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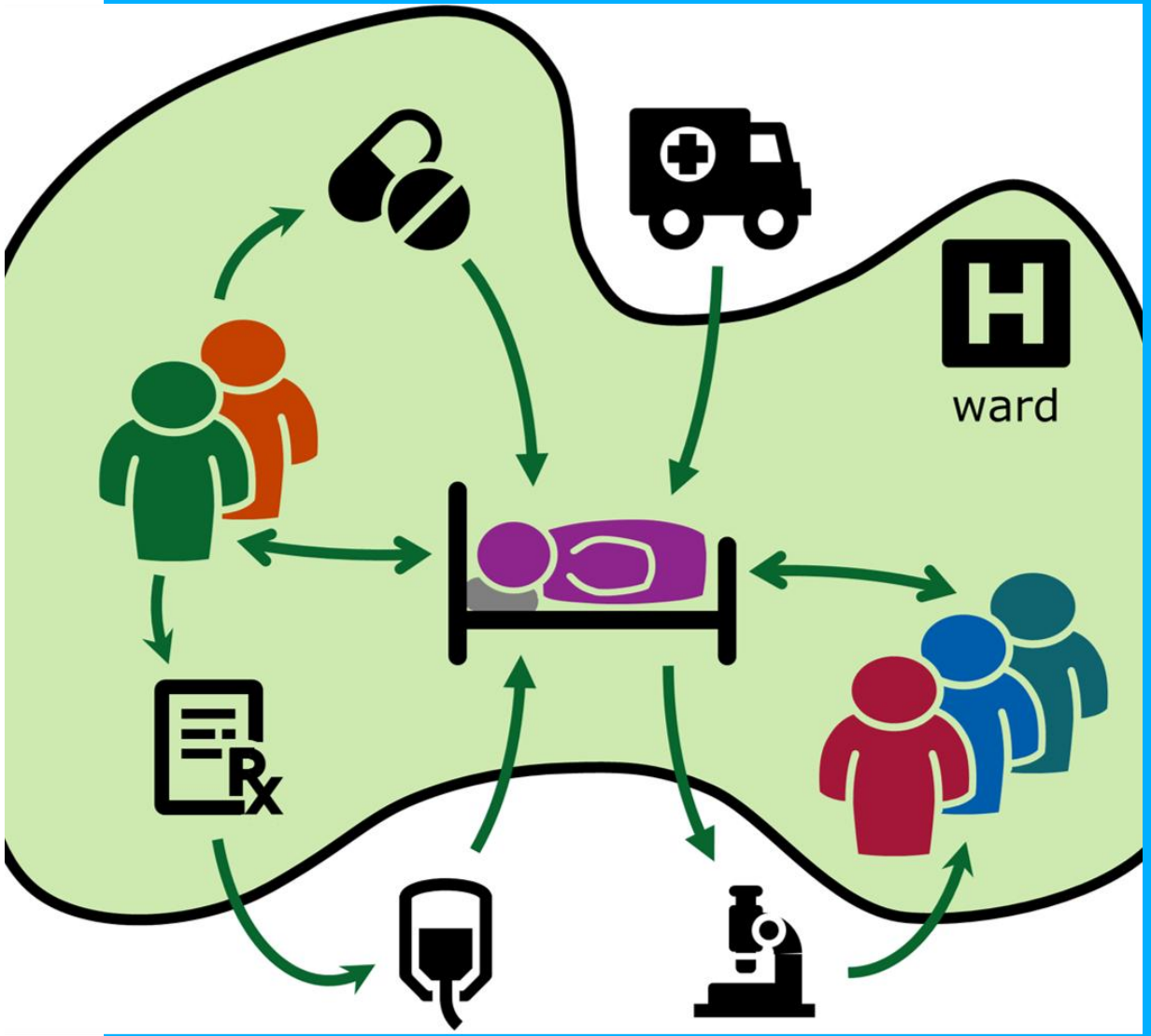
Whole systems approaches to palliative care

Toby Lowe,
Professor of Public Management

What is a system?



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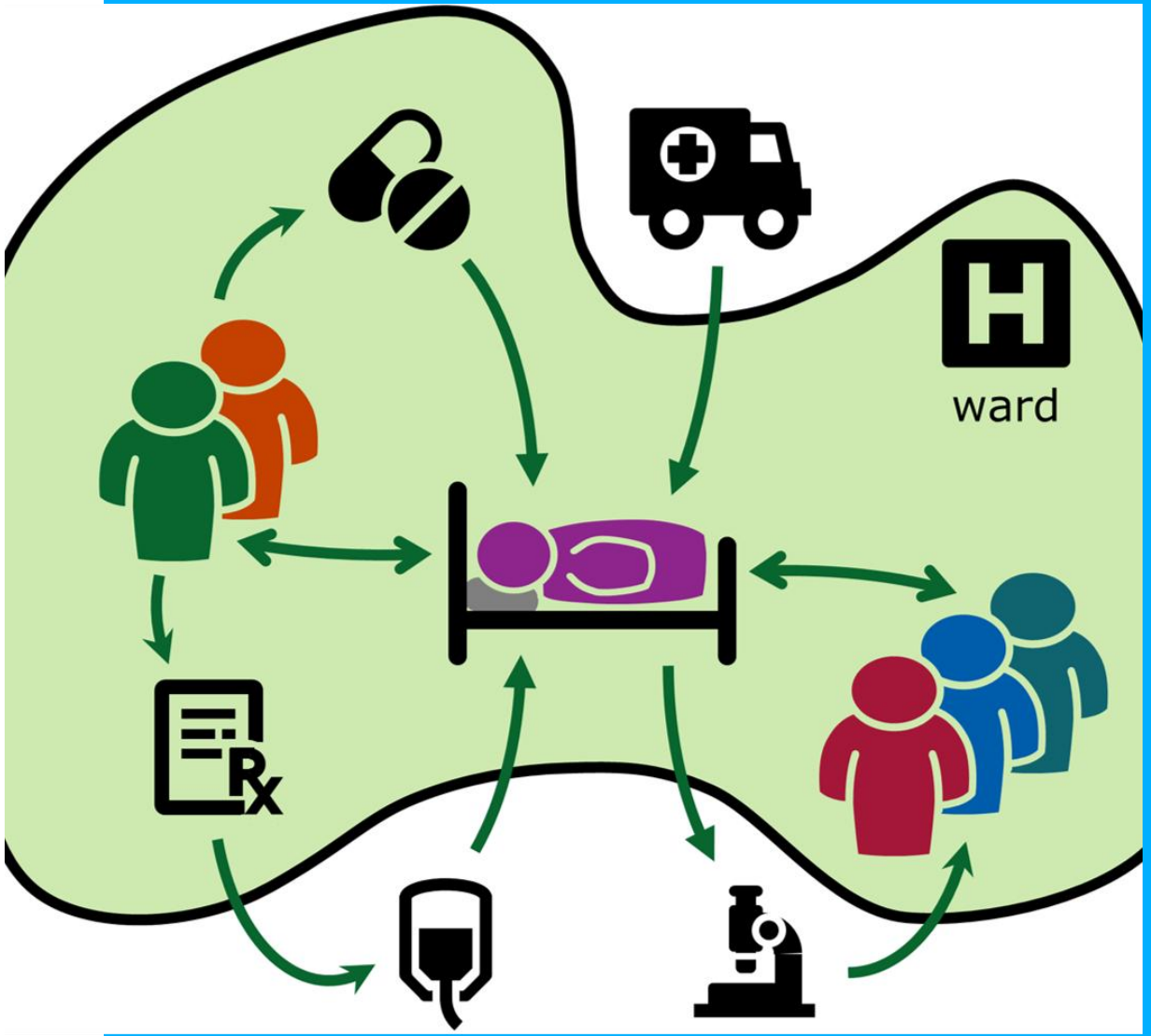
What is a system?

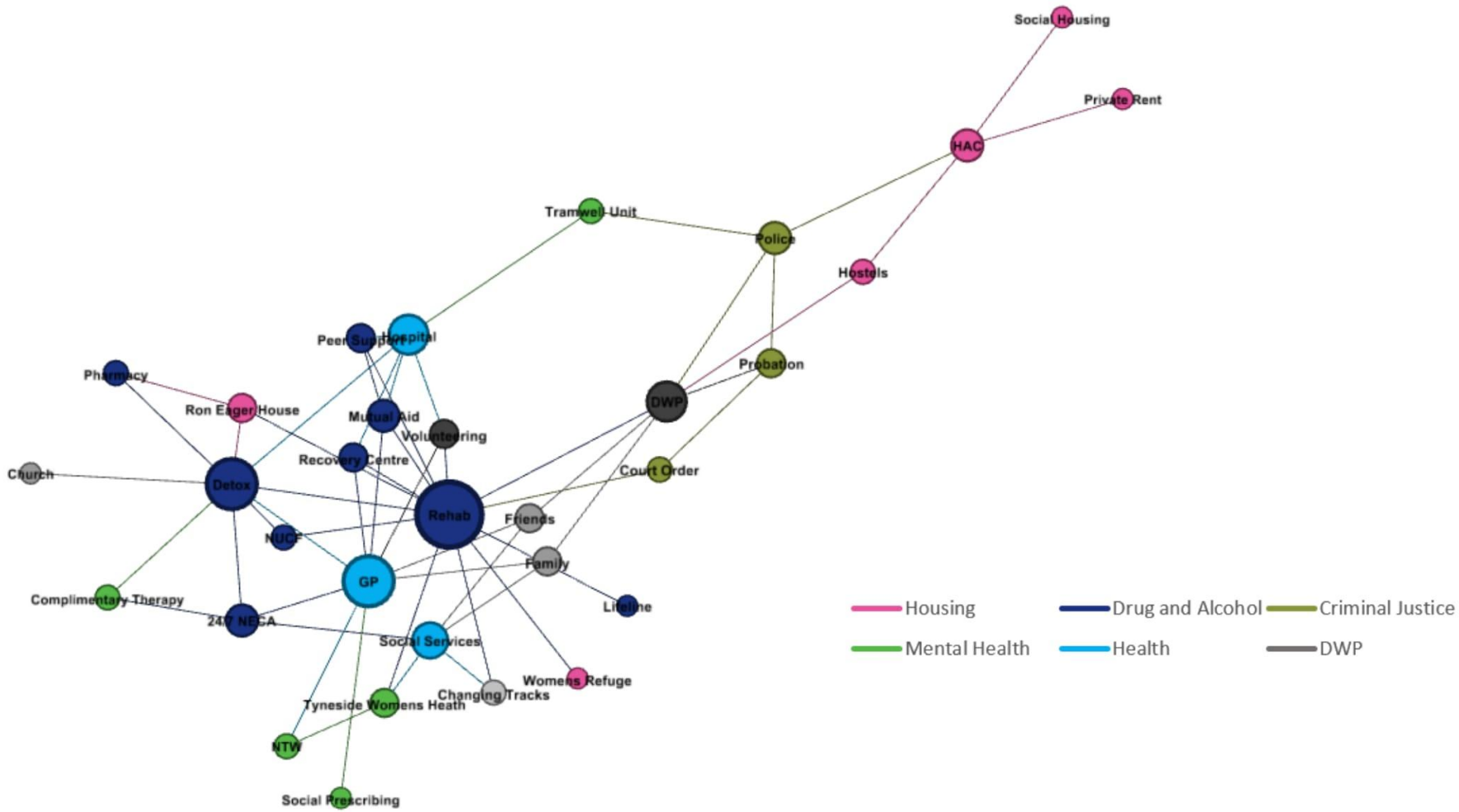
A set of *relationships* which combine to make something happen.



