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Evaluating a Whole Systems Approach to Primary Health Care Development
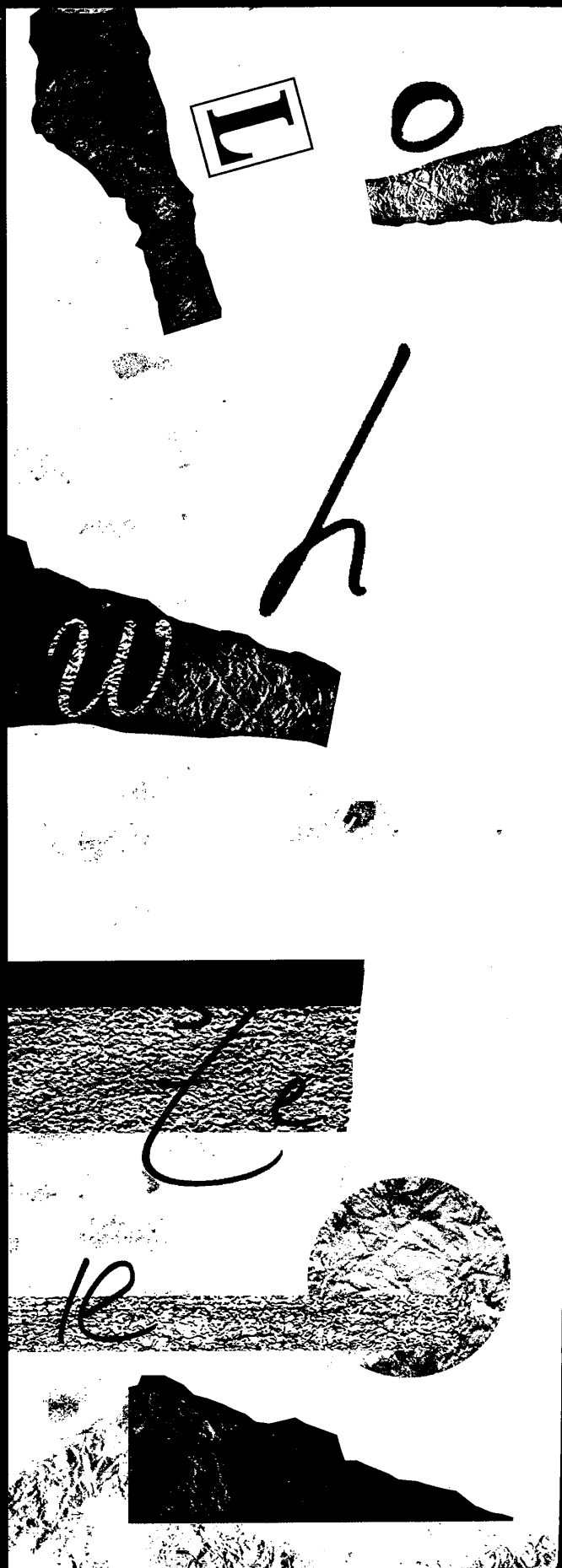
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Evaluating a Whole Systems Approach to Primary Health Care Development

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Contents

Introduction

This is the final report on the evaluation of an urban primary health care development programme undertaken by the London and Northern Health Partnerships (L&NHP). These partnerships were established in 1994 to generate a distinctive programme of work aiming to improve primary health care in urban areas, particularly in London. They focused on intractable problems around services for older people.

The L&NHP involved alliances between central government, charitable foundations, public sector organisations and business interests. The partnerships' development work was based in London until December 1998, in Liverpool until 1996 and in Newcastle where it continues. The work also continues in Liverpool until March 1999, separate from the L&NHP, but with some continued involvement from the L&NHP team and local evaluation. The core operational team involved in the site-based development work consisted of members of the King's Fund primary health care group. The King's Fund was the managing agency for the partnerships' programme of work.

The evaluation of the programme reported on here ran for two-and-a-half years from September 1995 to March 1998. It was co-ordinated by Jennie Popay at the University of Salford and involved researchers based in London, Liverpool, Salford and Newcastle. In addition to the authors of this report, the team has also included Ute Kovarzik (London), Mairead Fennessy (Salford) and Lindsey Dugdill (Liverpool).

Whilst the aims of the programme were set from the beginning, the intellectual and practical content evolved over time as the L&NHP operational team learned from the site experiences. In this way, the 'intervention' arrived at when the London work of the partnership ended in December 1998 was very different to the approach with

which the programme began and this 'final' form could not have been predicted at the beginning.

The approach to service and organisation development that the L&NHP operational team evolved came to be known as a 'Whole Systems Approach'. It consisted of practical methods of working with organisations and service users with theoretical underpinnings drawn from several fields, notably complexity and systems theories. In essence, this 'Whole Systems Approach' (WSA) was based on the operational team's recognition, borne out of considerable experience of work in London, that many, if not all, of the enduring problems of primary health care in urban areas are beyond the ability of any one agency/organisation to 'fix'. This view was further confirmed by an extensive period of 'consultation' and problem 'mapping' in the early stage of the programme. This highlighted the central role of communication and partnership between agencies and the active involvement of service users. However, it was also clear to the L&NHP operational team that partnership working between agencies was itself an enduring problem in health care in urban areas.

Over time, therefore, the L&NHP programme came to focus centrally on the nature of partnerships. It sought to move beyond the 'pilot project' or 'demonstration site' approach that has been the traditional means of promoting service and organisational development in the public sector in the UK. Instead, the L&NHP 'Whole Systems Approach' was aimed at uncovering the complex connections and relationships between individuals and organisations that make up the 'whole system'. The partnerships' operational team believed that the capacity for change and progress would be enhanced if shared knowledge and understanding about 'the system' could be built amongst the individuals and organisations that constituted it.

Today, nearly five years on, the approach to service and organisational development (OD) adopted by the L&NHP operational team, and the ideas and theories underpinning this, may seem commonplace to many people reading this report.

Indeed, the NHS and other public sector organisations have a 'duty of partnership' served on them by the legislation arising from the recent NHS White Paper (Department of Health, 1998). On all fronts 'whole systems' approaches to OD are widely on offer from management consultants working within the NHS and other parts of the public sector in the UK.

In 1994 the situation was very different. The political climate was such that partnership working was not simply difficult to do, but was going against the grain of policy and practice. The direction of national policy, for the NHS in particular and public services in general, was away from partnership working towards an emphasis on the market. Whilst Whole Systems Approaches were being offered by some OD consultants in this country, these were typically one-off large events, rather than complex process interventions. In this context, many observers saw the L&NHP programme as unorthodox and strange. For some it was seen more negatively, as a luxury that was irrelevant to the priority issues of the day. The programme was in essence counter-cultural and as such had to contend with much explicit and implicit criticism as it evolved. In this context, it was often a struggle for the team to stick with their brief to 'innovate' and to continue to seek out and focus on the intractable problems, especially when opposition was aroused – as it sometimes was.

The evaluation of the L&NHP programme has necessarily evolved alongside the programme. Its overall purpose has remained unchanged. It had two parallel aims. First, to be formative – providing feedback over time to the operational team, the partnership board and the programme sites, to contribute to the evolution of the work. To this end, preliminary reports on the evaluation have been produced at intervals and fed back to various stakeholders. A list of these is included in Appendix 1. Second, the evaluation aimed to be summative – that is commenting on the overall impact of the programme on urban primary health care and drawing out recommendations for future service and organisational development initiatives.

Beyond these broad aims, however, the specific objectives and the design of the evaluation have changed over time in response to changes in the programme itself.

The purpose of this report is to present the main findings of the evaluative work undertaken over two and a half years between the autumn of 1995 and March 1998.[1] It draws on data from across the sites to explore the factors that shaped the way the programme developed and to consider the impact it had on the organisations and individuals involved and the services they commission, provide and use. It also seeks to highlight the lessons that might be gleaned for those currently involved in developing partnership working within and beyond the NHS. The report has been written for a mixed audience: funders, participants in the L&NHP programme and others engaged in service and organisational activity in the health and welfare field. There are six sections:

Section 1 provides a brief description of the wider context in which the work of the London and Northern Health Partnerships evolved and outlines the programme's approach and methods.

Section 2 describes the approach adopted by the evaluation team, outlining the overall aims and objectives of the evaluative work and the three main stages that it went through.

Section 3 presents a chronological description and analysis of the developmental processes that constituted the Whole Systems Approach as it unfolded on the programme sites. This section highlights the factors that have been influential in determining the shape and direction of these processes.

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[1] A decision was made in the winter of 1997 to discontinue the work of the London Health Partnership. The partnership was ended in December 1998. The operational team now based at the LSE as the Urban Partnerships Group has continued to work with some London sites. They spent the period March to December 1998 writing up and disseminating their experience and learning.

Section 4 considers the impact of the L&NHP Whole Systems Approach to service and organisational development and explores some of the difficulties involved in forming judgements about success and failure in the context of complex process interventions such as this.

Section 5 is a case study of the Whole Systems Approach in Newcastle. It is intended to provide a richer, more detailed picture of the approach as it evolved on the longest operating site – texture which is inevitably lost in the cross-site analysis presented in the previous two sections.

Section 6 seeks to draw together the main messages from the evaluation of the L&NHP development programme in the context of the current emphasis on partnership working within the NHS in general and in relation to specific policy initiatives, such as Health Action Zones and Health Improvement Programmes.

1. The London and Northern Health Partnership programme: a context

1.1 Background to the programme

The London and Northern Health Partnership (L&NHP) development programme was introduced at a time of profound changes in the organisation of public services in the United Kingdom and in the roles and responsibilities of healthcare organisations and local authorities. These form an important context for understanding the way in which the L&NHP work evolved and for making judgements about the achievements of the programme.

The quality of primary care has long been a concern within the NHS in general and London in particular. Over the years national initiatives for improving standards have not worked well and during the 1980s and early 1990s various reports on the state of the capital's health services indicated the need for major rationalisation of acute services and for parallel and substantial investment in primary care. These included the Acheson Report (Department of Health, 1998) and the Tomlinson Report (Department of Health, 1992). In response to these concerns the Department of Health published its policy document 'Making London Better' (Department of Health, 1993). Following this, several London-based initiatives were established, including the London Implementation Group, the London Initiative Zone (with offshoots, such as the LIZ Educational Incentives Scheme), the Primary Health Care Forum, the Primary Care Support Force, the Voluntary Sector Initiative and the Intermediate Care Programme.

At the same time the then Conservative Government was introducing major reforms of the public sector. At the heart of these reforms in the NHS was the introduction of a market for health care that involved a split between purchasers and providers of care. Alongside these changes there was a growing preoccupation amongst health

policy makers with the potential gatekeeper role of general practice, in the context of raising health care costs, and fundholding and total purchasing experiments were being implemented.

During the 1980s and into the 1990s, local government was also experiencing major change, including the abolition of the GLC and metropolitan counties, privatisation of some services, increasing financial restraints and growing central government control. In the arena of social care local government was required to introduce a purchaser/provider split, which it did more slowly than the NHS. Legislation was introduced giving councils new and greater responsibilities for community and long-term care which, in the context of financial constraints, were to put severe strains on relationships between some health and local authorities.

The King's Fund primary care group had been set up in the 1980s to contribute to the development of high quality accessible and appropriate primary health care services in the capital. The group took a broad view of primary health care, to include the diverse network of community-based services that operate beyond, but often alongside, general practice – a view that was increasingly out of step with the drift of national policy. In the early 1990s, the experience of the group had led them to explore new approaches to service and organisational development. They had learned a great deal from the plethora of small-scale primary health care demonstration projects that they, and others, had supported in London and elsewhere, but they were also realising that such projects could only have limited impact when rolled out into a wider unchanged NHS (Hughes & Gordon, 1992).

1.2 The formation of the London Health Partnership

The London Initiatives Zone (LIZ), established by the Department of Health in 1993, was aimed at improving the basics in primary health care. Alongside the LIZ, the Department of Health also began to explore with the King's Fund the potential for

establishing a fund to promote service innovation. The King's Fund consulted widely on this idea and generated considerable interest, which culminated in the formation of the London Health Partnership in June 1994.

The partnership alliance of government, charitable foundations and private sector organisations established an initial development fund of £2m. It was to be overseen by a Board or Steering Group consisting of representatives from all the funding organisations and chaired by Liam Strong, then CEO of the Sears Group. Financial and operational management was placed with the King's Fund.

The main focus of the partnership was London, but parallel programmes were set up in Newcastle and Liverpool with funding from the Baring Foundation, the King's Fund and Newcastle agencies. The overall initiative came to be referred to, for a time at least, as the London and Northern Health Partnerships (L&NHP) – a phrase we use in the remainder of this report.

1.3 The approach and methods of the L&NHP development programme

When they started in 1994, the L&NHP had a remit to experiment and innovate, 'to do things differently and distinctively'. They had to define what this meant within the overall framework of enhancing primary health care. The operational team used their previous experience of developing primary health care in London, in addition to a period of consultation and research, to develop a set of options for the partnership fund which were presented to the Board in the summer of 1994. The Board agreed at this point that the work of the partnership would be based on three principles:

- it would identify and focus on problems which had proved to be intractable, despite considerable development activity in the past, and which could not be tackled by a single organisation or agency

- it would be a *programme* of work – it would move beyond the notion of development projects which have tended to fragment these intractable problems, or to favour more marginal issues

- it would focus on services for older people, and would involve older people in the development process.

The development programme commenced with a six-month diagnostic phase (which was not evaluated). During this period the operational team sought to work with professionals and service users to clarify further the 'intractable' primary health care problems they would subsequently focus on, and also the possible solutions that could be developed. In fact, the diagnostic exercises demonstrated that intractable problems do not have straightforward, readily identifiable solutions. Rather, issues highlighted during this phase were complex and messy in that they were most frequently located at the boundaries between agencies, and involved multiple routes of accountability.

The insights gained from the diagnostic period started the team on an intellectual journey through organisation and systems theory, ecology, chaos and complexity theories, as they attempted to get to grips with the nature of complex problems and how to intervene in them to bring about desired changes. Throughout the initiative the operational team were constantly searching for new practical ways of working with organisations and for theories to guide and support their practice. The team's intellectual transition became as much a part of the overall developmental process as was the practical work that developed on the sites.

The experience of the operational team, and the dialogues they had with various groups, suggested that what happened at the boundaries of services was crucially important for the quality and experience of care. The team therefore decided that the partnership programme should look at, and work on, these boundaries. At an early stage they began to apply some aspects of systems theories to their practice. They

started to think of the various services that older people might use or need as a system, and developed the idea of working with the whole system to generate ways of tackling 'intractable problems'. The team argued that if individuals could become more aware of what constituted their system, and how it functioned, then the system as a whole would become more flexible and more able to deal with intractable problems at the interface between agencies.

The discovery of participative and democratic methods of working with large groups, being pioneered in the USA, such as Future Search and Open Space (Bunker B and Alban B, 1992; Emery F and Emery M, 1989), meant that the team had a means of bringing the system together. These gatherings could be run with up to 150 people and have been used with hundreds of participants in the USA. They were a new and relatively untested method of OD in the UK. They were designed to generate new ways of looking at things and new solutions to enduring problems. They therefore did not have predictable outcomes. The L&NHP operational team started to refer to these large group methods as 'Whole Systems Events' (WSEs).

Over time the operational team moved away from the notion of 'events' and began to refer to what they were doing as a 'Whole Systems Approach' recognising that what was happening on sites was about more than just the event itself, but rather an evolving developmental process. The events became a trigger for on-going system development processes. Many dimensions of these processes were unpredictable and variable, others could have been predicted.

1.4 The stages of development on the sites

The main stages of the Whole Systems Approach to development are outlined below to give readers an idea of the overall process. A note of caution is in order, however, for these brief descriptions make the process seem more linear and less dynamic and interactive than it actually was.

