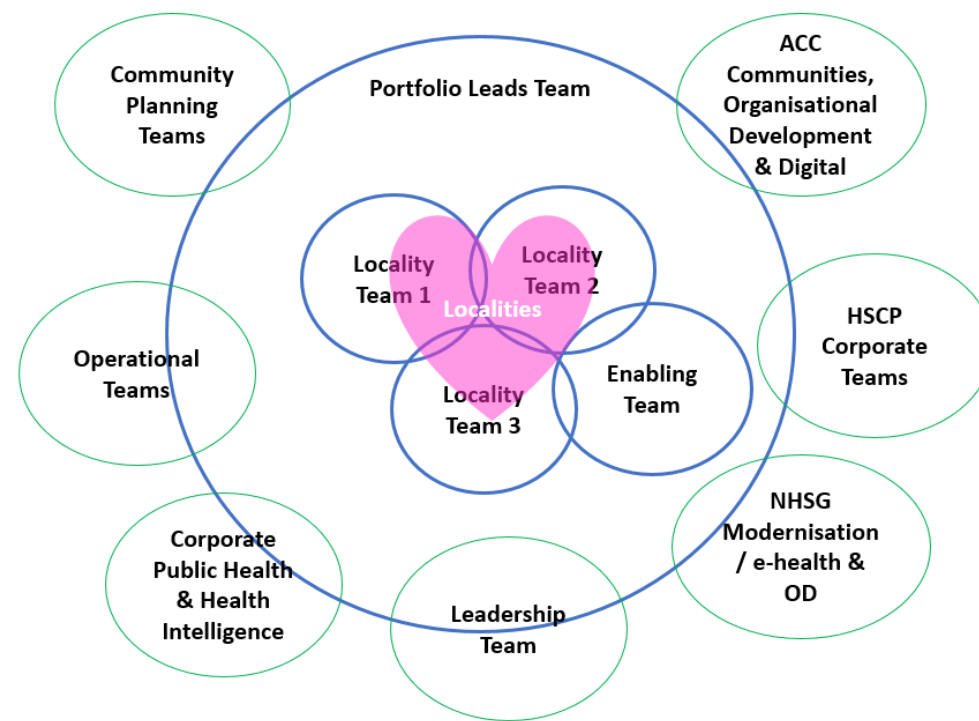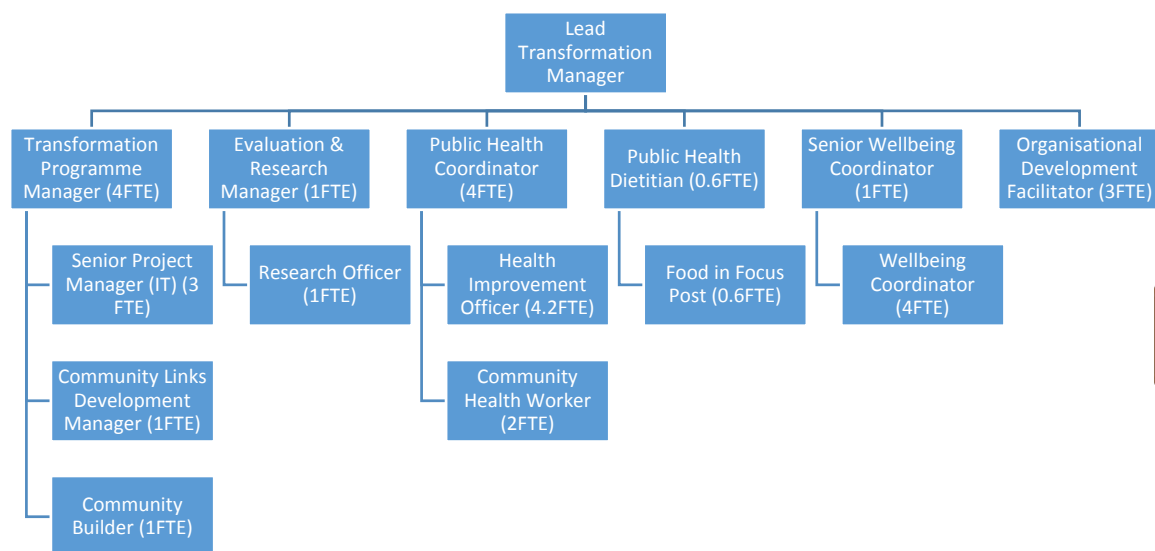
Team principles

- Robust support arrangements
- Self-managing team
- Roles will remain the same
- Coaching approach
- Expectation of system leadership from all
- Collaborative structures
- Deliberate shift to prevention and community focus
- Brave, Bold and deliberate

