King's Fund

Action Zones and Large Numbers

Why working with lots of people makes sense

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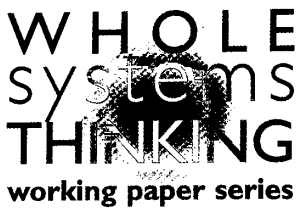
WHOLE systems THINKING
working paper series

King's Fund
Publishing
11–13 Cavendish Square
London W1M 0AN



WHOLE SYSTEMS THINKING is a series of working papers. They offer insights derived from putting ideas into practice as part of an action research programme – ideas about partnership and whole systems which are now central to the Government's ambitions for sustainable change, regeneration and the development of action zones in employment, education and health.

The papers reflect our experience of developing and applying a new approach to primary health care in cities. Similar issues of partnership and public participation arise elsewhere in the public sector and in the commercial world. We find much in common with people from many different organisations who recognise that, notwithstanding the new political climate, things are not really going to change if we just do 'more of the same'. They, and we, are looking for new ways of working.

WHOLE SYSTEMS THINKING is not a sequential series. It does not matter where you start from and none of the papers offers a complete picture. What we hope you find are thought-provoking ideas, particularly if you are curious about the kind of problems that return to haunt organisations over and over again. Some prove remarkably difficult to influence despite the best efforts of policy-makers and highly motivated people 'on the ground' – homelessness, for instance, and under-achievement in schools, long-term unemployment, 'sink' housing estates, family poverty. Issues like these need effective inter-agency work and consultation with the people who use the services, but even this can seem like a chore rather than part of the solution.

We have long experience of primary health care development in cities and a growing dissatisfaction with change initiatives which both fail to learn the lessons of earlier investment and to deliver desired outcomes. Four years ago we were in the position of developing a new action research programme whose focus was to be the intractable problems we refer to above. These may be recognised as 'wicked' problems. They are ill defined and constantly changing. They are perceived differently by different stakeholders and in trying to tackle them the tendency is to break them into actionable parts, which often turn into projects. We reasoned that if they could be recognised instead as issues for an interconnected system to tackle together, then they may become more tractable.

We chose to shift the focus of our work away from attention to parts and onto 'the whole' and thus to the connections between parts – how things fit together. This led us to explore ideas related to systems dynamics and the 'new science' of complexity. This has resulted in our designing a distinctive set of interventions which link ideas and practice and which we have called *whole system working*. This is a new development approach which does not offer certainty or guarantee success but it has rekindled our enthusiasm and that of many of the people with whom we are working.

We hope the ideas in these working papers enthuse you too. Because of our roots, many of the examples come from the health sector but we believe the concepts and the practical methods of working whole systems are widely applicable.

Pat Gordon, Diane Plamping, Julian Pratt
King's Fund
September 1998

Whole Systems Thinking

The Urban Health Partnership is an action research programme on inter-agency working and public participation. The work is in London, Liverpool and Newcastle and North Tyneside, with health agencies and their local partners in housing, local government, commerce, police, transport, voluntary sector and local people.

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Action Zones and Large Numbers: Why working with lots of people makes sense

A terrible wrong and injustice is represented by the differing life chances between children born in Cleater Moor or Kentish Town and those living in Surrey or the most prosperous parts of Hampshire. I want children in every part of the country to have the same chance of a decent life expectation, a job, a healthy life, a successful marriage producing healthy children and breaking out of the terrible cycle of deprivation.

Frank Dobson, Secretary of State for Health, 31 March 1998

ACTION ZONES in education, employment and health are part of the Government's plan for breaking out of the cycle of deprivation and delivering on the overall strategy of economic regeneration and social inclusion. They are long-term measures – five to seven years – and the intention is to avoid the quick fixes which deal with symptoms and to concentrate instead on fundamental change. The complex social issues to be tackled in action zones are influenced by the actions of many individuals, groups and organisations. *How* they work together will be critical to success.