On each site where the operational team worked the processes were similar and covered several months or longer. There was an initial period in which the L&NHP team negotiated entry to the sites. This involved key individuals representing a range of organisations, including CEOs where possible, meeting with members of the L&NHP operational team. This initial meeting (sometimes, a series of meetings) allowed the team to explain what their programme was about, and allowed the sites to consider potential benefits for them. If these senior individuals were interested and decided to go ahead a multi-agency planning group would be set up to agree the thematic focus of the development process and to plan a major event − a Whole Systems Event. These large group events would bring together between 80 and 200 people as participants in a two-day workshop-style gathering. Action Groups formed at the events and set themselves activities that they pursued afterwards for varying lengths of time. On the earliest sites the Whole Systems Event was the central focus for the work, though it was anticipated that something would continue after the event − even if it was not clear quite what this would be. As time went on, however, the single event became less central and the planning and follow up activities came to be seen as just as crucial to the overall development process.

Whole Systems Events were organised at five sites during 1995: Croydon and Paxton Green in London (May and July, respectively), Newcastle-upon-Tyne (September), and two localities in Liverpool (November). Over the next 18 months negotiations took place with further sites in London and the operational team became actively involved in five more sites. Table 1 lists these sites showing the timetable for the initial discussions and subsequent engagement with the L&NHP programme, and the thematic focus of the work.

Table 1: The L&NHP development sites

Site	Initial contact	Preliminary discussions	Engagement local partners	Theme/issue
Croydon	CEO, HA; CEO, Community NHS Trust	December 1994	January 1995	Quality of life for older people in Croydon
Newcastle	Director of Heath Commissioning and Primary health care, HA	December 1994	March 1995	Improving the well-being of older people over next five years
Liverpool (2 sites)	Deputy-CEO, HA; Prof. Health & Community Care Research, Liverpool University	December 1994	February 1995	*Site 1*: What do I want when I'm 64 or more? *Site 2*: Ageing better
Paxton Green, London	General Practitioners	December 1994	January 1995	How can we work together to improve the quality of life for older people?
Camden, London	Assistant-Director, Social Services	February 1996	April 1996	Reducing vulnerability among older people in Camden
Peckham, London	Urban Regeneration Partnership	May 1996	June 1996	'Speak your Mind' Residents views on the rebuilding of five estates

Newham, London	Voluntary Organisation	June 1996	October 1996	What would help to improve the lives of older people in Newham?
Tower Hamlets, London	CEO Community NHS Trust	December 199	February 1997	Independence for life
Hillingdon, London	CEO, HA	January 1997	March 1997	Winter emergency. Care and older people

1.5 The trouble with innovation

The task which the L&NHP set itself was a formidable one, as is often the case with innovative work. They aimed:

- to find commonalities between interests which seemed to be diverging rather than converging
- to get major statutory agencies to engage with older people – a group which was low down their list of priorities – and not only to engage, but to change in response to engagement
- to get current and potential service users to participate when they might be otherwise preoccupied, indifferent or sceptical.

The extent to which they achieved these aims is explored in detail in this report. First, however, we describe the methods adopted in the evaluation. Because the L&NHP Whole Systems Approach to service and organisational development evolved over time, the operational team and the sites were learning as the programme unfolded. Perhaps, inevitably, the process could sometimes seem muddled and confused for all

of those involved. This was compounded by anxieties amongst some members of the partnership board arising, in part at least, from the counter-cultural nature of the work. This meant that progress was not always smooth or comfortable – neither was it always recognised and/or acknowledged that progress had been achieved. In this context, the operational team were constantly looking for theories to justify what they were doing in the face of opposition and/or puzzlement from the sites and elsewhere. The team have written extensively about the dynamic interplay between theory and practice that shaped the programme, and about the gradual drawing together of their ideas and their methods of working in the Whole Systems Approach. Readers who are interested to know more may wish to consult documents listed in Appendix 2.

2. The evaluation: approach and methods

The early stages of the L&NHP programme were not subject to formal evaluation. A preliminary assessment of the first Whole Systems Events in London, Newcastle and Liverpool was commissioned in the autumn of 1995 and a report was produced in December that year. Following this a more structured evaluation was commissioned for two years beginning in April 1996. Overall, therefore, some form of the evaluation has been underway over a 30-month period. It was co-ordinated by Professor Jennie Popay at the University of Salford's Public Health Research Centre and researchers who were based in Liverpool (0.5 wte), Newcastle (0.5 wte) and London (1 wte) conducted the local site research.

2.1 The evaluation approach

Several aspects of the programme encouraged the research team to explore innovative approaches to the evaluation:

- the evaluation was commissioned some time after the development programme had begun

- the L&NHP development programme was set up to be different from usual service development initiatives – its brief was to be distinctive and innovative

- the programme sites were heterogeneous in terms of organisational, social and political characteristics, were focused on different development issues and were located in three geographically distinct areas of the country

- the scale of the sites varied – ranging from a general practice and its population, to a borough and city – and the range and number of organisations also varied considerably

- the development work began in a very open-ended way on each site. The point was not to start with clear expected outcomes in mind, but to let the development

programme unfold in a way that was appropriate to local circumstances, and to tailor methods accordingly. This approach meant that the work took on its own trajectory in each site

- as the programme was expected to change and evolve over time, so the short and long-term outcomes could be expected to vary considerably between sites
- what was to count as a successful outcome might be understood differently by the various parties involved, and views could be contradictory.

As the work developed on the sites the process and methods of the development programme (rather than just the outcomes) became innovations to be evaluated in their own right. It became important to assess the extent to which the Whole Systems Approach (the overall process), and the Whole Systems Events (the practical methods/interventions for working with large groups) worked. Did they succeed in developing a shared perspective on changes required; in achieving and maintaining a focus on intractable problems; in strengthening inter-agency relationships and involving service users; as well as contributing towards service changes?

The L&NHP programme is not unique in generating problems for the design of evaluation studies. Similar methodological challenges have arisen in relation to the evaluation of generic health promotion initiatives, community development health projects and many national policy initiatives, notably in the UK: community development projects in the 1960s, Community Mental Health Centres in the 1970s, primary care resource centres in the 1990s and, most recently, the previous Government's total purchasing pilot sites.

Researchers involved in such studies have contributed to the development of what have been variously termed pluralistic, fourth generation, or creative evaluation approaches (Patton, 1981; Connell *et al.*, 1995; Laughlin and Broadbent, 1996; Cronbach, 1982). Key features of these approaches include a portfolio of methods to collect qualitative and quantitative information, a focus on process rather than

outcomes, and the involvement of different stakeholders (including lay people/service users) in the evaluation process. These approaches also allow for the possibility of differing/conflicting judgements about success.

The evaluation design developed for the L&NHP programme similarly included a portfolio of methods that were to be developmental, descriptive, qualitative, continuous, flexible and deductive. Process, as well as impacts, would be evaluated and the evaluation would seek to be both formative and summative. The methods used have included: formal, semi-structured face to face interviews; discussions with participants on the sites; observation of key parts of the process such as planning meetings, WSEs, Action Groups and so on; and documentation analysis. In addition, in Newcastle, where the Whole Systems Approach has been established longest and where the engagement of major agencies has been most successful, more innovative evaluation methods have been explored. These are described further in Section 5.

The evaluation team has provided feedback on the issues arising from their research to the partnership board and the sites, in order to contribute to the continuous evolution of the programme. Additionally, at key points in the life of the programme, the evaluation team have responded to special requests from the Board for information to inform its decision-making about the future direction of the work.

The resources available for evaluation, and other factors, have meant that it has not been possible to track the programme/processes equally fully or consistently on all the sites. The evaluation team has fluctuated between one and two full-time equivalent researchers for a programme that at times was active across seven sites in London, as well as sites in Newcastle and Liverpool. Neither has the site-based formative element of the evaluation been as extensive as was anticipated in the London and Liverpool sites, though this has been a constant and important feature of the Newcastle evaluation.

In the remainder of this section we briefly describe the three main phases of the evaluation and the methods adopted, before moving in Sections 3, 4 and 5 to present the main findings from our work. Table 2 below shows which sites were involved in which element of the evaluation.

Table 2: The evaluation sites

Site	Event(s)	Evaluation Stage 1: May–December 1995	Evaluation Stage 2: April 1996–March 1997	Evaluation Stage 3: April 1997–March 1998
Croydon	*Future Search* (modified) May 1995 *Open Space* September 1995	Yes	No	Yes
Newcastle	*Future Search* (modified) September 1995 *Several*	Yes	Yes	No
Liverpool Sites 1 and 2	(1) *Open Space* November 1995 (2) *Future Search* (modified) November 1995	from November 1995	Yes	No
Paxton Green	*Future Search* (modified) July 1995	Yes	No	No

Camden	Future Search (modified) November 1996	N/A	Yes	Yes
Peckham	Bespoke November 1996	N/A	No	Yes
Newham	Mapping exercise October 1996 Bespoke December 1996	No	No	Yes
Tower Hamlets	Bespoke October 1997	N/A	N/A	Yes
Hillingdon	Bespoke September 1997	N/A	N/A	Yes

2.2 Phase 1: a preliminary assessment – autumn/winter 1995

The first phase of the evaluation took place in the autumn and winter of 1995. It involved a preliminary assessment of five Whole Systems Events held in the first two London sites (Croydon and Paxton Green), in Newcastle and in two locality sites in Liverpool. The sites were different geographically and organisationally. For example, one site was a general practice and its population, a second was a borough with coterminous health and local authorities, and a third was a metropolitan city, where the health authority's jurisdiction extended much further than the city council's boundaries. The assessment aimed to gain the views of those who had been involved in the early phase of the initiative. It was based primarily on interviews (conducted face-to-face or by telephone) with approximately 20 people in each location. Interviewees included health and local authority staff, voluntary sector workers and older people. These first WSEs had something of the quality of experiments and it was therefore

important to capture the experience of their planners and participants. It is important to note, however, that the fieldwork for this assessment took place shortly before, during and/or immediately after the events and could not capture either the evolving views of participants during the planning process or perspectives some time after the events.

In spite of these limitations and although small-scale, the preliminary assessment did suggest that the development approach being evolved by the L&NHP operational team could offer new and potentially exciting opportunities to shift key relationships at the individual and organisational level with consequent implications for the quality and appropriateness of services. The generally positive perspectives of most of those interviewed encouraged the L&NHP to extend to more sites although there were also notes of caution about the process, particularly in relation to the experience of older people. It was also agreed that the programme should be formally evaluated. This was commissioned to begin in April 1996 and to run for two years. This evaluation fell naturally into two further phases in terms of the design and the sites in which fieldwork was based.

2.3 Phase 2: April 1996–March 1997

The second phase of the evaluation involved continued study of the L&NHP Whole Systems Approach in Newcastle and the two locality sites in Liverpool, but not the original two London sites. Instead the evaluation in London, during this period, was concentrated on a new site – Camden. The evaluation methods included face-to-face interviews, observations at meetings and analysis of documents. The evaluation was initially focused on four themes:

- the relationship between the L&NHP development approach and existing approaches to service development at these sites

- the relationship between local views on issues of concern to older people and the topics eventually prioritised for action within the L&NHP development process
- the experiences of people who became involved in the WSEs
- the impact of the process on services for older people.

Initially this latter aim of evaluating service impacts was intended to be fulfilled through dedicated outcome studies linked to the activities of specific Action Groups on the sites. This approach was adopted in Newcastle in relation to the work of the Going Home Action Group – a group that will be described in more detail later in this report. This research, which was undertaken by Marjorie Smith and John Bond at the University of Newcastle, attempted to evaluate whether the work of this Action Group improved the experience of discharge from hospital for a sample of older people. The results are reported elsewhere (see Appendix 1). However the experience of Newcastle quickly demonstrated that it would not be feasible to evaluate service impacts in the way originally planned within the context of the evaluation as funded and organised. For example, it was not possible to clearly identify an intervention to be evaluated until a very late stage of the Action Group work, and access negotiations with NHS trusts proved to be difficult and drawn out. The evaluation team therefore moved to a more qualitative assessment of impacts, as described in Section 4.

An interim overview report of the process evaluation conducted during this phase of the work was produced in January 1997, and summarised the findings from separate reports produced for each of the three sites.

2.4 Phase 3: April 1997–March 1998

The third stage of the evaluation took place between April 97 and March 98. It continued with fieldwork in Camden and Newcastle, but not in Liverpool. In London it expanded to include four further sites: Tower Hamlets, Hillingdon and Newham that had joined the initiative during 1996/97, and Peckham which had been working with

the L&NHP since 1996 but not been included in the evaluation during 1996/7. It also returned to the Croydon site two years on from the original WSE.

The third phase of the evaluation aimed to do three things:

- to identify impacts and, on sites which had been involved in the programme since 1995, to uncover any lasting legacy in terms of changes in values, attitudes, relationships/partnerships between organisations, participation of elders and impacts on services
- to try to identify and analyse factors which might account for significant differences across the sites in terms of the way the development process was evolving, the way different agencies were involved and the impacts that had been identified
- to chronicle and analyse key aspects of the Whole Systems Approach as it unfolded on the sites over time including:
  - entry to the site
  - the planning process for a Whole System Event or other intervention
  - participants' experiences of the events/interventions
  - what happened in the short term after these events
  - the sustainability of the approach.

In the next section we provide an analytical chronology of the L&NHP Whole System Approach whilst in Section 4 we focus on the impact of the approach across a number of dimensions.

3. The evaluation findings: a critical chronology of the process

3.1 Introduction

This section describes the unfolding of the development processes on the sites and aims to identify key factors that influenced the L&NHP process. It is important to re-emphasise the heterogeneous nature of the sites, the evolving nature of the Whole Systems Approach, and the fact that the sites were not all evaluated at the same stage of the process, nor to an equivalent depth. Thus, it is not easy to present an overview of the entire programme, or to make comparisons and draw conclusions across sites and over time. However, although what happened on each site was distinct, and although the processes themselves were continuous and evolving, it is possible to identify five stages in the evaluation of the L&NHP work, each marked out by particular activities, processes, or a significant event.

1. **Site entry and engagement:** the L&NHP operational team gain initial entry to the site, and engagement with senior managers/staff.

2. **Planning:** the L&NHP operational team and site representatives form a multi-agency group to plan a Whole Systems Event over several months.

3. **The Whole Systems Event** takes place, involving a hundred or more people, facilitated by the L&NHP operational team.

4. **The immediate post-event period and the first few months:** the event stimulates immediate reactions and activities that may need supporting in various ways to co-ordinate, develop and sustain them. After a few months some of the initial activities have been achieved, others may have petered out, and yet other new

activities may have 'popped-up' that can nevertheless be connected back to the Whole System Event.

5. Long-term sustainability – moving towards a Whole Systems Approach: on some sites with a legacy of a year or more since the original event, changes in attitudes, and new ways of working start to become embedded as 'how things are done'. It could perhaps be said that a Whole Systems Approach has begun to operate.

This section analyses primarily the first four stages. The next section concerns the impact of this activity and in Section 5 we present a detailed case study of the site which moved further and faster to adopt a Whole Systems Approach in many of its endeavours.

3.2 Site entry and engagement

When the initiative began in 1994 the L&NHP operational team approached sites that they thought might want to collaborate with them. Some of the later sites approached the team. Whichever way, it seemed to make little difference. What was important was that there were one or more individuals who were sufficiently interested in what the team were proposing, and sufficiently well connected to be able to set up a meeting of key players in the area. Usually this would be CEOs and senior managers in one or two organisations, or more if inter-agency connections were already sufficiently in place to allow it. The L&NHP operational team would explain what the initiative was about and seek to rouse sufficient interest to go ahead.

