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# ***Whole systems for whole people***

***achieving outcomes in complex environments***

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- A brief, broad brush overview of complex systems
- A brief critique of the claims and assumptions of New Public Management
- A specific example of an alternative to NPM
- Some discussion around what that means for services and commissioners

**What am I talking about?**

- I'm using the complexity theory definitions from the Sante Fe Institute course 'Introduction to Complexity Theory', which I highly recommend ( <https://www.class-central.com/course/complexity-explorer-introduction-to-complexity-557> )
- I've borrowed some slides from Toby Lowe of Newcastle University - <https://blogs.ncl.ac.uk/tobyloew/> embracing uncertainty; complexity informed management
- And Matt Bell of POP @Matt\_Bell909
- And John Hamblin of <https://www.shekinah.co.uk/>

## Created **ONE** system:

- Integrated governance arrangements
- Four Strategies
- Commissioning of an integrated health and social care provider

# Plymouth Integrated Commissioning

## Creating **ONE** budget:

- Section 75 between NEW Devon CCG and PCC
- Integrated funds £638 million gross (£462 million)
- Risk share and financial framework

## People and place:

- Relationships
- Trust
- Co-location in one building

# Cradle to Grave Integrated Fund



- Fund covers:
  - Public Health
  - Leisure Services
  - Housing Services
  - Children's Services (incl Schools Grant (DSG))
  - Adult Social Care
  - Primary Care (CCG and PCC) – co-commissioning to come
  - Community Health Services
  - Acute Provision
  - Running Costs

