**Meeting Notes 12th April 2019**

**Present**

Jane

Rod

Francois

Annie

Sian

Jeremy

Matt

Matthew

**Check-in**

Equal care coop https://www.equalcare.coop/

How the wider system will react to ‘us’?

How do we keep the learning & sharing as central?

How do we equip people better to work with complexity?

#radicalcheckin

SW reimagining health & care network

**Learning discussions**

*Are there any questions raised at the event we would like to discuss ?*

Update from Annie- After Action Review now complete. Brings together all people involved and facilitated discussion. Based on 4 questions, reps from NHS England, London mat network, CCG , Service user maternity voices partnership, NHSI & NM.4 questions:

1. What we expected pilot to be?
2. What actually happened?
3. What was the difference between the two?
4. What lesson were learnt?

NM thought they had made expectations clear as the approach taken was proved. As a new provider coming into the space in LMS area could provide care and survive on 1 or 2 teams in pilot but need to grow beyond this to be sustainable. Keen to use mode to develop SMT way f working. Others just interested in would it work t brongin smal new provider. Commissioner just wanted more home births. No issue about quality and that women really loved it.

No-one had ownership of pilot. Was TAFG but this disappeared when we launched. No system ownership. Pressure to get going quickly and launched before lot of barriers were sorted. Once up and running then day job took over. Learnt have to provide a whole screening programme as local providers would not provide so had to do this independently. Commissioners fed up with local providers not providing what they wanted so NM good way of holding their feet to the fire on this. Wasn't core support and very busy and maybe naive and assumed things were happening that weren’t. Maternity transformation team is small.No one was thinking about how well the pilot was going and how it would fit into the system as it existed. MTS thought LMS thought they would be responsible for the pilot and NM and commissioning them. LMS saw NM as competitors. CCG went into deficit and ‘special measures’/financial turnaround - they went into fire fighting mode, and withdrew from involvement with NM.

Since we closed things have happened that NM were asking for. The new person appointed has brought new clearer thinking and leadership into the system.

Pilots are not the way forward. Structural change needs to happen. Contracting basis was not helpful and added to financial pressure. Financial risk was on the CIC. Big NHS organisations not understand a small provider with bank account at gets emptied. Engagement exercise with the women planned over next month.

New providers very unlikely to come in with current conditions - set up costs major barrier. All financial risk lay on NM - HSJ report maps this. Lessons

* Properly support the set up & setting up more coherently
* Thinking about financial elements and commissioned in the long term

Do commissioners understand what it takes to run an organisations- cannot translate into reality. Trust talked about impact of NM - had to reduce their midwife establishments and blamed NM where in fact less women in the area. Organisations looking after their own agenda - competitive environment. £300k insurance costs for first year. Suggested setup costs would be manageable as part of 5 year contract.

Not enough to be successful, high quality care and more. How do we understand the language and situation of commissioners. Suggested should have been core group or support group including ccg rep . Commissioners need to get their act together to understand the pressures of small cic and charities - be more forceful, if you are going to buy from these organizations then need to understand them . Collaboration idea has been to advise that cics etc need to form consortia it has not included the idea that commissioners need to do this. Capacity to sustain relationship outside of core business is a big demand for these small organisations who are already very lean.

As non-NHS provider asking for help was no pot to access, pots only available to NHS providers. Innovation funds not available to NM or non-statutory providers and no capacity to research into this. “I think there is a complexity element to this;

My experience is that you say ‘funding’ and suddenly people become deaf and blind and stop talking to you”. Ver

Structures to integrate into the mainstram are not there.

How & where do we create the spaces we need to learn, share & support one another?- outside organisational boundaries. Needs to be local to integrate to org and community development. Number of spaces existing- Radical check-in 8am on Thursday - ½ hour to connect -easy but maybe not best time. #radicalcheckin

Very mixed levels of awareness, attitudes, thinking across the system. Where and how do we create the spaces. Need to feel safe.

We don't know what we don't know

Leeway to fail

Network funding - role to play here?

Big bit of system is stuck as it’s unconscious incompetence

Don’t know group - thinking really good questions

Funding & finance - how can we test what is failing?

What will be watching that tells us that it is succeeding or failing

Signals - competitors hide the signals?

Need to be open and share- it just doesn't work for next stagers if we don't work that way

Women became a commodity - NM became very successful because of the care and midwives

* Provider to provider payments never happened
* How do you shift it to become collaborative?- can we link their success is our success in some way to enhance collaboration.
* The way we set up financial mechanisms play a huge part in deciding if it is competitive or collaborative. - H&SC act sets people up as competitors. Can we borrow from game theory about needing to cooperate to win.
* Can we create spaces where people can come to support innovation. - change the game theory rules in this space to enable this. Vnagards tried to create pioneer space but this was not successful.
* Can grant making trusts help disrupt the way finances are deployed.
* Huge amount of progress made when we fail
* Visualise it with 3 layer system, innovation like NM in middle layer, layer around of critical things eg funding and legal etc, what can influence over time
* Are legislative changes afoot taking or worst elements of competitive
* But stat services do not acknowledge they are in competition

Health & Care Act - turned everyone in competitors

Game theory - each individual has to win for everyone to win

Financial mechanisms set up before we start?

MIssing something - focussing on the big stuff. Constantly moving forwards - evolution rather than consciously designing the system - good at working with the iterative, evolutionary process. Spaces needed to grapple at the moving forward.

Start-up - people risk not much. Whereas we’re risk averse - age dynamic.

Mindset, economics & capital. 40 vs 18 live in different worlds. Freer to ‘blow it all’.