Many people applaud the Government's ambition. Peter Kellner writes of the formation of the social exclusion unit and its task of finding 'joined-up policies for joined-up problems'. To succeed, he says,

> '. . . *Government departments will need to work together as never before – and not just in Whitehall. Schools, the police, social services, and council housing departments will need to make sure that joined-up policies are not merely designed nationally but delivered locally. Common sense? Of course: but the achievement of integrated common sense will require something close to a revolution in the administration of Britain's public services.*'[1]

Joan Higgins places action zones firmly in a long tradition of area-based social programmes in Britain, from which there is much to be learned.[2] Writing about health action zones in particular, she says that to succeed they need to learn the lessons of the past '. . . *the HAZs that started work on 1 April have an enormous opportunity to make their mark. There is a lot of local enthusiasm about breaking moulds and real commitment to collaborative working. If the zones can quickly absorb the lessons from the past, they can move ahead to an agenda which is genuinely radical and innovative.*'

Interagency working is not new. The words may change but the message is the same – working together will produce more efficient and effective services. So why is the impact so often less than we hope for? How are we to learn from previous efforts? Higgins draws particular lessons from the urban programmes of the 1960s whose 'language, expectations and ambitions'[4] are strongly echoed in today's action zones:

- interagency tensions will not go away just because there is money to oil the wheels
- success will depend on local autonomy and initiative, but tensions will arise between the centre and localities unless there is a genuinely mutual process of setting priorities and targets
- local power struggles over steering groups and management boards can become a painful distraction, which may last for years
- partnership between organisations is hard to achieve . . . cultural, departmental and organisational differences are not easily overcome
- it is relatively easy to mount a collaborative bid and become a trailblazer . . . sustaining enthusiasm and commitment over time is altogether different
- creating a truly shared purpose is paramount.

Tim Sands is head of the Health Action Zone Unit at the NHS Executive and uses an inscription from a Sussex church to illustrate his interpretation of the approach that is needed: '*A vision without a task is but a dream. A task without a vision is but drudgery. A vision and a task are the hope of the world.*'[3]

Action zones will have to find ways of engaging the energy and commitment of large numbers of people. If they are to break the mould and deliver fundamental change, they will have to find genuinely new ways of working that are not based on traditional power structures.

A TRADITIONAL VIEW OF HOW CHANGE HAPPENS

Change in big organisations always involves large numbers of people – whether they are invited to take part or not. Their involvement can vary from resistance to change, through co-operation, to leadership. This is often characterised as stop, let, and help make happen. The importance of change being widely 'owned' within organisations is readily acknowledged. When and how to make this happen remain the key questions.

Commonly, change is understood in terms of top–down planning. An overall programme design is drawn up into which the various parts are fitted. Rational planning leaves the design responsibility to a few people, usually those with formal power. When there are multiple perspectives or different ways of looking at the issue, representative processes are used to iron out differences and agree a set of policies and procedures. Like a jigsaw, the picture is set in advance. The major time investment goes on selling it to others through consultations, team briefings, training and so on. The many people who must take part in implementation, and will be held accountable for their actions against the strategy, are thus involved *after* the initial design process. The different parts of the organisation are dealt with *sequentially*. In reality none of this is as neatly sequential as we might suppose because all the time people are engaged in watching, interpreting and second-guessing. The notion that sequential processes are effective and manageable is linked to ideas about how to keep control of change processes.

These change processes have been developed largely for use within a single organisation with a hierarchy in which accountability is clear. The organisation's boundary is known and responsibilities are allocated to insiders with appropriate roles. It is recognised, of course, that the organisation operates within a specific environment, populated by large numbers of people. This environment may be scoped or surveyed or consulted using a variety of objective methods but it is clearly 'outside' the organisation.

In multi-agency work or partnership, the boundaries of what is inside and what lies outside can change. All too often the belief intensifies that large numbers of people are unwieldy: they will slow down the change processes and they will find it much harder to reach agreement. The same methods which are used in single organisations which have clear lines of accountability are deployed in the new partnership setting:

- representatives are selected to 'fight their corner' and make sure different points of view are heard.
- the problem of several hierarchies is solved by forming one new hierarchy to be accountable for the interagency bit of the business.
- planners and designers become more dependent on abstracted data rather than direct experience.

AN ALTERNATIVE VIEW OF HOW CHANGE HAPPENS

In the work we have been doing over the past four years we have come to take another view of how change can happen in complex systems. Our starting point is that there are some issues which stay unresolved despite many efforts to solve them, so-called policy-resistant or intractable problems. One reason for their intractability is that attempts to introduce change may unintentionally provoke resistance, and this is often attributed to human nature. Under these circumstances it is hard to sustain a change programme. Another reason is that although the process of representative democracy can produce consensus, it can feel like agreement about the lowest common denominator and tends not to produce audacious or imaginative solutions. Yet another reason is that these intractable issues are the legitimate concern of many stakeholders and they look different from different points of view. The many perspectives on these issues are mental maps, distinctive ways of seeing the world and of describing reality (see Box 1).