As the programme developed it was possible to identify some of the factors that appeared to strongly influence developments in this initial phase. The site circumstances at the time of entry seem particularly important in determining which agencies in a locality become engaged with the initiative. The level of commitment and degree of understanding of senior staff who do sign up to the initiative then play a key

role in determining whether or not their respective agencies will participate fully or peripherally, and to some extent, which other agencies will join in.

Site circumstances

The evaluation has shown that all the sites were complex, and very different from each other, in terms of their historical and socio-cultural contexts, including existing inter-agency relationships and approaches to development work.

Some areas were involved in a plethora of development activities, had quite extensive inter-agency links already in place and agencies and/or sectors were beginning to work together constructively. In others, CEOs were barely on speaking terms and boundaries between agencies (professional, voluntary and lay) were hardly broached or already in a state of siege. Some sites therefore had more positive experiences than others of the kind of inter-agency work the L&NHP operational team were proposing. Whatever the state of affairs, local inter-agency politics were to be extremely powerful influences on all sites, a fact recognised by local participants, as the following quote illustrates:

> *It is incredibly political around here. It's a unique area and the politics and pressures are difficult. People tend to wear their politics on their sleeves. The major players are mostly wise as to how others see them, both positively and negatively, and slip all too easily into roles that are expected of them. It is very hard to achieve change with all the conflicting interests – powerful providers, powerful local authorities, very politicised voluntary sector, big social problems, enormous health agenda.*

Some site interviewees thought that the L&NHP operational team was neither sufficiently aware of, nor sensitive to, these forces. However, the team could not be

omnipresent, and what they found out initially depended on who they met and what they were told. When they discovered from the experience of working with a site that, for example, collaborative methods to achieve shared objectives would not work unless old hostilities were acknowledged, their approach was to introduce methods that sought to enable conflict to be brought out into the open, such as Appreciative Enquiry.

Which agencies became involved and the role of CEOs

The L&NHP operational team thought the initiative ideally required the engagement, understanding and commitment of senior management in key statutory and voluntary sector organisations to enable the process to take off – so that the 'whole system' was involved from the very beginning. This was a very ambitious aim, and it did not happen on all sites, some of which went ahead initially with the knowledge and agreement of only part of the system.

Though CEOs were not always the first contacts, nor were they always the way into a site, their early involvement did seem to be crucially important. If CEOs of major statutory organisations did not become involved at an early stage, for whatever reason, then their organisations tended not to get involved, or only in a limited way. It was sometimes difficult to get key people from the voluntary sector too, especially where there were not strong umbrella organisations to pull in all the smaller ones, or where the mandate of an umbrella organisation was questioned. Initial imbalances sometimes continued throughout the process, but on some sites missing organisations or staff groups could be brought in later through planning groups, or even at the Whole Systems Events.

The L&NHP operational team soon realised that CEOs did not need to be directly involved beyond this initial explanatory and agreement-seeking phase. But CEOs needed to show their own staff, and other agencies, that they were committed to the

initiative. They also needed to be sufficiently aware of what would be entailed in engaging with the process in order to nominate appropriate staff for planning groups – staff who were sufficiently senior to be able to act autonomously and bring in others.

How seriously CEOs and other senior staff took the initiative partly depended on what they understood it was about at the time, and how far that matched their own development priorities. Certainly on some sites few senior people seemed to realise that the team were proposing an approach that would help them to develop lasting partnerships and to deal with long-standing problems. Evaluation has shown that people had very different ideas, which were not always in keeping with what the L&NHP operational team thought they had presented. It has become clear over time that quite a few CEOs and senior staff involved in the early meetings did not really grasp what the initiative was about, and many key messages did not register. This did not necessarily prevent them from signing up to it, but it led to some confusion as the programme developed subsequently.

3.3 The planning process

The next stage involved putting together a multi-agency group to work with the operational team to develop the initiative and plan for a Whole Systems Event.

On the earliest sites it was considered that these planning or steering groups were set up for the sole purpose of organising the WSE, and that they would disband after the event. However, as the initiative progressed, the L&NHP operational team realised that the planning phase was an intrinsic part of the whole intervention. It was a way for mixed groups to experience and learn together about the Whole Systems Approach, not just the prelude to an event. And it become apparent that the planning groups also needed to continue to help co-ordinate activities arising from the events. On one or

two sites the original planning group became an Action Group and/or the 'guardians of the Whole Systems Process'.

As the programme developed it was possible to identify some of the factors that appeared to strongly influence the development process in this phase. Whether overall the planning groups (or individual members) experienced the organisation of their Whole Systems Event as stressful, or stimulating and challenging, depended on the interplay of the factors outlined below, though all planning groups were affected by them to some extent. Most groups had practical difficulties organising a major Whole Systems Event. However, on all the sites where planning groups aimed to stage an event, they were eventually successful. Major factors influencing the process were:

- the composition and character of the planning group
- the extent to which the L&NHP operational team's approach fitted with, complemented or clashed with, development approaches and initiatives already operating on the sites
- whether and how far the new development approach became enthusiastically 'championed' by sufficiently powerful individuals on the sites
- how beneficial members of the local planning group found working with an external operational team
- the degree of pressure arising from the process – in particular work overload and lack of time
- how accessible/difficult the groups found the theory
- the extent to which local planning groups were clear about the role of the L&NHP operational team members
- tensions between the L&NHP operational team and people involved at the sites, due in parts to the team's lack of experience but also resistance to change at the sites.

Composition of the planning groups

The planning groups that worked best involved people who came from a wide range of organisations (reflecting the different interests and groupings at the sites), were interested in the ideas, were keen to take part, and had sufficient seniority to act autonomously. Not all planning groups matched the ideal type. Some were quite unbalanced from the inception having a key sector, agency or staff group missing. And not all members were there willingly or with a mandate to act. Some people were delegated to attend by more senior colleagues rather than choosing to; some were never really attracted to the ideas; some were too junior in their organisation and had no authority to involve colleagues. A few groups had 'floating' members, who came and went, which made it difficult to develop continuity or to rely on actions being carried out. It was also hard on some sites to involve elders – at least those who were not 'the usual suspects'.

Relationship with existing developmental approaches at the sites

On some sites it was possible for the L&NHP team to engage initially with an existing inter-agency initiative, or build a planning group around a pre-existing inter-agency group. Augmenting an existing framework worked particularly well on one site where the inter-agency grouping existed in name only. The new initiative was able to develop a role for itself and a method of working in territory that was not owned by any particular organisation or group.

Links with existing initiatives generally started off well, but as time went on such alliances sometimes hindered rather than helped the new development process as differences in approach became apparent. On some sites the programme came into conflict with existing initiatives, especially well-established ones, as the new ways of doing things butted up against the old. On one site the local city-wide steering group thought the new initiative did not fit well with their existing approach to development work. This led to tensions between this steering group and the planning groups in the

locality sites where the Whole Systems Approach had been taken up with some enthusiasm. On another site the initiative tried to find a foothold with an existing joint-financed regeneration venture which was levering in new investment money and had time-limited, pre-set objectives on an enormous scale. Again the ideas, aims and methods of the WSA did not fit with those of the existing inter-agency group. The L&NHP team's exploratory, non-prescriptive, evolutionary approach clashed with the output driven approach of the regeneration programme. In this case the attempt to engage was never completely successful, and the planning group that was eventually formed was almost independent of – at times seemingly in opposition to – this powerful local inter-agency structure.

Site champions

For the initiative to really get going it required local individuals who were enthused by the ideas and able 'to make things happen'. These people were sometimes referred to as 'champions'. Individuals became 'champions' for a number of reasons including: they became highly enthusiastic about topics such as inter-agency work or user participation; they were stimulated by the ideas presented by the L&NHP team; they liked the unorthodox approach; or they saw an opportunity to place themselves, their organisation, or their region in the forefront of the initiative. A champion (or champions) played a major role in those sites in which it can be argued that the Whole System Approach was widely taken up and/or sustained.

Benefits of working with an external team from the L&NHP

Site interviewees identified many positive benefits from working with an external team during the planning stages. Local site planners thought the L&NHP team's most valuable contributions to the planning process included:

- being from an outside agency – not being the local all-powerful agency, but providing an alternative, a challenge to entrenched power relationships and being an honest broker

- being from the King's Fund – so bringing kudos and prestige by association

- bringing money to deal simply with matters that would otherwise have been complex, or unavailable from local sources – such as paying transport costs for individual elders, or printing costs for publicity materials

- helping to raise sponsorship to pay for larger items such as the refurbishment of buildings

- bringing enthusiasm, new ideas and different perspectives

- legitimising, bringing to attention and valuing the needs of vulnerable groups in the community

- adding weight to certain viewpoints in meetings and other gatherings – boosting an older person's or minority view.

Pressures arising from the process – workload and lack of time

On all sites the workload was far greater than anyone had anticipated. Planning a large group event proved to be complicated and very time-consuming. Many local planners felt that the operational team did not recognise or understand the resource and time constraints within which they had to work. Indeed, several local planning group members thought some of the pressure they felt was due to the excessive expectations the L&NHP team had of them. Even the keenest enthusiasts found themselves stretched to the limits as the work snowballed. For many it was an add-on to their usual work, which continued in the normal way, though some were able, usually informally, to put aside their regular jobs in the lead up to their local event. Some planning groups were also unclear about the practical things that had to be done to set up a Whole Systems Event, and considered the process disorganised and messy. Most planning groups became anxious at times because they could not see how the event could be pulled together in the time available.

On the early sites dedicated administrators were seconded from their regular posts at some time during the process, usually when it became clear that the event would otherwise founder. On later sites this resource was built in from the beginning. But even so the amount of work falling to planning group members was enormous and the pressure soured the experience for some participants. Several people made comments to the effect that planning the large group events was 'not my day job', or that their loyalties had to lie primarily with their employing organisation. This meant that some people dropped out of the planning groups or attended poorly. The workload then fell to a smaller group who had to work even harder.

Accessibility of the theory

Many people wanted to be involved with this initiative partly because they were attracted by the ideas. For them getting to grips with the difficult theory was exciting, and an intellectual challenge they relished. However, it is a recurrent theme from the sites that many people did not understand the theory behind the Whole Systems Approach: it confused them and made them feel ill-equipped to explain to others what the approach was about and what would happen at a Whole Systems Event. The L&NHP operational team did not always manage to reassure them that the large group events would 'provide safe containers in which unpredictable things could happen'.

It has to be emphasised that members of the team were at times struggling to understand these complex theories themselves, and having to work out how to adapt the large group methods to UK circumstances and multi-agency gatherings. The team accept that their exposition of both the theory and the practice was probably inadequate at times.

The role of the operational team

Some local planning difficulties and tensions arose from the way the L&NHP operational team related to some of the local planning groups. The role of the

operational team was not always sufficiently clear. Although the team were nominally members of the local planning groups, often local members did not experience things that way. Planning group members on several sites said the L&NHP team seemed to control and manage rather than facilitate the overall process, and a few experienced the L&NHP team as authoritarian. Several people said they felt they did not own the initiative, that it had been imposed on them or that they were 'doing it for the King's Fund'.

When tensions arose – inexperience of the operational team or defensive reactions to change?

The L&NHP operational team believe that some of the confusions about their role and behaviour arose partly from their lack of confidence and inexperience. They thought that they could not show uncertainty as they assumed it would add to the anxiety most local planning groups already felt. They also acknowledge that there were sometimes differences of opinion and approach within their own team, and that their disagreements may have spilled over into the local site planning groups, inevitably adding to the confusion and tension.

It was also the case that the L&NHP operational team came under pressure from their own partnership board to increase the number of operational sites and to deliver 'Events' in a shorter time frame. This they did, but it inevitably stretched their capacity to provide the level of development support needed on the new sites.

So, the tensions and difficulties in the planning process could be explained partly by the fact that the L&NHP team were learning as they developed the programme, and were themselves under pressure. But difficult inter-agency relationships on some sites, and the adverse reactions of some individual site planners to change, need to be brought into the picture, too.

The Whole Systems Approach to service development is essentially about doing things differently and bringing about change. Change is often both embraced and rejected at the same time. On the sites many people openly admitted that their current practices did not work as well as they might, and were keen to try something new. This was why they were attracted to the Whole Systems Approach in the first place. There was virtually unanimous acceptance that collaboration with users and inter-agency partnerships were the way forward; and senior managers admitted that agencies were bad at both and did not really know how to do either. Yet this frank and positive stance did not stop defensive attitudes and behaviours arising even among individuals who on the surface welcomed change and a challenge. Among those whose tendency was to reject change outright, resistance was even stronger. When people did not like what was being asked of them, or what was going on in the planning groups, it was all too easy to blame and reject the L&NHP operational team and their messages.

This kind of defensive response is a fairly predictable reaction to situations of uncertainty, although the L&NHP team's own, somewhat erratic, behaviour probably exacerbated it in some instances. The question is really how the team could have been better prepared for such reactions and contained them, or dealt with them more effectively.

Tension arising between local planners and the L&NHP operational team has not been a feature of all sites, nor has weak ownership of the initiative. On the Newcastle site it is evident that a strong and widespread sense of ownership of the Whole Systems Approach initiative developed early on and has strengthened over time. Some of the factors that seem to have contributed to this feeling of ownership are illustrated in Box 1.

Box 1: Factors associated with 'ownership' of whole systems process in Newcastle

- the site is relatively geographically contained
- it was already beginning to operate inter-agency working constructively
- the approach suited the purposes and ideologies of key individuals and organisations
- key senior people had pre-existing good relationships with members of the L&NHP operational team
- individuals were able to tell the L&NHP operational team frankly when they did not understand the theory or thought something would not work in their situation – they therefore have a better grasp of the ideas, and have made them theirs, compared to people on other sites
- the work has been funded directly since 1997: and the local steering group is responsible for how that funding should be deployed
- a part-time co-ordinator was appointed from early on in the initiative and this post subsequently became full-time. The co-ordinator's primary role is to facilitate connections between people and organisations.

3.4 The Whole Systems Events

We now come to a key feature of this process – the Whole Systems Event (WSE) – variants of which were staged on all sites. These were always powerful, dynamic, and memorable occasions. The later ones no less so than the first. The team took three models for working with large groups. Future Search, Real Time Strategic Change and Open Space and adapted them for use with inter-agency groups and to fit the requirements of each site (these techniques had been developed primarily for working with single agencies and small communities). Although they were constantly evolving, a number of features are characteristic of the Whole Systems Events: WSE included the following central tenets:

- they can include large numbers of people – they can get the whole system 'in the room'

- they use democratic and participative methods – people work together in small mixed groups, and in large group sessions, to share information and ideas

- they use 'real time' to share understanding of different perspectives – the groups do not just plan for what they will do in the future once the conference is over, they work in the groups in the present

- the process is structured not a free-for-all – the framework allows freedom of ideas and expression, events provide safe containers in which unexpected things can happen

- they allow the participants to set the agenda and raise issues of importance to them

- they aim to enable participants to seek out and establish whether they have common ground

- there are no expected or pre-determined outcomes, though it is assumed that small self-organising groups will form at the events and continue to meet afterwards

- they encourage participants to come up with new solutions to problems rather than reworking or tinkering with old ones

- they aim to enable participants to take a broad view, and to begin to understand how their system works

- they attempt to focus on generating 'conversations of possibilities' rather than being about problem solving.

3.5 Participants' experiences of WSE at the first sites

At the first sites there was a strong sense that the Whole Systems Event (WSE) itself had been a success. The language people used was a powerful indication of the positive feelings these events engendered. In Croydon, for example, comments included, 'Blasted out of our minds' and 'Never been to anything like it'; and in Newcastle, 'Magic, an excellent exercise' and 'Brilliant, well organised, thought-provoking'. From chief executives to elderly people, participants could be intensely affected by the experience. One CEO commented that the event was, 'The best

working days of my life in the past five years'; whilst a Newcastle elder noted that she was 'very impressed with the care and attention'.