Self-selection considerations (preferences)

Locality characteristics

Locality	South	Central	North
Population	**85,978**	72,426	70,586
SIMD <20%	8.9%	**15.4%**	12.1%
Council tenancies (%)	5.8%	**13.7%**	9.4%
GP Practices	10	**13**	8
Secondary schools	3	3	**5**
Community facilities (leased + learning centres)	14	14	**12**

Role representation

Team 1

Team 2

Team 3

Self Selecting Teams

Team principles

- Robust support arrangements
- Self-managing team
- Roles will remain the same
- Coaching approach
- Expectation of system leadership from all
- Collaborative structures
- Deliberate shift to prevention and community focus
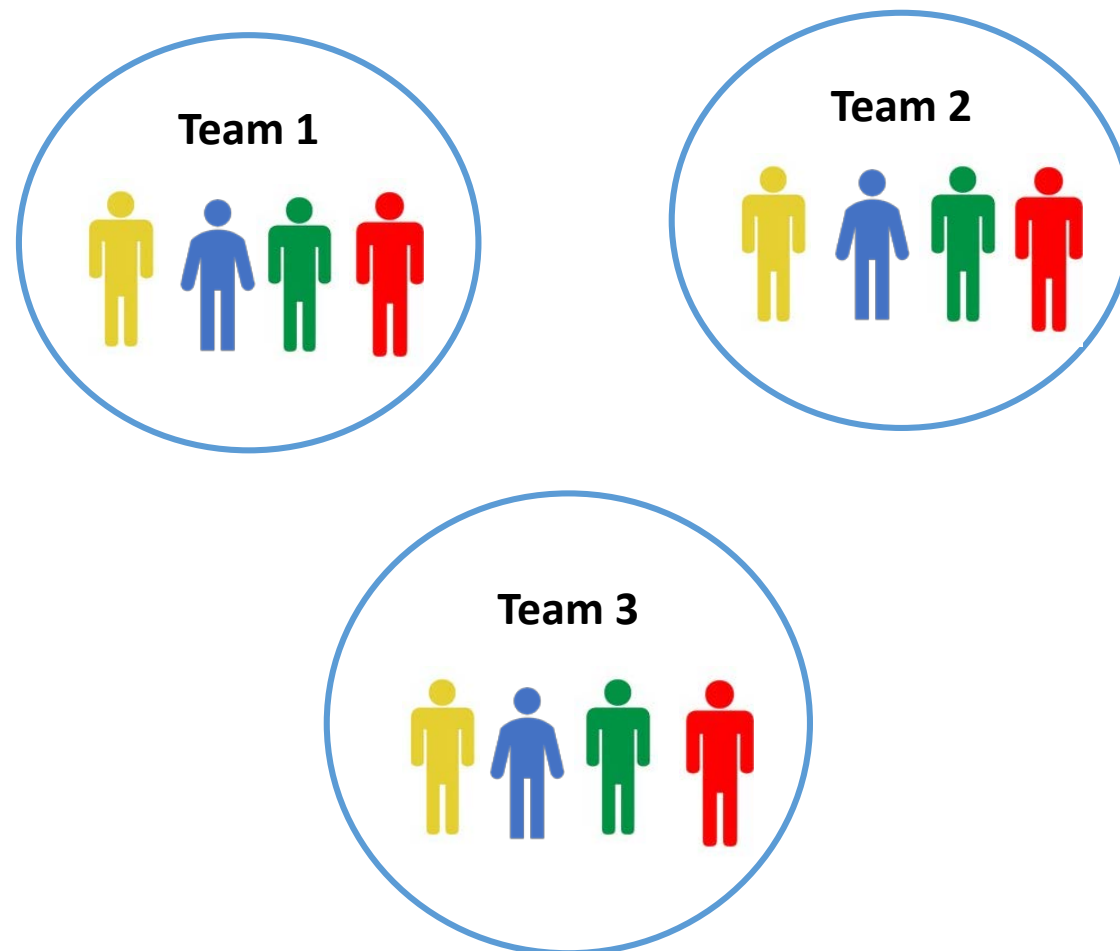- Brave, Bold and deliberate

Discussion

- What key messages have you taken from this presentation?
- How could such an approach work in your local area?
- What are the potential barriers?
- How could we overcome these barriers
- What could enhance and benefit the sustainability of the model?

![Aberdeen City Health & Social Care Partnership — A caring partnership]

Thank you!
Questions?

Sandra Ross – Chief Officer

Gail Woodcock – Lead Transformation Manager

Dr Calum Leask – Transformation Programme Manager

achscptransformation@aberdeencity.gov.uk

@HSCAberdeen