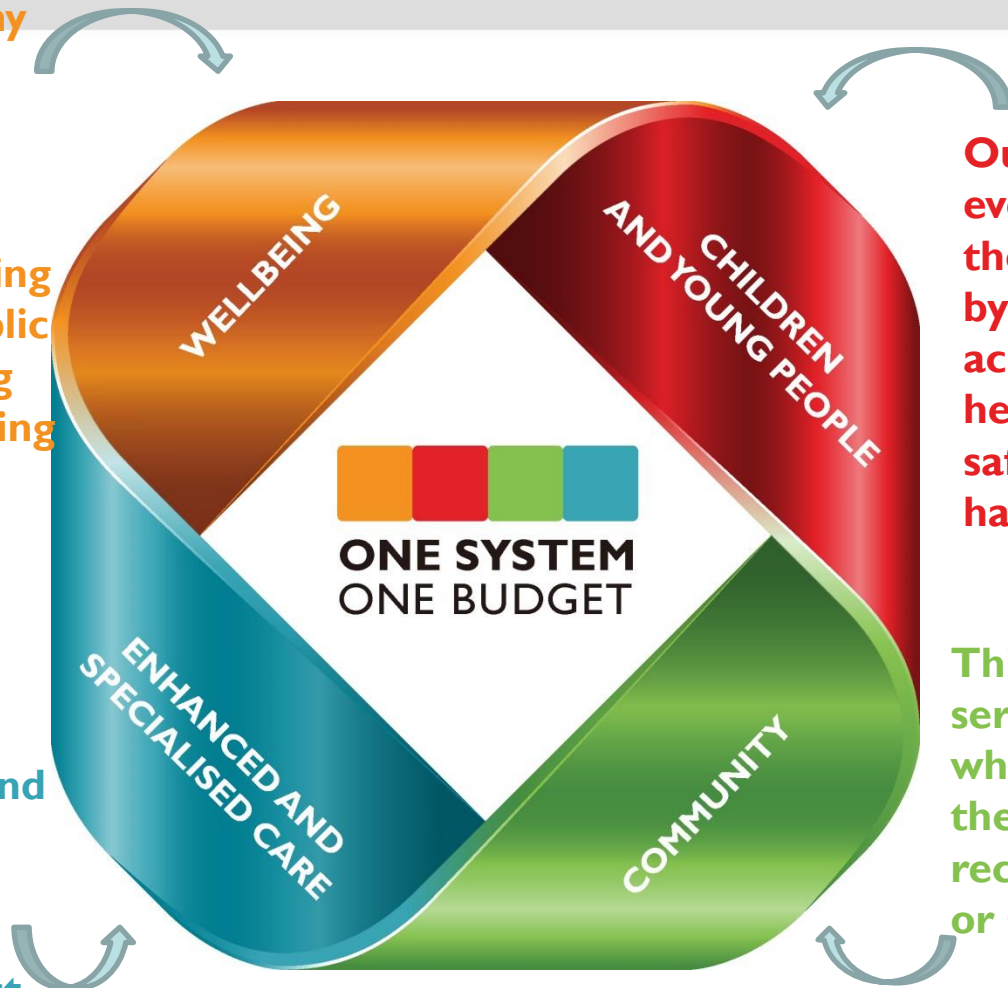
**It's all in!**

# Four Strategies



Supporting healthy and happy communities by encouraging and utilising social networks, increasing investment in public health and putting health and wellbeing at the heart of everything we do.

A system that consists of quality specialist health and care services that promote choice, independence, dignity and respect.



Our ambition is for every child to have the best start to life by ensuring they can access education, health care and are safeguarded from harm.

This strategy targets services for people who need support in the short term to recover from a crisis or short term need.



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# **COMPLEX SYSTEMS**

# Properties Common to Complex Systems



- **Simple components or agents**
- **Non-linear interactions among components**
- **No central control**
- **Emergent behaviours**
  - Hierarchical organisation
  - Information processing
  - Dynamics
  - Evolution and learning



# Definitions



- **Simple components** - simple, re system as a whole
- **Interact in nonlinear ways** - age such a way that you can't sum up a and thereby derive what the whole
- **Not controlled by any central** systems organise themselves in a d way
- **Emergent behaviours** - refers to the system that can't be understood individual components, they are co outcomes of the whole system.

## Emergent Behaviours

- **Hierarchical organisation** - This refers to biological organisms - cells to organs to body-wide systems to the whole body and even on to colonies and society
- **Information processing** - the system as a whole gaining information from the environment and about its own state; and using this information to make decisions
- **Complex dynamics** - how the system changes its patterns in space and in time eg stock prices which change in a complicated and unpredictable way



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- **Evolution and learning** - All systems, whether they be biological, social, or technological, exhibit some kind of evolution in the Darwinian sense, and this evolution can be in the form of adaptation, or learning. That is, systems improve themselves to survive or do better in some environment.

## **Emergent behaviours**

- In complex adaptive systems outcomes are **emergent**, they are not created by interventions.  
**What does that mean?**
- This undermines the assumptions of the New Public Management paradigm of linear, intervention based approaches and the obsession with Markets, Managers and Metrics

# Our Current Paradigm



## New Public Management

### “Three Ms’:

- Markets
- Managers
- Measurement

Ferlie, E., Ashburner, L., Fitzgerald, L. and Pettigrew, A. (1996), *New Public Management in Action*, Oxford: Oxford University Press