For many of the people interviewed, the event generated unusually high energy levels. Most of the professionals and paid workers interviewed at the first four sites felt that they had acquired a better understanding of the 'system' and/or had improved their networks.

Compared with other development initiatives the numbers of users/carers involved was very high – at least 25 per cent in three of the four sites, rising to about 45 per cent in one. However, on some sites older people and carers from minority ethnic groups were less well represented. This caused some concern, though in Liverpool professionals noted the impressive turn out from various minority ethnic groups. Concern was also expressed that the older people taking part tended to be those who, in their working lives, had been active in policy processes, such as former professionals and trade unionists. This meant that social class, as well as ethnicity, might have been skewed towards 'the usual suspects'.

At all the early events, professionals thought the users and carers present were more participative than might have been expected (i.e. some were extremely vocal). But there were also thought to be ways in which equal participation was inhibited: by the use of inaccessible language, for instance, professional dominance, inappropriate venues and formal and 'committee' type behaviour in groups. But it was not necessarily only the professionals who resorted to this type of behaviour. For example, older people who formerly had been active in trade unions could feel more comfortable with structured processes. It was also felt that some users did not have the skills required to work in the small groups. At one event at least, there was some evidence that the issues prioritised by elders were different to those raised by professionals, and that the former did not receive equal attention at the action planning stage. It was also suggested by some interviewees that the intensity and length of the

events might militate against the participation of non-professionals. On one site two 'user' participants commented that they were 'at sea' during much of the time and did not return for the second day. However the majority of participants did return.

Interviewees also had concerns about the format of the events. Some people felt that the different elements of the event were not obviously linked; others that certain stages were too short and not well understood. These interviews pointed to the need for the L&NHP operational team to give more thought to how elders, service users and non-professionals were to be empowered during the event itself. As one voluntary sector worker commented:

> *You cannot just tell people that their contributions are equal. You have to tell people how to behave to help that happen – you cannot assume that they know.*

The experience of people involved in the WSE at the first four sites in the L&NHP programme was generally very positive, although important criticisms were made. In the short term, for some people at least, these events succeeded in increasing knowledge of the system from within and in fostering wider networking across the system.

3.6 Participants' experiences of WSE on the later sites

On all the later sites participants found the large group events just as dynamic and remarkable as the earlier ones had been. Negative responses were recorded too though, overall, the positive outweighed the negative. On some sites smaller, more focused events took place as well, such as mapping exercises or Appreciative Inquiries. Sometimes these were a preparation for a larger event. A few participants considered that these mini-events were more effective and useful in revealing connections between parts of the system than the larger events.

Mix of participants

Participants were generally very impressed by the mix of people at the events, though as at earlier sites there were concerns that the mix had not been balanced because certain groups or organisations were over- or under-represented, or absent entirely.

Generally people were also impressed by the unusually large proportion of elders and users, especially as at some events it proved much more difficult than expected to pull in the number of elders required, particularly to attract elders who were not used to getting involved in things, or who were frail or from minority ethnic groups. It was also difficult to keep elders throughout the event, and numbers generally dwindled on the second day.

At several events the participation of large numbers of senior people from key organisations was regarded as a very important breakthrough and quite remarkable in those sites where such individuals had rarely, if ever before, sat down together.

Facilities

Participants on most sites approved of the efforts to make facilities and environments comfortable for all, and praised the special arrangements made for disabled and minority ethnic groups. However, these arrangements did not always come off as they were meant to, and some critical comments were made on one or two sites about the lack of sensitivity to elders 'or disabled peoples' needs.

Methods

The team were developing methods for use with large mixed agency groupings and service users. They did not always get them right first time and there was sometimes a mismatch between the methods and what they hoped to achieve. On one or two sites some participants described the result as 'a muddle'. But, on the whole, the methods

and activities at the events were received positively by the majority of participants. Interviewees spoke with enthusiasm about aspects of the methods they particularly liked because they were different from more orthodox workshops and conferences. People commented that:

- the methods were innovative in that they did not present 'the problems' but allowed relevant issues to be teased out
- the methods were interactive and non-hierarchical
- some of the exercises gave them space and time to think outside their normal work mindsets
- the events presented them with opportunities to try out different, interesting and creative exercises
- the methods gave them new ways to explore old problems
- the facilitation of the large group activities encouraged open and frank participation.

For a number of participants it was the small 'Action Groups' that formed during the events that were intended to take forward the solutions surfaced over the two days, that presented most problems. These groups were supposed to 'self-organise', but many people did not really understand what this meant. They thought guidance was insufficient, and were surprised there was no facilitation. Some groups felt they went round and round in circles as a result. At most events a few Action Groups gelled but many did not. In the groups that did not work out, some participants felt that there was a disjunction between what seemed to be concerning people and what got taken up as key issues. Others thought some Action Groups formed round a strong individual's pet concern, not a common purpose. Yet others thought that some groups avoided tackling an issue that would have caused controversy. Several people said they did not feel enthused to join an Action Group but felt themselves under pressure to do so.

Communication difficulties

The L&NHP team were also trying to develop ways of working with groups that would help to explain and demonstrate some of the theoretical concepts they were evolving about how complex systems and organisations change. These ideas were sometimes obscure and did not come across as clearly and simply as the team would have liked.

Participants were encouraged to think of themselves as participants in their own right rather than as representatives of their workplace or organisation. However, many people could not understand this distinction, or the idea behind it. Freeing people from the responsibility of being a representative was supposed to free them up to tell stories from their personal experience. The idea was that 'inadmissible evidence' (individuals' accounts of how things were really done and really worked, as opposed to the official version) could then surface. But this did not happen as easily and readily as had been anticipated – several people did not feel comfortable relating narratives from their personal experience, which for some professionals amounted to 'spilling the beans'. Anecdotal accounts given by elders and users were more likely to be construed as 'going on' or as evidence of elders' inability to generalise from specific examples.

At almost all events it was difficult at times for professionals and managers to work together in groups with users and elders. Users and elders do not form a homogeneous group and some were more able to participate than others. But at a few events there were quite serious communication blocks between users and professionals and managers, which led to managers becoming angry and users becoming bewildered and upset. In such circumstances professionals and managers tended to revert to technical jargon and committee or power behaviour. On the other hand, during some events, and as a result of participating in Action Groups, friendships did develop between users and professionals.

The L&NHP operational team were, of course, aware of these communication problems leading up to, or at events, and tried to improve things. On some sites this took the form of working with small groups of elders before WSEs to increase their self-confidence and knowledge about the issues likely to crop up, and give them a sense of what the intervention was about so that they knew what to expect. Some planning group members visited day centres and lunch clubs and ran discussion sessions with people who had been invited. These were useful responses, but tended to locate the problem with the elders, when in many cases professionals and managers had a communication or attitude problem, as well.

It is also possible that just too much was expected of short-term groups and groups in their infancy. There is a huge amount of literature about the theory and practice of working in groups, whether they be small groups, such as the Action Groups arising at the WSEs, or large groups like the entire gatherings at the WSEs. There are many factors that determine whether a group is effective and able to communicate well. These include individual roles, group purpose, task and function; size, structure and duration, processes of group life, inter-personal dynamics both conscious and unconscious, factors external to the group and so on. The groups the L&NHP operational team were working with came at the difficult or challenging end of the spectrum on just about every dimension. It could be argued that many of the groups could not be expected to work well. Certainly, group work theory is quite clear that groups have to go through various developmental processes to work effectively and, especially for groups with disparate membership, that requires much more time than was available at the Whole Systems Events.

Challenging established expertise

Although the Whole System Events were considered to be a success by most of the people interviewed the method was not universally welcomed at first. The members of one trust board found the method threatening and risky because they felt very

exposed. Several Board members felt their role was to be experts and come up with ideas. They had some difficulty, initially, in valuing a process that enhanced the roles of others who they did not consider to be experts. And some staff, at all levels, found the proceedings inconclusive and the volume of ideas and suggestions generated too challenging. However, this trust has now been through the process twice, and the methods seem to be gaining more support each time. They are planning a third.

3.7 After the Whole Systems Events

The immediate aftermath

The period immediately following the WSE at one of the earliest sites was described by one of the evaluators as 'confusion followed by flurries'. The local planning group felt that they had been led to believe that their role would end with the event. However, it was clear that some group had to take responsibility locally for 'making things happen' and, as one interviewee noted 'one did not just organically arise from the event'.

There was therefore a period during which little happened but after two or three weeks members of the planning group began to initiate things. At this point around a month after the event there was some suggestion that the outcomes of the event were different than would be expected from an ordinary conference. Though the data were no more than suggestive of outcomes to be explored in more depth, it appeared possible that the approach was involving people not usually involved in service development. One health sector worker, for example, involved in an Action Group noted that:

> It's completely new for me to be involved in development work. I'm very interested and excited by it.

Another therapist commented that understanding the system better had helped her with her work and she believed the action plan for her group was 'achievable'. Some planning group members were also 'cautiously optimistic' that the Action Groups would deliver demonstrable outcomes, whilst one manager commented that the mixed agency Action Groups really did represent a new way of working and a new opportunity.

Alongside these positive perspectives, some people interviewed at this stage still had reservations about the extent to which the event had stimulated sustainable activity. Some were concerned that the work of the Action Groups would remain peripheral or even founder because they were outside the mainstream. Others felt that the groups would disappear when the initial euphoria wore off or the groups would simply get involved in existing developments rather than promoting something 'really new'.

The views of one interviewee, a member of an Action Group concerned with the empowerment of older people, illustrates how, in some groups, no-one had been prepared to take the issues forward. As she commented:

> *While everyone round the table thought empowerment was a great thing*
> *to tackle, the people in the group were either too busy to take it further,*
> *or too inexperienced to know how to.*

In the view of this respondent, empowerment was the most important issue to come out of the event yet nothing had happened so far. Some three months after the WSE, at this early site further interviews were conducted with the same small group of people. On the basis of these there was some suggestion that a better relationship had been developing between the statutory and voluntary sectors following the event. Most of the changes identified were small-scale and difficult to measure – to do with changing attitudes and better understanding rather than momentous changes – however

they were none the less important to note. As a senior voluntary sector worker commented:

> *[Y]ou come to think of the senior people who control the money as 'the high and mighty' – they don't really speak to us. What has happened as a result of the Quality Life is that by working with these Action Groups with them I have gained their recognition and possibly their respect ...*

A powerful indication that people were still enthusiastic and willing to be involved was the attendance at the follow-up meeting in September, some four months after the initial event. A total of 130 people went to this meeting out of the original 170 attending the WSE. As an experienced NHS manager put it, although concrete action and measurable change was still to be demonstrated in the future, the WSE appeared to have generated a different approach to development:

> *If we had had a two-day seminar on this theme, people would have learned a lot but nothing would have happened. It is very unusual to continue. On-going work has not developed from any conference that I have been to before.*

This was the first WSE and the L&NHP operational team were on a steep learning curve at this point. It would appear from the people interviewed that the planning groups at other sites were better prepared for the aftermath of the event. However, though the planning process may have improved the same period of confusion followed the events.

People interviewed in the general practice site also felt that the practice did not have the necessary capacity to sustain/support the Action Groups in the same way that the larger agencies involved on other sites might have. However, despite the short time that elapsed between the event on this site and the follow-up interviews, there was

some evidence that things were changing as a direct result of the event – albeit again on a small-scale. One participant, for instance, felt that as a result of the event he had begun to develop a broader more holistic approach to the needs of older people. There was a perception that the event had improved relationships between local agencies perceived to have previously had virtually no contact. New alliances had been forged:

> *I finally met someone I had wanted to talk to for a long time and already*
> *we have got together to work out a proposal.*

And specific projects developed relatively soon after some events. On one site, for example, resources were committed to an Age Concern project to provide information, advice, social services and therapy, to older people.

After the Newcastle event there were signs that momentum would be sustained through a number of routes. Members of the evaluation team, for example, noted that senior managers were 'alert to the possibility that the WSE could be used for other organisational purposes'. One of the health commissioners reported that within a few days of the event he was using the WSE in discussions around continuing care with the local authority. More importantly, the Newcastle multi-agency planning group met with convenors of the Action Groups shortly after the event and proposed that the City Health Partnership adopt the Action Groups issues as their agenda for the following year. This approach was subsequently adopted.

The latest sites seemed to follow a similar pattern to the earlier ones after their Whole System Event. The events generated great enthusiasm and excitement but there was nothing immediately in place to co-ordinate and channel all this new found energy, so it waned quite rapidly. The original planning groups still tended to disperse, with individual members unable or unwilling to put in the same high level of activity ('had to get back to the day job', 'exhausted'). There followed a flat and confusing period in

which most people were not quite sure whether or not anything had happened, or would be happening.

Sustaining the momentum in the first months – experiences from all sites

On all the sites things did start to pick up again after a while. Evidence from the first sites suggests that it is not possible to know quite what will take off and in what direction things will go, and the later sites were still in the early stages of the development process when the evaluation finished. The evaluation suggests that it is important for there to be a variety of post-event opportunities – formal and informal – that allow and encourage promising activity to be sustained or rekindled. Some of the activities that appeared to contribute to the sustainability of the change process are briefly described below.

Organised follow-up meetings

Several sites held one or more follow-up meetings some weeks or months after the original Whole Systems Event. Such meetings were successful in attracting considerable numbers of people who had attended the original event, and gave those who had dropped out opportunities to re-engage. Some Action Groups found it useful to have this meeting date fixed a few months ahead as it provided an incentive for them in organising their activities.

Appointment of site co-ordinators

A few sites have appointed a part-time co-ordinator, usually after a major event when it had become clear that if all the separate strands of activity could to be pulled together it would make the process stronger and more sustainable.

On one site there was a considerable time lag between a successful event and finding a co-ordinator. Activity almost died away completely, but has now been regenerated. The co-ordinator has formed a group of interested individuals, which has taken on its own identity and organisational structure and is becoming a recognised force for

service change in the area. Another site eventually appointed a co-ordinator, more than a year after the initial WSE. This has helped to sustain the initiative, but the co-ordinator is identified with the local agency in which he is based, rather than with the Whole Systems Approach.

The site which appears to have made most progress to date in terms of new ways of working across and within agencies (Newcastle) appointed a part-time local co-ordinator near the beginning of the development initiative and after two years this was increased to full-time (job share). This represents a critical difference between the sites, and may be a key factor that has contributed to Whole Systems Approaches to development work becoming embedded there. It is important to note, however, that at some of the sites, the local planning group actively resisted the L&NHP operational team's suggestion that they should appoint a co-ordinator. Indeed, the L&NHP offered to contribute financially to such an appointment but, at least on some sites, there was a feeling that this represented an old style 'unimaginative' method of dealing with the issues involved.

The success of the Newcastle co-ordinator may also be related to how she has interpreted her role. She has attempted to operate in a facilitative manner, resisted the temptation to become an organisation in her own right, or to be identified with any other organisation. She has a supportive steering group that fully backs her approach.

Some places have not appointed co-ordinators, as such, but have found people to work intensively with specific Action Groups for a time-limited period. This has enabled some Action Groups to successfully achieve their aims, after which they have disbanded, but it does not appear to make a significant contribution to sustainability overall.

A friendly observer

Following intensive involvement leading up to an event, members of the L&NHP operational team have kept in touch with sites. They have been able to pick up on things that were beginning to happen, perhaps unnoticed by those more closely involved, and have been able to suggest ways of re-engaging with particular issues. For example, on one site a member of the L&NHP team returned some months later and made suggestions for how an issue – empowerment of elders – brought up at the original event but apparently lost, could be tackled. A pilot was set up which involved elders monitoring social services residential facilities jointly with council officers. This has flowered, and it is now proposed to make the idea multi-agency by extending it to the district nursing and day hospital services provided by the community health services.