Box 1 Mental maps as a way of making sense of information

Mental maps influence what happens in practice. Take, for example, the way in which many people 'visualise' chronic ill health – arthritis or heart disease or Aids – as a slow but unrelenting decline; this can be represented by Fig. 1.

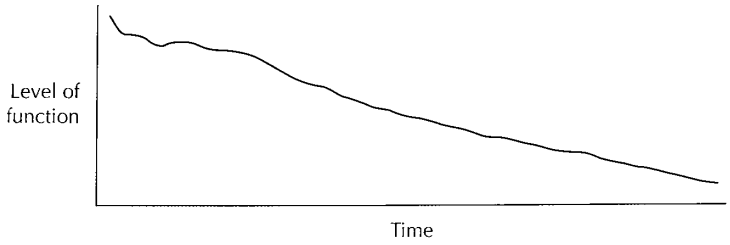

Fig. 1

If we accept that perceptions have an effect on reality, we can hypothesise that operating with this mental map could:

- dampen people's expectations of what is possible
- cause this pattern to emerge, if behaviour is shaped by expectations
- result in services which create dependence, which could be unnecessary and burdensome to professional care givers
- reduce efficiency through overprescription – e.g. unused aids and equipment and other forms of non-compliance.

If we can hear new data or if we can find a way for old data to be heard, such as people's actual experience of chronic ill health as being inherently unpredictable and emergent, rather than a relentless decline[5] – then a modified mental map can be created as in Fig. 2.

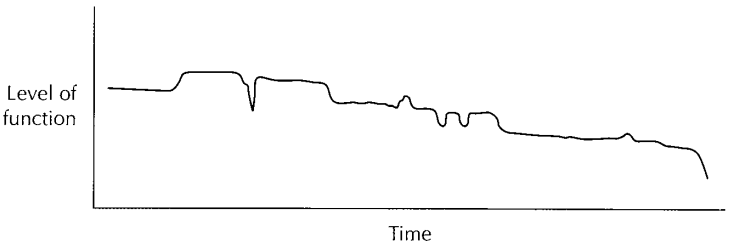

Fig. 2

If this mental map were shared with the people who commission and provide services, we might expect that:

- the need for flexible, continuously adapting services would be obvious
- patients would sometimes have few dependency needs
- crises or troughs would be expected and contingency plans made which were not dependent on predictability
- demands would at times be lower if patients trusted the right level of service would be available for them when needed – no hoarding
- feelings of self-mastery, often damaged in chronic illness, would increase and could impact on the rate of progress or even the eventual outcome
- measures used to assess progress would be redesigned to be as sensitive to improvement as they currently are to decline.

Mental maps are a way of seeing the world and can be said to 'cause' a variety of effects as in the way ageist assumptions, for example, shape the way services are provided for older people.

Our experience tells us that it is possible to work well with large numbers of people so we do not start from a belief that large groups are unmanageable or unproductive. The approach we have developed[6] works directly with the diversity of perspectives to find new solutions to these long-standing problems. This involves:

- *participative rather than representative processes*. Everyone participates as an individual and not as a representative of an organisation, profession or community.
- *redefining boundaries*. This includes engaging people who are 'not just the usual suspects' in order to provide extra resources, energy and information in order to find sustainable solutions.
- *generating possibilities and co-designing solutions*. This means working in real time together, rather than as a small group designing and then consulting the others.
- *building accountability outside hierarchies*. This is based on shared purpose and holding oneself accountable for something, rather than being held accountable to someone.

Working with mental maps

When we use the word 'system' we do not use it in the sense of a fixed organisational structure such as a benefits system or a hospital. Rather, we use it to mean something that assembles itself around a shared sense of purpose – for example, a shared interest in the quality of life for older people in a neighbourhood. We would suggest that different parts of a system, both within and between organisations, have different mental maps which structure how they see reality. Rather than seeing what is 'out there' and using these data to change our understanding of how the world works, we mostly 'see' what we can already understand or believe makes sense. Therefore, if we want to find new ways of working, we need a means of disconfirming old ways of sorting information. This is not about scanning the environment for new information. Instead, it is about both identifying new ways of seeing existing information and creating new flows of information to fill gaps in feedback loops which inhibit learning, even when people are receptive.