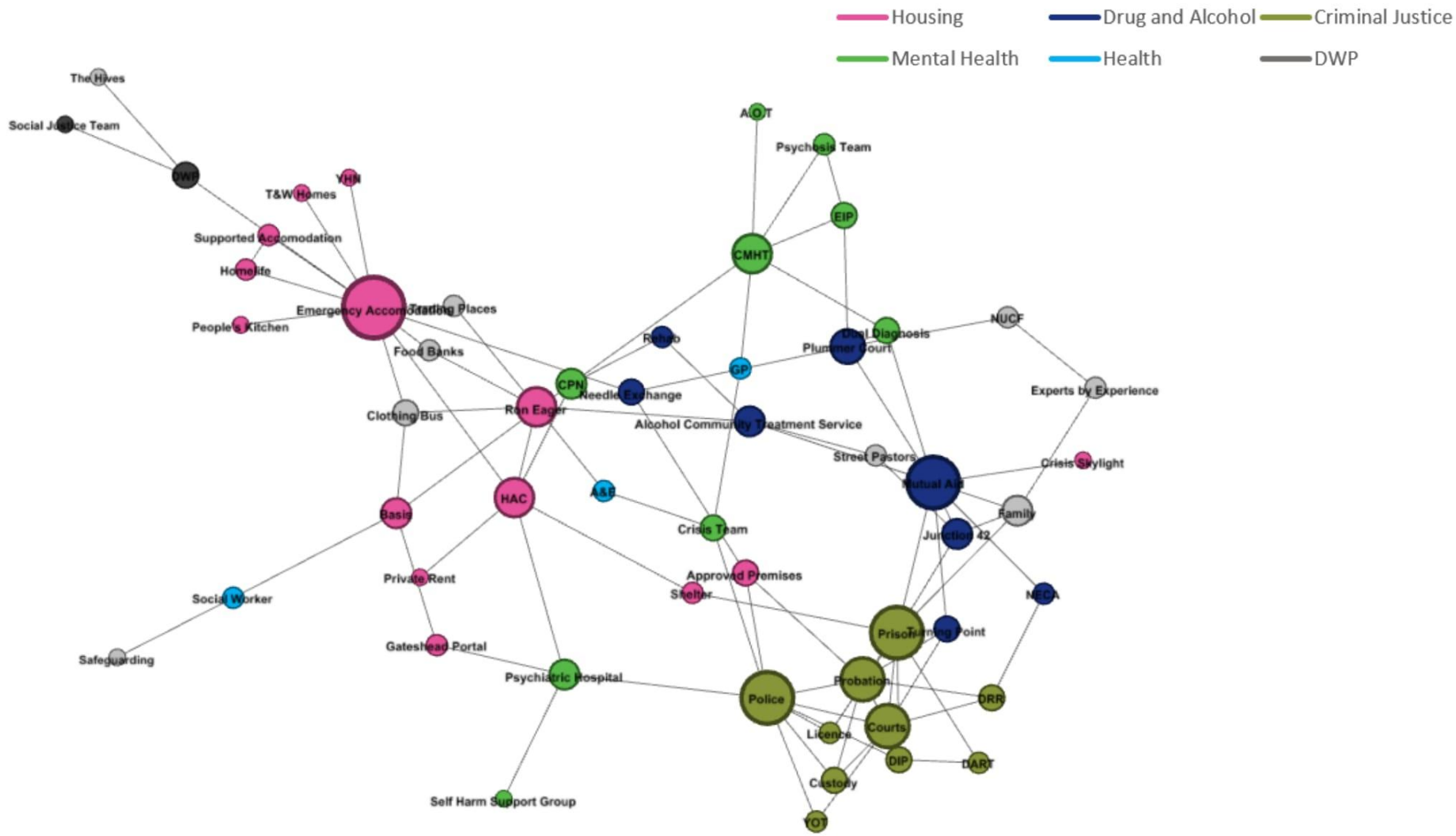
How many systems can you see?

Different perspectives on “the system”

Map 1: The service users system



FULFILLING LIVES
Newcastle Gateshead



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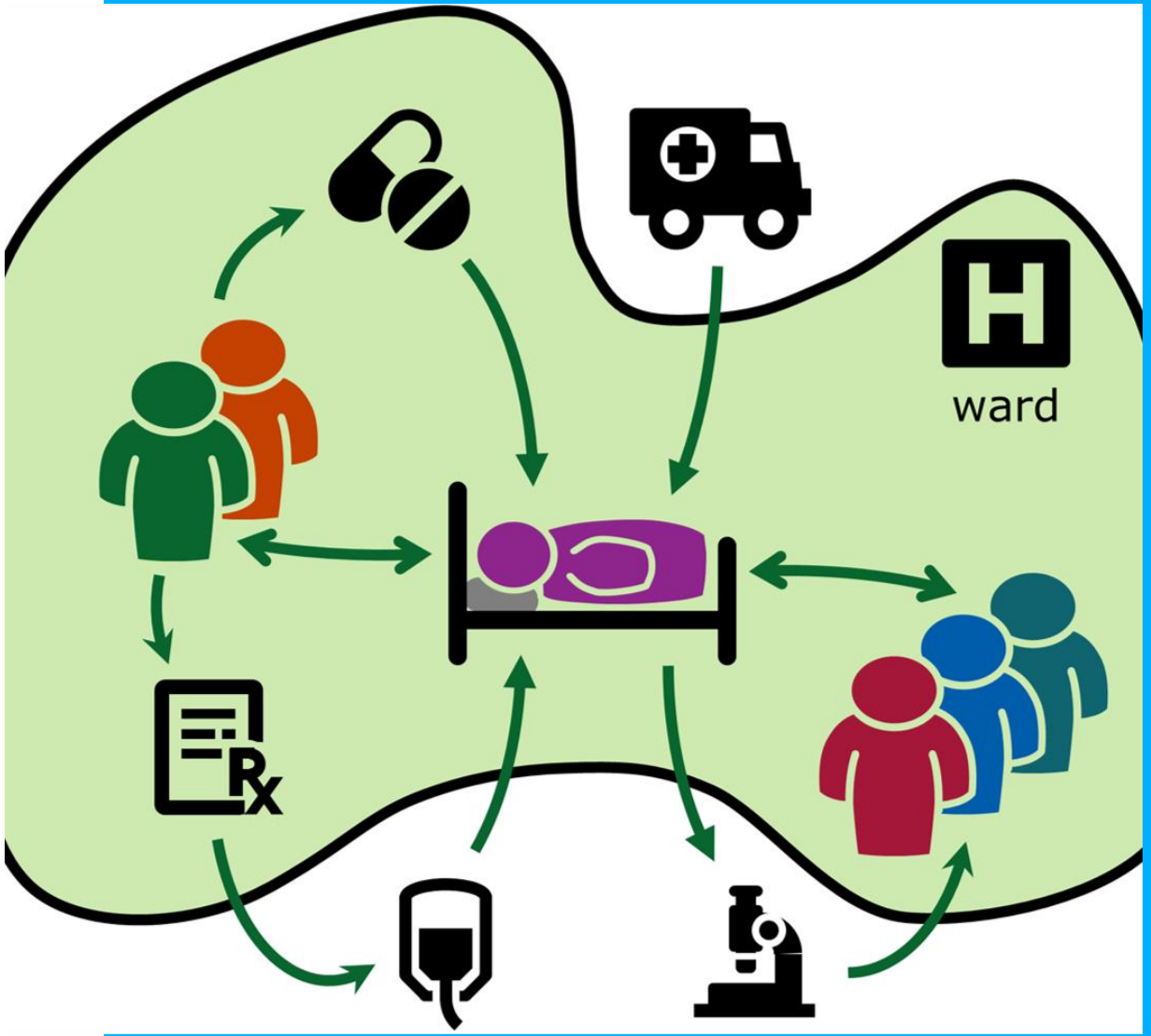
There is no such thing as “the system” for palliative care

So…. why bother to think about systems?



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Who here cares about outcomes for people?

Systems are important, because complex systems create outcomes

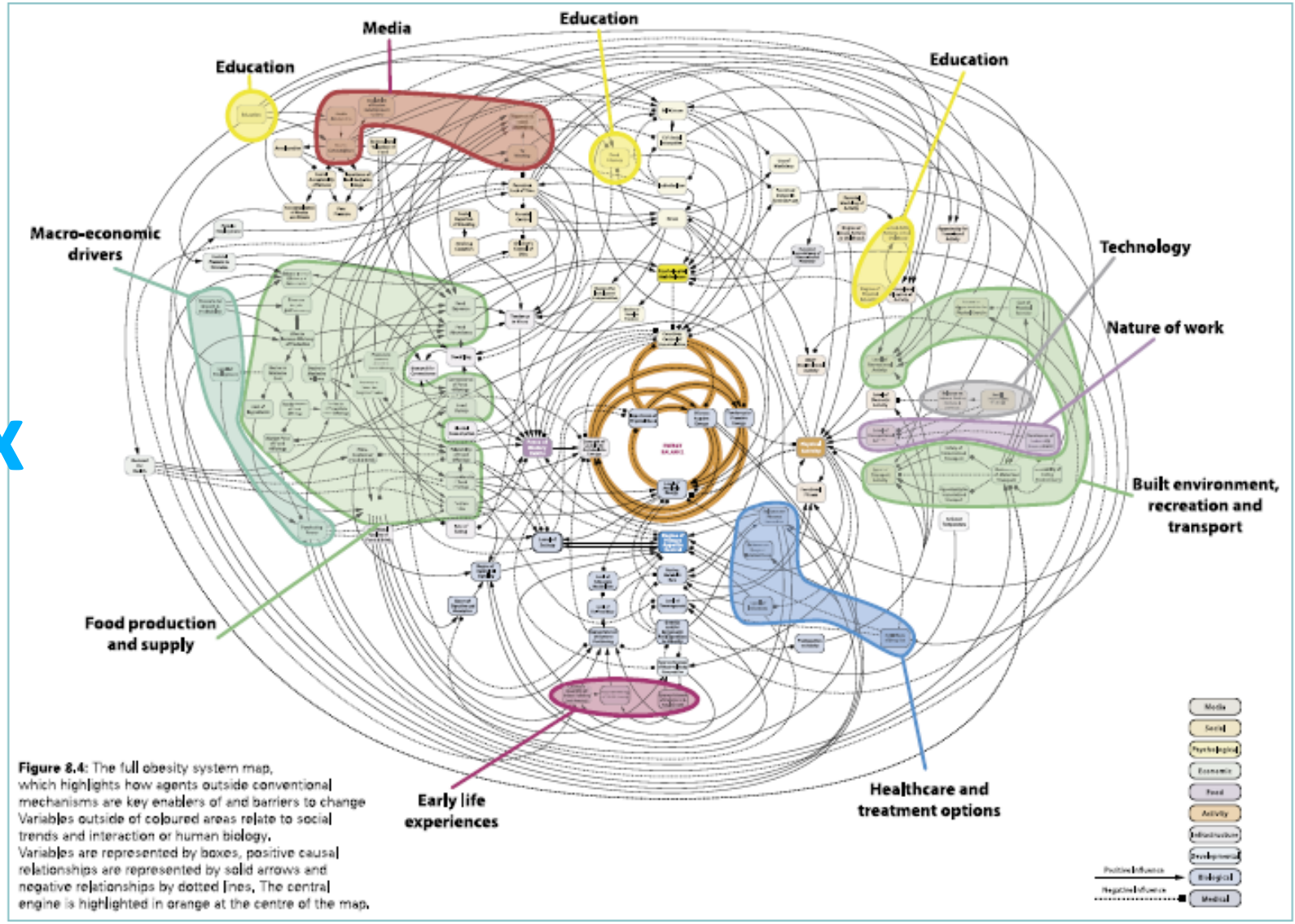


Figure 8.4: The full obesity system map, which highlights how agents outside conventional mechanisms are key enablers of and barriers to change Variables outside of coloured areas relate to social trends and interaction or human biology. Variables are represented by boxes, positive causal relationships are represented by solid arrows and negative relationships by dotted lines, The central engine is highlighted in orange at the centre of the map.

Butland, B., Jebb, S.A., Kopelman, P., McPherson, K.E., Thomas, S., Mardell, J., & Parry, V. (2007). Foresight. Tackling obesities: future choices. Project report

Which is a different framing to the standard….