Individual debriefing sessions

The evaluation interviews provided a kind of debrief and gave individuals an opportunity to express their emotional response to the planning process, the actual event or the overall approach. Several individuals found their enthusiasm rekindled by this process and said they intended to re-engage with the initiative. This suggests that some sort of built-in debriefing process might be useful and effective.

3.8 The Action Groups

The Action Groups that formed at the WSEs were expected to be a crucial means by which changes would be brought about and whole systems thinking would be sustained. It is therefore not surprising that initially many people, including the L&NHP operational team, thought the overall success of the venture would be judged according to the subsequent success or failure of these groups. But the experience of some of the sites over two or more years suggests that these groups have very varied lives, and that judgements regarding success or failure are not straightforward.

The progress of Action Groups has differed on all sites, but on the whole they have not been as productive as originally hoped, and user involvement has been particularly difficult to sustain. After the flat period immediately following the initial Whole Systems Event, groups most generally got going with some enthusiasm, but time pressures, other commitments, over-ambitious aims and lack of resources meant that quite a few folded quickly. However, although many of the original Action Groups have petered out, their aims have sometimes been taken up by others or carried out in other ways. It is probably therefore more useful to think of the original Action Groups as transitional.

Some groups achieved their aims, directly or indirectly. On other sites Action Groups provided a boost for others working to achieve similar aims. For example, one group found that a local voluntary organisation had the same idea to form a one-stop information shop, and was already half way there. It was ridiculous to duplicate efforts, so the group disbanded. But some individuals became involved with the voluntary organisation, where they still play active, important roles two years later. Another group joined forces with an existing community group and some of the original members are now part of an organisation developing a community centre. A further group disbanded, but a member tried to incorporate the principle of listening to elders into her working practice. Her organisation has now developed a shopping scheme 'the way elders want it'.

A few groups foundered when they came up against the limits of 'self-organisation' such as not having within the group the skills or resources they needed, and not being able to secure them from elsewhere. For example, a group trying to explore the equitable use of resources had to abandon the attempt when none of the senior financial managers they approached could find time to become involved with the group or even attend a meeting.

3.9 Under the surface ... self-organisation and emergence of a Whole Systems Approach?

Experience from several sites suggests that the period of seeming inactivity soon after large Whole Systems Events actually provides the space and time for new ways of thinking and new connections to become assimilated and then resurface. It would seem that things never settle back in quite the same way as they were before. Many people take away from the events new ideas and changed perceptions which are then fed back into their own organisations, and which lead to small but possibly significant changes in attitudes and behaviours. At the same time individuals have made new and sometimes unusual personal connections starting to form new configurations and networks of like minded people. The ideas spread out further still and are recombined in yet different ways.

It even seems that interesting things can bubble up where nothing much is done in a co-ordinated or public way to keep things going. In one early London site for example several statutory and voluntary sector participants were followed up and interviewed two years on from the original Whole System Event. Most of them thought that it was very difficult to directly attribute specific major or minor changes to their WSE (with one or two exceptions). However, they thought impacts over time had been quite subtle and that the ideas and messages of their original event had 'embedded' and 'influence how we do things'. Moreover, each of them thought the WSE had probably led to one or more of the following changes or benefits:

- an improvement in attitudes towards elders and a much greater effort to listen and to respond to the health and social issues elders feel are important
- some attempts to engage with elders at the planning stage of initiatives and move beyond just consulting them about pre-existing ideas and plans
- some improvements in the working relationships between agencies
- small, beneficial additions or changes to some services for elders.

In the next section we consider in more detail these and other dimensions of the impact of the L&NHP programme.

4. The impact of the L&NHP initiative

4.1 Introduction

The L&NHP initiative does not lend itself to simple measurement of outputs and outcomes. Cause and effect are not easily connectable in complex policy initiatives such as this, and our research tends to support the L&NHP operational team's view that events can have multiple causes and effects, some known and apparent, others unknown and remote. Initiatives such as this one also throw up the eternal evaluation problem of what can be measured. Though in principle it would have been possible, for example, to count and categorise numbers and types of older people involved and even measure their degree of engagement by using standardised scales the costs of undertaking this type of 'impact analysis' would be disproportionate to the value. It would be even more difficult to quantify meaningfully and with any statistical significance, the change in relationships between, say, a housing department and community health services that might have occurred over time, let alone to connect it directly to the work of the L&NHP.

An initial attempt was made by researchers in Newcastle to evaluate the service impact of an Action Group focusing on 'discharge procedures'. This is reported elsewhere but the experience highlighted formidable logistical and political barriers to such work in the context of the L&NHP programme (see Appendix 1). The evaluation team therefore decided to focus on qualitative descriptions of 'impacts'. We cannot say, for certain that these are all or mainly the result of the work of the L&NHP. In all cases, however, either the people interviewed made the connections or 'theoretically' the evaluation team felt that a connection was feasible. This approach also implies a broad definition of impact beyond that concerned with impact on service quality. However, it excludes, perhaps, the most important aspect of impact – that on the quality of lives of older people. Inevitably, this connection has to be assumed to be

indirect – resulting from the five types of impacts that are considered here: on services; on the involvement of service users; on intra and inter-agency relationships; on ways of working; and on ideas.

One final introductory point should be made. Whilst we have chosen to focus specific attention in this section on the impacts of the L&NHP work, it will also be self evident that the distinction between process and impact is, in part at least, artificial. Earlier sections have already reported impacts on relationships, ideas and ways of working as well as describing processes. In large part we make the distinction between process and impact to address as directly as possible the concerns of those who will (legitimately) ask, 'but what did all this money, energy and time achieve?'

4.2 The impact on services

Across the sites in London, Newcastle and Liverpool, the WSEs and Action Groups threw up a multitude of things which older people wanted changed – small and large. The list of 'small things in need of change' included sloppy vegetables served in a day centre, dirty windows, unmaintained gardens, access to free emergency alarms, the position of bus stops and traffic calming. Whilst these concerns may be little or everyday things, changing them could require complex negotiation and organisational and professional change. Either in sum, or because of what it takes to change them, they could therefore add up to significant change.

Each of these examples throws up different issues. The use of a slatted spoon to stop the vegetables being sloppy came out of involving users as a resource rather than viewing them as a problem or simply complainants. Its significance can be argued to be even greater if it is seen as an example of managers recognising the need to shift from a provider and planner view of services to a user view. There are several examples of managers, particularly in the voluntary sector, setting up or changing existing services

such as shopping schemes and community centres to provide 'what elders want, in the way they want it, rather than as providers think it should be'. As one manager said:

> *The importance of listening to users is the main thing I got out of it. It hit me that you've got to listen to the views of users and carers – not what the providers think they need.*

And there are some examples of managers trying to change health services to provide a more appropriate service for elders:

> *As a result of the Whole Systems Event the thinking is changing. Elders need a different style of clinical service. They need more time when they go for a hospital appointment. I've managed to get some of that into the commissioning plans.*

There were also attempts to address major intractable problems. On all of the sites Action Groups were established to address enduring issues relevant to the health and well-being of older people, including several groups looking at discharge from NHS care, groups looking at co-ordinating information sources, and groups looking at how to improve inter-agency co-ordination of services for older people with specific health needs.

4.3 From stories to strategies: the involvement of older people

How to involve lay people in the planning and delivery of services in effective and appropriate ways is perhaps one of the most intractable problems facing the public sector. There is some evidence that the Whole Systems Approach used by the L&NHP operational team could be used to engage unusually large numbers of people in the initial stages of a process of change. However, the experience of the sites also highlights the importance of providing early and continued support and training for lay

participants. It also demonstrates the need for initiatives that aim to shift entrenched attitudes and behaviours amongst professionals that militate – covertly and overtly – against partnerships with lay people.

Across the sites the Whole System Events consistently involved a higher proportion of older people than would generally be the case with consultation exercises, conferences, and workshops. As earlier sections of this report have indicated many of the older people enjoyed the experience greatly, though not all experiences were positive.

With hindsight it seems that insufficient attention was given on most of the sites to preparing older people for their involvement as 'equal but different' participants and to supporting them as the processes evolved. Likewise, some of the professionals and managers involved in the initiative were unprepared or unused to communicating with elders in such contexts. They consequently had difficulty adapting to the notion that lay people should be equal participants in the process of change. However, in several cases, the Whole System Events themselves and/or the Action Groups acted as a trigger to professionals and managers thinking about how to improve relationships with older people.

It was more difficult to involve elders in the planning of the events and in the activities that continued afterwards, though there are examples of individual elders who did participate and for whom the experience was very positive, even transformational. There are also promising examples, from Newcastle, Liverpool and Croydon in particular, where older people have begun to be involved in service development alongside professionals. The work of the L&NHP programme also highlights the potential contribution that peoples' experiences, recounted as 'stories', can make to decision-making and service evaluation. The operational team believed that one of the ways in which users would be able to gain an equal voice in planning and monitoring services would be by providers and planners learning to hear their stories. These it

was argued would provide a better understanding of what users need or want and experience. Croydon and Newcastle illustrate two different ways in which this has happened. As the examples in Box 2 below illustrate, in Croydon 'listening to service users' has become part of the way of working of a joint planning team and is backed up by the resources of an 'empowerment project'. In Newcastle a creative writer has worked with the Inter-Agency Group comprising Action Group leaders, with the Sexuality Group and the Leisure, Pleasure and Learning Group and plans are afoot for work with a group of older people. This and other Newcastle initiatives are described more fully below, in Section 5.

Box 2: Empowering elders and involving them in developing services – Croydon

The Community Empowerment Project (CEP)

The CEP in Croydon is a focus for considerable shared learning between users and agency managers. The CEP is a project to encourage the participation of elders in joint planning teams, and to provide the support and facilitation to enable them to do so. It did not arise directly from the whole systems work, but was a recommendation from a review of the existing joint planning process. However, local people consider the WSE was influential in the CEP's development and helped to secure its funding. Part of the project has involved elders in visiting clubs and other settings where they talk to their peers and discuss their concerns about health and welfare. It has had an impact directly on services in that elders' findings are brought back to JPT meetings and their suggestions are discussed with the relevant service managers and changes are instigated.

This project also demonstrates how part of the formal consultative structure has been able to adapt its way of holding meetings to legitimate and accept elders' experiential knowledge in the form of stories and personal accounts. The following is a quote from the project co-ordinator:

At a meeting of the older people's JPT two of the older people's representatives were noticeably upset. They were particularly distressed by the circumstances of some older people known to them. At first it seemed that the meeting would briefly, and sympathetically, listen to these personal anecdotes and then carry on with its business. It certainly didn't seem that anyone would regard these stories as the business of the meeting, nor as evidence of more widespread systems failures. But X from the health authority stepped in and supported the older people. He agreed that time should be given at each meeting for airing of personal stories – from anyone. This was quite a

dramatic intervention. There was nearly dissension in the statutory ranks. But others rallied to support X, and it was discussed and agreed. This was a critical point where something suddenly shifted.

Croydon Quality Care Monitoring Project

Based initially in social services, and set up by a manager participant at the WSE, this project was suggested and supported by a member of the L&NHP operational team as a way of furthering some of the suggestions and ideas arising from the WSE. The elders involved review the quality of services in residential homes for older people, and other facilities, with the support of council officers. The project is considered extremely successful and has been extended to the community health services trust.

These two initiatives have secured funding to run as time-limited projects with the bulk of the money being spent on support and facilitation to enable/empower elders so that their voices are heard. It is not yet clear what will happen when the funding expires for the CEP. However, it is likely that the practice of using elders to review services, as embodied in the second project, will become standard practice in social services. This is partly because, as one manager commented: 'elders have demonstrated that they are better at getting other elders' views than the service providers.'

4.4 Impacts on organisational relationships

What sort of relationship?

Leathard (1994) has described three categories of inter-agency relationship: concept-based, for example partnerships; process-based, for example joint commissioning; and agency-based, for example when organisations devolve responsibilities to an agency that incorporates the work or values of several agencies, such as a Special Needs Housing Consortium formed by local authority housing and social services departments, NHS bodies and housing associations.

Generally, the work of the L&NHP operational team emphasised conceptual and process approaches to improving inter-organisational relationships. The conceptual approach was reflected in the considerable investment devoted to increasing the

awareness amongst participants that organisations depend on each other to progress and that co-operation is a self-interested strategy. The emphasis on process was apparent in relation to the planning and running of Whole System Events; in the development of guidelines for the planning and running of meetings including the principle of 'no elders, no meeting'; and in the emphasis on having a rich mix of participants and the need to 'listen to stories'. The interplay of the conceptual and 'processual' approaches could lead to partnerships of people who would not normally get together. This is illustrated by the enthusiastic comment from a middle manager in community health services on one site:

> *Other people are now getting involved such as X from the health authority, as well as Y from Social Services. We had a meeting yesterday to co-ordinate things. So many groups! And it grows! It has come out of [our first WSE] in a sense. We are working on setting up a local health forum to involve anyone with an interest in health even the potential commissioning group, or, with the new White Paper, a primary care group. We certainly want to get the GPs involved. The whole concept has been taken from the L&NHP idea of a group with a variety of people, not executive people, but doctors, nurses, users from tenants groups, surgeries, etc.*

The agency approach to partnership was not explicitly developed within the L&NHP work, though there was recognition by the operational team of the need for some form of 'transitional organisational form' to hold the frame as the partnership work developed. On some sites this role was effectively filled by an existing 'partnership agency' which had previously not been working particularly effectively. As a local authority manager on one of the sites commented, for him the initiative represented:

> *[A]n opportunity to become involved in a local agency which was meant to be a partnership between local agencies but which I hadn't felt*

involved with for over two years since it started. I am now enthusiastically involved.

The L&NHP operational team generally held that no one could predict the precise forms the relationships, partnerships or collaborations would take, because it would depend on who took part in the processes and what surfaced or emerged. They also argued that the partnerships developed through a Whole Systems Approach would be sustained by commitment, individual accountability and by a growing appreciation that co-operation has a pay off over time. There is evidence that this has happened on some of the sites. On other sites Action Groups sometimes contributed to the establishment of relationships between individuals and organisations. These relationships have often endured although the groups themselves may not have operated well as transitional organisational forms. As one CEO commented:

I certainly have better links with various voluntary sector agencies and I would make an effort to go to their things. It's about forming relationships. I go to them and they come to me. Several of us started out in an Action Group after the WSE and we're still in touch. Therefore, although the group petered out, it was beneficial.

Boundaries, 'boundroids' and mavericks

The literature on partnership working suggests a distinction between work that crosses boundaries (co-ordination) and that which seeks to remove them (integration). If boundaries are not removed than there must be genuinely joint objectives and an understanding of the implications of unilateral action by any party for co-ordination to succeed. As is illustrated by the work on discharge procedure in Camden and on winter bed pressures in Hillingdon, attempts to establish joint understanding and awareness formed a prominent element of the work of the L&NHP programme.

As already noted, one of the issues to arise on several sites was whether co-ordinators were necessary or desirable to cross boundaries and to sustain embryonic partnership working. It does seem that where co-ordinators were appointed partnership work has been developed more effectively, even allowing for the different ways in which co-ordinators have approached the task, and the different views of them – not always enthusiastic – held by people on the sites.

On some sites there were people already in post (not specially appointed co-ordinators) who, perhaps because of their work history and their personal skills and commitments, as well as the remit of their official role, were very effective in crossing boundaries. The L&NHP operational team sometimes referred to them as 'boundroids'. Even if they were not essential, their presence often made partnerships easier, and their life was made easier too by the fallout from the WSEs legitimising personal relationships across different agencies. Positive impacts associated with the L&NHP initiative on what might be termed 'boundary working' can be identified on three levels:

- legitimising the role of individuals in crossing or removing boundaries as the operational team would say: 'shifting their role from liaison to boundroid'
- casting the system net wide so providing an environment in which more networkers could network more
- making people more confident and less isolated by introducing them to other networkers or boundroids.