When we work in a whole systems way the purpose of our interventions is to release the potential for finding creative solutions which already exist within the system. This contrasts with the model of expert solutions being imported from outside. We use words like 'uncovering' and 'inquiry' rather than 'invention' and 'design'. This is a different way of describing how systems solve problems and retain adaptive capacities.

Engaging unusual mixes of people gives many parts of the system the access they don't always have and increases the system's capacity to uncover the possible solutions to whatever their shared concern is. Because the people are grounded in practical experience, solutions generated in this way can be both radical and practicable. The time which is usually spent at a later stage on consulting and selling a strategy is spent 'up front' in creating possibilities and co-designing.

A critical requirement of our approach is to work with multiple perspectives. The important issue is how to work with the great diversity in a complex system, not whether to work with large numbers of people. If it follows that we need to work with large numbers of people, we are confident that effective methods are available. Some of these involve large numbers of people working together in the same room at the same time – so-called large group interventions

Bringing together large numbers of people to work *simultaneously* is a consequence of the whole systems approach, not a guiding principle.

Working with large groups simultaneously

Large group interventions are methods of running meetings. In our experience, when they are well planned, they enable participants to work productively and rarely fail to raise energy and enthusiasm. As a one-off activity they can be useful and enjoyable but are unlikely to produce whole system change. When certain conditions are met, however, they can be whole system events and they can alter a system's behaviour.

It is not essential, but it can be powerful, to literally 'see the system in the room'. Many people have to act coherently in their daily work 'in the field' without one direct line management and they have to be accountable for contributing to the functioning

of the whole system. Generating a sense of 'all being in this together' can liberate energy to re-engage with long-standing issues. There are methods of working with large groups which can be designed to build mutual trust and the expectation of reciprocity from other parts of a network. The significant value added by these methods is the extra energy released when the responsibility for solution finding belongs to everyone.

The purpose of bringing people together is to find ways of bringing to the surface what it is they are willing to collaborate on – the so-called 'common ground'. In our experience it is possible to find common cause that people care enough about to form the basis for action. The action is taken by mutually responsible parts of the system, people who hold themselves accountable for the common cause. This supports the better functioning of the whole system. We argue that it is purpose, passion and meaning which build coherence in complex human systems, in which case the more people involved, the better.

Our approach to working whole systems

Complex social issues such as urban regeneration or fear of crime or homelessness are influenced by the actions of many individuals and organisations. They form interconnected parts that make up a whole – a system that is complex and capable of adapting and evolving. The behaviour of the system depends on the way the parts are connected, as well as the way the parts themselves behave. There are different ways of thinking about this 'whole system', often using metaphors.[7] One uses the metaphor of an organisation or collection of organisations as a mechanical system in which individuals, teams, departments and organisations are linked like cogs in a well-oiled machine. When the machine is not working as we would like, we try to re-design, re-organise or re-engineer it. It needs better control systems, better information systems, joint planning mechanisms.

We use a different metaphor – that of an organisation, or network of organisations, as a living system or ecosystem. We think of individuals, teams, departments and organisations as independent, purposeful organisms linked in a network of interdependence. They interact not in ways pre-determined by a designer but in ways which are self-directing, resourceful and constantly adapting to each other. When an ecosystem is not functioning healthily we need to ask whether it is being harmed by outside influences and we expect it will need to be nurtured – in particular by maintaining its diversity and building on its inner strengths.

In this approach sustainable solutions are those which arise from within the system and are not dependent on injections of external knowledge, skills or money. The possibilities which emerge will almost certainly be 'new' or unknown to some parts of the system but known to others. The task is to uncover them and reconnect them to the mainstream, not to invent anew. We use practical working methods, which we call *Working Whole Systems*, to influence the way the parts behave towards each other. In this way of working there are three critical elements:

1. What is the system issue?

Most problems most of the time are dealt with entirely appropriately by individual organisations – they are not issues for a wider system. It is therefore important to be clear that there is an issue that the system wants to tackle, not just one particular agency or profession, in which case it would be a matter for consultation. In whole system working the crafting of the question that brings people together is critically important. Formulating the content and the wording is part of the change process. It is about shared meaning and therefore careful phrasing is vitally important (see Box 2). Crafting the question also sets the boundary to a particular system and allows identification of its constituents. The question must be recognisable enough for each participant to see its relevance to their own interests. It should also be 'strange' enough to leave open the possibility that new forms of reciprocity can emerge.