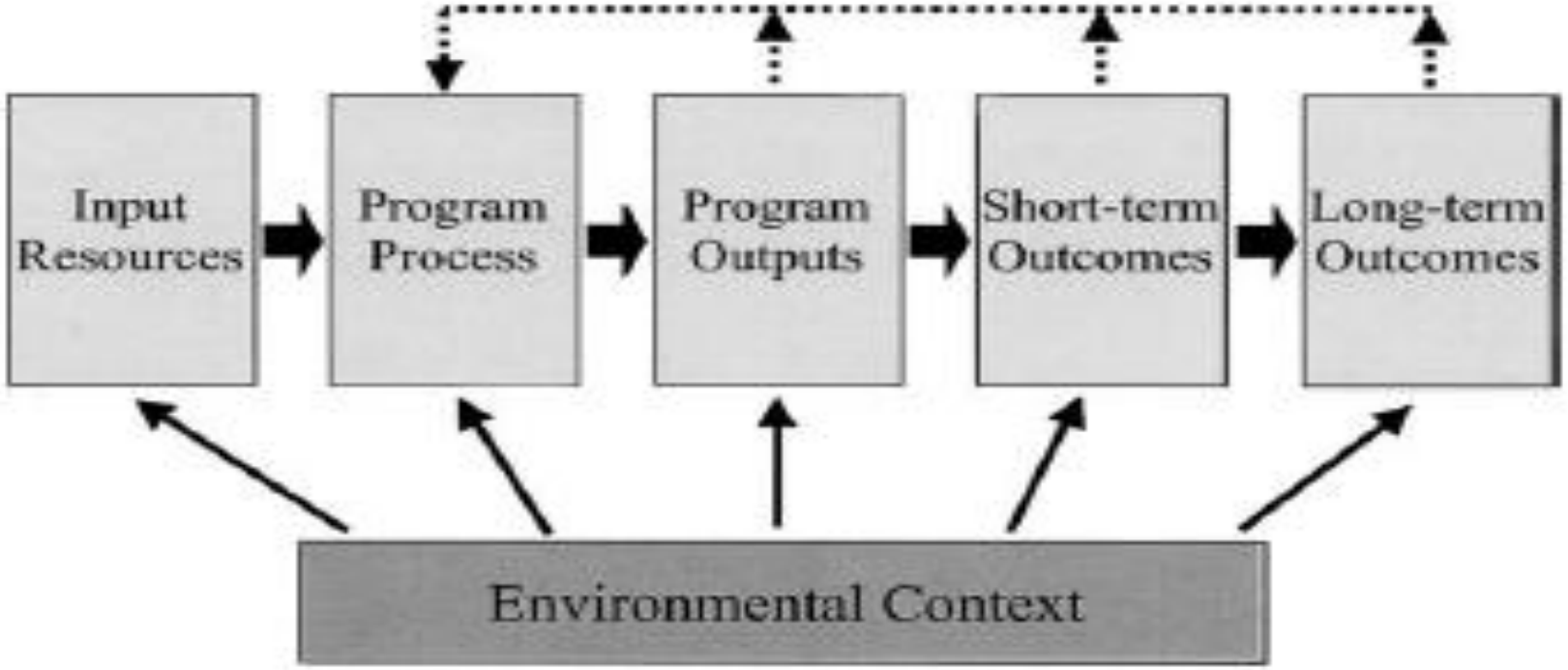


Fig. 2. Program logic model.

Schalock, R. L. and Bonham, G. S. (2003), "Measuring outcomes and managing for results", *Evaluation and Program Planning*, 26, 4: 229–35.

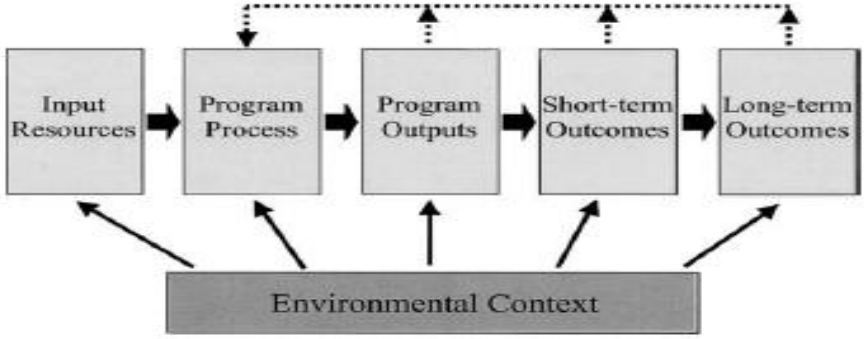
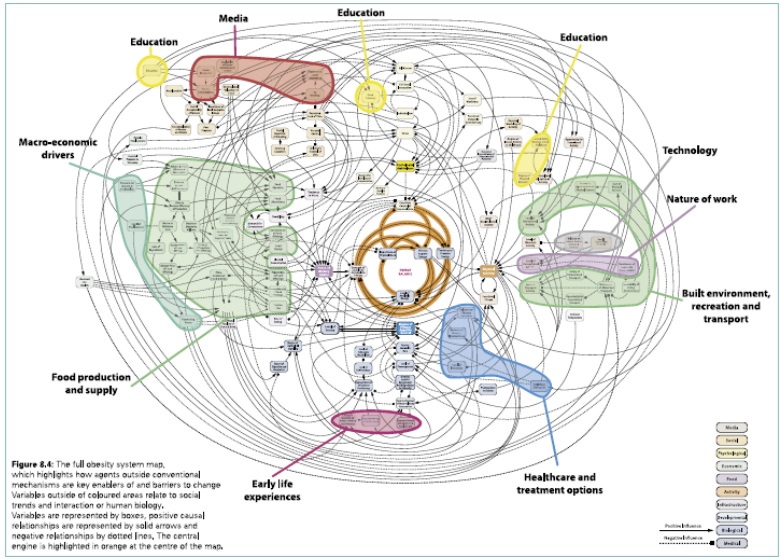


Fig. 2. Program logic model.

Question :

Which framing is a more accurate representation of the processes by which outcomes are created in the world?



Profound consequences for how we manage public service.

Outcomes:

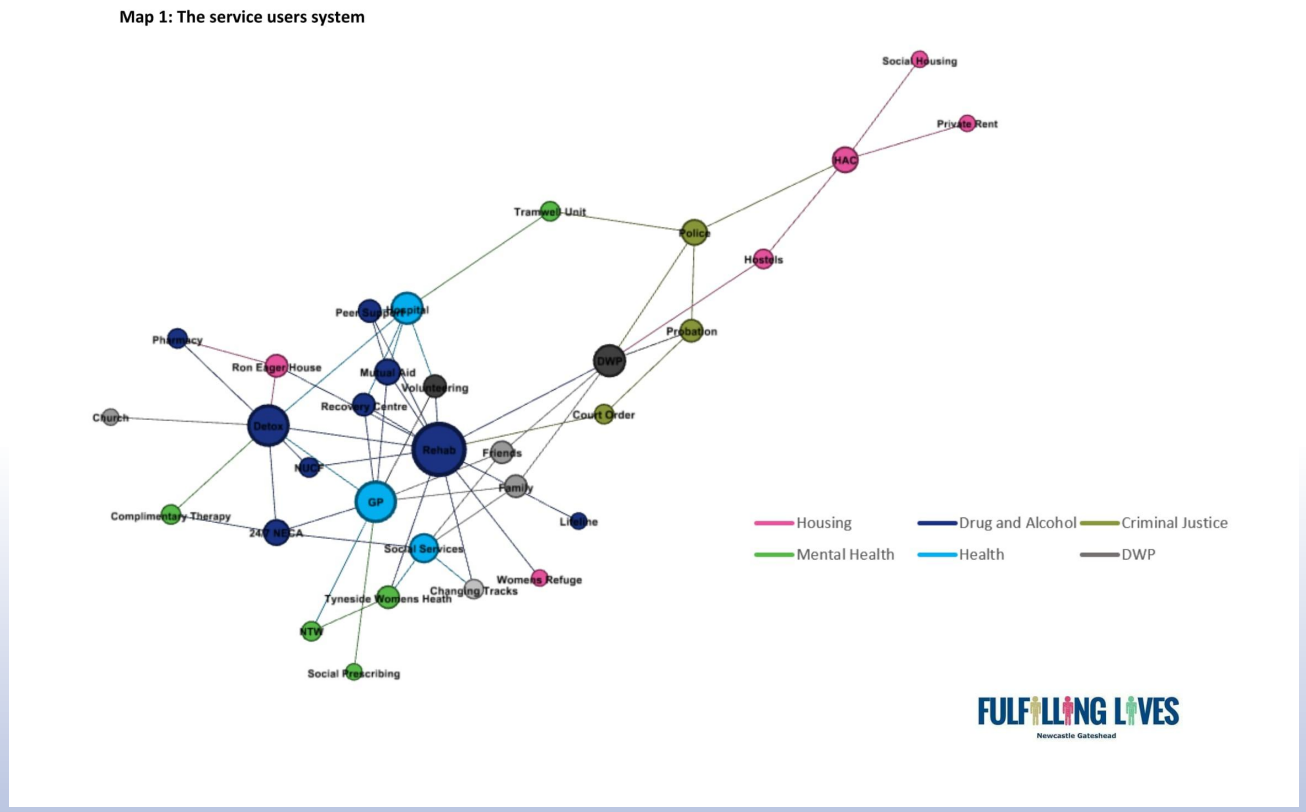
- Are created by 100s of inter-dependent factors
- Are unique to each person you work with
- Are mostly outside of your organisation's control or influence
- **Cannot be "delivered"**

The rigour of complexity vs pretending it’s simple

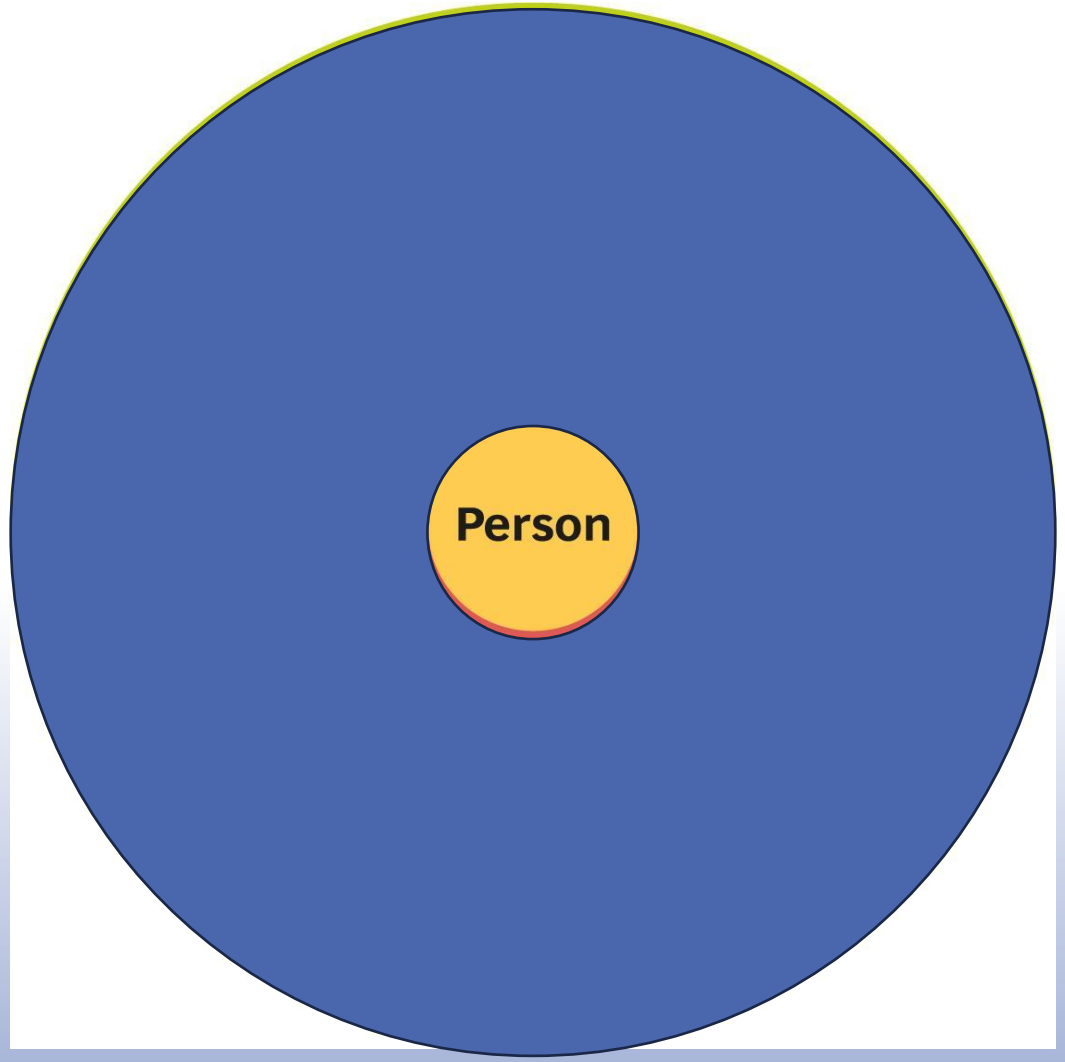
If we care about outcomes, we must understand and respond to real world complexity

How should we frame palliative care systems?