One feature identified by some participants as characteristic of people who were effective as boundroids and networkers was an unorthodox career path. As one interviewee noted:

People who have been key to the locality are not so much champions as organisational mavericks – people who have not grown up in the

organisation in which they now find themselves, and are therefore not committed to its procedures and traditional ways of working. They are not only able to step outside the organisation but already have one foot outside anyway. For example, one was a GP before becoming a health authority commissioner, one had worked in local authorities in community care development, and before that in welfare rights.

On another site, one of the people who appeared to be most effective at operating across organisational boundaries worked for the health authority but had previously worked in local government, the voluntary sector and an urban regeneration agency. Another combined working part-time for the health authority with a community relations role for a large private sector employer, which led to links being made between these two organisations.

Building partnerships

To paraphrase Trevillion (1992) the key characteristics of building partnerships are: facilitating trust between individuals; establishing ways of working between different organisational traditions and different professional values; establishing a culture of innovation in which the partners will take risks together; ensuring that the voice of users is not drowned by the united voices of agencies; developing shared understandings and effective communication; and providing a context for collective planning and action.

The L&NHP operational team worked hard to bring agencies and users together in ways which would nurture or sustain trust, encourage innovation and new ways of working, and allow shared understandings to develop. And there was ample evidence that, prior to engaging in the initiative, relationships between many agencies and professional groups were often characterised by mistrust and the absence of positive attitudes. The staff of many agencies also had relatively limited knowledge of what

people did in other agencies. The Whole Systems Approach in general, and the WSE in particular, were seen by many interviewees as catalysts to change in these respects: they gave participants increased knowledge about other agencies, their ways of working and their purposes, and about other professional groups and their concerns. Furthermore the events enabled people to recognise that different agencies and professional groups faced similar sorts of problems and challenges. They helped create a sense that people were in the same boat. Acknowledging this, often for the first time, was argued by some interviewees to have allowed people to see each other in a different light and encouraged co-operation.

Thus the work of the L&NHP operational team can be seen as partnership building in relation to all of the areas identified by Trevillion. However, they may have added other areas as well. One lay interviewee, for example, noted that:

> *It was really important that [L&NHP] was an independent source outside petty, political squabbles and could pay for things and make them happen.*

Some interviewees talked about the L&NHP programme opening up possibilities for relationships for example between a Councillor and an NHS trust Chief Executive. In some instances the relationships that were fostered are widely seen to be key to service quality and co-ordination but were previously poor or non-existent: for example, between the chief executives of a health authority and local authority. The process also acted to 'broker' relationships, as described by a member of the L&NHP team, or 'helped us to get together' as a chief executive described the same event, or 'cemented our relationship' as another chief executive commented. Yet another CEO spoke extremely positively of the WSE, and what occurred afterwards, as 'cementing' their agency's previously cordial but distant relationship with a local, powerful voluntary agency.

Overall, the work of the L&NHP team in fostering relationships between individuals and organisations has been apparent on many levels and in many different areas. On most sites, all or most of the building blocks for partnership shown in Box 3 below were noted:

Box 3: Building blocks for partnerships

- existing relationships 'cemented'
- poor relationships rehabilitated
- links established with previously unknown individuals and/or organisations
- unknown individuals 'emerged from the woodwork' to play prominent roles
- short cuts to communication developed
- recognition of the importance of face-to-face contact
- new connections made with unusual organisations
- agencies' knowledge about each other increased
- agencies' attitudes towards each other improved
- recognition of the benefits from multiple perspectives
- new or improved relationships sustained over time.

The work of the L&NHP team also highlights a number of problematic issues in relation to partnership working. First, few of the sites engaged with general practice in any significant way, Hillingdon and Paxton Green in London were exceptions to this. But even on these two sites the difficulties of establishing and sustaining partnership relationships between small-scale organisations, such as general practices, and the large-scale organisations that make up the NHS and local authority sector have been very evident. A number of the sites sought to engage with the acute hospital sector, but these partnerships also proved difficult to develop and sustain. The Newcastle work on hospital discharge (making going home from hospital a better experience) was to some extent an exception; but there were considerable problems in trying to involve both of the local acute trusts in this work.

The importance of partnership working between social services, the NHS and other corporate departments of local authorities was central to the work on all the L&NHP

sites and, although progress in developing such partnerships was often slow and variable, at least the need for partnership working was widely recognised. Relationships with other council departments, such as housing, planning and environmental health, were much more difficult to develop than those with social services, primarily because these relationships were simply not a high priority for the agencies concerned.

4.5 Impacts on ways of working and the legacy of ideas

People on many sites, from a range of organisations and at all levels – from CEOs to minimally qualified care workers – all said that ideas picked up from being involved in the L&NHP programme had stayed with them and informed how they approached their work.

Participation in events was reported to have given people insight into new ways of working. In particular, people commented that they had registered the importance of tackling an issue from multiple perspectives, and the benefits of looking for unusual or fresh perspectives and for unlikely partners. This percolation of ideas did not mean that agency decision-making was suddenly opened up to users and other organisations. It would be unrealistic to expect that large, traditionally hierarchical organisations, working in a context of formal accountability upwards, would, or should, become co-operatives of users, workers and other agencies. But it did mean changes in ways of working. On one site, for example, the CEOs of two health trusts have drawn on the Whole Systems Approach in their organisations to explore complex issues and strategic development with a range of staff and to plan future events to include users and outside organisations. At another site a major voluntary agency did the same. A chief executive commented that each time they used the method, they acquired more converts. This person valued the method particularly because:

It is a method with great potential for engaging with staff in a different way and giving them a different message. I am always talking about openness and this shows that I mean business. It [also] really makes people look at doing things in a different way.

On other sites, the impact of the WSE appeared to be more apparent at middle management level. A manager from an urban regeneration programme commented:

We gained the idea of the actual approach, using small groups, etc., for consultation. The old model tended to be a big meeting where whoever stood up and shouted loudest got heard.

Another manager commented:

I suggested to my management team that we should use this methodology for our annual service planning meeting. They agreed. We asked one of the [L&NHP] team to facilitate it for us so that we could all participate. We did it a couple of weeks ago and it was much better than last year's meeting. I think this represents an important cultural change for my department.

The L&NHP operational team set out to make connections between different interest groups on the sites and there are many examples of 'unusual connections' being made. There are also cases of more obvious connections being brought about which had not previously existed, and of connections leading to unexpected results. In Camden, for example, the Post Office and telecommunications companies became involved in local initiatives with health and social services. In Hillingdon, a toy company became involved in work stemming from the Whole Systems Event on the impact of winter bed pressures on older people. The toy company contributed funds to a project involving older people in schools.

Another aspect of the ideas legacy created by the L&NHP programme is the prominence given by many of those interviewed to the importance of sharing information. This was a feature of interviews on all of the sites. In Camden, for example, there was an Information Technology Action Group; in Newcastle a Housing Directory was seen as a priority. In Hillingdon they initially thought there was a need for new pathways for information. Later they decided that the problem was that existing routes were not being used properly.

The L&NHP work was also trying to influence the ways that agencies see the management of change. In particular, the operational team sought to move organisations away from the dominant model which tended to approach development work as an add-on, and which usually involved agencies in time-consuming work applying for grants, then running pilot projects from which they hoped to disseminate good practice. Rather the L&NHP team aimed to foster a more holistic approach that emphasised the benefits of continuous evolutionary change through partnership and iterative processes between organisations. The impact of the L&NHP programme in this wider sense has been limited but nonetheless positive. On the other hand, the new Government has an extensive agenda of pilot programmes, task forces, reviews and standard setting agencies (such as the planned National Institute for Clinical Effectiveness) which suggest that the traditional model of change management remains dominant.

The idea of large-scale Whole Systems Events has been picked up most strongly in Newcastle where a number of such events took place during 1998. Additionally, some of the whole systems ways of working and ideas have been taken up in Newcastle outside the main core of the original L&NHP programme work. These are described in the next section, which considers the Newcastle site in more detail.

5. Whole Systems Approaches to OD: The Newcastle-upon-Tyne story

In this section we present a case study of the evaluation of a Whole Systems Approach to change management in Newcastle-upon-Tyne. We have focused on Newcastle for a number of reasons. First, it is one of the longest established sites, so time has allowed the approach to 'mature'. Second, in a number of ways it can be argued that the Whole System Approach has become more firmly and more widely established at this site than at any other site, such that time alone cannot be the only or most significant explanation. It, therefore, provides particular insight into the factors that might be important in explaining this 'success'. Third, in earlier sections, we have necessarily discussed process and impact in a fragmented way. This case study offers a means for us to put the fragments back together to illustrate the complex and interactive ways in which strands of the L&NHP Whole Systems Approach to change management and partnership development operated.

5.1 In the beginning

During the early months of 1995 key commissioning personnel from Newcastle health authority were looking for ways in which the authority might better engage with the local authority and the voluntary sector. The health authority had little history of working collaboratively across sectors. However, some of its staff recognised that its ways of working would have to change to take account of an increasing emphasis on primary health care and the requirement to develop processes of user consultation.

Newcastle local authority, by contrast, had a history of robust relations with the voluntary sector, which it had long supported in both cash and kind. However, some voluntary sector projects and organisations found the very strong departmental focus of the local authority frustrating. Though some voluntary organisations could provide examples of good inter-sectoral working with the local authority, others were more

critical of its paternalistic approach. They did not consider that the collaborative relations between the local authority and the voluntary sector should be used as a model of 'good practice' to be copied by the health authority.

At the time, relations between the local authority and the health authority had been particularly soured as a result of the health authority's Review of Acute Services. Key personnel within the health authority were conscious of the need to find ways to improve its standing with the local authority. So when news reached the Newcastle health commissioners through existing relationships with members of the Kings Fund Primary Care group that the London Health Partnership was looking for sites outside London to try out its partnership development initiative, and that the Baring Foundation was also looking for a site to sponsor, the opportunity was seized.

From the beginning the work of the L&NHP operational team took place under the auspices of the Newcastle Health Partnership. This partnership, comprising the health authority, the local authority, the two universities and the voluntary sector, had been set up for strategic health planning purposes across the city, prior to the beginning of the L&NHP work. An inter-organisational mechanism, rather than an organisation in its own right, it provided the health authority with a route through to the local authority and a partnership peg to hang the whole systems work on from the outset. In turn, the Whole Systems Approach provided the Newcastle Health Partnership, a predominantly titular set-up, with an inter-organisational way of working.

5.2 The planning process: development work in its own right

To hook the Whole Systems Approach onto the Newcastle Health Partnership the L&NHP operational team met with key personnel from the health authority together with the chief executive of the local authority. The initiative now had top sponsorship from two important sectors. The health authority then set up a planning group, involving the L&NHP team, to design and share responsibility for a Whole Systems Event.

The planning group included older people and personnel from the health authority, the local authority and the voluntary sector. Many months were spent planning a Whole Systems Event on the theme of making Newcastle a better place for older people, and deciding which organisations and which people should be invited to best encourage 'conversations for possibilities'. This lengthy planning process, at times frustrating and sometimes seemingly without any product, appears to have been influential in establishing a whole systems way of working. The process of planning reduced inter-organisational and hierarchical barriers, and the interview data suggests that the event became owned by a good cross section of people from the start. This same approach to planning was adopted in subsequent developments described later.

Reflecting on the process over the three years of the development initiative in Newcastle, the local co-ordinator regards the planning phase of WSEs as critical. The planning phase, she suggests, should be thought of as an investment for the long term – relationships can develop, trust can be built up and informed decisions can be made as to the people needed at the event to engage in effective conversations.

5.3 The first Whole Systems Event

The first Whole Systems Event in Newcastle took place over three days in September 1995. Two hundred people attended from a wide range of statutory, private, voluntary and community organisations, and from all levels and grades of these organisations. There were staff from the health authority and health trusts, general practitioners, consultants and registrars, ancillary health professionals, such as physiotherapists and occupational therapists, pharmacists, community and home care staff from social services, adult education development workers, housing and planning staff, community development and urban regeneration workers, staff from voluntary organisations such as Age Concern, the Healthy City Project and Pensioner's Associations, as well as people from community-based projects, such as older people's advice and advocacy services and tenants groups. This First Whole Systems Event was so powerful that the entire development initiative in Newcastle became known from that point on as 'The Whole Systems Event'. Only within the last few months of 1998 did local people begin to use the phrase 'Whole Systems Approach'.

Some of the spirit of this event is captured in the words of the health commissioner who first invited in the L&NHP operational team:

> The first Whole Systems Event was great fun – changed mutual respect for each other. Organisations can be quite war-like with each other – and it's breaking some of this down. Everyone's contribution is valuable. Older people are good fun and have a view – a resource we ignore at our peril. It was a good feeling – doing something different in Newcastle. Being out there first. Working with clever people from the King's Fund. Great pace, never a dull moment.

A number of smaller events were also held, usually facilitated by the local whole systems co-ordinator with support from the L&NHP operational team. For example,

the Sexuality and Sexual Health Action Group held a research feedback day. A joint event between this Action Group and the Joint Advisory Group was also held to take forward recommendations from sexuality research that the Action Group had undertaken. An event for carers was held to develop a carers strategy. The whole systems local co-ordinator facilitated a day with local workers and people to consider the implications of research undertaken by a community research unit on the needs of older people living in a particular neighbourhood. The development of the city's Physical Activity Strategy was also undertaken using whole systems ways of working, facilitated by the local co-ordinator. People who became influenced by participating in the L&NHP Initiative also introduced Whole Systems Approaches into their own organisations. For example, the facilitator of the Community Care Forum, and Anchor Housing use Whole Systems Approaches.

A Whole Systems Approach may also be filtering into routine work practices. As one worker noted:

> *The first Whole Systems Event, which I was involved with planning, opened my eyes to the great potential and resources within the city if all work in partnership...This way of working is hard to define as it often happens in car parks, corridors or on the telephone. It is not bureaucratic and appears to work well. As a result many new initiatives and developments are under way and new relationships have been formed.*

The initiative has also been significant in the ways it has affected the working of formally constituted inter-agency groups such as the Joint Advisory Group, now chaired by an older person who has been active and influential in the whole systems work. Furthermore, the Whole Systems Initiative has helped older people's views to gain credence. Prior to the establishment of the Whole Systems Initiative Action for Health (Senior Citizens), a group of older people hosted by the Healthy City Project

had undertaken research on issues affecting older people's lives. When the Whole Systems Initiative started, the work of this group began to be recognised as a resource.

5.4 The role of Action Groups

As on other sites, the first Whole Systems Event spawned a number of Action Groups. These were comprised of older people and professional and managerial staff from a range of public, voluntary and independent agencies and they have been influential in spreading and sustaining the Whole Systems Approach. By January 1997, 11 groups were still active on a range of issues including: inter-agency links/working; leisure, pleasure and learning; security; empowerment and finance; carers; transport; sexual health; housing; environment; accident prevention; and accessibility (which became the 'going home from hospital' group).

More details about the work of these Action Groups are given in the Newcastle Whole Systems Evaluation Report (see Appendix 1). Here, two aspects of the work of Action Groups are highlighted to illustrate key features of the process of whole systems working, and to tease out factors that have helped the spread and take-up of the approach in Newcastle.