# Outcome-based performance management



- We want fewer people to be obese

- Less than 30% of population with BMI of 30

- Reduce BMI of 1000 people with score over 30 to less than 30

# Programme Logic Model



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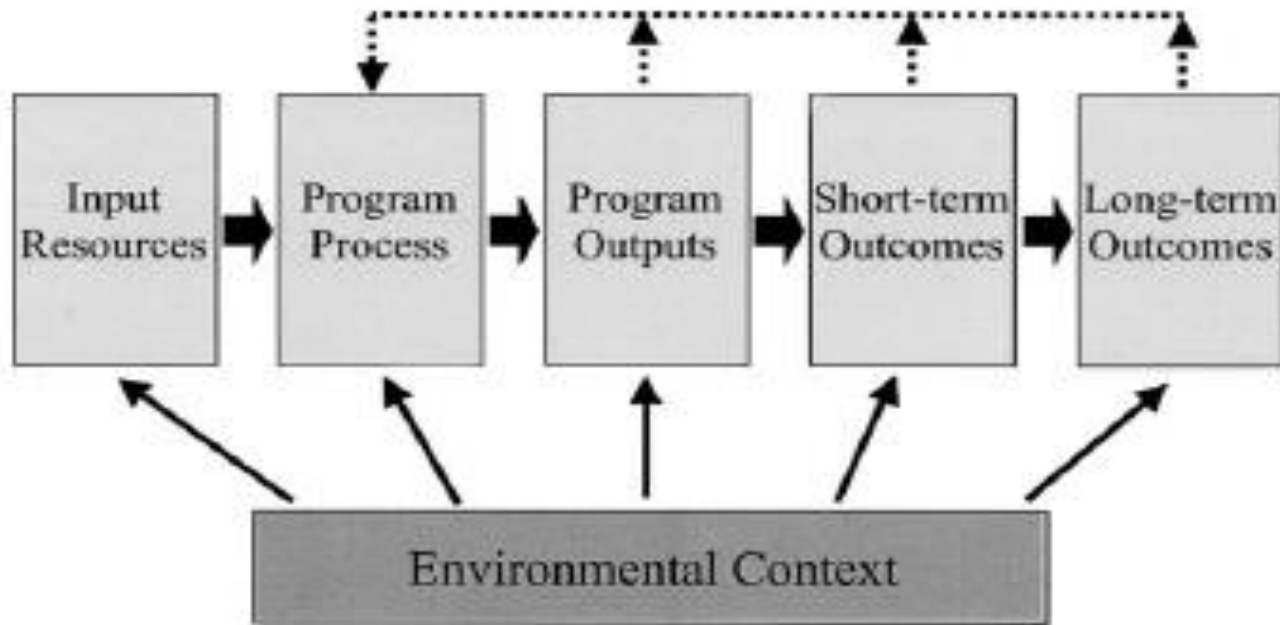
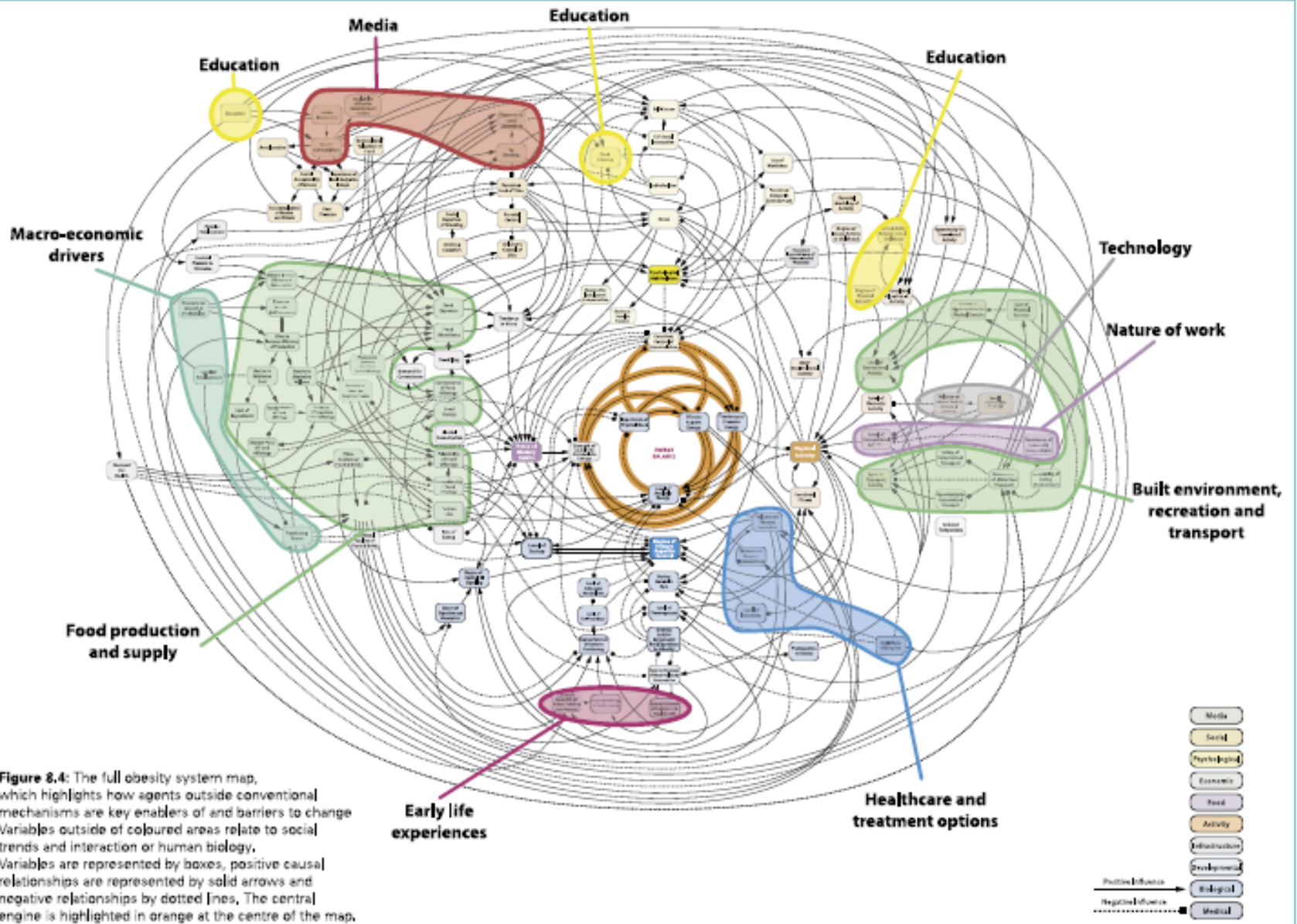