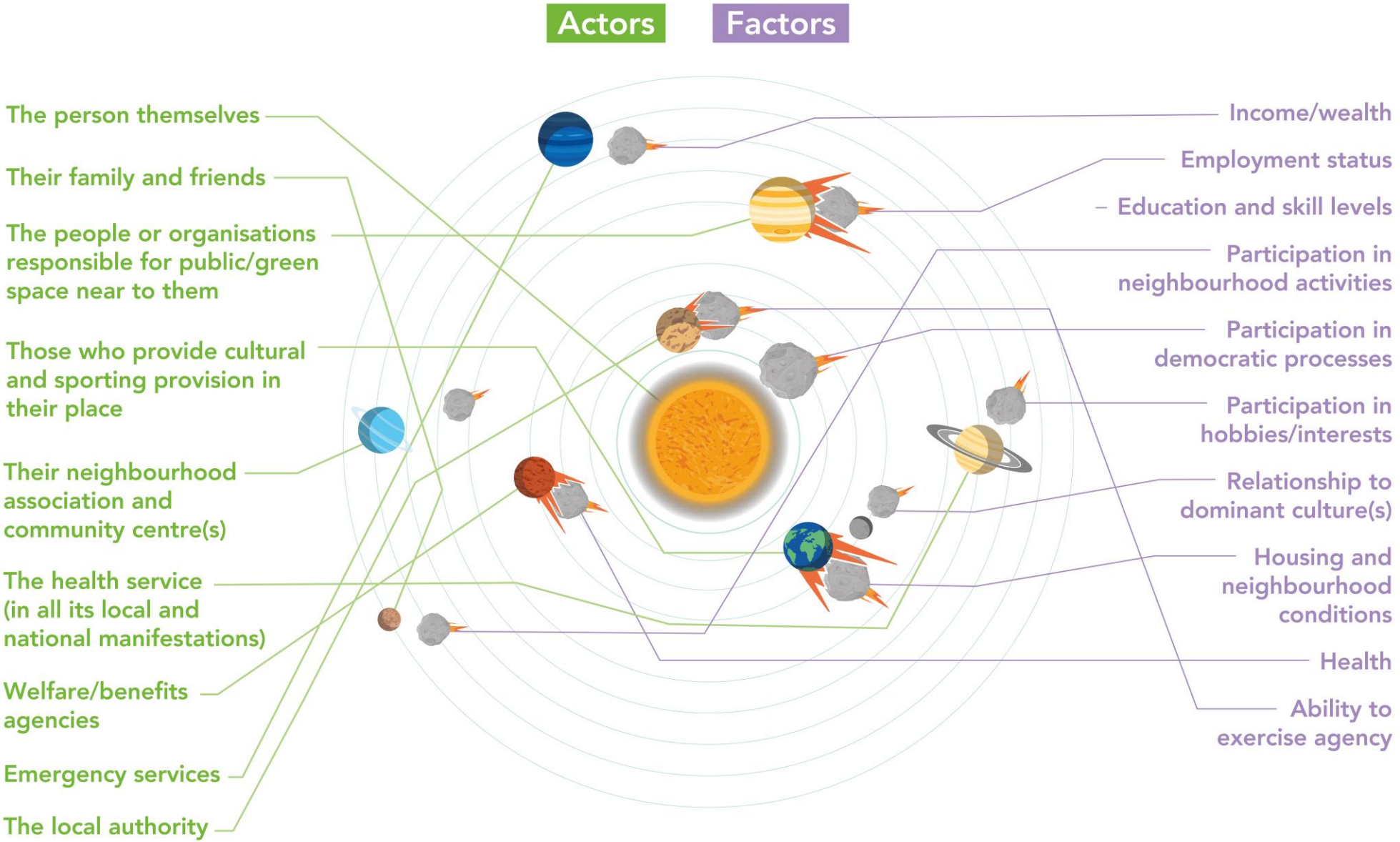
Multiple system scales



Start with the person themselves



Actors and factors which could constitute someone's "life as a system" that creates the outcome of wellbeing (or not)



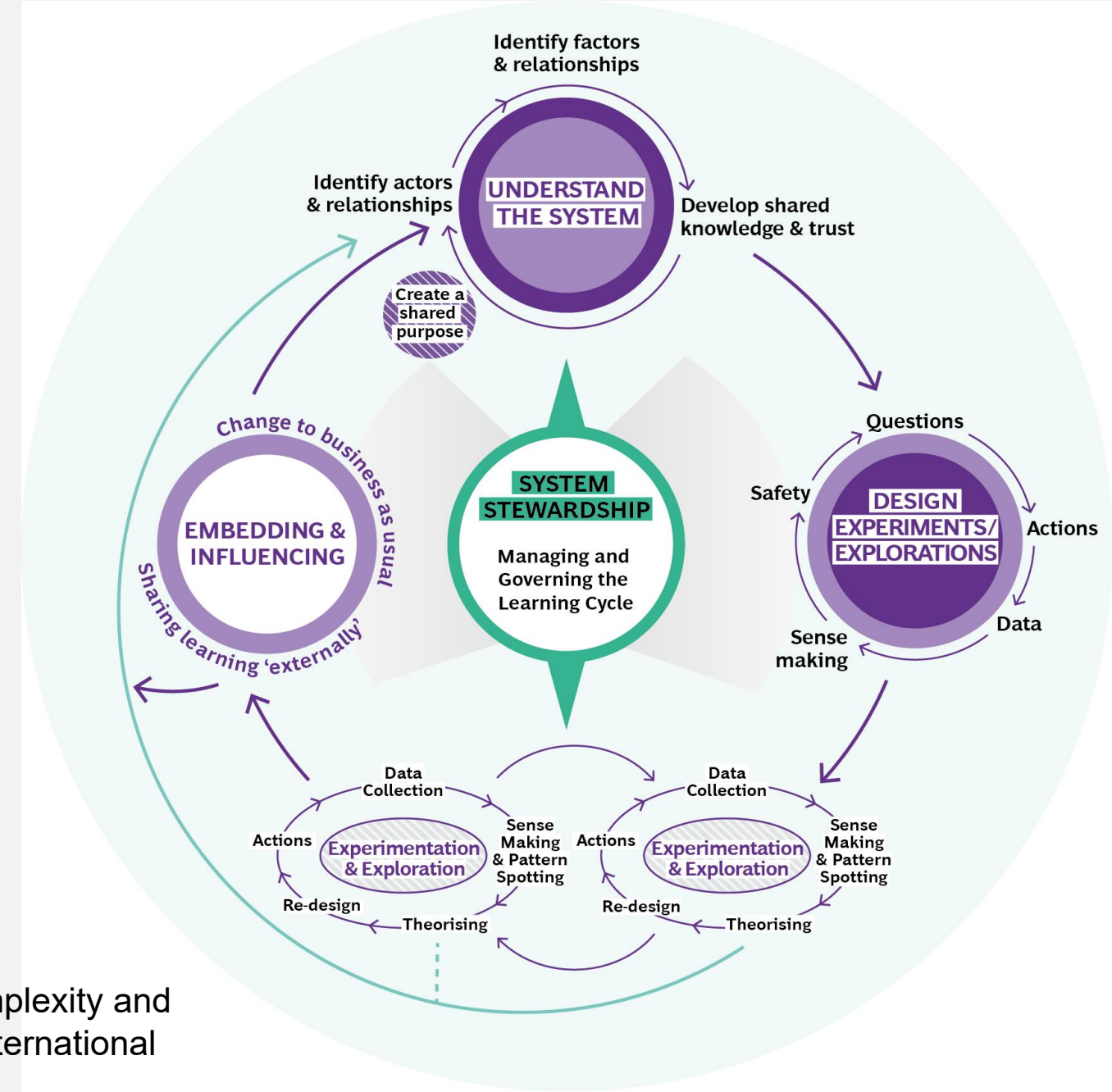
Strong human relationships underpin systems working

Relational working – so that workers and citizens can understand each other's strengths and needs

Bespoke provision – responding to the unique strengths and needs of each person

How do complex systems create desirable outcomes?

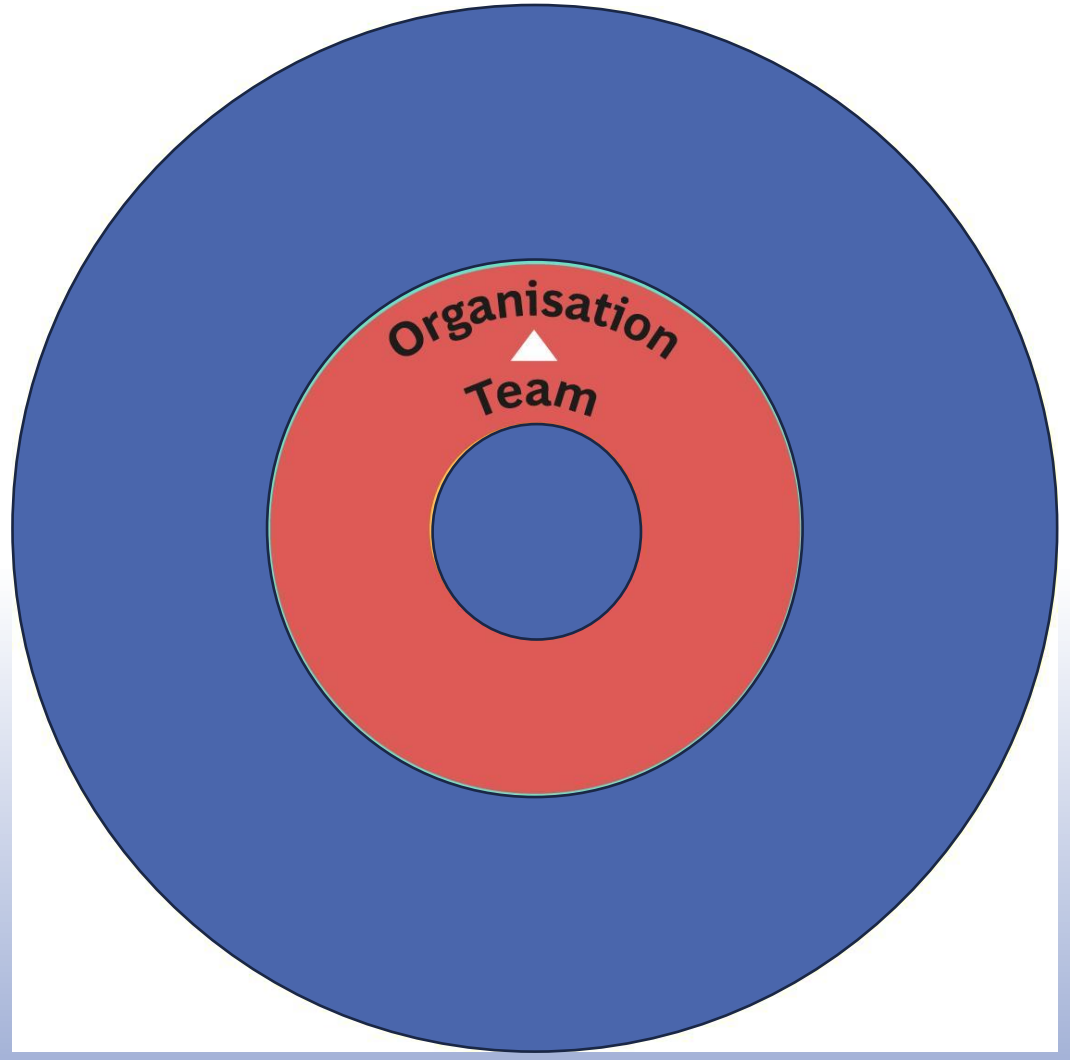
Continuous, collaborative experimentation and learning is the work



McDonald, H and Lowe, T (2024) “Chronic Pain, Complexity and a Suggested Role for the Osteopathic Profession”, International Journal of Osteopathic Medicine