2. Who is the system?

We use the word 'system' to describe something that assembles itself around a shared purpose, the issue we discuss above. The next critical element is to identify who the right people are. In this context, 'right' is about getting a sufficient mix of people working together. The right people are therefore a

Box 2 What is the system issue?

Defined by agency/profession	*Reframed as concern to people*
the problem of isolated deaths	how to avoid lonely lives
the problem of hospital discharge	how to make going home from hospital a better experience
the problem of teenage truancy	how to make this a place where young people thrive
the problem with aids and equipment	how to stay independent at home

sufficiently mixed group to support new connections, combinations and possibilities. In our experience they must be mixed in a number of ways:

- different levels within an organisation and across organisations and people from all major functions: e.g. policy making, regulatory, operational, clients. All are necessary but citizens and service users are essential to help professionals begin to deal with the whole picture.
- not just the usual suspects but unusual mixes of people who know how 'to connect' and are interested in doing things differently – the glue people who can make things happen – as well as those with formal power.
- a significant proportion of people with continuing relationships and repeated interactions. It is tempting to think that if representatives of organisations are brought together for two days, then somehow 'the system is in the room'. But if there is no commitment to future interaction, what you have is not a system but an ark (a sample of each kind). This so-called 'shadow of the future'[8] is essential for sustainable change in the system's behaviour.

3. *Is the system aware of itself?*

This is about choosing working methods which allow local organisations to work together productively to uncover new possibilities for action. These methods may be designed for use in everyday meetings and in large group events. They are part of an armoury for organisational change and have their place alongside planning processes of many kinds. They do not always need large numbers but they do need diversity. They can alter the system's behaviour if the above questions (1) and (2) have been worked through sufficiently with shared meaning and purpose. Once the system is aware of itself, people and organisations improve the ease of access to each other. They move from asking how their organisation can function most effectively to asking in addition how their organisation can most effectively contribute to the functioning of the whole system.

In our experience, the methods which work successfully are designed to allow:

- everyone to participate as an individual, not a representative. Participative behaviour is about holding ourselves accountable, whereas representative behaviour is about expressing views clearly and handing over responsibility to others.
- everyone to work from experience. There are no expert speakers from outside and no internal experts – everyone's expertise is used.
- careful use of time.
- conversation and storytelling as the unit of currency so rooms are set up to allow this to happen. The work gets done at round tables, for example.
- trust that local solutions will emerge.

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Urban Health Partnership
Summary

Originally set up in 1994 as the London Health Partnership, the Urban Health Partnership is a five-year development programme to generate a distinctive programme of work on community-based health services. It was set up as an alliance of charitable foundations, government and private sector chaired by Liam Strong, then chief executive of Sears plc, and managed by the King's Fund, one of the contributing foundations.

The Partnership was formed at a time when the Government was investing heavily in projects aimed at 'getting the basics right' in primary care through the London Initiative Zone. The programme grew out of the King's Fund experience of supporting demonstration projects in primary health care in the city.

The brief

The brief was 'to do things differently and to add value to the many good projects which foundations can choose to support at any time and to the Government's current investment in improving the basics of primary care.' This was to be a 'learning fund' to find new ways of using relatively small amounts of development money to try to impact on mainstream investments. It was recognised that there would be no 'quick fix'. We were charged with developing an innovative programme. We interpreted innovation not as a search for novelty but, in industrial terms, as the stage which follows invention and prototype and focuses on bringing a design into production.

The purpose

- To find new ways of using development monies to bring about lasting change
- To add value to efforts to improve primary health care in cities, particularly services for older people.

The focus

The focus of the programme is improving services for older people because they:

- tend to have multiple needs and experience of chronic ill health
- tend to make use of a wide range of services
- often live alone and are relatively poor, like many city-dwellers
- have a lifetime's experience, are often resourceful and want to contribute to the communities in which they live.

