
CONFERENCE ABSTRACT

Networking for Improvement

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A network is a way of making connections to enhance what we do, why we do it and when we do it. Our networks evolve naturally, personally and professionally through the people we know and the connections we make. How big or small our networks are depends on our personality, our role and preferred approach. As busy people where do we go to expand our knowledge network when we need to know something or someone? We may ask colleagues for advice, search the internet or social media. We may strike lucky within seconds, but we may return many hits that we have neither the time nor the skill to distil.

To determine a network's capacity to deliver its functions, we should ask whether its structure is the most appropriate one (Mendizabel & Hearn, 2011), revisiting the Network's purpose ensures its adaptability. The structure and types of Networks were explored by Plastrik & Taylor (2006), Wilson-Grau (2007) with Battilana & Casciaro (2013) suggesting two types of networks: Cohesive and Bridging with the latter driving divergent change and the former non-divergent change. Kotter (2014) advocates two systems working simultaneously: hierarchies and network structures. This supports organisations to maximise network flexibility with hierarchy bureaucracy.

Network leaders have to be authentic, adaptable and able to work with ambiguity. Leaders are 'collaborative, accessible and engaged, acting as 'facilitators' rather than traditional bosses (The Health Foundation: Effective networks for improvement Learning Report 2014)

As networks evolve and grow and support social change across boundaries their impact and evaluation is growing with the development of evaluation frameworks. Emerging evaluations contribute to the evidence of the necessity of networks to support the complexity of health and social care integration (Network Impact, Boston).

The journey of health and care networks in Scotland evolved in 1999 through the concept of Managed Clinical/Care Networks focusing mainly on healthcare but with collaborative working between people with lived experience.

Two National networks have operated in a similar health, care and cross sector landscape: the Improvement Network (IN), hosted by the Joint Improvement Team evolved in 2011 to support partnerships implement the Reshaping Care for Older People (RCOP) programme and Change Fund. The IN developed improvement tools, delivered a series of cross sector learning events, WebEx's and eBulletins in collaboration with partners. These activities created the conditions

for knowledge exchange, innovation, networking and benchmarking around the RCOP objectives and initiatives.

The Leading Quality Network (LQN) was established, 2011, as a national leadership and quality improvement network to support the national Quality Strategy implementation. It delivered a series of collaborative masterclasses and learning events, developed Mentoring for Leading Quality, an online mentoring matching application, People Connect and Communities of Practice. The LQN Evaluation and Impact Review reported:

- The importance of a clear and compelling Network purpose statement, developed by members, and meaningful to people within and out with the Network.
- Networks are successful in connecting people from different organisations, backgrounds and specialties, providing mutual support to members, and access to expert resources.
- Networks need a coherent and organised communications strategy, both to existing and potential new members.
- To demonstrate effectiveness consider quantitative measures alongside qualitative measures of Network impact.
- Networks are particularly effective in enabling members to share and discuss ideas, evidence, good practice and learning.

The evolution of the IN and Integrated Care and Support will build on learning from The Health Foundations (THF) Network Maturity Model and THF 'Effective networks for improvement' which identifies the 5 core features for effective networks:

- Common purpose
- Cooperative structures
- Critical mass
- Collective intelligence
- Community building

With the legislation of Adult Health and Social Care Integration in Scotland networks are well placed to lead and facilitate shared learning, links, connections and engagements between a variety of networks and communities of practices that support improvements in integrated care: within and across localities and partnerships at regional and national level; and beyond Scotland.

The consolidation of the national improvement teams into the Integrated Improvement Resource offers the opportunity to maximise the learning from these networks, evidence of impact and evolving network theory to develop a network that is response to the improvement needs to support integrated care and health and social care integration and to share our learning across our national and international networks.

Andrew; Networking for Improvement.

Engagement with a wide range of stakeholders and improvement leads will be used to inform network scope, design, communications and reach of a network to support improvement for health and social care integration

Keywords: networks; networking; leadership; evaluation and impact