Complete change to operational management

Organisation system scale



Learning as a Management Strategy

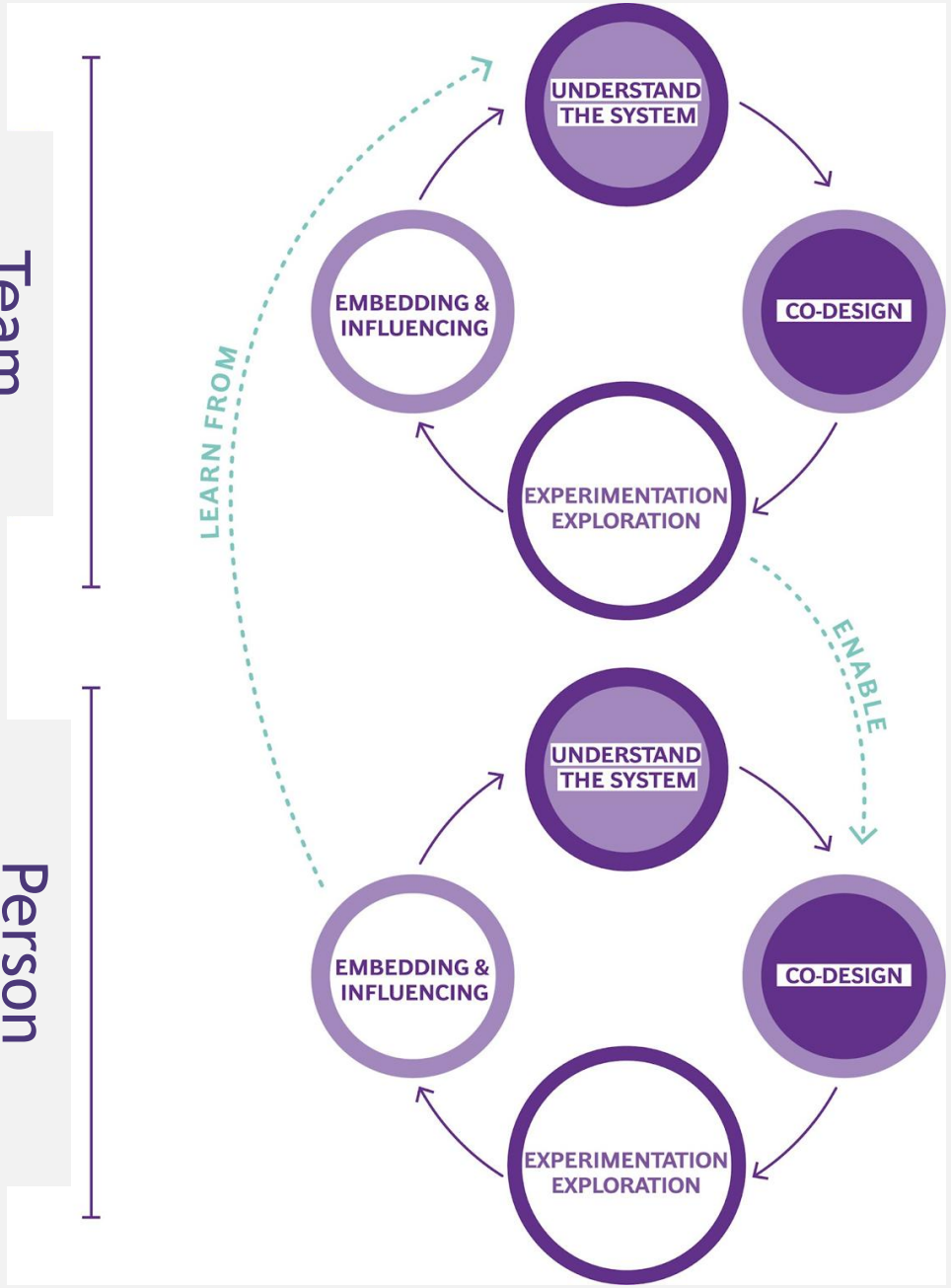
Changing the purpose and focus of management

- Organising for continuous collaborative learning becomes the primary role of managers

Connected Learning Cycles

Challenge to 'Business as Usual'

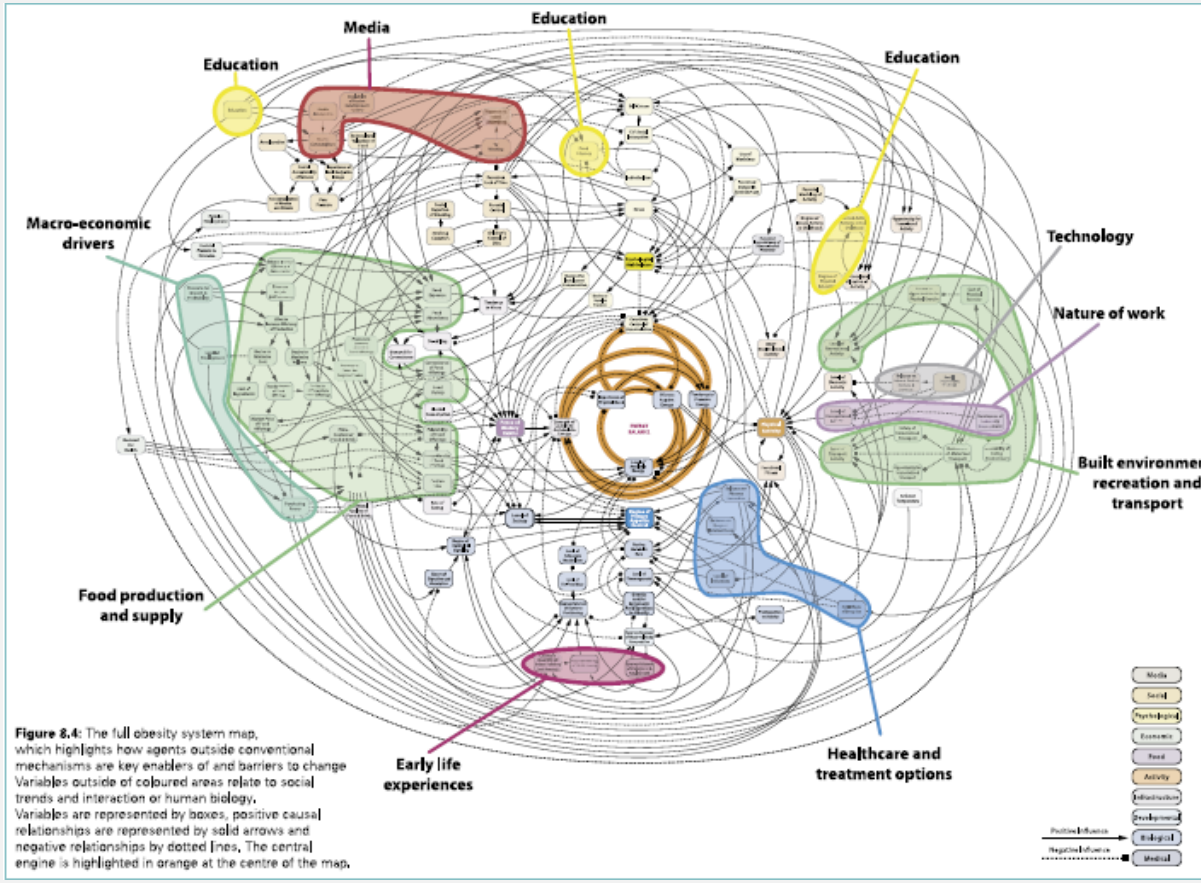
- What are the patterns of need?
- What is our practice?
- What staff capabilities?
- How should we organise ourselves?



Change to 'BaU'

Change to leadership

= Systems stewardship



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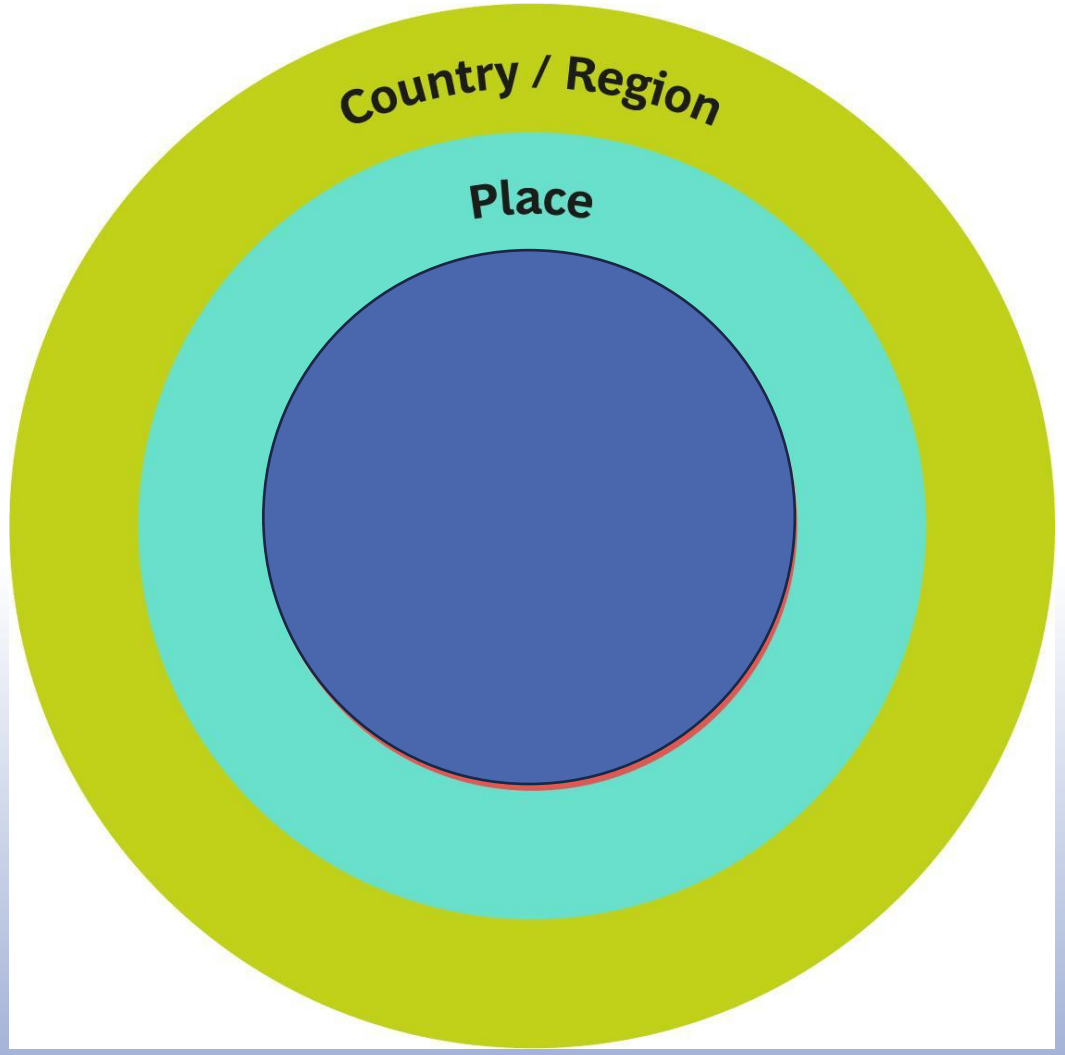
Place/country system scales

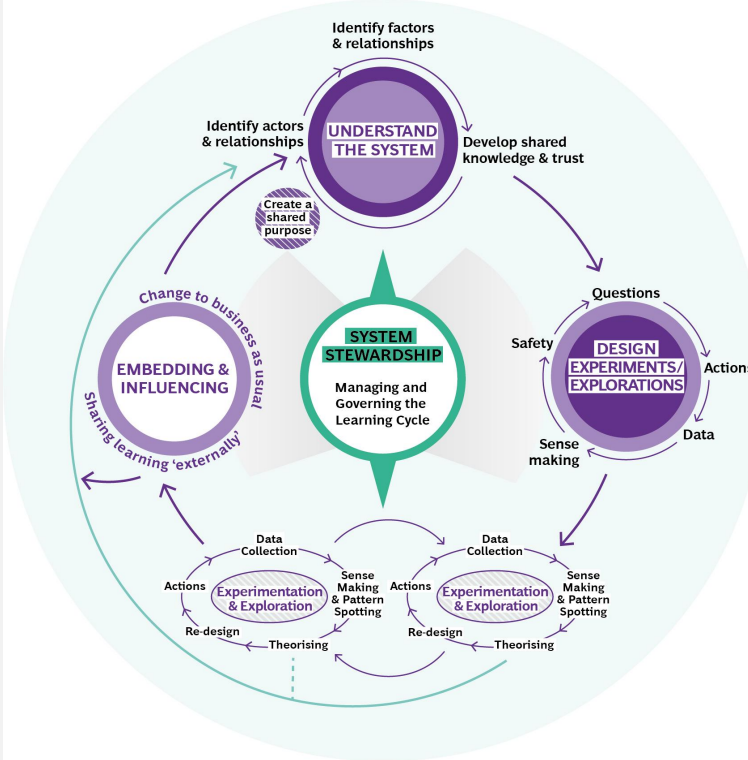


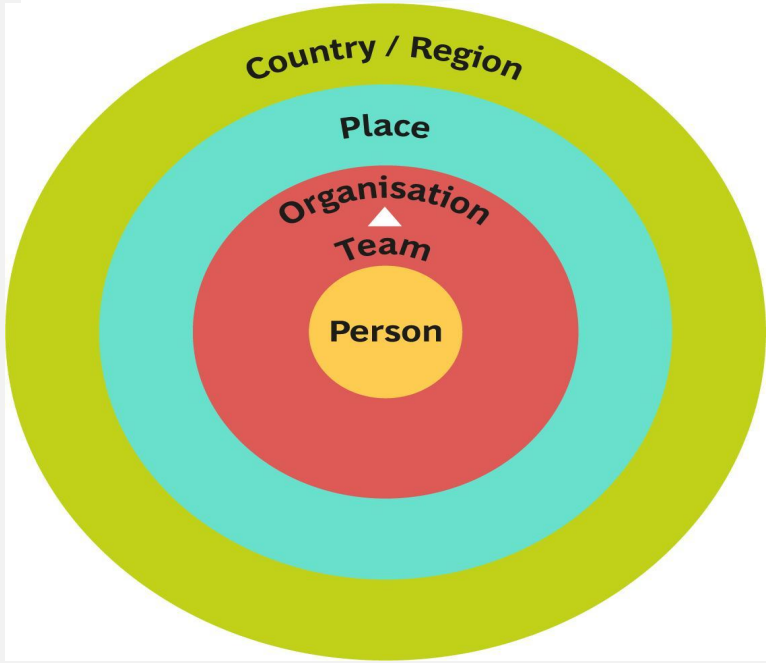
Systems stewardship

Can you bring different actors together to create systems in which actors:

- Cultivate trust
- Learn together
- Address power inequalities
- Hear diverse voices

Can you steward diverse actors around a Learning Cycle?