Fig. 2. Program logic model.

**Robert Schalock & Gordon Bonham “Measuring outcomes and managing for results”, *Evaluation and Program Planning*, 2003**







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**What happens when  
people implement  
OBPM?**

**What's the evidence?**

# Measurement Problem:

**OBPM doesn't measure genuine impact, it measures proxies**

Quit rates, successful completions...

we measure that which can be measured, not that which is important to the end user



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**Effects of proxy measures**

**+**

**Lack of control**

**=**

**Gaming**

# A quick summary of the evidence...



“The overall conclusion from international experience of implementing an outcomes approach **is that the journey is long and the results are disappointing.**”

Wimbush, Erica (2011): *‘Implementing an outcomes approach to public management and accountability in the UK—are we learning the lessons?’*, Public Money & Management



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**Targets for results “frequently distort the direction of programs, diverting attention away from, rather than towards, what the program should be doing.”**

Burt Perrin, “Effective Use and Misuse of Performance Measurement”, *American Journal of Evaluation*, 1998



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# **“Ossification, a lack of innovation, tunnel vision and suboptimization”**

S van Thiel and F. L. Leeuw “The Performance Paradox in the Public Sector”, *Public Performance and Management Review*, 2002

# The breadth of evidence



- Young People – Australia (Keevers et al 2012)
- Healthcare – UK (Bevan and Hood 2006),
- Employment programmes (Perrin 1998 – USA and Canada, Soss et al 2011 USA, Newton 2012 – UK)
- Public services - Europe and USA, (Van Thiel and Leeuw 2002)
- Education - USA (Rothstein 2008)

# Latest evidence



Systematic review of Outcomes-Based Contracts by Australian Government:

*Emma Tomkinson 2016*

- Outcomes-contracts delivered the contracted outcomes
- But contracted outcomes weren't what people wanted
- Other outcomes got worse or stagnated



# What else can we do?



**Embrace the complexity of the  
work**

- Co-production is a much more collaborative, broad and deep process than consultation
- It takes much longer and starts at the very beginning i.e. the vision is co-produced with patients, relatives, communities, commissioners, services etc
- It uses a variety of methods – focus groups of various kinds, 1:1 meetings, surveys, interviews, internet, use of evidence
- The process varies from issue to issue, there isn't a template – pick the best tools for the job at hand

# Work Areas



- Complex Needs
- Sexual Health
- Childhood Obesity
- Place based – green and blue space
- Relationship with VCS

- Substance misuse, Mental Health, Homelessness, Offending, Domestic Abuse
- Process started 2012 with lottery bid – involved over 70 services, 400 people using services and their carers, elected reps, key decision makers
- Meetings, themed groups, market events, twitter, webpage, 1:1, published evidence.
- Produced a very rounded picture of the problems and a very comprehensive vision of the best way to overcome them
- Refreshed 2015 and 2016 - led by services and people using them

- There were uncomfortable truths for commissioners and for services
- Challenged commissioners and services to work together and collaboration with people using services
- An iterative process checking back with stakeholders regularly through the commissioning process
- Prospect of a whole system of service designed around the needs of people, rather than a fragmented market built around the needs of commissioners and services



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- Seen as top-down, opaque, and disempowering process
- ‘Master – servant’ relationship rather than an inclusive, partnership between commissioners, services and service-users, as well as their families and communities
- Commissioning carried out in silo’s with little regard to what other ‘silo’s’ are doing
- Commissioning for near horizons, rather than as part of a long term strategy
- Commissioning as a problem setter, rather than a problem solver



