NETWORKS IN HEALTHCARE

Managing Complex Relationships

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BY

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Foreword

Any developed nation wishing to deliver sustainable health and care services will need to make a significant shift in three directions — harnessing the power of people and communities; focusing on place and its impact on our health; and using information to engage, inform and target interventions. At the heart of this assertion is a view that we need joined up care that includes people and their families as part of the team. This means organising care around them and not our professional egos or organisational boundaries.

This is a challenge to traditional, hierarchical models of health and care. Patients and citizens relentlessly tell stories that show the need to join up care services; in the West our elderly population has increasingly complex needs that require professional disciplines to work together. Alongside this need for more collegiate working, there is the advance of new technology, economic pressures and changing ways that citizens engage with their health. Services are no longer discrete, they are interdependent. Patients are no longer passive, they are informed and active. Any change in one part of the system 'pops up' as a consequence in another part and can be driven by patient power as much as active decision-making in the system.

Here in the United Kingdom we have a generation of leaders that have been raised on command and control models of leadership. At the turn of the millennium, significant investment in the National Health Service was conditional on a centrally driven 'cash for change' agenda. This was designed in Whitehall and cascaded through a set of direct line arrangements that defined access targets, activity and

financial arrangements in detail. I know because I was programme managing the £5bn transformation fund. It worked for the problem it was designed to overcome and the NHS got a lot better.

A decade later, the Leadership Academy found that the majority of its NHS 'Top Leaders' had one defining style of leadership — a 'Directive' or a 'Pace-setting' style. This is a problem as the defining language of the NHS is now around collaboration and partnership, with citizens, staff and other organisations. Telling people what to do will never work in this context. Luckily, there are a new generation of leaders in the United Kingdom who understand and work with collaborative styles of leadership. They are delivering integrated health and care service, new models of care and innovative prevention schemes.

We increasingly need to understand the differences between leading networks versus leading hierarchies. It's interesting to note that the best predicator of effectiveness in partnerships is having experience in working in partnerships before. Leaders with a history of effective collaboration are required as we embark on large-scale change that requires peer-based networks and forms of organising.

Many leaders can find networks messy places that don't respond predictably. This creates anxiety in a highly-regulated and performance-managed system. Becoming familiar with the power of networks and the skills in leading networks is critical for any leader now, particularly as many of the familiar ways of leading are the very practices which stifle networks.

This book sets out to explain networks, what makes them thrive, how to lead them and how to make the most of this creative and innovative way of working. In our world of ambiguity, complexity and variation, we need networks more than ever. They will help respond to variation with variable skills and experiences. They will bring clarity to complexity. They will bring capacity to deal with uncertainty and help sense making. This book is critical reading in the current context for any leader in health and social care.

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