Developing local ownership of the initiative: the role of the Inter-Agency Action Group

The Inter-Agency Action Group appears to have been key to the maintenance of the Whole Systems Approach to development and to its strong ownership throughout Newcastle. The group, chaired by a senior member of the commissioning staff of the health authority who had originally invited the L& NHP into Newcastle, came to regard itself as 'guardian of the process'. The local co-ordinator was a member of this group and referred policy and management decisions to it. Once a quarter it met with the Action Group convenors. It was responsible for the production of a Newcastle

Whole Systems Newsletter and for organising a one-year anniversary event. This group met with the Baring Foundation in the spring of 1997, after the Foundation had expressed interest in funding Newcastle's initiative directly, rather than through the L&NHP. When Baring's decided to go ahead with this move, the King's Fund decided to provide joint funding in the expectation that Newcastle would then buy back the L&NHP operational team's expertise (it did). This transfer of funds did not mean that Newcastle suddenly had extra financial resources – the bulk of the funding was, of course, already committed for salaries, evaluation costs and so on, but it did mean that Newcastle took over its own financial management which encouraged stronger ownership of the initiative.

At this point the Inter-Agency Action Group reformed itself as a Steering Group with management responsibility for the two part-time whole systems co-ordinators. As the group was now holding a public purse, it was important to develop clear criteria for the allocation of development money within Newcastle. The local evaluator contributed to the process of establishing these criteria by providing evidence from her work about the factors that appeared to facilitate the Whole Systems Approach and those that impeded it. These are illustrated in Box 4 below. On the basis of this, the steering group developed criteria that would direct resources towards initiatives that supported the positive factors and/or discouraged the negative ones.

Box 4: Contributing to priority settings – promoting WS Approaches

Factors to be strengthened, allowing the personal to enter professional and managerial work drawing on knowledge, experience, skills, commitment and passion that might otherwise be absent:

- providing people with the knowledge, experience, authority and confidence to cross-organisational, sector and hierarchical boundaries
- creating territories where change may be initiated by anyone irrespective of position
- linking WS ways of working with other networking groups to offer breadth and consolidation

- recognising and accepting the influential role of 'leaders', 'anchors', 'facilitators' identifiable people who become responsible for generating WS actions.

Barriers to be weakened for effectiveness:

- some key members of the 'whole system' are difficult to get into the room, perhaps for monetary and status reasons, e.g. 'self-employed' professionals such as GPs, high status professionals such as consultants, top executives
- power and hierarchy in organisations can find ways to resist change initiated by those lower down or outside the organisation – leads to frustration which may dampen the enthusiasm and passion of WS participants
- confidentiality policies and their effect on collaborative ways of working
- older people, no less than professionals, may be steeped in former ways of working (say through trade unionism) that may impede WS ways of working.
- the tendency of self-organising 'whole system' groups to develop into organisational forms in their own right.

When in 1998 bids were invited from local authorities to join the Cabinet Office's 'Better Government for Older People' programme, the steering group was in a strong position to develop a proposal advocating a Whole Systems Approach. Newcastle's bid was successful ensuring that the whole systems work will be further strengthened and sustained. Furthermore, within the Better Government for Older People programme, the site at Newcastle is the only one that is partnership-led rather than only local authority-led. To have been able to submit such a bid was undoubtedly one important outcome of the L&NHP whole systems work.

Older people as resourceful people: developing partnership working with professionals through the Action Groups

The term 'user involvement' does not adequately capture the aspirations of L&NHP work in Newcastle, or what actually happened. The view expressed by those centrally involved in the Whole Systems Approach in Newcastle is that there is not a 'thing' to be involved in, but an approach that is intended to make Newcastle a better place for

older people. The older people who have engaged with the Whole Systems Initiative are not just users. They participated as retired professionals, former trade unionists and interested citizens. They also came to Whole Systems Events with as much baggage from former ways of working as did working professionals. And everyone – older people, professionals and managers alike – came with values, stories and aspirations.

Because of the way the Whole Systems Approach has developed it has been difficult to keep track of the number of people involved in it. An analysis of the mailing list kept by the local co-ordinators showed that 55 older people have been significantly involved in the initiative over its three-year lifetime, with almost equal numbers of men and women. Prior to their involvement most of these older people were not affiliated to any group or project, though several older people's organisations did play a significant part, including the Action for Health (Senior Citizens) Group and the North East Pensioners Association. Special efforts were made to involve older people from minority ethnic communities in Newcastle, such as the Chinese, Bangladeshi and Pakistani communities.

A number of the Action Groups sought to develop ways to move beyond consultation with older people to a more genuine partnership in which older people were able to contribute to policy-making through action. For example, the leisure, pleasure and learning Action Group produced a video, 'Stepping out to Health', made by older people for older people, to encourage walking, and to inform those who might potentially fund walking initiatives for older people. It also developed a training course for older people to be fitness tutors funded by the Further Education Funding Council and Joint Finance. The transport group undertook research into ways in which older people, including those usually housebound, travel to the GP and to the hospital. It set up an imaginative exercise whereby older people travelled on buses with professional workers, including those from transport agencies, to reveal the difficulties in travelling experienced by older people.

The sexuality and sexual health group undertook research with older people to explore their views and feelings about how these issues affect their lives. This research was undertaken in day centres and luncheon clubs by two professional researchers and an older person. It became clear through the process that older people were more comfortable talking about such issues to someone of their own age. The older person involved as a researcher, on her own initiative, visited general practitioners to explore with them why they were seemingly reluctant to participate in whole systems development work designed to improve the experience for older people of going home from hospital.

5.5 More events

A number of other large-scale events took place over the next three years: a follow-up event – an Open Space – in December 1995, a one year anniversary event – the Moving On Conference – in October 1996, and two more Whole Systems Events, one dealing with the issue of going home from hospital held in February 1997, and one held in neighbouring North Tyneside, in June 1998. As the development initiative proceeded, the whole systems principles became more widely accepted as a way of working. People became adept at working across the whole system, and, it is argued locally, that the need for large-scale events diminished.

5.6 Working to change formal, long-standing policy: the work of the Going Home from Hospital Action Group

The Going Home from Hospital Action Group attempted to secure changes in policy at a more formal level than other groups did. The work of this group is set out in some detail below as it reveals a number of important features of whole systems work.

An accessibility group arose from the first Whole Systems Event in September 1995. At the Open Space Event, which occurred three months later, a member of this group,

a woman in her seventies, told a story about discharge from hospital care. Her husband had been discharged on a Friday with terminal cancer. She remembered struggling over that weekend, without professional support and necessary resources, while in a very distressed state following the bad news of her husband's condition. Though it had in fact happened some 20 years previously, and did not necessarily reflect current discharge practice, the story became a source of energy for the Action Group. It clearly illustrates the power of narrative to motivate people.

The Whole Systems Approach acknowledges that you often need to change words to change outlook. The first task for the group was to re-frame the issue from a problem, centred on an organisation (discharge from hospital), to a 'conversation of possibility' focussed on the perspective of the individual (how to improve the experience of going home). Inverting the issue in this way allowed a different set of questions to be posed.

The traditional questions would have been:

- why do hospital discharges go wrong so often?
- whose fault is it?
- who/what needs to change?

The new questions became:

- how can we make going home a positive experience for older people in Newcastle and North Tyneside?
- what organisations and staff need to work together with older people to achieve the desired outcome?

Put this way it also meant that good practice within the system could be built upon to bring about change.

The group – consisting initially of five people – decided to plan a Whole Systems Event that would bring the necessary organisations and people together. The first task was to send out invitations to people and organisations who might help plan the event. The group of five became a planning group of 40, chaired by a senior local authority social services manager. Over a nine-month period it met monthly for a half-day to plan the event, and to prepare an inter-organisational and inter-sectoral draft strategy on how to make going home from hospital a good experience. This amount of time was necessary not only to prepare the strategy and plan the event, but also, importantly, to build relationships of trust with each other. Among other things, time allowed the strategy and the Event to be informed by stories of what really happened when someone went home from hospital rather than by more guarded accounts of what should happen.

Box 5: The breadth of membership of the Going Home Group

Attendance at a meeting in January 1997 was as follows:

- an older person from North Tyneside and an older person from Newcastle
- an occupational therapist, a ward sister, a nursing manager, a pharmacist and a physiotherapist from North Tyneside Community Trust
- a senior manager from North Tyneside Health and Social Care Trust
- a clinical co-ordinator, a professional development co-ordinator and a member of staff from the Newcastle Freeman Hospital Trust discharge unit
- a discharge advisor from the Newcastle RVI Trust
- three senior managers from Newcastle Social Services Department
- academic staff from the Universities of Newcastle and Northumbria
- a member of staff from the Dementia Care Initiative
- a Red Cross home from hospital co-ordinator
- a care development manager from Anchor Trust
- a member of staff and a home care manager from the ethnic minorities team of Newcastle City Council

A social services manager described her involvement at the beginning of the going home group:

> *There was nobody at the table initially, but after that we were joined by other people and agreed no status required. It progressed from that to be 'the going home from hospital group'. I have learned that we should involve the home care workers more than we do at the moment. We don't involve them enough. I think the WS process will influence action by involving people instead of working in isolation. I have found myself influenced by what people are saying which should help me take forward their plans. I think we should concentrate on what is important and what we should be doing rather than immediately saying I can't do that. Basically we have to try to hold on. What is going well in our group is that we managed to bring in people from different backgrounds. I cannot give you specific actions that have come out of the process, rather it is affecting overall how we work. We have to stay involved and this influences us everyday, we have to be conscious of it.*

The group invited the chief executives of key organisations in North Tyneside Metropolitan Borough Council to participate, and thus extended its remit to the two local authority areas covered by Newcastle and North Tyneside Health Authority. This brought personnel from these two neighbouring authorities together for the first time, and allowed them to work together to produce an agreed strategy. Furthermore, North Tyneside has taken on the Whole System Approach, culminating in a Whole Systems Event in North Tyneside.

The Going Home Group started to put together a draft strategy addressing the question:

What guides our actions if we hold ourselves accountable for the behaviour of the whole system?

The process began by mapping older people's experience going in and out of hospital. The group then identified desired outcomes for each organisation and type of person (e.g. for older people, carers, purchasers, voluntary organisations, and hospitals), which were collated into themes. The group acknowledged early on that the strategy would not be the province of, nor would it be policed by, any one organisation. It was also recognised that no one organisation had the right answer – an appropriate draft strategy needed to be derived from the 'whole system'.

The draft strategy consisted of 'self-ordering rules' rather than prescriptive operational policies and procedures. It was intended that organisations signing up to the strategy would develop their own policies and procedures. The strategy comprised three elements:

- **'Beliefs'** voiced the group's values and principles, and were expressed as a series of statements such as, 'we believe we all have a shared responsibility for the well being of the patient, though everyone in the system has a specific area of responsibility'.
- **'Guides'** outlined the principles of how people should behave and work and included the principle that, for example 'the person and carer are to be fully involved at all stages of the process – this includes respecting everyone's dignity and rights, and taking into account feelings and anxieties'.
- **'Dos'** identified actions that needed to be done to make going home a positive experience and included, for example, 'nobody is to remain in an acute medical bed longer than is necessary'.

The Going Home Whole Systems Event, which was held over two days in February 1997, was to be a forum for 'the system' to refine the draft strategy. By this time, the overall aims of the strategy had been defined as:

(a)   to make going home from hospital a positive experience for people and their carers in Newcastle and North Tyneside, and

(b)   to make the most effective use of the resources of the NHS, local authorities, voluntary sector, carers and patients themselves.

One hundred and fifty people attended the event. Amendments to the strategy suggested during the first day were incorporated into the document overnight for consideration by participants during the second day. Over the two days participating organisations were able to reach agreement on fundamental beliefs and values and to identify shared guiding principles. Particular attention was paid to encouraging people from minority ethnic communities to attend. Members of the Chinese community who participated sent the following note to the local whole systems co-ordinator:

> *Before we attended the event, we had little knowledge about the conference. What would it be like? What would we gain from it? And what could we contribute? At the end of the two days we had enjoyed ourselves very much and were really glad that we had had the opportunity to attend such an event. We felt that we were welcomed and respected. We were able to contribute our experiences and also shared other people's feelings. Consequently, we have improved our understanding in the community and we feel that we are really part of it, and are very much involved. Undoubtedly, we still have our communication difficulties, but now we have interpreters working in the community, it is no longer a worry to us. Together with other participants, we have one objective in this event: to make discharge from hospital a positive experience for the elderly in Newcastle.*

After the event, the challenge was to have the strategy formally adopted by key organisations. The strategy was given credibility through its formal adoption – at a public signing in the presence of the Minister of Health, Alan Milburn. After this, elements of the strategy started to cascade into working practices in and across the participating organisations. In Newcastle voluntary organisations met together after the event to share information about the strategy and to ensure that they operated within the terms of the strategy and involved their management committees. The Event had shown that many people were unaware of the wide range of services provided by the voluntary sector. One idea to emerge was that voluntary organisations, in collaboration with older people and hospital trusts, would create a poster highlighting their services, which would then be displayed in hospitals and GP practices.

In North Tyneside voluntary organisations which had taken part in the going home group and the event met to plan work with local hospitals. Their idea was to pilot a checklist with contact numbers to be given to patients on discharge. The Newcastle City Health Trust convened a discharge interest group to address issues raised during the event. Named members of the group took responsibility for liaising with other trusts in Newcastle, the Health Authority, users and carers, voluntary services, universities, housing, and social services. Meetings addressed issues of networking, liaison and joint working. Across Newcastle the hospital trusts piloted the transfer document, a patient-held record containing information for all carers. A project was established to enhance accessibility to services through the alarm service, so that professional workers would be better informed to enable them to respond more effectively to patients discharged from hospital. Anchor Housing encouraged wardens to be more proactive in monitoring feedback from residents who had been discharged from hospital, and intended to pass this information on to the hospitals concerned. Durham Ambulance Trust offered to work with Anchor in surveying patients. Academics from the Universities of Newcastle and Northumbria hosted a seminar to disseminate findings from research about discharge from hospital. The North East

Pensioners Association adopted the strategy and published a summary of it in their newspaper, *The Pensioners Voice*.

Alongside the process evaluation, as already noted a research group at the University of Newcastle sought to evaluate the impact of this initiative on the experience of discharge (see Appendix 1). In summary, whilst it produced useful information on the discharge process, this research did not identify any immediate effect on patient experience. As the research report describes, logistical difficulties associated with gaining access for his study and the limited follow-up period involved will have influenced the results. However, not withstanding the significant impacts on organisational processes and ways of working, it remains to be seen whether the activities of this Action Group have improved the experience of older people going home from hospital.

5.7 The role and impact of the local whole systems co-ordinator

In Newcastle, the local co-ordinator has been very significant in the Whole Systems Initiative. For most of the first three years there has been one half-time co-ordinator but, towards the end of the period, this was increased to a full-time, job share post. The co-ordinator posts are funded through the whole systems budget which comprises funding from the Baring Foundation, the King's Fund and local Joint Finance made available through the health authority.

Initially there was a lack of clarity about the structural position of the co-ordinator, which caused the worker difficulties. The co-ordinator was employed by the Newcastle Health Partnership, but since the partnership had no organisational structure or form, one of the member organisations, the Newcastle Healthy City Project, hosted the worker on its behalf. This project also provided her with an office and supporting facilities, such as telephone, photocopier, meetings room, reception area and kitchen.

After the formation of the Whole Systems Initiative Steering Group in 1997, the co-ordinator was managed and advised by the Steering Group and actively supported by some of its members. In particular, she had significant relationships with the Director of the Healthy City Project, as line manager, and with the Assistant Commissioner in the Health Authority. She resisted being managed by the Healthy City Project, and chose as a mentor a community health worker in a community-based project who she perceived to be also concerned with enhancing participatory processes rather than just providing services.

The co-ordinator was adamant that her function was to facilitate local organisations working together and that she should resist the pressure to turn herself and the whole systems office into an organisation in its own right. This was an important distinction, and its maintenance was fundamental to the Whole Systems Approach, as it has developed in Newcastle.