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- Service users often feel ‘done to’, rather than ‘worked with’ and, as a result, they feel disempowered and marginalised
- There is a mismatch between what workers value about their work and what consumers value – specialisms and expertise vs authenticity, warmth, persistence
- Services were largely unaware of the detail of what other services provide
- VCS/Statutory sector engagement is crucial to delivery
- Co-operative Service Design and Delivery is essential for transformation

# Some stuff we did together



- A year of systems leadership work
- Lots of appreciative enquiry
- Lots of different themed group activities where we explore things together – learning labs
- Lots of ‘sharing’ about motivation, ambition, aspiration
- Lots of working alongside each other ‘show and tell’
- Lots of playing together – with concepts, ideas, coloured pens and fuzzy felt
- **Set-up structures that support new culture**



# Values/beliefs for success



- Trust – hard to build, easy to destroy – change happens at the speed of trust
- Leadership and Followership
- Good ideas are not an artefact of hierarchy
- Decisions should be ‘best for person, best for system’
- Systems thinking, not service thinking
- Transparency
- Avoid dogmatic application of methods
- Share successes learn from failures – blame is not productive



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# **SOME INTERESTING THINGS**

- Workers describe themselves as specialist but when we analyse the work it is mainly generalist
- They are really describing deficits in the generalist skill mix (though skills are available in the wider system)
- Biggest reason for ‘hand-offs’ between services.
- Risk assessment, risk management and risk mitigation
- Skills for engaging with common mental health – self-harm, suicide, anxiety, trauma etc
- Skills around motivation and change

# Language



- Language of conflict – frontline workers, entrenched rough sleepers, taskforces, magic bullets and services under siege
- Language of markets and industry – Unique Selling Points, market management/engagement, sectors, purchasers, ‘drug treatment industry’, competitive advantage
- This crowds out the language of what we actually do and believe – care, duty, service, support, compassion, optimism, solidarity, empathy, co-operation etc

- Thresholds have become barriers
- Labels – diagnostic, behavioural etc – determine what services people get rather than the persons actual presentation
- They drive worker identity – ‘specialist X’ rather than describing the actual work
- We need to make thresholds permeable, fuzzy and responsive to presenting picture (always a combination of problems and assets)
- **We set up a structure to lead and support these culture changes**

- Language needs to change
- Storytelling in change processes
- Assurance vs accountability
- **Current learning** New skill set/approach – curators of systems/places
- What is it to be truly asset based?
- Start with the issue/assets not the current silo's
- Develop our place – VCSE etc. Means sharing more



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# **WHAT DOES THIS MEAN FOR SEVICES?**



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- Moving from polite superficial engagement to meaningful and genuine engagement feels mysterious
- **From the superficial to the transformational**  
Actually, it is a product of shared learning, shared playing, shared experiences and relentless persistence
- It is hard work, much harder than before
- Trust takes time, it does not happen overnight
- Do not see the process as an addition to your day job, this IS your day job

- Time and space – prioritising the work, finding the time and intellectual ‘space’ to reframe, to think differently

- **Some necessary stuff**

- Independent assistance
- Facilitating, sustained, open, mutually supportive challenge – our arguments are hard!
- Process of building trust and understanding makes really challenging discussion and criticism possible – not personal its about culture and issues
- Ignoring hierarchy (but don’t forget trustees, volunteers)

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Complexity friendly commissioning is based on a different attitude to:

- Motivation – it is intrinsic, not extrinsic
- Learning – drives improvement, positive error culture, reflection on practice, measurement
- Taking responsibility for ‘system health’ – building trust (change happens at the speed of trust) networks and positive relationships

## Responding to Complexity

# What we don't know...



- **Accountability** – horizontal plus vertical?
- What are good reasons for **trust**?
- What does a **healthy system** look like?
- What are the **roles/responsibilities** in creating healthy systems?
- **Collaboration vs competition**?
- What does this look like from a **delivery perspective**?
- What are the **workforce development** requirements?
- What else?

Systems create outcomes

Complex systems cannot be controlled – **let go of the illusion of control**

## Summary

How can our systems work better, from the perspective of the people who need them?

- Learning and Adaption
- Communication and networks
- Building relationships of trust



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An emerging rule for managing in complexity:

***Increase the adaptive capacity of the lowest organisational unit***