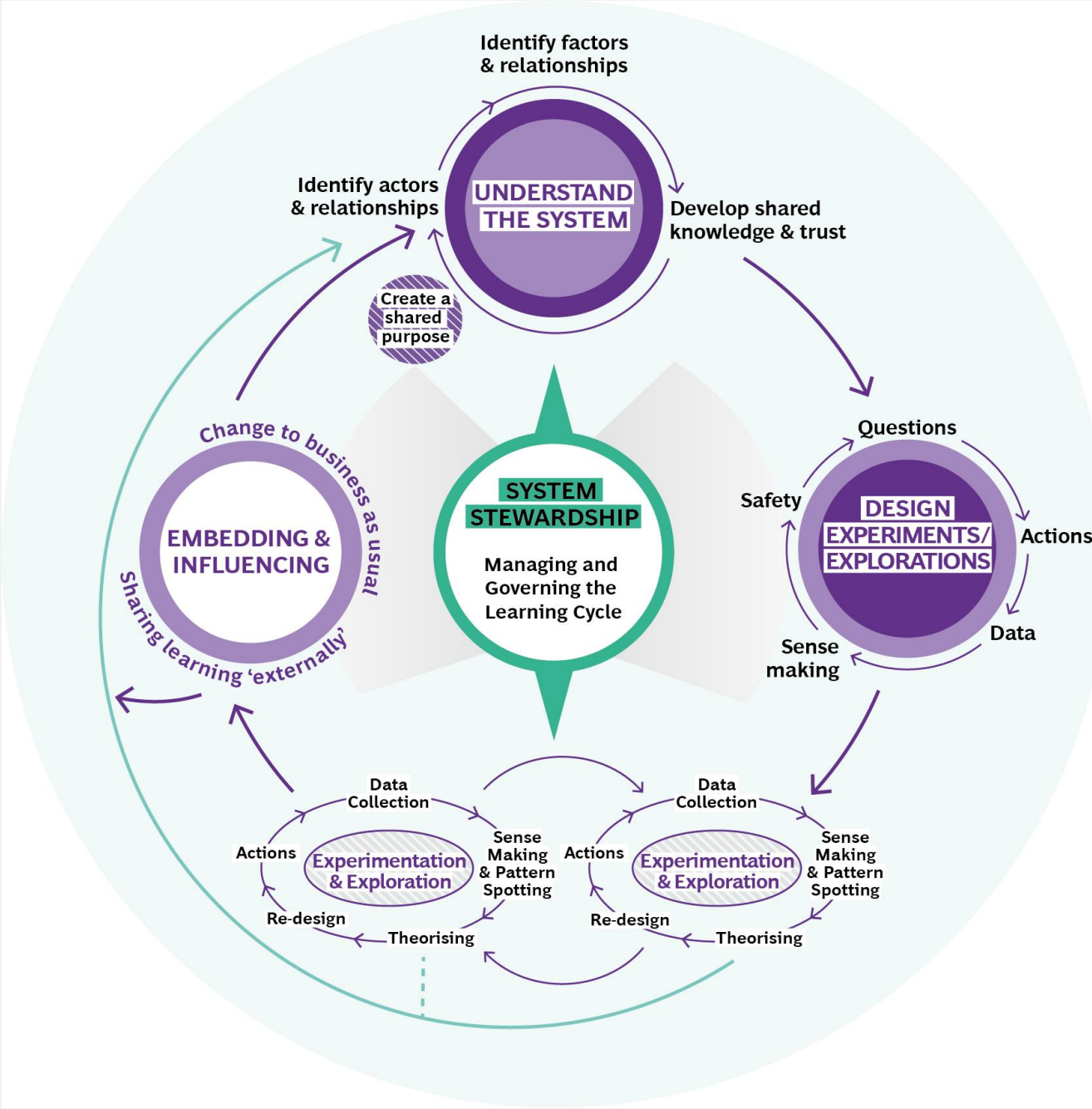
Resource allocation/ funding system

Funding for continuous collaborative experimentation and learning

Funding to enable **Learning Cycles**

Swedish International Development Agency : **Systems Innovation & Experimentation Fund**

- **Barking & Dagenham**
- **Liverpool City Region**
- **Plymouth Alliance**
- **Young People Cornwall**



Example: Plymouth Alliance

Case Studies

Key messages:

- £80m 10 year commission for adults with complex needs
- Alliance contract
- No targets, no KPIs
- Orgs commissioned to learn together to achieve shared purpose

- Significant cash savings – e.g. emergency accommodation spending halved in 6 months
- 99.99% reduction in “avoidable deaths”

HUMAN LEARNING SYSTEMS

Plymouth Alliance for Complex Needs

Governance and accountability

Governance and accountability

Governance of “the health of the system”

- Does it have good learning processes and relationships?

Accountability questions:

- What have you learnt?
- How have you learnt it?

In summary:

A whole systems approach to palliative care requires a different approach to public management

‘the system’ is defined uniquely by the person you are helping

A way of **making public service more responsive to the bespoke needs** of each person that it serves

It creates an environment in which **performance improvement is driven by continuous learning and adaptation**.

It fosters **in leaders a sense of responsibility for looking after the health of the systems.**

Challenges

Key challenges

Paradigm shift is hard: unlearning lots of ingrained management practice

Tension at the edges: rubbing against old ways creates friction

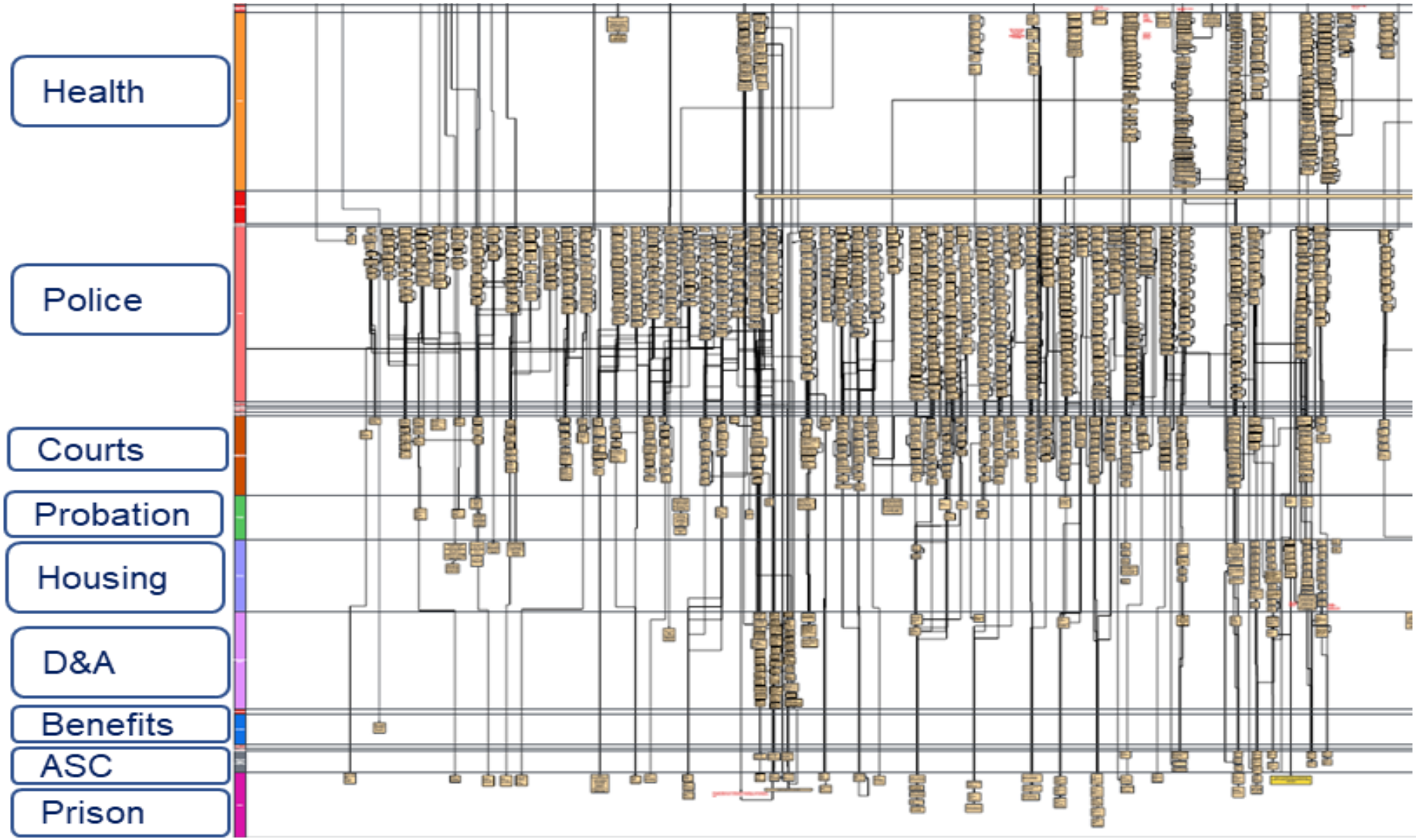
It’s not for everyone: a few workers need certainty of boundaries

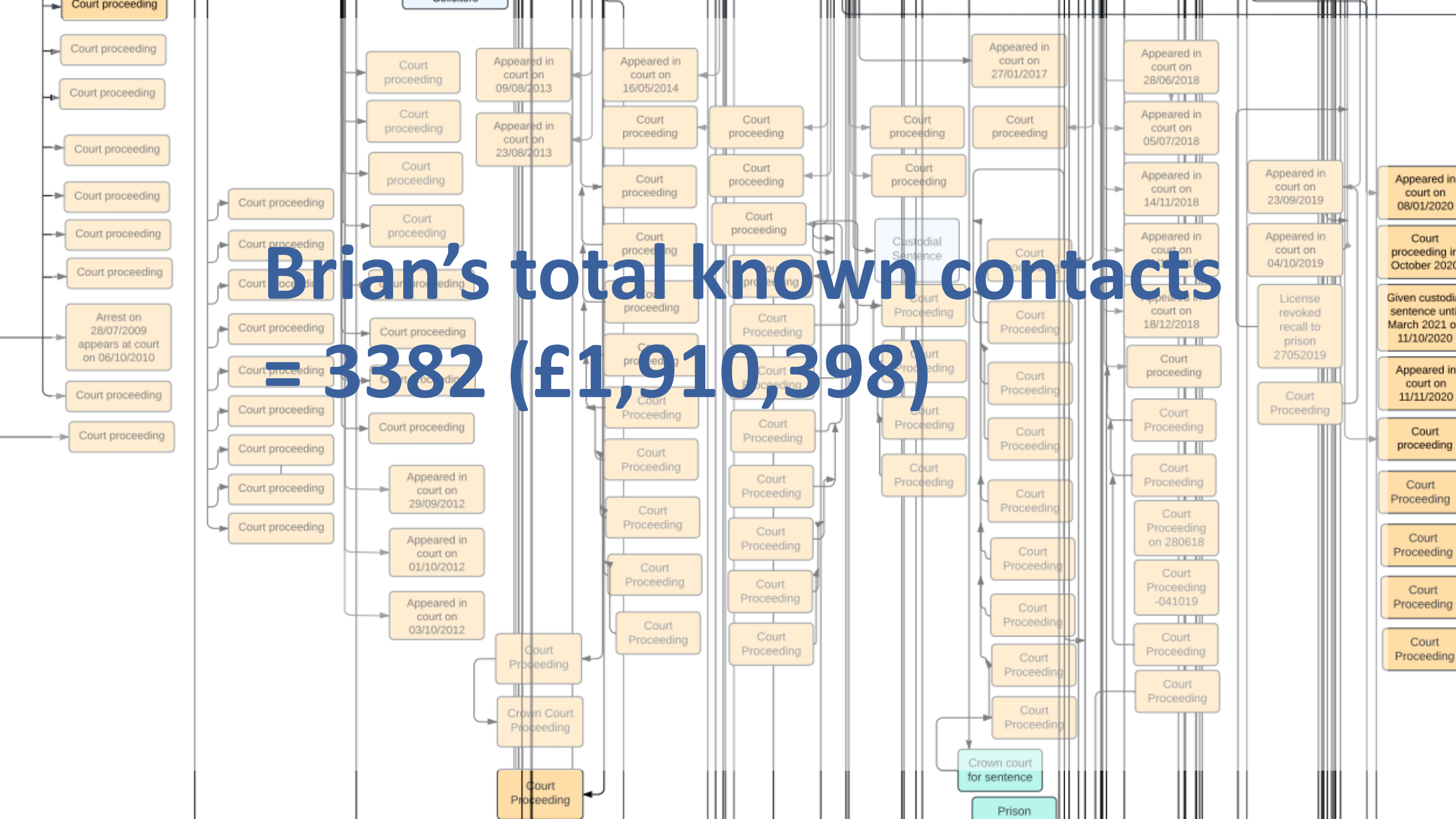
So why bother?