The focus comes from our early consultation with health and social care agencies. This revealed no shortage of ideas but a passionate concern that competitive bidding for short-term project funding was deflecting people from what they thought was more important work – the intractable issues – such as mental health services, care for children in poor families, care at 3am and care for vulnerable older people.

The geographical focus is London, but from the outset it was clear that the issues facing London's health services were mirrored in other cities. A parallel programme was started in Newcastle and North Tyneside and in Liverpool. An urban primary care network was formed and meets regularly at the King's Fund to exchange ideas and information.

Resouces

Funding is from the King's Fund, Baring Foundation, Special Trustees of St Thomas' Hospital and the NHS Executive. Contributions in kind were made by London First, McKinsey & Co and Sears plc. At local level financial and other resources were contributed by both statutory and independent agencies.

Phase one

Once the focus had been decided, our next step was to consult elderly Londoners to hear their *personal experiences* and try to turn these into opportunities for improving services. We set up London-wide meetings and we ran local workshops in four districts to learn about the *barriers to change*.

Personal experiences

The concerns older people raised in these initial meetings have been repeated over and over again as the programme has developed. There is such consistency that these concerns must be seen as lessons of importance not because of their novelty but because of their familiarity. They include: safety and security, access to services, affordable and accessible transport, independence in the home, admission and discharge from hospital, information about services.

These are concrete problems and it is not difficult to see how they inter-connect. People who plan and deliver services and those who use them recognise that responses must be multi-agency, that users must be involved, that professionals must collaborate – these are not contentious issues. What we found was not a lack of intention but a scarcity of effective practical methods for making them happen.

Barriers to change

We worked in four districts at neighbourhood, general practice population, operational management and policy levels. Each workshop brought together between 15 and 30 people already working to provide services for elderly people in their patch. The system of care around elderly people involves many agencies and individuals extending way beyond the statutory services. It was this complexity we wanted to understand.

For example, in one district we mapped the progress of a hypothetical elderly person with a minor stroke being taken to the Accident and Emergency Department at 10pm. It gradually became clear that people in one part of 'the system of care' around admission to hospital knew little about the reality elsewhere, and that what appeared to be a solution in one place merely shifted the burden, often in ways which were unintended and counterproductive.

In another place there was widespread agreement about the importance of mobility and transport, whether by mini-cab or ambulance or an arm-to-lean-on, and yet transport services were seen to be quite unconnected to other local services.

We learned that if the right people are brought together they can gain a much clearer understanding of the 'big picture'. And that the people who use services bring crucial insights into the way the system actually works, rather than the way it thinks it works. We concluded that anything which helps the health and social care system to understand itself as a whole is likely to lead to better judgements about using resources to bring about lasting change.

Phase two

We began to develop the approach we have called *working whole systems*. The ideas which underpin it are useful where there is a willingness to see issues like hospital discharge or homelessness as beyond the ability of any one organisation or individual 'to fix'. Such issues are complex. They cross boundaries and require communication and partnerships. One of the key insights from systems thinking is that while each element of a service may be organised and managed in a way which appears effective, the system as a whole may perform badly and its capacity to learn new ways of working may be limited. Despite the hard work and good intentions of many people in many agencies, the whole often fails to function as well as the parts. In health and social care the people who suffer as a result are those who most need inter-connected services. We began seeking ways of making *the whole system* the focus of our interventions.

We began by seeking partners from anywhere within a local system – health authority, trust, local authority, general practice, voluntary organisation. What we were looking for was local partners who:

- do not believe there are quick fixes
- do not believe that solutions lie in 'one more push' using the same old ways of working
- are serious about partnerships, by which we mean more than simply coming together around money.
- are serious about involving people who use services

We knew that the system of care around older people stretched way beyond the statutory services and was therefore likely to mean working with large numbers of people. We learned about and experimented with a number of methods of doing this, including Future Search, Open Space

Technology, Real Time Strategic Change, Appreciative Inquiry and Time Dollars.*

We are working in a number of sites in three cities – London, Liverpool, Newcastle and North Tyneside. The work begins with a burning local issue – for example, how to improve hospital discharge; how to prevent lonely deaths; how to avoid last year's winter bed crisis. First, we engage the stakeholders who bring together people with many different perspectives on the particular issue of concern. We then design 'whole system' interventions which always involve working with many types of stakeholder; always engage local people in active participation; sometimes include working with large numbers of people simultaneously over two or three days. The purpose is to uncover local solutions to local problems. The 'newness' or difference comes from working to:

- *identify the system-wide issue* – not more analysis of problems but seeking common cause. For example, being able to move from hospital discharge as a problem for the acute trust to the system-wide issue of how can we make going home from hospital a positive experience.