There were negative as well as positive effects of this principle. Being seen as 'outside' organisations did bring with it the problem of sometimes being seen as on the fringes, rather than part of the mainstream. While being 'outside' provided freedom and flexibility to experiment with new ideas, the local co-ordinator, with members of the Steering Group, have expressed concerns that this position may have hampered the effectiveness of the 'Whole Systems' Initiative. The 'whole systems' office experienced some difficulty in spending from its own budget as other organisations picked up the tab. For example, the carers' event was funded through the Newcastle Carers Project; the local authority community sub-committee paid for the event facilitated by the local co-ordinator following a piece of local research. And indeed, older people did not often use the free taxi service.

It is useful to think of whole systems work being carried out in territory that is not owned by any particular organisation or group and the local co-ordinator spent a lot of time creating that territory (including literally, booking rooms, ordering sandwiches,

etc.). The theory is that it is on this territory that conversations of possibility take place and the task then becomes one concerned with taking action back, if necessary, into organisations which have the responsibility and resources to deal with it. The local co-ordinator sees her role as intervening to try to ensure that this happens. Other ways in which the local co-ordinator worked include: putting people in touch with each other and acting as a conduit between people; attending networking events to enhance their effectiveness; facilitating local whole systems ways of working and other mini-events; liaising with the LHP; setting up related activities (e.g. a Time Dollars, Appreciative Enquiry); working with the Steering Group; and keeping the local evaluator informed of developments.

5.8 Innovation in evaluation: the Newcastle experience

The L&NHP work in Newcastle has been continually evaluated since it began in 1995 and this continued when the work became managed directly by the Newcastle steering group. The evaluation has therefore evolved alongside the Whole Systems Approach. The evaluator has formed strong local relationships and has been encouraged to experiment and innovate with new methods of evaluation.

Concerns among the local planning group also stimulated the search for new evaluation methods. First, they recognised that the initial strategies to encourage Action Group participants to engage in reflective learning had not been successful. It seemed appropriate to try to build evaluation into the day to day work of these groups. Second, it was intended from the beginning that evaluation would contribute to learning about the evolution of whole systems processes. However, conventional evaluation methods are inevitably to some extent retrospective. In a rapidly changing developmental situation the processes on which the evaluation comments are likely to have already moved on. Newcastle offered an opportunity to try to generate a more 'dialogical' approach to evaluation in which data, theories and practice are generated

and evolve together. Finally, the local planning group wanted to explore the notion that evaluation could be an integral part of the development initiative – a whole systems process in itself which participants would evaluate.

To develop evaluation approaches to address these concerns, the group found it helpful to understand evaluation as having two separate components: that which focuses upon generating evidence about what is happening and to what effect; and that which is concerned with making judgements about effectiveness – about whether an initiative is 'good', or 'worthwhile', for example. In the practice of evaluation these components are intertwined but, at a conceptual level, may be distinguished in order to ensure that attention is paid to both evidence-generating and judgement-making (Everitt and Hardiker, 1996).

In terms of generating evidence Newcastle experimented with using creative writing as a method of evaluation. A writing tutor was engaged to encourage participants to write creatively about their experience of the initiative. The tutor worked with Action Groups, which included older people and professional workers, and with specially convened groups of older people. The purpose was to find a way for both older people and professionals to reveal their personal feelings and knowledge about the Whole Systems Initiative in a more profound way than interviews alone would have achieved. A detailed account of this approach to evaluation is available in a separate report (see Appendix 2).

The evaluation also contributed to local judgement making in a number of direct and indirect ways. Most notably, for example, in informing the choice of criteria used by the Steering Group to allocate funds, as described earlier.

5.9 Concluding comment

In some important ways the L&NHP Whole Systems Approach to change management and the development of partnerships has developed further and faster in Newcastle than on any other site. This 'new way of working' appears to have become self sustainable and to be spreading beyond the original 'partners'.

That said, it must also be acknowledged that some of the other sites, where work began towards the end of the L&NHP programme, could have developed in a similar way if the development process had continued, and may still do so. Accepting, however, the apparent success of the Whole System Approach in Newcastle, it is possible to point to some of the factors that may have contributed to this. A number of features of the Newcastle and national situation at the beginning proved significant in the development processes that followed:

- the Newcastle inter-agency context which was difficult due to major reorganisations within the health sector, and new trends in national policy, clearly necessitated a development intervention of some sort
- the presence of two people within a key organisation prepared to take a risk was important: they were both 'organisational mavericks' in that they were relatively new to the organisation, did not tend to remain for long periods in one organisation, and both had crossed sectors during their careers
- the timely offer of workers and resources from outside the area supported development work
- the existence of a 'neutral organisation' or 'territory' (the Newcastle Health Partnership) facilitated the development work.

Newcastle's relations with the L&NHP team may also have been influential. Key local workers thought the members of the L&NHP operational team were 'fun', 'clever', 'sharp, and a breath of fresh air' and just that the L&NHP programme was a way of

helping Newcastle to be at the forefront of policy development. At WSE people sat up to listen to the L&NHP team with all their panache and kudos. In comparison, the local co-ordinator found it less easy to command the same attention and respect and to enable people to suspend 'judgement' for a while and take risks. In this context, it is important to note that relationships between individuals within the L&NHP operational team and central figures on the Newcastle site pre-dated this initiative. These people already knew each other well and shared a mutual respect for each other's abilities and expertise. The somewhat tense relationships between the operational team and local planning groups, that were a feature of some other sites, were therefore avoided in Newcastle.

Evaluation of the work of the Going Home Action Group and the wider activity this group spawned has also emphasised the positive features of a Whole Systems Approach to organisational development – features that clearly captured the energy of many Newcastle participants. These included:

- the power of narrative to stimulate action
- that planning an event can be developmental work in its own right
- the value of having a variety of perspectives
- that organisations and individuals make new connections with each other
- that participants begin to communicate within and across organisations in new ways
- the diverse impacts on individual practice and organisational policy.

A final point may also help to explain Newcastle's success. Newcastle is a small city. Key people would have known of each other even if they had not met before the event. Afterwards it was easier to maintain relations as they were likely to bump into each other at meetings, at the football, the theatre, or even around dinner tables!

6. Conclusions

6.1 The political and policy context

The London and Northern Health Partnerships' programme was a brave attempt to innovate in the pursuit of better quality and more appropriate primary care services for older people. The evaluation study, reported on here, suggests that the Whole Systems Approach that the operational team developed has much to offer those implementing the current policy agenda within and beyond primary care – an agenda which has at its heart a renewed emphasis on partnership and 'joined-up working'. The L&NHP programme was not, however, unproblematic in its implementation in part at least because of the wider political and policy context in which it developed, which was dominated by general practice based care. Primary care oriented work outside this frame was made to feel, and in practice was seen to be, marginal.

When it began the partnership programme was, to a large extent, a counter-cultural experiment in service and organisational development. It focused centrally on developing the conditions, including ways of working, needed for more effective partnerships across agencies and sectors and between providers and service users. It took a particularly broad view of primary care – to encompass services well beyond general practice. The programme was also at odds with the prevailing political ideology and dominant policy of the time, which promoted the market and competition as mechanisms for driving up quality.

In the early stages of most innovative schemes the operational team is under considerable pressure to produce highly visible deliverables which can be readily recognised as salient to the current agenda. The L&NHP was no different. Although the chair of the partnership board and most, if not all of the members, saw considerable potential in the 'new' approach that was evolving, and sought to provide

the operational team with the space to innovate, they too were under external pressure to 'deliver'. This pressure meant that the team were asked to expand the number of fieldwork sites in London faster than they would have wished (and arguably faster than they could cope with developmentally). It also caused considerable strains within the operational team. They felt increasingly required to justify in the short term work that inevitably would have primarily long-term outcomes.

6.2 Recognising success

Making judgements about the successes associated with the L&NHP Whole Systems Approach is thwart with difficulties. The challenge for the evaluation was to identify what impact could be expected from an intervention *at a system-wide level*. One of the L&NHP's objectives was to evolve new approaches to development work that had sound theoretical underpinnings, and in this they were successful. The intervention described in their book on the L&NHP programme (see Appendix 2) is a very different approach to service and organisational development than the approach they began with in the autumn of 1994.

More importantly, however, the perceived slowness of the L&NHP programme to deliver 'hard' outcomes, particularly at the service level, is primarily a function of the impacts it sought to have. The programme evolved into a sophisticated method of working with a whole system of care for older people. It has been concerned to foster different ways of 'knowing' and 'working' in the context of relationships between people and organisations. There are many aspects of this complex multi-dimensional approach to the development of collaborative partnership working, but central to it is the notion that the 'intelligence' needed to deal with the most intractable problems within health and welfare systems – notably, for example, the co-ordination of care around discharge from hospital – is available within the system if it can only be recognised and utilised. It recognises that users of services hold much of this

'intelligence' and that they must be equal partners in the pursuit of change and improvement.

There are clear signs on the L&NHP fieldwork sites that this Whole Systems Approach to development has had significant impacts on relationships between people and on ways of thinking and working. There is also evidence that these 'new ways of thinking and working' are beginning to have effects on service delivery and organisation. The main elements of these impacts are highlighted below alongside key messages derived from evaluating the implementation of this approach.

6.3 The impact of the Whole Systems Approach

We have already discussed the difficulties inherent in the attempt to attribute specific impacts to specific actions in a developmental initiative of this nature. Bearing in mind these limitations, the evaluation has identified and described five categories of impact, which are summarised below.

Improved intra- and inter-agency relationships and stronger foundations for partnership working

Whole Systems Approaches seem to encourage, between individuals and between organisations, better knowledge and understanding of professional/agency roles, responsibilities and concerns; improved communication channels; new contacts and connections; franker more open relationships, characterised by less suspicion and improved attitudes; and seem to lead to the sustaining of these benefits over time.

Increased user involvement and participation

More older people become involved in activities – from attendance of events to being intrinsically involved in organising them ('no elders, no meeting'), from getting their

points of view heard to working with health and social services staff to monitor quality and suggest improvements to services. Better understanding develops between professionals and managers and service users, from, at one level, recognition that improvements in communication are needed and that professionals have to change too, to developing new ways of working that enable users' experiences and insights to be heard and incorporated.

Methodological and process legacy – 'ways of working'

Organisations and agencies that have participated in Whole Systems Events take away, adapt and use, many of the large group methods and other new ways of working that encourage creative thinking, reveal and encourage connections between people and organisations, and enable 'real time' work to take place in meetings and workshops rather than just discussion and proposals for future action. In several instances these methods have become normalised as 'the way we do things'.

Conceptual and theoretical legacy – 'ideas'

Several of the ideas behind Whole Systems Approaches have gained more common currency and have become 'common sense' both for individuals and for groups of individuals within organisations. Examples of this are: recognition of the complexity and interconnectedness of systems (of health and social care); awareness of the complex relationships between cause and effect and of the long-term and unexpected consequences of quite small actions; increased understanding of how things work at different levels in a location; recognition of the value of multiple perspectives on issues and the involvement of stakeholders in generating solutions to longstanding problems; recognition of the creative potential of unusual connections between people and organisations; understanding of the nature of evolutionary change and the co-adaptation of organisations; and understanding of the limitations of add-on, project-based development work.

Beneficial service changes

From very small but significant 'comfort factors' affecting the daily life of elders, to attempts to change or introduce new services provided in ways that older people want and need them, rather than primarily from the perspective of service commissioners or providers.

6.4 Lessons from implementation

The evaluation of the processes involved in the L&NHP Whole Systems Approach to organisational and partnership development has revealed a number of factors that were influential in shaping the way the programme evolved. Organisations and individuals seeking to foster collaborative work of this nature need to be aware of them.

New approaches to service and organisational development have to be introduced with very careful attention to the 'fit' between the new approach and the existing 'culture' of development. Methods for large group interventions need to be 'bespoke' to take best account of the complex historical and socio-cultural contexts of the development sites.

Significant and enduring change in ways of thinking and working across traditional boundaries is not possible without the active and visible commitment and support of senior people in organisations. Profound change can be driven and sustained by dedicated, charismatic individuals taking a lead in 'championing' a new approach – but without executive authority and support this will not be sufficient.

Whole Systems Approaches will involve large numbers of people and significant effort has to go in to building a network of contacts. The organisation of an event (or events) involving very large numbers of people ideally requires a Planning or Steering Group representative of the key interests in a location, with sufficient seniority and authority

to take decisions and act autonomously, and with adequate administrative support and resources.

Even if these ideal conditions can be met, it needs to be recognised that the setting up of large-scale events using a Whole Systems Approach is extremely hard work and can be problematic. Attention has to be given to ensuring that a sufficient number of local people share the task rather than it falling on a few. On several of the development sites a relatively small group of people faced an enormous task, the implications of which were only revealed to them as they proceeded, and which led some of them to have negative experiences and feelings, and want to opt out. On the other hand, all planning groups eventually managed to pull off a successful large group event, sometimes driven by the enthusiasm, commitment, perseverance, determination, or even opportunism of a handful of people.

If external development/operational workers are to collaborate in organising a large-scale event with local site workers, staff and users, then the nature of the working relationship and the roles and responsibilities of the external team vis-à-vis the site-based team need to be as clear and agreed as possible.

Group working features in all stages of the Whole Systems Approach. In order for these groups to function as effectively as possible there has to be adequate recognition and understanding of group dynamics and group processes, and awareness of how change can provoke negative and defensive reactions in individuals and groups. These (normal) psychological responses need to be recognised and contained so that the change process is not inhibited or rejected. Newly formed groups are especially vulnerable, and need time to develop through recognised stages. If groups are working under pressure with insufficient time, confusion, or inadequate facilitation they can became stuck in negative and destructive processes and be unable to move into a more constructive mode.

The evaluation of the L&NHP programme has demonstrated that partnership development requires a long-term process not just event interventions. It has highlighted in particular the critical importance of the follow-up to large group events, which requires careful attention to the way in which the new ways of thinking and working can be protected and supported until they become the mainstream.

Large group events (and the processes that continue and emerge afterwards) do seem to put in place building blocks for partnership between organisations. Participants develop a better understanding of the aims, roles, working practices and priorities of other organisations and gain a better sense of how their own and other organisations fit together in the local picture. Misunderstandings and misconceptions can be removed which seems to pave the way for more open and frank relationships to continue after a large group event as well as during it. Participants become aware that to create partnerships you cannot just create structures, but that relationships and understanding have also to be developed on many levels.

The evaluation of this programme suggests that much has to be done to improve communication and collaboration between service users/elders and professionals and managers, and that developing joint working processes between them can be a very challenging task. Progress may be slow, but the Whole Systems Events can lead to beneficial attitude change, and can help participants to be clearer about the dimensions of the issue and to recognise that something 'needs to be done'. If the Whole Systems Approach gains ground it can become possible for users/elders and professionals and managers to work in collaboration, for example, on service reviews and development.

It is difficult to conclude a report on an initiative as complex as that developed by the London and Northern Health Partnerships. It remains to be seen whether the evident impacts on ideas, attitudes and ways of thinking and working will have a lasting legacy on the L&NHP sites and, perhaps more importantly, whether this will impact on service quality and ultimately on health and well-being. What is clear, however, is that

for those currently charged with building greater collaboration between sectors and with users, the Whole Systems Approach has much to offer, and though it offers no certainty, it does offer them a new approach. Leaving the last word to a participant – a Senior Manager of a health authority – on one of the sites:

The strength of the Whole Systems Approach is that it really makes people look at doing things in a different way. Now (two years on from our original Whole Systems Event) the ideas and messages of whole systems thinking have embedded: the need to work together, the importance of recognising different points of view – most importantly those of elder users, and being generally less blinkered. Perhaps, for me, the most important [outcome] has been to focus on improving things for older people. I now quite consciously research and promote elders interests. We would never have thought of [doing certain things] without the original Whole Systems Event.

Appendix 1

London and Northern Health Partnership: evaluation reports

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