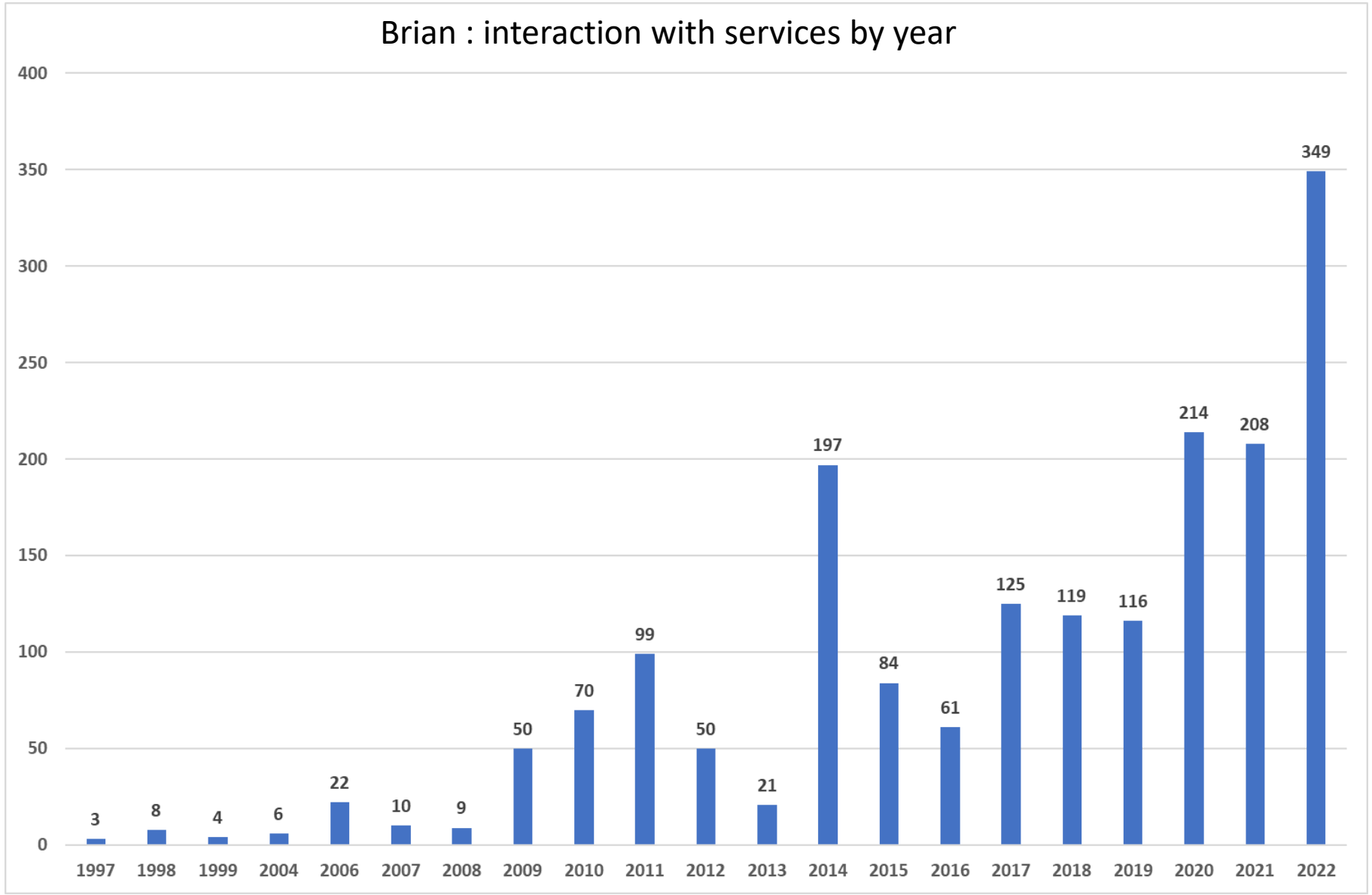
Better outcomes, lower costs

Meet Brian.

“Brian’s” public service interaction over 10 years 14 different public services…


Health
Police
Courts
Probation
Housing
D&A
Benefits
ASC
Prison


Brian's total known contacts
= 3382 (£1,910,398)
Court proceeding
Arrest on 28/07/2009 appears at court on 06/10/2010
Appeared in court on 09/08/2013
Appeared in court on 23/08/2013
Appeared in court on 16/05/2014
Appeared in court on 29/09/2012
Appeared in court on 01/10/2012
Appeared in court on 03/10/2012
Appeared in court on 27/01/2017
Appeared in court on 28/06/2018
Appeared in court on 05/07/2018
Appeared in court on 14/11/2018
Appeared in court on 18/12/2018
Appeared in court on 23/09/2019
Appeared in court on 04/10/2019
License revoked recall to prison 27052019
Appeared in court on 08/01/2020
Court proceeding in October 2020
Given custodial sentence until March 2021 o 11/10/2020
Appeared in court on 11/11/2020
Court proceeding
Court Proceeding
Court Proceeding on 280618
Court Proceeding -041019
Custodial Sentence
Crown Court Proceeding
Crown court for sentence
Prison


Brian : interaction with services by year
400
350
300
250
200
150
100
50
0
3
8
4
6
22
10
9
50
70
99
50
21
197
84
61
125
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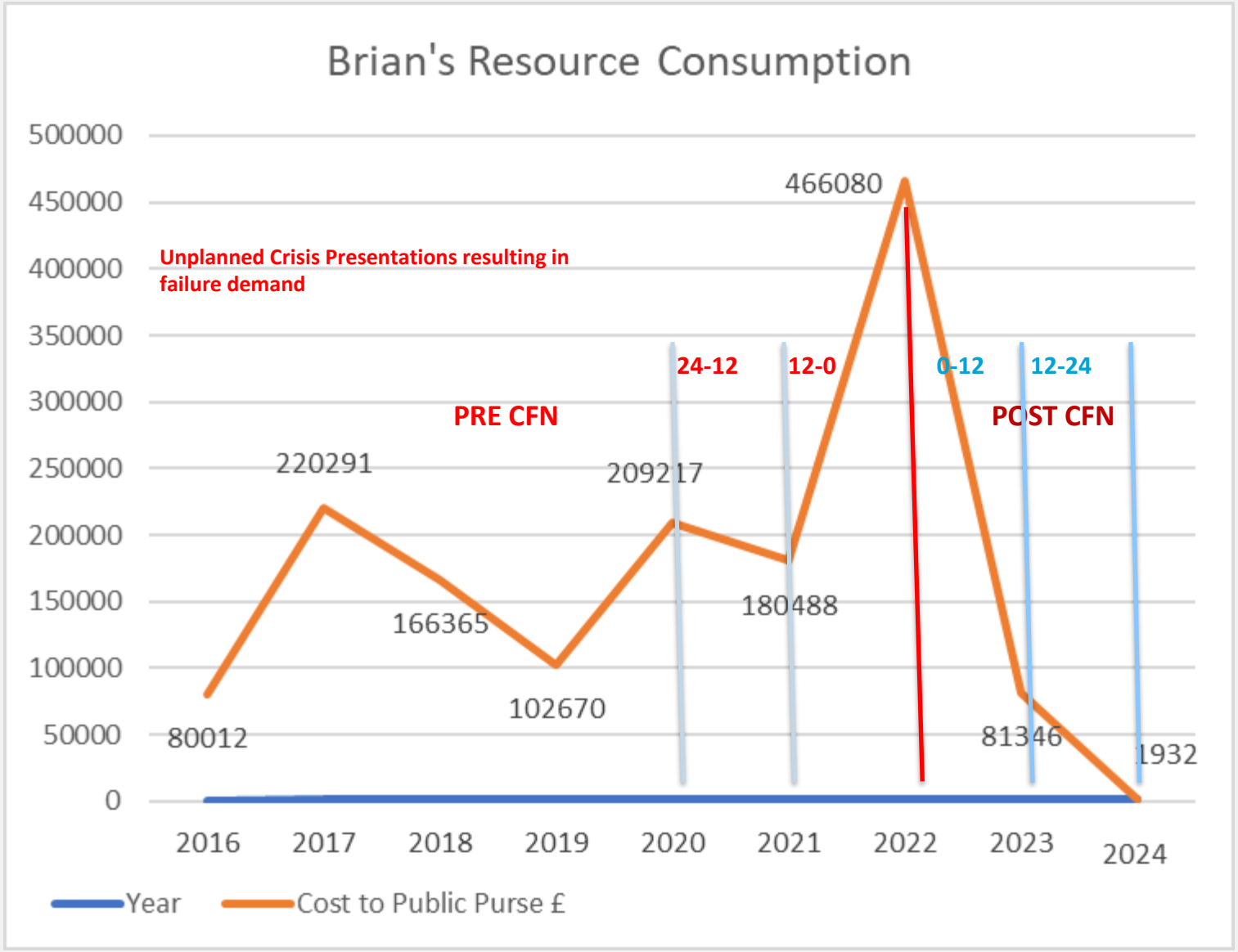
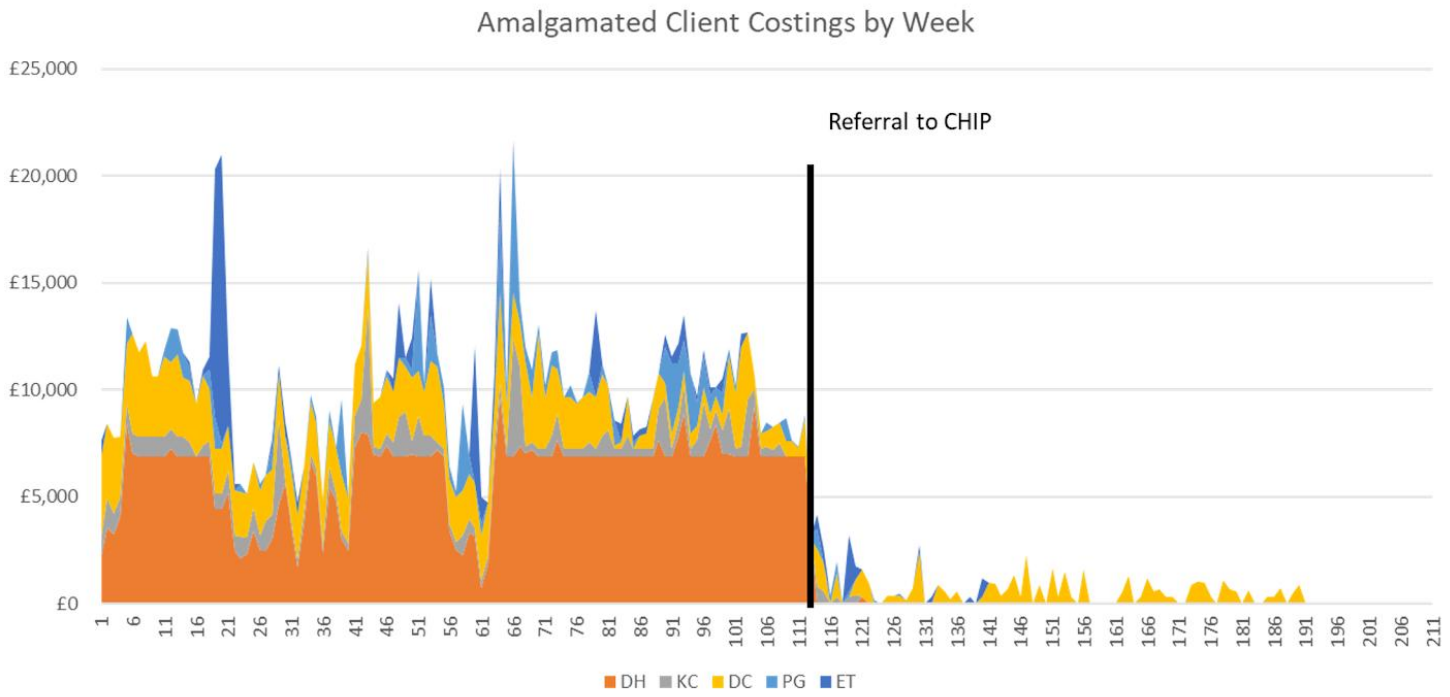
2021
2022



Resource use drops from: £460,000 per year to £2,000 per year

Resource consumption in 2024 = 0.3% of that in 2022, with hugely contrasting outcomes

Thurrock…



Average cost saving:

£50,000 per citizen, per year.