- *identify the appropriate system for that issue* – not 'just the usual suspects' but the minicab service, police, ambulance, housing associations, community groups, churches, all taking part alongside more traditional players in the statutory and voluntary sectors.

- *find new ways for this system to recognise itself* – getting the 'right people' together which means many different perspectives and cross-sections of people from within as well as between organisations.

- *discover solutions within the system* – this is a critical difference: the belief that ordinary wisdom is enough and that with sufficient diversity and mix of people, new possibilities emerge.

The purpose of working in these new ways is not to replace existing ways of working, but to add value when existing methods have limited impact. These new methods have clear objectives focused on making new connections, involving users as experts and generating possibilities for new action.

Evaluation

The programme is being evaluated by a team of locally based researchers led by Professor J. Popay of the Public Health Research & Resource Centre, University of Salford. The evaluation shows that we are succeeding in:

- designing and testing practical ways of working which lead to collaboration between statutory organisations and their communities
- creating enthusiasm to re-engage with long-standing problems. This happens at all levels – chief executives, hospital consultants, councillors, police, nurses – and helps make change more sustainable
- engaging significant numbers of older people. They have crucial insights into the way the system actually works, rather than the way it thinks it works
- spreading the techniques beyond the initial focus on older people to, for example, housing and urban regeneration.

Some of the difficulties lie in sustaining the interest of key groups over time; promoting equal voice for all participants, and understanding how to support local action in different sites. We continue to work on these and to develop our ideas further.

* For more details on these, see Further Reading below.

Barbara Douglas, Kathryn Evans, Martin Fischer, John Harries, Ian Kitt, Sue Lloyd-Evelyn, Dave Martin, Jane Neubauer, Sharon Ombler-Spain, Julian Pratt, Madeleine Rooke-Ley and Chris Shearin have contributed to the work of the programme, which is directed by Pat Gordon and Diane Plamping

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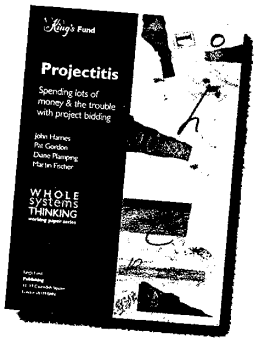

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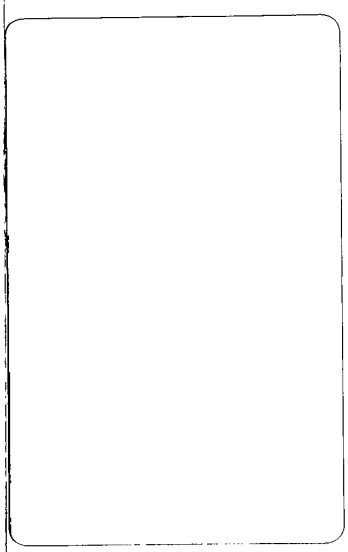

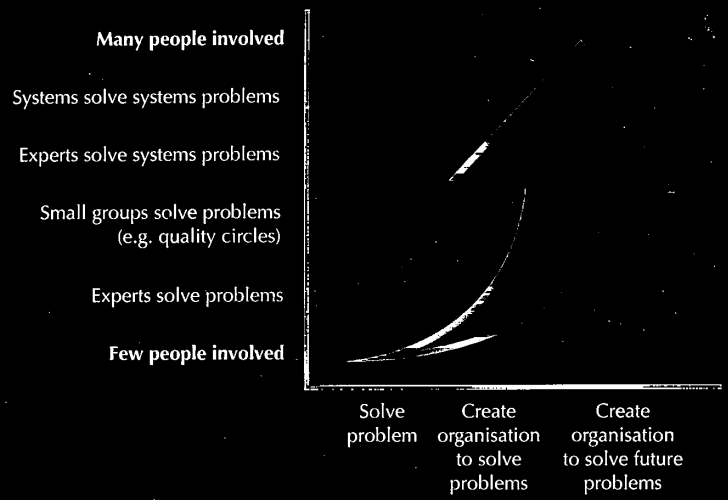

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