Lacking the spaces - form a group of people in south yorkshire - more people you talk to but more are interested

How can I find space to share with other that are interested?

Maintain sanity

Draw an ecosystem of positive emergence networks??

Anna - enlivening edge - collect names of these things? **MB to contact Anna**

RSA report - due to

Use Hexitime to seek support

**Updates and feedback on previous learning scenarios**

**01684569520**

**Tactical**

* Bookclub
	+ Kevin -recommended <https://www.bravenewwork.com/>
	+ **Kevin/Annie to put out date**
* Event follow up
	+ Fishbowl questions - **MB to send questions out**
	+ Put something on the Q site & Q youtube channel - **link to videos, link to Andy’s blogs**- put out to the group? **MB to do.** #nextstageradicals - Helen & Toby
* Time to evolve-Future membership arrangements & ways of being/doing
* Networked based funding zoom call idea - Matthew
* Local face to face Reimagining meet-ups
* Feedback form RSA- they were going to share?
* Hexitime?

**Check-out- confirmation practice *(not sure these are up to date- I think we had evolved some of them?)***

Q1 I am confident in our work together; I believe it is going to achieve something of value.

Q2 I have influence and ownership in our work together; I feel my voice is heard and valued.

Q3 I am enthusiastic about our work together; I am willing to put my time and energy to it, not just give it my blessing.

Q4We are working on the right things; our biggest or most important opportunities or where we have most energy to act.

Q5 We are good at challenging our own perspectives, not living in an echo chamber.

Q6 This group is meeting my needs.

Q7 This group is making the most of my strengths

* A bit more inclusive in terms of people speaking?
* People busy at 9:30am
* Next meeting? (Practically impossible to find info on when reg meetings happen)
* Survey of group? Sensing who wants to join & **MB to sort with Jane**

**Copied from Zoom chat:**

09:37:16 From Jane Pightling : https://docs.google.com/document/d/1IWQUfUPUWDt7cE\_7bfPisElsCrwlSuXN0ir2iuLDRFE/edit?usp=sharing

09:39:18 From Jane Pightling : https://docs.google.com/document/d/1IWQUfUPUWDt7cE\_7bfPisElsCrwlSuXN0ir2iuLDRFE/edit?usp=sharing

09:49:35 From Jane Pightling : <https://docs.google.com/document/d/1IWQUfUPUWDt7cE_7bfPisElsCrwlSuXN0ir2iuLDRFE/edit?usp=sharing>

09:50:24 From Q Project Team : Sorry I'm late, tube delays...

Matthew

09:50:37 From Matt Bell : No worries. Welcome!

09:52:11 From Matt Bell : https://www.equalcare.coop/

10:04:41 From Q Project Team : Ooh, that sounds like 'Adaptive Spaces' - which is what helps explain Hexitime timebank.

10:33:54 From rodkersh : I think there is a complexity element to this;

10:35:15 From rodkersh : My experience is that you say ‘funding’ and suddenly people become deaf and blind and stop talking to you

10:36:30 From Q Project Team : Maybe network-based funding is part of the answer here too...

10:36:36 From rodkersh : There needs to be space to fail within this - not clinically but financially

10:37:51 From Q Project Team : There are a few phillanthropic funders that take a venture capital approach, and allow 80% failure rate! ;-)

10:38:19 From rodkersh : Who… where?

10:40:07 From Q Project Team : I'll try to dig out a name, or ask somone who knows. I've forgotten the name right now. It is amongst the funders that are keen for a more systems/complex approach.

Matthew

10:43:10 From Q Project Team : I'm trying to arrange a meeting with a funder who knows about this; good opportunit to ask.

10:43:21 From rodkersh : would be great!

10:44:10 From rodkersh : this makes me thing of narrow and wide gauge railways & AC/DC

10:45:48 From Q Project Team : I wonder if there's anyting on this in Toby Lowe's new report too. Still digging through it.... I met a failure-friendly funder at a systems retreat last year. Fascinating event, that I don't usually get to go to...

11:00:46 From Jane Pightling : Really sorry. This is getting relly intetrsting but need to go on time today. Best wishes Jane

11:01:18 From Q Project Team : Bye Jane :-)

11:05:38 From rodkersh : can you point me in the direction of the time bank?

11:05:51 From François Knuchel : Link to Time bank?

11:06:22 From Q Project Team : Here's the timebank: <https://hexitime.com/>

11:06:27 From rodkersh : tks

11:06:34 From François Knuchel : great thanks

11:06:41 From rodkersh : didn’t realise that was what hexitime was!

11:09:37 From rodkersh : we have a map on my charity’s website - BFriend Doncaster

11:12:02 From rodkersh : <https://www.letsbfriend.org.uk/>

11:18:41 From rodkersh : <https://almondemotion.com/2019/03/30/nhs-assembly-the-health-foundation-and-being-an-outsider/>

11:19:19 From Q Project Team : Here's the link for Q members to post a blog on the Q website: <https://q.health.org.uk/news-blog/your-blog-posts/?biro-post=0>

11:19:26 From rodkersh : tsk!

11:19:29 From rodkersh : Tks!

11:19:40 From Q Project Team : Yes, any chance of a virtual book club :-)

11:20:26 From rodkersh : I’m wading through ‘the age of surveillance capitalism’

11:20:56 From Q Project Team : Ooh, is that good rod

11:21:08 From rodkersh : Yes - heavy and makes me quite paranoid;

11:21:14 From rodkersh : switched to duck duck go

11:21:16 From rodkersh : from google

11:21:19 From rodkersh : !

11:21:53 From Matt Bell : <https://www.menti.com/d8663eb1>