£1m per year total cost avoidance from the programme.

NHS Essex Partnership University NHS Foundation Trust

forward

NHS Mid and South Essex NHS Foundation Trust

Projected national cost savings

For citizens with greatest needs:

- **£18 billion in England (1)**
- **£1.4 billion in Scotland (2)**

For all citizens of UK who experience any of those 'complex' challenges:

- **£37 billion (3)**

Note: this does not include any cost savings from preventing people developing "complex needs"

(1) 363,000 people with three or more problems of homelessness, mental health problems, substance misuse, involvement in criminal justice system)
(2) 28,000 people who experience two of three of homeless, substance misuse and offending.
(3) 586,000 people in England and 128,000 people

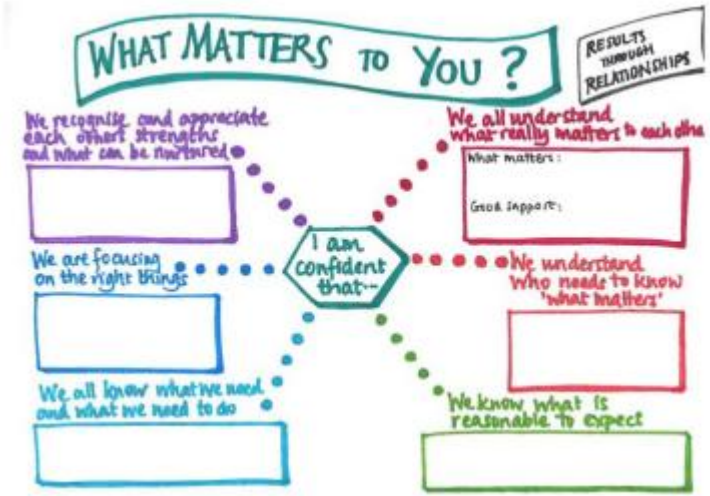
Figures from UK Government Changing Futures Programme and Hard Edges Scotland report

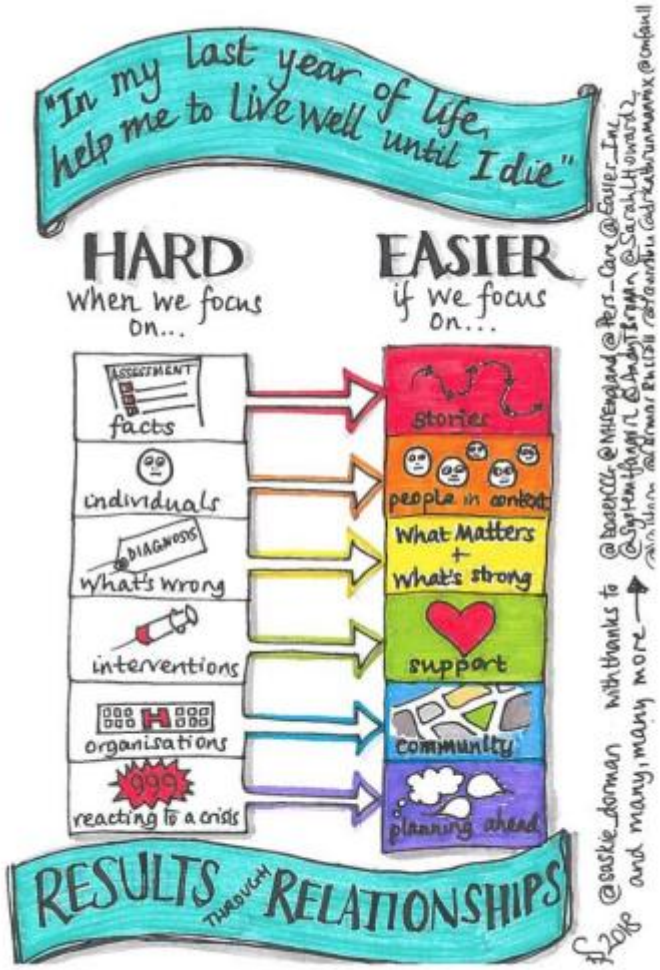
Some examples from palliative care...

Dorset Integrated Palliative Care

Key messages:

- Purpose: “In my last year of life, help me live well.”
- Conversations about ‘what matters’ to you
- Team meetings are used to reflect, discuss and review actions in light of these – created a reflection template
- Noticing & reflecting on patterns in the work
- Creating a whole system from the perspective of the person & family
- **Results through relationships**
- From **accountability to responsibility**





Sobell House Hospice & Oxford University Hospital Trust

Key messages:

- Purpose: "care of the dying was seen as core business by all in the Trust – Board, executives, wards and staff”
- Started with emergency care: how can you better help those who are dying?
- Engage with staff sense of **purpose and care**
- Enabling **teams to experiment with purpose-based experiments**
- Over **40 change projects created – all focussed on enabling better human relationships**

Results:

- Double the number of people dying in hospital received end of life care
- NACEL audit – improvement in 7 of 8 domains

Summary

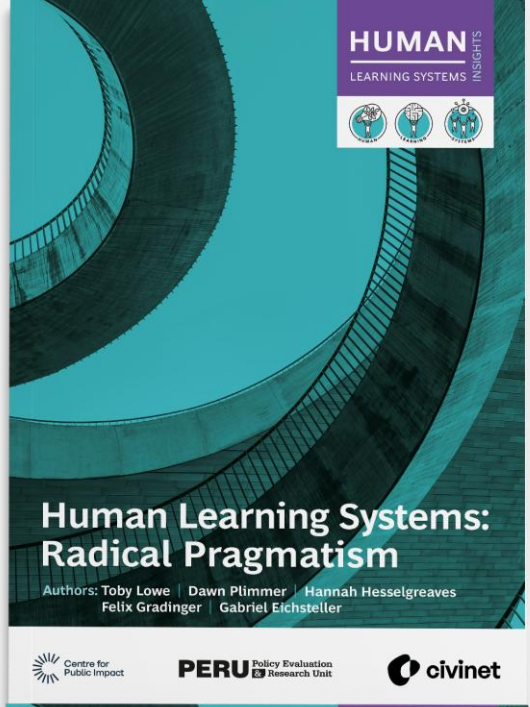
- Sobell House implemented a proposal to improve the care of the dying in services run by the Oxford University Hospitals NHS Foundation Trust (OUHT)
- It created system-wide improvement that embraces the Human Learning Systems approach and allowed departments to take initiative on policy and employ a more proactive approach to care
- The three-year initiative supported over 40 projects across the OUHT and its business case was adopted in full, making care of the dying a core part of care within OUHT

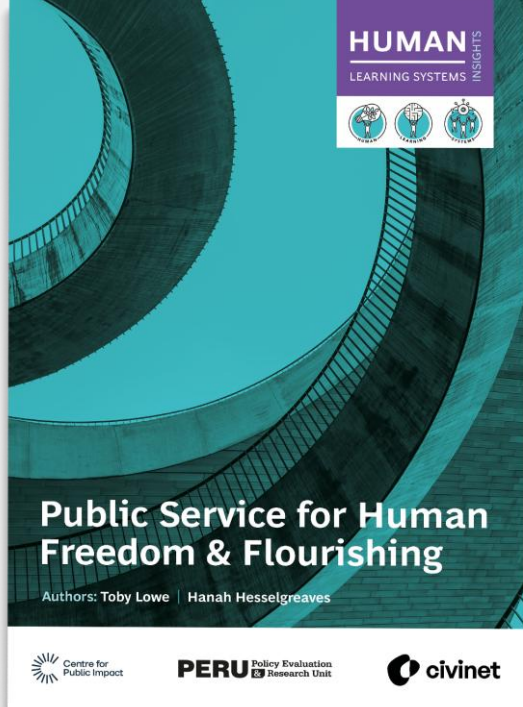
Sobell House Hospice

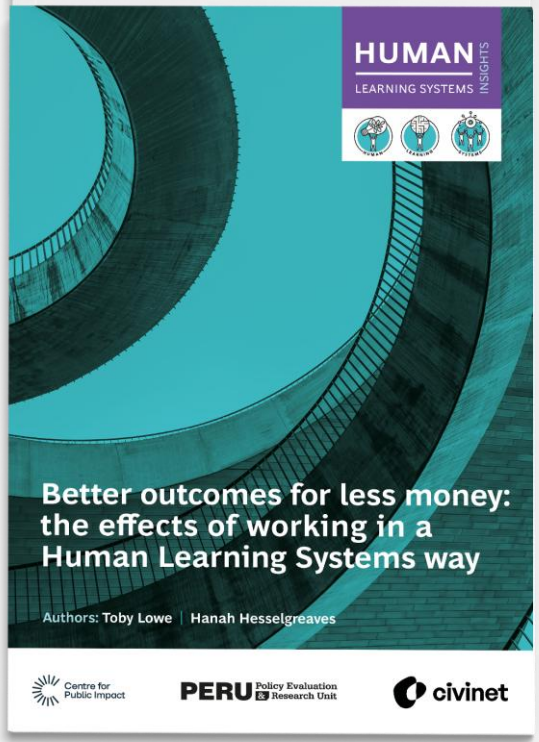
Ultimately though, the change happened because it is important to most staff and many people that care of high quality is offered to those who are dying and those that are important to our patients.

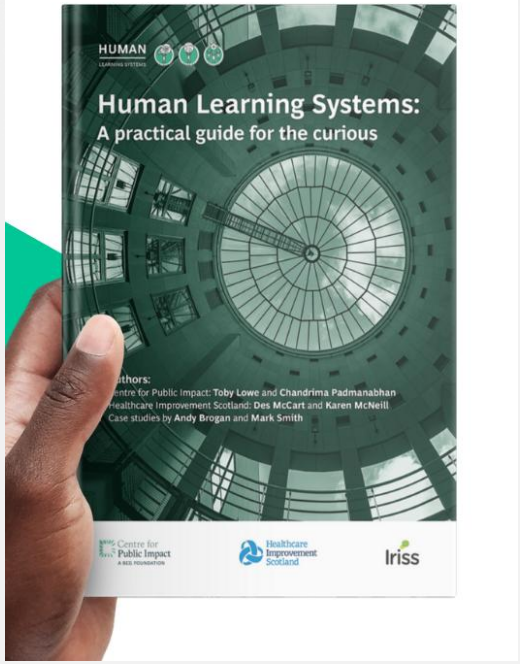
Curious?

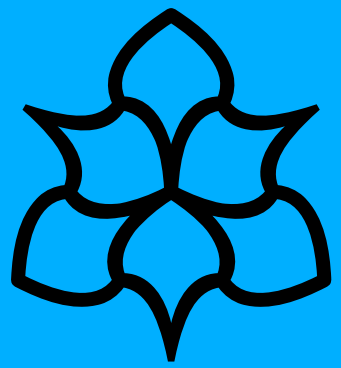
- Download Insights series reports
- Check out examples of practice which might inspire you
- Begin to experiment with working in this way: Practical Guide from Healthcare Improvement Scotland
- Ask for help from a Learning Partner
- Get in touch: enquiries@humanlearning.systems











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Thank you